Oncology

An oncology SHO works either in Clinical or Medical oncology, the main difference being that medical oncology tends to be chemotherapy whilst clinical oncology tends to be radiotherapy. Medical oncology tends to be more acute. Duties include rounding on inpatients either on your own or with a registrar, and seeing acute admissions as they arrive. The main oncological emergencies are neutropenic sepsis, spinal cord compression, superior vena cava obstruction and hypercalcaemia. It is well worth familiarising yourself with these conditions and their immediate management prior to starting the post.

The registrars are very supportive and understand that oncology is very different to other medical specialties and as such no question is too elementary. Unfortunately due to shortages of SHOs there was a heavy slant towards service provision rather than training during my time on this post. As such it is important to try and take learning opportunities as and when they crop up, such as discussing your management of acute admissions with seniors to get some feedback about your progress.

On-calls tend to be very busy. During night shifts the registrar is non-resident, but is contactable by phone. They are well aware that they will be contacted for things during the night so do not worry about disturbing them if you need advice.

Quick note about seeing haematology patients on-call, in particular the transplant patients: do not perform ABGs on them for any reason without calling the registrar first! Basically, call the registrar about any problem whatsoever with the haem patients on-call. Equally, the lymphoma consultants like to know about anything that happens to their patients, even if its 3am (within reason!).