

# LEARNING OBJECTIVES AND EXPECTATIONS

## Zale Inpatient Hematology-Oncology Service

The Zale Inpatient Ward Service provides training opportunities for gaining competence in the evaluation and management of a broad variety of hematologic and neoplastic disorders in a private faculty practice setting. Patients encountered on this rotation tend to belong to a high socioeconomic class and present with both earlier stages of disease (with interests in more diverse and experimental treatment options) and with end-stage disease, providing an opportunity to learn to provide palliative care directly relevant to cancer. During this rotation the trainee will have the opportunity to gain expertise in the following areas:

Clinical experience and outside study should be addressed to the following so that you feel you are gaining substantial knowledge in these areas:

- 1) Etiology, epidemiology, natural history, diagnosis, pathology, staging and management of a wide variety of neoplastic disorders
- 2) Chemotherapeutic drugs, biologic products, growth factors and their mechanisms of action, clinical indication, and limitations, including their effects, toxicity and interactions. Use of biological response modifiers is more frequently stressed on this rotation.
- 3) Multiagent chemotherapy protocols (see other sections of this manual) and combined modality therapies
- 4) Management and care of indwelling venous catheters
- 5) Management of neutropenia and immunocompromised patients
- 6) Hematologic effects of systemic disorders
- 7) Pain management, rehabilitation and psychosocial management of patients with hematologic and neoplastic disorders
- 8) Personal development, attitudes and coping skills of physicians and other health-care professionals in a private hospital setting

Plans to meet these goals and objectives:

### **1. Patient care.**

All patients cared for by the Faculty Practice have a private attending physician (PAP) to whom they look for their outpatient heme/onc health care needs. However, when admission to the hospital is needed, the private attending physician will arrange for admission to the Zale Heme/Onc service, where the acute care in-hospital needs of patients are met by a team of physicians (the Zale Heme/Onc Service) which include the Zale fellow, medicine residents, and Zale Attending Physician (ZAP). The private attending physician will continue to be responsible for the overall direction of care, including the chemotherapy program and appropriateness of resuscitative measures ("DNR") orders. On the other hand, the Heme/Onc fellow and the Zale attending physician (ZAP), in collaboration with the medicine residents, are responsible for acute care in the hospital. The Zale Attending Physician (ZAP) serves as the attending of

record for billing purposes. **Excellent communication** between the PAP and the Zale service (the ZAP and fellow) is essential for the overall physical and emotional well-being of patients.

The Internal Medicine Department rotates up to 4 medicine residents who will admit the Med Onc patients and act in conjunction with the fellow and the ZAP as the “team” providing the medical care throughout each admission. Patients will be assigned to medicine residents on admission. Medicine residents have the responsibility to write orders (with the exception of chemotherapy orders) and will manage the patients under direction of the Zale attending physician and Heme/Onc fellow.

### **Functions of the Zale Heme-Onc Fellow**

1. **See new admissions and write a fellow admitting note** noting the time and date of the visit. Write chemotherapy orders and discuss ancillary orders with the medicine resident.
2. **Attend daily attending rounds, M-F, at 7:30 am to 8:30 am.** Exception: The team will attend one early morning conference (Thurs. Hematopathology Conference or Friday Combined Modality Conference) per week in lieu of attending rounds. (The choice of which of the two conferences to attend is at the discretion of the attending.)
3. **Review the diagnostic and therapeutic plans daily with the resident and attending, and write daily progress notes.**
4. Ensure that **discharge planning** is documented, including discharge medications, instructions, and follow up visits to clinic.
5. See **consults** at Zale and leave a consult note and follow up notes as appropriate using guidelines as above. Please try to ensure that the name of the requesting attending appears on the consult note.
6. **Be available by pager to take after-hours calls** from patients of the faculty practice. Instructions for handling these calls is given in a section below.

### **Admission Policy--Scheduled Admissions**

**Most admissions to Zale will come from the outpatient Simmons Cancer Center clinics during the Monday to Friday 9-5 clinics.**

1. **Notification of Admission:** For patients admitted from the Simmons Clinic, the PAP of the patient will directly contact and speak to both the ZAP and the Zale fellow who will be directing the care of the patient at Zale. (The names and contact information of the rotating ZAP and fellow are posted in the Seay clinic, fellows manual, division

office and are available from the division administrative staff). The reason for admission and outline of care should be discussed in detail. If you become aware of an admission and the PAP has not notified you, please call the PAP either before or shortly after seeing the patient.

Notification of admission should also involve **fax transmittal** of any pertinent information on the patients that is not accessible on Oasis but is needed as background.

Elective admissions for chemotherapy should include specifics regarding the **drug protocol** to be given (doses, drugs, etc), any deviations or modifications from the protocol and any other special concerns needed for that patient for example, growth factors, etc. Elective admissions should be scheduled for the early morning hours so that lab can be done, orders written and chemo instituted before midnight on the admit day.

Diagnostic workups that are needed prior to therapy should also be delineated to the admitting team for example – a CT that is needed before the chemo infusions, etc...

## 2. **Coordination of care between the PAP and the Zale inpatient team**

Please be aware that while the personal attending physician (PAP) of a patient admitted to Zale is responsible for the overall direction of the patient's management, the PAP is not the attending of record unless that physician is on the Zale rotation at the time of patient admission. This means that the ultimate day to day responsibility for acute care of the patient at Zale falls upon the ZAP at the time of patient admission.

Normally, the PAP will be expected to visit once (preferably) early during the hospital admission after discussing the patient's problems with the Zale team. At this visit, the PAP should outline for the patient the expected course in the hospital and any changes in the overall treatment plan. Code status should be addressed. However, the PAP is not responsible for daily visits, and should not write a daily note. If the PAP would like to leave a brief note, the note will be made under the heading "Courtesy visit—personal heme/onc physician".

Importantly, disagreements between the PAP and Zale team should be resolved through verbal discussion and not through the patient chart. Similarly it is detrimental for the PAP or the Zale team to make negative comments to the patient about the care the patient is currently receiving or imply that anyone's decision-making is in question. This behavior sets up a background for litigious activity and is demoralizing to colleagues.

*End of life care deserves special mention here. Some patients admitted to the Zale service are appropriate for Hospice Care or very close to it. End-of-life decisions, particularly documentation of resuscitation measures, is most appropriately done*

*between the PAP and the patients and the patients family. However, if a patient is admitted and there are no plans as to resuscitation measures, then it is appropriate that you ask the PAP to come and discuss this with the patient and family. If time is limiting and death imminent, then a member of the care team will approach the patient or family directly but the PAP should be notified of this measure.*

Discharge planning– D/C plans and the actual D/C orders including D/C medications and referral back to Simmons Clinic (along with any lab, X-ray or special needs for the 1<sup>st</sup> f/u clinic visit post D/C) should be faxed or e-mailed by the fellow to the PAP or the PAP's nurse who will incorporate the info into the patients chart at Simmons Clinic (Fax: 214-648-7022).

Doses of chemotherapy administered at Zale and the dates of administration are important items to include for the Simmons Clinic chart update. A standardized form is being developed for this purpose and will be left on the 7<sup>th</sup> floor for this use.

Discharge Summaries – should be dictated by the resident on day of discharge. If resident fails to do this then it is your responsibility to dictate the discharge summary.

**Specialty Consult Designations:** On occasion, a PAP who is not the ZAP will be asked to consult on a Zale patient, usually on surgical or other subspecialty services. The PAP may perform this consult independently and then either communicate with the Zale team to complete follow-up of the patient in the hospital. At discharge, the patient should be scheduled for follow-up in the Seay clinic of the PAP. The PAP also has the option to personally finish the follow up of the patient until discharge and then see the patient in the Seay Clinic post discharge.

### **After-hours Calls and Unscheduled Admissions**

The Answering Service is instructed to direct all phone calls to the Zale after-hours beeper, which is held by the Zale fellow on call. Of note, every Hem Onc Attending physician and every fellow also carries a personal pager.

It is the responsibility of the fellow is to answer and triage after-hours calls for the faculty practice. If the fellow cannot answer the caller's question, then the fellow should page the ZAP to intervene. If the fellow on call decides the patient needs to be seen, then the patient can be directed to the St. Paul Emergency Room.

A fellow may ask the medicine resident on the service on call for admissions that day (night) to evaluate and admit a patient, especially for late night evaluations. Otherwise, the fellow must go to Zale and admit the patient.

If the patient is directed to the St. Paul ER then it is the responsibility of the fellow to call the St. Paul ER, request the ER physician in charge and inform them about the patient's problem and discuss an initial treatment plan. The St. Paul ER physician will evaluate the

patient and call the fellow back. If the patient needs admission, the fellow must call the ZAP to arrange a transfer to Zale. This will involve notification of admissions at Zale, who will do insurance approval and bed assignment. If no bed is available at Zale, the patient can be admitted to the St. Paul rotating Internal Medicine physician who is on the UTSW faculty. Dr. Gary Reed directs this service and it provides 24 hour coverage for UTSW patients admitted to St. Paul. The ZAP needs to specifically instruct the St. Paul ER physician to admit the patient to the UTSW Internal Medicine faculty member on call and not to the St. Paul Internist or House staff. A Hem/Onc patient admitted by the UTSW Internal Medicine physician faculty at St. Paul will be cared for by the UTSW Internal Medicine team, but the ZAP must see that the patient's private Simmons attending physician (PAP) is e-mailed or notified in some way so that the PAP can follow the patient's progress. Please be aware that the Heme-Onc Fellows do not have St. Paul privileges and cannot go there to write orders or follow patients. In addition, the Zale attending physician's responsibility ends with confirmed notification of the PAP; the ZAP has no further responsibility to Heme-Onc patients admitted to the St. Paul Service.

If the fellow does inadvertently get a phone call from a nurse requesting orders on a patient at St. Paul, the call should be referred to the Zale Attending Physician, who can decide whether or not to involve the PAP.

Clinic nurses make every effort to return all phone calls before 5 pm by so that routine clinical issues do not fall into after hours. Please inform the clinic medical director (Dr. Barbara Haley) promptly if you perceive this to be a significant problem.

## **2. Medical knowledge**

Medical knowledge on this rotation will be achieved through teaching rounds (M-F, at 7:30 am to 8:30 am), outside reading, and presentation at conferences. A major component of the learning experience will occur 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, and development of a set of recommendations for continued patient management to be reviewed with the attending.

### **Reading list:**

Kitchens: *Consultative Hemostasis and Thrombosis*, 2002  
Simon: *Rossi's Principles of Transfusion Medicine*, 3<sup>rd</sup> ed. 2002  
NIH: *The Management of Sickle Cell Disease*, 4<sup>th</sup> ed. 2002

Nabholtz: *Breast Cancer Management*, 2<sup>nd</sup> ed. 2003  
Harris: *Diseases of the Breast*, 2<sup>nd</sup> ed. 2000

### **Journals**

*The New England Journal of Medicine*      [www.nejm.org](http://www.nejm.org)

*Journal of Clinical Oncology*  
*Blood*

[www.jco.org](http://www.jco.org)  
[www.bloodjournal.org](http://www.bloodjournal.org)

### **Websites**

American Cancer Society	<a href="http://www.cancer.org">www.cancer.org</a>
National Cancer Institute	<a href="http://www.cancer.gov">www.cancer.gov</a>
American Society of Clinical Oncology	<a href="http://www.asco.org">www.asco.org</a>
American Society of Hematology	<a href="http://www.hematology.org">www.hematology.org</a>
National Comprehensive Cancer Network	<a href="http://www.nccn.org">www.nccn.org</a>
MD Anderson Cancer Center	<a href="http://www.mdanderson.org">www.mdanderson.org</a>
World Federation of Hemophilia	<a href="http://www.wfh.org">www.wfh.org</a>

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**

As with other clinical rotations, 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. Cases may be selected for in depth research and discussion and presentation at either the Hematopathology or Combined Modality conferences as appropriate.

### **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. The patients on this rotation tend to be much better educated and demand more in the way of alternative treatments as compared to patients on other rotations.

### **5. Professionalism**

Fellows will have the opportunity to develop and demonstrates an increasing commitment to carrying out professional responsibilities and adherence to ethical principles. Effective therapeutic relationship with patients and families will be demonstrated through through listening, narrative and nonverbal skills; excellent education and counseling of patients, families, and colleagues.

## 6. Systems-based practice

Fellows will develop an understanding of how the consult team operates within the larger context of a private university practice hospital.

**Evaluation:** Fellows will be evaluated on six general competencies (see above) through interactions during attending rounds and during the normal course of patient diagnosis and management. 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. Questions are similar to those posed on hematology-oncology board exams. Practice-based learning and improvement will be evaluated through presentations at conferences and presentation of a portfolio for review at the 6-month evaluation.