Oncology Rotation Objectives

Conferences:

Residents, Interns, and Students are expected to attend Morning Report at 8am and Noon Conference at 12pm daily

a. Rotation specific conferences that interfere with this schedule are the only accepted reasons for excused absence from Morning Report
b. 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

Beginning October 1st, 2009, any Housestaff with <70% attendance rate at MR (tallied throughout the month and finalized on the last day of the month) will be required to enroll in Residency Education Process

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

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

Daily Work

Consults

1. 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
3. 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

Inpatient

The primary roles of the PGY-2 and 3 residents are supervision and education. This includes:

1. Seeing every patient on the day of admission and writing an Upper Level Addendum
    1. Upper Level Addendum requires a HPI, pertinent PMH, Meds, and PE, along with the Resident's Assessment of the patient's illness and the team-formulated plan
    2. When working with an AI, Resident must write out a full and complete History and Physical, only Medical Students' Review of Systems may be referred to in the Resident note. All other aspects of the H&P must be independently documented by the Resident.
2. Review and approve diagnostic and treatment plans with the interns *every day prior to Attending Rounds*
3. Review patients' progress daily, giving feedback to the intern on progress notes, order writing, and discharge planning
4. If not completed by the PGY-1, Dictating all outside hospital transfers, discharges from the ICU, death summaries and history and physicals
5. Assuming complete responsibility of Interns' patients on PGY-1 days off
    1. Resident will be required to check out, *in person*, to the Night Float Intern daily at 4:45pm and check back in the following morning, *in person*, at 6:45am
6. Organizing and planning attending rounds, meetings with consultants, and other teaching opportunities
7. Setting time aside for teaching medical students, including reviewing write-ups and giving timely feedback
8. Creating an atmosphere such that the intern is encouraged to ask for help when appropriate
9. Supervising procedures
10. Interacting with nurses and other personnel in a way that respects all members of the healthcare team and encourages their input
11. Being certain all members of the team are familiar with the current literature regarding their patients
12. A Resident will not supervise more than 10 new admissions including in-house transfers; and no more than 16 new patients in a 48 hour period
13. A Resident will not be responsible for the ongoing care of more than 14 patients with 1 PGY-1 or 20 patients with 2 PGY-1s
14. Participating in Ambulatory curriculum on the day of continuity clinic.

15. Being ready and present (when paged) at MHH for multidisciplinary rounds M, W, and F at 11am.

PGY-1 residents, otherwise known as interns, have the following major responsibilities:

1. Initial evaluation of all patients, including assimilation of old records and outside information.
2. Developing a plan for each patient to present to the resident.
3. Dictating all outside hospital transfers, discharges from the ICU, death summaries and history and physicals
4. Communicating with the patient and family about treatment plans, consultations, risks and benefits of procedures and medications, and other aspects of care.
5. Getting write-ups on the chart no later than 8:00 a.m. following a call day.
6. Discussion of "Do-Not-Resuscitate (DNR)" orders and other end-of-life issues when appropriate.
7. Asking surviving family members for permission to perform an autopsy.
8. Working on discharge planning from day one.
9. Writing daily progress notes.
10. Interns work closely with medical students and assist with their education.
11. An Intern will not admit more than 5 new patients plus 2 in-house transfers; and no more than 8 new patients in 48 hour period
12. An Intern will not be responsible for the ongoing care of more than 10 patients
13. Participating in Ambulatory curriculum on the day of continuity clinic.
14. Intern will be required to check out, *in person*, to the Night Float Intern daily at 4:45pm and check back in the following morning, *in person*, at 6:45am

Evaluations:

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. 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

Learning Objectives:

Medical Oncology involves the diagnosis and management malignant neoplasms. The general internist should have a wide range of competencies in the evaluation and management neoplastic disease. He or she must be able to do the following:

1. Be familiar with screening guidelines for malignancies
2. Understand the principles of treatment for Breast cancer
3. Understand the subtypes, staging and treatment of lung cancer
4. Understand the treatment and staging of colorectal cancer
5. Be familiar with common paraneoplastic syndromes
6. Be familiar with the administration, side effects, and drug interactions of therapeutic agents commonly used for the treatment of malignant disease.