

McGill Thoracic Oncology Fellowship Program

Administrative Information

Name of Institution: McGill University

Training sites: McGill University Health Center (Montreal General and Glen sites), Jewish General Hospital

Parent training program: Adult respirology

Program director:

Dr Linda Ofiara linda.ofiara@mcgill.ca

A list of teaching faculty and training committee members can be found in **Appendix A**.

Capacity of the program:

1 trainee per academic year

Fellowship duration:

1 year (from July to June)

Program administrative coordinator:

Cynthia Libertella

Glen Campus - McGill University Health Centre

1001 Decarie Boulevard, Suite D05.2506, Montreal, Quebec H4A 3J1

Tel: 514-934-1934 Ext. 35946 residency.respirology@mcgill.ca

****Please note that applicants must have proof of funding. Acceptable sources of funding include a government, scientific or international organizations, a university, a government hospital, or a faculty of medicine. Self-funded fellowships are not allowed. Admission requirements can be found here: <https://www.mcgill.ca/pgme/fellowships/admissions>**

Rationale

The diagnosis and management of thoracic malignancies have evolved rapidly over the past decades, such that the care of thoracic oncology patients requires a special expertise.

Respirology residency training does not allow trainees to develop the expertise required to manage thoracic oncology patients throughout their disease trajectory. Hence, additional training is necessary to master the knowledge and skills required to provide care for that population.

In addition, oncology residents may decide to orient their practice towards thoracic oncology patients, and gaining additional expertise in the field of thoracic oncology will allow them to establish a specialized practice.

Mission

The fellowship program's mission is to allow trainees to develop the skills and knowledge necessary to practice thoracic oncology. Graduating fellows will manage thoracic oncology patients from the investigation of undiagnosed lesions to initial therapy, and through longitudinal care of their cancers, including prescription of anti-cancer treatments.

Please note that this fellowship is not equivalent to a medical oncology certification. The provision of oncologic care to non-thoracic cancers is not part of the program.

Eligibility Criteria

To be eligible, candidates must fulfill the following criteria:

- Be medical doctors who are graduates of medical schools listed in the Faimer Directory.

- Be certified in respirology/medical oncology (or eligible to sit for the exam) by the Royal College of Physicians & Surgeons of Canada or an equivalent certification body (for out of Canada applicants).
- Hold a scholarship from their home government, university, or Faculty of Medicine.
- Applicants from the Province of Quebec must apply for “formation complémentaire” and get funded by the RAMQ).

The application deadlines, required documents, and a description of the online application process can be found here:

<https://www.mcgill.ca/pgme/fellowships/admissions>

The training environment

The McGill University Health Centre and the Jewish General Hospital are tertiary teaching hospitals and referral centres for thoracic oncology. The services offered include lung cancer rapid investigation clinic, thoracic surgery, radiation oncology, medical oncology, palliative care, interventional radiology, interventional respirology, and the full spectrum of medical and surgical specialties.

Program Structure

The fellow will participate longitudinally in thoracic oncology outpatient clinics. They will follow their own patients throughout the year, under the direct supervision of a faculty.

The fellow will also participate in the lung cancer rapid investigation clinic, where new patients referred for the suspicion of lung cancer are evaluated. They will follow their patients throughout the investigation process.

The fellow will participate in several interdisciplinary activities. These include a weekly lung cancer navigation rounds for research eligibility, a weekly

interdisciplinary lung cancer clinic where patients requiring multimodality treatment are evaluated jointly by a thoracic surgeon, a radiation oncologist and a medical oncologist, and a weekly thoracic oncology tumor board where complex cases are presented.

In addition, expertise in the palliative management of thoracic cancers, cancer rehabilitation (including pre-therapy rehabilitation), and geriatric oncologic issues will be gained through a one-month elective rotation combining those experiences in an ambulatory setting.

A complete list of the learning objectives can be found in **Appendix B**.

Duties & responsibilities of the fellow

The fellow will act as the physician responsible for their patients by answering questions and requests from administrative staff/nurses/pharmacists/consultants/family members/patient themselves, always under the supervision of a faculty.

Fellows are expected to gradually gain independence in their practice during their fellowship, with a level of supervision that will vary according to their degree of expertise and comfort.

On-call Duties

There are no formal on-call duties.

Academic activities

The fellow must attend the following weekly meetings:

- Respiriology academic conference
- Respiriology clinical cases' rounds
- Thoracic Oncology Tumor Board conferences (MUHC & JGH)

The fellow will also actively participate in the monthly Interventional Respiriology conference by presenting periodically during the year on topics in thoracic oncology (a combination of didactic, quality-improvement, and journal club meetings). The fellow will also participate in divisional mortality and adverse events rounds.

Didactic Learning

The fellow will attend the respirology and medical oncology academic half-days when the topics are relevant to the scope of their practice.

Teaching

Formal didactic teaching sessions for respirology residents will take place once or twice per year. Teaching done by the fellow is supervised by a faculty member.

Research

The fellow is expected to get involved in ongoing research projects led by faculty of the program. During the first month of the program, the fellow and fellowship director will explore possible projects based on the fellow's interests and find a suitable research supervisor. The publication of at least one peer-reviewed article is expected, and presentation at national / international conferences is strongly encouraged.

In addition, the fellow will participate in clinical research trials by referring suitable patients, collaborating with the various trial teams, and through monitoring of their own patients enrolled in a trial.

Fellows can take courses in epidemiology/biostatistics offered through McGill University. Classes usually take place in afternoons, for 2-3 weeks total in the spring, allowing the fellow to still participate in most clinical activities. A description of the options can be found here: <https://www.mcgill.ca/epi-biostatocch/academic-programs/summer>

Vacation & Conferences

Fellows can take up to 4 weeks of vacation, and up to 7 days of conference leave.

The registration cost of one conference will be reimbursed by the program.

Support Staff & Workspace

Administrative and clerical support is available for all clinical and research activities. A workspace with computer access is provided at the Glen site.

Evaluation

Fellows will receive verbal feedback from faculty following clinic interactions.

Quarterly written evaluations will be filled based on the feedback of all physicians and other health-care providers working with the fellow. The program director will meet with the fellow to review those evaluations.

Fellows must maintain a patient log to track the volumes of thoracic cancer types seen and treatment modality being used, so that the exposure can be adapted accordingly. The log will be reviewed quarterly with the program director.

Weekly schedule template

	Monday	Tuesday	Wednesday	Thursday	Friday
am	JGH clinic Dr Pepe	JGH Dr Friedmann	Glen Dr Ofiara Dr Shieh Fellow longitudinal clinic	8am: MUHC research rounds Lung Cancer investigation clinic	7h30-9h Respirology clinical conference Glen Dr. Scott Owen Dr Ben Shieh
12h-13:00h		Tumour Board Rounds JGH E711 finishes at 13:30		Respirology Academic conference	IP rounds (monthly)
pm	Glen RIC clinic or	Protected time for research	Glen clinic Dr Ofiara Dr Shieh	Interdisciplinary lung cancer clinic	Protected time research

	JGH clinic Dr Pepe			4pm: Thoracic Oncology Tumor Board	
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Appendix A

Fellowship Training Program Committee

Dr Linda Ofiara (co-chair)

Dr Stéphane Beaudoin

Dr Anne Gonzalez

Dr Benjamin Shieh

Dr Carmela Pepe

Dr Scott Owen

Dr Victoria Mandilaras

Teaching Faculty

Fellows will be supervised by medical oncologists (Dr Scott Owen, Dr Ramy Saleh, Dr Victor Cohen) and respirologists providing thoracic oncology care (Dr Linda Ofiara, Dr Benjamin Shieh, Dr Carmela Pepe, Dr Jason Agulnik, and Dr Lama Sakr). Interventional respirologists will also supervise the fellow in the lung cancer rapid investigation clinic (Dr Stéphane Beaudoin, Dr Benjamin Shieh, Dr Linda Ofiara, and Dr Anne Gonzalez).

Appendix B

Training Program Learning Objectives

Learning objectives are detailed according to the CanMEDS framework (<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>)

Medical Expert

At the end of the program, the fellow will be able to:

1. Describe the pathophysiology, molecular & genetic profile, natural history, risk factors, clinical manifestations, physical exam findings, radiologic features, diagnostic requirements, prognosis, & management of the following conditions:
 - a. All types of Lung cancer
 - b. Mesothelioma
 - c. Pulmonary neuroendocrine tumors and thymic malignancies
 - d. Rare thoracic cancers such as sarcomas and others

2. Specifically with regards to thoracic cancers, apply the following principles:
 - a. Lung cancer prevention, including smoking cessation and screening
 - b. Tissue sampling optimization depending on the lesion site
 - c. Invasive and non-invasive staging
 - d. Determination of a therapeutic strategy in an interdisciplinary fashion, including suitability for surgical resection
 - e. Understand the roles and indications for chemotherapy, targeted therapy/immunotherapy, and radiation therapy, including the implications related to tissue sampling
 - f. Understand the role of oncologic clinical trials (phase 1,2,3) in the management of lung cancer patients.
 - g. Prescribe and assess the response to oncologic treatments such as conventional chemotherapy, immunotherapy, or targeted molecular therapies.
 - h. Identify and manage acute & chronic complications of thoracic cancers and their treatment, including (but not limited to)
 - i Malignant pleural and pericardial effusions
 - ii Central airway obstruction
 - iii SVC syndrome
 - iv Cord compression
 - v Acutely symptomatic brain metastases
 - vi Hypercalcemia & other paraneoplastic syndromes
 - vii Radiation pneumonitis
 - viii Anti-cancer treatment toxicities
3. Obtain the relevant medical, social, occupational history data related to the conditions in item 1 by conducting a concise yet efficient patient interview.
4. Provide expert interpretation of the following tests:
 - a. PFTs in the context of pre-op lung cancer

- b. Exercise studies in the context of pre-op lung cancer
 - c. Quantitative lung perfusion scans in the context of pre-op lung cancer
 - d. CXR
 - e. Chest CT scan, especially with regards to central and peripheral airway anatomy, mediastinal lymph nodes, and pleural anomalies
 - f. PET scan
 - g. Immunohistochemistry, and molecular / genetic panels from tissue samples
5. Describe the procedure, the indications, the contraindications, the complications, for the following procedures:
- a. Flexible bronchoscopy
 - b. Linear EBUS
 - c. Radial EBUS (guide-sheath & ultrathin)
 - d. Electromagnetic navigation bronchoscopy
 - e. Rigid bronchoscopy (including mechanical debulking)
 - f. Thermal ablative endobronchial therapies (APC, laser, electrocautery, cryotherapy)
 - g. Endobronchial brachytherapy
 - h. Airway stent insertion (silicone and metallic)
 - i. Superficial biopsies (chest wall, adenopathies)
 - j. Thoracentesis
 - k. Indwelling pleural catheter insertion
 - l. Medical thoracoscopy
 - m. Talc pleurodesis (poudrage or slurry)
 - n. Thoracic radiotherapy (curative and palliative intent)
6. Initiate adequate non-invasive palliative measures in patients with any of the conditions listed in item 1 who experience suffering or who are at the end of life.

Communicator

At the end of the program, the fellow will be able to:

1. Communicate clearly and with compassion with patients and family members, respecting patients' values, preferences, cultural and educational backgrounds, in a way that optimizes patient understanding and autonomy
2. Engage in a discussion with patients and family members in challenging situations, including but not limited to:
 - a. End-of-life care
 - b. Level of intervention discussions
 - c. Initiation of controversial, potentially toxic or dangerous treatments
 - d. Diagnostic uncertainty
 - e. After complications (and / or errors) have occurred
 - f. Delivering bad news, including new cancer diagnosis or news of progression
 - g. Research trial enrollment
3. Promote and support informed decision-making by patients and family members with respect to investigation and treatment decisions, including suitable discussion of end-of-life care
4. Provide adequate case presentations and discussions with physicians and other professionals sharing patients' care
5. Provide adequate written and/or dictated consultation notes to referring physicians and other providers, which clearly outline an accurate, problem-oriented assessment of the patient's condition and a clear plan
6. Communicate clearly and in a manner that promotes safety with colleagues and other health professionals during procedures

Collaborator

At the end of the program, the fellow will be able to:

1. Participate in interdisciplinary patient care and research by demonstrating the following:
 - a. Understanding of and respect for the roles and responsibilities of other health professionals
 - b. Promptly seeking the help of other professionals when appropriate
 - c. Implementing safe and effective patient handovers
 - d. Contributing to shared-decision making with other professionals
 - e. Respect for divergence of opinions
2. Demonstrate conflict prevention and resolution skills

Leader

At the end of the program, the fellow will be able to:

1. Describe the costs and resources use burden of the common tests and treatments used in thoracic oncology
2. Use health care resources appropriately and in a cost-efficient manner
3. Apply quality-improvement principles to their own practice and community
4. Demonstrate leadership in their community by working to improve health care delivery and promoting change, either through the implementation of new practices or systems' improvement. This may include the creation of rapid assessment corridors for lung cancer, interdisciplinary clinic creation, or any practice that help to streamline cancer care.

Health Advocate

At the end of the program, the fellow will be able to:

1. Identify the determinants of health affecting patients and their access to health care
2. Advocate for their patients to have access to the following, in the context of a resource-limited setting:
 - a. Diagnostic investigations

- b. Therapeutic interventions
 - c. Psychosocial support
 - d. Worker's compensation for occupational diseases or disability
3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - a. Apply smoking cessation assessment and counselling principles
 - b. Discuss lung cancer screening
4. Identify the determinants of health and the health care needs of their community
5. Develop strategies to address the above in order to improve the health of members of the community
 - a. Implement strategies to improve access to health care, such as streamlined lung cancer investigations for instance

Scholar

At the end of the program, the fellow will be able to:

1. Develop and implement a personal learning plan to maintain and enhance their knowledge and skills
2. Demonstrate the ability to improve their practice through periodic practice audits
3. Answer clinical questions through review and critical appraisal of the literature
4. Adapt their practice based on the best available evidence and their critical appraisal of it
5. Educate patients and their families about their disease, the procedures they need, and the ongoing care they require to empower them and promote their participation in their care
6. Teach colleagues, residents, students, and other health care professionals about thoracic oncology topics
 - a. Adapt the teaching method to the setting and the learning needs of the participants

- b. Promote interactivity in the learning encounters
 - c. Deliver an effective lecture / workshop / presentation
7. Contribute to the creation and dissemination of knowledge and practices by participating in research activities, at all steps of the process (including formulation of the question, ethics considerations, study design, data acquisition & interpretation, and findings dissemination)

Professional

At the end of the program, the fellow will be able to:

1. Exhibit professional behaviours in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
2. Demonstrate a commitment to excellence in all aspects of practice
3. Recognize and respond to ethical issues encountered in practice
4. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice
5. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues
6. Participate in peer assessment and standard-setting
7. Exhibit self-awareness and manage influences on personal well-being and professional performance
8. Manage personal and professional demands for a sustainable practice throughout his/her career
9. Recognize when other professionals are in need and respond appropriately