

LAC+USC Medical Center
Hematology Consult Orientation
2021-2022

Faculty in Charge of Rotation:

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First Day of Rotation:

Page the fellow on service prior to the first day to determine meeting location and time.

GOALS

The discipline of hematology relates to the care of patients with disorders of the blood, bone marrow, and lymphatic systems. It includes anemias, hematologic malignancies, other clonal processes, and congenital and acquired disorders of hemostasis, coagulation, and thrombosis. The general internist should be competent in 1) the detection of abnormal physical, laboratory, and radiologic findings relating to the lymphohematopoietic system; 2) determining the need for bone marrow aspirate and biopsy and lymph node biopsy; 3) the initial diagnostic evaluation and management of the hemostatic and clotting system; 4) the assessment of the indications and procedure for transfusion of blood and its separate components; 5) the management of therapeutic and prophylactic anticoagulation; 6) the diagnosis and management of common anemias; 7) the pharmacology and use of common chemotherapies; and 8) the management of neutropenia/immunosuppression.

ROTATION STRUCTURE

STARTING THE ROTATION

Before the first day on service, sign-out should occur from the outgoing member to the oncoming team member.

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30AM – 9:30AM	Resident Didactics	Resident Didactics	Case Conference		
11AM – 12PM					Grand Rounds
1PM – 5PM		Hematology Clinic		Hematology Clinic	

DAILY SCHEDULE

7:30 AM – 10:00 AM	Work Rounds
10:00 AM – 12:00 PM	Attending Bedside Rounds
12:00 PM – 1:00 PM	Lunch/Conference (Grand Rounds, M&M, CPC)
1:00 PM – 5:30 PM	Patient Care and Management / Afternoon Didactics

Fellow Work Rounds

The Fellow Work Rounds are an opportunity for the consult team to discuss and evaluate the consults from the night before and the difficult management cases with the fellow prior to rounding with the attending. A preliminary plan on each patient should be made at this time.

Attending Bedside Rounds

Attending Bedside Rounds are performed from 10:00 AM – 12:00 PM every Monday through Friday. The attending should review all of the team's new consults from the previous twenty-four hours and discuss all of the team's established patients with new, significant developments. Any new patient must be seen by and discussed with the attending with the team at the bedside. Faculty are expected to perform bedside teaching, discussion of pathophysiology, and should use current available studies to aid in diagnostic and therapeutic decisions.

Faculty must evaluate all of their team's patients each day and must co-sign all necessary notes. All documentation, including the initial history and physical must be signed within 24 hours. Each faculty attending is available for their team at all times when they are on service.

Hematology Clinic

Residents on the Hematology Consult Service are required to attend A4A Hematology Clinic on Tuesdays and Thursdays 1-5pm. In clinic, interns and residents will see no more than 5 patients. All eConsult and laboratory studies will be placed by the faculty.

TEAM STRUCTURE

There will be 2-4 residents at any given time on the Hematology Consult team. Additionally, depending on the time of year there can be 0-2 fourth year medical students rotating on the service. The team will be overseen and managed by a hematology fellow. An attending will be available to the house officers at all times of the day.

CALL

Calls after 5pm will be handled by the on-call hematology fellow. Residents will alternate weekend daytime call with schedule determined as per "DAYS OFF" below.

TRAINEE CAPS

Residents on the consult service will cover up to 8 patients per day. Caps will be maintained on the weekdays and weekends. This is to ensure that the environment on this service is optimal for your learning.

DAYS OFF

All house officers on Hematology Consult will get an average of one day off per week across the duration of the rotation. Days off will be determined by the team collectively and the schedule should be turned into the Chief Residents on the 1st day a new resident joins the team so that it may be accurately reflected on AMION.

EXPECTED OR UNEXPECTED ABSENCES

Any planned absences, including for fellowship interviews, must be reported to the Medicine Chief Residents. You should also let the Hematology Consult fellow and other team members know if you will be absent from service so that patient care responsibilities can be redistributed accordingly.

CURRICULUM

EDUCATIONAL PLAN

The purpose of this rotation is to train residents to competently care for patients with a broad range of acute and chronic hematologic diseases. The rotation is designed to increase diagnostic skills, reasoning ability, therapeutic acumen, objective knowledge, overall patient care skills and team management skills.

The curriculum is organized into two components:

1. Inpatient hematology consultative services
2. Outpatient hematology clinic
3. Didactic lectures and conferences

INPATIENT CONSULTS

Consults are called to the fellow on call and will be distributed to amongst the team. Consults should be followed until the problem is resolved and appropriate follow-up notes by the consult team should be made in the chart. When the consulting group discontinues follow-up, this should be indicated by a note in the chart. All notes by medical students must be co-signed by a resident or fellow.

Consults should be viewed with the following priorities:

- **Emergent:** Emergent consults must be reviewed and co-signed by fellow and/or faculty within two hours. Review by faculty must occur within 24 hours or sooner if appropriate.
- **Urgent:** Urgent consults must be reviewed and co-signed by fellow and/or faculty within 8 hours. Review by faculty must occur within 24 hours.
- **Routine:** Routine consults must be seen, reviewed and co-signed by fellow and/or faculty within 24 hours. Fellows may review and co-sign consultations prior to review by faculty.

OUTPATIENT CLINICS

Residents on hematology consult will be expected to attend the following clinics in Clinic Tower A4A while on this rotation:

Tuesday	1:00 PM – 5:00 PM	Malignant Hematology Clinic
Thursday	1:00 PM – 5:00 PM	Benign Hematology Clinic

CONFERENCES

Resident Didactics

Starting in October of the academic year, resident didactics are held every Monday and Tuesday mornings from 8:30 AM to 9:30 AM in IPT C8A136 conference room. Topics will be presented by fellows and attendings at a resident level. Attendance at this conference is mandatory.

Hematology Case Conference

Case Conference is held every Wednesday morning from 8:30 AM to 9:30 AM at Norris in the Norman Topping Tower 4444. Attendance at this conference is mandatory.

Grand Rounds

A formal presentation every Friday at 11:00 AM in IPT Conference Room A. Speakers are drawn from the USC Medical Campus or from other cancer centers. Attendance at this conference is mandatory.

EDUCATIONAL METHODS

Direct observation of patient care and bedside teaching occur in the setting of daily inpatient rounds with the attending. Residents evaluate and treat patients both in the capacity of follow-up as well as initial evaluation. The supervising attending reviews and critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. Residents additionally attend didactic conferences as indicated above.

EVALUATION TOOLS

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide mid-point and end-of-rotation feedback with all of the house officers they evaluate and indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.

PATIENT CARE

LOCATION & PATIENT CHARACTERISTICS

The Hematology Consult service is exclusively at LAC+USC hospital. Consults may be called in by the Emergency Department, OB/Gyn triage, or any primary inpatient service, including, but not limited to general inpatient medicine, MICU, ACS, SICU.

The patient population at LAC+USC Medical Center is very diverse, with multiple ethnic and socioeconomic groups represented. The spectrum of these encounters will be from primary presentation of new disease processes to the tertiary care for the patient who is referred for subspecialty care.

PROCEDURES

Residents will have the opportunity to observe hematologic procedures such as therapeutic phlebotomy and bone marrow biopsies.

TRANSFERS TO 7B

If a consulted patient is deemed to be better served on the Hematology Inpatient Wards team, the patient may be transferred to 7B Heme Wards. This determination is made by the heme consult team fellow and discussed with the heme wards fellow prior to transfer.

DOCUMENTATION

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending on service for the day for review. In ORCHID, the note type, "Hematology Consultation" should be used.

ACGME MILESTONES 2.0

LEARNING OBJECTIVES

Patient Care	<ul style="list-style-type: none"> • Obtain an accurate and relevant focused history. • Perform an accurate physical examination and present information concisely with an initial assessment plan demonstrating clinical reasoning. • Follow the patient's disease course during the patient's hospital stay. • With attending consultation, formulate and execute a differential diagnosis, impression, and a list of recommendations for the primary service. • Appropriately document clinical encounters in the EMR • When indicated, consent patients for procedures and order appropriate diagnostic tests (e.g. bone marrow biopsies, peripheral smears, radiologic tests, etc.) in conjunction with the primary/referring service. • Learn to provide inpatient care that is safe and compassionate and to develop the ability to thoroughly and clearly educate the inpatient in the relevant areas of disease prevention, detection, progression and therapy to promote hematologic health.
Medical Knowledge	<ul style="list-style-type: none"> • Residents will have formal instruction and clinical experience and demonstrate competence in: <ul style="list-style-type: none"> ○ The systemic effects of hematologic conditions ○ Impact of anemia and cytopenias on other major organ systems ○ Side effects of most common chemotherapy drugs ○ Management of chemotherapy side effects
Systems Based Practice	<ul style="list-style-type: none"> • Understand and utilize the multidisciplinary resources necessary to care optimally for patients • Use evidence-based, cost-conscious strategies in the care of patients • Demonstrates collaboration with other members of the health care team, including residents at all levels, fellows, attendings, medical students, nurses, pharmacists, occupational/physical therapists, nutritional specialists, patient educators, social workers, case managers, and providers of home health services • Effectively utilizes of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided • Demonstrates willingness and ability to teach medical students and interns • Effectively leads the team, including interns, medical students, nurses, pharmacists, case managers, and social workers
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Identify and acknowledge gaps in personal knowledge and skills in the care of inpatient and ambulatory patients • Demonstrate independent initiative in commitment to identify and follow through with learning issues. • Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting • Seek feedback from attending physicians.
Professionalism	<ul style="list-style-type: none"> • Arrive at the clinic or hospital promptly, well-prepared with identified learning issues. • Assume responsibility for patient welfare in a timely manner • Performs administrative tasks and patient care responsibilities in a time and professional manner • Model effective teaching skills to students and peers. • Comply with Residency dress code

Interpersonal and Communication Skills	<ul style="list-style-type: none">• Consistently establish rapport with patients and staff.• Present cases in a logical, focused manner and outline impressions that can be justified based on the clinical data.• Work as an effective team member with staff, dietitians, nurses, diabetes educators, and attending physicians.• Write appropriately thorough clinical record entry in standard form.• Communicate consultative recommendations to primary services in a respectful, timely manner.• Communicate productively with challenging patients and families• Addresses end of life decisions with patient and family
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