

# LEARNING OBJECTIVES AND EXPECTATIONS

## Parkland Inpatient Consult Service

The Parkland Inpatient Consult Service provides opportunities for gaining competence in the evaluation and management of a broad variety of hematologic and neoplastic disorders through taking on increasing responsibilities as a consultant in a culturally diverse county hospital setting. Patients are derived from medical, surgical, obstetrical services in the hospital, ensuring a diverse set of hematologic and neoplastic disease. During this rotation the trainee will have the opportunity to gain expertise in the following.

- 1) Morphology, physiology, and biochemistry of blood, marrow, lymphatic tissue and spleen
- 2) basic molecular and pathophysiologic mechanisms, diagnosis and treatment of anemia, thrombocytopenia and disorders of white blood cells; basic molecular and pathophysiologic mechanisms, diagnosis and treatment of myeloproliferative disorders and myelodysplastic syndromes
- 3) Etiology, epidemiology, natural history, diagnosis, pathology, staging and management of a wide variety of neoplastic disorders
- 4) Diagnosis, evaluation and treatment of disorders of hemostasis and thrombosis
- 5) Management and care of indwelling venous catheters
- 6) Management of neutropenia and immunocompromised patients
- 7) Hematologic effects of systemic disorders
- 8) Hematologic and oncologic effects of HIV
- 9) Diagnosis and management of paraneoplastic syndromes
- 10) Special considerations in the geriatric population with hematological and neoplastic disease
- 11) Personal development, attitudes and coping skills of physicians and other health-care professionals in a county hospital setting
- 12) Interpersonal and communication skills commensurate with function as a consultant to diverse hospital specialties (medical, surgical, ob-gyn and others).

Plan for meeting these goals and objectives:

**1. Patient care.** This fellow will be responsible for all the inpatient "consults" from other services, and for supervising the residents rotating on the service. These consults will be called via the consult beeper, (214)-786-1580, which the Parkland consult fellow will carry during the day, handing over to the Parkland Inpatient Ward fellow at night.

- a. This fellow is responsible for Hematology-Oncology patients admitted with non-malignant conditions that do not qualify for the chemo/inpatient service, as well as possible malignant conditions prior to definitive diagnosis.
- b. Carrying this service beeper on alternate weekends.

1. Some responsibilities are common to both fellows and include:
  - a. Communicating with the attending, both in the weekday rounds and usually by phone on the weekend. The attending should be informed of all acute consultations, major changes of patient status and emergencies.
  - b. Keeping a daily computer list on all patients being followed by the service. Working up a new patient involves not only a history and physical examination, but a review of the laboratory material, including blood smears, all pertinent radiology, and review of the pathology--best done by sitting down with the pathologist and looking at the slides, usually with the attending.
  - c. Assuming personal responsibility for new patients admitted to the service and being responsible for their referral to the appropriate disease-specific clinic and case manager on discharge.
  - d. Communication with the patient's primary clinic fellow and case manager regarding treatment plans. Write a brief summary of the patient's admission for placement in the clinic shadow file. This is best done via email. This is especially important for patients who have not been seen in the clinic previously.
  - f. Carrying both the service beeper (when applicable) and one's individual beeper.

## 2. Medical Knowledge

During this rotation, medical knowledge will be gained through the collection and interpretation of patient-related data, the integration of data into a diagnosis or differential diagnosis, including alternative interpretations of the data, development of a set of recommendations to be communicated to the consulting team, daily review of cases with the attending on attending rounds, background reading on the pathophysiology of each disorder and presentation and discussion at conferences. A multiple choice in-service exam is given in May of each year to help gauge trainee's progress in medical knowledge. Questions are similar to those posed on hematology-oncology board exams.

### Reading list:

Greer: *Wintrobe's Clinical Hematology*, 11<sup>th</sup> ed. 2004

Colman: *Hemostasis and Thrombosis: Basic Principles and Clinical Practice*, 4<sup>th</sup> ed. 2001

Kitchens: *Consultative Hemostasis and Thrombosis*, 2002

NIH: *The Management of Sickle Cell Disease*, 4<sup>th</sup> ed. 2002

DeVita: *Cancer, Principle and Practice of Oncology*, 6<sup>th</sup> ed. 2001

Abeloff: *Clinical Oncology*, 2<sup>nd</sup> ed. 2000

Chabner: *Cancer Chemotherapy and Biotherapy*, 3<sup>rd</sup> ed. 2001

Pazdur: *Cancer Management: A Multidisciplinary Approach*, 7<sup>th</sup> ed. 2003

Nabholtz: *Breast Cancer Management*, 2<sup>nd</sup> ed. 2003

Harris: *Diseases of the Breast*, 2<sup>nd</sup> ed. 2000

Pass: *Lung Cancer: Principle and Practice*, 2000  
Aisner: *Comprehensive Textbook of Thoracic Oncology*, 1996  
WHO: *Classification of Tumours, Pathology & Genetics of Tumours of Haematopoietic and Lymphoid Tissues*, 2001  
Henderson: *Leukemia*, 7<sup>th</sup> ed. 2002  
Canellos: *The Lymphomas*, 1998

## **Journals**

*The New England Journal of Medicine*      [www.nejm.org](http://www.nejm.org)  
*Journal of Clinical Oncology*            [www.jco.org](http://www.jco.org)  
*Blood*    [www.bloodjournal.org](http://www.bloodjournal.org)

## **Websites**

American Cancer Society                    [www.cancer.org](http://www.cancer.org)  
National Cancer Institute                 [www.cancer.gov](http://www.cancer.gov)  
American Society of Clinical Oncology   [www.asco.org](http://www.asco.org)  
American Society of Hematology         [www.hematology.org](http://www.hematology.org)  
National Comprehensive Cancer Network [www.nccn.org](http://www.nccn.org)

## **Required conferences:**

Hematology/Hematopathology Rounds, Hematology/Oncology Teaching Lunch,  
Combined Modality Conference

## **Suggested conferences:**

Multidisciplinary Breast Conference, GI Malignancy Conference, Head and Neck Tumor Board, Gynecologic Tumor Board, Thoracic Malignancy Conference, Internal Medicine Grand Rounds

### **3. Practice-based learning and improvement**

Fellows will have the opportunity to apply medical literature, research and statistical methods, and data management technology for self-evaluation and improvement on this rotation. Clinical questions will be formulated and researched through clinical databases pertinent to patient care as they arise and will be discussed daily during attending rounds. Cases may be selected for in depth research and discussion and presentation at either the Hematopathology or Combined Modality conferences as appropriate. Feedback concerning selection of cases and areas for discussion will be sought from the attending and in some cases, additional faculty with particular expertise.

### **4. Interpersonal and communication skills**

The fellow will develop and demonstrate competence in effective and efficient communication with patients, physicians colleagues and physicians from other services, nursing and support staff, and patients from a wide diversity of racial, ethnic, and socioeconomic backgrounds. On this rotation, development of clear and effective communication skills with consulting teams is an important goal. Clear legible consultant's notes, with recommendations presented as a bulleted list, should be demonstrated.

## **5. Professionalism**

Fellows will have the opportunity to develop and demonstrates an increasing commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Examples include establishing highly effective therapeutic relationship with patients and families; demonstrates excellent relationship building through listening, narrative and nonverbal skills; excellent education and counseling of patients, families, and colleagues, and being always "interpersonally" engaged.

## **6. Systems-based practice**

Fellows will develop an understanding of how the consult team operates within the larger context of a county hospital and propose ways to effectively accesses/utilizes outside resources. Fellows will demonstrate approaches to reduce errors and improve patient care and enthusiastically and graciously assist in developing systems' improvement. This will largely be accomplished through positive and mutually productive interactions with other services.

**Evaluation:** Trainees are evaluated on six general competencies (see above) through your interactions during attending rounds and during the normal course of patient diagnosis and management. Particular attention on this rotation should be paid to the completeness and succinctness of recommendations and scholarship and teaching shown in supervision of residents. Competencies in procedures will be evaluated through direct supervision by an attending and must be recorded through the case-log system ([www.myevaluations.com](http://www.myevaluations.com)) so that they are available for review by outside accrediting agencies (i.e. future employers). A multiple choice in-service exam is given in May of each year to help you gauge your progress in medical knowledge.