Specialty Clinics Rotation – UW Geri-Oncology

Description:
This experience occurs during the Geriatric Specialty Clinic Rotation. The fellow will spend ½ day per week in this clinic for six weeks. The clinic meets Monday afternoons within the UW Comprehensive Cancer Center. The experience includes clinic visits with a dually fellowship trained oncologist and geriatrician in conjunction with clinic staff that are specially trained to screen for the functional, psycho-social and medical issues specific to older adults with cancer diagnoses. A social worker, nurse and physician comprise the clinic’s multidisciplinary team. Issues of treatment and palliative care measures are addressed as appropriate for certain adults with life-limiting illness.

Supervisor: Dr. Noelle LoConte

Supervisor contact information:
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Goals:
To provide the fellow with an introductory exposure of how cancer screening and treatment might be modified based upon age-associated illness, co-morbid geriatric syndromes, frailty and advanced care plans of older adults. This is done in order to emphasize how the functional and physiological status of a person rather than age should dictate the oncological care of an older person. Ultimately the fellow will be better informed when addressing the needs of an aging population with cancer.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to
(Medical Knowledge)
- Identify how demographics and epidemiology dictate that advancing age leads to increased vulnerability in many cancer diagnoses
- Describe the role for comprehensive geriatrics assessment in screening for geriatric syndromes that can interfere with cancer treatment
- Define the roles of cancer prevention and screening in older men and women

As measured by 1) a geriatrics in-service examination, 2) interactive responses on cancer case presentations in the Geriatrics Core Lecture series (observed by Drs. Barczi and LoConte)

(Patient Care)
- Recognize the risks for both under-screening and delivery of inferior treatments for common age-related cancers (breast, prostate, colon) in the present health care system
- Determine the usefulness of surgery in older adults with breast or colon cancer
- Describe chemotherapy-related toxicities that are more common and/or debilitating in older patients with cancer
- Identify the need for clinical trials in older persons
- Become aware of common symptoms in advanced disease and common proximate causes of death

As measured by 1) direct faculty observation with performance rated at global end-of-rotation evaluations and 2) fellow-directed chart audits of their VA GEM primary care patients related to basic age-appropriate cancer screening

(Interpersonal and Communication Skills)
• Describe the TLC (Timing, Listening, Comprehension) Model for discussing treatment options and palliative care with older patients and family members

As measured by 1) global end-of-rotation evaluations and 2) multi-source evaluations completed by interdisciplinary team members

(Systems-based Practice)

• Describe real and perceived financial barriers to patients in obtaining cancer care
• Review Medicare’s coverage of clinical trials and hospice care
• Demonstrate proficiency in making appropriate referrals to hospice based upon standard Medicare and Medicaid guidelines

As measured by 1) global end-of-rotation evaluations and 2) their ability to discuss pertinent clinical data in their primary care case presentations with the program director in their VA GEM Clinic

Type of Clinical Encounter
Clinic evaluation of patient with supervision by faculty preceptor (the fellow will review the medical record, interview and examine the patient, synthesize information and then present the case to a geriatric faculty member)

Teaching Methods
Mini-didactic sessions with faculty and other learners
Case-based learning (case discussions with faculty preceptor)
Individual study using listed references and web-based materials

Patient Characteristics/ Mix of Diseases
This clinic population of patients is principally > 50 years with gender mix 60% women. Common diseases seen include GI malignancies, lung cancer, breast cancer, colon cancer, and prostate cancer.

Procedures
Cognitive assessment using standardized neuropsychological tools
Affective screening
Functional assessment using standardized tools

Bibliography:

1. Cancer Care in the Older Population: An ASCO Curriculum. 2003 (see Dr. Barczi for a copy)

I have read and reviewed the goals and objectives for this rotation.

__________________________________  __________________________________
Fellow Signature                     Faculty Signature