Hematology Consult Rotation Objectives

Conferences:

- 1. Residents, Interns, and Students are expected to attend Noon Conference at 12pm and Case Conference at 1pm
 - a. Rotation specific conferences that interfere with this schedule along with necessity for travel to an alternate location are the only accepted reasons for excused absence from Noon conference
 - b. Rotation specific conferences and Continuity Clinic that interfere with this schedule are the only accepted reasons for excused absence from Case Conference

Any Housestaff with <70% attendance rate at Conferences (tallied throughout the month and finalized on the last day of the month) will meet the following:

1st Violation: meet with their Associate Program Director, have a letter placed in their file, be assigned and complete a Core Curriculum Program (CCP) Exam, and be assigned Holiday Jeopardy

2nd violation: Housestaff will be required to repeat the month

Daily Work

- As a guideline, Residents will be expected to see 2-4 new consult patients on a daily basis
- 2. As a guideline, Residents will see and write daily progress notes on an average of 8-10 follow-up patients per day until signed off by the attending
- The Fellow or attending is expected to hold the Consult pager at all times
- 4. Residents are expected to see patients on the same day as the consult is called up to 5pm M-F and 12noon on Saturday
- 5. Emergent consults after 5pm or 12 noon on Saturdays are to be seen by the Fellow or Attending

Evaluations

- 1. A verbal mid-month evaluation will be given by the attending to Housestaff
- An end of month verbal and written evaluation will be given by the Attending to Housestaff
- 3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.

If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam

The primary roles of the Attending Faculty:

- 1. The faculty must regularly participate in organized clinical discussions. Teaching Faculty on ward services are expected to attend Case Conference.
- 2. Patient based teaching must include direct interaction between resident and attending, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.
- 3. Residents have protected educational time for their Conferences per the conference schedule.
- Faculty may need to rearrange their clinic schedules during their on-service months.
- 5. Teaching attendings will be held responsible for enforcing the duty hour rules
 - -10 hour time period free from all duties must be provided between all daily duty periods
- 6. Teaching Faculty must clearly state their expectations at the beginning of the rotation to the housestaff and students
- 7. The faculty are expected to provide a verbal mid-month evaluation to all Housestaff on the team8. The faculty are expected to provide a verbal and written end-of-month evaluation to all Housestaff on the team

Educational Guidelines/Topics

- 1. Hypoproliferative Anemias
- 2. Hemolytic Anemias
- 3. Macrocytic Anemias
- 4. Hemoglobinopathies
- 5. Platelet Disorders and Bleeding Disorders including TTP/HUS and ITP
- 6. Thrombophilia and Coagulation Disorders
- 7. Myelodysplastic Syndromes and Myeloproliferative Disorders
- 8. Leukemias
- 9. Lymphomas
- 10. Bone Marrow Transplantation
- 11. Peripheral Blood Smear Interpretation
- 12. Transfusion Medicine
- 13. Hematologic Complications of HIV Infection
- 14. Porphyrias