

**FAMILY PRACTICE-ONCOLOGY
PROGRAM DESCRIPTION & EDUCATIONAL OBJECTIVES
FOR ENHANCED SKILLS RESIDENTS**

INTRODUCTION

Access to oncological services in Southwestern Ontario is reaching a critical level as patients age and cancer diagnoses are on the rise. Family physicians play a critical role in the patient's medical home in assisting in diagnosing, treating, caring and potentially palliating oncology patients. The General Practitioner-Oncology (GP-O) model is a step above what the typical family physician would provide in oncological care to patients, and has been around for over twenty years in Canada. Family physicians providing primary care oncological services, focussed on continuity of care in a patient centred manner, help alleviate the pressures on the oncology system and allow for improved access to care for this patient population. The GP-O would work in tandem with Oncology to provide these services in their offices, satellite community clinics and tertiary care centres.

OBJECTIVES

To provide family physicians with knowledge and skills to care for patients with cancer. The program will be open to family medicine residents who have successfully completed their training in an accredited Canadian residency program. Various phenotypes of GP-Oncologists are recognized. Primary areas of focus will include care in outpatient, inpatient, community, and palliative/supportive care settings in accordance with regional needs.

GENERAL OVERVIEW

Residents will gain experience in a wide variety of tumour sites. The bulk of activities will be outpatient oriented and will occur in a multi-disciplinary setting. Much of the training will occur at the London Regional Cancer Program at London Health Sciences Centre (Victoria Campus) but may also occur at the Windsor Regional Hospital. A strong focus will be managing oncology emergencies and managing problems in the chemotherapy suite.

ROTATIONS

Rotations will be arranged at London Health Sciences Centre and Windsor Regional Hospital as well as electives in outpatient and satellite clinics in Southwestern Ontario

- London: Inpatient medical oncology – 1 block
- London: Rotations in lung, breast, GI, melanoma/head& neck, genitourinary – 1 block each (5 blocks total)
- London: Haematology/oncology – 1 block
- London: Gynecologic oncology – 1 block
- London: Palliative care/Pain clinic – 1 block
- Windsor: Inpatient Hospitalist-Oncology – 1 block
- London or Windsor: Radiation Oncology – 1 block
- Windsor: General medical oncology clinic – 1 block
- London/Windsor/Community: Elective – 1 block (choice of community-ICU, palliative care/hospice, research/admin, family medicine)

HIERARCHAL STRUCTURE

- 1) Director – Dr. Ted Vandenburg, Oncologist – London Health Sciences Centre.
- 2) Family Medicine PGE Committee Representation – to ensure quality PGE and program development.
- 3) PGY 3 FM-Oncology resident – will work under the supervision of the attending present in the rotation that they are scheduled in and will help supervise junior residents and medical students.
- 4) All physicians contributing to the supervision and didactic teaching will have an academic appointment with the Schulich School of Medicine & Dentistry, UWO.
- 5) Multiple specialists and family physicians throughout London and Windsor as elective supervisors.

DUTIES

- 1) Patient care on which ever service they are scheduled, including admissions, discharges and daily rounds. To be supervised by the attending physician.
- 2) Participation in either a utilization committee or quality improvement committee.
- 3) Participation in Oncology rounds at LHSC and Windsor Regional Hospital.
- 4) Fellowship project focusing on patient care, leadership, quality or safety improvements, or efficiency/utilization improvements. Presented to the program committee in an informal setting.
- 5) On Call duties. The Enhanced Skills resident will take call and will follow the PARO contract for weekend call duties.
- 6) Teaching of clinical clerk if they are on service and of course to be aware of the clerkship learning objectives.

ORGANIZATION

Residents in the program would have completed their family medicine residency from an accredited Canadian program. Candidates will have to have a license to practice in Ontario. These may include Canadian as well as International Medical Graduates (IMG's).

This would be a 13 block program with the allotted vacation time as any PGY-3 year is required to provide.

SCHOLARLY ACTIVITIES

- 1) All residents in the Enhanced Skills program are required to complete a scholarly project. A written report is not required but welcome. A formal presentation at resident research day in June is required. Topics should be discussed with the FM-Oncology director. Please refer to the Enhanced Skills Orientation Manual for more direction regarding project requirements and departmental assistance with funds, ethics approval, literature reviews, etc.
- 2) Residents will be provided with didactic teaching through the Oncology ½ day series. Targetted sessions will also be provided to the resident that are tailored to their specific needs. A reading list will be discussed with the FM-Oncology program director prior to beginning the program.

- 3) The resident is encouraged to teach at PGY-1/PGY-2 academic half day on a topic related FM-Oncology. This can be discussed with the Academic Program Director and the Enhanced Skills Program Director.
- 4) In addition to direct one-on-one teaching from attending physicians which will occur on a daily basis, Enhanced Skills residents in the FM-Oncology Program will have the opportunity to attend several Grand Rounds from a variety of specialties including, but are not limited to, Internal Medicine, Psychiatry, Pediatrics, Palliative Care and Family Medicine.

EVALUATION

- 1) The resident will be supervised on a daily basis and will obtain 1 evaluation per block from an Oncology Consultant on the one45 system. A logbook is to be kept by the resident, recording consultations, and any procedures performed by the resident during the care of the patient.
- 2) The resident will meet with the FM-Oncology director to conduct regular faculty advisor meetings, to ensure that proper progress is being achieved.

OBJECTIVES FOR HOSPITALIST PROGRAM AS CONSIDERED BY THE CANMEDS-FM ROLES

I. Family Medicine Expert

<p>1. The Family Medicine Resident will become knowledgeable in the following:</p> <p>The Family Medicine Resident will demonstrate the ability to become competent in the following:</p> <p>1.1 Demonstrate the principles of treatment and care of patients receiving chemotherapy and radiation therapy</p> <p>1.2 Recognize and manage oncological emergencies including febrile neutropenia, sepsis, spinal cord compression, superior vena cava obstruction, upper airway, bowel and urinary tract obstruction, tumor lysis syndrome, hypercalcemia, seizures and neurologic deterioration from brain metastases and acute major bleeding.</p> <p>1.3 Understanding and use of diagnostic tools to determine prognosis.</p> <p>1.4 Understand, prevent and manage the complications of systemic therapy and radiation therapy including nausea and vomiting, neuropathy, cardiac events, thromboembolism, nephropathy, pneumonitis, encephalitis, acute infusion reactions.</p> <p>1.5 Symptom management including anorexia, nausea/vomiting, dyspnoea, pain control, fatigue, anxiety, delirium.</p>
<p>2. The Family Medicine Resident will become competent at performing each of the following procedures:</p> <p>2.1 Bone marrow aspiration/biopsy</p> <p>2.2 Radiograph interpretation</p> <p>2.3 Electrocardiogram interpretation</p> <p>2.4 Paracentesis</p> <p>2.5 Thoracentesis</p>

- 2.6 Vascular access
- 2.7 Lumbar puncture

II. Manager

Family Medicine residents will

1. Order appropriate and economical selection of diagnostic and screening tests.
2. Make referrals effectively.
3. Demonstrate understanding of roles of all health care providers in the team.
4. Demonstrate understanding of hospital care planning and policy-making.
5. Understand how to mobilize a health care team in an emergency situation.
6. Understand the principles of a high reliability organization and the role of the team in an emergency.
7. Demonstrate the ability to make effective diagnostic decisions.
8. Understand the need and ability to assess for risk management, quality assurance and improvement.
9. Understand the role of information management in the care of hospitalized patients.

III. Communicator

Family Medicine Residents will be able to communicate effectively with patients, family members and members of the health care team

1. Demonstrates listening skills.
2. Demonstrates language skills (verbal, writing, charting).
3. Demonstrates non-verbal skills (expressive and receptive).
4. Demonstrates skills in adapting communication appropriately to a patient's or colleague's culture and age.
5. Demonstrates attitudinal skills (ability to respectfully hear, understand and discuss an opinion, idea or value that may be different from their own).
6. Apply these communication skills to facilitate shared and informed decision-making.
7. Able to coordinate community resources including knowledge of the Community Care Access Centre (CCAC) and other outreach services.
8. Function within a team composed of members from various health care disciplines.
9. Recognizing situations where a specialist consultation is appropriate, and effectiveness in communicating the purpose of the referral, the patient's clinical condition and pertinent previous medical history.
10. Participate in multidisciplinary cancer rounds

IV. Collaborator

Family Medicine Residents will be able to collaborate

1. Work collaboratively in different models of health care.
2. Engage patients and families as active participants in their care.
3. Understand the role of the GP-Oncologist as a teacher, focussed generalist and consultant.

V. Health Advocate

Family Medicine Residents will be able to advocate for the health of patients

1. Acting as an effective patient advocate with employers and social service agencies.

2. Identify patients who are vulnerable or marginalized and assist them in issues (i.e. occupational issues, special diet application forms, etc.) that promote their health.
3. Identify patients at risk because of social, family or other health situations and to work appropriately with social services.

VI. Professional

Family Medicine Residents will have demonstrated professionalism

1. Demonstrates (i.e. day to day behaviour) that reassures that the resident is responsible, reliable and trustworthy.
2. Identify patients at risk because of social, family or other health situations.
3. Demonstrate leadership, professional and ethical qualities.

VII. Scholar

The Family Medicine Resident will have demonstrated their scholarly proficiencies:

1. Strategies for lifelong learning and continuing maintenance of professional competence.
2. Demonstrates self-directed learning based on reflective practice.
3. Access, critically evaluate and use medical information in health care decisions.
4. Participate in Journal Club meetings.

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