

Hematology Ward

GOALS AND OBJECTIVES

Rotation Goals

The Hematology Wards rotation introduces early-stage residents to the fundamentals of caring for hospitalized patients with malignant hematologic disorders. Residents gain experience in the assessment and management of leukemias, lymphomas, myeloma, and related complications, including cytopenias, neutropenic fever, tumor lysis syndrome, and chemotherapy-associated toxicities. The rotation emphasizes developing core skills in clinical assessment, initial management, and recognition of urgent complications that require timely escalation to subspecialty or senior input. By the end of the rotation, residents will be able to competently manage common hematologic presentations at an appropriate level of independence for their stage of training, while understanding the importance of multidisciplinary collaboration in the care of patients with complex hematologic disease.

Entrustable Professional Activities

TRANSITION TO DISCIPLINE

- D1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care
- D2 Identifying and assessing unstable patients, providing initial management, and obtaining help

FOUNDATIONS OF DISCIPLINE

- F1 Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings
- F2 Managing patients admitted to acute care settings with common medical problems and advancing their care plans
- F3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan
- F4 Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings
- F6 Discussing and establishing patients' goals of care
- F7 Identifying personal learning needs while caring for patients and addressing those needs

Clinical Presentations and Diagnoses

In alignment with the *Royal College Internal Medicine Competencies*, residents are expected to encounter and manage the following Medical Expert topics on this rotation:

Residents will be expected to cover the following patient presentations during this rotation with the goal of competently assessing and managing the following:

- Cytopenias
- Neutropenic fevers
- Splenomegaly/lymphadenopathy
- Tumour lysis syndrome
- Complications of chemotherapy
- Complications of malignancy (e.g., hypercalcemia)

Residents will be expected to cover the following diagnoses during this rotation with the goal of competently assessing and managing the following:

- Leukemias
- Lymphomas
- Myeloma
- Myelodysplastic Syndromes

Other topics to be covered include:

- Transfusion medicine

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine document (Version 3.0, 2023)* and the *Royal College Internal Medicine Competencies (Version 1.0, 2018)*. Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

Medical Expert

1. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
2. Prioritize issues to be addressed in a patient encounter (ME2.1)
3. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

Communicator

1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion (CM1.1)
2. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)

3. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Foundations of Discipline

Medical Expert

1. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
2. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
3. Prioritize issues to be addressed in a patient encounter (ME2.1)
4. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation (ME2.3)
5. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
6. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent (CM2.3)
2. Respond to a patient's non-verbal behaviours to enhance communication (CM1.4)
3. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances (CM1.6)
4. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
5. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Work effectively with physicians and other colleagues in the health care professions
Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
2. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Health Advocate

1. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients (HA 1.3)

Scholar

1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC1.1)
2. Integrate best available evidence into practice (SC3)

Professional

1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (PR1.1)
2. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)

Core of Discipline

N/A – residents in COD do not participate in this rotation.

Transition to Practice

N/A – residents in TTP do not participate in this rotation.