

Pediatric Hematology/Oncology Rotation for Pediatric Residents –

Expectations:

1. Please review rotation objectives with the Pediatric Hematology/Oncology staff at the start of the rotation.
2. As the rotation is in two 2-week blocks divided between the in-patient and out-patient services, please decide with the staff at the first meeting whether you will start in the clinic or the ward taking into account how many residents will be doing the rotation concurrently.
3. Please obtain a mid-rotation evaluation with the staff that you have worked with.
4. You will be scheduled to do a presentation on a Wednesday in the Hematology/Oncology Rounds towards the end of the rotation. The presentation can be based on a case you have seen or topics that you would like to learn more about. The audience is multidisciplinary – MD, nursing, pharmacy, social work, childlife, clinical research associates, OT, PT, Nutrition – all members of the hematology/oncology team attend.
5. You will be expected to attend the 8:00 am Monday Tumor Board Meetings, Wednesday Hematology/Oncology Rounds and the Friday Clinic Meetings. On Thursdays at 7:30 am, the clinic staff review the follow-up scans from the previous week with a radiologist in the MRI suite and you are invited to attend.
6. When you are in the Clinic, you are expected to be at the clinic by 9am Monday, Wednesday, and Friday. On Tuesday and Thursday the clinic starts at 8:30 am to prepare the patients for procedures that day. In the afternoons, join the Pediatric Neuro-oncology Clinic, Off Therapy Clinic and Aftercare clinic on Mondays and Tuesdays, and the Hemoglobinopathy and Thrombosis clinics on Wednesdays. These clinics will help you appreciate the less acute aspect of care in managing our patients.
7. When you are on the Ward, you are expected to be available for sign over from your colleagues who were on call the night before by 8:00 am. Your primary responsibility will be caring for the inpatients on the Hematology/Oncology service. Ward rounds are held daily at 11:30 am in the 3B Conference room and will be multidisciplinary.
8. Generally, in-patient consults are seen by the resident on the ward and out-patient consults are seen by the resident in clinic. Should either aspect of the service be very busy, assistance to your colleague would be expected if your primary duties have been completed.
9. Informal teaching sessions can be arranged with the staff as indicated when time permits.

10. Procedures are booked every Tuesday and Thursday morning when the anesthetist is available and are currently done on 4X. This responsibility should be split between the residents on the service in an equitable manner taking into consideration post call days, vacations, and other days off service. It will be the residents' responsibility to attend the procedures, dictate the notes (through the central dictation system), and inform their respective attending staff on days they will be off the ward or away from the clinic doing procedures.
11. All dictations in the clinic are done using the dictaphone and are transcribed by the clinic secretaries.
12. All dictations on the ward are done through the central hospital dictation system.
13. On call issues and responsibilities are covered in a separate document.

Dr Athale	2118	dictation number 17025
Dr Barr	2712	dictation number 17712
Dr Chan	CALL PAGING	dictation number 17505
Dr Lieberman	2389	dictation number 17067
Dr. Pai	3703	
Dr Portwine	2119	dictation number 17030
Dr. Scheinemann	2077	dictation number 17083

