

Description of Resident Rotation: Radiation Oncology Elective Rotation for Transitional Year Residents

I. General Information

- A. Rotation Length: 1 month
- B. Faculty: Robert Isaak, M.D, Pharm.D. (Rotation Coordinator)
Iowa Health-Des Moines Radiation Oncology
Stoddard Cancer Center
Clinic Phone: 241-4330
Contact Person: Melanie Travis, Rad Onc Supervisor
travisma@ihs.org

II. First Day Orientation

- A. The resident should report to the Radiation Oncology Department located on the A level of the Stoddard Cancer Center by 8:00 a.m. on the first day of the rotation. Melanie Travis will provide a tour of the office and review the schedule for the month.
- B. Dr. Isaak will then review with each resident how patients will be seen and evaluated during the rotation.

III. Description & Goals of Rotation

- A. The primary educational purpose of this rotation is to provide residents exposure to a broad array of patients with cancer referred for radiation oncology evaluation and treatment. Evaluation of these patients will include reviewing radiology and pathology findings that confirm the presence, type, and staging of the patient's cancer.
- B. The principal teaching method will be assessment of patients presenting with a wide variety of different cancers. The resident will have an opportunity to help review each patient's clinical presentation and exam findings and to assess what diagnostic studies have been previously performed to confirm and stage the patient's cancer.
- C. The resident physician will then work with staff physicians in the Iowa Health-Des Moines Radiation Oncology Department to determine whether radiation therapy is recommended and to plan appropriate directed therapy when indicated.

IV. Ancillary Education Materials

The resident will have access to the multiple cancer and radiation oncology textbooks found on the Hardin Electronic Library website at www.lib.uiowa.edu/hardin, including:

1. AJCC Cancer Staging Handbook, Frederick L Green, et al. Springer-Verlag Publishing, 2010.
2. Cancer Medicine, Donald W Kufe, et al. PMPH-USA, Limited, 8th Edition, 2010.
3. Clinical Oncology, Martin D. Abeloff, et al. Churchill-Livingston, 4th Edition, 2008.
4. New Technologies in Radition Oncology, Wolfgang Schlegel, et al. Springer-Verlag, 2006.
5. Technical Basis of Radiation Therapy: Practical Clinical Applications, SH Levitt, et al. Springer-Verlag, 4th Edition, 2006.

Other books and papers will be made available to each resident by the Radiation Oncology faculty physicians and staff.

V. Patient Care

A. The resident will see a variable number of patients depending on the volume of patients presenting for evaluation and the complexity of patients encountered. The resident will see patients from 8:00 a.m. to 12:00 noon and from 1:00 p.m. to 5:00 p.m. Monday through Friday.

B. Medical Record Documentation:

The resident will be responsible for documenting patient visits in the medical record only as requested and approved by the supervising radiation oncology staff physicians.

VII. Rotation Objectives & Resident Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty physicians. Personal feedback will be provided and the standard resident evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. Patient Care: Demonstrate the ability to effectively interview and examine patients with common cancers, especially regarding the appropriate staging workup of patients with common cancers.
2. Medical Knowledge: Demonstrate an understanding of how to develop and execute an appropriate radiotherapy plan to treat each cancer type seen, how to manage acute and late complications of radiotherapy, and how to follow patients after completion of radiotherapy treatment.
3. Practice-Based Learning: Demonstrate ability to identify gaps in knowledge and skills in the care of patients with common cancers and an understanding of real-time strategies that can be used to address these knowledge gaps.
4. Interpersonal and Communication Skills: Demonstrate adequate communication skills in dealings with patients and families seen during the rotation, including obtaining informed consent from patients prior to beginning radiotherapy. Also need to understand appropriate communication with other physicians involved in the care of cancer patients referred for radiotherapy. This includes participating in appropriate multidisciplinary tumor board conferences where treatment plans are discussed and planned.
5. Professionalism: Demonstrate respectful behavior towards patients and families, staff physicians, nurses and other allied health personnel involved in the care of patients. Always protect patient confidentiality and provide informed consent.
6. Systems-Based Practice: Collaborate with nursing and other allied health care providers to assure timely, comprehensive care is provided and to assure proper follow-up is arranged for patients seen. Assure that appropriate communication with referring physicians always occurs.