DEPARTMENT OF ONCOLOGY

CLERKSHIP

ORIENTATION

September 2020 to August 2021

Orientation Package Contents

1. Personal Clinical Clerkship Selective Schedule (2 weeks)
2. Rotation checklist
3. Duties of the Clerk
4. Disease Site Team meeting (DST) / Tumor board meeting schedule
5. Oncology Clerkship Objectives
6. Dictation Instructions
7. Oncology Clinical Clerkship Cases – *pick 3 cases to discuss with Resident*
8. LRCP building maps

UME Program Contacts

Medical Oncology Undergraduate Education Director: Dr. Philip Blanchette, Room A3-921, Phone 519-685-8600 x 58640 email: Philip.Blanchette@lhsc.on.ca

Radiation Oncology Undergraduate Education Director: Dr. Vikram Velker, Room A3-901, Phone 519-685-8600 x 58650 email: Vikram.Velker@lhsc.on.ca

Undergraduate Oncology Program Administrator: Priscilla De Luca, Room A4-901D, Phone 519-685-8600 x 75395 email: priscilla.deluca@lhsc.on.ca

Schulich MEDICINE & DENTISTRY

Western

Rotation Checklist

1. One-three supervisor evaluations (receive a min. of 1 printed copy of the daily evaluation to be provided to your Exit Interview Session with the one of the UGME Oncology Program Directors). The final evaluation will be completed via Elentra. Please complete the attendance form and submit on the last Friday to A4-901D.
2. Select 3 Clinical Cases from 7 provided and be prepared to present to your Resident.
3. Absenteeism: Please notify ASAP by email: Priscilla De Luca (priscilla.deluca@lhsc.on.ca), copy: Jennifer Cordick (Jennifer.Cordick@schulich.uwo.ca) and Marika Wilton (Marika.Wilton@lhsc.on.ca)
4. Please return pager if borrowed to A4-901D.

Duties of the Clerk

Orientation with the Program Administrator will be held on the first day of the rotation at the London Regional Cancer Centre (4th Floor) (Victoria Hospital Campus). If there is a statutory holiday, orientation falls on the next day of the week at the same time and location.

"Practical Clinical Oncology" Textbooks will be available during the Orientation session for clerks to use during the 2-week rotation. Please do not write in these handbooks and return these handbooks at the end of the 2-week rotation during your exit meeting.

More information about the rotation is also available online at:

www.uwo.ca/oncology/undergraduate/reference_material.html#Handbook

Teaching Sessions

- Prostate examination teaching
- Chemo suite tour (*if possible*)
- Ward teaching
- Case-based teaching by Residents
- Review of objectives *(by Dr. Velker or Blanchette)*
- CT SIM and Patient Review

2019-2020 LRCP Multidisciplinary Cancer Conferences

Disease Site	Frequency	Date	Times	Location
**Sarcoma (with Kingston)	2nd & 4th Monday	Mondays	4:00 – 5:00 p.m.	LRCP A3-924 'B' & UH (A3-100)
(*TCL – Thyroid Cancer London)	Bi-weekly	Tuesdays (2nd & 4th)	7:00 – 8:00 a.m.	**VH B3-439 & UH (A3-100)**
**London Liver Cancer Network (LLCN)	Weekly	Tuesdays	4:30 – 6:00 p.m.	A3-924 **'B'** & UH radiology conf. room C2-210
Neuroendocrine (NET)	2nd & 4th Wednesdays	Wednesdays	8:00 – 9:00 a.m.	LRCP A1-155 and UH (A3-252)
Neuroendocrine (NET) Provincial	1st Wednesday of each month	Wednesdays	5:00 – 6:00 pm	LRCP A3-945
**Thoracic	Weekly	Wednesdays	1:00 – 2:00 p.m.	LRCP A3-924 'A/B' & UH A3-252 & UH C2-210
**Gastrointestinal (GI)	Weekly	Thursdays	7:00 – 8:30 a.m.	LRCP A1-155 and UH (A3-100)
**Hematology	Weekly	Thursdays	8:15 – 9:15 a.m.	LRCP Conf. Room A3-924 'B'
Genitourinary (GU)	Weekly	Thursdays	8:00 – 9:00 a.m.	LRCP Conf. Room A3-924 'A' & UH (A3-252)
**GU Telemedicine	2nd & 4th Thursdays	Thursdays (2nd & 4th)	7:00 – 8:00 a.m.	LRCP Conf. Room A3-924 'A' & UH (A3-252)
GU (RCC - Renal)	(1st of each month)	Thursdays	7:30 – 8:00 a.m.	LRCP Conf. Room A3-924 'A' & UH (A3-252) & St. Joe's D0-138
**Gynecology	Weekly	Fridays	12:00 noon to 1:00 p.m.	LRCP Conf. Room A1-155 and UH (A3-252)
**Head & Neck	Weekly	Fridays	12:30 – 1:30 p.m.	LRCP Conf. Room A3-924 'A/B' & UH (A3-100)
**Breast	Weekly	Fridays	7:30 a.m. to 9:00 a.m.	LRCP Conf. Room A3-924 A/B & D0-138 (St. Joe's) & UH A3-252
*Central Nervous System (CNS)	Weekly	Fridays	8:00 – 9:00 a.m.	LRCP A1-155 & UH A3-100
*Melanoma / Skin *(Cutaneous Group)*	4th Friday (monthly)	Fridays **(4th of each month)**	7:00 – 8:00 a.m.	LRCP A1-155, St. Joe's E1-134 & UH (A3-100)
Myeloma	2nd &4th Tuesdays	Tuesdays	12:00 -1:00 pm	D1-235 VH & LRCP A3-945

Revised: March 27, 2019

- ***indicates MCC is connected with another LHSC site**
- ****indicates MCC is connected within our LHIN (or community partners): Sarnia, Owen Sound, Windsor, Goderich, St. Thomas and Woodstock**
- **Beverages ONLY (coffee/tea & bottled water) are provided to Rounds that start at 7:00 A.M. or earlier.**

Oncology Elective Objectives 2020-21

Clinical Clerkship Selective – Department of Oncology – Objectives

Preamble: The overall goal of the rotation is to introduce the student to clinical oncology, focusing on the four major cancer sites (Lung, breast, colorectal, prostate).

Knowledge is to be gained of the presentation of these cancers, the treatment modalities used and their side effects, and of the general biological behavior of these cancers.

Skills to be demonstrated include the adaptation of the patient assessment (history and physical) to the clinical situation (prioritization and focus of assessment), as well as exploration of the cancer patients' ideas, expectations, feelings/symptoms, and function.

Empathic, respectful and compassionate attitudes are expected, as is an awareness of factors in oncology which could lead to compassion fatigue and physician and trainee burnout, and of personal strategies which can help build resiliency.

References:

Oncology at a Glance, 2013, Wiley & Sons, sections 2,4,5,6,7,9,10,12,13, 14,17,20,21,23,29,30,34,41 and cases 3,4,6,7,8,9,15,16

Learnoncology.ca website, whiteboard presentations and oncology modules

Objectives

1. **Obtain and history and perform a physical examination adapted to the patient's clinical situation**
    - Demonstrate appropriate content and focus of the history and physical (Medical expert)
    - Demonstrate appropriate structure and control of the encounter (Medical expert)
    - Show evidence of clinical reasoning and underlying scientific foundations (Medical expert/Scholar)
    - Display sensitivity towards the patient's circumstances (Professional)
    - Show rapport and empathy in exploring the patient's overall prognosis, fears and hopes, and will assess their activities of daily living and support systems, recognizing the need for social work, psychiatry, OT, RD, palliative care, or spiritual care referral when appropriate (Communicator)

If presented with a cancer patient seen in consultation or follow-up, assessment should include:

I. Presentation of cancer (new consult) or cancer symptoms (from primary/systemic/due to metastases) (new consult and follow-up)
II. Review of specific side-effects possible with treatment received (follow-up)
III. Review of systems and the Edmonton Symptom Assessment System scores
IV. Physical exam tailored to areas highlighted by history, the cancer illness, and assessment of treatment side effects and risks

Specific components for the four main tumour sites:

a. If presented with a patient with non-small cell or small cell lung cancer, patient assessment should include (*Reference: page 68/69, Oncology at a Glance*):
    i. History: smoking, environmental, COPD history, dyspnea/cough/hemoptysis history, anorexia, fatigue, pain, cardiac and renal comorbidities.
    ii. Physical exam: Inspect for signs of hypoxia, pleural or pericardial effusions, liver metastasis, pulmonary osteopathy, hypercalcemia, Cushing's syndrome, brain metastasis, vertebral metastasis, lymphadenopathy, Horner's syndrome and brachial plexus involvement
b. If presented with a patient with colorectal cancer (*Reference: page 76/77, Oncology at a Glance*):
    i. History: Bowel habits, abdominal pain, anorexia, nausea, dyspnea, pain
    ii. Physical exam: Evaluation for liver metastasis, bowel obstruction, ascites, pleural effusions and lung masses, and lymphadenopathy. Rectal exam where specifically indicated – note contraindicated if immunosuppressed!
c. If presented with a patient with adenocarcinoma of the breast (*Reference: page 66/67, Oncology at a Glance*):
    i. History: breast changes, bone pain, abdominal pain, confusion/headaches
    ii. Physical exam: signs of pleural or pericardial effusions, local breast involvement, liver metastasis, bone metastasis, brain metastasis, axillary lymphadenopathy, and brachial plexus involvement
d. If presented with a patient with adenocarcinoma of the prostate (*Reference: page 90/91, Oncology at a Glance*):
    iii. History: urinary tract symptoms/hesitancy, pain, bone pain, edema, bowel function, weakness
    iv. Physical exam: digital rectal examination if indicated, a screening neurological examination, and assessment for bone metastasis and complications of androgen deprivation therapy (cachexia, osteoporosis complications, loss of libido, depression, gynecomastia)

2. **Formulate and justify a prioritized differential diagnosis** of the symptoms and findings assessed, including whether the condition is cancer or treatment-related or non-malignant **and formulate an initial plan of investigation based on the diagnostic hypotheses** demonstrating appropriate test selection

3. **Formulate management plans**
    I. Outline of general management principles and intents for early vs intermediate vs late stage non-small cell and small cell lung cancer, and including general

estimation of the approximate median overall survival (by stage). Contrast chemotherapy and targeted therapy for NSCLC

II. Outline general management principles for early and late stage colorectal cancer, including general estimation of the approximate median overall survival (stage IV) or recurrence rates (resected) with optimal therapy

III. Outline general management principles for early and late stage breast cancer, including hormones, targeted agents, and chemotherapy as well as radiation and surgery approaches.

IV. Be able to describe treatment options (Surgery, external beam radiation, brachytherapy) for men with localized prostate cancer and the common side effects of each. Contrast the general management principles for hormone-sensitive vs hormone-refractory prostate cancer and list the classes of systemic agents used to treat prostate cancer along the disease trajectory. Differentiate central LHRH agonist vs peripheral androgen blockade, adrenal androgen suppression, chemotherapy, bone health Rx – bisphosphonates, denosumab

Cancer treatment and supportive care – Selections from the "Canadian Oncology Goals and Objectives for Medical Students", version April 2015. The knowledge-related objectives below will be addressed during the "Objectives Review Session" with one of the clerkship selective directors

1. Demonstrate an understanding of the concepts of curative, neoadjuvant, adjuvant and palliative treatments and demonstrate an understanding of the concepts of localized versus systemic treatments
2. Demonstrate an understanding of the definition of prognosis and describe general factors that affect prognosis in cancer patients.
3. Describe the components of commonly used performance status assessment tools such as the ECOG and Karnofsky performance status scales.
4. Identify factors that would affect the formulation of a treatment plan for a cancer patient (i.e. tumour, treatment and patient-related factors).
5. Demonstrate an understanding of the general principles of how radiation is used to treat cancer and different types of radiation (e.g. external beam, brachytherapy, stereotactic radiation).
6. List the common acute, subacute, and late adverse effects of radiation.
7. List factors that would make a cancer patient a poor candidate for chemotherapy.
8. Know the general differences between traditional chemotherapy and targeted therapy
9. Understand that Canadian treatment guidelines for common cancers are available through provincial organizations (e.g. Cancer Care Ontario, British Columbia Cancer Agency, Alberta Health Services, etc).
10. List common side effects of chemotherapy and radiation, and common symptoms of cancer. Outline diagnostic and supportive care algorithms for each, appropriate for the severity based on clinical assessment:
    - Diarrhea
    - Mucositis
    - Myelosuppression

- Renal failure, dehydration
- Cardiac effects
- Neuropathy
- Dyspnea including treatment and cancer-related causes
- Anorexia, nausea/vomiting including treatment and cancer-related causes
- Pain (see Medicine seminar)
- Fatigue including treatment and cancer-related causes

4. **Recognize a patient requiring urgent or emergent care, provide initial management and seek help**
   - If presented with a febrile cancer patient, the student will choose the appropriate investigations and initial empiric treatment options
   - If presented with a patient with leg weakness the student will order the appropriate tests to rule out cord compression
   - If presented with a patient with malignant hypercalcemia, the student will demonstrate correction calculations for serum albumin and order the appropriate initial therapeutics
   - If presented with a patient with symptoms and findings attributable to elevated intracranial pressure, the student will recognize the need to investigate for malignancy spread to the CNS

5. **Educate patients on basics of cancer management, health promotion during and after treatment** – only with consultant or resident direct supervision.
   Demonstrate awareness of role limitations and scope of practice of medical students (vis-à-vis controlled acts e.g. communicating prognosis, diagnosis, obtaining consent, giving advice) including deference of patient questions to appropriate members of the healthcare team where necessary.

6. **Present oral and written reports that document a clinical encounter**
   - Appropriate structure and content of the presentation (Communicator) – organized, focused, prioritized, incl. treatment intent, primary site, cancer treatment history, stage, grade, histology
   - Appropriate delivery of the presentation (Communicator)
   - Demonstration of sensitivity and understanding towards the patient (Professional, Collaborator)

7. **Have an approach to communication in difficult situations**
   - Demonstrate an understanding of the psychosocial or existential issues around life-threatening illnesses, such as cancer, relevant to different cultures, faiths and traditions, by addressing them with the patient and/or during case presentation.
   - Recognize the inherent tension between society's need for the just allocation of finite resources and an individual physician's responsibility to advocate for a patient's access to effective therapies.
   - Describe the components of informed decision making, including discussion of complications of cancer therapy in the curative and palliative setting, recognizing that potentially life-prolonging cancer therapies can induce potentially life-threatening adverse reactions.

- Have an approach to discussing withholding or ending cancer treatment considered inappropriate by the physician/oncology team, but requested by the patient.
- Realize that caring for cancer patients can lead to compassion fatigue and physician burnout which can negatively impact patient care, and outline a personal strategy by the end of the selective if possible.
- Demonstrate the ability to communicate information in a sensitive manner, addressing concerns, fear and expectations.
- Describe the SPIKES strategy for breaking bad news. **Note: use/do this only with direct supervision of physician in the room**

References: https://www.ariadnelabs.org/wp-content/uploads/sites/2/2015/08/Serious-Illness-Conversation-Guide-5.22.15.pdf, and for the SPIKES approach: The Oncologist 2000; 5:302-311

REFERENCE MATERIAL: RECOMMENDED READING MATERIAL

Teaching material provided by rotation supervisors (Teaching sessions/Objectives Review Slidesets)

Integrated oncology modules for medical students are located at "Learnoncology.ca" and at the NCI (www.cancer.gov)

Supplemental References:

Further disease-site specific references:

- European Society for Medical Oncology (ESMO) minimal clinical recommendations (updated regularly)
- http://www.esmo.org/education-research/esmo-clinical-practice-guidelines.html
- www.bccancer.bc.ca - BC Cancer Agency Cancer Management guidelines / drug manual
- More information about the rotation is also available online at:
  - http://www.schulich.uwo.ca/oncology/education/undergraduate/year_3.html
- http://www.nccn.org/professionals/physician_gls/default.asp - National Comprehensive Cancer Network (U.S.A.)
- http://www.cancercare.on.ca/ - Cancer Care Ontario
- Canadian Cancer Statistics: http://www.cancer.ca/canada-wide/about%20cancer/cancer%20statistics/canadian%20cancer%20statistics.aspx?sc_lang=en
- www.adjuvantonline.com - Estimates of treatment effect (lung, colon, breast cancers)
- www.clinicaltrials.gov

- Quality of Life Assessment - http://www.uwo.ca/oncology/undergraduate/pdf_documents/Quality%20of%20life%20assessment.pdf

CNS Brochure http://www.uwo.ca/oncology/undergraduate/pdf_documents/CNS_brochure.pdf

- Radiation Oncology Overview www.radiationoncology.ca

- Call of Death Article (Journal of Clinical Oncology – Volume 28, Number 16, June 1, 2010)
- "*Certain Death in Uncertain Time: Informing Hope by Quantifying a Best Case Scenario*" Belinda E. Kiely, Martin H.N. Tattersall, and Martin R. Stockler

DICTAPHONE DICTATING INSTRUCTIONS

London Health Sciences Centre

London Regional Cancer Program

All dictators **must** have a **personal dictator ID number** obtained from Health Records Transcription, **call ext. 35131**.

TO ACCESS THE SYSTEM

Dial extension **66080** or **519-646-6080** from outside the hospital.
Enter your **5-digit** User ID number followed by #.
Enter the **LRCP site code** followed by # key, **5 for LRCP…**
Enter the **work type** followed by # key (see below) .

WORK TYPES

32 Operative Report (**or 39 for procedure report**)
33 Discharge Summary (**should be dictated on LHSC site Victoria Hospital =2**)
34 Consultation (**City-Wide Work Type**)
38 Admission note (**City-Wide Work Type**)
70 Radiation Treatment
71 Letter
72 Social Work
73 GYN Snap Shot
74 Ovarian Progress Note
75 LRCP Clinic Note

Do not use Work Type 37. This is used for hospital in-patient Progress Notes

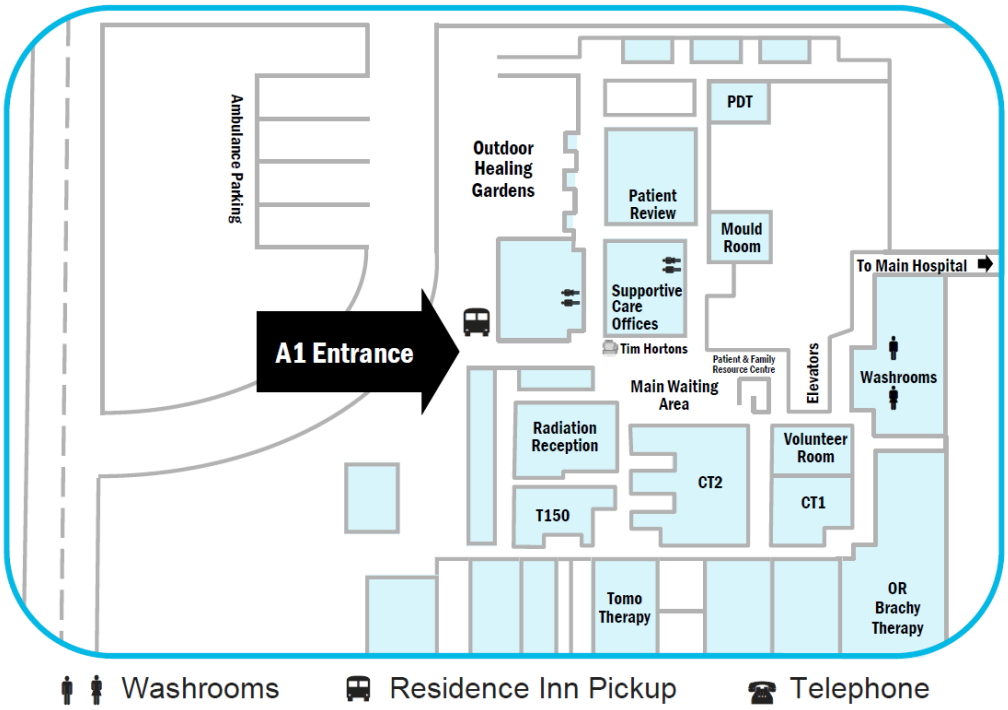
*Enter the patient **MRN number** **(*LRCP Chart Number)** followed by # key.*
Enter 2 to begin dictation: * Please state your name, patient demographics, *LRCP Chart number, work type, and required copies at beginning of dictation (*Note that the LRCP Chart number is NOT the same as the HOSPITAL, LHSC number).

KEYPAD FUNCTIONS

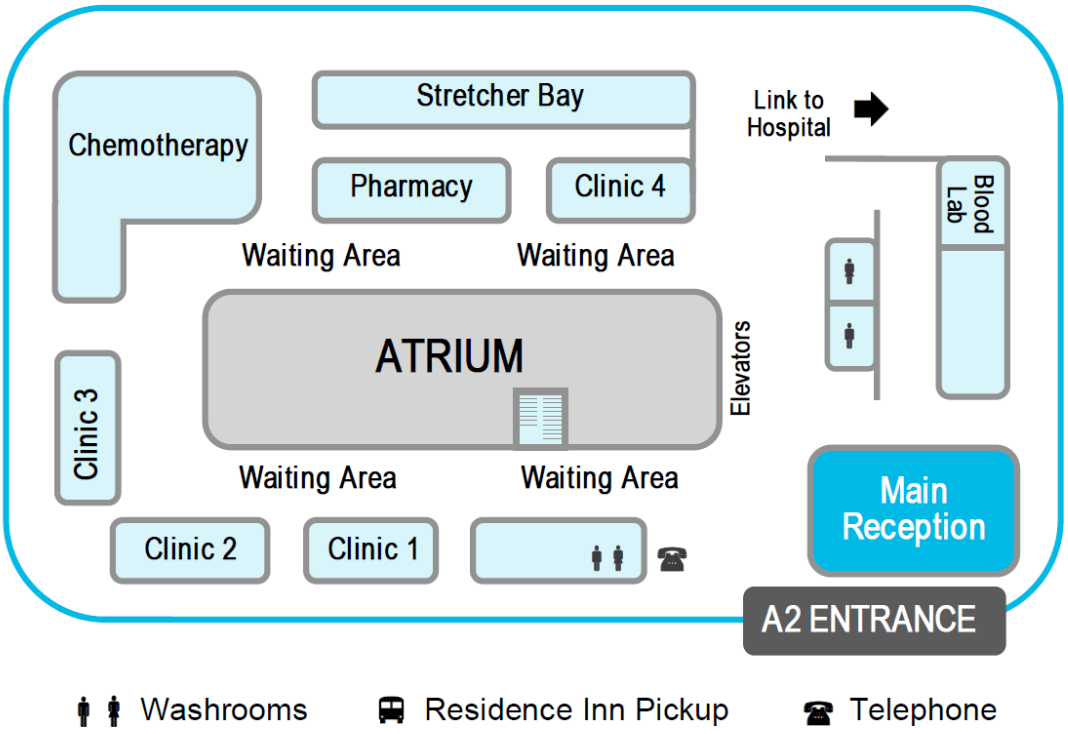
2 To begin, pause or resume dictation
3 Short rewind (3 to 4 seconds)
44 Fast forward to end of report
5 To end last report and dictation session
6 Priority dictation
77 Rewind to beginning of dictation
8 Go to next report
0 To open / interrupt report that cannot be finished during the current dictation session. When beginning a new session and after entering the site code, you will hear "you have an open report". To retrieve it, enter **1** and continue to dictate. To ignore it, enter **2**
***** To go back to the previous prompt **Help Line: 53248**

MUST READ:
When dictating, use site code "5" to ensure the notes are transcribed by the cancer clinic transcription service

Level 1 - London Regional Cancer Program



Level 2 - London Regional Cancer Program



Clinics are located in the Zone A. Park in P1. If driving, inquire about weekly rate.

LEGEND
-BARRIER FREE ACCESS
-PUBLIC ELEVATORS
-PARKING LOT ENTRANCE
-BUS STOP
-PEDESTRIAN ENTRANCE
-ENTRANCE LETTER
BASELINE ROAD
COMMISSIONERS ROAD
WELLINGTON ROAD
FROM DOWNTOWN
FROM HWY 401
EMERGENCY
ZONE A
ZONE B
ZONE C
ZONE D
ZONE E
ZONE F
ZONE G
ZONE H
CANADIAN NATIONAL INSTITUTE FOR THE BLIND
LHSC FOUNDATION
SELF CARE DIALYSIS
RONALD McDONALD HOUSE
THAMES VALLEY CHILDRENS CENTRE
CARDIAC FITNESS INSTITUTE
RED CROSS
CANADIAN BLOOD SERVICES
TEMPORARY ENTRANCE
VISITOR PARKING
STAFF PARKING
ON CALL STAFF PARKING
BARRIER FREE PARKING
VISITOR PARKING GARAGE
STAFF PARKING GARAGE
London Health Sciences Centre
Victoria Hospital