Inpatient Oncology- 6 months:

General Expectations

Fellows will be under direct supervision of an attending physician. Their role will be to round with the inpatient team which includes a senior resident and an intern. The fellows primary teaching responsibility on this rotation will be to the internal medicine housestaff; medical students may be assigned as well. Fellows will oversee the management of the inpatients and assist in the diagnostic evaluation of each admitted patient; and be available for questions the housestaff may have.

Fellows will also run family meetings when treatment decisions are addressed or when decisions about palliative care may be necessary. Attendings will be present during these discussions as well and will give fellows feedback on this important area of communication so critical to oncology.

After discussion with the attending; the fellow will complete orders for chemotherapy administration. Once orders are completed the fellow should review them with an attending who will then making any changes and then finalize and sign the orders. Chemotherapy cannot be ordered without attending co-signature. Fellows are expected to obtain consent prior to chemotherapy administration.

In addition, fellows are responsible for evaluating all oncology consults received before 5 PM. A thorough consultation requires a detailed history, past medical history, physical exam and review of imaging and pathology. Fellows should come up with their own differential diagnosis and management recommendations. Fellows will then present the patient to the oncology attending who will evaluate the consult personally and give feedback to the fellow on the fellow's work-up. The attending will then finalize any management recommendations. Fellows must communicate recommendations to the primary team.

Oncology fellows are expected to round daily and write daily progress notes on solid tumor patients admitted on the critical care/intensive care unit. They should communicate directly to the critical care team about any management recommendations.

Medical Knowledge First Year Fellows

Complications of Malignant Disease

Management of spinal cord compression

Management of hypercalcemia

Pain control

Management of leptomenigeal meningitis

Management of paraneoplastic syndromes

Anorexia, cachexia Coagulation disorders DIC

Delirium

Depression

Diarrhea/constipation

Dysphagia

Dyspnea

Fatigue

Superior Vena Cava Syndrome

Malignant bowel obstruction

Complications of Chemotherapy

Management of febrile neutropenia

Management of chemotherapy induced diarrhea

Management of chemotherapy induced nausea and vomiting

Management of chemotherapy induced mucositis

Management of tumor lysis syndrome

Medical Knowledge Second Year Fellows

In addition to solidifying topics above second year fellows are expected to develop a more sophisticated understanding of the evidence based guidelines for treatment of each solid tumor based on stage (specific tumors and area for competency attached and outlined at the end of this document).

Second year fellows should understand the pivotal trials that led to our current therapy.

Second year fellows should understand and appreciate of when therapy may no longer be appropriate and when novel agents may need to be incorporated into treatment.

Fellows during the second year should understand the rationale behind the current large cooperative group trials.

Second year fellows will present a Grand Rounds on an oncologic disease of their choosing and develop a more advanced level of knowledge in the specific area that they choose.

Second year fellows should be able to identify questions for clinical research and identify a mentor for a research project.

Patient Care First Year Fellows

Manage complicated oncologic patients with multiple complaints Understand the appropriate usage of colony stimulating factors Perform diagnostic and therapeutic thoracentesis Perform diagnostic and therapeutic paracentesis Care of central venous access catheters Diagnosis and management of paraneoplastic syndromes

Understand the Contributions of each different subspecialty in diagnosis, staging and treatment

Effects of age and comorbidity on treatment

Response to treatment assessment

- a. Response Evaluation Criteria in Solid Tumors (RECIST)
- b. Quality of life
- c. Other criteria

Pathology and Lab Assessment

Pathologist in cancer diagnosis

Histopathologic techniques in diagnosis

- 1. Immunostaining
- 2. Cytology
- 3. Fine needle aspiration
- 4. Cytogenetics and polymerase chain reaction (PCR)
- 5. Flow cytometry

Radiology

Imaging/staging techniques in diagnosis, staging, and follow-up

- 1. Radiographic
- 2. Computed tomography (CT)
- 3. Ultrasound
- 4. Magnetic resonance imaging (MRI)
- 5. Positron emission tomography (PET)

Endoscopic imaging techniques

Other imaging procedures

Attending must document competency of the fellow in using RECIST criteria v1.1.

Patient Care - Second Fellows

Second year fellows will continue to focus on complexity of oncologic diagnosis. They should attend weekly disease specific tumor boards and by the second year of training are expected to present management plans at these multidisciplinary discussions. By the second year fellows should be competent not only in general consent of chemotherapy but also in the consenting of patients for participation in clinical trials.

Professionalism - First Year Fellows

- 1. Interact with consultants
- 2. Show respect for all members the patient care team
- 3. Work with nursing staff to provide comprehensive patient care
- 4. Respect patient confidentiality

Professionalism - Second Year Fellows

In addition to continued competence in the above areas; second year fellows are expected to understand physician conflict of interest and the legal and ethical issues regarding conflict of interest.

Communication- First Year Fellows

Compassionately and clearly explain patient diagnosis and prognosis to both patients and their families

Consent patients for chemotherapy and procedures

Display understanding of patient's wishes

Understand cultural differences in communication styles

Use bilingual interpreter or interpreter phone to communicate with patients who don't speak English

Communication- Second Year Fellows

Demonstration of continued competency in the above areas is required. Second year fellows are expected to focus on continued improvement in communication with patient and families around diagnosis, prognosis and treatment decisions.

Systems Based Learning First Year Fellows

Learn to facilitate patient discharge

Work effectively with social workers, chaplains, physical therapists and nutritionists to improve patients function and quality of life Understand outpatient resources available to support patients and families Practice cost effective medicine

Systems Based Learning - Second Year Fellows

In addition to demonstrating continued competency in the above areas; second year fellows are expected to recognize current oncology quality goals; and to help the practice improve in quality performance measures. They will develop an improvement project around a quality measure (such as prevention of venous thrombosis, medication reconciliation, prevention of line infections).

Practice Based Learning-First Year Fellows

Use evidence based medical resources to diagnose and treat patients
Understand clinical trial design and application to specific patient populations.
Utilize available Information Systems

- a. A. Patient Resources
- b. B. Health Care Professional Resources
- c. C. The World Wide Web

- d. D. ASCO on the Web
- e. E. Locating an Oncologist
- f. F. Locating Clinical Trials

Practice Based Learning-Second Year Fellows

Provide teaching sessions for resident staff on medical care of patients with malignant disease

Second year fellows will have results of their in service exam taken during the first year and are expected to focus their reading around areas of deficiency highlighted on the in-service exam