Oncology night float curriculum

Goal

The oncology night float inpatient service is a clinical rotation that provides house officers exposure to the diagnosis and treatment of solid and liquid oncology illness resulting in hospital admission.  This rotation is intended to provide the exposure, clinical knowledge, skills, and professional attitudes needed to care for oncology patients with a wide variety of disease states. Emphasis is placed on learning to coordinate the care and management of complex solid and liquid oncology patients.

Learning Objectives

**PGY2:**

**Patient care:**

* Evaluate solid oncology and leukemia patients and identify the majority of problems/complications that are present or likely to occur during hospitalization
* Recognize atypical presentations of common diseases in solid oncology and leukemia patients
* Initiate appropriate therapy, in conjunction with your attending, for the major problems in your oncology patients
* Contribute to the depth of knowledge and understanding during morning rounds, lectures and clinical conferences
* Develop a more sophisticated plan for patient care that involves psychological, socioeconomic and historical perspectives
* Perform competently as leader when addressing the needs of acutely decompensating patients
* Interact with consultants and physicians from other disciplines to coordinate appropriate care from multiple options
* Develop competence and the ability to teach the PGY-1 resident basic procedures such as nasogastric tube and peripheral IV insertion
* Provide overnight cross-coverage for hospitalized oncology patients, including careful follow-up on assigned tasks, evaluation or reevaluation of evolving clinical scenarios, and escalation of care when applicable
* Role model how to provide effective written and verbal handoffs and give feedback to junior team members

**Medical Knowledge:**

* Demonstrate sufficient medical knowledge about common oncology problems, therapies and adverse events: acute infections, neutropenic fevers, mechanism of action of commonly used systemic agents for common solid and liquid malignancies, therapy-related side effects (including immune related adverse events), GI bleeding, acute kidney injury, progression of the underlying malignancy, goals of care conversations and a wide range of metabolic disturbances, and incorporate this into the daily plan on rounds.
* Identify the basic pathophysiologic mechanisms responsible for acute medical illness across a wide spectrum of severity in individual patients
* Identify the effects of social determinants of health that may contribute to admission and the disease/hospitalization trajectory of patient on the oncology services
* Role model, teach and provide feedback on the basic principles of clinical reasoning in the initial evaluation and workup of oncology patients.
* Role model, teach and provide feedback on basic principles of diagnostic testing in the initial evaluation and workup of oncology patients, including pre-test probability, likelihood ratios and diagnostic test characteristics.
* Understand and initiate the initial work-up and therapeutic approaches for common oncology patient problems
* Discuss the common medical therapies for common oncology patient problems, including an understanding of the quality of evidence underlying therapeutic options
* Become an educational resource for the team by obtaining more in-depth medical information on topics that are discussed on rounds
* Develop a sufficient level of medical knowledge to teach others
* Understand and incorporate into daily rounds principals and limitations of biomarkers in oncologic malignancies and how they impact prognosis and therapy

**Practice-based Learning and Improvement:**

* Identify themes from attending rounds, morning report and didactic conferences that are relevant for the care of individual oncology patients and implement when appropriate
* Identify clinical questions that arise at the point of patient care, seek these answers and share with the team on rounds
* Identify deficient areas of knowledge, develop and implement personalized learning plans to improve
* Role model a systematic manner of seeking out information necessary in the care of your patients
* Role model how to use computerized sources of results and information in the electronic medical health record (EMR) to enhance patient care
* Accept feedback and develop self-improvement plans

**Interpersonal and Communication Skills:**

* Observe and lead meetings between patients, their families and the healthcare team when end-of-life issues and complex treatment options are discussed, applying principles of shared-decision making when applicable
* Create and sustain a therapeutic and ethically sound relationship with all patients and/or proxy decision-makers, even those skeptical of the healthcare system
* Use effective listening skills
* Role model how to work effectively with others as a member of a health care team, including the oncology teams, cross-cover and consulting teams, and interprofessional team members
* Write and teach others how to prepare pertinent and organized notes that accurately convey the patients’ health status and plan of care

**Professionalism:**

* Act as a role model for colleagues, other house staff, nurses and students: (enthusiastic and committed to patient care; receptive to differing opinions of other healthcare members; respect all members of the healthcare team), even in stressful/challenging situations.
* Organize the team’s work day to enable sufficient time for inpatient care and resident educational activities
* Role model for others how to respond in a timely fashion to administrative requests, pages, telephone calls, etc.
* Role model how to complete required records such as duty hours reporting and chart completion
* Role model habits of punctuality that demonstrates respect for fellow residents, faculty, and ancillary staff

**Systems-Based Practice:**

* Seek the input of consultants, pharmacists, dieticians and social workers in situations where their expertise would be beneficial for individual patients
* Identify and report system flaws that interfere with your patient’s diagnostic or treatment plan
* Utilize consultative and ancillary services available in the hospital and develop a familiarity working with them
* Demonstrate constructive skepticism, question consult recommendations and consider your patient’s overall well-being prior to initiation of consultant recommendations
* Seek out opportunities to be a patient advocate in navigating the complex systems
* Apply knowledge of epidemiologic and social-behavioral sciences to the care of the patient
* Actively advocate for your patients in all joint conferences or rounds involving consultants from other disciplines
* Role model for junior members of the team how to coordinate activities of other non-physician team members (RN, PT, RT, OT, SW) during transitions of care

**PGY3:**

**Patient care:**

* Evaluate oncology patients and identify a comprehensive list of problems/complications that are present or likely to occur during hospitalization
* Recognize atypical presentations of common diseases and know when uncommon/rare diagnoses need to be a diagnostic consideration
* Initiate appropriate therapy, in conjunction with your attending, for all the clinically relevant problems in your oncology patients
* Seek opportunities to expand the team’s depth of knowledge and understanding during morning rounds, lectures and clinical conferences
* Implement a plan for patient care that involves psychological, socioeconomic and historical perspectives
* Perform competently as leader when addressing the needs of acutely decompensating patients and effectively transition care to other providers when appropriate
* Interact with consultants and physicians from other disciplines to coordinate appropriate care even when there are dissenting opinions about patient care needs
* Teach the PGY-1 resident basic procedures such as nasogastric tube and peripheral IV insertion
* Provide overnight cross-coverage for hospitalized oncology patients, including careful follow-up on assigned tasks, evaluation or reevaluation of evolving clinical scenarios, and escalation of care when applicable
* Teach junior trainees and students how to provide effective written and verbal handoffs and give feedback

**Medical Knowledge:**

* Demonstrate knowledge of and teach about diseases and hospitalization trajectories of common and uncommon solid oncology problems, and incorporate this into the daily plan on rounds. Typical topics include: acute infections, neutropenic fevers, mechanism of action of commonly used systemic agents for common solid and liquid malignancies, therapy-related side effects (including immune related adverse events), GI bleeding, acute kidney injury, progression of the underlying malignancy, goals of care conversations and a wide range of metabolic disturbances.
* Identify and teach about the basic pathophysiologic mechanisms responsible for acute medical illness across a wide spectrum of severity in individual patients
* Identify and teach about the social determinants of health that may contribute to admission and the disease/hospitalization trajectory of patient on the oncology service
* Role model, teach and provide feedback on the basic principles of clinical reasoning in the initial evaluation and workup of oncology patients
* Role model, teach and provide feedback on basic principles of diagnostic testing in the initial evaluation and workup of oncology patients, including pre-test probability, likelihood ratios and diagnostic test characteristics.
* Discuss and teach about medical therapies for common oncology patient problems, including an understanding of the quality of evidence underlying therapeutic options
* Become an educational resource for the team by teaching the team what you have learned from your reading about topics and patients that are discussed on rounds
* Teach interns and students about the principals and limitations of biomarkers in oncologic malignancies and how they impact prognosis and therapy

 **Practice-based Learning and Improvement:**

* Identify themes from attending rounds, morning report and didactic conferences that are relevant for the care of individual oncology patients and implement when appropriate
* Identify clinical questions that arise at the point of patient care, role model how to seek these answers and share with the team on rounds
* Develop and implement personalized learning plans to improve after identifying deficient areas of knowledge
* Role model and teach others a systematic approach to seeking out information necessary in the care of your patients
* Role model and teach others how to use computerized sources of results and information in the EMR to enhance patient care
* Accept feedback and develop self-improvement plans for yourself and others on the team, when appropriate

**Interpersonal and Communication Skills:**

* Lead and teach junior members of the team how to lead meetings between patients, their families and the healthcare team when end-of-life issues and complex treatment options are discussed, applying principles of shared-decision making when applicable
* Create and sustain a therapeutic and ethically sound relationship with all patients and/or proxy decision-makers, even those skeptical of the healthcare system
* Use and teach other team members effective listening skills
* Role model and teach how to work effectively with others as a member of a health care team, including the solid oncology team, cross-cover and consulting teams, and interprofessional team members
* Teach others how to prepare pertinent and organized notes that accurately convey the patients’ health status and plan of care and give appropriate feedback when necessary

**Professionalism:**

* Act as a role model for colleagues, other house staff, other allied health professionals and students: (enthusiastic and committed to patient care; receptive to differing opinions of other healthcare members; respect all members of the healthcare team), even in stressful/challenging situations.
* Organize the team’s work day to enable sufficient time for inpatient care and resident educational activities
* Role model and teach how to respond in a timely fashion to administrative requests, pages, telephone calls, etc.
* Role model and teach how to complete required records such as duty hours reporting and chart completion
* Role model habits of punctuality that demonstrates respect for fellow residents, faculty, and ancillary staff

**Systems-Based Practice:**

* Teach other team members when to seek the input of consultants, pharmacists, dieticians and social workers in situations where their expertise would be beneficial for individual patients
* Identify and teach other team members how to report system flaws that interfere with your patient’s diagnostic or treatment plan
* Utilize consultative services and teach other team members about the ancillary services available in the hospital
* Teach other team members how to maintain a constructive skepticism, question consult recommendations and to consider your patient’s overall well-being prior to initiation of consultant recommendations
* Seek out opportunities to be a patient advocate in navigating the complex systems
* Apply knowledge of epidemiologic and social-behavioral sciences to the care of the patient
* Teach other team members how to actively advocate for your patients in all joint conferences or rounds involving consultants from other disciplines
* Teach other members of the team how to coordinate activities of non-physician team members (RN, PT, RT, OT, SW) during transitions of care

Clinical Experience

The oncology curriculum consists of multiple components, described below. The purpose of the structured curriculum is to be certain that you are exposed to a wide variety of patients with solid and liquid oncology conditions.

Trainees will provide care for a wide variety of patients with general medical problems and illness related to their underlying diagnosis of cancer from the time of presentation to the time of recovery and transfer to other facilities, or to the time of death. Your care will be integrated with that of the attending physician. Residents also have an opportunity to interact with specialists and consultants in radiology, pathology, general surgery and surgical specialties, and all medicine subspecialties in the care of solid oncology patients.

Educational methods and evaluation tools

**Educational opportunities:**

Multidisciplinary rounds with attending, fellows, residents and bedside nurses each morning

Oncology curriculum and morning reports on the chief resident web-site

**Assessment Method(s) or Evaluation Tool:**

(C) Clinical records review

(D) Direct observation

(E) Evaluation by non-faculty

(G) Global faculty evaluation

(L) Case log review

(P) Portfolio review

(PTS) Patient survey

(PES) Peer survey

(S) Skills checklist

(SA) Self-assessment form

(T) In-training exam

(O) Other (specify)

On the solid oncology rotation interns and residents will be evaluated by:

 C, D, G, and PES.