

Parkland Ambulatory Clinics and Clinic Rotation

- A. Benign Hematology**
- B. Malignant Hematology**
- C. Breast Oncology**
- D. ENT/Lung Oncology**
- E. GI/GU Oncology**

The Parkland Ambulatory clinic rotation provides opportunities for gaining competence in the evaluation and management of a broad variety of hematologic and neoplastic disorders in socioeconomically disadvantaged patients in the outpatient setting of a large county hospital serving indigent patients. The trainee will be given opportunities to assume continuing responsibility to observe the evolution of blood disease and the natural history of cancer and the benefits and adverse effect of therapy through rotations in each of the five clinics listed above, each for a period of one year. In addition, during the ambulatory clinical rotation, additional time will be allotted for seeing patients in additional clinics and the VA clinics. During this rotation the trainee should have the opportunity to gain expertise in the following areas.

Bone marrow aspiration and biopsy, including preparation,
Use of chemotherapeutic agents and biological response modifiers by all therapeutic routes
Serial measurement of palpable tumor masses
Assessment of tumor imaging by CT, MRI, and nuclear imaging techniques
Correlation of clinical information with cytology, histology and immunodiagnostic imaging techniques

The trainee's clinical experience and outside study should be addressed to the following to gain substantial knowledge in these areas:

- 1) Morphology, physiology, and biochemistry of blood, marrow, lymphatic tissue and spleen
- 2) Etiology, epidemiology, natural history, diagnosis, pathology, staging and management of hematologic, breast, thoracic, gastrointestinal, genitourinary neoplasms, sarcomas and primary brain tumors.
- 3) Use of chemotherapeutic drugs, including their effects, toxicity and interactions
- 4) Multiagent chemotherapy protocols and combined modality therapies
- 5) Management and care of indwelling venous catheters
- 6) Management immunocompromised patients
- 7) Hematologic effects of systemic disorders
- 8) Hematologic and oncologic effects of HIV
- 9) Pain management, rehabilitation and psychosocial management of patients with hematologic and neoplastic disorders

10) Personal development, attitudes and coping skills of physicians and other health-care professionals in an outpatient county hospital setting

11)

Plan for meeting these goals and objectives:

1. Patient care

1. Participate in the Wednesday and Friday Clinics at the VAMC – see VAMC section below. Note our **new policy** that Fellows will remain through the completion of the Wednesday VAMC clinic, unless:
 - a. They have Lung-ENT as their personal continuity clinic
 - b. They are covering for a fellow with a Lung-ENT continuity clinic who is on the VAMC inpatient rotation, sick or on vacation.
2. Participate in two Disease-Specific continuity clinics at Parkland:

Day	Clinic	Chief	Case Manager
Monday AM	Heme I: malignant hematologic illnesses	Yu-Min Shen, MD	Margaret Waruingi, RN 2-4247
Monday PM	Heme II: non-malignant hematologic illnesses	Cynthia Rutherford, MD	Margaret Waruingi, RN 2-4247
Tuesday AM	Breast	Mary Lou Auchus, MD	Mary Abraham, RN 2-5382
Wednesday PM	Lung/ENT	Randy Hughes, MD	Mary Abraham, RN 2-5382
Thursday PM	GI/GU/others	Carlos Becerra, MD	Margaret Waruingi, RN 2-4247

The clinic fellows assigned to cover the continuity clinic patients of the fellow who is at the VAMC, who should have “sign out” ahead of time of active patients.

3. Covering clinics for fellows who are sick or on vacation as assigned by the chief fellow.
4. Clinic attendance for non-Clinic Fellows:

In addition to the fellows specifically assigned to the Clinic rotation, each fellow will be assigned to two Parkland disease-specific clinics for continuity patient care which they will attend for the whole year. Only while at the VAMC will the fellow not attend their specifically assigned clinics each week. Each fellow must maintain a list of patients who are his/her **primary responsibility**, so that clinic staff knows whom to consult. Referrals to a specific clinic should be discussed with the clinic chief and R.N. (and often the referring doctor), and a priority

assigned to the referral. Not all patients referred are appropriate for our clinic. Working with the clinic RN, you should try to schedule any and all investigations needed **prior** to the first clinic appointment.

"Chart checks" and prescription refills must be carried out in a timely i.e. daily manner, including completing checks for fellows on vacation or at the VAMC. All fellows should have triplicates available at all times.

At each clinic visit, each patient will have a shadow chart with a flow sheet. In most instances, there will also be a volume of the patient's hospital record. The shadow chart contains copies of each outpatient visit note, nursing notes, flow sheets and treatment orders, and any SCC dictation. **The fellow is responsible for keeping the flow sheet up to date**, including recording any chemotherapy or other therapy delivered. Be careful to keep these records legible.

It is sometimes necessary to see clinic patients outside these hours, but do not use the clinic in place of the Emergency Room, especially as the examining and work rooms are used by other services, and often our patients are too sick or unstable to be seen emergently in the clinic. Thursday mornings and early Tuesday afternoons are convenient times for procedures such as bone marrow examinations or intrathecal chemotherapy.

Note Parkland morning clinics begin at 8am, afternoon clinics at 1pm. If you are unavoidably detained you must call the attending.

For **all** fellows the duties in the Parkland continuity clinics include:

- a. Evaluating new patients to the outpatient system, including history, physical examination, laboratory studies, radiological studies, pathology review, writing a note in the chart; if the patient will be attending clinic regularly you should initiate a flow sheet and a "shadow file" for the patient. Every patient must be discussed with the attending. This new patient will then in future be assigned to this particular fellow for follow-up when possible. This fellow is expected to make long-term plans for the patient and see that they are carried through. The clinic fellow must communicate in detail with the inpatient fellow when admission is planned from the clinic. Active patients should be signed out to the rostered clinic fellow at the clinic changeover or when the fellow is going to be at the VAMC.
- b. Seeing patients in follow-up. Each fellow will build up a base group of patients for whom he/she has responsibility for the duration of that clinic assignment. Changes in status or management of these patients should be discussed with the attending.
- c. Writing orders for chemotherapy to be given in the clinic on the special order sheets. For frequently administered regimens pre-printed orders are available,

see section 2C. For other chemotherapy regimens: at the top of the special form write the disease for which the therapy is being given, together with height, weight and body surface area calculation, name and number of the regimen, e.g. CHOP #1. Below this write the chemotherapy orders, including appropriate pre-medication. Abbreviations are discouraged. Finally, the writing physician's **legible** name, physician number and beeper number should be written, and the orders signed. Remember that patients being admitted for chemotherapy can often get their first dose of chemotherapy in the clinic or start pre-hydration there.

- d. Writing outpatient transfusion or infusion orders. Transfusion/infusion is administered in the Infusion Clinic on the fifth floor (staff nurse Peggy Gilbert, ext 2-6301, pager 214-786-2832; unit manager Pam Summerlin, RN). Please fill out the special Infusion Clinical Referral form prior to your patient's first visit. Orders are written on the regular order sheet and should include the disease for which the transfusion/infusion is being given, and the hematological parameter (e.g., hematocrit, platelet count) being followed. Be sure to include a pre-medication, if indicated, specific details of the blood or infusion product and the duration of the transfusion/infusion. An "Informed Consent for Transfusion" is required for each "course of therapy," or at least annually for blood products and derivatives. Remember that patients with hematological or oncologic illness often have special requirements for blood products, including leukocyte-poor products, irradiation, etc.
- e. Scheduling elective admissions from the clinic as needed. (See Appendix). Reviewing with the inpatient fellow the chemotherapy orders for the patient whose admission you are arranging. Please write the names of admissions and the date of the admission on the board in the clinic, as well as notifying clinic staff, 7e staff at 2-7735 and the AOD at 2-8824. You must make sure that the patient's labs are adequate for starting chemotherapy prior to admission. If needed, have the patient come to clinic the day of admission for a lab check prior to the patient being admitted. This avoids unnecessary admissions for patients who cannot receive chemotherapy due to inadequate labs.

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, and development of a set of recommendations for continued patient management to be reviewed with the attending. Internet access is available in the clinic to PubMed and other library-based resources. In addition, many fellows find it useful to keep a short list of clinical questions to be answered outside of the ambulatory setting and kept as the basis of a "portfolio" for demonstration of scholarly activity.

Reading list:

Greer: *Wintrobe's Clinical Hematology*, 11th ed. 2004

DeVita: *Cancer, Principle and Practice of Oncology*, 6th ed. 2001

WHO: *Classification of Tumours, Pathology & Genetics of Tumours of Haematopoietic and Lymphoid Tissues*, 2001

Kitchens: *Consultative Hemostasis and Thrombosis*, 2002

ASH-SAP (American Society of Hematology Self-Assessment Program)-complimentary copies available)

ASCO-SAP (American Society of Clinical Oncology Self-Assessment Program)-complimentary copies available

Journals

The New England Journal of Medicine www.nejm.org

Journal of Clinical Oncology www.jco.org

Blood www.bloodjournal.org

Websites

National Comprehensive Cancer Network www.nccn.org (guidelines for work-up and treatment of many tumor types)

American Cancer Society www.cancer.org

National Cancer Institute www.cancer.gov

American Society of Clinical Oncology www.asco.org

American Society of Hematology www.hematology.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. 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 case management and the outpatient nursing team is an important goal.

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.

6. Systems-based practice

Fellows will develop an understanding of how the consult team operates within the larger context of a busy 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 outpatient and inpatient services.

Evaluation: Trainees will be evaluated by your attending faculty on six general competencies through interactions during the 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) 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 gauge progress in medical knowledge. Questions are similar to those posed on hematology-oncology board exams.