



Department of Medicine
Division of Medical Oncology & Hematology

Sunnybrook Health Sciences Centre

Hematology Rotation Handbook

Revised: April 2013

Sunnybrook Health Sciences Centre

Hematology & Medical Oncology Rotation

Introduction

Welcome to your Hematology & Oncology Rotation at Sunnybrook Health Sciences Centre. We hope to provide an outstanding educational experience for you through clinics, consults, site group rounds and formal resident teaching sessions. Prior to the beginning of your rotation you will receive a letter and form asking you to detail your vacation schedule and specific requests.

The Palliative Care Division and the Medical Oncology Division have joined together to enhance the exposure of General Medical trainees to issues surrounding palliative care. The majority of our patients whether in oncology or other medical specialties will require some form of palliation at the end of life.

Your First Day

On your first day please come to the Odette Cancer Centre, second floor physicians' reception desk and ask for **Oksana Kalinina** our Education Coordinator. Arrangements will also be made for you to meet with the staff physician involved in coordinating your educational activities (Dr. Janey Hsiao– Hematologist). As well you are required to contact Dr. Richard Jay (ext. 6161) at the start of your rotation to confirm your attendance in the Hemostasis/Thrombosis clinics.

Please review the following information provided to you in this orientation package prior to the start of your rotation.



Please note you have a scheduled meeting with Dr. Janey Hsiao on _____



Objectives

Medical Expert

Hematology

- ◆ To efficiently diagnose patients presenting with undifferentiated anemia, leucopenia, thrombocytopenia, pancytopenia, erythrocytosis, leukocytosis and thrombocytosis
- ◆ To demonstrate an approach to the investigation of lymphadenopathy and splenomegaly
- ◆ To manage patients with suspected or known bleeding tendency
- ◆ To manage patients with known or suspected thromboembolic disease
- ◆ To manage patients with known or suspected hemoglobinopathies
- ◆ To diagnose, stage and refer for therapy patients with known or suspected leukemias, lymphomas, MGUS and myeloma
- ◆ To efficiently manage hematologic and oncologic emergencies including febrile neutropenia, hyperleukocytosis, severe thrombocytopenia, suspected TTP and DIC
- ◆ To recognize common blood film abnormalities including different types of anemia, megaloblastic and dysplastic changes and presence of blasts
- ◆ To perform a bone marrow aspirate and biopsy safely and with minimal discomfort and appropriately obtain informed consent for the procedure

Oncology

- ◆ To be aware of common risk factors and have an evidence-based approach to screening for breast, colorectal, lung, prostate and gynecologic cancers
- ◆ To understand the natural history, goals of therapy and approach to the therapy of breast, colorectal, lung, prostate and gynecologic cancers
- ◆ To understand the principals of cancer treatment and the general mechanism of action of common anticancer therapies including chemotherapy, radiotherapy, hormonal therapy, immunotherapy and stem cell transplantation
- ◆ To recognize and manage common immediate and long term complication of chemotherapy including febrile neutropenia, cardiac dysfunction, neuropathy, nausea, emesis, mucositis and fertility
- ◆ To efficiently manage oncologic complications including febrile neutropenia, spinal cord compression, obstruction of SVC, biliary tree or ureters, malignant hypercalcemia and tumor lysis syndrome.

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Palliative Care

- ◆ To gain an understanding of the pathophysiology of pain syndromes
- ◆ To assess pain effectively via a pain history, appropriate physician exam and relevant investigations
- ◆ To use opioids effectively including appropriate prescribing, titration, breakthrough dosing and prevention of side effects, as well as use of adjuvant modalities for pain control
- ◆ To develop an approach to the management of end of life complications such as GI symptoms, respiratory symptoms and wound care
- ◆ To develop a framework for dealing with ethical issues at the end of life
- ◆ To recognize and explain common signs of impending death

Communicator

- ◆ To efficiently take and convey a history for suspected bleeding tendency, iron deficiency and suspected malignancy
- ◆ To convey a verbal and written consult request in a clear and accurate manner and provide a consultant report in the same way
- ◆ To deliver bad news to a patient or family member in a professional and compassionate manner
- ◆ To participate effectively in conferences with patients and families to determine goals of end of life care

Scholar

- ◆ To be able to critically assess the literature in Hematology/Oncology and in particular to be able to appraise randomized trials of new cancer treatments
- ◆ To understand the hierarchy of outcomes in cancer studies, including survival, relapse-free survival, response rates, toxicities and surrogate outcomes

Manager

- ◆ To learn to appropriately allocate time within a busy ambulatory care setting
- ◆ To balance competing commitments in the outpatient and inpatient (consult) settings
- ◆ To understand the duty of physicians to practice responsibly within a cancer care organization
- ◆ To develop an approach to practicing in an environment of limited resources and understand how policy decisions regarding funding of new agents are made
- ◆ To promote advance care planning, including developing and discussing advance directives, as well as developing a palliative care discharge plan

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- ◆ To gain an understanding of palliative care services available to patients and families both in hospital and in their own homes

Collaborator

- ◆ To function as part of a multidisciplinary team caring for the cancer patient
- ◆ To collaborate effectively with other medical specialties
- ◆ To describe the roles of physicians and other formal caregivers in end of life care

Health Advocate

- ◆ To recognize the inherent tension between the physician's role as "gate-keeper" and patient advocate
- ◆ To be aware of the community resources available to the cancer patient
- ◆ To recognize the needs of both patients and their families surrounding end of life care, and to recognize and manage situations when these needs are not entirely congruent
- ◆ To demonstrate self-awareness in caring for terminally ill patients

Professional

- ◆ To demonstrate professional attitudes in interactions with patients and other health care professionals
- ◆ To complete assigned tasks and attend clinical and teaching commitments consistently and punctually



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Ambulatory Care

The ambulatory care setting will allow you to see and assess new patients as well as being involved in longitudinal follow-up of patients already diagnosed.

The morning clinics typically start at 9:00 am and run until 12:00 pm. The afternoon clinics run between 1:00–5:00 pm. Each clinic at OCC will have one or more primary nurse, who guides patient flow through the clinic, provides nursing care, as well as counselling and education for the patient. In your first clinic we will take 10-15 minutes to orient you to the structure of the clinic and necessary paperwork.

You will generally see new patients as well as selected follow-up patients. Take the time to review any relevant lab work, x-rays and the inpatient or outpatient charts. A staff physician will review all patients with you. After the patient is seen you will dictate a note on the clinic's dictating system. At the end of each clinic the staff physician will sit down with you to answer any questions.

The Tuesday mornings Hemostasis/Thrombosis clinic runs out of SHSC (Room A-459). This is a physician office and therefore is somewhat less rigidly structured. Here as well, you will preferentially see new patients and will be asked to dictate a note after you have seen the patient.



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Dictation Instructions

- ◆ At the beginning of your rotation you will be assigned a 4-digit dictation ID #
- ◆ Dictating telephones (C-Phones) will automatically dial into the voice system.
- ◆ All other internal telephones (non C-Phones), dial extension 5844
- ◆ External telephones (i.e. from home or offsite), dial 416-480-5844

DO NOT USE CELL PHONES TO DICTATE

1. Once connected to the dictating system, enter your 4-digit ID # followed by the pound (#) key.
2. Enter the appropriate work type as defined below, followed by the (#) key.

3101 - Progress Note - Priority 1	= TAT - 2 days
3102 - Progress Note - Priority 2	= TAT - 10 days
3121 - Letter-Priority 1	= TAT - 2 days
3122 - Letter-Priority 2	= TAT - 10 days
3130 - History and Physical	= TAT - 2 days
3301 - Inpatient Consultations	= TAT - 2 days

3. Enter the patient's hospital file number (HFN) followed by the pound (#) key.
4. When you hear an intermittent tone, press "2" to begin dictating/recording.

Functions available while in dictate mode are:

- 2 - Toggles between pause and record
- 3 - Short rewind/playback
- 4 - Fast forward
- 5 - Complete dictation and begin new one
- 6 - MARKS JOB AS STAT/IMMEDIATE PRIORITY (needed immediately)
- 7 - Longer rewind
- 9 - Complete note and disconnect from dictating system

5. Begin dictating
 - This is resident (your name), spelt (spell out last and first name). I am dictating a (type of note), on patient (give name, spelling it).
 - HFN (give number). TSRCC # (give number).
 - The date of the visit is (dictation date will default if not given).
 - The patient was seen in the (name of the clinic seen in/area).
 - The staff physician of the patient is (give staff physician name).
 - Copies are to go to (state either "physicians as listed in the face sheet" and/or dictate the names (spelling them) and their addresses.
 - Dictate the body of the note (indicating periods and end of sentences as well as paragraphs).
6. When dictating the report, ensure to spell out any new information or unfamiliar terminology (such as drugs, trials, names, etc). This will avoid delays in trying to locate missing information.
7. Complete dictation by starting, "End of dictation. Thank you."
Press 5 and continue to next dictation, or Press 9 to disconnect and hang up.



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Administrative Support

Study Space

You will have access to a study space in the **Fellows' Workroom (T2-116)**. The room is equipped with the computers and a phone. 2 computers with a sign "Medical Oncology residents" assigned to our Medical Oncology/ Hematology trainees.

Pager

Trainees based out of Sunnybrook will use their own pagers. The Medical Education Office will provide you with the necessary paperwork for your pager upon registration. Pagers and pager numbers are issued by the Sunnybrook Hospital's Communication Department (**DG-27**). This pager works in most areas of the clinics and hospital. To page someone dial **ext. 744** and follow the prompts.

Dictation

The OCC dictation system may be accessed via dictating phones located throughout clinic areas (autodial); via internal phone lines within OCC & Sunnybrook (**ext. 5844**) and via external phone lines (**416-480-5844**). You will be prompted to enter the following information: user id #; work-type; and patient's hospital file #.

At the beginning of each dictation, please ensure that the following are stated: identify yourself and the staff physician you are dictating for; patient demographics (e.g. name, OCC #, DOB, etc); visit date; type of note being dictated (i.e. history & physical, letter, or progress note).

All discharge summaries and O.R.'s performed at Sunnybrook are Sunnybrook notes and therefore should not be dictated into the OCC system. However, inpatient consults are considered to be a part of OCC's workload and should be dictated into the OCC system.

Please ensure that you have visited the Transcription Coordinator for your dictation ID # and further details to the dictation process prior to your first dictation.

Parking

Parking spaces are available for resident staff. Details regarding their location and the charges levied can be obtained from the Parking Control Office (**CG01**) - **ext. 4123**.

Vacations/Absences

In order to ensure that the responsibility for night and weekend call is shared equally among the residents, the following guidelines have been adopted:

- a) Only five working days plus the attached weekends (that is, a total of nine consecutive days, will be granted to each resident completing the OCC rotation, unless there are extenuating circumstances)

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- b) No resident can take more than nine consecutive days leave of absence from the call schedule in any given month to attend conference or to take examinations. Residents are reminded that conference leave is limited to five working days per year by the PMRO-OCATH agreement
- c) The last week of the academic or calendar year will NOT be given as vacation, unless there are extenuating circumstances (e.g. a resident is moving that week)
- d) Approval for vacation/leaves of absence will be granted on a “first come, first served” basis
- e) For any planned absences, please submit information on Pre-Rotation Questionnaire form.
- f) All requests for vacation/leaves of absence will be directed to the rotation supervisor.

Absence Due to Illness

The resident should inform the rotation supervisor, the staff on-call for consults (if they're assigned for consults) and Locating (**ext. 4244**) of their absence by 9 AM.

Signing Out for Part of the Regular Working Day

- a) A resident who is going to be absent for part of the regular working day should also notify the clinic staff as well as the rotation supervisor.
- b) The resident should let Locating know they have signed out and for how long.

Library Resources

Trainees will have access to the libraries at SWCHSC (E Wing, Ground Floor, Room 29).



**Sunnybrook Health Sciences Centre
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Hematology Faculty



Rena Buckstein

Dr. Rena Buckstein graduated from medical school at the Boston University in 1989. She did her residency in Internal Medicine/Hematology at the University of Toronto from 1991-1997 and a fellowship in lymphoma and transplants at OCC from 1997-1999. She has been a staff hematologist and clinician investigator at OCC and SHSC since 1999 and is the Associate Director of the Advanced Therapeutics Program. Dr. Buckstein is actively involved in clinical research in lymphoma (high dose therapy and immunotherapy), angiogenesis inhibitors in hematologic malignancies, myelodysplasia and fertility issues after Hodgkin's disease.

Office ext. 5847
Pager # 6155

May contact regarding research projects



Neil Berinstein

Dr. Berinstein was born in Winnipeg and obtained his medical doctoral degree at the University of Manitoba. He subsequently completed training programs at the University of Toronto in Internal Medicine and Medical Oncology. Following this, he spent four years as a postdoctoral fellow in Dr. Ron Levy's Lab at Stanford University working in the area of Immunotherapy for cancer.

He returned to Toronto and has been employed as a Clinician Scientist by Cancer Care Ontario formerly the Ontario Cancer Treatment and Research Foundation. He is based at the Toronto Sunnybrook Regional Cancer Centre where he is the Founder of the Advanced Therapeutics Program. He has a significant publication record in areas such as normal and malignant B cell biology and immunotherapy of cancer. He is a Full Professor in the Department of Medicine at the University of Toronto. Dr. Berinstein has been a reviewer for a number of journals and grant review agencies including the Medical Research Council of Canada, the Leukemia Research Fund of Canada, the Banting Research Agency and the Israel Cancer Research Foundation. He has been a member of the board for the Banting Research Fund as well as the Leukemia Research Fund of Canada. He has begun to participate in a major global initiative headed by Aventis Pasteur to develop vaccines for cancer.

Office ext. 5248
Pager # 8060

May contact regarding research projects



Jeannie Callum

Dr. Jeannie Callum has an undergraduate degree in biology from Queen's University and obtained her medical degree from the University of Toronto in 1993. She completed her residency in Internal Medicine and Clinical Hematology in 1998 at the University of Toronto. Thereafter she completed a fellowship in Transfusion Medicine at the Canadian Blood Services in Toronto. Dr. Callum joined the medical staff at the Sunnybrook Health Sciences Centre in 2000, where she is the Director of Transfusion Medicine and is a clinical Hematologist. Dr. Callum's research interests include medical error in transfusion medicine and transfusion education. Her clinical practice is limited primarily to patients with ITP, AIHA, and myeloproliferative diseases.

May contact regarding research projects

Office ext. 4757
Pager #7109

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Hematology Faculty



Office ext. 5953

William Geerts

William H. Geerts, MD, FRCPC, FCCP is Associate Professor in the Department of Medicine and the Department of Health Policy, Management and Evaluation at the University of Toronto. He is also Director of the Thromboembolism Program and Senior Scientist in the Clinical Epidemiology and the Heart and Circulation Programs at Sunnybrook & Women's College Health Sciences Centre in Toronto.

Dr. Geerts completed specialty training in Internal Medicine and Respiratory Medicine at the University of Toronto. He then went to McMaster University for a clinical and research fellowship in Thromboembolism and Clinical Epidemiology.

His clinical practice is largely confined to venous thromboembolism. His research interests span the areas of epidemiology, diagnosis, treatment, and prevention of thromboembolic disease. He has had papers published in *The New England Journal of Medicine*, *Annals of Internal Medicine*, *Archives of Internal Medicine*, and *Chest*. He is the current chair of the Prevention of Thromboembolism chapter for the American College of Chest Physicians Consensus Conference on Antithrombotic Therapy.

May contact regarding research projects

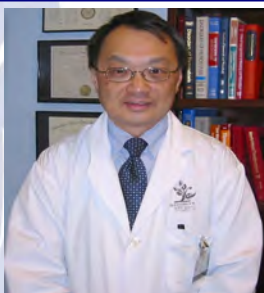


Office ext. 5145
Pager # 7140

Kevin Imrie

Dr. Kevin Imrie has an undergraduate degree in biology from the University of Ottawa and obtained his medical degree from Ottawa University in 1988. He completed residency in Internal Medicine and Clinical Hematology in 1993 followed by a 2-year MRC fellowship in Autologous Stem Cell Transplantation. Dr. Imrie joined the medical staff at the Sunnybrook Health Sciences Centre in 1995, where he is a clinical Hematologist and has served in a number of capacities as Director of the Medical Oncology Patient Services Unit, and leader of the Hematology Site Group at the Toronto Sunnybrook Regional Cancer Centre.

Dr. Imrie served as Program Director for the Adult Clinical Hematology Training Program since 1998 and in July 2002 was appointed Director of Postgraduate Programs for the Department of Medicine at the University of Toronto. He is actively involved in clinical research in malignant hematology, stem cell transplantation, as well as medical education. Dr. Imrie has had an active interest in promoting research among medical trainees. He has authored over 45 peer-reviewed publications and 105 abstracts. Dr. Imrie is actively involved in clinical guideline development as part of the CCO Program in Evidence-Based Care.



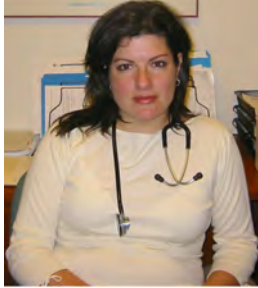
Office ext. 6161
Pager # 6120

Richard Jay

Dr. Richard Jay obtained his medical degree from the University of Toronto in 1975. He completed his Internal Medicine and Clinical Hematology residency training in 1981. Between 1982-1984 he was a Canadian Heart and Stroke Research Fellow under Dr. Jack Hirsh (McMaster University, Hamilton). Between 1985-1990 he was an Assistant Professor of Medicine at McMaster and Consultant in Hematology and Clinical Thromboembolism at St. Joseph's Hospital in Hamilton. He joined the medical staff at Sunnybrook Health Sciences Centre in 1990 as a consultant in Hematology and Clinical Thromboembolism. He is actively involved in clinical research in Thromboembolism (Trauma and Cancer). He has a major interest and involvement in both undergraduate and postgraduate medical education and has taught and administered extensively in both areas. He presently is in the Master Teacher program at the University of Toronto.

May contact regarding research projects

Hematology Faculty



Gena Pilotis

Dr Gena Pilotis has a BSc in Biology and Psychology from McMaster University and completed her Medical Degree from the University of Western Ontario in 1997. She went on to complete her core training in Internal Medicine at the University of Western Ontario, and moved to Toronto in 2000 to start her Hematology training. Dr. Pilotis recently completed a fellowship in lymphoma here at the Toronto Sunnybrook Regional Cancer Centre and has now come on staff as part of the Hematology Site Group. Dr. Pilotis has taken on the role of education co-ordinator for the Sunnybrook Hematology Program and has a Masters in Medical Education through OISE/U of T. Dr. Pilotis is actively involved in clinical research in malignant hematology as well as Medical Education.

Office ext. 3525
Pager # 8275

May contact regarding research projects



Sunnybrook Health Sciences Centre

Hematology & Oncology Rotation

Structured Teaching

The ambulatory clinics, inpatient consults and inpatient care will expose you to a wide variety of hematologic/oncologic problems. In order to compliment this we have designed a structured curriculum based on the objectives of the rotation. There will be formal teaching seminars in which the trainees will spend time with one staff physician to cover specific teaching objectives. Care will be taken to ensure that during a two-month period all of the stated objectives are covered with you.

A formal teaching schedule for both hematology and oncology will be distributed to you at the beginning of your rotation.

You will be required to attend the weekly Hematology/Medical Oncology teaching sessions on Wednesday, Thursday & Friday mornings respectively (from 8am-9am). These sessions are deemed '*Basic Oncology*.' In addition, there are teaching sessions on Wednesday afternoons, and are specifically designed for '*Advanced Oncology*.' You may attend if the topics are of interest to you.

Also most site groups have at least one set of rounds per week in which interesting cases as well as clinical or research topics will be presented. You will receive by e-mail the academic rounds schedule for both Sunnybrook and OCC on a weekly basis while on your rotation. Your attendance is very important at the site group rounds. Please attend them, whenever you are not scheduled in clinic.



Hematology & Medical Oncology Rotation

All Teaching Sessions are from 8am-9am

Note: Attendance is **mandatory** for all **GIM** residents

Teaching Schedule March – April 2013

Topics	Faculty	Date	Room Location
Hemoglobinopathies	Dr. Gena Piliotis	Thursday, March 14 th 2013	Admin Boardroom – T2-261
Hematological Emergencies	Dr. Sita Bhella	Friday, March 15 th 2013	Admin Boardroom – T2-261
Approach to the bleeding patient	Dr. Yulia Lin	Thursday, March 21 st 2013	Admin Boardroom – T2-261
Pancreatic Cancer	Dr. Yooj Ko	Thursday, March 28 th 2013	Admin Boardroom – T2-261
No teaching	No teaching	Friday, March 29th 2013	GOOD FRIDAY
New patient rounds	Dr. Yooj Ko	Wednesday, April 3 rd 2013	Admin Boardroom – T2-261
Head & Neck	Dr. Simron Singh	Wednesday, April 3 rd 2013 3-4PM	Admin Boardroom – T2-261
Myeloproliferative Disorders	Dr. Sita Bhella	Thursday, April 4 th 2013	Admin Boardroom – T2-261
Castration resistant prostate cancer	Dr. Urban Emmenegger	Friday, April 5 th 2013	Admin Boardroom – T2-261
New patient rounds	Dr. Yooj Ko	Wednesday, April 10 th 2013	Admin Boardroom – T2-261
Management of Hodgkin's Lymphoma	Dr. Rena Buckstein	Thursday, April 11 th 2013	Admin Boardroom – T2-261
Breast	Dr. Sonal Gandhi	Friday, April 12 th 2013	Admin Boardroom – T2-261
New patient rounds	Dr. Yooj Ko	Wednesday, April 17 th 2013	Admin Boardroom – T2-261
Hemolytic Anemias	Dr. Matt Cheung	Thursday, April 18 th 2013	Shumak Boardroom – T2-028
Testis	Dr. Parneet Cheema	Friday, April 19 th 2013	Admin Boardroom – T2-261
Lung	Dr. Sunil Verma	Wednesday, April 24 th 2013	Shumak Boardroom – T2-028
Approach to neutropenia and neutrophilia	Dr. Lisa Chodirker	Thursday, April 25 th 2013	Admin Boardroom – T2-261
Multiple Myeloma	Dr. Janey Hsiao	Wednesday, May 1 st 2013	Admin Boardroom – T2-261
Adverse reactions transfusion	Dr. Jeannie Callum	Thursday, May 2 nd 2013	Admin Boardroom – T2-261

Oksana Kalinina, Education Coordinator
Extension: 6733

Sunnybrook Health Sciences Centre

Hematology Rotation

Weekly Schedule – Hematology 2013

Time	0800	0830	0900	0930	1000	1030	1100	1130	1200	1230	1300	1330	1400	1430	1500	1530	1600	1630	1700			
Monday	0800-0900 Hematology Rounds (Jenkin TB)		0900-1300 General Hematology Clinic with Dr. Kevin Imrie & Dr. Gena Pilotis (OCC Clinic E)								1300-1700 Review Consults/See Inpatients or											
Tuesday			0900-1200 Hemostasis/Thrombosis Clinic with Dr. Richard Jay (A459) Call ext. 6161 to confirm your attendance in clinic									1300-1700 Review Consults/See Inpatients										
Wednesday	0800-0900 Hematology Teaching Session (Refer to schedule to confirm room location)		0900-1300 General Hematology Clinic with Dr. Y Lin (OCC Clinic C)								1300-1700 General Hematology Clinic with Dr. Jeannie Callum, Dr. Rena Buckstein & Dr. Matthew Cheung (OCC Clinic B) Review Consults/See Inpatients											
Thursday	0800-0900 New patient rounds with Dr. Yooj Ko (Refer to schedule to confirm room location)		0900-1300 General Hematology Clinic with Dr. J. Hsiao (OCC Clinic E)									1300-1400 Morphology Teaching Dr. Alden Chesney (B-203)			1430-1530 Hemostasis/Thrombosis Teaching Dr. Richard Jay (Please confirm with Dr. Jay] (E-315)			1530-1700 Review Consults/See Inpatients				
Friday	0800-0900 Medical Oncology Teaching Session (Refer to schedule to confirm room location)		0900-1300 New Patients/Lymphoma Clinic with Dr. Kevin Imrie, Dr. Matthew Cheung & Dr. Gena Pilotis (OCC Clinic A)											1400-1700 Review Consults/See Inpatients								

Note specific time slots have been blocked off for the review of inpatient consults, trainees are asked not to skip clinic to review inpatient consults

Hematology Consultations

Responsibility

During your rotation, you will be responsible for seeing all general hematology consults during the working days (Monday to Friday). In addition, you will be asked to see selected thromboembolism consults. These should be seen the same working day or the next morning at the latest. If you are unable to see the patient within 24 hours please inform the staff physician as soon as possible so that alternate arrangements can be made. There will be a staff physician assigned to review all general hematology consults with you. Thromboembolism consults will be reviewed with the thromboembolism staff (Dr. Richard Jay, Dr. William Geerts or Dr. Rita Selby). When consults are received from medical services, we attempt to have members of the referring service present when the consult is reviewed with staff for teaching purposes. The consult service sees a wide variety of hematologic problems from work-up of blood count abnormalities to hematologic malignancies. Typical workload is 2-5 consults per week.

The Consultation Note

General Hematology Patients

A brief note outlining the problem, probable diagnosis and plan should be written in the consult section of the patient's chart. As many patients return to TSRCC for follow-up, a full note should be dictated to the OCC system by calling ext. **5844**. Please dictate a copy of the note to the referring family doctor and to the nursing unit the patient is on. Patients who are already known to the hematology service do not require a formal consult note. The note should be short and concise and focused on the problem at hand.

Thromboembolism Patients

A brief, but complete consult note should be written in the chart. No note needs to be dictated.



Orientation to Hematology Consults at Sunnybrook

Welcome to the Hematology Rotation. Here is a short list of information that will be helpful to you during your Hematology Consult rotation.

Hematology Consults

Each resident will be assigned to a week of inpatient consults. The resident is first call for all hematology consults. They are responsible for triaging and seeing all consults. They are also responsible for rounding on the consult service patients.

Routine consults should be seen by residents within 24 hours, and ideally by staff within the same working day. If you are unavailable to see consults due to academic commitments, please arrange with your staff to sign your pager over to them.

Followup of consults can be variable. Some patients need to be seen daily, others just need laboratory work checked daily and seen less frequently during the week.

When the consult resident has completed new consults and rounding on their inpatients, they may participate in the Procedure Clinic. Procedure Clinic runs from 9-12, Mondays to Fridays. It is located in Clinic E on the 1st floor, except Thursdays. On Thursdays, the Procedure Clinic is located on the Ground Floor.

If there are a heavy number of new consults, then one of the residents (in the outpatient hematology clinics) may be called upon to help out.

Consult Dictations

All patients seen by Hematology Consults require a dictation note in the OCC system (x5844). If a patient will be followed in the Cancer Centre, a full consult note is required. If patients are seen for one opinion and will not be followed, the dictation note can be very brief indicating that a full consult can be found in the Sunnybrook chart.

How to book a new patient referral or followup for an inpatient: For those inpatients who require an outpatient new patient appointment or followup, please call x4205 or fax a referral to x6179 with the referring physician, clinical details and approximate desired timing of the appointment requested.

How to order a blood film: Please call x4643 (the blood film differential room) and ask them to prepare an urgent blood film on your patient and to bring the film up to room B204 to leave with Rajini or Asia (there should be a CBC done on the same day or a blood film already ordered).

How to book a bone marrow: Please call x4093 to book a bone marrow for inpatients. These are done Monday to Friday from 9am to 11am. The bone marrow should be booked as early as possible in the morning, so that special tests such as cytogenetics can be sent out for testing. A technologist from the lab will be there to assist you.

In the doctor's order section, you should write down the date and time of the bone marrow and order the following to be at the patient's bedside for the procedure: 1) Bone marrow tray; 2) 4 x 10cc non-luer lock syringes; 3) sterile gloves with your specific size;

4) 4 x 4 gauze pads; 5) betadine; 6) 1 or 2% lidocaine without epinephrine; 7) blue pads; and 8) compression elastic tape.

Special situations where the consult may be redirected to another service

- Malignant hematology patients known to one of the Hematologists at Sunnybrook: these patients are admitted to C2 (the hematology/oncology floor) and are cared for directly by the Hem/Onc inpatient service
- Thrombosis: consults for thrombosis including heparin-induced thrombocytopenia are seen by the Thromboembolism service at Sunnybrook
- Transfusion reactions: consults for transfusion reactions are seen by Transfusion Medicine at Sunnybrook (you should rarely be called about this)

Hematological Emergencies

- Acute Leukemia
 - These patients must be seen urgently (within 2 hours) to confirm diagnosis and initiate treatment.
- Sickle Cell Disease
 - These patients are a mandatory consult to Hematology and should be assessed daily by Hematology (because their condition can rapidly change)
 - You are responsible for making sure that a group and screen has been ordered on the patient on this admission regardless of what the hemoglobin is (because these patients need special blood and have a high incidence of red cell antibodies)
 - You are responsible for verbally notifying the Blood Bank at x4051 that these patients have been admitted to hospital
 - Any transfusion for a sickle cell disease patient must be approved by the hematology staff before the blood can be issued from the blood bank
- Superior Vena Cava (SVC) syndrome
 - These patients need urgent consultation with radiation oncology and transfer to the C2 Heme Onc doctor on service. Please notify the C2 Heme Onc ward physician immediately of any patients with SVC syndrome.
- Thrombotic thrombocytopenic purpura (TTP)
 - At this point in time, we do not have plasma exchange capabilities at Sunnybrook. Any patient consulted for TTP must be seen urgently (within 2 hours) to determine whether or not transfer is required for plasma exchange and whether plasma infusion while awaiting transfer should be initiated.

For all in-patient consults you have to report to Razia Haidar on a weekly basis by every THURSDAY AM via e-mail

TO: Razia.Haidar@sunnybrook.ca

CC: Oksana.kalinina@sunnybrook.ca

with the following info:

1. Patient's full name or MRN or B# (OCC#)
2. Date of Consultation
3. Reason for consultation (e.g. carcinoma of: breast, Lung, Skin, prostate, Colon, Brain...)
4. The name of the Consultant
5. the Referring Physician (if it is required by the OCC New Patient)

Razia will submit these down to NP bookings who will create B numbers.

Hematology Attending & Consult Schedule

April 2013

	Day	Date	Ward	Consult Service		Comments
				Resident	Staff	
Week 1	Saturday					
	Sunday					
	Monday	1	R. Buckstein	Kristy	R. Buckstein	
	Tuesday	2	R. Buckstein	Kristy (AM only)	R. Buckstein	
	Wednesday	3	R. Buckstein	no residents on service	R. Buckstein	
Week 2	Thursday	4	R. Buckstein	Kristy	R. Buckstein	
	Friday	5	R. Buckstein	Kristy	R. Buckstein	
	Saturday	6	D. Spaner		Y. Lin	
	Sunday	7	D. Spaner		Y. Lin	
	Monday	8	R. Buckstein	Golsa (AM); Armela (PM)	R. Buckstein	
Week 3	Tuesday	9	R. Buckstein	Golsa	R. Buckstein	
	Wednesday	10	R. Buckstein	Golsa	R. Buckstein	
	Thursday	11	R. Buckstein	Golsa	R. Buckstein	
	Friday	12	R. Buckstein	Golsa	R. Buckstein	
	Saturday	13	R. Buckstein		R. Buckstein	
Week 4	Sunday	14	R. Buckstein		R. Buckstein	
	Monday	15	R. Buckstein	Ines	J. Callum	
	Tuesday	16	R. Buckstein	Ines	J. Callum	
	Wednesday	17	R. Buckstein	Ines	J. Callum	
	Thursday	18	R. Buckstein	Ines (AM), Armela (PM)	J. Callum	
Week 5	Friday	19	R. Buckstein	Armela	J. Callum	
	Saturday	20	P. Cheema		J. Callum	
	Sunday	21	P. Cheema		J. Callum	
	Monday	22	L. Chodirker	Armela	J. Callum	
	Tuesday	23	L. Chodirker	Armela	J. Callum	
Week 6	Wednesday	24	L. Chodirker	Armela	J. Callum	
	Thursday	25	L. Chodirker	Armela	J. Callum	
	Friday	26	L. Chodirker	Armela	J. Callum	
	Saturday	27	L. Chodirker		L. Chodirker	
	Sunday	28	L. Chodirker		L. Chodirker	
Week 7	Monday	29	L. Chodirker	Ines	L. Chodirker	
	Tuesday	30	L. Chodirker	Ines	L. Chodirker	
	Wednesday	1		Ines	L. Chodirker	
	Thursday	2		Ines (AM), Adrian (PM)		
	Friday	3		Golsa		
Week 8	Saturday	4				
	Sunday	5				

Residents/Fellows Pager #

L Chodirker	5658	Y. Lin	5828	Kristy Wasson	6360
M. Cheung	8183	R. Wells	301-5111	Ines Sherifi	5791
R. Buckstein	6155	J. Callum	7109	Golsa Sheykhleslami	5793
T. Petrella	6645	R. Buckstein	6155	Adrian Sacher	5889
S. Singh	5836	G Pilotis	8275	Armela Dicu	TBA
J. Hsiao	5205	P. Cheema	4046		

Special Notes

▪ Indicates staff on-call for weekends and holidays for Medical Oncology/Hematology

Hematology consults Monday-Friday (8 AM – 5 PM) please page resident on-call for consults

Resident calls for Hematology consults after hours and weekends should go to SAR resident

Post call resident leaves at 12 noon (9 am if CCU call); resident to notify Locating (ext. 4244) & Staff On-Call for Consults

Please page attending staff hematologist ONLY for inpatient calls related to the Hematology/Oncology Ward (C3)

Fax to C3 -6770

Sunnybrook Health Sciences Centre

Hematology & Medical Oncology Rotation

Hematology Rounds

Hematology Rounds at Sunnybrook Hospital/OCC are held weekly. These rounds are designed to provide education for the house staff rotating through the clinical hematology and/or oncology rotations at Sunnybrook Hospital/OCC, as well as to provide continuing education for Sunnybrook/OCC staff and community hematologists/oncologists. These rounds are held on Monday mornings from 8:00 to 9:00 in RDT Jenkin Auditorium and are given principally by residents and fellows. These rounds are designed to be quite flexible; however, for the most part presentations will follow one of the following formats:

- 1) **Case presentation:** Current interesting cases will often be presented by residents at these rounds. The general format should be a brief focused presentation of the history and physical examination, followed by review of appropriate laboratory investigations and/or radiology. Generally, the presenter should ensure that the hematopathologists are informed at least one week in advance of the case, in order that they can prepare and formally present the laboratory material. Case presentations will be followed by a 15-20 minute focused discussion of a specific question in the literature. Exhaustive reviews of an entire broad subject area are to be discouraged (example: "The role of splenectomy and steroid refractory ITP" is preferable to "A Review of ITP"). This time should be after the presentation for open discussion among the group. Generally one to two cases will be presented on any given morning in this fashion.
- 2) **Presentation of an ongoing research project:** Students, residents or fellows who are involved in ongoing clinical or laboratory research projects will be invited to present their projects. The format of these presentations will be flexible. Projects that are currently being designed maybe presented to review their methodology or results of research projects may be presented.
- 3) **Report Backs from meetings:** After attendance at important meetings (ASH, AABB, Keystone meetings, ASCO, ISH) house staff and staff physicians who have attended will be asked to report back on important clinical and laboratory developments. This generally will take the format of a brief presentation of the abstracts that were presented at the meeting. One or two Monday mornings will be allocated to report back from any of these large meetings.
- 4) **Journal Club:** Once a month, the Hematology morning rounds will be devoted to a Journal Club. During this time house staff will present one or two related newly published papers. The focus of this presentation is on the clinical or laboratory findings, although some discussion of methodology is critical, wherever possible the article should be circulated around to all who will be in attendance at least one week in advance.

Hints for Presenting Hematology Rounds

- ◆ Make it clinically relevant
- ◆ Try and limit the scope to 1 or 2 questions/issues
- ◆ Find out if topic was done recently (see list in your orientation package)

Format

- ◆ A brief case with review of a specific question/issue works well
- ◆ Plan for 30 minutes with 10 minutes of discussion
- ◆ Try and be literature based (review and present the relevant literature)

Visual Aids

- ◆ A computer and projector will be available for your use in Room E-315
- ◆ Please prepare a handout (Power-Point printout of slides work well)
- ◆ Include a page with the important references
- ◆ Please put full references on slides
- ◆ Let Dr. Reis know a week in advance about the case if you want the morphology shown

Feedback

- ◆ We will provide you with feedback from attendees at the round in the form of a letter 1-2 weeks after your presentation



Hematology Benign Rounds

Here are the dates for the next benign rounds.

Date of Rounds	Consult staff Week before	Consult staff Week of
March 18, 2013	J. Hsiao	G. Pilotis
April 15, 2013	R. Buckstein	J. Callum
May 13, 2013	J. Hsiao	J. Hsiao
June 17, 2013	L. Chodirker	G. Pilotis

At the beginning of the rotation, the residents should be advised of

- The date of the benign rounds
- The expectation that they prepare 1 interesting consult case for presentation (anywhere from 10-20 min) where the case is presented with questions to the group interspersed for discussion
- To give the MRN of the case to the hematopathologist at least by the Wednesday of the week before rounds.
- To give the MRN of the case to the transfusion medicine physician if there are pertinent blood bank investigations by the Wednesday of the week before rounds.

One week prior to the rounds, Oksana will email

- Residents to remind them of the rounds date
- The consult staff the week before
- The consult staff of the week of to confirm facilitation of the rounds

The hematopathologist and transfusion medicine should be informed by the Wed of the preceding week to prepare images/slides for the case if required.

HEMATOLOGY ROUNDS

January – June 2013

Mondays, 8-9am

Jenkin Auditorium (TB-21)

January 7	Hematology Transition Care Clinic
January 14	ASH Report (Part I)
January 21	ASH Report (Part II)
January 28	Benign Rounds
February 4	Dr. L. Silverman (Sylvia Gietl/Celgene)
February 11	Dr. Mansoor Radwi PGY4
February 18	<i>Family Day – No Rounds</i>
February 25	Benign Rounds
March 4	Dr. A. Chesney
March 11	<i>March Break – No Rounds</i>
March 18	Benign Rounds
March 25	TE
April 1	<i>Easter Monday – No Rounds</i>
April 8	Dr. Anita Hill (Arlene McCarthy/Alexion)
April 15	Benign Rounds
April 22	Michael Jain PGY4
April 29	Bertrand Routy PGY4
May 6	Dr. F. Lo-Coco (Lenka Kimla/Lundbeck)
May 13	Benign Rounds
May 20	<i>Victoria Day – No Rounds</i>
May 27	TE
June 3	Dr. R. Selby
June 10	Resident
June 17	Benign Rounds
June 24	TE

**Please submit your topic one week in advance by calling
(416)480-4928 or e-mailing karen.corbett@sunnybrook.ca**

**If you are unable to present on your scheduled date, please make
arrangements for a replacement presenter.**

This event is an accredited group learning activity as defined by
The Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada

**Sunnybrook & Women's College Health Sciences Centre
Hematology & Medical Oncology Rotation**

Hematology Assessment Program

Welcome to the Hematology Assessment Program. We have designed this program to help you assess your hematology knowledge and guide your further study in this exciting field. We hope you will find it useful and would appreciate your feedback.

Getting Started

To install the program click on **“Self Test”** and follow the installation instructions. An icon will be installed on your desktop upon installation, double click on this icon to open the program.

When the program starts you will see a screen with 3 buttons with the following options:

1. Begin quiz session
2. Help & Information
3. Exit the program

Click on the button to begin the quiz session, you will see a list of quizzes currently available. Select the quiz you would like to do and then click on the button **“Begin the quiz now”**. You will be prompted to enter your name at the beginning of each quiz, which enables the program to generate a scoreboard to track your progress.

All quizzes are in multiple-choice format, select your response to the question by pressing the corresponding letter on your keyboard or use your mouse and left click on the corresponding button next to the answer you wish to select.

Some questions may have an image attached to it, click on the image button to enlarge it so that you can view it better.

Feedback

A 4 indicates a correct response and an X indicates an incorrect response. All correct responses will be highlighted in green and incorrect responses in red. After you answer the question you will automatically know whether your response is correct or wrong. In addition, a screen will pop up providing feedback on the question and the correct response.

Scores

Your progress is maintained automatically while taking a quiz, and is displayed at the top of the quiz session window. At the conclusion of each quiz, your score will be saved to disk and entered into the **scoreboard history table**. The **scoreboard history table** displays the last 255 results from each quiz.

When the scoreboard history table is displayed at the conclusion of a quiz, you will see your past scores in chronological order (by date). You can sort or reorder the table by a) high score, b) by high percentage, or c) by time elapsed, simply by clicking on the appropriate **“sort history by:”** radio button.

Acknowledgements

Special thanks to Dr. Eugenia Pilotis for her help summarising the feedback to each question.

This program is for the use of residents and medical students on a Hematology Rotation at the Sunnybrook & Women’s College Health Sciences Centre and should not be copied or redistributed in any format by trainees.



**Sunnybrook Health Sciences Centre
Hematology & Oncology Rotation**

Supervision of Postgraduate Medical Trainees

Postgraduate trainees are not independent practitioners or specialists. They are pursuing program and individual objectives towards independence, in a graded fashion under the supervision of the training program.

The exchange between the Responsible Attending Physician (who, in this document, is referred to as the "Attending Physician") and the Postgraduate Trainee (referred to as the "Trainee") is a reciprocal relationship i.e. the Attending Physician accepts the responsibility to supervise and the Trainee accepts the responsibility of reporting the information to the Attending Physician.

Each patient has a medical staff person who is ultimately responsible for their care i.e. the Attending Physician. This ultimate responsibility cannot be delegated. The Trainee must clearly indicate to the patient (or responsible family member) the name of the most responsible attending (supervising) physician.

There should be a mechanism to resolve disagreement between the Attending Physician and the Trainee.

It is expected that the Trainee and the Attending Physician will maintain a professional relationship at all times. It is further expected that the Trainee and the Attending Physician will be cognisant of and abide by the standards and guidelines of the College of Physicians and Surgeons of Ontario/The Royal College of Physicians and Surgeons of Canada/The College of Family Physicians of Canada, and the by-laws and regulations of the University.

Responsible Attending Physician (Attending Physician)	Postgraduate Trainee (The Trainee)
It is the Attending Physician's responsibility to supervise the Trainee to the extent of the Trainee's experience and competence.	It is the Trainee's responsibility to report sufficient information, in a timely fashion, appropriate to the circumstances to his/her Attending Physician.
Evaluation In order to determine the clinical competence and professional behaviour of the trainee, ongoing evaluation must occur and be documented. The schools should have defined evaluation procedures in place.	Notification General principles: The attending physician should be notified: 1. When a patient is admitted 2. When there is a significant change in the patient's condition 3. Prior to discharge 4. Of any relevant requests made by the patient or relatives 5. In emergency situations
Validation The Attending Physician should discuss with the Trainee, on a regular basis, trainee's findings and their significance, the management plans for the patient, etc.	Documentation Documentation is an essential component of the exchange of information that takes place. Documentation is separate from notification.

Additional References – a summary of these references is attached. Of note, these guidelines/policies are current as of June 2000:

1. Royal College of Physicians and Surgeons of Canada, General Standards of Accreditation, Standard A. 1 and Standard B III
2. Standards for Accreditation of Residency Training Programs, College of Family Physicians of Canada
3. College of Physicians and Surgeons of Ontario, Statement of Principles and Guidelines Regarding Supervision of Postgraduate Clinical Trainees
4. Ontario Health Insurance Program (OHIP)

*June 22, 2000 PGM:COFM
Adopted PGMEAC November 24, 2000*

