

NAME OF ROTATION: IM Medical Oncology

FOCUS OF THIS ROTATION

- The goal of this rotation is to provide the Internal Medicine trainee (PGY1s, PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of patients with oncological disorders in the emergency department, on the ward, and in the ambulatory clinic setting.
- The objectives listed will be completed, in part, during the subspecialty rotation. Completion of all objectives is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize objectives during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- TTD
- FOD
- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1
- PGY2
- PGY3

Locations for rotation:

- SHSC
- SMH
- UHN-TGH/PM/ SHS- MSH

Required training experiences included in this rotation:

Required training experiences (TTD Stage):

Clinical training experiences: 1.

- 1.1. Inpatient Medical Oncology ward service (SHSC; UHN-PM)
- 1.2. After-hours coverage for inpatients and internal medicine consultation to the emergency department

Required training experiences (Foundations stage):

Clinical training experiences: 1.

- 1.1. Medical Oncology inpatient service (SHSC; UHN-PM)
- 1.3. Medical Oncology ambulatory care clinic in Internal Medicine or its subspecialties
- 1.4. Acute care experience with patients presenting to emergency department with Medical Oncology disorders (SHSC)
- 1.5. After-hours Medical Oncology coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department

Other training experiences: 2.

- 2.1. Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds): learning materials on Medengine

Recommended training experiences (Foundations stage):

Clinical training experiences: 3.

- 3.2. Medical Oncology consultation service
- 3.3. Care of the elderly
- 3.4. Palliative care

Required training experiences (Core stage):

Clinical training experiences: 1.

1.2. Medical Oncology Ambulatory care clinic. This must include experience with a broad spectrum of Medical Oncology conditions as well as patients with complex disorders

1.3. Service providing Medical Oncology consultation to other disciplines or to medical subspecialty inpatient units

1.6. Experience with critically ill patients. This must include Medical Oncology consultation to the emergency department and ICU.

Optional training experiences (Core stage):

Clinical training experiences: 4.

4.2. Internal Medicine for specific populations

Care for vulnerable/marginalized populations 4.2.1. (SMH)

4.4. Methods of delivery of internal medicine care

Interprofessional ambulatory care 4.4.2

Blue = TTD (PGY!, Blocks 1-4); Green = FOD (PGY-1, Blocks 5-13), Red = COD (PGY2 and 3)

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care	2
TTD2 Identifying and assessing unstable patients, providing initial management, and obtaining help	Do whenever possible
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	1
FOD 6 Discussing and establishing patients' goals of care	1
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	0-1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings	1-2
FOD 2A Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part A: Patient Assessment and Management	1-2
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	0-1 (can do)
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	0-1 (can do)
FOD 4A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: Part A: Discharge plan documentation & Part B Discharge plan communication	0-1 (can do)
FOD 5 Assessing unstable patients, providing targeted treatment and consulting as needed	Do whenever possible
FOD 6 Discussing and establishing patients' goals of care	Do whenever possible
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	1
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	0-1 (can do)
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	2

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	0-1
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	0-1
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	0-1
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	0-1
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	0-1
COD 4A Assessing, resuscitating, and managing unstable and critically ill patients: Part A: Patient Care	0-1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 6 Assessing capacity for medical decision-making	1
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	0-1
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 9A Caring for patients at the end of life: Part A: Symptom Management in End of Life Care	2
COD 9B Caring for patients at the end of life: Part B: Discussion about transition away from disease modifying treatment	2
COD 10 Implementing health promotion strategies in patients with or at risk for disease	0-1 (can do)

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation	CanMEDS Role(s):
1.	Perform an accurate and detailed history and physical examination to elicit details of various solid tumours and their complications.	Medical Expert
2.	Correlate relevant pathophysiology to the ordering and interpretation of laboratory and imaging investigations commonly used in the assessment of solid tumours and their complications.	Medical Expert
3.	Demonstrate a cost-effective, patient-centred approach to, and evidence-informed rationale for, the management of various common malignancies and their treatment side effects and toxicities.	Medical Expert
4.	Effectively manage acute oncological emergencies and their complications.	Medical Expert
5.	Develop appropriate pain management strategies for patients, including non-pharmacological modalities and pharmacological analgesics, both opiate and non-opiates.	Medical Expert
6.	Communicate sensitively and effectively with patients and their families, including breaking bad news and discussing goals of care.	Communication
7.	Demonstrate appropriate professional behaviour, with integrity, honesty, compassion and respect for diversity, while maintaining patient confidentiality.	Professionalism

Royal College Internal Medicine Competencies emphasized on the Cardiology rotation.

Numbers refer to items identified in the Royal College Competencies document

Findings/Emergencies

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for the following oncologic emergencies including, but not limited to:

- Hypercalcemia 1.4.12.3.1.1.
- Spinal cord compression 1.4.12.3.1.2.
- Superior vena cava syndrome 1.4.12.3.1.3.
- Pleural and pericardial effusion 1.4.12.3.1.4.
- Tumour lysis syndrome 1.4.12.3.1.5.

Disorders

Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and understand the principles of treatment. The plan may include further investigations and treatment, taking into account the underlying cause and any complications.

- Breast cancer 1.4.12.3.4.1.
- Ovarian cancer 1.4.12.3.4.2.
- Colorectal cancer
- Endometrial and cervical cancer 1.4.12.3.4.3.
- Urothelial cancer 1.4.12.3.4.4.
- Prostate cancer 1.4.12.3.4.5.
- Head and neck cancers 1.4.12.3.4.6.
- Para-neoplastic syndromes 1.4.12.3.4.7.
- Unknown primary

Therapies

Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients with malignancy:

- For chemotherapy:
 - Knows the general principles and goals of therapy for cancer (i.e. curative, neoadjuvant, adjuvant, palliative)
 - Discusses the general approach to primary treatment and adjuvant therapy (where appropriate)
 - Recognizes common side-effects of systemic therapy (including chemotherapy, targeted therapy and immunotherapy)
 - Knows important toxicities of commonly used systemic agents (i.e. adriamycin - cardiotoxicity; cis-platinum – nephrotoxicity, immune check point inhibitors – myasthenia gravis)
- Manages the complications of chemotherapy
 - Febrile neutropenia 1.4.13.1.7.1.
 - Tumour lysis syndrome 1.4.13.1.7.2.
 - Myelosuppression and hyperemesis 1.4.12.3.3.
 - Mucositis, diarrhea, endocrinopathies
- For hormonal therapy:
 - Knows general mechanisms of actions and common toxicities of hormonal agents used for treatment of breast and prostate cancer
- Develops pain management strategy with patients
 - Utilizes a rational approach to management of cancer pain with analgesics, including narcotics
 - Knows the common side-effects of narcotic analgesics/NSAIDs, and their management
 - Recognizes non-pharmacologic modalities available for management of cancer pain
- Understands role of palliative care in stage IV cancer