Learning Objectives (Day Team)

This is a list of the activities and actions that your attendings will be observing during this rotation to gauge your independence. Use the descriptions of each of these activities that you might do on the wards to solicit specific feedback as you grow towards independence over the three years of residency.

Coordinate care for a patient with acute myeloid or lymphoid leukemia receiving induction chemotherapy.
Within this context, seek to: Apply knowledge of the biology and natural history of the patient’s disease in order to gather information efficiently from multiple sources (including family members); conduct a targeted physical examination; develop a broad differential diagnosis; appropriately order diagnostic testing and procedures in a timely fashion in preparation for chemotherapy while prioritizing resources; and involve other consulting services when appropriate.

Minimize and manage complications of solid organ malignancies including those related to therapy (chemotherapy, radiotherapy, and immunotherapy).
Within this context, seek to: Recognize the side effects of radiotherapy and common chemo- or immunotherapies, including GI, urologic, neurologic, cardiac, and pulmonary complications; identify through an appropriately targeted physical examination the complications of solid organ malignancies or their treatment, including thrombosis, effusion, ascites, volume depletion, and bowel obstruction; identify, initiate management, and stabilize patients with urgent or emergent complications; work effectively with other members of the interprofessional team (nurses, therapists, pharmacists, and other services) to ensure safe care; transfer patients to a higher level of care or another clinical service when appropriate; and identify and reflect on situations where a medical or systems error may have led to the acute change in status.

Manage a patient with tumor lysis syndrome, hypercalcemia, or other significant electrolyte derangements.
Within this context, seek to: Appropriately order laboratory tests in a time frame applicable for the patient’s malignancy or treatment for that malignancy; recognize the electrolyte derangements common to patients with malignancy or undergoing treatment for malignancy; begin appropriate and timely management for electrolyte derangements and monitor for improvement; and appropriately transfer to a higher level of care or another clinical service when needed for electrolyte derangements refractory to care on the floor.

Evaluate and manage fever and/or sepsis in a neutropenic or otherwise immunocompromised patient with cancer.
Within this context, seek to: Elicit a detailed history in a cancer patient presenting with fever; perform a physical examination that is appropriately targeted to a cancer patient with fever; develop prioritized differential diagnoses and evidence-based diagnostic and therapeutic plans; rapidly synthesize available data including history, examination, laboratory and radiologic data to define patients’ central problems; initiate appropriately targeted antibiotic therapy in a timely fashion; and judiciously broaden or narrow antibiotic therapy depending on the patient’s clinical progress.

Evaluate anemia and thrombocytopenia in a patient with cancer, and appropriately order blood products when necessary.
Within this context, seek to: Demonstrate an understanding of the causes and risks of anemia and thrombocytopenia, the risk-benefit ratio of blood product transfusion, and the transfusion thresholds for patients with cancer; counsel patients with cancer on the risks and benefits of transfusion; appropriately obtain patient consent for blood product transfusion; and correctly order appropriate blood products for transfusion in patients with cancer.

Evaluate, diagnose, and manage common symptoms such as pain, dyspnea, and nausea in a patient with cancer.
Within this context, seek to: Respond appropriately and compassionately to patients with these symptoms; appropriately evaluate and develop a differential diagnosis for the symptom; coordinate a management plan with the nurses, patient, and medical team; proactively follow-up with patients to be sure that their symptoms are being treated; and appropriately consider consultation when necessary to manage recalcitrant symptoms.
Learning Objectives (Day Team, continued)

Manage end-of-life care for a patient with cancer, and when appropriate, initiate consultation for palliative or hospice care.

*Within this context, seek to: Institute palliative care appropriately in collaboration with palliative care specialists; respond compassionately to requests from patients, families, and nurses; consult with pharmacists when appropriate for accurate and safe dosing of narcotics, benzodiazepines, bowel medications, and other medications at the end of life.*

Communicate effectively with other members of the hospital medical and interprofessional team to advance care and minimize errors across sign-outs and/or hand-offs.

*Within this context, seek to: Collaborate and communicate effectively and respectfully with nurses, therapists, social workers, and other non-physician staff to advance and coordinate care; anticipate and proactively communicate potential needs of patients to other members of the care team; safely and effectively give and accept sign-out to and from peers; deliver effective and constructive feedback regarding patient care to other members of the team; and reflect upon feedback from others regarding unanticipated interval events following hand-off of care.*

Safely discharge a patient with cancer, and coordinate care with outpatient providers to maximize the patient’s time out of the hospital.

*Within this context, seek to: Synthesize information from multiple sources (other healthcare providers, family/caregivers, and patients) to develop an effective plan of care; work with pharmacists to reconcile an accurate discharge medication list; incorporate functional assessment to identify the appropriate discharge environment for a patient; follow-up on pending tests at discharge; communicate discharge instructions clearly to outpatient/SNF providers to avoid errors and unnecessary readmissions; and coordinate post-discharge management plans if needed (e.g. follow-up blood product transfusions or home IV antibiotic infusions).*

*See next page for NIGHT learning objectives*
Learning Objectives (NIGHT Team)

**Triage and prioritize multiple competing clinical responsibilities to optimize patient care around the hospital.**

Within this context, seek to: Attend to competing clinical issues in order of patient acuity; integrate care plans with daytime medical teams to prioritize the safe care of patients (e.g. minimize use of chemical and physical restraints); manage and coordinate care and care transitions and provide oversight leadership across the inpatient environment; efficiently collect and synthesize available data including history, examination, laboratory and radiologic data to define patients’ central problems; develop prioritized differential diagnoses and evidence-based diagnostic and therapeutic plans; role-model effective communication in challenging situations.

**Anticipate and pre-emptively assess patients who are at high risk of clinical deterioration.**

Within this context, seek to: Identify high-risk situations in patients from sign-out; pre-emptively evaluate patients to corroborate patient history and appropriately interpret assessments in advance of any potential clinical deterioration; accurately evaluate and document a patient’s functional status and risk factors for hospital complications in oral and written communications; work with other healthcare providers to develop care plans to keep patients safe; and select the appropriate resources and level of care for patients with risk of clinical deterioration.

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Learning Objectives (NIGHT team, continued)

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Seek and incorporate follow-up and feedback regarding overnight patient care.
Within this context, seek to: Actively seek and welcome feedback from all members of the healthcare team, including for patients seen on previous nights; reflect on unexpected/unanticipated events and apply new insights to future clinical scenarios; and reflect on feedback in developing plans for improvement.