Medical Oncology 9300 Unit Inpatient Service- PGY 1

http://oncology.medicine.duke.edu
http://www.dukehealth.org/Services/AdultBoneMarrowTransplant

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Hematology/Oncology Fellowship Program Coordinator

Overview:
The rotation with the 9300 faculty will provide the housestaff an opportunity to care for patients on a busy in-patient Medical Oncology service, learn about basic Hematology-Oncology principles, disease specific management of Oncologic disorders and their complications, and learn basic principals of clinical research. The intern will be responsible for providing the daily general medical care for the patients on 9300. They will be supervised by the 9300 fellow and 2 Attendings; a palliative care hospitalist and a medical oncologist.

Core Competencies and Goals:
1. Patient Care:
a. To assist in the management of cancer patient care and to learn about their special needs such as pain management, psychological support for families and patients, and good supportive care.
b. To provide care that is compassionate, appropriate and effective for the treatment of oncologic disorders and their complications and the promotion of health.

2. Medical Knowledge:
a. To learn and practice general internal medicine principles, specifically as it relates to the field of Hematology-Medical Oncology. To learn procedures such as bone marrow biopsies and aspirations, paracentesis, thoracentesis, lumbar punctures, as well as central line placement under the supervision of the fellow and attending.
b. To learn the basic principles of chemotherapy, the theories surrounding the development of malignancies, and preventive intervention.
c. To be introduced to the basics of Hematology-Medical Oncology clinical trial design.

3. Practice-Based Learning and Improvement:
a. To be involved in investigation and evaluation of your own patient care, appraisal and assimilation of scientific evidence and advances in patient care. Attendance at Hematology-Oncology-Cellular Therapy Divisions Grand Rounds and Medical Grand Rounds is required during this rotation.

4. Interpersonal and Communication Skills:
a. To learn effective communication techniques to be utilized for information exchange and teaming with patients, their families and other members of the multidisciplinary health care

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team. This will include Physician Extenders (PA, ANP, etc), Nurses, PharmD’s and Patient Resource Managers (PRM) on 9300.

5. Professionalism:
a. To learn commitment to carry out professional responsibilities, adhere to ethical principles and care for a diverse patient population.

6. Systems-Based Practice:
a. To demonstrate an awareness of and responsiveness to the larger context and system of health care and to demonstrate the ability to access that system to provide optimal patient care.

Patients and Disease Profiles:
The majority of patients admitted to 9300 have been diagnosed with a solid tumor. They are admitted for an acute problem related to their illness or treatment. Typical oncologic problems encountered on the service will include: febrile neutropenia, hypercalcemia, management of pain, deep vein thrombosis, spinal cord compression, volume depletion, mucositis or end-of-life care. Some patients are admitted to receive chemotherapy or other treatments which cannot be safely given as an outpatient. Some patients are admitted as needed when enrolled on a clinical research trial.

Duties:
The intern will provide good general medical care to patients admitted to the 9300 service under the guidance and presence of the fellow and attending physician. The intern is an integral part of the 9300 team. The fellow will serve as a team leader, promoting good clinical care and serve as an educational resource.

Routine duties include:
Admitting patients to 9300.
Interns will admit patients to 9300 service on a daily basis. Interns will work 12 hour shifts (7am-7pm) and admit patients up until 6pm on a given day. Patients admitted after 6 pm may be deferred to the covering moonlighter (7pm arrival) but need to be “eyeballed” to ensure stability. It is the interns’ responsibility to perform the admitting history and physical exam and record it in the electronic medical record. Admitting orders are entered into CPOE by the intern and the fellow is consulted or notified of each admission to the floor. The intern will present each newly admitted patient to the admitting physician on work rounds the following morning.

In-house patient care.
The intern is responsible for the daily care of the 9300 patients. Medical orders will only be written by the interns except in extenuating circumstances. The intern will order all tests and procedures and review the results in a timely manner. Interns will sign out to the covering moonlighter at the end of each work day and receive information concerning evening developments on their patients BEFORE work rounds each morning. The intern will write daily notes on their patients and these notes will be reviewed and signed by the attending.
**Work rounds**

Interns should report for rounds on the first day of the rotation at 7:00 a.m. on the 9300 Unit.

Interns must participate in work rounds on a daily basis. They will present each patient to the attending and inform the team of any changes in the patient’s condition or any new discoveries concerning their patient’s case. Interns are responsible for maintaining the medical record. They should write pertinent update notes when there is any change in the condition of the patient or any preliminary test results. The intern will write procedure notes for any invasive procedure performed and include any data obtained by the procedure. The intern will write daily SOAP notes outlining the physical exam, important lab and test results, and management plan.

**Procedures.**
The intern is encouraged to perform all invasive procedures on their patients under the guidance of the fellow and/or attending. Procedures may include: bone marrow biopsies and aspirates, central line placement, paracentesis, thoracentesis, blood gases, nasogastric tube placement and lumbar punctures.

**Education Conferences.**
The intern will attend formal attending teaching rounds with the 9300 attending. Interns will also attend the divisional Heme/Onc Grand Rounds conference and Medical Grand Rounds. Attendance at other conferences within the division is encouraged. (See schedule next page)

**Educational Methods:**
The 9300/solid tumor consult rotation is a carefully monitored and guided apprenticeship. Interns will actively participate in treatment decisions and the care of patients. Instruction will be given on work rounds and at the bedside by the fellow and attending physician. Attendance is required at formal attending teaching rounds, Heme-Onc Grand Rounds and Medical Grand Rounds as outlined above. Appropriate reading materials will be suggested and provided, and classic articles will be recommended for reading in the area of each solid tumor. Computer terminals are available on 9300 so that interns can access the Internet and Medline and learn medical literature search skills.

**Supervision of the trainees by faculty is accomplished by:**
- Review by the faculty of the resident’s history and physical examination, plan of therapy and evaluation of laboratory and other diagnostic data
- Direct Observation of Resident’s History and Physical Examination
- Direct Observation of Procedures and Skills
- Case Review and Discussion during Morning and Evening rounds

**Concerns for and training to respond to the patients cultural, socioeconomic, ethical, occupational, environmental, and behavioral issues are addressed by:**
- Direct supervision and involvement of faculty in challenging situations in the clinical setting.
- Consultative support by spiritual leaders, ethics counselors.
- Consultative support by psychology and psychiatry colleagues.
- Consultative support by social workers, occupational counselors.

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Leadership skills are developed by:
• Role modeling by faculty.
• Establishment of mentor relationships between faculty and trainees.
• Self-directed study with mentorship.
• Delegation of teaching roles to trainees.
• Opportunities for mentor-relationships between trainees of different levels of training.

Training in clinical research methodology is fostered by:
• Direct involvement of trainees in faculty directed research projects, including provision of care to patients enrolled in clinical studies.

Training in basic science underpinning of disease is addressed by:
• Didactic training in pathophysiology and mechanism of disease.
• Case discussion with expert faculty comment.
• Self-directed study with mentorship.

Training in the critical appraisal of the literature is addressed by:
• Case-based conferences.
• Self-directed learning with mentorship.
• Inclusion of references in clinical care write ups (e.g. attachment of landmark papers to clinical consult).

Evaluation methods:
Each intern will be evaluated jointly by the attending physician and members of the 9300 group who provided training during the rotation. This will include the attending physician, outpatient clinic physicians and admitting physicians. Individual verbal feedback and direct observation and feedback of individual skills / procedures will be provided as indicated. One written evaluation will be completed as provided by the house staff office and submitted online. The attending physician will be responsible for emphasizing strengths and relaying concerns about areas which need improvement to the intern and chief resident, if indicated.

9300 Intern Teaching Conferences and Activities Schedule

The Hematology/Oncology Intern Core Lecture Series will include a broad range of general oncology lectures. Some lectures may be given by our rounding PharmD in addition to PA-C and Attending Physicians.

Monday-Thursday:
12:00 p.m. Noon Medicine Conferences

Tuesday-Thursday:
3:30 p.m. Medical Oncology/Palliative Care Lecture Series

Wednesdays:
7:30 a.m. Hematology-Medical Oncology-Cellular Therapy Division weekly Grand Rounds.

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Fridays:
8:00 a.m. Medicine Grand Rounds – weekly
12:00 p.m. Chair’s Conference

Basic and Helpful Information
1. Phone numbers: 684-3587 Cytopath
   684-3300 Pathology
   681-2545 Clinical Lab
   684-2089 Microbiology
   684-3725 Clinic
2. ID approval: 970-GERM (970-4376).
3. Rounds begin every morning at 7:00 a.m.
4. Know critical labs (CBC for pancytopenic patients).
5. Know I's and O's, weights, T max.

Chemotherapy
1. Call the fellow on your service if a patient needs chemo orders, or if you need any help with procedures, etc. Fellows or attending physicians should write or co-sign all chemotherapy orders. Interns should never administer chemotherapy such as intrathecal chemotherapy unless there is an attending physician directly supervising them.
2. Clinic nurses are helpful with chemo orders, RTC appointments.
3. All of the nurse clinicians are extremely helpful.
4. Know what day patient is in chemotherapy, past chemotherapy and antibiotics (e.g. “Day 1 is the day they first receive chemotherapy or antibiotic”).

Inpatients
1. For patients who have been neutropenic five days or more, always get fungal cultures when you do bacterial cultures. Send urine for fungal cultures as well.
2. Before leaving the hospital, check to see if any of your patients are febrile and culture if you have not already, so the on-call person does not have to - the nurses draw blood cultures.
3. For cross cover, call fellows for major Rx's, especially antibiotic choices.
4. Blood cultures: For fever, draw from central line, do not need to waste 5cc's. If patient looks sick and has new fever, draw peripheral also. Check T's at early hour, so avoid early AM call for T's (nurses draw blood cultures).
5. Do diagnostic LP's in AM if possible, so fresh sample will go to cytopath.

Blood Products

Laboratory
1. Keep K+ >4.0; keep Mg >2.0.
6. Drawing off central lines - labs: waste 5cc's, draw blood for lab, flush Hickman with 3-5 cc heparin flush; portacath with 10cc of heparin flush.
7. At least a weekly chem GI and LDH (or more frequently if needed).
7. Order "blood film to special heme" on patients with leukemia, and recovering neutropenics, so that smear can be reviewed on rounds. (Only Monday-Friday)
8. Order daily labs every morning; order type and screen every 3 days. Should get Ca#, Mg, Phos 2-3 times/week, and CBC, chem CS every day.

**Standardization of 9300 Rounds**

a. Routine Intern duties:
1. Interns will write daily notes at the discretion of the attending.

Other duties:

i. Receive “sign out” info from the previous moonlighter on-call **BEFORE** reporting to morning rounds. This should include new developments in patients’ conditions and a list of responsibilities that still need to be performed for patient care.

ii. Write pertinent event notes on a daily basis. These “update notes” will be written for any change in a patient’s condition and to report preliminary/final results of important tests such as biopsies, CT results, procedure results, etc.

iii. Write procedure notes for any invasive procedure performed such as Bone Marrow Biopsies, PICC line placement, central line placement, paracentesis, thoracentesis and lumbar punctures. These notes should include data gathered from the procedure such as cell counts, protein, LDH, gram stains and cytology.

b. Routine Fellow duties:
1. The fellow should lead the management of patients admitted to the 9300 service. This is done with guidance and presence of the attending physician. They are **REQUIRED** to:

   i. Conduct work rounds on a daily basis. They may be asked to run work rounds without the immediate presence of the attending one or two week days of any given week. Their notes should include the statement *The patient was examined by, and the plan of care discussed with Dr. , who agrees with the plan of management.*

   ii. Supervise the interns, including: education, monitoring of procedures, and overall management of the daily responsibilities involving patient care.

   iii. Conduct evening sign out with the interns and subsequently with the attending physician.

2. Standardization of Admitting Patients to 9300
a. The 9300 Admitting pager is 970-9990. This beeper number will be assigned to the 9300 admitting PA-C during the day (beginning at 7:00 a.m.) and be signed over to the 9300 fellow at night (when the admitting PA-C leaves). This admitting pager number will be distributed to the ER and to the paging operators.

b. All Medical Oncology MD’s may admit to 9300 at any time. Pertinent clinical information should be relayed verbally to the admitting officer and hard copies of records should be sent to the floor with the patient whenever possible.

c. Admissions from other services must be approved by the attending physician unless it is clear that the transfer originated from a DCS MD.

d. Direct admissions through the ER after hours or on weekends can be arranged by

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any Medical Oncology MD. The ER will call the 970-9990 admitting pager to approve the admission so a courtesy call to be admitting officer to provide clinical history and information is necessary.

**Daily Rounding Schedule:**
7:00-8:00am (7:00-7:30am Wed only in order to attend Grand Rounds)
- Review new admissions
- Discuss potential/anticipated discharges for the day
- Daily reminder to interns to get paperwork ready the day before for next day discharges

8:00-11:30am (9:15-11:30am Wed only)
- Rounds
  - 3 teams: Attending/Intern, Fellow/Intern, Hospitalist/Palliative Care/PA team. Please note that interns may have patients with both Attendings
  - Attending will round separately with Fellow on 2nd team patients and on PA patients
  - Call consults (while rounding if possible), get PRMs involved early, interns enter orders and write notes on templated progress notes (including the day of discharge)
  - Attending pays special attention to new admissions, pending discharges, change in status patients, etc.
  - Review relevant radiology studies

11:30am-12:00pm
- Re-review current patient census highlighting attention items
  (ie. consults, tests results to follow-up on, tests to be ordered, discharges, etc)

12:00-1:15pm
- Mandatory Housestaff Noon Lecture (Dept of Medicine)
- Housestaff sign out to Attending/Fellow during noon conference
- Sign out to Fellow all days except Monday (Fellow Lecture Day) and Fellow clinic day. Attending will cover during these times.
- Attending: Billing

1:00-3:30pm
- Work Rounds for housestaff (Attending to cosign Intern notes)
- New patient admissions (non-call housestaff, PA team)
- Attending staffs new consults, family discussions

3:30-4:00 pm (Tues-Thurs)
- Formal didactic presentations 3:30pm (9300 workroom)

4:00 pm
- Re-review current patient issues and census final time – “run the list”

NOTE: Interns will admit patients until 6pm. All admissions after 6pm will be taken by the moonlighter, if stable, but patients should be “eyeballed” to ensure stability.
In general:

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The Attendings, Housestaff (Fellows, Interns) and physician extenders (PA service) will be present during morning rounds and attend check-out rounds at the end of the workday. During these meetings, the status and needs of the patients will be discussed. It is expected that the fellow will review the care needs of the patients with the interns and work will be outlined for the next day. Both interns will be present on the floor by 7:00AM. Intern report / sign out from the night before must be completed before rounds.

It is expected that patients will be pre-discharged the night before by the interns or PA-Cs. Prescriptions are to be written out and placed on the chart for review by the discharging PA-C and nurse. All paperwork will be completed the night prior to discharge. The discharge summary is to be dictated within 24 hours of discharge and a copy sent to the clinic attending and primary care physician.

One of the PA-Cs will attend discharge planning rounds on Thursdays at 11:00AM.

The Unit Medical Director will be notified 2 weeks in advance of any changes in the inpatient attendings’ or fellows’ rotation schedule. Any changes must be approved by the Unit Medical Director.