

1. **Rotation Name**

Interdisciplinary Clinic

2. **Educational Purpose of the Rotation**

a. Multidisciplinary Clinic is provided in an out patient setting for fellows to participate in weekly multidisciplinary clinics. Weekly clinics and/or tumor boards in breast and thoracic oncology (twice a month) organized by Dr. Barbara Conley and Dr. Deimante Tamkus, Michigan State University Hematology/Oncology faculty are held at the Breslin Cancer Center Clinic, Ingham Regional Medical Center or the Radiation Oncology Alliance. Fellows with medical oncology faculty supervision will see or discuss the patient along with a radiation oncologist and surgeon. In breast interdisciplinary clinic, a social worker will also see the patient (we don't have a psychologist!). The patient is presented to the group with pertinent radiographs reviewed by a radiologist and photographs of the patients' histological specimen displayed by a power point projector for the entire group to review. Fellows are expected to synthesize the important points from their history and physical exam, radiographs and histology and present before the group the medical oncology approach to the patients' treatment. Up to four new patients are discussed at each clinic.

b. Clinical Pharmacology of Chemotherapeutic Agents

Fellows will arrange to spend several hours per week observing and assisting the Breslin Cancer Center Pharmacist, Lise Dibert, prepare chemotherapeutic medications. This will include learning about appropriate precautions that are important in preparing different medications, which diluents are used for each medication and what are the usual clinical doses commonly used. In addition, it is expected that the fellow will couple this hands-on experience, with an in-depth review of the clinical chemotherapy literature. At a minimum this will include reading the chemo-therapy chapters in a standard oncologic textbook, like De Vita's, "Cancer, Principles and Practice of Oncology." At the end of the rotation fellows must report by phone or e-mail to Ms. McMahon that they have completed this required assignment.

c. Review of normal and pathologic peripheral blood and bone marrow smears

Fellows are expected to be familiar with microscopic normal and pathologic findings observed in peripheral blood and bone marrow smears. During the multidisciplinary rotation fellows are expected to arrange a specific time with either Dr. Olsen in Pathology or Dr. Kenneth Schwartz or Dr. Anas Al-Janadi to review normal and patient blood and bone marrow specimens. At a minimum these specific smear reviews will occur for 1 hour per week. In addition, they may attend the monthly hematology conferences that are jointly run with MSU faculty and Sparrow Hospital.

d. Additional out-patient clinical experience

Fellows are expected to arrange with faculty additional clinical experiences. The goal is to facilitate exposure to patients who may have a different set of hematology/oncology problems than the resident's regular clinic patients. Attendings with different backgrounds will have a unique approach to patient care and it is important for residents to learn that there are many acceptable approaches to patient care.

3. **Staffing the Rotation**

Attending faculty include Dr. Kenneth A. Schwartz, Dr. Barbara Conley, Dr. Deimante Tamkus and Dr. Anas Al-Janadi.

4. **Resources**

The multidisciplinary clinic is housed at the Michigan State Universities out-patient clinic that is located at the Ingham Hospital campus which is adjacent to the Breslin Cancer Center.

5. **Patients**

Fellows are exposed to a large variety of patients with cancer presenting at different stages. The excellent reputation of Michigan State's Surgery department attracts newly diagnosed patients with cancer. Attendings attract a unique mix of patients and these will be available for fellows teaching.

6. **Responsibilities**

At the multidisciplinary clinic and at the faculty clinics fellows will see the patient independently, obtain a history and perform a physical examination, before discussing the patient with the attending oncologist.

7. **Instructional Methods**

Faculty members teaching at the multidisciplinary clinic are responsible for:

- a. Supervising the fellow in accordance with the supervision policy.
- b. Responding promptly to the fellow's questions/concerns.
- c. Providing the fellow with ongoing performance feedback and skill progression.
- d. Increasing the level of responsibility as the individual's skill level progresses.

8. **Evaluation**

At the end of the rotation fellows will be expected to have knowledge of the genesis of the patient's cancer, risk factors important for predicting who is likely to develop this cancer and what are the important factors in predicting prognosis. Fellows are expected understand appropriate therapy for the patient's malignancy including indications and contraindications for a particular type of surgery, radiation therapy and chemotherapy.

9. **Multidisciplinary and Attendings Clinic - Competency Objectives**

1. Patient Care

- a) By the conclusion of the rotation, the Hematology/Oncology Fellow will demonstrate the ability to perform an appropriate history and physical that is focused on the patient's cancer and documented in an appropriate consultative summary.
- b) By the conclusion of the rotation, the Hematology/Oncology Fellow will be able to perform the above skills and be able to independently generate an appropriate management plan.
- c) Demonstrate the ability to complete an efficient evaluation inclusive of history and physical examination, diagnostic procedures, important laboratory parameters, and

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formulate a specific treatment plan that is developed for the patient's particular circumstance.

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2. Medical Knowledge

- a) All fellows will be evaluated by the supervising faculty for appropriate analytic approach to the diagnosis and treatment of cancer.
- b) Demonstrate a sound knowledge base pertinent to cancer.
- c) Enhance understanding of clinical pharmacology of chemotherapeutic agents and learn appropriate precautions utilized in preparing them for patients' use.
- d) Recognize normal and pathologic cellular morphology and findings of peripheral blood and bone marrow smears.

3. Interpersonal and Communication Skill

- a) Fellows are expected to demonstrate professional communication skills throughout their interactions with cancer patients as well as clinicians from different specialties. In addition, fellows will be assessed for appropriate communication with office staff, including setting clear expectations for work hours and outpatient/inpatient duties. Fellows will be expected to act as a constructive and proactive member of the practice.
- b) Demonstrate the ability to work effectively with other members of the health care team including other residents, attending physicians and nurses.
- c) Communicate effectively with patients and families.

4. Professionalism

- a) Throughout the rotation, fellows are expected to exhibit reliability in their clinical duties, as well as integrity and respect in their interactions with patients and colleagues.
- b) Fellows will be able to demonstrate appropriate consultative principles of communication and responsiveness to professional consultative requests.

5. Practice Based Learning and Improvement

- a) Rotating fellows will demonstrate self-initiative in the use of information technology available via the MSU electronic library to access and retrieve materials for self-education via computer terminals located in the fellows' work stations and throughout the clinic.
- b) Rotating fellows will be expected to show progressive learning throughout the rotation, with emphasis on learning from any cognitive or procedural errors. They are also expected to facilitate any quality improvement initiatives in place at MSU's clinical office practice.

6. Systems Based Practice

- a) All fellows will demonstrate conscientious awareness of the impact of their professional activities at the MSU office practice site, and will conscientiously avoid inappropriate use of the practice resources.
- b) Fellows must demonstrate understanding of cost-effectiveness of care incorporating cost-effectiveness into their development of diagnosis and treatment plans.

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