Department of Medicine Harbor-UCLA Medical Center

MEDICAL ONCOLOGY AND HEMATOLOGY (R2, R3)

A. The PURPOSE of this rotation is to afford medical residents a broad clinical and training experience in the clinical diagnosis and management of common adult malignancies and hematologic problems, both malignant and non-malignant. This program will encompass both the in-patient and out-patient setting and reflect consultative, primary care, and educational foci.

Both R2 and R3 residents may be assigned to the rotation. The Department of Medicine does not distinguish R2 and R3 resident assignments on this rotation; both have identical levels of responsibility for patient care, teaching, and medical record documentation. There are no differences in patient assignment. However, R3 residents are expected to display a greater degree of independence in decision-making (under the supervision of the Attending Physician) than R2 residents.

The level of SUPERVISION is, at minimum, Indirect with Direct Available.

B. GOALS AND OBJECTIVES RELATED TO THE COMPETENCIES

1. Patient Care		Goal: Residents must be able to provide patient care that is compassionate, appropriate, and	
		effective for the treatment of health problems and the promotion of health.	
Objectives		Actions: To achieve these objectives during this	Assessment: Achievement of these objectives
		rotation, DO these:	will be evaluated by:
•	perform a medical history and physical	See patients on the inpatient hematology and/or	Competency-Based Subspecialty Medicine
	examination focused on findings specific for	oncology consultation service and in the	Evaluation by attending physician based on
	a patient with various malignancies	outpatient clinics for both services under the	patient interactions, professional interactions,
		supervision of fellows and attending physicians.	review of medical records, and performance on
		Present cases to attendings on rounds and in	teaching and patient care rounds.
		clinic to discuss plans for diagnosis and	
		treatment	Attending physician will observe consultation
•	plan an approach to risk factors, detection,	Gather a thorough history upon consultation of	history and physical, and counseling on risk-
	strategies, risk-reduction approaches, and	the patient with suspected malignant disease.	reduction at least once during the resident's
	therapy of the common adult cancers: lung,	Counsel on strategies for risk-reduction,	rotation on this subspecialty service.
	breast, colon, lymphoma, testicular cancer,	including adjuvant chemotherapy, quitting	
	prostate, gastric, and ovarian cancer	smoking, and routine surveillance.	Attending physician will directly observe the
•	use accepted tumor clinical staging practices	Upon seeing patients with malignant disease,	written note that documents resident's
	and designations for common adult	designate TNM staging clearly on consult,	appropriate TNM designation for each patient
	malignancies	clinic, or progress note.	seen.

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 Exposure to some of the broad principles of cancer therapy and be aware of relevant toxic and dose-dependent side effects of such therapy 	Follow patients undergoing chemotherapy on the consult service and in the outpatient setting.	
assess and manage pain and reactive depression as these pertain to the patient with cancer	Use pain scale to rate level of pain. Recommend pain management options and/or appropriate referral to pain service/psychiatry/social work.	
Exposure to the psychosocial sequelae of clinical cancer on the patient and the patient's family and is aware of resources and intervention techniques to assist in such problem areas should they arise	Assess psychosocial effects on patients daily lives during initial consultation and on follow-up of inpatient consults. Be able to recommend social work consult when appropriate.	
 use clinical and laboratory techniques to assess clinical cancer progression and response to therapy 	Present radiographic and laboratory results in discussion of management of malignant disease as it pertains to specific patients.	
Be aware of principles of clinically appropriate cost-benefit analysis to current aspects of diagnosis and treatment of clinical cancer	Discuss with attending the cost-benefit analysis of diagnosis and treatment of malignant diseases and common hematologic disorders during rounds or while presenting cases in the outpatient clinic.	
 have an approach to management of common blood disorders 	Be able to describe the initial laboratory workup of common blood disorders.	
understand standard hematology tests, including clotting tests and the peripheral blood smear		
2. Medical Knowledge	Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	
Objectives	Actions: To achieve these objectives during this rotation, DO these:	Assessment: Achievement of these objectives will be evaluated by:
acquire a core understanding of risk factors, detection, strategies, risk reduction approaches, and therapy of the common adult cancers	Attend and participate on consult rounds, outpatient clinics, and clinical conferences.	Competency-Based Subspecialty Medicine Evaluation by attending physician based on patient interactions, professional interactions, review of medical records, and performance on

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understand the etiology, detection, strategies, risk-reduction approaches, and		teaching and patient care rounds.
therapy for other tumors less commonly seen in oncology practice		
 appreciate accepted tumor clinical staging practices and designations for the common adult malignancies 		
 appreciate the multimodal therapeutic approach and integrates such therapeutic decisions with clinical and pathologic staging assessments of these malignancies. 	Attend tumor board.	
 know the broad principles of cancer therapy and be aware of relevant toxic and dose- dependent side effects of such therapy. 	Follow patients undergoing chemotherapy both in the inpatient and outpatient settings to learn and observe treatment related toxicities.	
become familiar with the vocabulary of tumor therapy such as "adjuvant, neoadjuvant, palliative, regional disease, metastatic disease, remission". so that therapeutic decisions can be appropriately structured and evaluated for efficacy.	Read textbooks, journals, pertinent articles relevant and appropriate to specific diseases encountered on the consult service and in the outpatient setting.	
become familiar with the important aspects of clinical carcinogenesis, molecular biology, and inheritance as these apply to the common cancers	Attend and contribute to sub-specialty core conferences/didactic sessions.	
 know some of the common para-neoplastic syndromes associated with cancer 		
 gain appropriate knowledge of pathophysiology, diagnosis, and treatment of blood diseases 		
 develop an approach to management of common blood disorders understand standard hematology tests, 		
including clotting tests		

can explain indications contraindications

• use evidence from the medical literature to

identify areas for potential improvement in

answer clinical questions

personal delivery of care

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 can explain indications, contraindications, and complications of bone marrow aspiration and biopsy, and fine needle aspiration 	Observe bone marrow biopsy procedure.	
demonstrate awareness of areas of needed improvement in knowledge of medical oncology and hematology	Keep ongoing dialogue with fellows and attendings regarding potential areas for improvement in knowledge base.	
demonstrate awareness of clinical guidelines and the role of clinical trials for management of patient with cancer	Use national guidelines as available online in consultation with patient with malignant disease.	
3. Systems-Based Practice	Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.	
Objectives	Actions: To achieve these objectives during this rotation, DO these:	Assessment: Achievement of these objectives will be evaluated by:
coordinates resources for optimal patient care, including ancillary services, guidelines, patient education, social services, and non-physician care specialists	Attend various tumor boards to appreciate multi- modality approach to diagnosing and treating patients with cancer.	Competency-Based Subspecialty Medicine Evaluation by attending physician based on patient interactions, professional interactions, review of medical records, and performance on teaching and patient care rounds.
4. Practice-Based Learning and Improvement	Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning.	
Objectives	Actions: To achieve these objectives during this	Assessment: Achievement of these objectives

Identify clinical questions concerning patients

that you see in consultation or in the clinic, or

relevant literature and present your findings to

other patients seen by the team. Look up

will be evaluated by:

Competency-Based Subspecialty Medicine

Evaluation by attending physician based on

patient interactions, professional interactions,

review of medical records, and performance on

rotation, DO these:

Observe bone marrow biopsy procedure.

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maintain a positive attitude towards	the team during rounds.	teaching and patient care rounds.
learning, including attendance and		
participation on rounds and conferences,	Participate in teaching others on the rotation.	
and evidence of reading or other methods of		
gaining knowledge		
 can teach effectively, including to students, 		
residents, and faculty		
• is aware of important clinical guidelines for		
management of patients in this subspecialty.		
5. Interpersonal and Communications Skills		nd communication skills that result in the effective
	exchange of information and teaming with patient	
Objectives	Actions: To achieve these objectives during this	Assessment: Achievement of these objectives
	rotation, DO these:	will be evaluated by:
 can present a patient effectively and 	Present patients on rounds and in the clinic to	Competency-Based Subspecialty Medicine
efficiently, avoiding jargon, and concisely	fellows, attending physicians and the rest of the	Evaluation by attending physician based on
summarizing pertinent information and	team. Present new patients with sufficient	patient interactions, professional interactions,
plans	information to make decisions. Present patients	review of medical records, and performance on
	in followup concisely, emphasizing changes,	teaching and patient care rounds.
	input from other consultants, and results of	
	diagnostic studies.	
can write accurate, complete, and legible	Be sure to get feedback on your consultation and	
entries in the medical record	followup entries in the medical record.	
6. Professionalism	Goal: Residents must demonstrate a commitment	to carrying out professional responsibilities and an
	adherence to ethical principles.	
Objectives	Actions: To achieve these objectives during this	Assessment: Achievement of these objectives
	rotation, DO these:	will be evaluated by:
• focus on issues of appropriate and adequate	If applicable, identify patients with pain or other	Competency-Based Subspecialty Medicine
pain management	discomfort (dyspnea) whom you see in the clinic	Evaluation by attending physician based on
	or on the consultation service. Include these on	patient interactions, professional interactions,
	problem lists and address these with attending	review of medical records, and performance on
	physicians.	teaching and patient care rounds.
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•	recognize the importance of a patient's culture, language, and family background	Identify particular issues related to delivery of patient care across cultural, language, or family barriers. Address these with attending
		physicians.
•	demonstrate respect and compassion for	If relevant, understand issues involved with
	patients, including issues of informed	informed consent. If necessary, review policies
	consent	for informing patients and documenting consent.
•	interact consistently with other health care	Participate in patient care on a professional and
	workers in a professional manner	collegial level. Observe and identify role
	•	models for professional behavior.

7. Entrustable Professional Activity	Goal: Perform a SUBSPECIALTY CONSULTATION with INDIRECT SUPERVISION	
Objectives	Actions: To achieve these objectives during this	Assessment: Achievement of these objectives
	rotation, DO these:	will be evaluated by:
provide effective consultation for patients with subspecialty problems, including identification of the problem, determination of findings, and concise effective communication of recommendations	Identify best practices for consultation. You should 1) restate the reason for consultation; 2) provide new information, if any, in your consultation; 3) answer the question being asked; 4) communicate the recommendations; 5) be sure that the primary team knows and understands the recommendations and their rationale.	Competency-Based Subspecialty Medicine Evaluation by attending physician based on patient interactions, professional interactions, review of medical records, and performance on teaching and patient care rounds.
	The resident is not expected to perform subspecialty consultation without at least indirect supervision, but is expected to be able to provide consultation at the level of a general internist (General Medicine Consult Rotation) without supervision at the conclusion of training.	

C. CLINICAL EXPERIENCE

- 1. Residents will consult and participate in the care of patients with a variety of common cancers and hematologic problems.
- 2. Residents will interact with peers, faculty, and other specialty trainees in the interactive management of common clinical problems in cancer diagnosis and management and non-malignant and malignant hematologic problems.
- 3. Residents will be exposed to, and assist in the management of the common oncologic critical clinical problem areas such as spinal cord compression, superior vena caval syndrome, hypercalcemia, cerebral edema secondary to brain metastases, cardiac tamponade, and pleural effusion due to cancer.

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- 4. Residents will exercise primary cancer care management in the outpatient setting under direct supervision by Divisional Faculty.
- 5. Become familiar with diagnostic techniques for the assessment of tumor recurrence and progression.
- 6. Gain an appreciation for the use of tumor markers (i.e., CEA, AFP, CA-125) in the management of clinical cancer.
- 7. Recognize and manage the common toxic side effects of cancer chemotherapy such as myelosuppression, nausea, vomiting and neurologic toxicity.
- 8. Become familiar with the ordering of cancer chemotherapeutic agents (dose, toxicity amelioration) and the use of observed side effects in dose scheduling and dose intensity.
- 9. Manage cancer pain with appropriate narcotics and these antagonists to unwarranted narcotic side effects.
- 10. Learn the approach to anemia, including iron deficiency, megaloblastic anemia, anemia of chronic diseases, hemoglobinopathies and thalassemia syndrome, hereditary and acquired hemolytic anemia, and anemias due to failure of erythropoiesis.
- 11. Recognize and characterize myeloproliferative disorders, including polycythemia rubra vera.
- 12. Learn the approach to Hodgkin's and non-Hodgkin's lymphomas and lymphocytic leukemias.
- 13. Understand the manifestations and management of multiple myeloma.
- 14. Know the approach to thrombocytopenia, and hereditary and acquired coagulation disorders.
- 15. Understand the basics of transfusion therapy and adverse reactions.
- 16. Become familiar with the role of evidence-based medicine in oncology decision-making, including the process and general content of evidence-based guidelines.

Reading, discussion and other educational activities should be directed at understanding the pathophysiology, clinical course, and management of the disorders listed under B.

- D. CLINICAL SKILLS to be developed on this rotation include:
- 1. Focused history and physical examination directed at malignancies and blood diseases.
- 2. Management of various anemias and common cancers.
- 3. Evaluation of the peripheral blood smear.
- 4. Use of CT scans and other special imaging studies in blood diseases and cancers.
- 5. Diagnosis of hematologic and non-hematologic malignancies and general principles of management.
- E. Exposure to these PROCEDURES, including indications, contraindications, and complications, is likely on this rotation (although they may not be performed):
- 1. Bone marrow aspiration and biopsy
- 2. Fine needle aspiration
- 3. Phlebotomy
- E. EDUCATIONAL RESOURCES available during this rotation include:
- 1. Attending Physicians

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- 2. Medical Oncology and Hematology Fellows
- 3. Chief's Rounds (weekly case discussion of past week's malignant disorders)
- 4. Medical Oncology and Hematology Teaching Rounds
- 5. Conferences
 - a. Combined Medicine-Pediatrics Hematology Grand Rounds (weekly)
 - b. Hematology Clinic (weekly)
 - c. Oncology Clinic (twice weekly)
 - d. Oncology Work Rounds
 - e. Hematology Seminar (weekly)
 - f. Oncology Lecture Series (weekly)
 - g. Bone Marrow Clinic (weekly)
 - h. Hematology Slide Review (weekly)
 - i. Discussion of Major Topics in Hematology
 - j. Seminars and Rounds within the Division of Medical Oncology Faculty
 - k. Multidisciplinary general and breast tumor board conferences, with participation of surgeons, radiotherapists and medical oncologists (weekly)
 - 1. Lectures and clinical teaching by full-time faculty and, on occasion, Clinical Faculty.
 - m. Pathology conferences and slide review for familiarity with the common histologic types of adult solid malignancies.
- F. During this rotation, SUPERVISION will be provided by:
- 1. Hematology and Medical Oncology Fellow(s)
- 2. Faculty Attending Physicians
- 3. Hematology and Medical Oncology Clinic Attending Physicians
- G. EVALUATION of performance will be by Attending Physicians in the Division of Medical Oncology and Hematology using the Department of Medicine Subspecialty Rotation form (through Verinform).