



Division of Hematology and Hematologic Malignancies

Adult Hematology Residency Training Program

Goals & Objectives
Nov 2015

Lethbridge/Community Hematology

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Rotation Supervisor: Dr. Stanley Benke (Lethbridge only) and Dr. Mona Shafey (all sites).

Lethbridge Community Hematology Practice Elective

The Hematology Resident participates in an elective 1 block Community Hematology rotation based out of the Chinook regional hospital and Jack Ady Cancer Centre. Other sites can be included as per individual assessment if there is a haematologist willing to do a teaching rotation and the site is considered an appropriate teaching site by the residency training committee and/or program director. The rotation allows the hematology resident to experience high volume clinical care of patients with hematologic disease in both the ambulatory and acute care setting, in a smaller city tertiary care centre. The rotation is intended to give the hematology trainee experience in smaller city community based practice as a career option, as well as a broad experience in both benign and malignant hematology care in the setting of a combined hematology and general medicine practice.

In Lethbridge, clinics are held all day Monday through Thursday and Friday morning. If Dr. Benke is on call for GIM/ICU the residents may help out if they wish, however this is optional and the main focus of the rotation is clinical community hematology.

Rounds

- Thursday:** 12-1 pm Hematology Rounds, Location: room CC104 (TBCC Auditorium) **Telehealth location listed on weekly notice**
1-2 pm Hematology Tumour Group Meeting, Location CCB20
Telehealth
- Friday:** 9-10 am Internal Medicine rounds (Lethbridge) – opportunity to present interesting cases for discussion in an informal atmosphere

Rotation Coordinators:

Drs S. Benke (Lethbridge) and Dr. M. Shafey (Calgary); Jeanne Sheldon (other sites in conjunction with local staff)

Location:

Chinook Regional Hospital, Jack Ady Cancer Centre. Other sites on an individual approval basis.

Preceptor:

Dr. Stanley Benke (Stanley.Benke@albertahealthservices.ca) and Dr. Mona Shafey (all sites).

Preceptors' responsibilities include:

1. Direct supervision of resident based patient care on both the inpatient and clinic settings. The preceptor should gauge the level of competence of the resident and allow graduated responsibility for care and graduated degree of direct supervision of clinical decision making on a day to day basis, as described above.

2. Ongoing follow up of consult and inpatient cases according to the standards of professional practice. The preceptor is responsible for ensuring that appropriate long term patient follow up is arranged.
3. Faculty are required to make daily rounds on call on weekends and be immediately available to support resident needs by pager.
4. Resident teaching and direct observation of resident performance in the form of bedside clinical rounds and consultation review.
5. Verbal and written feedback on resident performance.

Resident Responsibilities

1. Attendance at all assigned clinics.
2. Attendance to assigned responsibilities on inpatient unit and inpatient consults.
3. On call duties to the Hematology service as outlined in PARA contract guidelines.
4. Attendance at all available Educational Sessions for internal medicine and Thursday noon hematology rounds and hematology tumour group meetings (telehealth from Calgary). Academic Half Day sessions may be available via Telehealth.
5. Admission, care planning, daily care and discharge planning for assigned Hematology patients on the inpatient service. The resident is responsible for informing and reviewing with the attending Hematologist all new admissions or major developments in patient status.
6. Supervision and teaching of all more junior resident/clerk staff rotating at the same time.
7. First call and assessment of all consultation requests from other clinical services as designated by the rotation supervisor. The resident may function as a supervisor/ second evaluator for consultations that are seen initially by junior residents, clinical clerks or medical students prior to review with the attending Hematologists.

MEDICAL EXPERT/CLINICAL DECISION MAKER

1. The resident will develop evidence-based approaches to the investigation and management of patients presenting with:
 - Anemia (microcytic, normocytic, macrocytic) including an understanding of normal and disordered red cell structure and function, thrombocytopenia, neutropenia and pancytopenia, demonstrating an understanding of hematopoiesis.
 - Assessment and management of patients with hemoglobinopathies and sickle cell disease including long term prevention of complications.

- Hematologic emergencies, including febrile neutropenia, tumour lysis syndrome, leukostasis, and differentiation syndrome.
 - Initial investigation of lymphadenopathy, splenomegaly, or symptoms suggestive of an underlying hematologic malignancy.
 - Leukocytosis (neutrophilia, eosinophilia, basophilia, monocytosis, lymphocytosis), thrombocytosis, or erythrocytosis.
 - Symptoms or signs of bleeding or bruising disorders, including appropriate and logical investigation and management in the community setting.
 - Disorders of iron metabolism and their management, including supervision of therapeutic phlebotomy.
 - Informed consent for blood and blood products, and management of complications of blood product transfusions.
 - Venous thrombosis
 - Procedures including obtaining informed consent and competent performance of bone marrow aspirate and biopsy, and lumbar puncture with or without intrathecal chemotherapy.
 - Diagnosis of malignant disease, investigation and assessment of new patients with hematologic malignancy, formulation of a treatment plan, response assessment and management of treatment complications.
 - Diagnosis and management of alloimmune and autoimmune cytopenias
 - Diagnosis and management of immunodeficiency states
2. The resident will be able to describe the relevant laboratory findings and pathophysiology of the listed hematologic disorders.
 3. Elicit a history related to the hematologic problem including family history, predisposing factors and relevant comorbidities, perform a focused physical exam, and be able to order and interpret staging investigations appropriate for each disease
 4. Demonstrate the cognitive and process skills to integrate the information from history, physical exam, diagnostic and procedural investigations to formulate a management plan for the patient's hematological problem/disorder

COMMUNICATOR

1. Demonstrate a patient-centered approach to communication which involves empathy, developing rapport, respect, honesty, and understanding of diversity to effectively provide best patient care
2. Accurately convey relevant information in an easily understandable manner regarding diagnosis, investigations and recommendations to encourage a

common understanding with patients, families and other members of the health care team to develop a shared plan of care.

3. Provide clear and informative verbal and written summary evaluation of the patient's history and physical examination, accurate records of daily inpatient and outpatient care for charts, and clear and informative consult letters to referring physicians.
4. Gather information about the patient's beliefs concerns and expectations about their hematologic problem and consider the impact of factors such as the patient's age, gender ethnic, cultural and socioeconomic background and spiritual values.
5. Demonstrate proficiency in the discussion of care goals and end of life decision making with patients, families, caregivers and medical caregivers.

COLLABORATOR

1. Participate in the weekly telehealth hematology tumour group meeting with Calgary physicians to present challenging problems in patient care.
2. Coordinate specialist consultation referrals where appropriate.
3. Effectively communicate with the members of the interdisciplinary team in the resolution of conflicts, provision of feedback and where appropriate be able to assume a leadership role.
4. Participate in the coordination of transitional care from inpatient to outpatient facilities including notification of the appropriate interdisciplinary team members, appointment planning and home care support.

MANAGER

1. Effectively utilize the information technology available to optimize patient care including the electronic medical record and learning materials
2. Manage inpatient problems according to the level of acuity and triage investigation and delegate responsibility where appropriate.
3. Demonstrate effective time management skills in order to balance the responsibilities of inpatient care, consultation requests, attendance at regular outpatient clinics and educational responsibilities.

HEALTH ADVOCATE

1. Demonstrate an understanding of how the basic determinants of health will affect outcome of patients with hematologic disease e.g. employment status, social support systems, educational level, community health support systems, nutrition, carcinogen / toxic agent exposure, genetic disease

2. Identify patients groups at risk of hematologic disease and advocate preventive strategies to keep patients from requiring repeat hospital admission (e.g., community health support, immunization or other prophylactic treatment).
3. Recognize the differences in providing patient care in a smaller city or rural patients compared to tertiary care in a large urban centre, differences in resources available and barriers to access to care.
4. Describe an approach to implementing a change in a determinant of health in the population being served.

SCHOLAR

1. Develop and implement a personal continuing education strategy with respect to the changing indications, treatment modalities, improvements in care and treatment of complications of hematologic disease.
2. The resident will use the principles of evidence based medicine and critical appraisal in the evaluation of literature pertaining to the diagnosis and treatment of hematologic disease.
3. The resident will participate in the teaching of junior residents and clinical clerks when they are participating in hematology rotations.
4. Identify a clinical question, perform a systematic review to address answers to that question and implement the results of the search in clinical practice.

PROFESSIONAL

1. The resident will ensure appropriate access to electronic medical records, privileges, etc in place to function well in this rotation and respect patient confidentiality in use of these records.
2. The resident will use ethical codes of practice when dealing with ethical issues related to hematological disease e.g. end of life care decision making, informed consent, conflict of interest, research ethics, resource allocation, disclosure of harm.
3. The resident will recognize, analyze and develop strategies for dealing with unprofessional behaviors in clinical practice.