ACAT

Event occured on: [redacted]
Created on: [redacted]

Clerking and managing patients in Acute Ambulatory unit

[redacted]

[redacted]

Specialty: Clinical oncology
Location: [redacted]

Training grade

MTI

Clinical Setting

Acute ambulatory unit ward rounds for Oncology patients

Cases observed

During this acute take, I managed five patients with complex oncology presentations: 1. Suspected Immunotherapy-Related Pneumonitis (64-year-old with triple-negative breast cancer on chemo-immunotherapy): Emphasized the need for early recognition of respiratory symptoms, imaging, and possible steroids if confirmed. 2. Spinal Cord Compression (73-year-old with metastatic lung cancer at C2) :Showed the importance of urgent neurological assessment, use of steroids, and discussion of palliative radiotherapy. 3. Radiotherapy-Related Dysphagia and Mucositis (68-year-old with squamous cell lung cancer after 17 fractions of radical RT) : Learned the value of proactive supportive care—especially nutritional support and analgesia—to help maintain treatment adherence. 4. Neutropenic Sepsis (67-year-old with metastatic cervical cancer on chemo-immunotherapy): Reinforced rapid administration of broad-spectrum antibiotics, replacement of intravenous fluids and vigilant monitoring of blood counts. 5. UTI and Electrolyte Imbalance (79-year-old with metastatic bladder cancer on Atezolizumab): Highlighted the complexity of immunotherapy-treated patients, who can have overlapping toxicities and infections needing careful monitoring.

Trainee's comments - comment on your performance and any action required

Managing these five patients exposed me to a range of acute oncological complications and immunotherapy-related toxicities. I recognized potential pneumonitis early in the triple-negative breast cancer patient and coordinated prompt imaging and possible steroid therapy. In the lung cancer patient with spinal cord compression, I ensured timely neurological assessment and consenting, planning of palliative intent radiotherapy. With the patient on radical radiotherapy for squamous cell lung cancer, I addressed dysphagia and mucositis proactively through dietetic support and analgesia. In the case of neutropenic sepsis, I followed local protocols for rapid antibiotic administration. Lastly, the patient with metastatic bladder cancer and suspected immunotherapy side effects required careful electrolyte management and close collaboration with the multidisciplinary team. Throughout, I maintained clear communication and documentation. Action Required 1. Further Education on Immunotherapy Toxicities: I plan to attend dedicated teaching sessions and review current guidelines on management of immune-related adverse events. 2. Strengthen Multidisciplinary Links: I will continue to engage early with specialist teams (e.g., dietetics, endocrinology, and palliative care) to

improve holistic management. 3. Ongoing Reflection & Feedback: I will seek feedback from senior colleagues more frequently and document learning points to guide my professional development.

Attach files

[redacted]

[redacted]

Role: Assessor
Specialty: Clinical oncology
Location: [redacted]

Assessor's role

Consultant

Please comment on what was done well and the areas for improvement. Please note, constructive feedback that identifies areas for learning and reflection is required in order for this assessment/learning event to be valid.

Feedback should cover the following areas: record keeping, clinical assessment, investigations and management plans, time management and prioritisation, management of and communication with the acute oncology team, follow up and hand over, and clinical judgement.

What was done well:

Record-keeping is good and includes appropriate and clear management plan. Able to manage a variety of acute oncology cases well and discussed with relevant teams when appropriate.

What are the suggested areas for development:

Areas of development as listed above in trainee's comments - to keep up-to-date with management of immunotherapy toxicities.

Agreed action plan:

As above.

Entrustment Level

Level 4 - Entrusted to act independently

Assessor's declaration

By submitting this form you are agreeing that you observed the cases described

Attach files