

ONCOLOGY

ROTATION SPECIFIC GUIDELINES

In keeping with the specific standards of accreditation (2021) this rotation assumes administrative support and university affiliation.

Specific to the site we offer these areas of focus for the resident;

1. Obtain appropriate history and perform physical examination relating to a tumour and be competent in assessing the following:
 - a) Biologic aggressiveness of the tumour as determined by the history and physical
 - b) Size of the tumour and its relationship to Fascia
 - c) Neurovascular and articular involvement
 - d) Lymphatic involvement
 - e) Sites of metastatic potential for primary MSK tumours
 - f) Organs systems likely to metastasize to the MSK system
 - g) Tumour characteristics including issues specific to age, sex, and anatomic location
2. Describe the different tumour classes and their behaviour:
 - a) Primary lesions
 - b) Benign
 - c) Benign Aggressive
 - d) Malignant
 - e) Metastatic lesions
3. Describe the presentation, radiologic characteristics and natural history of the most common primary bone tumour types:
 - a) Chondroid lesions
 - b) Osteoid lesions
 - c) Fibrous lesions
 - i) Others- unicameral bone cyst, hemangioma, histiocytosis, lipoma, eosinophilic granuloma, giant cell tumour, aneurysmal bone cyst, Ewing's sarcoma, adamantinoma, chordoma, hemangiopericytoma
4. Describe the presentation, radiologic characteristics and natural history of different primary soft tissue tumour types:
 - a) Fibrous lesions
 - b) Lipoid lesions
 - c) Muscle lesions
 - d) Vascular lesions
 - e) Nerve lesions
 - i) Others - myxoma, fibrosarcoma, malignant fibrous histiocytoma, pigmented villonodular synovitis, giant cell tumour of tendon sheath, myositis ossificans, tumoral calcinosis
 - f) For a given MSK tumour:
 - i) Formulate a differential diagnosis and stage the tumour (according

- to the Enneking
 - ii) Musculoskeletal Tumour Society (MSTS) System
 - iii) Describe the appropriate biopsy principles of MSK tumours
 - iv) Formulate a treatment plan for the different tumour types
 - v) Describe the multidisciplinary approach to curative treatment and palliative care
5. Formulate post-operative treatments for in-hospital care and long-term rehabilitation
 6. Formulate treatment plans for complications in MSK oncology surgery.

Following the Goals and Objective is an outline of teaching available/ caseload in those areas for the junior and senior resident.

The resident, upon orientation will review the Resident specific and College specific goals with his/ her preceptor to ensure adequate focus throughout the rotation.

I. MEDICAL EXPERT

Junior/Senior

Upon completion of the oncology rotation the resident will be able to;

- Demonstrate appropriate core knowledge based on their level of training
- Understand the spectrum of the MSK Oncology orthopedic practice
- Appreciate the structure of health care in the setting including
 - Access to tertiary care, stabilization and investigation of patients for transfer
 - Resource allocation and health care infrastructure
 - Practice Management – Group and Solo
 - Life Balance

TECHNICAL KNOWLEDGE

Junior/Senior

1. To be able to perform with proficiency
 - Open biopsy of bone and/or soft-tissue lesion
 - Stabilization of metastatic disease
 - Treatment of common benign tumours

II COMMUNICATOR

- The resident will be expected to ESTABLISH and maintain therapeutic relationships with both patients and their families. Communication will be assessed in both written and verbal areas. A PATIENT ENCOUNTER FORM will be given to an undisclosed patient(s) to assess the patients perception of the encounter. (Document 2)

Areas of evaluation include;

1. The ability to take a focused history (observed H&P)
2. Listening skills
3. Information delivery to patients/family, e.g. informed consents
4. Information delivery to colleagues, progress notes, orders etc. (random assessment of documentation)

The oncology rotation will emphasize a patient centered approach in which the resident will be allowed to develop competency in learning to modify and explain information in a way that meets the needs of the individual patient. For assessment purposes the preceptor may require an arena of predetermined specific learning cases e.g. end of life discussion in hip fracture, changing level of care in the ICU patient, or dealing with a physician as patient for example.

Junior

- effective listening to patients and families
- appropriate respect for patient confidentiality and privacy
- accurate documentation of patient encounters

Senior

- effective delivery of information to patients to allow / encourage discussion and informed decision making.
- Deal with challenging communication issues/ e.g. angry family, miscommunication, poor prognosis etc.

III COLLABORATOR

The resident will be required to demonstrate an ability to interact with all other health care professionals including physiotherapy, nursing and other physicians. Respect for the roles of other professionals will be an important component of this area.

This area will be assessed through;

1. feedback from nursing staff
2. information from other multidisciplinary team members
3. Other physician input.

Assessment of the resident in this area may be best objectified through specific minor projects. e.g.

1. Collaborate with physio to design a post op protocol
2. Collaborate with nursing regarding a patient safety issue
e.g. design a common wait list strategy for partners in a community setting

IV LEADER

The expectation of the resident is to utilize resources to balance patient care and to allocate finite resources wisely. The resident will also be assessed in the ability to balance personal and professional activities and use their time to optimize patient care and CME.

Office administration, practice management and billing will be reviewed.

Assessment

1. Ability to utilize resources wisely
2. Ability to time manage time correctly; promptness, prioritizing etc.
3. Administrative ability;

The oncology rotation provides an excellent arena to teach and discuss practice management along with other managerial skills. Topics for review in this arena include;

1. Negotiation skills
2. Committee responsibilities e.g. role of the chair, Roberts rules, perhaps have the resident attend a meeting and discuss the interactions
3. How to get and give references
4. Practice efficiency; Hospital, house and office
5. Managing length of stay and waitlist.

V SCHOLAR

The resident will demonstrate the abilities to ASSESS, APPRAISE, ACQUIRE and CONTRIBUTE to lifelong learning. Scholarship relates to the self discipline of evaluating, reporting and incorporating new evidence into practice.

This will be assessed through.

1. The ability of the resident to incorporate self directed as well as preceptor directed specific learning goals throughout the rotation.
2. The ability of the resident to teach other health professionals in order to enhance patient care.
3. The resident's ability to integrate new research into practices.
4. The residents' ability to critically appraise their knowledge base, and procedural techniques.

Evaluating of this area is once again difficult. The resident perhaps could be required to search out an evidence-based change which could be incorporated into the practice where he/ she is located.

VI HEALTH ADVOCATE

The resident is expected to consistently advocate for the health and care of the patient. This includes an ability to identify the important determinants of health care for the patient, both orthopedic and non-orthopedic. The resident should develop an understanding for the role of the surgeon in the health care system. This includes the role of the physician in recognizing and describing the health needs of the population.

This will be assessed through.

1. the resident interaction with the patient requiring concurrent care issues

2. The residents ability to negotiate for limited resources in patient prioritizing

It is imperative that the resident understands the need for advocacy of the patient as a group as well as an individual. Individual advocacy is usually well established in the early medical career but group advocacy integrates much later in practice.

In this arena evaluation is difficult; perhaps exposure to such areas as, speaking to the hospital foundation, administration, or the media could be covered.

VII PROFESSIONAL

The resident will be expected in this rotation to adhere to a high standard of honesty, integrity, commitment, compassion, effectiveness, competence and altruism.

Other areas of professional behavior to be assessed are manners, presentation skills, personal appearance, utilization of feedback and other evaluation tools.

Self-regulation in these areas is imperative. The resident will be expected to be accountable for all behaviors and recognize the boundaries between professional and personal realms.

Professionalism also includes self- directed learning and evaluation.

This may be assessed through;

1. personal learning projects
2. creation of learning objective for the rotation
3. self assessment skills and simulation.

Reviewed and Approved by RPC
November 23, 2021

ONCOLOGY APPENDIX 1

RESIDENT ONCOLOGY ROTATION

NAME _____
PGY LEVEL _____
SUPERVISOR _____

Rotation Goals and Objectives

- See attached

___ Reviewed by resident

SPECIFIC GOALS / Resident discussion

___ Reviewed by resident

Expected responsibilities

- Call
- OR Coverage
- Clinic Coverage

Mid Rotation Evaluation;

Final Evaluation

BEGINNING OF ROTATION

END OF ROTATION

Signature (Resident)

Signature (Resident)

Signature (Attending)

Signature (Attending)

Signature (CTU)

ONCOLOGY ROTATION

Cases which the resident would be expected to master during the rotation:

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- and palliative care
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