Educational Purpose and Goals
The primary goal of this rotation will be to provide the general internist a basis for the diagnostic evaluation and the initial management of patients with oncologic conditions. The basic pathophysiology of disease principles and the complications of treatment will be highlighted. General internists must have knowledge of patterns of spread and prognoses of common tumor types. They must also know the general treatment options (surgery, radiation therapy, chemotherapy) that are effective in specific clinical situations and they should also be comfortable with palliative methods for these patients.

The resident will be involved in discussions with patients and their families with the goal of avoiding aggressive life support methods in patients whose quality of life is no longer satisfactory to them. The resident will participate in discussion of the value of treatments with excessive toxicity where the only reasonable goal is prolongation of life by a few months. Residents will be exposed to information regarding environmental toxins predisposing to other hematological or neoplastic disorders, including chemotherapy and cigarette smoking.

Principal Teaching Methods
The resident will evaluate inpatients and outpatients and participate in decisions about appropriate management. The resident will attend tumor clinic weekly and will prepare abstracts for the weekly tumor board. Self-study of assigned readings will prepare the resident to participate effectively in discussions concerning managing oncologic problems.

Mix of Diseases
A. Topics Covered
   1. Review of the pathophysiology and natural history of commonly encountered oncologic disorders.
   2. Clinical assessment using history, physical examination and appropriate laboratory, radiographic and pathologic evaluation to evaluate oncologic problems.

B. Clinical Experiences: Emphasis will be placed on the following patient scenarios:
   1. Work-up and staging of a patient with lymphoma.
   3. Evaluation and treatment of a patient with osseus metastases including pain control and referral for radiation therapy.
   5. Counseling a young woman with a family history of breast cancer.
   6. Participating in a discussion with a patient and family who is, considering "no code" or "palliative care only" status.
   7. Staging a patient with Clinical Stage 3 lung cancer.
9. Diagnosis and management of a patient with brain metastases.

**Patient Characteristics and Clinical Encounters**
The rotation has been designed to include significant outpatient and inpatient oncologic problems and management situations. Residents will participate in the “staging” of newly diagnosed malignancies, therapeutic administration of chemotherapy regimens and post-treatment surveillance for cancer survivors. Inpatients requiring oncologic consultations and those with complications from their malignancy and/or its treatment will be evaluated and managed by the resident under supervision. All aspects of a general medical exam are important. Exam of liver, spleen and lymph node areas will be stressed.

**Procedures**
The resident will have an opportunity to performed bone marrow aspiration and biopsy, if desired.

**Reading List**
The following are required reading during the oncology rotation:
1. MKSAP 14, Oncology Section, text and questions.
2. Current Literature as assigned by the supervising faculty
4. Hainsworth JD, Greco FA. Treatment of Patients with Cancer of Unknown Primary Site. NEJM 1993;329:257.

**Supplemental Reading**
1. Cancer: Principles and Practice of Oncology; Vincent De Vita, Samuel Hellman and Steven Rosengburg. The 5th edition is the most recent publication and should serve as the primary supplemented reference for reading.
2. Diseases of the Breast; J.R. Harris, Mark E. Lipman, Monica Morrow and Samuel Hellman. This is an excellent resource for evaluation and management of breast cancer.
**Pathological Material**
Residents are expected to review the pathological material available for patients undergoing initial evaluations and staging. In addition, residents are expected to assist when assigned with the weekly Tumor Board conference preparations.

**Evaluation of Resident Performance**
The resident on the oncology rotation is evaluated continuously by the faculty oncologist as they present patients. Residents receive a verbal mid-month and written end-of-month evaluation by the attending oncologist. Specific items included on the checklist for rotation completion must be fulfilled satisfactorily.

**Supervision**
The oncology attending conducts inpatient rounds with the resident daily and evaluates the comments and recommendations of the resident. During ambulatory clinic sessions, all patient care suggestions are reviewed with the faculty oncologist or faculty internist on site.

**Teaching Rounds and Conferences**
A. Daily resident morning conferences.
B. Daily resident noon conferences.
C. Weekly Tumor Board.
D. Daily inpatient attending rounds.

**Requirements of Oncology Rotation Completion**
1. Evaluation reviewed at mid-month and end-of-rotation by the supervising faculty member and resident.
2. Completed assigned readings to include MKSAP 14 (Medical Knowledge Self-Assessment Program 14 – Oncology Section including question and answer section).
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies).
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member.
5. Demonstrated understanding of the current cancer screening guidelines for the following: breast, cervix, colon and prostate.
6. Understand the recognition, diagnostic work-up and management of neutropenic fever.
7. Demonstrate understanding of the side effects and complications of commonly used chemotherapeutic agents.

Revised: August 2008

**Objectives**
The curriculum is designed to address learning objectives of the following Accreditation Council on Graduate Medical Education core competencies. Reference:

[http://www.acgme.org/Outcome](http://www.acgme.org/Outcome)
PATIENT CARE
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. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE
Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

“Every competency can be taught with every patient.”  B. Joyce, 2006
INTERPERSONAL AND COMMUNICATION SKILLS
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance
Oncology Rotation Resident Check List

Intern/Resident _______________________________ PGY (circle one) 1, 2 or 3

Supervising Faculty ___________________________ Month ________________

<table>
<thead>
<tr>
<th>Rotation Check List</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Reviewed the goals and objectives at the beginning of the rotation</td>
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<td>Evaluation and feedback mid month</td>
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<td>Evaluation and feedback at the end of rotation</td>
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<td>Attended all scheduled clinical sessions</td>
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<td>Completed assigned readings to include MKSAP (Medical Knowledge Self-Assessment Program 14- Oncology)</td>
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<td>Completed required case reports/abstracts/posters</td>
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<td>Performed at or above the expected PGY level. Please check one.</td>
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<td><strong>PGY 1 Residents are responsible</strong></td>
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<td>- for gathering relevant patient data</td>
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<td>- performing and interpreting physical examination findings</td>
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<td>- perform basic procedures and interpret data</td>
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<td>- interpret laboratory tests</td>
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<td>- interpret basic radiographic studies</td>
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<td><strong>PGY-2 will have improved competence and demonstrate</strong></td>
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<td>- improved data gathering and physical examination skills</td>
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<td>- improved knowledge</td>
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<td>- improved decision making</td>
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<td>- enhanced ability to counseling</td>
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<td><strong>PGY-3 will approach mastery and demonstrate the ability to function as consultant</strong></td>
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Reviewed and met the core competencies as outlined above. Please give at least one example.

**A Patient Care**

- Residents will obtain and document appropriate history taking, physical exam and laboratory interpretation skills for patients with cancer.
- Residents will develop appropriate treatment plans for patients with malignancy with the assistance of the team.

**B. Medical Knowledge**

- Residents will be able to define, describe and discuss various problems based on the disease mix of oncologic diseases.
- Understand the recognition, diagnostic work-up and management of neutropenic fever.
- Demonstrate understanding of the side effects and complications of commonly used chemotherapeutic agents.
### C. Practice Based Learning
- Residents will develop and implement treatment plans by utilizing appropriate information systems and resources to help manage Oncologic problems.
- Demonstrate understanding of the current cancer screening guidelines for the following: breast, cervix, colon and prostate and apply to continuity practice.

### D. Interpersonal and Communication Skills
- Residents will communicate diagnosis, treatment plan and follow up care to patients and their families.
- Residents will demonstrate ability to relate to multidisciplinary teams including oncology faculty, staff, nurses, pain management specialists and pharmacists.

### E. Professionalism
- Residents will recognize the importance of patient preferences when selecting diagnostic and therapeutic options.
- Demonstrate ongoing commitment to self directed learning and complete reading list.

### F. Systems-Based Practice
- Residents will be able to develop, implement and evaluate treatment plans for patients that include determining when to obtain consultations from Oncologists.
- Residents will be able to develop, implement and evaluate treatment plans that are cost effective and meet national quality standards for patients.
- Residents will be able to demonstrate a commitment to the utilization of multidisciplinary health care teams and community resources.

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**Intern/Resident Signature** _________________________ **Date** _________________

**Supervising Faculty** ______________________________ **Date** _________________

Revised 9/2006, 8/2008

All items must be completed for rotation credit and checklist returned to the Department of Medicine.