

# LEARNING OBJECTIVES AND EXPECTATIONS

## Veterans Administration Hematology/Oncology Service

The Veterans Administration Hematology/Oncology Service provides opportunities for gaining competence in the evaluation and management of a broad variety of hematologic and neoplastic disorders in a population of veterans. 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. During this rotation the trainee will have the opportunity to gain expertise in the following areas. You should review these goals and objectives with the fellow at the beginning of this rotation:

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

You should become familiar with:

Apheresis procedures  
Fine needle aspiration and biopsy

Your clinical experience and outside study should be addressed to the following so that you feel you are gaining 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 a wide variety of neoplastic disorders
- 3) Chemotherapeutic drugs, biologic products, growth factors and their mechanisms of action, clinical indication, and limitations, including their effects, toxicity and interactions
- 4) Multiagent chemotherapy protocols (see other sections of this manual) and combined modality therapies
- 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) 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 a VA setting

Plan for meeting these objectives:

## 1. Patient care.

### **Inpatient Consultation Assignment (VAMC):**

#### 1. Responsibilities:

Care for Heme-Onc inpatients  
23 hour admissions for transfusion from Heme/Onc clinic  
All other admissions are to a medicine team  
Carry the VAMC service beeper  
Attend VAMC Wednesday and Friday clinics  
Attend ENT, Pulmonary & General Surgery tumor boards on Thursdays  
Supervise rotating internal medicine residents and coordinate their consults

Service pager	214-822-7245
Conference Room	Ext. 71589 5 <sup>th</sup> floor A578a Bldg #2

2. **Pharmacy Cards and Computer Access Codes** will be provided to all fellows. Pick these up from the ADPAC coordinator in the 8th floor medicine office on your first trip to the VAMC. Keys to the office are passed from fellow to fellow with the service beeper.
3. **VAMC computer system:** the computer system is the source of much of the clinical data on patients, including laboratory and pathology results, radiology reports, consultations and radiology procedures (i.e. the films themselves). Each fellow will be given a personal access code.
4. **Rounds:** Scheduling of rounds with the attending staff and residents will be arranged with the attending on service for that month.
5. **Consultations:** all consultations are entered electronically into the CPRS system. Inpatient consults are accessed in the VISTA system and are answered by entering a consult note when completed. The attending screens outpatient consults and patients are scheduled through the clerk by the attending. All patients must have a written consult submitted; NO VERBAL consults are accepted.
6. **Admissions for chemotherapy:** When patients are admitted for chemotherapy, on the day of admission the fellow should write a brief note in the progress notes, outlining the diagnosis and other pertinent data for the house staff. The fellow is responsible for writing the chemotherapy orders and coordinating the treatment with the oncology nurses. The fellow is also responsible for scheduling subsequent interval counts and clinic visits as noted under clinic scheduling.

7. **Combined Modality Conference:** When VAMC patients are being presented at the SCC combined modality conference, the fellow is responsible for presenting the case, collecting pertinent radiology copies and delivering them to the conference radiologist in advance. Pathology material can be coordinated through Dr. Tom Rogers, ext. 70712
8. **Tumor Boards at VA:** Heme/Onc currently attends general surgery tumor board on the 2<sup>nd</sup> & 4<sup>th</sup> Thursdays at 0700, ENT tumor board on the 1<sup>st</sup>, 3<sup>rd</sup> & 5<sup>th</sup> Thursdays at 0700 and pulmonary tumor board on Thursdays at 1200.

**Some useful information:**

**Personnel:**

Attending Staff

Jonathan Dowell (Chief)  
Simrit Parmer

Clinical Coordinator

Sue Sivess-Franks, RN, OCN                      ext. 71548                      214-759-1783

Oncology Nurses

Terri Henderson, RN, OCN	ext. 71630	214-759-1782
Gloria Rivera, RN, OCN	ext. 71630	214-759-1795
Carla Smith, LVN	ext. 70158	none
Lynn Hughes, RN		
24 hr on call pager		214-759-1205

Administrative Assistant

Nisha Jimmerson                      ext. 70737                      214-857-1457

fax

Oncology Research Coordinator

Laura Crittenden                      ext. 70208                      214-822-0175

Medical Service Administrative Officer

Carol Albertson, RN                      ext. 71486

**Out Patient Clinics:**

Wednesday	<u>8AM</u> -4 PM	Clinic 4
Friday	9.30 AM-4 PM	Clinic 4

**Patient Scheduling:**

1. This is a review clinic. Patients can only be scheduled with approval from a Heme-Onc attending.
2. When a patient is discharged from the inpatient service, call Nisha or one of the nurses and tell her the appointment date; she will notify the ward clerk of the time.

## **Patient Records:**

1. **Dallas VAMC** has converted to an all computer document system. All clinic charting is being done in the computer under CPRS. Please keep your computer codes in a safe place. Order entry is computerized and you **MUST** have your own access codes. You will have to attend a computer training class prior to seeing patients at the VA, contact Sue or Nisha to schedule your class. At the clinic visit, each patient will have a shadow chart and flow sheet.
2. **Shadow Chart:** This contains printed copies of each out-patient visit note, printed pathology reports, diagnostic radiology reports, data from outside referral physicians. Additional pathology and radiology reports can be printed out from the computer in the clinic to be added to the shadow where necessary.
3. **Clinic notes:** There are templates in place to record pertinent history, PE and other data in the computerized note. Indicate date of next visit, laboratory work and radiology studies desired. Fill out the computerized return to clinic form. The physician is responsible for recording the physical findings (LN, spleen etc.). Please do so at first appearance and whenever there is any significant change. Print your notes after signing to be placed in the shadow.
4. **Laboratory tests:** Unless so indicated, all patients will have a CBC done. We have a customized chemistry set termed the "Heme-Onc profile" (HOP), which consists of a comprehensive metabolic profile, LDH & GGT. Other lab tests must be specified. Phlebotomy orders require a prescription blank with the order to phlebotomize the desired number of units; the diagnosis with pre-phlebotomy hemoglobin should be recorded. Obtain consent.
5. **Chemotherapy orders:** Intravenous chemotherapy orders are written on a standard order form, we are currently working on computerizing the IV chemo orders, see Sue for details. For oral chemotherapy, write the order in the progress note order and order the medication on the computer; some will require a non-formulary request form which is also in the computer.
6. **Radiology requests:** All requests for diagnostic radiology require a brief historical entry and are ordered directly in the computer.
7. **Nuclear medicine studies:** These are requested electronically. The clerk will schedule the study; you must provide clinical information.
8. **Flow sheet:** Our flow sheet contains outpatient laboratory results, all chemotherapy treatments (in and outpatient) and selected physical exam measurements. Our support personnel will enter the laboratory result. Differential counts are performed on-site by bone marrow tech and blood smears are available for review in the clinic.

9. **Research:** Please consider whether a patient is eligible for available clinical trials prior to developing a treatment plan. Information regarding available trials is located in the three ring binders in both the clinic and the rounding room. You may also contact Laura Crittenden (Oncology Research Coordinator) if you have questions regarding a potential or current study patient. Also, please notify Laura or Dr. Dowell as soon as possible if a patient currently enrolled on a clinical trial is admitted to the hospital for any reason.
10. **Pathology** results are available in the computer.
11. **X-rays:** X-rays taken at the clinic visit day will be available in the PACS when the patient is seen. Prior x-rays, CT scans, ultra-sound and MRI films are also available in the PACS. Results are in the computer.

**Support Services (VAMC):**

1. **Diagnostic Radiology and Nuclear Medicine:** Standard diagnostic radiology, nuclear medicine, ultrasound, CT and MRI reports are in the computer when completed. These can be displayed or printed out. For US, CT and MRI reports not yet in the computer call ext. 40034. Call extension 70127 for Nuclear Medicine reports not in the computer. PET scans are requested through the medical service AO and are done at the school.
2. **Interventional Radiology:** Dr. Lopez is the chief and should be contacted to arrange ct guided FNA, PICC lines or any other interventional procedures. Ext: 71945; Pager: 214-786-7599
3. **Laboratory Service:** Results: All clinical, cytology and surgical reports are entered in the computer. These can be displayed or printed out. If the results are not yet entered they can be obtained by calling:
 

Hematology	Ext 70686
General Chemistry	Ext 70711
Tissue/Cytology	Ext 70679
Blood Bank	Ext 70727

1. **Radiation Oncology (VAMC):** Consultations require an electronic request. However, the problem and therapeutic goal should be discussed verbally with one of the radiation oncologists prior to submitting the consult.

John Antoine, M.D., Chief	Ext 70143
Secretary	Ext 70141
Howard Lee, M.D.	Ext 70142
Nam Nguyen, M.D.	Ext 70662
Nurses	Ext 70152

**2. Medical Knowledge**

During this rotation, medical knowledge will be gained through outside reading concerning cases seen on the consult service, through interactions with attendings, and through attendance and presentations at conferences. Fellows are expected to attend the combined modality conference at the SCC. In addition, Heme/Onc currently attends general surgery tumor board on the 2<sup>nd</sup> & 4<sup>th</sup> Thursdays at 0700, ENT tumor board on the 1<sup>st</sup>, 3<sup>rd</sup> & 5<sup>th</sup> Thursdays at 0700 and pulmonary tumor board on Thursdays at 1200.

### **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, 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. Effective communication of recommendations back to the primary internal medicine team should be developed.

### **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 VA hospital. The VA hospital system has been on the leading edge for developing systems for reducing medical errors and is particularly instructive in this regard. Fellows will have an opportunity to participate in these systems aimed at reducing errors and improving patient care.

**Evaluation:** The trainee will be evaluated by attending faculty on six general competencies (see above) through your 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 gauge progress in medical knowledge. Competency in practice-based learning and improvement will be assessed through presentations at rounds and during conferences and through review of your portfolio of these presentations.