

College of Osteopathic Medicine of the Pacific

Syllabus Hematology Oncology

Course No.:	OM 7020, 7021, 7025,7050	Course Title:	Hematology Oncology
Credit Hours:	4 weeks, 4 credit hours each rotation	Chair: Clerkship director:	Emmanuel Katsaros DO, Chair
Term Dates:	Variable in OMS III and OMS IV academic year	Level:	OMS III, OMS IV

FOR POMONA CAMPUS

This elective rotation is a two four (2 4) week introductory, structured clinical experience under direct supervision designed to provide the student experience diagnosing, treating and caring for patients with hematology oncology disorders. There is no post rotation exam for the elective. Most students electing to take this rotation will be in the third or fourth year of osteopathic medical school.

Purpose of Rotation

Clinical experiences are intended to assist the student's transition from didactic to integrated clinical evaluation and patient management. The goals of this rotation are to prepare the student to recognize common acute and chronic hematology oncology disorders. The student should further understand the causes, prevention, and appropriate treatment options for those disorders. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.

The College recognizes that two four (2 4) weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease entities presenting to a particular clinic. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic material to assist the student in preparing for national Board examinations and other evaluation measures.

The following AOA competencies have been incorporated into the objectives: Osteopathic Principles and Practice, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice Based Learning and Improvement, and

14. Display collegiality, professionalism and respect toward all members of the healthcare team. (COMP/AOA core competencies 4, 5, 7; Institutional outcomes 3, 4)
15. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA). (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)
16. Obtain a greater understanding of the patient physician relationship and consistently apply the "bio psychosocial model." (COMP 1,2,3,5,7; Institutional Outcomes 1,2,3,4,5,6,8)
17. Apply Osteopathic Principles and Practice as an integral part of patient treatment and care. (COMP 1,2,3,4,5, 6,7; Institutional Outcomes 1,2,3,4,5,6,7,8)

At the end of the rotation, the student should be able to:

Assist in the evaluation, treatment, and disposition of patients.

Complete an accurate History and Physical

Write accurate, organized and legible progress notes

Establish a differential diagnosis for patients

Recommend to the intern/resident or attending physician a treatment plan for assigned patients

Demonstrate a knowledge of library use quoting references on patients

Identify abnormal laboratory values, then create an appropriate treatment plan and present it to your resident or attending.

Demonstrate knowledge of specific medical procedures (indications and contraindications)

In addition, by the end of the hematology oncology, the student will be able to:

By the end of the hematology oncology elective, students should be able to define, describe, and discuss:

A. Primary prevention measures for common cancers. (MK)

B. Current screening recommendations for skin, colorectal, lung, breast, cervical, and prostate cancer. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)

C. Principle clinical presentations, clinical courses, complications, and causes of death for the most common cancers (e.g. skin, colorectal, lung, breast, cervical, and prostate). (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)

D. Basic methods of initial evaluation, including the sensitivity and specificity of basic diagnostic studies and indication for their use, including: (COMP/AOA core

- E. Genetic considerations of selected cancers (e.g. hereditary nonpolyposis colon cancer, familial adenomatous polyposis, BRCA1/BRCA2, HER2, Philadelphia chromosome/BRC ABL). (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- F. The role of human papilloma virus in cervical cancer. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- G. The similarities and differences between curative and palliative cancer care. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- H. The principles of palliative care and hospice care. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- I. Symptoms sometimes seen during end of life care and

- width). (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- P. The classification of anemia into hypoproliferative and hyperproliferative categories and the utility of the reticulocyte count/index. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- Q. The potential usefulness of the white blood cell count and red blood cell count when attempting to determine the cause of anemia. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- R. The diagnostic utility of the various tests for iron deficiency (e.g. serum iron, total iron binding capacity, transferrin saturation, ferritin). (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- S. The genetic basis of some forms of anemia. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- T. Indications, contraindications, and complications of blood transfusion. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- U. Understand the diagnosis treatment and management of the various lymphomas, leukemias and myelodysplastic syndromes. (COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
- V. Understand the various conditions that cause thrombocytopenia and their management.
- W. Understand the diagnosis, treatment, and management of sickle cell anemia
- X. Understand the diagnosis, treatment, and management of :
- o Thrombotic Thrombocytopenic Purpura
(COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
 - o Hemolytic Uremic Syndrome
(COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)
 - o Disseminated Intravascular Coagulation
(COMP/AOA core competencies 2 ; Institutional outcomes 1, 2,)

Core Topics of Study

During the two four (2 4) four week elective, the student will be exposed to a wide variety of common hematology oncology disorders. These exposures will occur both during patient sessions and through didactic sessions and outside reading assignments. At a minimum, it is expected that each student will learn to diagnose and treat the following hematology oncology disorders:

The topics in the table below indicate subjects that are recommended to focus on.

Hematology

Acute Leukemias
 Myeloproliferative Neoplasms
 Iron Deficiency Anemia
 B12 Deficiency and other megaloblastic anemias
 Anemia of chronic disease
 Sickle Cell Disease
 Thalassemia's
 Hereditary Spherocytosis

Oncology

Plasma Cell Dyscrasias
 Lymphoma
 Breast Cancer
 Colon Cancer
 Lung Cancer
 Cervical, Endometrial and Ovarian Cancers
 Prostate Cancer
 Pancreatic Cancer

Updated: November

Electronic Texts

Cecil Medicine MD Consult
Harrison's Online

6. Professionalism and rapport with patients, residents, attendings, and ancillary staff.
7. Attendance at lectures, conferences, and meetings.
8. Submission of completed case log and procedure log in New Innovations. Failure to submit the logs will count as failure to complete the clerkship.

KEYS TO SUCCESS:

1. READ, READ, READ!!!!!! It is imperative that you read for this clerkship. If you read the required text, it will make it easier for you to understand the medical management of your patients and to answer questions from your resident and attendings.
2. Know your patients well. Read up on the disease process of your patients, which includes diagnosis and treatment. These practices will help you understand the manifestation of the disease process and why certain treatment modalities are being used.
3. Practice and learn how to orally present patients. This will be a skill that you will use for all rotations and will have to master as a physician.

There is no post rotation examination for this rotation. At the beginning of the rotation, the physician/mentor should review expectations/guidelines of performance with the student.

T Res Android link <https://play.google.com/store/apps/details?id=com.resiliencesw.tres.android.app>

Osteopathic Manipulative Medicine	osteopathic practitioner who remains dedicated to life long learning and to practice habits in osteopathic philosophy and manipulative medicine.
2. Medical Knowledge	Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life long learning activities, including research.
3. Patient Care	
4. Interpersonal and Communication Skills	Residents are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.