

Oncology

1. Rotation Name

CLINICAL - Oncology

2. Educational Purpose of the Rotation

Exposure to oncological patients with the goal of learning about both the clinical and basic science aspects of malignancy. The goal of the clinical rotation is to allow the sub-specialty residents (SSR) to become familiar with a broad range of oncological problems. Emphasis is placed on diagnostic accuracy as well as appropriate utilization of radiographic and laboratory testing. Communication skills are stressed to allow the SSR to clearly and concisely report their diagnostic findings. Additional goals include pathophysiology, therapeutics, prevention, epidemiology, humanistic moral and ethical aspects of medicine as they relate to the oncologic patient.

3. Staffing of the Rotation

Attending faculty members include Drs. Schwartz, Conley, Tamkus, Al-Janadi and Aung. Rotations at McLaren Regional Medical Center in Flint are staffed by Dr. Arora. In addition, the Division is currently recruiting for several additional faculty members.

4. Resources

Outpatient clinic rotations are housed at the Breslin Cancer Center, Great Lakes Cancer Center (GLCI) an affiliate of McLaren Regional Medical Center. Inpatient rotations occur in Lansing at Ingham Regional Medical Center and, or at McLaren Regional Medical Center in Flint. Additional clinical experiences are obtained during the elective rotations and may include any or all of the following: Wayne State University, University of Washington and University of Michigan. A weekly multidisciplinary breast clinic organized by MSU Surgery is held on the Sparrow campus. Patients are seen by the senior surgery resident with an attending oncologist and discussed with a surgeon, radiation therapist, pathologist and radiologist.

5. Patients

Ultimate and primary patient responsibility rests upon the attending physician. As the residents' understanding and competencies increase, their role in patient decision-making is increased. Residents are exposed to a wide variety of oncologic problems. These include solid tumors including tumors of the lung, breast, bowel, ovary, uterus and other organs as well as hematopoietic malignancies such as lymphomas and leukemias.

6. Responsibilities

Goal: The oncology resident will gain exposure to a wide range of patients with both acute and chronic cancer related problems by participating in admissions, planning diagnostic and therapeutic procedures and daily patient management and discharge. This includes evaluating the patient for oncologic treatment with chemotherapy or other anticancer therapies.

Duties: The oncology resident is expected to:

- a. Care for patients including a complete work-up with a history and physical examination in both inpatient and outpatient settings.
- b. Be responsible for daily patient follow-up including appropriate medical record documentation.
- c. Be prepared to discuss all aspects of a patients' illness as it relates to significant findings, progress and treatment plans.
- d. Attend inpatient rounds with the attending physician on weekdays and assigned weekends.
- e. Present significant patient related events that occur during nighttime hours to ensure information transfer and continuity of care.
- f. Prepare case presentations for oncology conferences that include tumor board, Hematology/Oncology Conference and other patient related conferences including the Breast Cancer Conference, the Head and Neck Conference and the Ob-Gyn Tumor Boards.
- g. Participate in other oncology related conferences.
- h. Learn by assisting and performing (with supervision) bone marrow aspirations and biopsies and other oncologic-related procedures.
- i. Participate in outpatient clinics and patient management of oncological conditions under the supervision of an attending physician.
- j. Read and be prepared to discuss key literature including articles as listed in the recommended reading section.

7. Instructional Methods

Faculty members teaching the oncology resident are responsible for:

1. Supervision of the resident in accordance with the supervision policy.
2. Respond promptly to the resident's questions/concerns.
3. Organize and conduct four hours of formal teaching/week, utilizing appropriate lectures, teaching material and literature.
4. Provide the resident with ongoing performance feedback and skill progression.
5. Increase the level of responsibility as the individual skill level progresses.

8. Evaluation

1. At the conclusion of each rotation, faculty members will summarize

and accurately describe the resident’s performance on the provided form, discuss this evaluation with the resident and return the form to the residency director.

2. The resident will summarize and accurately describe faculty performance and return it to the program office for inclusion in a computer-generated report to insure resident anonymity.
3. Semiannually the resident will be evaluated by the program director in a formal, written evaluation session. These evaluations will be transcribed and signed by both the residency program director and the resident.

9. Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	7:30 am Journal Club Inpatient care*	Inpatient care* 12:15 Medicine Grand Rounds	7:00 am Tumor Board Sparrow Inpatient care*	7:00 am IRMC Tumor Board Inpatient care*	7:30 Hem/Onc Core Conference Inpatient care*
PM	Inpatient care*	Inpatient care*	Inpatient care*	Inpatient care*	Inpatient care*

All activities in bold are required activities for all sub-specialty residents.

Note: During the week the sub-specialty resident attends at least two session of outpatient clinic at the MSU Clinical Center. The times for this clinic vary from resident to resident and as such have not been including in this table.

Reference: Mortimer et al. Medical Oncology Fellowship Guidelines. By the Ad Hoc Committee on Fellowship Curriculum Guidelines of the American Society of Clinical Oncology.

10. Clinical Oncology - Rotation Competency Objectives

1. Patient Care

- a) By the conclusion of the rotation, the Hematology/Oncology Resident will demonstrate the ability to perform an appropriate oncology history and physical, documenting the findings in an appropriate consultative summary, with a differential diagnosis list.
- b) By the conclusion of the rotation, the Hematology/Oncology Resident 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 oncologic work up inclusive of history and physical, diagnostic procedures, problem list, working diagnosis and treatment plan.
- d) Follow assigned patients appropriately adjusting treatment plans as additional information or changes in the physical examination becomes evident.
- e) Demonstrate the ability to respond appropriately to abnormal test results.

2. Medical Knowledge

- a) All residents will be evaluated by the supervising faculty for appropriate analytic approach to oncologic conditions. These include solid tumors including tumors of the lung, breast, bowel, ovary, uterus and other organs as well as hematopoietic malignancies such as lymphomas and leukemias. Residents will be evaluated for satisfactory basic and clinical knowledge of medical aspects of oncology.
- b) Demonstrate a sound knowledge base pertinent to the broad range of illnesses common to the practice of oncology.

3. Interpersonal and Communication Skill

- a) Residents are expected to demonstrate professional communication skills throughout their interactions with oncology patients. In addition, residents will be assessed for appropriate communication with MSU's office staff, including setting clear expectations for work hours and outpatient/inpatient duties. Residents will be expected to act as a constructive and proactive member of the practice.
- b) Demonstrate the ability to effectively work with other members of the health care team including other residents, attending physicians and other health care providers.
- c) Communicate effectively with patients and their families including conducting a family conference.

- d) Work effectively with Internal Medicine Residents as well as Residents from other sub-specialties to coordinate patient care including development of a comprehensive treatment plan.
4. Professionalism
- a) Throughout the rotation, residents are expected to exhibit reliability in their clinical duties, as well as integrity and respect in their interactions with patients and colleagues.
 - b) Residents will be able to demonstrate appropriate consultative principles of communication and responsiveness to professional consultative requests.
5. Practice Based Learning and Improvement
- a) Rotating residents 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 resident offices and throughout the clinic.
 - b) Rotating residents 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 residents 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) Residents must demonstrate understanding of cost-effectiveness of care incorporating cost-effectiveness into their development of diagnosis and treatment plans.