

March 2019

Goals and Objectives for the Medical Oncology Rotation for Internal Medicine Residents

These are the objectives that the learner is expected to achieve upon successful completion of this clinical rotation and through the academic curriculum of the Internal Medicine Residency Program. Prior to this rotation, residents will review these objectives and complete a Learning Contract, which will include the development of additional learner specific objectives. At the beginning, midway, and end of the rotation the Learning Contract will be reviewed with the learner by a rotation specific faculty member. In accordance with CBD principles, all residents are required to submit EPA assessments with documented narrative coaching via the MUNCAT app per week to evaluate and guide their progress. This will also be documented using an end of rotation in-training evaluation report (ITER) or longitudinal rotational assessment, depending on the applicable resident curriculum.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Medical Oncology rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Foundations:

F6: Discussing and establishing patients' goals of care

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

C2: Assessing and managing patients with complex chronic conditions

C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers

C9: Caring for patients at the end of life

MEDICAL EXPERT

The learner *must* gain and demonstrate an approach to:

1. Performing a comprehensive assessment of patients with confirmed or suspected malignancy including history, physical exam, differential diagnosis and management plan.

2. Developing a broad knowledge of the epidemiology of the common malignancies, with an emphasis on recognizing modifiable risk factors.
3. Understanding the various investigations that can be used in the diagnosis of malignancy in addition to screening and prevention methods for different cancers.
4. Recognizing available systemic treatment options for the most common malignancies. Understand the goals of these therapies in the context of neoadjuvant, adjuvant and palliative treatment.
5. Understanding the role of other therapies for various malignancies including surgical resection and radiation therapy, for both curative and palliative intent.
6. Understanding the common complications of systemic treatment (chemotherapy, targeted agents, immunotherapy, endocrine therapy and supportive agents) and their management.
7. Recognizing the role of palliative care in patients with advanced malignancies.

The learner *may* also gain and demonstrate an approach and/or knowledge of:

1. Having an appropriate understanding of the pathophysiologic mechanisms underlying neoplastic transformation.
2. Recognizing diagnosis and treatment of common associated conditions with various malignancies, such as hypercalcemia, SIADH, and para-neoplastic syndromes as well as emergencies that may arise due to malignancy or treatment such as acute systemic therapy reactions.
3. Recognize the role of molecular testing in determining a systemic treatment plan for patients with malignancy.
4. Understanding fundamentals of pain management in cancer patients (including pain crisis) and learn how to use opiates through various routes of administration.
5. Understanding the role of clinical trials in the development of new diagnostic tools and therapies in cancer care.
6. Developing a knowledge of the role of cancer genetics.

COMMUNICATOR

1. Documents the history, physical examination and progress clearly and concisely in the medical record.
2. Verbal and oral presentations are accurate, systematic and complete.
3. Develops a therapeutic relationship with the patient and family to facilitate good understanding of the patient's condition, prognosis, and the management plan.
4. Communicates openly and clearly with patients and families while showing compassion and empathy.

Example: Discuss diagnosis and prognosis of malignancy with patient and family while supervised by Medical Oncologist.

COLLABORATOR

1. Appreciates the contributions of members of the health care team and knowledge of when to consult with other specialists regarding care of an oncology patient.
2. Participates effectively and appropriately in an interprofessional health care team while providing optimal care to the oncology patient. In particular, works closely with colleagues from radiation oncology, surgical oncology and pain and symptom management.
3. Effectively deals with end of life issues in this patient population.

Example: Present a case at Tumor Board Rounds.

LEADER

1. Effectively engage members of the health care team to optimize patient care.
2. Demonstrate appropriate use of diagnostic tests, therapies, and other health care resources in the care of patients. Able to distinguish need for aggressive diagnostics and therapy in patients with curative intent from need for conservative/comfort measures for patients with palliative intent.
3. Demonstrate the ability to prioritize responsibilities and manage time effectively.

Example: Educate patients and families on the appropriate use of a diagnostic test such a PET scan.

HEALTH ADVOCATE

1. Recognize the psychosocial impacts of cancer on patients and their families.
2. Act as an advocate for patients to having access to optimal care, including novel therapies, if appropriate.
3. Identify and address determinants of health as they pertain to cancer. Where appropriate, work with patients to modify behavior to reduce risk of malignancy

Example: Explore social history with patient and family to determine if consultation is required with social work or pharmacy.

SCHOLAR

1. Demonstrates a commitment to self-directed learning.
2. Reviews the literature and effectively appraises literature of relevance to clinical decisions.
3. Facilitate learning of patients and their families regarding the diagnosis and treatment plan.
4. Effectively teach and delegate responsibility to junior residents and medical students.

Example: Select a topic from a patient observed in clinic and prepare a focused literature search.

PROFESSIONAL

1. Behave in a respectful manner toward patients, families, and other health professionals.
2. Consider ethical issues and patients' wishes in making treatment decisions.
3. Ensure adequate transition of care of patients including assuring proper handover of patients
4. Recognize the limits of one's expertise by knowing when to call for help
5. Demonstrate a commitment to improving one's performance by seeking and responding to feedback
6. Answer pages promptly and display punctuality

These objectives will be achieved by the following methods:

1. Attendance in the daily oncology clinic. Residents will be expected to assess patients that are new to the cancer clinic, those on active therapy or on follow up. Residents are encouraged to seek out opportunities to assess patients in many different disease sites

during their rotation but at least one new patient from each of the following: Breast, Gastrointestinal (GI), Genitourinary (GU) and Lung.

2. Attendance on the oncology ward and managing oncology inpatients may be required of the trainee. Assessing oncology patients in the emergency room or clinic that require admission to the Medical Oncology service.
3. Assessment of inpatients on other services consulted to Medical Oncology.
4. Direct interaction with attending Oncologists and collaborating with General Practitioners of Oncology (GPO's).
5. Attendance at weekly ward rounds and weekly multidisciplinary general tumour board rounds, bimonthly oncology grand rounds and one other disease site rounds (i.e. Lung, GI, CNS, GU).
6. Literature review and appraisal of relevant literature concerning selected topics.
7. Interaction with other members of the healthcare team.

These objectives will be assessed by the following methods:

1. The trainee's knowledge base, clinical skills and attitude will be continually observed during clinics and the more formal teaching rounds.
2. Oral and written case reports under the care of the trainee will be evaluated. The accuracy of history taking and physical findings will be assessed in two ways:
 - a. By confirming the findings reported in the oral or written case reports.
 - b. By direct observation of the trainee during performance of a witnessed complete or partial history and physical examination.
3. Clinical judgment of the trainee will be assessed by encouraging the trainee to commit themselves as to the diagnosis and management of a specific problem prior to them receiving input from the attending oncologist.
4. Monitoring of participation in weekly teaching session provided by Medical Oncologist on service.
5. Monitoring of attendance and participation at rounds and tumour boards.
6. IM residents will be evaluated on their presentation during morning report or noon time Medical Oncology rounds if this occurs during rotation.
7. Professional attributes, such as communication skills, teaching skills, and interpersonal relations will be assessed on an ongoing basis by observing the trainee interactions with other members of the healthcare team. The attending staff may seek opinions from other members of the healthcare team concerning these aspects of the evaluation.
8. In-training evaluation reports (ITER's) and Competence By Design (CBD) feedback cards.
9. Direct observation of performance of procedures.

Responsibilities of Trainee

1. This is a clinic based rotation however on occasion, the resident may be asked to complete one week (of a four week rotation) on the ward.
2. Attendance in Medical Oncology Ward Rounds Thursday mornings 9-11 a.m (mandatory).
3. Attendance at the Multidisciplinary Tumour Board Rounds. Trainee must attend one other tumour board each week. Schedule will be provided at beginning of rotation. Trainees are responsible for attending the Internal Medicine academic half day and Oncology Grand Rounds (every second Thursday). Trainee may attend GPO teaching rounds 12:30-1:30pm every second Tuesday.

4. Trainee will be responsible for inpatient consultations at the Health Sciences Centre and at St. Clare's. These will be reviewed with a Medical Oncologist. As most of our patients are seen as outpatients, these consults average about one-two per week.
5. There may be other educational activities such as 'Lunch and Learn' events and evening seminars that the Trainee will be invited to attend as well.
6. Internal Medicine residents are often assigned to present noon time rounds on a Medical Oncology topic during their rotation by the Chief Administrative Resident. Residents should submit their topic, as well as the time/date/location to the administrative assistant for the Discipline (Amy Kelly 709-777-8751) in advance so that notice can be given to the Medical Oncologists. The Medical Oncologist on service is responsible for attending these rounds.
7. Trainees will have a formal orientation to the service, mid way feedback and formal face-to-face final evaluation during the rotation with a designated Medical Oncologist. The administrative assistant will make arrangements for these meetings at the start of the rotation. They will also receive access to the Cancer Care Program electronic medical record system (ARIA) on their first day of the rotation with an hour training session.
8. Trainees are required to review rotation objectives, formulate a self-directed learning plan and create a formal learning contract to review during orientation, midway and final feedback.

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