

Curriculum on Hematology Oncology Danbury Hospital Internal Medicine Residency Program

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A. Educational Purpose and Goals

The department of Medicine faculty puts considerable effort into developing our resident physicians to become knowledgeable, well rounded and professional in their approach to patient care. The expectation of our graduates is to be competent, honest, compassionate, and respectful. We consider professionalism to reflect an ongoing process of self-evaluation, humility and self-improvement. We expect resident's physicians to use these qualities to care for the oncology/hematology patient. Patients with these diagnosis present with many co-morbid illnesses as well as emotional issues related to their diagnosis. Our mission is to provide for comprehensive, compassionate, quality patient care.

B. Teaching Methods

Residents will see oncology/hematology patients primarily on an outpatient basis in the physician practice as well as inpatient at Danbury Hospital. They will obtain a history, perform a physical exam, gather pertinent lab data and review the case under the supervision of the Preceptor Attending.

- You are expected to round daily with the attending on the inpatient Oncology unit and write daily progress notes.
- The resident will see the inpatient consults and write formal consult notes after discussion with the attending
- The resident will spend a minimum of 4 half-days per week in the outpatient area, more as time permits, under the direction of the attending. The purpose of this experience is to improve your knowledge and skills in ambulatory cancer medicine.
- One to two hours per week will be devoted to supervised review of peripheral smears and bone marrows utilizing the teaching microscope in the office as well as in the hematology lab.

C. Educational Content

1. Mix of Diseases

There will be a variety of oncologic/hematologic disease topics as well as treatment of the diseases that the resident physician will become well versed in treating. This includes the following: Lymphoma- Non-Hodgkin's & Hodgkin's, Genitourinary cancer, Breast cancer, Prostate cancer, Gastrointestinal malignancies, Lung cancer, Principles of chemotherapy, Genetics and tumors, Lymphoproliferative disorders, Plasma cell dyscrasias, Myeloproliferative disorders, Peripheral blood

morphology, Leukemia's, Microangiopathic Hemolytic Anemia and ITP, Hematologic complications of pregnancy, Hepatic & Renal disease, ITP, TTP, HUS, and Problems in coagulation

2. Patient characteristics and types of clinical encounters

The patients seen in the oncology/hematology department are culturally diverse. Residents are expected to work with culturally diverse patients to provide for a well- rounded experience.

3. Procedures and services

We provide general oncologic/hematologic care for the patients including chemotherapy, IV fluids and other various medications, perform bone marrow aspiration and biopsy, paracentesis, thoracentesis, therapeutic phlebotomy, review of peripheral smears and bone marrow specimens

4. Reading lists, other educational resources

The oncology/hematology portion of your educational process at Danbury Hospital is multidimensional. In addition to the preceptor model system we utilize the three references below on a regular basis:

1. Beutler, Lichtman, Coller, Kipps, Seligsohn. *Williams Hematology 6th Edition*. (2001). New York: McGraw-Hill Medical Publishing.
2. DeVita, Hellman, Rosenberg. *Cancer: Principles & Practice of Oncology 6th Edition*. (2001). New York: Lippincott Williams & Wilkins.
3. Naeim, Faramarz. *Atlas to Bone Marrow and Blood Pathology*. (2001). New York: W.B.Saunders Company.

Commonly encountered topics will be covered during the noon conference series. Residents will be expected to attend all of the weekly Oncology conferences and present in at least one session in addition attendance at the weekly/biweekly multidisciplinary Tumor boards including Breast, Lung, Gastrointestinal, Prostate, Neuro/ENT and Hematology. In addition a list of recommended references for Oncology/Hematology is attached.

D. Method of Evaluation of Resident and Faculty Competence

After each block rotation faculty provide a review of the resident's competency based performance on Evaluate. In turn the resident evaluates the faculty's performance as well as the rotational experience. These evaluations are reviewed during our biannual House staff evaluation committee meetings.

Preceptors will evaluate the Resident's performance. At the beginning of each rotation the preceptors will review the goals and objectives of the rotation with the resident. A meeting at the end of the rotation to review the resident's progress will also take place. It will be the resident's responsibility to schedule the final

review with the MD preceptor. Formal written evaluations (Evaluate) will be completed and are incorporated into the semiannual performance reviews. In addition these evaluations will be presented to the semi annual house staff committee for discussion.

E. Rotation Specific Competency Objectives

Please refer to the Core Curriculum for the expected General Medicine Curriculum core competency objectives. The rotation specific objectives are provided below.

Patient Care

PGY1:

- be able to review peripheral blood smears and identify normal morphology of all blood cells.
- Develop a thorough and reliable database for patients with a variety of hematological and oncologic problems.
- Depending on the database, residents will develop a complete and accurate problems list for each patient, including relevant psychosocial problems.

PGY 2:

- All the above and also:
- Construct a complete differential diagnosis for a wide variety of medical problems encountered by patients in the hematology/oncology practice.
- Select appropriate hematologic/oncologic diagnostic studies and understand the significance of their results.

PGY3:

- All the above and also
- Perform common diagnostic studies and, as appropriate, appreciate their difficulty, the impact on patients, and advantages and shortcomings of the studies.
- Correctly interpret peripheral blood smears identifying abnormal findings and disorders including acute leukemia, CLL, hemolytic anemias and thrombocytopenias

Medical Knowledge

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- Develop a thorough and reliable database for patients with a variety of hematological and oncologic problems.
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Interpersonal and Communication Skills

PGY1

- adequately obtain a pertinent history in regards to cancer risk factors
- understand the importance of proper age specific screening recommendations

PGY2

- All the above and also:
- Demonstrate clear and effective communication in the role of consultant.
- Demonstrate clear education skills to patients regarding individual risk factors and adherence to screening test recommendations

PGY3

- All the above and also:
- Demonstrate satisfactory communication skills necessary for the care of the dying patient and his/her family.

Professionalism

PGY1 and 2

- Exhibit consistently responsible, sensitive, and ethical behaviors.
- Demonstrate punctuality and personal responsibility for attendance at learning opportunities.

PGY3

- All the above and also:
- Competently work with patients regarding advanced directives, DNR status, futility, and withholding or withdrawing therapy.

Practice Based Learning

PGY1

- Demonstrate active case-based reading.
- Demonstrate a commitment to continuous improvement, both in personal development and in a constructive approach to the clinical curriculum and clinical operations.

PGY2

- All the above and also:
- Demonstrate critical appraisal of literature relating to hematology-oncology care, and constructively participate in small group discussions, including journal club.

PGY3

- All the above and also:
- Understand the design of oncology trials and the implications for clinical practice.

Systems Based Practice

PGY1:

- Integrate care with nurses, ancillary staff, infusion staff, social workers, faculty, and fellows to contribute to efficient and effective clinic care.

PGY2

- All the above and also:
- Demonstrate satisfactory knowledge of systems of care available for the care of the dying patient and his/her family, including the use of advance directives and hospice care.

PGY3

- All the above and also:
- Demonstrate understanding of the circumstances under which the general internist should consult other health care professionals, including heme-onc subspecialists, surgeons, radiation oncologists, nutritionists, etc.

