Oncology Consults Primer for Residents

Learning Objectives of the Rotation:

- The resident will gather patient information and formulate an initial plan in response to a clinical question posed by the primary team.
- The resident will write concise consult notes to clearly communicate recommendations to the primary team.
- Skills expected to be gained by residents: Recognize common presentations of various cancers and their complications, learn common adverse effects of various chemotherapeutic agents, understand laboratory and imaging workup for commonly encountered cancers, practice breaking bad news and goals of care discussions.

Typical patients encountered

- Generally, the consult team follows approximately 18 patients. This can vary a lot from week to week.
- Clinical cases including, but not limited to, patients with a new or existing diagnosis of solid malignancies and complications from courses of anti-cancer therapy (such as neutropenic fever, pulmonary, hepatic and cardiac failure secondary to malignancy or chemotherapy)
- Largely lung, colorectal, breast, prostate cancer and sarcomas

Rotation Structure

- Contact the consult fellow (found on lightning bolt) before starting the rotation to set expectations for the month.
- M-F with weekends off.

Team Structure:

- Includes an oncology attending, a fellow, 1-3 residents, 1-3 pharmacists, a nurse navigator, case manager, and 1-2 medical students, if any.

Workflow:

- Team work room location- Pav A, floor –11, classroom across from elevators (A11.005)
- Fellow answers all the consults first and then assign patients to resident/medical student
- Fellow will also assign which patients you should do follow up visits on each day. Note that all patients on the list are not seen each day, so you are not expected to routinely pre-round on old patients unless instructed by the fellow.

- In general, it is expected that you see and examine patients that are assigned to you in the morning before table rounds. However, if patients are assigned to you late, or if you are told to see more than 2-3 patients that morning, ask the fellow how to prioritize which patients to see before rounds and which can wait to be seen as a whole team.
- It is not expected that residents develop a plan for their patients before rounds. Often, plans are made during table rounds with significant input from the attendings.
- Rounds: Typically, the Hospital Medicine (HM) 10 and 11 teams and their attending will discuss their patients with the oncology attending first (note: this is a separate team, and residents do not attend this meeting). After this, around 10:15 AM, the consult team will meet to table round on the list. You should be prepared to present your patients at this table rounds meeting. Following the table rounds, consult patients are seen by the whole consult team with the attending.
- Note that there is high variation in terms of the time that rounds start, depending on the attending and the workflow of the day. You should always be prepared to present by 10:15, but be aware that some days rounds will start later than this.
- Afternoons are variable; in general, if no new consults come in and if all notes are done then it is acceptable to leave at 3:00pm (with permission of the fellow).
- Note that fellows have continuity clinic during one morning each week, meaning they miss rounds. You will still be assigned new consults to see by the fellow, but on these days the attending generally takes more of an active role with the team.
- Note template: Add your own templates or use these templates by Dr. Sarah Sertich (fellow)
  .CONSULTONCOLOGY (New consult note)
  .PROGMOCS (Follow up consult note)

Consult Etiquette:

One of the goals of this rotation is to learn how to be a useful and effective consultant. It is important to keep the following in mind when rotating on a consult service:

- Be aware of the clinical question the primary team is asking and be sure to answer it to the best of your ability.
- All consultations should be completed in a timely manner. Recommendations should be clearly communicated to primary teams. This is best accomplished with either in-face discussion or a phone call. Explicitly communicate with your fellow and/or attending to close the loop when you've discussed the plan with a

primary team. If you choose to communicate via Epic chat, include the fellow in the chat.
- All consult and progress notes should be finished by the end of the day. It is generally best practice to finish all notes before leaving for the day. Exceptions may be made in rare circumstances with the permission of the fellow and/or attending.
- Documentation should be concise and easy to decipher by those reading the note. They should be easily able to pick out your recommendations.

Recommended Educational Resources:

1. https://www.nccn.org/ - Helpful to familiarize yourself with various malignancies and their managements(generally very high level and more geared towards fellows/attendings)
2. Uptodate for basic overview of various cancers and their management. Consider reading the Uptodate article about the cancer or treatment your patient is getting each day- this is a great way to start to get a feel for the big picture of various malignancies.
3. In general, it is higher yield both for residency and boards to learn about risk factors, incidence, and survival statistics for cancers than to try to learn about the detailed treatment algorithms.
4. StatPearls (google statpearls lung cancer... etc)