

## Oncology Curriculum

### Goal:

Upon completion of this rotation, the resident should be able to perform a skilled, comprehensive history and physical exam. The resident should be able to develop a complete differential diagnosis in patients presenting to the hospital with a disease related to his/her malignancy. The resident should be able to formulate a cost-effective, evidence-based evaluation and management plan. The resident should learn the skills of interpretation of radiological studies, bone marrows, and peripheral smears.

### Requirements:

Hours: M-F 7:00 A.M. to completed work – no longer than 7 P.M.

No weekends

No vacation

No night call

Responsibilities: Resident will work closely with the assigned oncology group and the assigned attending for the month. The resident will be responsible for the initial evaluation of the patients presenting for admission from the group of oncologists with whom he/she is working. The resident will be responsible for the management of that groups' patients on the oncology unit. He/she will write the chemotherapy orders with the attending. **The attending must co-sign every chemotherapy order.** The resident will write a detailed note daily, dictate the history and physical and discharge summary and write the discharge instructions. The resident will attend daily lecture sessions at noon and Tuesday Chairman rounds with Dr. Mark Feldman at 11:00 A.M. He/she will round with the assigned attending 4 \_ hours a week. When the resident has completed the work on the floor, he/she will attend clinic with the assigned teaching attending. He/she will return to the floor at 4 P.M to start the evening rounds. Notes must be written twice daily.

As per ACGME rules, an intern cannot admit more than 5 patients in a 24 hour period, nor carry more than 12 patients at a time.

*Knowledge:* ( P=patient; R=Reading; L=Lecture)

1. The resident will be expected to be familiar with the evaluation and management of::

- Anemia P R L
- Thrombocytopenia P R L
- Neutropenia P R L
- Fever P R L
- Dysphagia P R L
- Odontophagia P R L
- Constipation P R L
- Pain P R L
- Nausea/vomiting P R L
- Dyspnea P R L
- Anorexia P R L
- Spinal Cord Compression P R L

- Tumor Lysis Syndrome P R L
- Paraneoplastic Syndrome P R L
- Superior Vena Cava Syndrome P R L
- End of Life Issues/Palliative Care

2. The resident will be expected to be familiar with the indications for, administration of, and complications/toxicities of the chemotherapeutic agents used to treat the patients under their care.

*Learning methods:*

Patient exposure will be the primary method of teaching. It is advisable that the resident keep a log of the patients he/she has cared for. Lectures and reading will facilitate the learning.

*References:*

[www.cancer.gov](http://www.cancer.gov)

[www.ASCO.org](http://www.ASCO.org)

[www.NIH.gov](http://www.NIH.gov)

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