

**HEMATOLOGY & ONCOLOGY FELLOWSHIP
PROGRAM MANUAL
UNIVERSITY OF FLORIDA**



Last Updated on April 27, 2016

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I. Introduction

A. University of Florida Hematology/Oncology Fellowship Program Mission Statement

Overall Mission: The University of Florida (UF) Hematology/Oncology (HemOnc) Fellowship Program strives to provide a safe and fertile environment for junior trainees to personally and professionally develop in their roles as Board Certified Hematology & Oncology subspecialists. Through role modeling and excellence in clinical care, education, discovery, and service, we aspire to provide the following:

1. To develop humanistic, skilled, intellectually disciplined medical professionals who are committed to the highest ideals and standards of the profession and who model an exceptional standard of care for those they treat, lead, and serve.
2. To educate and inspire the next generation of leaders in health care, biomedical sciences, health services research, and academic medicine to seek, provide and sustain unparalleled achievements in service, teaching, and research.
3. To provide comprehensive, patient-centered, culturally sensitive, compassionate, and innovative health care to citizens of Florida and our nation of the highest quality to all.
4. To develop and utilize innovative models of interdisciplinary health care delivery that optimizes safety, service, outcomes, and resource use.
5. Foster collaboration and research in the development of innovative and personalized therapeutics for patients with cancer and blood disorders.
6. To improve our understanding of human health and disease through groundbreaking research and to translate these discoveries into new solutions that promotes health and improves health outcomes and quality of care.
7. To recruit, develop, and nurture a diverse and academically outstanding community of fellows, faculty, and staff, who each contribute to excellence in our missions.
8. To promote sustained, robust professional and personal growth, productivity, accountability, integrity, collaboration, and synergy of fellows, faculty, and staff.

B. Program Administration

Program Director: Julia Close , MD

Associate Program Director: Jennifer Duff, MD

Program Coordinator: Barbara McMichael

Hematology/Oncology Division Chief: Carmen Allegra, MD

C. Faculty

Faculty members of the division of HemOnc represent a diverse group of clinicians, researchers and educators. The division has three clinical programs: hematologic malignancies and bone marrow transplantation, clinical oncology, and benign hematology. During training, fellows are supervised and mentored by faculty with subspecialties in each of these areas. A complete overview of division faculty is available (see Appendix A). A select number of faculty are identified as key clinical faculty due to their high level of commitment to the training of fellows. Fellows also interact directly with faculty in other divisions, departments, and colleges through the University of Florida Shands Cancer Center.

D. Facilities

Educational, clinical and research activities take place on the main Health Science Center Campus of the University of Florida in Gainesville, Florida. The fellowship program provides for the intersection of two top health care systems 1) University of Florida and Shands Hospital 2) North Florida/South Georgia Veterans' Affairs Medical Center. In addition to UF campus and academic resources, additional on site resources include the UF Shands Cancer Center, the UF Genetics and Cancer Research Center, and the UF Clinical & Translational Science Institute (CTSI). A more detailed overview of facilities is available (see Appendix A).

E. Fellows

The fellowship program has Accreditation Council for Graduate Medical Education (ACGME) approval for 5 fellows per year (15 total). All fellows are expected to complete 3 years of training.

F. Chief Fellow

Development of leadership and administrative skills are consistent with some trainee's career goals. A chief fellow will be annually selected by the Program Administration through thoughtful and deliberate consideration of peer relationships, leadership skill needs, career trajectory, professional development, and administrative organization. Confidential offers will be made by the Program administration to individuals during the second half of the F2 year. Acceptance is voluntary with no penalties for declining the offer.

Responsibilities of this individual include, but are not limited to, the following:

- Liaison between the fellows and the Program administration on all non-confidential matters.
- Full voting member of the FPEC (see Educational Curriculum section).
- Coordinator of senior fellow distribution of on-call, conference, rotation, and social/events.
- Delegation of on-call, conference, rotation, and/or social/event coordination to peers is acceptable, but Chief Fellow is ultimately responsible for review and oversight prior to submission to the Program administration.
- Coordinator of coverage for fellows consistent with the back-up policy. This includes all core clinical rotations, on-call, elective, and clinic responsibilities.
- Sounding board for potential programmatic changes and curriculum modifications.
- Involvement in development or refinement of fellowship programmatic activities.

Benefits of the position include divisional acknowledgement of the position and efforts with limited administrative (non-clinical) elective time available to carry out above duties.

G. Fellowship Coordinator

The Fellowship Program Coordinator provides secretarial comprehensive administrative support to the Program Director(s) and Fellows of the Division of Hematology/Oncology Fellowship Training Program. This individual is a critical component of the Program administration and educational programs.

Responsibilities include, but are not limited to scheduling conferences and interviews, maintaining a working knowledge of the requirements set by the ACGME and the Resident Review Committee (RRC), as well as the American Board of Internal Medicine (ABIM), maintain accurate records for the Fellowship Program, process all applications, oversee the required credentialing and practice documents are completed for incoming, current, and graduated fellows, keep attendance of fellows at meetings and lectures, record minutes of administrative meetings, monitor procedure and curriculum logs, provide documentation as needed to confirm trainee status in the program, generates, maintains, and monitor all trainee rotations, evaluations, procedures, duty hours, educational conferences, personnel records, examinations, leave requests, professional expense account use, and travel authorizations. The

coordinator is the administrator of the New Innovations™ (NI) electronic fellowship administrative tracking system.

H. Accreditation

The UF HemOnc Fellowship Program is fully accredited by the ACGME.

II. Educational Curriculum

A. ACGME Program Requirements

The UF HemOnc Fellowship Program strives to be compliant with all ACGME Requirements. The ACGME requirements for HemOnc subspecialty programs are available on the ACGME website <http://www.acgme.org/acgmeweb/>

B. ACGME Core Competencies

The UF HemOnc Fellowship Program incorporates the six ACGME Core Competencies into all aspects of the educational, clinical, and research curriculum and evaluation process. They include:

Patient Care: Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

- are expected to learn the practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness.

Medical Knowledge: Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care. Fellows:

- are expected to learn the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

Practice-based Learning and Improvement: Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long

learning. Fellows are expected to develop skills and habits to be able to meet the following goals:

- identify strengths, deficiencies, and limits in one's knowledge and expertise;
- set learning and improvement goals;
- identify and perform appropriate learning activities;
- systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement;
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- use information technology to optimize learning; and,
- participate in the education of patients, families, students, fellows and other health professionals.

Interpersonal and Communication Skills: Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism: Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-based Practice: Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other

resources in the system to provide optimal health care. Fellows are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- participate in identifying system errors and implementing potential systems solutions.

C. Next Accreditation System (NAS) & ACGME Milestones

- Will be incorporated into the educational curriculum once approved by the specialty.

D. Duty Hours and Fatigue

Updated: June 2013

Approved by Fellowship Program Education Committee: July 2007

Strict adherence to the ACGME required duty hours and days off policy is enforced. Duty hours are closely monitored for compliance with ACGME policies. Hour logs and or close oversight of fellow activities are routine.

POLICY:

- Fellows take home call overnight. Infrequently, patient care and educational responsibilities may require return to the hospital or remote management of patients for an extended period of time, thus interfering with rest. In such a situation, Fellows will be relieved from duty the following day.
- All Fellows are required to complete duty hour logs in New Innovations weekly.
- Fellows are encouraged to voluntarily notify staff and Program Administration of fatigue or personal problems which might interfere with their education or patient care. Additionally, fellows are encouraged to report burdensome or heavy patient care responsibilities overnight, at the beginning of the next morning shift, even if return from

home to the hospital did not occur. However, voluntary reporting is not intended to be the primary means of monitoring.

- The program administration regularly reviews compliance and reports of New Innovations duty hours to identify and correct system problems.
- All fellows will be monitored closely for signs or symptoms of fatigue by supervising faculty and Program Administration. Such evidence may be a consequence of night call responsibilities, personal stress, or other issues.
- Any fellow that has exceeded duty hour requirements, show signs of fatigue or undue stress, or has experienced uncharacteristic heavy night-call responsibilities will be immediately relieved from duty by Program Administration. The attending faculty supervisor will be notified.
- The fellow may return to the training environment after adequate rest or upon further discussion with and/or evaluation by the Program Director.

E. Selection of Fellows and Technical Standards

Updated: March 16, 2009

Approved by Fellowship Program Education Committee: March 2009

- The criteria for choosing fellows will be based on their academic credibility as defined by the following:
 - Successfully completing an ACGME approved training program in Internal Medicine.
 - Graduation from an accredited US or Canadian medical college, or appropriate certification from the ECFMG.
 - US Citizenship or appropriate visa.
 - Academic productivity and clinical competence as defined by class rank, letters of recommendation, publications or grant support.
- Acceptance of transfer fellows is not routinely permitted.
- ERAS application will be considered complete when the following are included:
 - Common application form
 - Personal statement
 - Minimum of 3 letters of recommendation
 - Medical school transcript(s)

- USMLE/ABIM scores (or COMLEX). If USMLE is used, step 3 scores are required prior to conducting interview.
 - Dean’s letter (optional)
 - If international graduate, ECFMG status report
- Upon review of completed ERAS applications, competitive physician applicants are invited for an interview, which is a required component of the application process.
 - All applicants invited to interview will receive written notice of terms and conditions of employment.
 - Faculty, fellows and staff have the opportunity to interact and evaluate all applicants and review their credentials.
 - The Fellowship Program Education Committee reviews the cumulative evaluations of each applicant and generates a listing of candidates based on categories of “strongly recruit”, “acceptable”, and “unacceptable”.
 - The Program Director subsequently finalizes and personally submits the Program Rank List. All applicants are selected through the NRMP.
 - Upon selection, fellows are sent a letter of offer and this is signed and returned. This letter includes a description of the duties and policies of the program.
 - Individuals being considered for training must meet minimal abilities and skills in five categories. These **technical standards** are consistent with the policy of our sponsoring institution:
 1. Observation – Fellows in our program must be capable of direct observation of patients and laboratory results. Such observation required accuracy both at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities.
 2. Communications – Fellows must be able to clearly speak, hear, and observe patient in order to elicit information, detect clinically relevant changes, and perceive non-verbal communications. Trainees must be able to communicate effectively and sensitively with patients, families, and other healthcare providers. Communications includes not only speech but reading and writing. Specifically, communications must occur rapidly, effectively, and efficiently in oral and written form.

3. Motor – Sufficient motor function is required to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. Execution of motor movements must occur rapidly enough to provide general hematology/oncology care and emergency treatment to patients. This includes, but is not limited to the administration of intravenous medication, application of pressure to stop bleeding, performance of bone marrow biopsy/aspirate, intrathecal chemotherapy administration, etc. These actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
4. Intellectual-Conceptual, Integrative, and Quantitative Abilities – These fundamentally include measurement, calculation, reasoning, analysis, and synthesis of complex information derived from multiple sources via different routes.
5. Behavioral and Social Attributes – Emotional health and mental stability for full utilization of personal intellectual abilities, exercising of good judgment, demonstration of ethical behavior and altruism, and prompt completion of all responsibilities associated with clinical care and self-directed education is required. Fellows must be capable of developing mature, sensitive and effective relationships with patients, families, and other healthcare providers. Physically and emotionally taxing workloads may be encountered and effective functioning under stress is needed. Adaptation to changing environments, demonstration of flexibility, and functionality in the face of uncertainties inherent in the clinical problem solving in this discipline is required. Compassion, integrity, interpersonal skills, interest and motivation are all personal qualities that are monitored during the admission and education processes.

F. Global Goals and Objectives for the Fellowship Program

OVERALL OBJECTIVE: To provide all the necessary resources for fellows to master the art and science of caring for patients with cancer and blood disorders, advancing our knowledge of these disciplines through clinical and basic research, and distributing these gains through teaching. The six ACGME Core Competencies are incorporated into all aspects of the educational, clinical, and research curriculum and evaluation process.

SPECIFIC PROGRAM CONTENT

1. Clinical Experience

Clinical experience is provided as a hematology and oncology consultant in both the outpatient and inpatient settings. The core clinical rotations are designed to cover the majority of the areas identified below. Individual fellow experience is considered when determining rotations outside the core clinical rotations. Clinical experience is supplemented with educational

discussions in the core curriculum conference series, faculty mentorship, and self-directed learning.

The UF HemOnc Fellowship program provides clinical experience and educational curricula in the prevention, evaluation, and management of:

- a. Diagnosis, pathology, staging and management of neoplastic disorders of the:
 - Lung
 - Gastrointestinal tract (esophagus, stomach, colon, rectum, anus)
 - Breast
 - Pancreas
 - Liver
 - Testes
 - Lymphoid organs
 - Hematopoietic system
 - Central nervous system
 - Head and neck
 - Thyroid and other endocrine organs, including MEN syndromes
 - Skin, including melanoma
 - Genitourinary tract
 - Cancer family syndromes
 - Gynecologic malignancies
- b. principles of multidisciplinary management of organ-specific cancers, in particular, gynecologic malignancy
- c. indications and application of imaging techniques in patients with neoplastic and blood disorders
- d. chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
- e. multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders

- f. management and care of indwelling access catheters
- g. principles of, indications for, and limitations of surgery in the treatment of cancer
- h. principles of, indications for, and limitations of radiation therapy in the treatment of cancer
- i. principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of post-transplant complications
- j. concepts of supportive care, including hematologic, infectious disease, and nutrition
- k. management of the neutropenic and the immunocompromised patient
- l. management of pain, anxiety, and depression in patients with cancer and hematologic disorders
- m. rehabilitation and psychosocial aspects of clinical management of patients with cancer and hematologic disorders
- n. palliative care, including hospice and home care
- o. recognition and management of paraneoplastic disorders
- p. cancer prevention and screening, including competency in genetic testing and for high-risk individuals
- q. participation in a multidisciplinary case management conference or discussion
- r. personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients
- s. human immunodeficiency virus-related malignancies
- t. care and management of the geriatric patient with malignancy and hematologic disorders
- u. the appropriate use of tumor markers for cancer screening and monitoring cancer therapy
- v. correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
- w. effects of systemic disorders and drugs on the blood, blood forming organs, and lymphatic tissues
- x. tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy

- y. treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement therapy
- z. transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures
- aa. acquired and congenital disorders of red cells, white cells, platelets and stem cells
- bb. hematopoietic and lymphopoietic malignancies, including disorders of plasma cells
- cc. congenital and acquired disorders of hemostasis and thrombosis including the use of antithrombotic therapy.

2. Technical and Other Skills

Technical skill experiences are embedded into the core clinical rotations. Competence is determined by the supervising provider, as described in the procedure log portion of this document. Formal instruction and hands-on experience is also provided as part of the orientation lecture series, multidisciplinary tumor boards, teaching rounds (embedded within rotations) and the annual wetlab.

The UF HemOnc Fellowship Program provides experience needed to develop competence in the performance and/or interpretation of the following:

- a. use of chemotherapeutic agents and biological products through all therapeutic routes
- b. serial measurement of tumor masses
- c. assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning and nuclear imaging techniques
- d. complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control
- e. bone marrow aspiration and biopsy
- f. preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations, as well as interpretation of bone marrow biopsies.

The UF HemOnc Fellowship Program provides experience or observation of the following

- a. apheresis procedures

- b. performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time as well as other standard coagulation assays
- c. clinical experience in bone marrow or peripheral stem cell harvest for transplantation
- d. formal instruction and clinical experience in allogeneic and autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of post-transplant complications

3. Formal Instruction

Exposure to the topics below is provided throughout the educational core conference series. Additional formal instruction external to the division is available to supplement these conferences, and include but are not limited to: UF-AAPCI Methods in Clinical Investigation Course, ASCO/AACR Methods in Clinical Cancer Research workshop, and ASH CRTI (see Workshops and Additional Training Resources section).

Within the educational core conference series, the UF HemOnc Fellowship Program includes the following content areas:

- a. Pathogenesis, diagnosis and treatment of disease
 - Basic molecular and pathophysiology mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stems cells, and disorders of hemostasis and thrombosis
 - Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissue
- b. Genetics and developmental biology
 - Molecular genetics
 - Prenatal diagnosis
 - The nature of oncogenes and their products
 - Cytogenetics
- c. Physiology and pathophysiology
 - Cell and molecular biology

- Hematopoiesis
 - Tumor immunology
 - Molecular mechanisms of hematopoietic and lymphopoietic malignancies
 - Basic and clinical pharmacology, pharmacokinetics, and toxicity
 - Pathophysiology and patterns of tumor metastases
- d. Clinical epidemiology and biostatistics
- Clinical epidemiology and medical statistics
 - Clinical study and experimental protocol design, data collection, and analysis
- e. Basic principles of laboratory and clinical testing, quality control, quality assurance, and proficiency standards
- f. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
- g. Malignant and hematologic complications of organ transplantation

G. Career Development through Career Tracks

In order to provide individualized career development consistent with the diversity of educational opportunities in our Program and upon graduation, each fellow will select one of three career tracks (see Table below): Clinical Investigator, Clinical Educator, and Clinical Provider. All tracks require a 36 month fellowship commitment. All fellows have continuity outpatient clinics at both the University (specialty) and VA (general) hospitals. All fellows will spend the majority of their first year (F-1) developing a foundation of knowledge and clinical skills through the core curriculum rotations (F-1 CCRs). These include exposure to general oncology, benign hematology, and bone marrow transplantation. Upon successful completion of the first year requirements needed for matriculation to the second year, each fellow formally enters their selected career track. **Formal applications for track selection and Career Development Proposal (CDP) are required to be submitted by the fellow with their proposed mentor to the Fellowship Program Education Committee by February 1st of the F-1 year.** Review and feedback will be provided with time to modify the plan or change tracks (if needed) prior to June of F-1. Within each track, training is highly individualized to offer the most comprehensive and appropriate for each trainee, consistent with personal career goals. Second and third-year core curriculum rotations (F-2/3 CCRs) are distinctly different from the F-1 CCRs, emphasizing more autonomy, clinical decision making, and breadth of exposure. The resources provided to each fellow are equitable, with mentorship experience and milestone monitoring to assure that each trainee meets the challenge of personalized career development with success. The primary objective is to provide each fellow with unique opportunities and tools to be

prepared for the career destination and specialization of their choosing. As such, each fellow is expected to actively participate in the discovery, dissemination, and/or delivery of scientific advancements related to Hematology and Medical Oncology.

Movement from one track to another is **strongly discouraged**, but if necessary, requires approval from the Program Director, Mentor, FPEC and Division Chief. Requirements of the new track must still be met (regardless of timing of track transfer) prior to successful completion of the program and Board eligibility being met.

TRACK COMPARISONS

Track	Primary Goal	Theme	Resources & Skill Development	Scholarship Reqs	Electives	F-1 CCRs (mo)	F2/3 CCRs (range in mo)	Board
Clinical Investigator	Discovery	Primary Research	Graduate coursework/ seminars; Investigator Workshops; Grant submission	++++	Non-clinical	10	2-6	Single
							8-14	Dual
Clinical Educator	Dissemination	Education Portfolio	Formal teaching; Admin and Educational skills dev.	++	Non-clinical & clinical	10	8-22	Dual
Clinical Provider	Delivery	Quality Assurance and Improvement	Diverse clinical, business, and management skill dev; Clinical QA/QI	+	Expanded clinical	10	14-26	Dual

CLINICAL INVESTIGATOR (DISCOVERY)

For individuals with a career goal of pursuing predominantly translational or clinical research in an academic setting. Implies a commitment to translational clinical research and willingness to focus time and effort to becoming a competent academic investigator. This track requires a pre-fellowship demonstration of fundamental critical thinking skills and ability to perform scientific writing. Trainees interested in this track must begin discussions with the Program Administration by the mid-point of F-1 training (i.e., 6 months into the fellowship). A faculty committee will review the choice of mentor(s), projects and progress during the F-2/3 years. Fellows are expected to review pertinent research articles, give seminars, write abstracts and papers, as well as attend and present data at scientific meetings. With mentored support, development of projects worthy of intra and extramural funding is expected. A number of funding sources may be identified including foundations, NIH, ACS and in some cases institutional training grants. Given the focus and non-clinical resources required and provided, board eligibility may be limited to a single board (Hematology or Medical Oncology) at the completion of F-3. The decision to pursue single or dual board eligibility will be determined by the scope of the project, career goals, and needed non-clinical protected time to develop skills with committee review.

F-1 Approximately 10 months of F-1 CCRs will be assigned along with two continuity clinics (UF and VA). Interest in this track must be made known to the Program Director by the mid-point of the F-1 year, with formal entry into this track at the successful completion of F-1. Fellows **must submit a letter of intent by January 1st of F-1 with a subsequent written draft proposal of mentor selection, project selection, and scope of work must be submitted by February 1st of F-1** (Career Development Proposal). Competitive application to a clinical investigator training program/workshop is required during the latter F-1 year (ASCO-AACR, ASH CRTI, ASBMT, etc.). Fellows who have not met these timetables or requirements will be encouraged to explore other options and tracks.

F-2/3 Non-clinical electives will be provided consistent in quantity to the scope of the project and needs as determined by the approved CDP. Continued involvement in Fellowship Program educational and administrative responsibilities (i.e., conferences, call, meetings, etc.) is required, along with one half-day per week of VA continuity clinic. UF clinic participation with research mentor or for access to patients for research projects is encouraged, but not required. Elective rotations will be non-clinical research electives. Regular progress reviews will be conducted to make sure that necessary milestones and mentorship are being met. Competitive application to a clinical investigator program/workshop is required (ASH CRTI, ASCO-AACR, ASBMT, etc.), with application during F-1 and completion during early F-2. Other coursework or seminar participation may be considered on an individual basis. At least one research project is required to be conducted whereby the fellow is a major participant and Co-PI. This project must be approved by the review committee. This track requires the completion and submission of first-authored original work to a national meeting AND the completion and submission of first-authored original work manuscript to a peer-reviewed journal. The

latter must be submitted by **December 1 of the F-3 year**. Additional scholastic efforts including review articles or book chapters on the fellow's area of developing expertise should also be pursued. Sufficient work and data must be generated to submit intra and/or extramural grant applications (including consideration of K-Awards), which is also required. Expertise, skill sets, publications, and focus for project continuation as an independent clinical investigator is anticipated by the completion of the program. Fellows who have not met these timetables or requirements during the F-2/3 year(s) will need to limit board eligibility to a single board and/or extend training time with salary supported by their mentor until completion of these obligations.

CLINICAL EDUCATOR (DISSEMINATION)

For individuals with a career goal of pursuing clinical education, regardless of practice environment, but likely an academic setting. Implies a commitment to education, educational research, and administration with a willingness to focus time and effort to becoming a competent educator. Fellows are expected to review pertinent research articles, develop advanced didactic and small group lecture skills, write abstracts and papers, as well as attend and present at appropriate meetings. The development of a robust educational portfolio is required. Dual board eligibility (Hematology and Medical Oncology) is expected with this track.

F-1 Approximately 10 months of CCRs will be assigned along with two continuity clinics (UF and VA). Available elective time during F-1 will be dedicated to interviewing faculty in our division and institution and researching background data. A formal written draft proposal of how your mentor selection, project selection, and scope of work will fulfill the requirements of developing a robust educational portfolio including educational project(s), skill set development plan, and a mentor justification. This must be submitted by February 1st of F-1 (Career Development Proposal). Fellows who have not met these timetables or requirements will be encouraged to explore other options and tracks.

F-2/3 Non-clinical research and clinical electives will be provided consistent in quantity to the scope of the project and needs as determined by the approved CDP. Continued involvement in Fellowship Program educational and administrative responsibilities (i.e., conferences, call, meetings, etc.) is required, along with two half-days per week of continuity clinic (UF and VA). Elective rotations are expected to be a combination of non-clinical research and clinical electives. Regular progress reviews will be conducted to make sure that necessary milestones and mentorship are being met. This track requires active participation in the UF Resident as Teacher (RaST) Program leading to a certificate of completion. Development of a series of systematic educational self-authored didactic presentations to a diversity of audiences (lay person, students, residents, peer) on an area of clinical and/or research focus is required. This includes fellowship specific conference requirements and at a minimum 6 additional presentations. Three of the additional presentations will be didactic, and three will be as a leader of a small group. (See chart).

Presentation type	Example Opportunities
Didactic (3)	8E lecture (self authored, outside of regular 8E lecture series) Resident lecture (noon or morning report) PA lectures Hematology medical student course lectures Grand Rounds (ie great cases) In service lecture to nursing staff
Small group (3)	Hematology medical student course labs Tuesday fellow noon conference

	Medical student small groups- oncology course Resident board review Fellow board review
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This track requires participation in the UF Hematology/Oncology Educational Working Group as F-2/3. Additional committee work is encouraged but not required. Formal annual evaluation of teaching skills by clinical education faculty with feedback is required (selection of 2 fellow presentations during F-2; and division senior presentation as F-3). This track requires the completion and submission of first-authored original work to a national meeting involving educational research or other area of clinical focus AND the completion and submission of first-authored original work manuscript to a peer-reviewed journal. The latter must be submitted by **December 1st of the F-3 year**. At a minimum, retrospective clinical outcome projects, clinical review articles, textbook chapters, or submissions to the AAMC MedEdPortal are acceptable. Development of an educational portfolio is required and will be reviewed at semi-annual progress meetings. Expertise, skill sets, publications, and focus for qualification as a clinical educator is anticipated by the completion of the program. Fellows who have not met these timetables or requirements during the F-2/3 year(s) may need to limit board eligibility or extend training time with salary supported by their mentor until completion of obligations.

As a group, the clinical educator fellows are expected to maintain and update the 8E housestaff teaching lectures.

CLINICAL PROVIDER (DELIVERY)

For individuals with a career goal of delivery of patient care, regardless of practice environment. Implies a commitment to life-long learning, development of a wide-knowledge base, and effective and efficient delivery of care with a willingness to focus time and effort to becoming a competent clinician. Fellows are expected to review the primary literature, analyze clinical guidelines, and participate in personal, professional, and organizational practice quality assessment and improvement projects. Dual board eligibility (Hematology and Medical Oncology) is expected with this track.

- F-1 Approximately 10 months of CCRs will be assigned along with two continuity clinics (UF and VA). A formal written draft proposal of mentor selection, clinical and administrative activities anticipated, and planned areas of scholarship must be submitted by February 1st of F-1 (Career Development Proposal).
- F-2/3 Involvement in Fellowship Program educational and administrative responsibilities (i.e., conferences, call, meetings, etc.) is required, along with a minimum of two half-days per week of continuity clinic (UF and VA). Elective rotations are expected to be a combination of expanded clinical opportunities and limited non-clinical time for quality assessment, quality improvement, and scholarly efforts. Selection of rotations with specific clinical programs and faculty will allow for broad clinical exposure consistent with career goals. Appointment to and active participation on at least one Program-approved hospital or institution clinical or administrative committee is required during F2/3. In addition, fellows on this track as expected to attend and participated in the Hematology/Oncology Fellowship Quality Improvement Oversight Committee. This track requires the completion and submission of first-authored original scholarly work by **December 1st of the F-3 year**. At a minimum, an individual or systematic clinical outcomes project, case-report, review article, or textbook chapter will qualify. All fellows on this track must actively participate in institutional and/or specialty-specific quality improvement projects. Additional clinical and managerial responsibilities are expected to be sought by the fellow (or otherwise assigned by the Program Administration consistent with the fellow's career and skill development) including but not limited to participation in clinical guideline development/refinement, patient safety, business of hematology/oncology, quality assurance, quality improvement, office management, and administrative projects. Participation in clinical research through active patient enrollment and Co-Investigator status in an already developed trial is encouraged, however, protocol development of a *de novo* trial is beyond the scope of this track. Expertise, clinical skill sets, knowledge, and efficient/effective delivery of care as a competent clinical provider is anticipated by the completion of the program. Life-long learning and assimilation of clinical quality improvement opportunities will provide skills needed for maintenance of certification, professional, and practice improvement.

H. Core Curriculum Block Chart

For descriptions, goals and objectives of the core clinical rotations please refer to the “Core Clinical Rotations Goals and Objectives” section of the handbook.

Number of months assigned per year of fellowship depends on individual career track and goals for professional development.

First Year (F1)	Second Year (F2)	Third Year (F3)
VA Consults	VA Continuity	VA Transition to Practice (TTP)
BMTU	8 East	8 East
Oncology		
Hematology	-----	Supervising Hematology
Palliative Care/Hospice	Outpatient subspecialty core clinical rotations	
-----	Research/Clinical Elective (depending on track)	
EBM/Vacation		

I. Fellowship Educational Conferences

- 1. Orientation Conference Series** – Division sponsored conferences are dedicated to an orientation lecture series during the first two months of each academic year. Conferences are specifically aimed at fellow education, intended to cover “the nuts and bolts” of fellowship, ranging from practical discussions on how the rotations are organized to overviews of a wide variety of topics in hematology and oncology. Speakers are specifically selected based on their area expertise and ability to effectively deliver knowledge to fellows, with changes made on annual basis based on fellow evaluations of both the conference series as a whole and the individual lectures.
- 2. Core Conference Series** – Fellows are expected to attend and participate in a number of educational conferences. Conference attendance is a priority of the division.
 - All Hands Meeting – Closed monthly administrative forum between fellows and fellowship program staff to openly discuss problems/successes/issues within the fellowship program.
 - Art of Oncology – Interactive conference with topics and reflection on professionalism, balance in work:personal life, coping strategies to avoid professional burnout, challenging expectations by patients and their families, and ethics of oncology practice. See section entitled “Art of Oncology Curriculum”
 - BMT/Hem Malignancy Conference – Includes topics focusing on hematopathology (multidisciplinary with pathology faculty attendance), BMT journal club and faculty presentations in the format of “How I treat XX disease” with review of evidence based medicine on select topics by faculty experts.

- Business of Oncology – Interactive conference co-sponsored by the Florida Society of Clinical Oncology (FLASCO). Topics reflect the business of clinical decision making in practice, private practice management, billing, coding, staffing, and personal/professional financial matters relevant to the clinical practice of medicine.
- Cancer Center Grand Rounds – Multidisciplinary conference involving all members of the cancer center (medical oncology, radiation oncology, surgical oncology, basic sciences). Presentations of up and coming research within the Cancer Center and nationally recognized leaders.
- Wednesday AM Conference - Conference given by fellows and faculty on a rotating basis, offering an in depth review of a variety of hematologic and oncologic topics. Expectations for this conference are listed in more detail below. A list of available conference topics is given in **Appendix C**.
- Benign Hematology Conference – Conference to review recent benign hematology cases, both inpatient and outpatient. Focus is on the complex clinical management and pathophysiology of hematologic disorders and experiential learning.
- HemOnc Division Conference – includes topics by faculty and fellows related to research projects, general updates in hematology and oncology, summaries from recently attended national meetings, and administrative issues.
- Journal Club –In depth and critical review of a timely article with the input of faculty discussion. Focus is on evaluating and understanding the statistical methods used for the study, biases, limitations, generalizability and acceptability to incorporate into clinical practice. See **Appendix E** for more details.
- M+M – UF Department of Medicine Morbidity and Mortality conference.
- VA Clinic Conference –Case based conference with fellow and faculty input for management of new or challenging cases seen in the VA clinic. There is a focus on clinical pearls, experiential teaching, and incorporation of evidence-based medicine into clinical decision making.
- REACH (Research, Education And Career Help) Conference – Sponsored by the Department of Medicine, this conference is aimed specifically at internal medicine subspecialty fellows. Presentations are typically given by fellows and their mentors or by individual faculty with expertise in an area. Topics include but are not limited to development of research projects, billing and compliance, choosing a career path, and balancing work and life. Interaction and professional relationship building with other subspecialty fellows is encouraged.

Hematology/Oncology Fellowship Program Educational Core Conference Calendar

Monday (Noon)	Tuesday (Noon)	Wednesday 7:30 – 9:00 am	Thursday 7:30-8:30 am	Friday (Noon)
HemOnc Division Conf	VA Clinic Conf	Fellows' Conf	Benign Hematology Conf	BMT-HM Conf
HemOnc Division Conf	VA Clinic Conf	Fellows' Conf	Benign Hematology Conf	BMT-HM Conf
HemOnc Division Conf	VA Clinic Conf	Fellows' Conf	Benign Hematology Conf	BMT-HM Conf
HemOnc Division Conf	VA Clinic Conf	Fellows' Conf	Benign Hematology Conf	BMT-HM Conf
	All Hands Mtg	Art of Oncology Business of Oncology	Cancer Center Grand Rounds Topics in Cancer Cell Biology	

3. Multidisciplinary Tumor Boards

Fellow participation at multidisciplinary tumor boards is consistent with the development of skills related to communication, systems-based practice, patient care and medical knowledge. Fellows are expected to actively participate in these conferences as it relates to the delivery of patient care and/or career development.

J. Workshops and Additional Training Resources

Additional internal and external training resources are available and encouraged based on career track selection.

Internal Resources

- 1. Wetlab** – Single-day educational retreat offered annually based on a three year rotating curriculum developed to incorporate hands-on laboratory procedures linked to clinical vignettes and brief didactic presentations. Exposes fellows to the molecular and biochemical basis, utility and limitations of current laboratory tests, including but not limited to coagulation monitoring, electrophoresis, flow cytometry and DNA/protein-based assays. Interpretative skills are integrated. Clinical coverage for fellows is provided by attendings. All fellows are required to participate each year.

2. **UF APPCI (Advanced Postgraduate Program in Clinical Investigation)** – Developed through the educational program of the CTSI to provide a comprehensive didactic curriculum and training program in clinical and translational science for senior fellows and junior faculty in the health sciences. Introductory courses, certificates and degree tracks are available. More information can be found at: <https://www.ctsi.ufl.edu/education/>
3. **Longitudinal Residents as Teacher (RaT) Program** – Certificate program offered over a 2 year period to improve teaching skills of housestaff at the University of Florida in a variety of settings. More information can be found at: <http://education.med.ufl.edu/office-of-graduate-medical-education/resident-as-teacher-program/>
4. **Educational and Clinical Committees** – A variety of administrative committees are available and required for fellows on the Clinical Educator and Clinical Provider tracks. These opportunities are intended to refine and develop skills in interpersonal communication, teamwork, leadership, and systems-based practice. A listing of available committees for potential selection is available in **Appendix F**.

External Resources

1. **ASH CRTI (Clinical Research Training Institute)** – The American Society of Hematology (ASH) offers this competitive year long mentorship program to prepare hematologist for careers in patient-oriented clinical research. Information can be found at: <http://www.hematology.org/Awards/CRTI/2195.aspx>
2. **AACR/ASCO Methods in Clinical Cancer Research** – A competitive workshop offered jointly by the American Association for Cancer Research (AACR) and the American Society of Clinical Oncology (ASCO). An intensive workshop in the essentials of effective clinical trial designs of therapeutic interventions in the treatment of cancer for clinical fellow and junior faculty clinical researchers in all oncology subspecialties. More information can be found at: <http://www.vailworkshop.org/>
3. **ASBMT Clinical Research Workshop**– The American Society for Blood and Marrow Transplantation (ASBMT) offers a competitive clinical trials development workshop annually. Information can be found at: <http://www.asbmt.org/>
4. **Professional Society Memberships** – A diversity of organizational resources are available to fellows to enhance training education, career development and practice management. These include, but are not limited to ASCO, ASH, ASBMT, FLASCO, ACP, and the AMA. Membership is REQUIRED for ASCO, ASH, FLASCO, ASBMT given the educational resources and professional development and annual meeting attendance or research training application. Membership is provided by the fellowship program (see below).

- 5. ASCO/ASH Education Essentials for Fellows** - It has long been recognized that everyone learns best through a diversity of means and venues. That is part of the reason why our fellowship curriculum contains a variety of mechanisms to achieve this endpoint (case conferences, didactic series, self-directed learning, small group discussions, etc.). One size does not fit all. All fellows in the program have the following resources available for the duration of their fellowship and for a few months beyond fellowship completion as part of self-directed Board Review preparation. Educational Resources include:
- a. ASCO, ASH, FLASCO and ASBMT annual memberships (including ability to compete for travel/research/merit awards and workshops)
 - b. All ASCO University courses including tumor boards, literature reviews, self-assessment courses, and (2) ASCO Virtual meetings annually
 - c. ASCO-SEP, 3rd edition Print and eBook and Online Question Bank
 - d. ASCO-SEP, 3rd edition Flashcard app
 - e. Achieving Career Success in Oncology eBook
 - f. Free Registration at an ASH annual meeting, Highlights or State-of-the-Art Symposia (1) annually
 - g. ASH-SEP 5th edition eBook and Question Bank
 - h. First year fellows are also provided with iPads issued by the Program at the beginning of their training, which will remain UF Property, to take advantage of some of these new online/mobile resources (see Electronic Resources and Communication Policy section for more details).

K. Evaluation of Fellows

1. Performance Evaluations

- Individual fellow evaluation occurs through both verbal and written evaluations. Each faculty member who supervises a fellow on a clinical rotation is required to complete an online evaluation monthly addressing performance in each core competency as it applies to a given rotation. The results are stored within New Innovations, an online password protected evaluation system. This is in addition to verbal feedback to be provided throughout and at the end of the rotation period. Evaluations are intended to document the fellow's performance as related to the core competencies specific to that rotation. Rotation specific goals and objectives with these descriptions are reviewed with the fellow at the beginning of the academic year and again by the faculty at the beginning of each rotation. They remain available to the fellow and faculty at all times online.
- Evaluations from faculty research mentors are obtained at a minimum every 6 months prior to the semi-annual evaluation of the fellow. More frequent evaluations may be obtained depending on the scope and timing of a fellow's project.
- Feedback from staff, patients, nurses and peers are solicited and included in formal twice annual 360° evaluations.
- Twice annually, the Program Director (PD) and the Clinical Competency Committee (FPEC) reviews the fellow's evaluations, incorporating all of the above, with the fellow. See the "Progress & Promotion Meetings" section below.
- The evaluation tool used to evaluate fellows is a novel metric developed by our Program. Based on the Dreyfus model of educational and procedural competency, our modified system helps to improve consistent reporting and elimination of excessive subjectivity by supervising faculty. Text anchors for each evaluation point provide reference for performance metrics. Fellows are evaluated relative to their ultimate goal of fellowship matriculation as an autonomous, self-reliant, and competent medical practitioner. Serial progress is closely monitored and gauged with appropriate milestones embedded into the evaluation process and promotion policy (see "Promotion and Matriculation" section below).

2. Portfolio: Each trainee, upon entering the program, will construct and maintain a personal evaluation portfolio in the New Innovations system. Individual fellows are responsible for filling the contents of each section **on a continual basis** during the course of training. Contents will be assessed and feedback given during each of the semi-annual meetings with the PD. Contents will include, at a minimum, the following:

- Results of all evaluations by faculty, staff, and patients (360 degree eval results).
- Listing of supervised and completed procedures performed.

- Didactic presentation listing with copies of slides.
 - Serial self-assessments of knowledge base with regard to key topics, conditions, and procedures. This self-assessment will be based on individual personal goals and level of training. Procedure performance will also be evaluated by the trainee. Results will help guide elective rotation selections, clinic assignments, didactic topics, reading materials, and potentially research topics.
 - Faculty mentor identification, research project topics in progress, manuscripts/publications, and mentor evaluations.
 - Updated CV complete with any awards achieved.
 - Listing of regional and/or national conferences attended.
 - Results of in-training examinations.
 - Summary letters from programmatic personal meetings with PD.
 - Educational portfolio (if applicable to track)
- 3. In-Training Examinations:** The nationally offered hematology and oncology in-training examinations are proctored in the second year of fellowship. All F-2 fellows and select F-3 fellows will participate. The results of these tests are used to help guide future rotations, conference presentations, and independent study for individual fellows. Weaknesses and strengths noted consistently by the fellows are integrated into fellowship program curriculum development.
- 4. Procedural Requirements and Documentation:** Board certification in Hematology and Medical Oncology by ABIM requires documentation of competence by the Program Director for specific procedures. As required by the ACGME, the fellowship program requires supervision and evaluation of the fellow's ability to understand the indications, contraindications, limitations, complications, techniques and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline.

Education and supervision in the following procedures is incorporated into hands-on educational conferences and pertinent clinical rotations:

- Management and care of indwelling venous access catheters
- Interpretation of peripheral blood peripheral blood smears, including manual white blood cell and platelet counts, with appropriate quality control
- Serial measurement of tumor masses
- Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning and nuclear imaging techniques

In addition to the above, the following procedures require a minimum number be successfully performed with supervision prior to credentialing by our institution. These are recorded in New Innovations™ along with a supervisor's evaluation. After

credentialing, a fellow is considered proficient in the procedure and may perform procedures without supervision, although faculty assistance remains available at all times.

UF HemOnc Fellowship Procedure Targets

Procedure	Number needed for credentialing*
Bone marrow aspiration and biopsy, including preparation, examination, and interpretation of bone marrow aspirates and touch preparations of bone marrow biopsy	10
Management of methods of apheresis	5
Administration of intrathecal (IT) chemotherapy	5
Administration of intraperitoneal (IP) chemotherapy (optional)	5
Selection and administration of chemotherapeutic agents and biologic products through all therapeutic routes	Requires completion of fellowship

*UF HemOnc Fellowship Program minimum requirements. Fellows are encouraged to record all procedures performed, even after documentation of proficiency, as post-graduate hospital and practice credentialing may require a higher minimum number of procedures.

5. **Self-Assessments of Knowledge (SAKs):** Prior to the start of fellowship and every 6 months thereafter (the latter to coincide with progress & promotion meetings) each fellow fills out a comprehensive SAK. Results are reviewed with the program director at the progress & promotion meetings to assist in determining appropriate conference topics and rotations for individual fellows.
6. **Scholarship:** Participation in and active demonstration of scholarship is required for each fellow. The degree of involvement in research depends on each individual fellow’s track selection (details given in the “Career Development through Career Tracks” section). Fellows are advised and supervised by qualified faculty members. Documented productivity through publication in peer-reviewed journals and/or abstracts presented at national meetings is required.
7. **Progress & Promotion Meetings:** Twice annually, the program director reviews the fellow’s evaluations, incorporating all of the above sections, with the fellow in order to address any deficiencies or areas of needed improvement. It is also appropriate during these talks to encourage fellows who are performing in an excellent fashion, review research goals and progress, and provide feedback on the updated content of the portfolio. Competence in the core areas are addressed during these meetings. As the fellow progresses through the fellowship with fundamental requirements being met, increasing emphasis is placed on career development. The

Clinical Competency Committee reviews and approves Fellow progress in a semi-annual manner.

8. Promotion and Matriculation of Fellows

Promotion of fellows is done on an annual basis and is dependent upon satisfactory demonstration of the following:

- Completion of all core clinical and elective rotations.
- No evidence of un-remediated unsatisfactory evaluation(s).
- Completion of all administrative requirements including, but not limited to, medical record, institutional, and programmatic duties.
- Evidence of continued procedural skill development.
- Professionalism, interpersonal skills/teamwork, and ethical conduct consistent with the practice of medicine (as referenced in the AMA Code of Ethics).
- F1→F2 requires an average score of 2.0 (Novice) in all core competencies during the F1 year.
- F2→F3 requires an average score of 3.0 (Advanced Beginner) in all core competencies during the F2 year and passage of ABIM Internal Medicine Certification examination.

Matriculation from program requires

- Average score of 4.0 (Competent) in all core competencies during the F3 year (or final year of training) or evidence of adequate capabilities as judged by the Program Director and Administrative staff.
- Evidence of scholarly activity resulting in the presentation and/or publication (which include abstracts) as a first-author original work.
- Completion of all administrative requirements including, but not limited to, medical record, institutional, and programmatic duties.
- Professionalism, interpersonal skills/teamwork, and ethical conduct consistent with the practice of medicine (as referenced in the AMA Code of Ethics).

L. Awards

Individual fellows are recognized annually for excellence in a number of performance measures. These awards are selected through a variety of ways, each representing a different area of priority for our Fellowship Program and Division.

1. **Susan M. Bryan Memorial Award for Excellence in Clinical Care:** Named in honor of our Program's first Fellowship Coordinator, who was also a cancer patient and strong supporter of fellow education. This award recognizes the fellow who demonstrates the skills of compassion, patient advocacy, and commitment to excellence in the delivery of high quality and personalized patient-centric clinical care.

- 2. Junior Investigator Award:** This award goes to the fellow who holds the most potential for and has demonstrated a commitment to excellence in the discovery of scientific advancements and knowledge in hematology and/or oncology.
- 3. Craig S. Kitchens, MD Award:** This award goes to the fellow who has demonstrated a commitment to peer mentorship, education, and leadership in the Fellowship Program and Division of Hematology & Oncology.
- 4. Fellowship Positive Impact Award:** This award goes to a single faculty member, recognized by the fellowship group annually, for going beyond the scope of his/her responsibilities to significantly and positively impact the education of fellows.

M. Board Certification Requirements

Registration and fees for ABIM certification examination is the responsibility of the trainee. Deadline and fee schedules are available online at <http://www.abim.org>. In general, examinations are available in the fall a few months after successful completion of the training program. Registration is usually in the spring prior to a fall examination.

All fellows are required to pass ABIM Internal Medicine certification examination during the fall of their F1 year, if not already Board Certified prior to entry into the Fellowship Program. All fellows who successfully complete this Program are expected to become Board Certified within 2 years of graduation. Requirements for board certification can be found on the American Board of Internal Medicine (ABIM) website:

Hematology: <http://www.abim.org/certification/policies/imss/hema.aspx>

Medical Oncology: <http://www.abim.org/certification/policies/imss/medon.aspx>

Registration for the fall ABIM Certification examinations occurs in the Spring of the F3 year.

N. Evaluation of Faculty by Fellows

- Faculty evaluations by fellows are completed online through New Innovations. These are expected to be performed monthly and responses are anonymous by nature of the computerized system. The Program administration is provided with annual faculty reports. Copies are also made available to the individual faculty annually, provided enough evaluations have been recorded to assure anonymity. Faculty are responsible to review and improve educational performance in accordance with the results. The PD and Division Chief reserve the right to reassign teaching responsibilities for individual faculty who consistently have poor evaluations. Faculty are required to provide evidence of didactic teaching to the

fellows through division-level conferences as part of their annual performance evaluation letter to the Chief and Chair.

- Faculty participating in the orientation lecture series receive anonymous evaluations of his/her presentation from the fellows. These are collected and summarized by the program coordinator prior to faculty distribution to ensure privacy.

O. Evaluation of the Fellowship Program

- Formal evaluation of the fellowship program is conducted annually within the division and by the ACGME. To insure anonymity, fellow evaluations are tabulated prior to review. Results are used for program improvement.
- Former graduates of the program are evaluated at 1, 3 and 5 year post-graduation for feedback on changes needed within the curriculum to better prepare fellows for a diversity of practice environments.
- Review of the rotation goals and objectives, curriculum, and effectiveness of the training program is undertaken annually by the Education Committee. This group is comprised of key clinical faculty and fellow representatives who make their recommendations directly to the Program Director and Division Chief. This is in addition to regularly scheduled informal monthly meetings (“All Hands Meetings”) between the fellows and the administrative staff.
- Results of in-training exams and graduate board examination scores are incorporated into fellowship program curriculum development.

P. Fellowship Program Evaluation/Education Committee and Mentorship Program

The **Fellowship Program Evaluation/Education Committee (FPEC)** is responsible for the reviewing and revising the curricula and educational policies of the Fellowship Program. It includes faculty representatives from the Program administration, division leadership, each of the core clinical rotations and sites of training, Key Clinical Faculty, and peer-selected fellows. This group meets regularly and provides an invaluable forum for discussion and policy determination for the educational content of our fellowship training and mentorship programs as well as fellow evaluations and promotion recommendations. Faculty and fellow appointments are done on an annual basis.

The division and institution respect the role of **mentors** in the career development of trainees and this responsibility is not taken lightly. Potential faculty mentors meet with the fellows in an informal venue semi-annually to showcase research, quality improvement, clinical, and administrative programs to which fellows might be interested in participating. After interviewing several faculty members, each fellow selects a mentor consistent with their career development and track selection. The mentor/fellow relationship is closely monitored for mutual effectiveness with accountability to both parties. The mentor is responsible for

assisting the fellow with their Career Development Proposal and provides written updates twice annually to the Program administration for inclusion in the semi-annual progress and promotion meeting reviews. The mentor is also responsible for reviewing fellow presentations and attending presentations when feasible. Faculty mentors for fellows must be approved by FPEC based, in part, on prior success in mentoring, commitment to trainee education and career development, and administrative time and professional resources available to support the mentee.

Q. Clinical Competency Committee (CCC)

The **Clinical Competency Committee (CCC)** is appointed by the program director. At a minimum, this committee must be composed of three members of the program faculty, although faculty from other programs and non-physician members of the health care team may also be appointed. The members of this committee will review all resident evaluations semi-annually, prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME and will advise the program director regarding resident progress, including promotion, remediation and dismissal.

III. Rotation Policies, Goals and Objectives

A. Supervision & Graduated Progressive Responsibilities

Fellows are appropriately supervised at all times and in all settings. This includes both inpatient and outpatient settings and in all rotations both within and away from the primary institution. The attending physician remains ultimately responsible for the care of the patients at all times. The specific policy below is in addition to that of our sponsoring institution.

POLICY:

- On-call and rotation assignments for both fellows and faculty are published monthly and maintained in real-time. Pager and phone listings are also maintained with home numbers available through the hospital operator. These are all available 24 hours/day and 7 days/week.
- The faculty attending assigned to each inpatient rotation/service will serve as the supervising attending for the respective fellow(s) on each inpatient rotation during working hours.

- The faculty attending assigned to the fellow's elective rotation (determined in advance by the PD) will serve as the supervising attending for the respective fellow(s) during working hours.
- At the beginning of each rotation block, fellows are required to verify through direct contact that the attending assigned on the schedule is their supervisor. Means of preferred communication as well as backup options are to be established between the fellow and faculty at that time.
- During on-call or holiday/weekend duties, the supervising faculty will vary dependent upon the patient disease process (independent of facility) as follows:
 - Malignant hematology or bone marrow transplant cases will be supervised by the BMT/Hem malignancy on-call faculty.
 - Solid tumor cases will be supervised by the oncology on-call faculty.
 - Hematology cases will be supervised by the hematology on-call faculty.
- The PD ultimately retains the final degree of educational, clinical, and professional supervision for the fellows, consistent with ACGME policy, and serves in a supervisory back-up position.
- Research and other faculty members also assist in the supervision of fellows in non-clinical activities consistent with personalized career development priorities.
- Degree of supervision is dependent upon level of training and prior demonstration of adequacy in patient management and decision making. These determinations are described in detail in the policies on Evaluation and Promotion and Job Description. Graduated levels of responsibility and increasing autonomy in patient care and medical decision making are critical training elements of this program. The PD and Program administration will closely monitor fellow progress to verify demonstration of skills is consistent with level of afforded responsibility.

B. On-Call & Consultation Responsibilities

Updated: March 2010

Approved by Fellowship Program Educational Committee: May 2010

Supervision: Prior to each calendar month, a call schedule for the division is generated documenting the attending physician assigned to each core clinical rotation, including cell phone or pager number. It is expected that the supervising attending be available at any time for assistance with patient care and supervision of the on call fellow. If this individual cannot be reached, the program director should be contacted. Specifics related to the supervision of fellows, including overnight, weekend and holiday call, are outlined in the

“Supervision & Graduated Progressive Responsibility” section. Requirements for “Medical Record Completion” are clearly detailed in that section as well.

Overview:

- Any request for assistance in clinical care or logistical management by a primary service justifies a consultation and documentation of involvement in the patient medical chart. The degree of involvement is dependent upon the request and ultimately at the discretion of the consultative and supervising attending of record.
- THERE ARE NO CURBSIDE CONSULTS ALLOWED.
- All on-call is home-based call unless otherwise specified.
- Return to inpatient facilities may be needed in certain instances for patient management and other clinical responsibilities.
- Home call responsibilities are not intended to replace in-facility management. Volume and intensity of clinical care is monitored by the PD consistent with ACGME policies.
- All fellows participate in weeknight home-call responsibilities, with varying levels of supervision consistent with their abilities and level of training.

First year fellows (F1): The call responsibility for F1 is primarily limited to continuity coverage of patients on the hematology consult service, including calls related to questions from the inpatient services and new hematology consultations. As experience and knowledge increase, weeknight on-call responsibilities will be increased accordingly.

Second and Third year fellows (F2/3): Have more diverse call responsibilities which include triage of weekend non-hematology consultations and all outpatient management calls. The specific call responsibilities are outlined below. It is expected that after a fellow begins the F3 year, supervision will continue by the attending of record, but the fellow will be able to formulate a complete plan with little input from the attending.

Responsibilities and Duties:

Daytime Consultations (Weekdays 7AM-7PM):

- The fellow assigned to each of the core clinical inpatient rotations (CCR) will cover follow-up and new consults from 7AM-7PM. Calls received on the on-call pager relating to inpatient issues by the on-call fellow from 5PM-7PM will be relayed to the appropriate CCR fellow who is still responsible to these inpatient CCR responsibilities until 7PM daily.
- All new consultations require a full H&P, although it should be problem-focused and not a duplication of the extensive medical H&P already part of the medical record.
- The consultation must be seen and staffed within 24hours of initial request for assistance.
- Communication with the primary service should ensure that they know the consultative process has been activated and WHO the consult team members are to contact in the event of further questions.

Weeknight On-Call Responsibilities (5PM-7AM):

- Outpatient calls (5PM-7AM): The on-call fellow is responsible for all outpatient calls (including calls from ancillary services relating to outpatient) received from patients known to the division of HemOnc from 5PM-7AM. Outpatient calls from bone marrow transplant (BMT) patients are frequently received directly by the BMT unit, these calls will be accepted by the BMT CCR fellow until 7PM.
 - Documentation of any phone contact with a patient within EPIC (telephone note) or CPRS is expected, depending on site of primary care of the patient.
 - Contact on call attending with any questions or concerns regarding recommendation verbalized to the patient.
 - If the primary attending is not the on-call attending, communication should be relayed by the following morning regarding nature of call and recommendations given. Reference to the documented note is acceptable.
 - At Shands, EPIC telephone notes regarding patient calls should be marked as HIGH PRIORITY and routed to the primary attending, both for documentation as well as for staff follow-up with patients.
 - Next weekday morning Davis Cancer Center clinic assessments are available for stable patients in this manner. Next weekend day outpatient BMT (7th floor) clinic assessments are also available for stable patients.
- Inpatient calls (7PM-7AM): The on-call fellow is responsible for all calls related to known or suspected HemOnc issues on the inpatient services from 7PM-7AM. Calls received on the on-call pager relating to inpatient issues by the on-call fellow from 5PM-7PM will be relayed to the appropriate CCR fellow.
 - Inpatients known to CCR: The CCR fellow covers issues related to known inpatients from 7AM-7PM. The on-call fellow covers these issues from 7PM-7AM.
 - A check-out will be received from the BMT and hematology service to the on-call fellow each evening.
 - Significant overnight changes will be discussed with supervising attending. These changes should be relayed verbally to the appropriate CCR fellow by 8AM the following morning.
 - Requests for assistance in the management of unstable patients or with issues related to the subspecialty scope of practice are on-call priorities for inpatient care.
- New Consults: Consults received from 7AM-7PM will be managed by the appropriate CCR fellow. Consults received from 7PM-7AM requesting consultation will be triaged by the on-call fellow.
 - Non-emergent consults may be deferred to the appropriate CCR to be seen the next day. The CCR fellow must be notified verbally of the new consult by 8AM.
 - Emergent consults should be seen overnight with attending supervision.
 - Attending input regarding the timing of new consultation is expected.
- Admissions: The on-call fellow does not have the ability to directly admit a patient from the outpatient setting (unless an exception is made by a BMT attending) and is never the primary physician admitting patients overnight.
 - BMT unit admissions must be approved by the supervising BMT attending.

- Recommendations for the appropriate admitting service for non-BMT oncology patients at Shands Teaching Hospital can be made by the on-call fellow, but the final decision for placement is determined by the medicine admitting officer of the day (AOD).
- Transfer requests from outside facilities: While the initial call will be taken by the on-call fellow, only the supervising attending for the appropriate CCR can make the decision whether or not to accept a patient for transfer.

Weekend and Holiday On-Call Responsibilities:

- F1 Responsibilities: On weekends and holidays, the F1 assigned to the hematology CCR will provide follow-up of patients known to the hematology CCR. New hematology consults will be performed by the F1 fellow between the hours of 7AM-7PM, however in-facility residence during that entire time period is not required. Strict adherence to the HemOnc Fellowship Duty Hours and Fatigue policy is expected. When needed, the F2/F3 covering the weekend or backup fellow will fulfill the responsibilities of the F1 fellow in their absence and during the hours of 7PM-7AM.
- F2/F3 Responsibilities: Weekend coverage begins on Friday at 5PM (or the first day of the holiday) and ends at 7AM Monday morning (or the day after the holiday period).
 - Consults: All consult requests are triaged by the on-call upper level fellow on weekends and holidays. Consults appropriate for the hematology CCR will be completed by the hematology CCR fellow during 7AM-7PM. For all other consults, fellows and faculty are expected to complete consults using the same timeline used for consultation during the week (as soon as possible for emergent consults, within 24 hours for non-emergent consult). "Holding" consults through a weekend/holiday to be completed by another CCR fellow during the week is strongly discouraged. Patients who contact the fellow after hours and who would benefit from next weekend day outpatient BMT (7th floor) clinic assessments are to be seen by the on-call fellow and 8E attending in that venue.
 - Non-consult responsibilities: are as outlined for weeknight on-call responsibilities.

C. Back-up Coverage Policy

Updated: September 2014

Approved by Fellowship Program Education Committee: May 2010

- Back-up is to be utilized for acute personal illness or family emergencies only. Back-up is not to be used for pre-planned conferences, vacations, or other more "predictable" life events such as weddings, births, etc.
- All Second and Third year fellows are included in the backup schedule. Fellows will be assigned to back-up in 2 week blocks corresponding to service changes. For example, in the month of July back-up coverage will be divided as follows: July 1th -July 15th and July

16th -31st. Fellows will be assigned to back-up while on elective clinical or research rotations, except in rare circumstances.

- Fellows on backup must remain in Gainesville in the event that they are urgently needed.
- Any fellow in need of back-up must:
 - Personally contact the Chief Fellow for notification of need for back-up. The Chief Fellow will notify the Program Director(s) and Program administrative staff to document the fellow absence, the anticipated duration of coverage need, and coverage plan.
 - Personally contact the back-up fellow and provide an appropriate level of patient care check-out so as not to impede patient care.
 - Personally contact the attending of record to notify them of the change in fellow coverage and/or patient's if primary clinic is to be missed.
 - Remain available (as is reasonable depending on need for absence) for patient care related questions by the back-up fellow.
- Fellows on back-up will be contacted directly by the fellow requesting back-up after approval for backup is granted by the Program Director(s)
 - The back-up fellow's cell phone will serve as the contact method if not reachable by pager.
- It is expected that if the back-up fellow is used to cover a weekend call, the original fellow assigned to that duty will make efforts to pay back the weekend coverage if feasible. This will be determined between the two affected fellows.
- The back-up schedule will be released along with the service coverage schedule.

D. Core Clinical Rotations (CCR) - Goals and Objectives

Rotation: **BLOOD AND MARROW TRANSPLANT**

Updated: April 2013

Approved by Fellowship Program Education Committee

Fellow level: F1 Duration: 2-4 week blocks
Location: Shands Hospital BMT Unit and Shands Hospital (other floors)
Evaluation: Done by supervising faculty in both written and verbal form

General Description:

The BMT rotation consists of experiences in patient care as part of a team for patients with hematologic malignancies and other disorders requiring intensive chemotherapy, high dose chemotherapy and stem cell rescue or allogeneic bone marrow transplant from sibling or matched unrelated donors. A critical spectrum of diseases are seen during this rotation including acute leukemias, chronic leukemias, non-Hodgkin's lymphomas, Hodgkin's disease, myelodysplastic syndrome, myeloproliferative disorders, multiple myeloma, and bone marrow failure conditions like aplastic anemia. This rotation is a core requirement for all first year fellows.

The fellow's primary focus will be on the supervisory care of transplant patients. These patients may be physically located on BMTU, Medicine, Oncology, or MICU units. The fellow will work closely with and supervise the midlevel practitioners in the routine and daily care of patients housed within the geographic confines of the BMTU. The fellow will be responsible for the consultative management of any patients off the BMTU. For this latter group of patients, the fellow will write daily progress notes that will be co-signed by the BMT attending. The fellow is responsible for communicating daily with Division Administration in regards to clinical charges generated by any consult encounters outside the BMTU. The fellow will participate in daily BMT work rounds. Performance at a level of a junior attending is anticipated after a 2-4 week initial inpatient exposure. After that point in time, the fellow is expected to run morning work rounds with input provided by the supervising attending. The fellow will attend appropriate transplant and hematologic malignancy conferences and speak with patients, families and other physicians or health-care team members regarding medical and psychosocial aspects of care. The fellow will work closely with the midlevel practitioner team and will remain available to answer questions and make plans for procedures, orders and discharge planning. The fellow will proactively communicate with the outpatient clinic team to ensure continuity of care for discharged patients.

All newly admitted patients to the BMTU will be evaluated by the fellow with an appropriate documentation revealing a review of their medical record and upcoming treatment plan. The fellow will write admission notes (attending-like) that will be co-signed by the attending for all

patients admitted to the BMTU. The fellow is expected to lead “checkout rounds” with the midlevel practitioners at 4 PM. He/she will see any new inpatient consults with the Attending, go over any patient care issues and should personally review any newly admitted patients with the BMT Attending. The fellow will be responsible for preparing sign-out patient summaries for the night coverage staff.

The fellow will be responsible for giving one educational lecture weekly to the inpatient BMT team, generally Fridays at 3:30. This can be on a general medicine or HemOnc-related topic. The fellow is expected to actively participate in the Hematopathology Case Conference which is coordinated by the fellow on the 8E rotation as well as the Tuesday morning BMT team meeting.

The fellow will be excused from rotation responsibilities only for attendance at the two programmatically required ½ day clinics throughout the week (VA and UFSCC), but will remain available via pager to continue to provide assistance and continuity with the midlevel provider team. On these afternoon clinic days, the fellow is responsible for contacting the attending who run “checkout rounds” and will provide the fellow with updates afterwards. The fellow still remains responsible for maintaining and distributing the sign-out patient summaries.

Fellows will learn through teaching rounds, attending conferences, faculty teaching, self-study, patient care conferences, and through preparation of didactic presentations. The BMT faculty has created a syllabus of relevant articles that are distributed during fellowship orientation and available via the internet in all of the fellow’s clinics and in their offices. These are updated annually and serve as core required reading throughout the fellowship training.

Fellows will participate when appropriate in bone marrow and stem cell harvesting, storage and administration as well as patient care procedures including bone marrow biopsies and aspirates, intrathecal chemotherapy administration, and skin biopsies. Fellows are also expected to review peripheral blood smears, coagulation testing, bone marrow aspiration, biopsy and interpretation.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To recognize the following:

- Appropriate use of bone marrow and stem cell transplantation as part of the overall management of patients with cancer and blood disorders.
- Daily management of patients undergoing allogeneic bone marrow transplantation and autologous bone marrow/stem cell rescue.

- Comprehensive treatments for leukemias, lymphomas, multiple myeloma, myelodysplastic syndrome, myeloproliferative disorders, and bone marrow failure conditions like aplastic anemia.
- Acute and chronic graft versus host disease treatment options.
- Antiemetics, antibiotics, growth factors and other supportive care measures in such patients.
- The process of clinical trial enrollment and patient monitoring.
- Post-therapy opportunistic infections utilizing pre-emptive tests, prophylaxis when appropriate, disease diagnosis, and appropriate anti-microbial therapy.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To recognize the following:

- Use of bone marrow and stem cell transplantation as part of the overall management of patients with cancer and blood disorders.
- Daily management of patients undergoing allogeneic bone marrow transplantation and autologous bone marrow/stem cell rescue.
- Treatment strategies for leukemias, lymphomas, multiple myeloma, myelodysplastic syndrome, myeloproliferative disorders, and bone marrow failure conditions like aplastic anemia.
- Short and long term complications of high dose chemotherapy.
- Pathophysiology and treatment options of acute and chronic graft versus host disease.
- Transfusion medicine policies and practices in transplant patients.
- Rationale use of antiemetics, antibiotics, growth factors and other supportive care measures in such patients.
- Bone marrow harvest, storage and reinfusion and their complications.
- Immunologic mechanism which underlie the therapeutic benefits conferred by allogeneic hematopoietic cell transplant.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To recognize the following:

- Educational and evidence-based resources to seek answers to scientific and clinical questions.
- Deficiencies in knowledge or experience and actively seek opportunities for correction.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To recognize the following:

- Skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Educational role of the subspecialist to the residents and students working with their patients.
- Role of multidisciplinary conferences for patients with hematologic malignancies.
- Appropriate end of life discussions with patients with incurable malignancies.
- Peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Role of subspecialist physician as part of a multidisciplinary team in caring for such patients and discuss issues related to risks and benefits of treatment as well as prognosis.
- Role of a consultant in assisting another physician with the care of a patient.
- Appropriate supervision of extenders and nursing personnel.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To recognize the following:

- Skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

To recognize the following:

- Evaluation of patients in the outpatient setting seeking consultation regarding the risks, benefits and costs of allogeneic or autologous stem cell/bone marrow transplant.

- Skills necessary for leadership within a healthcare team, with particular emphasis on the role of extenders, oncology nurses, and oncology pharmacists.
- Appropriate timing and use of palliative care and hospice services.

Rotation: **HEMATOLOGY CONSULTS**

Updated: May 2013

Approved by Fellowship Program Education Committee

Fellow levels: F1

Duration: 2 week blocks

Location: Shands Hospital

Evaluation: Done by supervising faculty in both written and verbal form.

General Description:

The Hematology consult service provides a vital educational experience to the fellow. Patients seen on this service may be on surgical, medical, obstetrics and gynecology, psychiatry, or dental services. This rotation restricts its services to those with primarily benign hematology problems including hemoglobinopathies such as sickle cell disease, anemia, leukopenia, thrombocytopenia and disorders of hemostasis leading to either bleeding or thrombosis. Occasionally, the service will also provide recommendations on some malignant hematologic disorders such as myeloma, lymphoma, or other myelo/lymphoproliferative disorders. Fellows are first called as consultants by the primary team in order to address some aspect of the care or evaluation of a patient. After a thorough evaluation (and discussion with the upper-level fellow; if rotating concurrently), the patient is seen by the faculty attending physician with the fellow and education is done as part of the patient-physician encounter or separately during teaching rounds when appropriate. Medical students and internal medicine residents may also be a part of this team depending on the month. The presence of a mid-level provider assisting with ongoing care for uncomplicated inpatients on the rotation should enhance the team dynamics for patient care, but the F1 fellow is still responsible for the oversight and monitoring of ALL patients on the consult team. Complications of common or uncommon blood diseases are frequently encountered as part of this rotation as well as complications of anticoagulation. Fellows are the primary communicators with the primary team regarding recommendations made by this service.

The F1 fellow is the primary team member on this rotation with support provided by the upper level fellow (“supervising hematologist”; if also rotating). All new consults are to be seen by the F1 fellow and subsequently staffed by the upper level fellow and/or attending. The consult pager is held by the upper level fellow (if present) with teaching, patient triage, and initial management decisions being supervised by this advanced practitioner. Attending supervision is intended to be a final or tertiary event when an upper level fellow is present. The upper level fellow provides coverage for the F1 fellow responsibilities in the event of clinic or other conflicts.

Fellows learn through teaching rounds, conferences, self-study and patient care conferences. Presentations at weekly informal hematology case-based conferences is expected. When present, the upper-level fellow is expected to provide the majority of these formal conferences.

Otherwise, the F1 fellow will present. The ASH-SAP serves as a good source of reading and educational resource during this rotation.

Fellows will participate in bone marrow biopsies and aspirates, plasmapheresis, leukoreduction, and transfusion medicine support. They are also expected to review peripheral blood smears, coagulation testing, bone marrow aspiration, biopsy and interpretation.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To recognize the following:

- The basic mechanisms which underlie the normal functioning of the bone marrow, blood and related components to patient care.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The use of various anticoagulants and manage their complications.
- The evaluation and treatment of patients with lymphoproliferative, myeloproliferative, or other primary bone marrow disorders.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To recognize the following:

- The basic mechanisms which underlie the normal functioning of the bone marrow, blood and related components.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The use of various anticoagulants and their complications.
- The evaluation and treatment of patients with lymphoproliferative, myeloproliferative, or other primary bone marrow disorders.

- The skills needed to interpret peripheral blood smears, bone marrow aspirations and biopsies, supervising clinical apheresis, as well as basic and advanced tests of thrombosis and hemostasis.
- The impact of benign blood disorders on the management of other medical and surgical conditions.
- The impact of pregnancy and benign blood disorders on one another.
- The use of biological agents such as growth factors, as well as cytotoxic agents in the management of benign hematology.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To recognize the following:

- The effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Perceived deficiencies in knowledge or experience and opportunities for correction.
- Effective presentation and dissemination of hematology case-based information with peers and others at weekly meetings and apply evidence-based medicine outcomes.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To recognize the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Effective education of residents and students working with their patients.
- The role of a consultant in assisting a primary team with the care of a patient.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

4. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To recognize the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.

- Effective communication skills with patients and their families with attention not just to the medical aspects of clinical care, but also to the psychological, social and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

To recognize the following:

- The psycho-social implications and the impact of health-care delivery systems on the care of patients with blood disorders, especially sickle cell disease and inherited or acquired deficiencies of coagulation.
- Evaluation and treatment of hematologic disorders in intensive care inpatient environments.
- The skills necessary for leadership within a healthcare team.

Rotation: **8E (Oncology Unit)**

Updated: May 2013

Approved by Fellowship Program Education Committee

Fellow Level: F1

Duration: 2-4 week blocks

Location: Shands Inpatient Hospital Ward (8E)

Evaluation: Done by supervising faculty in both written and verbal form

General Description:

The 8E rotation represents a comprehensive exposure to supervisory, inpatient and procedural management of patients with hematologic (HM) and solid tumor (ST) malignancies. A critical spectrum of diseases are seen during this rotation including acute leukemias, chronic leukemias, non-Hodgkin's lymphomas, Hodgkin's disease, myelodysplastic syndrome, myeloproliferative disorders, and multiple myeloma as well as a wide variety of common and uncommon solid tumors including lung cancer, GI cancers, head and neck cancers, sarcomas, breast, and rare tumors. As a supervising junior faculty team member to the primary teaching service, the fellow lends assistance in both the medical and psycho-social aspects of patient care including assisting with recognizing and managing the complications of therapy, making recommendations for curative or palliative treatments, assisting in end of life care and counseling patients regarding prognosis and supportive care issues. A combination of hands-on patient care and management, autonomous decision making, team leadership, and teaching are all critical elements of this rotation.

The fellow will oversee the care of patients on the 8E oncology service, whether physically located on 8E or not. Oversight will include providing daily weekday informal clinical teaching, formal weekly didactic presentations, and participation in the decision making to the primary medical team, particularly the resident/student members. The fellow on this rotation will build upon experience and knowledge gained from the BMTU and other rotations.

The fellow **MUST** attend morning rounds and work with the resident team on 8E and be available to answer questions and make plans for procedures, chemotherapy orders and discharge planning. The fellow should plan to participate in rounds with both the ST AND HM faculty/team unless educational conference attendance obligations dictate. In these cases, absence from rounds should be minimized as much as is possible. The fellow will be the first contact for patient care subspecialty questions by the primary service. The fellow will function like a junior attending in terms of responsibility to these patients, their families and the primary clinical service. Fellow autonomy for this advanced clinical rotation is expected. The fellow will work closely with the non-resident portion of the HM service providing coverage of all new care between 5:00 pm – 7:00 pm and in the absence of the mid-level staff. The fellows should attend the rounds of the HM faculty and extender if possible, but it is not required. However, the HM faculty and the fellow should make sure that the fellow is updated on these patients

and possibly, if time allows, do walking rounds together on those patients to facilitate clinical teaching.

The fellow will facilitate communicating with the outpatient clinic team, primary oncologist, and/or transplant coordinator to ensure continuity of care for discharged patients or with specialty laboratory testing. The 8E fellow assists in decisions regarding the transfer or admission of patients to the team.

As a consultant and more experienced member of the patient care team, the fellow will provide teaching to junior members of the Oncology teaching team twice weekly. This lecture will be done between 8:00 and 8:30 every Monday and Friday morning, unless alternative times are selected by the resident team leader and the fellow. Attendance and topic selection is recorded in the fellow/faculty 8E office. These lectures are to be delivered at a resident level of education and are intended to supplement their clinical care and board preparation. The specific topics are listed in the table below, with no deviations allowed. The order of the presentations is at the discretion of the fellow, keeping recent clinical events and cases in mind for educational impact. Fellows are encouraged to give the lectures with a representative case presentation whenever possible. One HM and one ST topic weekly will be chosen by the team members from the following list relative to patients seen, knowledge gaps and interest. Faculty discussions and clinical teaching should serve to supplement these core-topics.

Topics available for selection:

Plasma Cell Dyscrasias	CML	BMT overview	Lymphomas
Principles of chemo/biologics	CLL	Acute leukemias	Marrow failure
Myeloproliferative disorders (PV, ET)		Testicular and Ovarian Cancers	
Transfusion medicine	Breast Cancer	Sarcomas	H&N Cancers
Cancer Survivorship	Colorectal Cancer	Prostate Cancer	Melanoma
Oncologic Emergencies	Neutropenic Fever	Lung & Thoracic Cancer	

Fellows on this rotation will also function as consultants for hematologic malignancy-related consultations elsewhere on inpatient units, as identified by the oncology consult fellow. These consultations will be staffed by the HM faculty supervisor. Fellows on this rotation will be responsible for all procedures related to the diagnosis and treatment of these patients such as chemotherapy prescription and monitoring, bone marrow biopsies, and intrathecal therapies whether through lumbar puncture or Ommaya reservoir. All bone marrow biopsies and flow cytometry ordered or performed on this cohort of patients (esp HM) will be physically and personally reviewed by the fellow. The fellow will coordinate and present cases at the bi-monthly Hematopathology Case Conferences based on interesting cases as well as those samples performed in the course of routine clinical care. The fellow will make every effort to attend the Tuesday morning BMT/HM care meeting to provide and receive information

regarding this cohort of patients. In the event of being unable to attend, the fellow will need to coordinate with the BMTU fellow for coverage and continuity.

Fellows will learn through teaching rounds, attending conferences, self-study, faculty teaching, patient care conferences, and through preparation of didactic presentations. The HM faculty has created a syllabus of relevant articles that are distributed during fellowship orientation and available via the internet in all of the fellow's clinics and in their offices. These are updated annually and serve as core required reading through the fellowship training. Pharmacy assistance will occur via the dedicated pharmacist on the Oncology unit.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To recognize the following:

- Daily management of patients undergoing systemic therapy for hematologic malignancies and solid tumors.
- Daily management of patients with complications of cancer or cancer therapies.
- Development and implementation of treatment strategies for leukemias, lymphomas, multiple myeloma, myelodysplastic syndrome, myeloproliferative disorders, and bone marrow failure conditions like aplastic anemia.
- Development and implementation of treatment strategies for a diversity of other solid tumors.
- Management of the short and long term complications of chemotherapy.
- Application of transfusion medicine practices to cancer patients.
- Application of the use of antiemetics, antibiotics, growth factors and other supportive care measures in such patients.
- Participation in the process of clinical trial enrollment and patient monitoring.
- Management of post-therapy opportunistic infections utilizing pre-emptive tests, prophylaxis when appropriate, disease diagnosis, and appropriate anti-microbial therapy.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To recognize the following:

- Daily management of patients undergoing systemic chemotherapy for hematologic malignancies and solid tumors

- Daily management of patients with complications of cancer or cancer therapies.
- Management of the short and long term complications of chemotherapy.
- Application of transfusion medicine practices to cancer patients.
- Application of the use of antiemetics, antibiotics, growth factors and other supportive care measures in such patients.
- Participation in the process of clinical trial enrollment and patient monitoring.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To to recognize the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Identification of perceived deficiencies in knowledge or experience and actively seek opportunities for correction.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To recognize the following:

- Development of skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Provision of education to the residents and students working with their patients.
- Participation in multidisciplinary conferences for patients with a variety of malignancies
- Effective initiation of end of life discussions with patients with incurable malignancies.
- Refinement in peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Participation as part of a multidisciplinary team in caring for such patients and discuss issues related to risks and benefits of treatment as well as prognosis.
- The role of a consultant in assisting another physician with the care of a patient.
- The supervision of extenders and nursing personnel.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To recognize the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

To recognize the following:

- Skills necessary for leadership within a healthcare team, with particular emphasis on the role of extenders, oncology nurses, and oncology pharmacists.
- Coordination the care of patients moving from the inpatient to the outpatient setting and thus learn the complexities of our health-care delivery system.

Core Competencies:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To recognize the following:

- Appropriate evaluation and treatment of patients with lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- Appropriate evaluation and treatment of patients with other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The management of common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The appropriate implementation of supportive care agents in cancer therapies.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- Effective utilization of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- Appropriate referral for pre and post-test genetic counseling of hereditary cancer syndromes.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To recognize the following:

- The evaluation and treatment of lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- The evaluation and treatment of other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The skills needed for ordering and administering chemotherapeutic and biologic agents.

- The appropriate role of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- The indications for and process of pre and post-test genetic counseling for hereditary cancer syndromes.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To recognize the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Perceived deficiencies in knowledge or experience and actively seek opportunities for correction.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To recognize the following:

- The role of a consultant in assisting a primary team with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Education needed by the residents and students working with their patients.
- The role of multidisciplinary conferences for patients with solid and hematologic tumors.
- Effective initiation of end of life discussions with patients with incurable malignancies.
- The need for refinement of peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To recognize the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.

- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

To recognize the following:

- The VA health-care delivery system and ways to facilitate the best patient care, both during hospitalization and in the outpatient setting.
- The skills necessary for leadership within a healthcare team.

- Appropriate recommendations on the diagnosis, staging, treatment options and prognosis for common malignancies seen during the rotation.
- Effectively management of end of life symptoms and pain.
- Appropriate implementation of supportive care agents in cancer therapies.
- Effectively utilization of palliative surgical and radiation modalities.

8. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To recognize the following:

- The diagnosis, staging, treatment options and prognosis for common malignancies
- The natural history of these malignancies and the symptoms which patients experience.
- The management of end of life symptoms and pain pharmacology.
- The indications for hospitalization or inpatient care for patients with terminal cancer.
- Supportive care agents in cancer therapies.
- The role of palliative surgical and radiation modalities.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

To recognize the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Deficiencies in knowledge or experience and opportunities for correction.

9. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To recognize the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Effective education to the residents and students working with their patients.
- Effective participation in multidisciplinary conferences for patients with solid and hematologic tumors.
- Effective initiation of end of life discussions with patients with incurable malignancies.
- Effective supervision of extenders and nursing personnel.

- The role as an educator in the setting of a team of students, residents, and other health-care professionals.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To recognize the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

To recognize the following:

- Effective coordination of care of patients moving from the inpatient to the outpatient setting and thus learn the complexities of our health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The indications for hospitalization or inpatient care for patients with terminal cancer.
- The benefits and limitations available through Hospice programs.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To understand the following:

- Appropriate evaluation and treatment of patients with lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- Appropriate evaluation and treatment of patients with other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- Supportive care agents in cancer therapies.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- Effective utilization of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- Appropriate referral for pre and post-test genetic counseling of hereditary cancer syndromes.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To understand the following:

- The evaluation and treatment of lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- The evaluation and treatment of other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.

- The skills of ordering and administering chemotherapeutic and biologic agents.
- The appropriate role of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- The indications for and process of pre and post-test genetic counseling for hereditary cancer syndromes.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To understand the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Deficiencies in knowledge or experience and opportunities for correction.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To understand the following:

- The role of a consultant in assisting a primary team with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Effective education to the residents and students working with their patients.
- Effective participation in multidisciplinary conferences for patients with solid and hematologic tumors.
- Effective initiation of end of life discussions with patients with incurable malignancies.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To understand the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.

- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.
- 6. Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- To understand the following:**
- The VA health-care delivery system in order to facilitate the best patient care, both during hospitalization and in the outpatient setting.
 - The skills necessary for leadership within a healthcare team.

Rotation: **ONCOLOGY CONSULTATION**

Updated: May 2013

Approved by Fellowship Program Education Committee

Fellow Level: F2/3

Duration: 2-4 week blocks

Location: Shands Inpatient Hospital Wards

Evaluation: Done by supervising faculty in both written and verbal form

General Description:

The inpatient oncology Shands consult rotation includes the workup, evaluation, and management of patients with suspected or known cancer while hospitalized. Patients seen during this rotation have a wide variety of common and uncommon malignancies including lung cancer, GI cancers, head and neck cancers, leukemia, lymphoma, sarcomas and rare tumors. As a consultant to these services, the fellow lends assistance in both the medical and psycho-social aspects of patient care including assisting with complications of therapy, making recommendations for adjuvant, curative, neo-adjuvant or palliative treatment, end of life care and counseling patients regarding prognosis and supportive care issues. Fellows are the first contact for inpatient consultation requests from any number of providers in the health care system. The fellow on this service is responsible for triaging the oncology consultation request to the appropriate service (i.e., oncology, hem malignancies, etc.). Professionalism and helpfulness to the requesting providers are expected at all times. This fellow is primarily responsible to evaluate patients, speak to families and co-ordinate the care with other health-care professionals. An attending oncology faculty member rounds with the fellow to provide data, guidance, and education. The fellow will assist in identify and facilitating transfer of patients from the consult services to the inpatient oncology unit daily.

Multidisciplinary management of newly diagnosed patients is required as part of good clinical care, but also as an embedded component of this rotation. All patients who are establishing a treatment plan should be presented by the fellow at the appropriate Tumor Board or Case Conference to facilitate a comprehensive discussion regarding their optimal treatment plan. The consult service shall serve as a safety net during the transition of care from inpatient to outpatient venues, following up on labs, pathology, facilitating communications with outside providers, etc. The consult fellow can have patients establish care as an outpatient with an oncology subspecialist in our Division, with consult attending approval.

Learning takes place during bedside rounds, didactic conferences, sit down teaching rounds related to the care of patients, and through self study.

Core Competencies:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able to recognize the following and F3 fellows should be able to understand and demonstrate the following:

- The appropriate evaluation and treatment of patients with lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- The appropriate evaluation and treatment of patients with other less common malignancies as they are seen.
- The application of different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The management of the common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The appropriate implementation of supportive care agents in cancer therapies.
- The skills needed to order and administer chemotherapeutic and biologic agents.
- The effective utilization of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- Indications for referral for pre and post-test genetic counseling of hereditary cancer syndromes.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able to recognize the following and F3 fellows should be able to understand and demonstrate the following:

- The appropriate evaluation and treatment of lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- The appropriate evaluation and treatment of other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.

- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- Skills needed to order and administer chemotherapeutic and biologic agents.
- The appropriate role of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- The indications for and process of pre and post-test genetic counseling for hereditary cancer syndromes.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

At the completion of this rotation, F2 fellows should be able to recognize the following and F3 fellows should be able to understand and demonstrate the following:

- The effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Identification of perceived deficiencies in knowledge or experience and actively seek opportunities for correction.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able to recognize the following and F3 fellows should be able to understand and demonstrate the following:

- the role of a consultant in assisting a primary team with the care of a patient.
- the skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- education to the residents and students working with their patients.
- The importance of participation in multidisciplinary conferences for patients with solid and hematologic tumors.
- Appropriate initiation of end of life discussions with patients with incurable malignancies.
- The importance of peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able to recognize the following and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able to recognize the following and F3 fellows should be able to understand and demonstrate the following:

- Coordination the care of patients moving from the inpatient to the outpatient setting and thus learn the complexities of our health-care delivery system.
- Importance of leadership within a healthcare team.

Rotation: **TRANSITION TO PRACTICE (TTP)**

Updated: July 2014

Approved by Fellowship Program Education Committee

Fellow level: F3

Duration: 2-4 week blocks

Location: VA Outpatient Clinic and Infusion Room

Evaluation: Done by supervising faculty in both written and verbal form.

General Description:

This rotation is an opportunity for upper level fellows to gain critical patient care autonomy and leadership skills in a supervised and educational environment. This rotation is primarily an outpatient experience focusing on the role of physician in the supervision of chemotherapy administration and nursing supervision, order writing, adverse event management, dosing modifications, and supportive care. Clinical trial enrollment and patient management as part of trial protocols are a key component. Collaborative outpatient evaluations for established patients are also provided on behalf of peers and staff who are “off-site”. This latter experience not only provides the opportunity to expand disease exposure and therapies, but also develops peer-peer relationships and continuity of care within the health care system, and improves interpersonal skills and safety for patient “hand-offs”. An attending physician supervises the fellow daily to provide data, guidance, and education regarding decision making for the patients. The fellow also works closely with registered oncology clinical nurses, nurse practitioners/physician assistants, and clinical oncology pharmacy specialists. This fellow functions as a critical senior partner in the VAMC fellow partnership practice model.

Under the direction of the VA faculty, this rotation is part of the centerpiece for solid tumor oncology education because of the patient population and health system. The fellow on this rotation is encouraged to interact with the inpatient rotating fellows for interesting and challenging cases.

Fellows learn through these didactic & interactive sessions, teaching rounds, conferences, self-study, and multidisciplinary conferences. Under the direct supervision of faculty, fellows learn the art and science of care for patients with the common blood and neoplastic disorders. Because of the circumstances of care in this facility, a great deal of educational emphasis is directed towards the psychosocial part of medical care and understanding the health-care delivery system.

Cost awareness: Twice during the F3 year, each fellow will select a regimen or drug and evaluate cost, comparing to an appropriate alternative regimen or drug. This will be reviewed with the attending of record and a pharmacist, who will be available to assist with ideas for evaluation and obtaining relevant information. This will be presented in an informal way at a Tuesday noon conference.

Core Competencies:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To understand and demonstrate the following:

- Appropriate evaluation and treatment of patients with lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- Appropriate evaluation and treatment of patients with other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The skills of ordering, administering, and monitoring chemotherapeutic and biologic agents.
- Appropriate implementation of supportive care agents in cancer therapies.
- The process of clinical trial enrollment and patient monitoring.
- To effectively utilize surgical and radiation modalities.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To understand and demonstrate the following:

- The evaluation and treatment of lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- The evaluation and treatment of other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The skills of ordering, administering, and monitoring chemotherapeutic and biologic agents.

- Appropriate implementation of supportive care agents in cancer therapies.
 - The process of clinical trial enrollment and patient monitoring.
 - The appropriate role of surgical and radiation modalities.
- 3. Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- To understand and demonstrate the following:**
- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
 - Perceived deficiencies in knowledge or experience and opportunities for correction.
- 4. Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- To understand and demonstrate the following:**
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
 - Effective education to the residents and students working with their patients.
 - Effective participation in multidisciplinary conferences for patients with solid and hematologic tumors.
 - Effective initiation of end of life discussions with patients with incurable malignancies.
 - Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
 - The role of a consultant in assisting a primary team with the care of a patient.
 - The supervision of extenders and nursing personnel.
- 5. Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- To understand and demonstrate the following:**
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
 - The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.

- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.
- 6. Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- To understand and demonstrate the following:**
- Effective use of the VA health-care delivery system in order to facilitate the best patient care, both during hospitalization and in the outpatient setting.
 - The skills necessary for leadership within a healthcare team, with particular emphasis on the role of extenders, oncology nurses, and oncology pharmacists.
 - The clinical trial enrollment process and patient monitoring.

Rotation: **HEMATOLOGY CONSULTS – SUPERVISING**

Updated: May 2011

Approved by Fellowship Program Education Committee

Fellow levels: F3

Duration: 4week block

Location: Shands Hospital

Evaluation: Done by supervising faculty in both written and verbal form.

General Description:

The Hematology consult service provides a vital educational experience to the fellow. Patients seen on this service may be on surgical, medical, obstetrics and gynecology, psychiatry, or dental services. This rotation restricts its services to those with primarily benign hematology problems including hemoglobinopathies such as sickle cell disease, anemia, leukopenia, thrombocytopenia and disorders of hemostasis leading to either bleeding or thrombosis. Occasionally, the service will also provide recommendations on some malignant hematologic disorders such as myeloma, lymphoma, or other myelo/lymphoproliferative disorders. Fellows are first called as consultants by the primary team in order to address some aspect of the care or evaluation of a patient. After a thorough evaluation by the F1 fellow, the F3 fellow will provide feedback to the F1 fellow regarding the work-up and management of the patient. The patient is seen by the faculty attending physician with the F1 and F3 fellow and education is done as part of the patient-physician encounter or separately during teaching rounds when appropriate. Medical students and internal medicine residents may also be a part of this team depending on the month. Fellows may also evaluate patients in the outpatient setting with non-malignant hematology problems not requiring hospitalization. Complications of common or uncommon blood diseases are frequently encountered as part of this rotation as well as complications of anticoagulation. Fellows are the primary communicators with the primary team regarding recommendations made by this service.

The F1 fellow is the primary team member on this rotation with support provided by the upper level fellow. All new consults are to be seen by the F1 fellow and subsequently staffed by the upper level fellow and/or attending. The consult pager is held by the upper level fellow with teaching, patient triage, and initial management decisions being supervised by this advanced practitioner. Attending supervision is intended to be a final or tertiary event when an upper level fellow is present. The upper level fellow provides coverage for the F1 fellow responsibilities in the event of clinic or other conflicts.

Fellows learn through teaching rounds, conferences, self-study and patient care conferences. Presentations at weekly informal hematology case-based conferences as well as formal monthly Hematology Grand Rounds participation are expected. The upper-level fellow is expected to provide the majority of these formal conferences. The ASH-SAP serves as a good source of reading and educational resource during this rotation.

Fellows will participate in bone marrow biopsies and aspirates, plasmapheresis, leukoreduction, and transfusion medicine support. They are also expected to review peripheral blood smears, coagulation testing, bone marrow aspiration, biopsy and interpretation.

Core Competencies:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

To recognize, understand AND demonstrate the following:

- Understanding of the basic mechanisms which underlie the normal functioning of the bone marrow, blood and related components to patient care.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The use of various anticoagulants and management of their complications.
- The evaluation and treatment of patients with lymphoproliferative, myeloproliferative, or other primary bone marrow disorders.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

To recognize, understand AND demonstrate the following:

- The basic mechanisms which underlie the normal functioning of the bone marrow, blood and related components.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The use of various anticoagulants and their complications.
- The evaluation and treatment of patients with lymphoproliferative, myeloproliferative, or other primary bone marrow disorders.
- Skills needed to interpret peripheral blood smears, bone marrow aspirations and biopsies, supervising clinical apheresis, as well as basic and advanced tests of thrombosis and hemostasis.

- The impact of benign blood disorders on the management of other medical and surgical conditions.
- The impact of pregnancy and benign blood disorders on one another.
- The use of biological agents such as growth factors, as well as cytotoxic agents in the management of benign hematology.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To recognize, understand AND demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Deficiencies in knowledge or experience and opportunities for correction.
- Effective presentation and dissemination of hematology case-based information with peers and others at weekly meetings and apply evidence-based medicine outcomes.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

To recognize, understand AND demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Education to the residents and students working with their patients.
- The role of a consultant in assisting a primary team with the care of a patient.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

To recognize, understand AND demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of clinical care, but also to the psychological, social and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

To recognize, understand AND demonstrate the following:

- Understanding of the psycho-social implications and the impact of health-care delivery systems on the care of patients with blood disorders, especially sickle cell disease and inherited or acquired deficiencies of coagulation.
- Understanding of the evaluation and treatment of hematologic disorders in intensive care inpatient environments.
- The skills necessary for leadership within a healthcare team.

provision of primary medical literature. Learning takes place during clinic encounters, tumor board attendance, teaching related to the care of patients and self-study.

Core Competencies:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Evaluation and treatment of patients with primary breast malignancies.
- Application of endocrine, chemotherapy, and biologic therapy for palliative treatment and for curative adjuvant or neo-adjuvant treatment.
- The management of the common complications of treating patients with breast cancer including but not limited to nausea and vomiting, fatigue, alopecia, myelosuppression including neutropenic fever, neuropathy and pain, premature menopause/future fertility, decreased bone density.
- Implement supportive care agents in cancer therapies.
- The skills of ordering and administering endocrine, chemotherapeutic, and biologic agents.
- The effective utilization of surgical and radiation modalities.
- Interpretation of radiographic images and lab tests common in patient management including mammography, ultrasound, and MRI breast imaging; PET, CT, and bone scan systemic imaging, tumor markers, pathology and Oncotype DX reports, Adjuvant! Online predictions.
- Participation in the process of clinical trial enrollment and patient monitoring.
- Screening and referral for pre and post-test genetic counseling of hereditary cancer syndromes.
- Knowledge of options for fertility preservation, treatment of breast cancer during pregnancy, counseling survivors on pregnancy after breast cancer.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of patients with primary breast malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment versus curative adjuvant or neo-adjuvant treatment including use of Adjuvant! Online and Oncotype DX as decision-making tools.

- The common complications of treating patients with breast cancer including but not limited to nausea and vomiting, fatigue, alopecia, myelosuppression including neutropenic fever, neuropathy and pain, premature menopause/future fertility, decreased bone density.
 - The skills needed to order and administer endocrine, chemotherapeutic, and biologic agents.
 - The appropriate role of surgical and radiation modalities.
 - The process of clinical trial enrollment and patient monitoring.
 - The indications for and process of screening and pre/post-test genetic counseling for hereditary cancer syndromes.
 - The options for fertility preservation and management of breast cancer during pregnancy as well as pregnancy occurring after breast cancer.
- 3. Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:**
- Utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
 - The identification of perceived deficiencies in knowledge or experience and actively seek opportunities for correction.
 - Incorporation of quality outcome measurements in individual clinical practice.
- 4. Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:**
- The role of a consultant in assisting a primary team with the care of a patient.
 - The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
 - Appropriate education of the residents and students working with their patients.
 - Effective participation in breast cancer multidisciplinary conferences and clinics.
 - Effective initiation of end of life discussions with patients with incurable breast cancer.
 - Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

- Appropriate medical documentation consistent with the legal and ethical requirements involved in patient care.
- Appropriate medical documentation inclusive of quality outcome measures.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- The role of consultant for other services, always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social, and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The coordination of care of patients moving between the inpatient and the outpatient setting and thus learns the complexities of the health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The use of limited resources and rationale of cost-effective healthcare delivery.
- Identification of system-based solutions to improve quality outcome measures.
- The development of translational research concepts into clinical trials and management of patients on such protocols.

provision of primary medical literature. Learning takes place during clinic encounters, tumor board attendance, teaching related to the care of patients and self study.

Core Competencies:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Evaluation and treatment of patients with primary GI system malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The management of common complications of treating patients with GI malignancies including but not limited to neutropenic fever, mucositis, emesis, infusional therapies, diarrhea, electrolyte management, nutritional deficiencies, dehydration, bowel obstruction, bleeding, and cancer pain.
- The indications for hospitalization for patients with GI malignancies whether to facilitate staging, treatment or management of complications.
- Implementation of supportive care agents in cancer therapies.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- Utilization of surgical and radiation modalities.
- Interpretation of radiographic images and labs tests common in patient management including progression/recurrence, hemorrhage, hepatic metastases, tumor markers, biomarkers, etc.
- Participation in the process of clinical trial enrollment and patient monitoring.
- Screen and referral for pre and post-test genetic counseling of hereditary cancer syndromes.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of patients with primary GI malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with GI malignancies including but not limited to neutropenic fever, mucositis, emesis, infusional therapies, diarrhea, electrolyte management, nutritional deficiencies, dehydration, bowel obstruction, bleeding, and cancer pain.

- The indications for hospitalization for patients with GI malignancies whether to facilitate staging, treatment or management of complications.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- The appropriate role of surgical and radiation modalities.
- The anatomy and pathophysiology of GI radiographic imaging and laboratory testing as used in patient management including progression/recurrence, hemorrhage, hepatic metastases, tumor markers, biomarkers, etc.
- The process of clinical trial enrollment and patient monitoring.
- The indications for and process of screening and pre/post-test genetic counseling for hereditary cancer syndromes.

- 3. Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Identification of perceived deficiencies in knowledge or experience and actively seek opportunities for correction.
- Incorporation of quality outcome measurements in individual clinical practice.

- 4. Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The role of a consultant in assisting a primary team with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Education of the residents and students working with their patients.
- Effective participation in multidisciplinary conferences and clinics for patients with GI malignancies.
- Initiation of end of life discussions with patients with incurable malignancies.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.

- Appropriate medical documentation consistent with the legal and ethical requirements involved in patient care.
- Appropriate medical documentation inclusive of quality outcome measures.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective coordination of care of patients moving from the inpatient to the outpatient setting and thus learn the complexities of our health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The use of limited resources and rationale of cost-effective healthcare delivery.
- The identification of system-based solutions to improve quality outcome measures.
- The development of translational research concepts into clinical trial protocols and management of patients on such clinical trials.

Rotation: **LYMPHOMA ROTATION**

Updated: April 2016

Approved by Fellowship Program Education Committee

Fellow levels: F 2, 3

Duration: 4 week block

Faculty Contact/Supervisor: MJ Markham, MD

Location: Outpatient Davis Cancer Center

Evaluation: Done by supervising Lymphoma Program faculty members via both written and verbal means

General Description:

Fellows rotating on this elective will be involved in the care of patients with lymphoma or lymphoproliferative disorders or at high risk of developing the disease. This rotation is predominantly an outpatient experience at the Davis Cancer Center at Shands. Fellows will participate in clinics under the direction of Lymphoma Program faculty. Fellows will attend the Friday Heme Malignancy Conference during their time on this rotation and coordinate lymphoma cases for presentation and discussion. Patients are evaluated at all stages of disease with management including diagnosis, staging, treatment, follow-up and complications. Inpatient experience is limited only to continuity of care or exceptional educational opportunities. The fellow's education is optimized by seeing new patients and establishing a treatment plan, patients undergoing active treatment, or patients experiencing complications of their disease. Fellows also benefit from reviewing principles of routine surveillance and cancer survivorship as it relates to lymphoma management and treatment complications. Particular emphasis will include the process of patient enrollment on clinical trials, interaction with the research team members, and management of patients on investigational protocols. The specific clinic rotation is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Markham/ Lynch	Markham	Markham or Lynch	N.Dang	N. Dang

PM	Markham	Markham	PBL/SS	N.Dang	PBL/SS
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Practice-Based Learning (PBL)/Self Study (SS): Dedicated time for PBL and self study is embedded into this rotation. Self-study and review of seminal literature is expected.

Fellows are expected to contact the faculty contact 2 weeks prior to starting the rotation. Fellows will continue to participate in all required Fellowship Program responsibilities including educational conferences, continuity clinics, etc. Attending physician supervisors are responsible to see patients with the fellow and facilitate learning through clinic teaching and provision of primary medical literature. Learning takes place during clinic encounters, tumor board attendance, teaching related to the care of patients and self-study.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of with primary lymphoma malignancies.
- The application of chemotherapy and biologic therapy for palliative and curative treatment.
- The management of the common complications of treating patients with lymphoma including but not limited to nausea and vomiting, fatigue, alopecia, myelosuppression including neutropenic fever, neuropathy and pain, premature menopause/future fertility, decreased bone density.
- The indications for hospitalization for patients with lymphoma whether to facilitate staging and treatment or management of complications.
- Appropriate implementation of supportive care agents in cancer therapies.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- Effective utilization of surgical and radiation modalities.

- Correct interpretation of radiographic images and labs tests common in patient management including MRI; PET, CT, and bone scan systemic imaging, tumor markers, hematopathology, flow cytometry, immunohistochemistry, cytogenetic/molecular analyses, etc.
- The process of clinical trial enrollment and patient monitoring.
- Appropriate screening and referral for pre and post-test genetic counseling of hereditary cancer syndromes.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of patients with primary lymphoma malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment versus curative treatment.
- The common complications of treating patients with lymphoma including but not limited to nausea and vomiting, fatigue, alopecia, myelosuppression including neutropenic fever, neuropathy and pain, premature menopause/future fertility, decreased bone density.
- The indications for hospitalization for patients with lymphoma whether to facilitate staging and treatment or management of complications.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- The appropriate role of surgical and radiation modalities.
- The process of clinical trial enrollment and patient monitoring.
- The indications for and process of screening and pre/post-test genetic counseling for hereditary cancer syndromes.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Perceived deficiencies in knowledge or experience and opportunities for correction.

- The incorporation of quality outcome measurements in individual clinical practice.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The role of a consultant in assisting a primary team with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- Effective education to the residents and students working with their patients.
- Participation in lymphoma multidisciplinary conferences and clinics.
- Effective initiation of end of life discussions with patients with incurable lymphoma cancer.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Appropriate medical documentation consistent with the legal and ethical requirements involved in patient care.
- Appropriate medical documentation inclusive of quality outcome measures.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- The role of consultant for other services, always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social, and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective coordination of the care of patients moving between the inpatient and the outpatient setting and thus learn the complexities of the health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The use of limited resources and rationale of cost-effective healthcare delivery.
- The identification of system-based solutions to improve quality outcome measures.
- The development of translational research concepts into clinical trials and management of patients on such protocols.

Rotation: **HEMATOLOGY MALIGNANCY ROTATION**

Updated: April 2016

Approved by Fellowship Program Education Committee

Fellow levels: F 2, 3

Duration: 4 week block

Faculty Contact/Supervisor: Max Norkin, MD
Cancer Center

Location: Outpatient BMT Clinic & Davis

Evaluation: Done by supervising Survivorship & BMT Program faculty members via both written and verbal means

General Description:

Fellows rotating on this elective will be involved in the care of patients who have successfully completed therapy for cancer, including the important population of patients who are > 100 days post bone marrow transplant. This rotation is predominantly an outpatient experience at the outpatient BMT clinic at Shands under the direction of BMT faculty. Fellows will attend the Tuesday morning BMT case conference and Wednesday morning conference with particular attention to the cohort of patients who are > 100 days post BMT. Patients are evaluated for longitudinal management of the unique aspects of cancer survivorship and post-definitive cancer therapies. Emphasis will be on recognition and management of treatment complications (physical, emotional, and societal) evidence-based recommendations for cancer recurrence monitoring, and forward planning for optimizing health maintenance. Recognizing the important need for communication between oncologists and local care providers at this important transition phase of the patient’s care is essential. Inpatient experience is limited only to continuity of care or exceptional educational opportunities. The fellow’s education is optimized by seeing a diversity of patients, establishing a survivorship care plan, management of treatment toxicities or complications, and reviewing principles of surveillance and cancer survivorship. Fellows are also expected to participate in the process of patient enrollment on clinical trials, interaction with the research team members, and management of patients on investigational protocols. The specific clinic rotation is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Select Acute Clinic patients (Acute attending)	Dr. Norkin VA clinic	Select Acute Clinic patients (Acute attending)	Select Acute Clinic patients (Acute attending)	Select Acute Clinic patients (Acute attending)
PM	Dr. Norkin	Dr. Norkin VA clinic	VA Clinic or PBL/QOPI	Dr. Wingard	Dr. Hsu

Practice-Based Learning (PBL) and Quality Oncology Practice Improvement (QOPI): Dedicated time for PBL and system-based practice QI is embedded into this rotation. These blocks of time will be spent reviewing and reflecting on individual and group annual performance measures via QOPI report with particular emphasis on the core quality and survivorship-specific measures. Self-study and review of seminal literature is expected.

Fellows will continue to participate in all required Fellowship Program responsibilities including educational conferences, continuity clinics, etc. Attending physician supervisors are responsible to see patients with the fellow and facilitate learning through clinic teaching and provision of primary medical literature. Learning takes place during clinic encounters, tumor board attendance, teaching related to the care of patients and self study.

Core Competencies:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of cancer survivors.
- The development of a cancer survivor care plan.
- The management of the common chronic complications of treating patients with cancer, regardless of modality.
- Chronic graft versus host disease treatment options.
- Post-therapy opportunistic infections utilizing pre-emptive tests, prophylaxis when appropriate, disease diagnosis, and appropriate anti-microbial therapy.
- Appropriate implementation of supportive care interventions in cancer survivorship.
- Correct interpretation of radiographic images and labs tests common in cancer surveillance including MRI; PET, CT, and bone scan systemic imaging, tumor markers, hematopathology, flow cytometry, immunohistochemistry, cytogenetic/molecular analyses, etc.
- The process of clinical trial enrollment and patient monitoring.
- Appropriate screening and referral for pre and post-test genetic counseling of hereditary cancer syndromes.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The definition of cancer survivors.
- The elements required in a cancer survivor care plan.
- Common chronic complications of treating patients with cancer, regardless of modality.
- Chronic graft versus host disease treatment options.
- Post-therapy opportunistic infections utilizing pre-emptive tests, prophylaxis when appropriate, disease diagnosis, and appropriate anti-microbial therapy.
- Appropriate implementation of supportive care interventions in cancer survivorship.
- Correct interpretation of radiographic images and labs tests common in cancer surveillance including MRI; PET, CT, and bone scan systemic imaging, tumor markers, hematopathology, flow cytometry, immunohistochemistry, cytogenetic/molecular analyses, etc.
- The process of clinical trial enrollment and patient monitoring.
- Appropriate screening and referral for pre and post-test genetic counseling of hereditary cancer syndromes.

- 3. Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Fellows are expected to contact the faculty contact 2 weeks prior to starting the rotation.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Perceived deficiencies in knowledge or experience and opportunities for correction.
- The incorporation of quality outcome measurements in individual clinical practice.

- 4. Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The role of a subspecialist in assisting a primary provider with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.

- Effective communication (both written and verbal) with local providers for ongoing management of cancer survivorship recommendations.
- Effective education to the residents and students working with their patients.
- Participation in multidisciplinary conferences and clinics.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Appropriate medical documentation consistent with the legal and ethical requirements involved in patient care.
- Appropriate medical documentation inclusive of quality outcome measures.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- The role of subspecialist and relationship with other services, always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social, and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective coordination of the care of patients moving between the subspecialty and primary care outpatient settings and thus learn the complexities of the health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The use of limited resources and rationale of cost-effective healthcare delivery.
- The identification of system-based solutions to improve quality outcome measures.

- The development of clinical research concepts into clinical trials and management of patients on such protocols.

Rotation: **THORACIC/HEAD AND NECK ONCOLOGY ROTATION**

Updated: June 2014

Approved by Fellowship Program Education Committee

Fellow levels: F2, 3

Duration: 4 week block

Faculty Contact/Supervisor: Priya Gopalan, MD, PhD
Clinic

Location: Shands Outpatient Cancer

Evaluation: Done by supervising Thoracic Oncology faculty members via both written and verbal means

General Description:

Fellows rotating on this elective will have the opportunity to participate in the multidisciplinary care of patients with a variety of cancers of the thorax, head and neck (H&N). Diseases include, but are not limited to cancers of the lung, pleura, thymus, oral cavity, pharynx, larynx, nasal cavity and sinus. This rotation is predominantly an outpatient experience at the outpatient Davis Cancer Center at Shands. Fellows will participate in daily clinics under the direction of Thoracic/ H&N Program faculty. Patients are evaluated at all stages of their diseases with management including diagnosis, staging, treatment, follow-up and complications of every sort. Importantly, fellows will actively participate in the clinic, thoracic tumor board, and H&N tumor board. Inpatient consultation is limited only to continuity of care or exceptional educational opportunities. The fellow’s education is optimized by seeing new patients and establishing a treatment plan, patients undergoing active treatment, or patients experiencing complications of their disease, but may also benefit from reviewing principles of routine follow-up and cancer survivorship as it relates to these diseases and treatment complications. Particular emphasis will include the process of patient enrollment on clinical trials, interaction with the research team members, management of patients on research protocols, and interaction with mid-level providers. The specific clinic rotation is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Riggs VA Clinic or Close VA Clinic	VA Continuity Clinic or Riggs VA Clinic	Kaye Clinic	Gopalan Clinic Thoracic Multi-D Clinic	Thoracic Tumor Board (7:30), PBL/QOPI
PM	PBL/QOPI	Gopalan Clinic	VA Continuity Clinic or Kaye Clinic	Reisman Clinic Gopalan Clinic H&N Tumor Board (1:30 – 3:00 PM)	PBL/QOPI

Practice-Based Learning (PBL) and Quality Oncology Practice Improvement (QOPI): Dedicated time for PBL and system-based practice QI is embedded into this rotation. These blocks of time will be spent reviewing and reflecting on individual and group annual performance measures via QOPI report with particular emphasis on the core quality and lung cancer-specific measures. Self-study and review of seminal literature is expected. Fellows are expected to contact the faculty 2 weeks prior to starting the rotation.

Fellows will continue to participate in all required Fellowship Program responsibilities including educational conferences, continuity clinics, etc. Attending physician supervisors are responsible to see patients with the fellow and facilitate learning through clinic teaching and provision of primary medical literature. Learning takes place during clinic encounters, tumor board attendance, teaching related to the care of patients and self study.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Evaluation and treatment of patients with primary thoracic/ H&N malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- Management of the common complications of treating patients with thoracic/ H&N malignancies including but not limited to neutropenic fever, mucositis/esophagitis, emesis, infusional therapies, diarrhea, constipation, electrolyte management, nutritional deficiencies, dehydration, bleeding (including hemoptysis), and cancer pain.
- The indications for hospitalization for patients with thoracic/ H&N malignancies whether to facilitate staging, treatment or management of complications.
- Appropriate implementation of supportive care agents in cancer therapies.
- Appropriate ordering and administering of chemotherapeutic and biologic agents.
- Effective utilization of surgical and radiation modalities.
- Correct interpretation of radiographic images and labs tests common in patient management including progression/recurrence, hemorrhage, metastases, tumor markers, biomarkers, etc.
- Participation in the process of clinical trial enrollment and patient monitoring.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of patients with primary thoracic/ H&N malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with thoracic/ H&N malignancies including but not limited to neutropenic fever, mucositis, emesis, infusional therapies,

diarrhea, electrolyte management, nutritional deficiencies, dehydration, bleeding, and cancer pain.

- The indications for hospitalization for patients with thoracic/head and neck malignancies whether to facilitate staging, treatment or management of complications.
- Appropriate ordering and administering of chemotherapeutic and biologic agents.
- The appropriate role of surgical and radiation modalities.
- The anatomy and pathophysiology of thoracic/ H&N radiographic imaging and laboratory testing as used in patient management including progression/recurrence, hemorrhage, metastases, tumor markers, biomarkers, etc.
- The process of clinical trial enrollment and patient monitoring.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Identification of deficiencies in knowledge or experience and seek opportunities for correction.
- Incorporate of quality outcome measurements in individual clinical practice.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The role of a consultant in assisting a primary team with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Effective education of residents and students working with their patients.
- Effective participation in multidisciplinary conferences and clinics for patients with thoracic/ H&N malignancies.
- Effective end of life discussions with patients with incurable malignancies.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Medical documentation consistent with the legal and ethical requirements involved in patient care.
- Medical documentation inclusive of quality outcome measures.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of the consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Coordination of the care of patients moving from the inpatient to the outpatient setting and thus learn the complexities of our health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The use of limited resources and rationale of cost-effective healthcare delivery.
- The identification of system-based solutions to improve quality outcome measures.
- The development of translational research concepts into clinical trial protocols and management of patients on such clinical trials.

Rotation: **OUTPATIENT HEMATOLOGY ROTATION**

Update: April 2016

Approved by Fellowship Program Education Committee

Fellow levels: F 2, 3

Duration: 4-week block

Faculty Contact/Supervisor: Anita Rajasekhar, MD, MS

Location: Medical Plaza Clinic, UF Health Shands hospital VAMC, Rocky Point.

Evaluation: Done by supervising Hematology faculty members via both written and verbal communication.

General Description:

This rotation is designed to cultivate the knowledge, diagnostic reasoning, and clinical judgment skills expected of a practicing hematologist in the broad domain of the discipline. The curriculum of this rotation will cover the major medical content encountered on the ABIM Hematology Certification Exam. This rotation will predominantly comprise an outpatient experience at the Medical Plaza Hematology clinic (Fletcher, Zumberg, Mandenach and Raj) and at the VA (Grosbach, Murphy) under the direction of the hematology program faculty. Fellows will focus on developing skills in the consultative process, learning how to provide an effective, comprehensive, and cost-contained consultation in the outpatient setting. Fellows rotating on this elective will have the opportunity to participate in the evaluation and care of patients with a variety of hematologic disorders. Disease focus will include classic “benign” hematology disorders including thrombophilia, hemophilia, disorders of hematopoiesis, acquired underproduction anemias, hemolytic anemias, thrombosis and thrombophilia, bleeding disorders, disorders of platelet number and function, myeloid disorders, myeloproliferative disorders, and sickle cell disease. Fellows will also have the opportunity to evaluate and manage patients with more chronic “malignant” hematology syndromes such as myelodysplastic disorders and chronic myeloid and lymphoproliferative disorders.

As a supplement to the above consultative benign hematology experience, fellows will be expected to participate in three ½ day rotations (coagulation laboratory medicine, blood bank, hematopathology, and VA E-consults/microscope review) embedded within the month long rotation. These complementary rotations are designed to develop a fellow’s understanding of the traditional relationship between the benign hematologist and the clinical hemostasis and coagulation laboratory, the blood bank, the hematopathologist, and referring physicians). Within these ½ day rotations the fellow will work under the direct supervision of a clinical laboratory pathologist (Dr. Neil Harris Rm 3112), blood bank pathologist (Dr. John Pelletier), hematopathologist (Dr. Ying Li- Rocky Point), and hematologists at the VAMC (Dr. Alan Grosbach and Dr. Martina Muphy). Specific curricula within each of these ½ day rotations have been designed with fellow participation in mind. For example, the ½ day rotations in the blood bank will include learning how to perform transfusion medicine studies such as cross matching, ABO typing, preparing specific attributes for blood products (e.g. washing, irradiation, leukoreduction, etc.), alloantibody panels, and extended phenotyping. In the coagulation laboratory the fellow will participate in coagulation testing, heparin assays, platelet function testing, TEG, rapid TEG, and platelet mapping, hemoglobin electrophoresis and related analyses,

SPEP/UPEP with immunofixation, HIT antibody, antiphospholipid antibody, and factor V Leiden genetic testing at Rocky Point. Within the hematopathology rotation, the fellow should gain a better understanding of basic concepts with regards to examining bone marrow aspirates and core biopsies. Challenging cases from the previous week will be reviewed each Friday afternoon with the attending hematopathologist. The fellow will have the unique opportunity to participate in electronic consults at the VA Medical Center under the direction of Dr. Grosbach. The fellow will learn to triage hematology consults, determine what basic labs can be recommended to the referring physician, and apply current evidence-based guidelines from a distance. The fellow will have the option to follow these E-consults in their VA clinic panel, if needed, to provide continuity of care. Finally, will review basics of microscope technique and classic benign hematology cases with Dr. Grosbach. Fellows can have peripheral smears prepared of any interesting cases that are encountered in their VA continuity clinic or on the inpatient VA consult service to review during this ½ day rotation. This VA experience will provide fellows with the opportunity to care for veterans with common benign hematologic disorders and participate in peripheral blood smear reviews with Dr. Grosbach.

Self-directed learning (SDL): Dedicated time for self-directed learning is embedded into this rotation. Fellows will be directed towards the American Society of Hematology website. Specifically, the ASH Academy has been designed to provide hematologists with easy-to-use options for knowledge testing and completing practice improvement modules. In addition, several case-based scenarios specifically geared for fellows as well as ASH Clinical Guidelines are available at this website. At the beginning of the rotation fellows will be provided with a series of current articles that can be used for board review and serve as a reference library for future practice.

Fellows will continue to participate in all required Fellowship Program responsibilities including educational conferences, continuity clinics, etc. Attending physician supervisors are responsible for seeing patients with the fellow and facilitate learning through clinic teaching and provision of primary medical literature.

Conferences: In compliance with core mandatory conference curriculum, fellows will attend weekly hematology case conference every Thursday from 7:30-8:30am.

Rotation Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	SDL	Fellow VA continuity clinic/SDL	<i>AM fellow conference (7:30-9am)</i> Murphy VA clinic	<i>Hematology Conference (7:30-8:30 am)</i> Fletcher/Mandernach clinic	Raj Clinic
PM	VA (E-consults, Grosbach clinic, microscope review)	Blood Bank- Dr. Pelletier (1st ½ of rotation) Coagulation lab- Dr. Harris (2 nd ½ of rotation)	Fellow VA continuity clinic/SDL	Zumberg clinic	Hemepath @ Rocky Point

Core Competencies:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The basic mechanisms which underlie the normal functioning of the bone marrow, blood and related components to patient care.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The appropriate indications and use of various anticoagulants, the monitoring of anticoagulation therapy, and the management of their complications.
- The evaluation and treatment of patients with lymphoproliferative, myeloproliferative, or other primary bone marrow disorders.

2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The basic mechanisms which underlie the normal functioning of the bone marrow, blood and related components.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The appropriate indications and use of various anticoagulants, the monitoring of anticoagulation therapy, the complications of therapy including the conditions that may lead to an increased risk of complications.
- The evaluation and treatment of patients with lymphoproliferative, myeloproliferative, or other primary bone marrow disorders.
- The accurate interpretation of peripheral blood smears, bone marrow aspirations and biopsies.
- The supervision of clinical apheresis and interpretation of diagnostic studies of thrombosis and hemostasis.
- The impact of benign blood disorders on the management of other medical and surgical conditions.
- The impact of pregnancy and benign blood disorders on one another.
- The indication for biological agents such as growth factors as well as cytotoxic agents in the management of benign hematology conditions.

3. Self-directed Learning (SDL) involves the cultivation of critical thinking skills, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- The identification of perceived deficiencies in knowledge or experience and actively seek opportunities for correction.
- The effective presentation and dissemination of hematology case-based information with peers and others at weekly meetings.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The role of a consultant in assisting a primary provider and other referring subspecialists.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- The refinement of peer-peer relationships and methods of working with clinical partners, including the hematopathology, blood bank, and coagulation laboratory staff.
- Effective participation in hematology case conferences to facilitate the education of their peers in hematologic processes.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Appropriate medical documentation consistent with the legal and ethical requirements involved in patient care.
- Appropriate medical documentation inclusive of quality outcome measures.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of the consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of clinical care, but also to the psychological, social and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective coordination of care of patients moving from the inpatient to the outpatient setting and thus learn the complexities of our health-care delivery system.
- The use of limited resources and the impact of health-care delivery systems on the care of patients with hematologic disorders in the outpatient setting.
- The identification of system-based solutions to improve quality outcome measures.
- The skills necessary for leadership within a healthcare team.

Rotation: **GYNECOLOGIC ONCOLOGY ROTATION**

Updated: April 2016

Approved by Fellowship Program Education Committee

Fellow levels: F 2, 3

Duration: 2 to 4 week block

Faculty Contact/Supervisor: MJ Markham, MD

Location: Outpatient Davis Cancer Center

Evaluation: Done by supervising faculty members via both written and verbal means

General Description:

Fellows rotating on this elective will be involved in the multidisciplinary care of patients with gynecologic cancers. This rotation is predominantly an outpatient experience at the Davis Cancer Center at UF Health. Fellows will participate in clinics under the direction of Medical Gyn Oncology faculty. Fellows will also participate in Gynecologic Oncology and Radiation Oncology clinics. Fellows will attend the Wednesday afternoon Gynecologic Oncology Tumor Board during their time on this rotation and will review cases for presentation and discussion.

Patients are evaluated at all stages of disease with management including diagnosis, staging, treatment, follow-up, and complications. Inpatient experience is limited only to continuity of care or exceptional educational opportunities, such as the opportunity to attend gynecologic oncology surgical procedures on one morning each week. The fellow's education is optimized by seeing new patients and establishing a treatment plan, patients undergoing active treatment, or patients experiencing complications of their disease. Fellows also benefit from reviewing principles of routine surveillance and cancer survivorship as it relates to gynecologic cancer management and treatment complications. Particular emphasis will include the process of patient enrollment on clinical trials, interaction with the research team members, and management of patients on investigational protocols.

The specific clinic rotation is as follows*:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Markham clinic	Markham/Daily clinics – or – VA Continuity Clinic	Markham clinic – or – Gyn Onc Clinic	O.R. with Gyn Onc Faculty (Castagno/Cardenas) – or – Genetic Counseling (Lisa Brown)	Rad Onc Clinic (Yeung) brachytherapy – or – Gyn Onc Clinic – or – Daily clinic
PM	Markham clinic	Markham/Daily	VA Continuity Clinic – or – 1:00 – Tumor Board 2:00-5:00 – PBL/SS	Rad Onc Clinic (Yeung)	PBL/SS

- *Note that this schedule is flexible and may be modified based on fellow-specific learning goals, after discussion with the Faculty Supervisor prior to the start of the rotation.*

Practice-Based Learning (PBL)/Self Study (SS): Dedicated time for PBL and self study is embedded into this rotation. Self-study and review of seminal literature is expected.

Fellows are expected to contact the faculty contact 2 weeks prior to starting the rotation. Fellows will continue to participate in all required Fellowship Program responsibilities including educational conferences, continuity clinics, etc. Attending physician supervisors are responsible to see patients with the fellow and facilitate learning through clinic teaching and provision of primary medical literature. Learning takes place during clinic encounters, tumor board attendance, teaching related to the care of patients and self-study.

Core Competencies:

- 2. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of patients with gynecologic malignancies, including ovarian cancers, uterine cancers, and cervical cancer.
- The application of chemotherapy and biologic therapy for palliative and curative treatment.
- The management of the common complications of treating patients with gynecologic cancers including, but not limited to, nausea and vomiting, fatigue, alopecia, myelosuppression, neuropathy, pain, premature menopause, infertility, decreased bone density, lymphedema.
- Appropriate implementation of supportive care agents in cancer therapies.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- Effective utilization of surgical and radiation modalities.
- Correct interpretation of radiographic images and labs tests common in patient management including CT, PET, MRI, tumor markers, immunohistochemistry, genetic tests, etc.
- The process of clinical trial enrollment and patient monitoring.
- Appropriate screening and referral for genetic counseling of hereditary cancer syndromes, and appropriate pre- and post-test counseling.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The evaluation and treatment of patients with primary gynecologic malignancies.
- The different uses of chemotherapy and biologic therapy for palliative treatment versus curative treatment.
- The common complications of treating patients with gynecologic cancers including, but not limited to, nausea and vomiting, fatigue, alopecia, myelosuppression including neutropenic fever, neuropathy, pain, premature menopause, infertility, decreased bone density, lymphedema.
- The skills of ordering and administering chemotherapeutic and biologic agents.
- The appropriate role of surgical and radiation modalities.

- The process of clinical trial enrollment and patient monitoring.
- The indications for and process of screening and pre/post-test genetic counseling for hereditary cancer syndromes.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Perceived deficiencies in knowledge or experience and opportunities for correction.
- The incorporation of quality outcome measurements in individual clinical practice.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The role of a consultant in assisting a primary team with the care of a patient.
- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- Effective education to the residents and students working with their patients.
- Participation in gynecologic oncology multidisciplinary conferences.
- Effective initiation of end of life discussions with patients with incurable gynecologic cancers.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- Appropriate medical documentation consistent with the legal and ethical requirements involved in patient care.
- Appropriate medical documentation inclusive of quality outcome measures.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence, and professionalism.
- The role of consultant for other services, always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social, and spiritual dimensions as well.

6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective coordination of the care of patients moving between the inpatient and the outpatient setting and thus learn the complexities of the health-care delivery system.
- The skills necessary for leadership within a healthcare team.
- The use of limited resources and rationale of cost-effective healthcare delivery.
- The identification of system-based solutions to improve quality outcome measures.
- The development of translational research concepts into clinical trials and management of patients on such protocols.

Rotation: **CLINICAL ELECTIVE ROTATION**

Updated: May 2011

Approved by Fellowship Program Education Committee

Fellow Levels: F2, F3

Duration: 2-4 week blocks (longer if approved by FPEC)

Location: Davis outpatient cancer center, bone marrow transplant clinic, VAMC

Evaluation: Done by supervising faculty in both written and verbal form at completion of rotation.

General Description:

Fellows individually have diverse educational and clinical needs as part of their career development. Many require exposure to more diverse faculty and patient experiences than included in the core curriculum. This rotation is available to those fellows who are pursuing careers based on primary clinical productivity and responsibilities. Through this rotation, fellows will have the opportunity to evaluate a wide variety of patients and/or clinical processes related to the provision of care to patients with cancer and blood disorders. Patients are evaluated at all stages of their diseases with management including diagnosis, staging, treatment, follow-up and complications of every sort. Fellows on this elective will work in outpatient or ambulatory venues only.

The fellow VA continuity clinic represents a unique situation where the fellow has “ownership” over a panel of diverse patients for whom he/she is identified as the primary hematologist-oncologist. Attending supervision in this clinic is provided, with a greater emphasis on trainee autonomy, supervised decision making, and continuity/longitudinal care. Discussions of new cases or unique challenges are part of the required Tuesday VA clinic meetings. During this rotation, the fellow will expand their VA clinic matrix to include an additional ½ day of provision of continuity clinical care, learning, and reflection.

The fellow UF continuity clinic represents another unique situation where the fellow has the opportunity to learn alongside a subspecialist clinician in an academic disease-specific clinic or venue. The fellow will continue on this rotation to participate in their 6mo UFSCC continuity clinic, but will additionally select 3 more clinical experiences per week in which to participate. These can include clinical venues with a variety of faculty both in or outside the department (eg., neuro-oncology, radiation oncology, etc.) or non-clinical venues with specialty staff relevant to hematology/oncology (eg., hematopathology, blood bank, etc.) as examples. Presence at and participation in ALL multidisciplinary tumor boards relevant to the clinical venues selected is a required element of this rotation.

Autonomy and self-directed proactive learning is a required element of this advanced clinical rotation. Forward thinking and planning is required on the part of the fellow to organize this self-directed educational clinical rotation. A single supervisor for the majority of contact time during the rotation is required along with submission and approval of the proposed experience

by the Program Director prior to the start of the rotation. With the rare exceptions, repeat clinical elective selections will not be approved.

Fellows will continue to participate in all required Fellowship Program responsibilities including educational conferences, on-call responsibilities, backup coverage, etc. Attending physician supervisors are responsible to see patients with the fellow and facilitate education during clinic encounters, tumor board attendance, informal discussions related to the care of patients, and self study.

Core Competencies:

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Outpatient management of patients with neoplastic and blood disorders with regard to diagnosis, staging treatment, follow-up and complication.
- Effective care of patients in a longitudinal fashion in the outpatient setting including issues related to the care of their cancer and blood disorder between visits to the outpatient facility.
- Evaluation and treatment of patients with lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- Evaluation and treatment of patients with other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The management of common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The skills of ordering, administering, and monitoring chemotherapeutic and biologic agents.
- Implementation of supportive care agents in cancer therapies.
- Evaluation and treatment of patient with anemia, thrombocytopenia, leukopenia or any combination.

- Evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- Evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The use of various anticoagulants and manage their complications.
- The process of clinical trial enrollment and patient monitoring.
- Effective utilization of surgical and radiation modalities.
- Appropriate referral for pre and post-test genetic counseling of hereditary cancer syndromes.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The outpatient care of patients with neoplastic and blood disorders with regard to diagnosis, staging treatment, follow-up and complication.
- The evaluation and treatment of lung, colon, prostate, breast, head & neck, bladder and other cancers and perform tumor measurements and fine needle aspirations when appropriate.
- The evaluation and treatment of other less common malignancies as they are seen.
- The different uses of chemotherapy and biologic therapy for palliative treatment, curative treatment and adjuvant or neo-adjuvant treatment.
- The common complications of treating patients with cancer including but not limited to neutropenic fever, mucositis, emesis, extravasation, brain metastasis, spinal cord compression, bone metastases and cancer pain.
- The indications for hospitalization for patients with cancer and blood disorders whether to facilitate staging, treatment or management of complications.
- The skills of ordering, administering, and monitoring chemotherapeutic and biologic agents.
- Implementation of supportive care agents in cancer therapies.
- The evaluation and treatment of patients with anemia, thrombocytopenia, leukopenia or any combination.
- The evaluation and treatment of patients with thrombocytosis, erythrocytosis and leukocytosis.
- The evaluation and treatment of patients with disorders of hemostasis leading to either thrombosis or bleeding.
- The use of various anticoagulants and their complications.

- The process of clinical trial enrollment and patient monitoring.
- The appropriate role of surgical and radiation modalities.
- The indications for and process of pre and post-test genetic counseling for hereditary cancer syndromes.

- 3. Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Identification of perceived deficiencies in knowledge or experience and opportunities for correction.

- 4. Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Appropriate education to the residents and students working with their patients.
- Effective participation in multidisciplinary conferences for patients with solid and hematologic tumors.
- Effective initiation of end of life discussions with patients with incurable malignancies.
- Effective peer-peer relationships and methods of handing off patient care responsibilities for safety and continuity of care.
- The role of a consultant in assisting a primary team with the care of a patient.
- Effective supervision of extenders and nursing personnel.

- 5. Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The role of consultant for other services always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.

- 6. Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able to understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills necessary for leadership within a healthcare team, with particular emphasis on the role of extenders, oncology nurses, and oncology pharmacists.
- The clinical trial enrollment process and patient monitoring.
- The skill of caring for patients in various health-care systems in an effective and cost conscious manner.
- The VA health-care delivery system in order to facilitate the best patient care, both during hospitalization and in the outpatient setting.
- Financial and business aspects of patient care, oncology pharmacology, and supportive care.
- Successful and safe facilitation of patient transfer of care from the inpatient to outpatient venues, and vice versa.

Rotation: **RESEARCH**

Updated: May 2011

Approved by Fellowship Program Education Committee

Fellow Levels: F2, F3

Duration: 2-4 week blocks (longer if approved by FPEC)

Location: Based at the institution where the mentor and/or patient panel/project are based, VA and UF libraries, as well as the individual fellow's office.

Evaluation: Done by supervising faculty in both written and verbal form as above every 6 months.

General Description:

All fellows are expected to provide evidence of scholarly activity per ACGME and Program requirements as part of completion of their fellowship training. However, some fellow's career goals include a more rigorous development of skills required for an academic career including translational scientist or clinical educator. In these latter career development tracks, more substantive projects and demonstration of scholarly activity is required. This rotation provides for relative protected time to assist in accomplishing these goals. The rotation content is negotiable between the fellow and his/her mentor and should be planned prior to the beginning of the rotation to maximize the productivity with the rotation time. Resources available during the rotation are dependent upon the project requirements and include, but are not limited to the mentorship and laboratories of UFSCC cancer investigators, institutional library access, online journal subscriptions, APPCI curriculum series, PubMed, and UpToDate®. Additional resources include the UFSCC Clinical Trial Office staff, Institutional Review Board, Tumor Board Registry Database, and collaboration with individuals from biostatistics, surgical oncology, radiation oncology, epidemiology and public health, pharmacy, nursing, basic science divisions, etc. Fellows are expected to provide self-directed learning and motivation during this rotation with obvious oversight and supervision by their research mentor(s). Accountability and oversight as contracted by the FPEC and mentor/fellow approval of the fellow's career development proposal occurs with reports on progress due to FPEC on an every 6 month basis.

During the research rotation, fellows have minimal patient care responsibilities except for their VA and UFSCC continuity clinics. Additionally, conference attendance and participation in required fellowship programmatic meetings are expected. Fellows may be on-call or serve as backup during this rotation.

Outcomes of these rotations will be evaluated and metrics determined as adequate by the FPEC, with obvious oversight and input by the individual research mentor. The latter will also provide written and verbal evaluation at every 6 months. Although research leading to a peer-reviewed publication is the gold-standard measure of excellence on this rotation, attention to the process of developing a project, applying the scientific method, commitment to the project, and communication of the process and results in either written, oral, or published format is the primary objective.

Core Competencies:

1. **Patient Care** – this competency has minimal bearing during this rotation aside from that relevant to the fellow’s ongoing clinical requirements and as stated above in the rotation description. When research projects include clinical or patient care, it is expected to be compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective care of patients enrolled on clinical trial.
- The informed consent process.
- The process of adverse event monitoring and reporting.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care particularly as it relates to the scientific method.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The rationale for observed medical care of the patient while enrolled on clinical trial.
- The process of adverse event monitoring and reporting.
- The background pre-clinical, biologic, pathophysiologic, and pharmacologic data relevant to the development and implementation of a clinical research project.
- General principles of clinical trial and statistical design.
- Application of the scientific method to relevant questions in hematology and oncology.
- The importance of accurate and thorough charting, which permits robust medical record review in situations of chart-based research

3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- Effective utilization of educational and evidence-based resources to seek answers to scientific and clinical questions.
- Deficiencies in knowledge or experience and opportunities for correction.

4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- The skills needed to successfully interact with all members of the research team.
- Effective education of the residents and students working with their patients or on a project.
- The supervision of extenders, as well as research and nursing personnel.
- Effective dissemination, through both oral and or written forms, the knowledge gained from the research project to other members of the medical team and healthcare community to advance the field of science.

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The skills needed to interact with patients and their families in a manner that demonstrates compassion, competence and professionalism.
- Effective communication skills with patients and their families with attention not just to the medical aspects of cancer care, but also to the psychological, social and spiritual dimensions as well.
- The role of researcher always keeping the patient's best interest as the primary goal, and performing these duties in a professional and courteous manner.
- Ethical practices affiliated with the process of scientific research and Good Clinical Practice (GCP).
- The safeguard of protected health information and other personal data consistent with institutional policies and law.
- The principles of patient autonomy, beneficence, and justice as it relates to patient involvement in clinical research.

6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

At the completion of this rotation, F2 fellows should be able understand the following, and F3 fellows should be able to understand and demonstrate the following:

- The process of clinical trial design and the approval process within the UFSCC, Shands Hospital, and VA health-care systems.
- The role of the IRB.
- The role of the DSMB.
- The role of the CTO.
- The development of a retrospective or prospective clinical protocol with associated regulatory requirements.
- The skills necessary for leadership within a healthcare and scientific team.
- The potential conflicts of interest when participating in industry sponsored clinical trials and research.
- When modifications in the administration of chemotherapy and biotherapy require an FDA IND or is just medical practice.

CONTINUITY CLINIC GOALS AND OBJECTIVES

A signature component of this training program is continuity outpatient care. Each fellow will have two (2) different (0.5day/week) clinics which serve as opportunities for continuity clinical experiences. These clinics are maintained throughout training with vacation and administrative-approved absence being the only clinic absences. The clinics are assigned with deliberate attention to fellow career development, educational needs, and demonstration of faculty mentorship and capabilities. Of note, fellows approved for the clinical investigator track are required to only maintain their VA continuity clinic. Additional clinic experience is encouraged, but not required in order to provide adequate non-clinical time for research goal expectations.

The clinic experiences include:

- 1) VA continuity clinic which runs continuously for all 3 years
- 2) UF continuity clinic with assignments in 6 month blocks

UF continuity clinic assignments include the following distribution of experiences:

F-1

BMT & Hem Malignancies (6mo)

Benign Hem (6mo)

F-2 and 3

Selected by fellow with PDs/Mentor input

All UF clinics link fellows 1:1 with faculty and are selected/determined during the semi-annual progress and promotion meetings with the PDs. The fellows are responsible for ensuring the faculty know of any upcoming absences from clinic (and vice versa) with a minimum of a 30day clinic cancellation policy per institutional guidelines.

Learning is through direct patient exposure with supervision, attending-directed reading assignments, and self-directed learning. Evaluations for both continuity clinics are in written and verbal feedback every 6 months.

IV. Administrative Information & Policies

A. COM Administrative Policies

The information contained in this section of the manual include **program-specific policies**. In the absence of a specific programmatic policy in this section, our Fellowship Program is in compliance with the institutional policies described in detail by the College of Medicine Office of Graduate Medical Education. Each fellow is responsible for adhering to all policies set for by both the COM and our Fellowship Program. A complete listing of policies from the COM is available at:

<http://housestaff.medinfo.ufl.edu/policy-procedures/gme-policies-and-procedures/>

B. Leave

Vacation Leave (15 work days/year)

Vacation leave must be requested and approved by the PD prior to the date taken. Vacation leave should not be fragmented into less than one-week periods except under unusual circumstances and must be taken at the time approved by the PD. Vacation leave may be advanced to fellows proportionate to expected service. This advance leave cannot exceed the amount of the leave accrual rate for a one-year period. The amount of advanced leave will not exceed that which can be earned during the remainder of the housestaff leave year. Vacation leave which has been granted but not earned by the housestaff member at the time of separation from the academic department will require an appropriate reduction for the value thereof in the final stipend payment. Vacation leave accruals are based on an annual rate of fifteen (15) work days for all fellows. All unused leave is considered non-payable leave, and there is no entitlement for lump-sum payment for unused leave upon separation or completion of training. Unused annual vacation leave does not carry over to the next academic year.

Sick Leave (10 work days/year)

All housestaff shall accrue sick leave at the rate of 10 working days per year of full employment. Housestaff shall be entitled to utilize for special cases severe illness, in the immediate family (spouse, parents, brothers, sisters, children, grandparents, and grandchildren of both housestaff and spouse). The number of days allowed will be determined by the PD. Sick leave may be advanced to housestaff proportionate to expected service. This advance leave cannot exceed the amount of the leave accrual rate for a one-year period. The amount of advanced

leave will not exceed that which can be earned during the remainder of the housestaff leave year. Sick leave which has been granted but not earned by the housestaff member at the time of separation from the academic department will require an appropriate reduction for the value thereof in the final stipend payment. All unused leave is considered non-payable leave, and there is no entitlement for lump-sum payment for unused leave upon separation or completion of training. Unused annual sick leave does not carry over to the next academic year.

Administrative Leave (5 work days/year)

In addition to one annual conference/meeting attendance for educational learning, the Fellowship Program may grant, at the discretion of the PD, administrative leave for purposes of professional development. The leave must be requested and approved by the PD prior to the date taken. Administrative leave may be advanced to fellows proportionate to expected service. This advance leave cannot exceed the amount of the leave accrual rate for a one-year period. The amount of advanced leave will not exceed that which can be earned during the remainder of the housestaff leave year. Administrative leave accruals are based on an annual rate of five (5) work days for all fellows. All unused leave is considered non-payable leave, and there is no entitlement for lump-sum payment for unused leave upon separation or completion of training. Unused annual administrative leave does not carry over to the next academic year. Potential uses of such leave include additional conference attendance, job interviews, and participation in external training resources. Continuity of care for clinical coverage of patient responsibilities is the responsibility of the fellow.

C. Parental Leave

Updated: July 1, 2006

Approved by Fellowship Program Education Committee: August 2006

Prior to reading the Fellowship Program specific policy below, please review the College of Medicine "Leave Policy" which is included at the following website:

<http://housestaff.medinfo.ufl.edu/policy-procedures/gme-policies-and-procedures/>

- All requests for parental leave must be submitted in advance approved by the Program Director, with as much notice as is possible.

- Only one application for parental leave per academic year will be reviewed.
- To be eligible, the fellow must be in good standing with the program and be without deficiencies including medical record completion, evaluation logs, or other such obligations.
- Unauthorized leave in excess of the following policy, except with the written approval by the Program Director, can interfere with Board Eligibility. The below policy provides for paid leave without loss of benefits or extension of fellowship training. Leave time exceeding the policy may be unpaid resulting in potential loss of benefits and extension of fellowship training.

POLICY:

This parental leave (maternity or paternity) policy is in compliance with the College of Medicine and Department of Medicine trainee leave policies and incorporates requirements from the ABIM and ACGME.

Up to six (6) weeks of parental leave (per year) may be granted through this policy without extension of fellowship training. Fifteen (15) days must come from unused vacation and ten (10) days from unused sick leave. This equals five (5) weeks of eligible leave time. Vacation and sick leave do not carry over from one year to the next and must be used in their entirety as part of this policy. The remaining one (1) week of parental leave will be granted with a pre-approved plan by the Program Director for scholarly activity to be determined on an individual basis consistent with the trainee's career and training goals.

Additional leave time may be granted under extenuating circumstances and on a case-by-case basis.

D. Moonlighting

Updated: July 6, 2009

Approved by Fellowship Program Education Committee: July 2009

POLICY:

- Only select moonlighting opportunities exist for fellows within this Program. A complete list of acceptable options is available through the Program Administration and is subject to change without notice.
- All requests for moonlighting must be prospectively sought and approved by the Program Director.
- Moonlighting hours must not interfere with fellowship training or educational responsibilities. Overnight moonlighting may only be performed if the fellow is free from all clinic duties the following day. Fellows may moonlight overnight on Friday and Saturday nights of non-call weekends, the night prior to a weekday holiday, and the night prior to a vacation day.
- Moonlighting hours must be counted in all hour logs and must not exceed duty hours or violate other policies in place with the fellowship program, institution, and/or ACGME.
- Moonlighting must not generate excessive fatigue or compromise primary patient care obligations or educational responsibilities in any other way.
- To be eligible, the fellow must be in good standing with the program and be without deficiencies including medical record completion, evaluation logs, or other such obligations.
- First year fellows may not moonlight during the first two months of fellowship.
- State medical licenses may be required for some moonlighting opportunities.

Failure to comply with these requirements will result in forfeiture of future moonlighting opportunities and may constitute grounds for disciplinary action.

E. Fellowship Professional Expense Account (FPEA)

FPEA monies (\$1500.00) are granted to each fellow each academic year (July 1st-June 30th) to be used toward educational activities or board review products, such as conference attendance or books. FPEA monies do not carry over to the new academic year and cannot be borrowed against the following year. All FPEA monies must be used or encumbered by May 1st annually. All requests for FPEA usage must be submitted in writing via the FPEA application and must be approved by the Program Administration. FPEA is funded by the Department of Medicine and supplemented by the Division of Hematology/Oncology.

In addition to these funds, the Division provides standard programmatic resources defined as necessary by the Fellowship Program Director and the Division Chief. These resources include:

- iPad for individual use during the duration of fellowship
- Annual membership to ASCO and ASH
- ASCO and ASCO ITE Exam Fees
- Wetlab participation fee

F. Medical Record Completion Policy

Approved by Fellowship Program Education Committee: October 2009

As part of professionalism, patient care, and interpersonal/communication competency, medical record documentation is an important skill set to refine during fellowship training. Mastery of medical record documentation skills (i.e., formatting of SOAP and H&P/Consult notes) is an expectation prior to acceptance into the fellowship program. The specific policy below is in addition to any additional requirements of our sponsoring institution and/or affiliated sites.

POLICY:

- Medical record documentation is evaluated on all clinical rotations and electives. Competency of accuracy, timeliness, clarity, and thoroughness is expected.
- Understanding and appreciation of the relationships between patient care, consultative communications, billing compliance, clinical trial documentation and medial-legal implications of accurate medical records are expected.
- Establishing expectations with regard to medical record documentation with supervising faculty at the start of rotations is strongly recommended.
- All new consults, clinic visits, and urgent on-call evaluations, telephone contact, and daily inpatient progress notes are to be documented exclusively in the online-EMR.
- Fellows are expected to document all medical encounters within 24hours of care delivery. This is to be done through the EMR systems. For inpatient clinical care

including new consults, this does not replace direct contact with primary team members for urgent matters, but should serve as a minimum and real-time means of communication.

- For EMR records, all documents are expected to be personally reviewed for accuracy and content and electronically signed and routed to the supervising faculty member within 24 hours of the encounter.
- Feedback from supervising faculty regarding refinement or efficiency in medical record documentation should be sought, particularly as it relates to format, accuracy, regulatory requirements, and support of billing encounters. This educational feedback is strongly encouraged by the Program.
- Compliance with the totality of this policy is required prior to programmatic approval of non-emergent leave, vacation, or other elective opportunities (i.e., moonlighting). Removal from clinical service with peer coverage to provide for protected time to complete delinquent records will be utilized as needed.

G. Electronic Resources & Communications Policy

Updated: June 2013

Approved by Fellowship Program Evaluation Committee: May 2010

As part of professionalism, patient care, and interpersonal/communication competency, timely communication via electronic means (internet, email and/or pager) is an important skill set to refine during fellowship training. The specific policy below is in addition to any additional requirements of our sponsoring institution and/or affiliated sites.

POLICY:

- Each fellow is assigned a unique pager device and number at the start of fellowship. It is the responsibility of each fellow to carry this pager during working hours. Fellows are not required to carry pagers outside of duty hours. Pagers are property of the University of Florida and fellows will be held responsible for damage or loss.
- Communication skills are evaluated on all clinical rotations. This includes timeliness and effectiveness of response to pager calls from members of all health care teams and administrative staff.
- EPIC and CPRS in-baskets/notifications must be checked daily when rotating on inpatient services, otherwise no less three times per week.
- Each fellow is assigned a Department of Medicine email address at the initiation of fellowship. This serves as the primary mode of non-emergent communication for the fellowship administration. Apart from leave, it is expected that each fellow check his/her email account daily. During leave time, every effort should be made for fellows to check email once per week to assure no administrative issues are unaccounted for. Program administration should be notified proactively if a fellow will be “completely unreachable” during leave time.
- Each fellow is assigned a CA outlook account. It is not required the fellow check this email. At the beginning of fellowship, each fellow is required to access this account and submit an out of office reply with other contact information.
- Provision of safe and secure personal office environment for each fellow to accomplish educational activities is expected. Each fellow is provided personal desk space, telephone, tablet computer and desktop personal computer with internet access for use throughout their training. These resources are the property of the University of Florida and fellows will be held responsible for damage or loss and are held responsible for compliance with UF Computing Standards and Appropriate Use Policies. Department of

Medicine Information Technology Services will oversee the software management on the desktop PCs.

- Fellows are required to have access to the internet while at home in order to participate effectively in “home-call”. Virtual Private Network (VPN) access for VA and UF medical record systems will be provided, as long as individual user hardware, software, and professional use standards are met. The Fellowship Program does not provide additional electronic resources otherwise for home use.
- Evaluations of faculty are completed via the online New Innovations™ system. Following the completion of a rotation, it is expected that faculty evaluations be completed within one week of the rotation’s completion.
- Procedures are recorded via the online New Innovations™ system. Following the completion of a procedure, fellows are expected to enter the procedure within one week.
- Refer to the additional online New Innovations™ system requirements specific for the individual fellow portfolio in the “Evaluation of Fellow” section of this manual.

H. UF COM Housestaff Fringe Benefits

Housestaff fringe benefits, including but not limited to Life, Health, Disability and Retirement Policies, can be found on the UF COM website:

<http://adminaffairs.med.ufl.edu/fringe-benefits/housestaff-benefits/>

I. Personal Health and Counseling for Housestaff

Information regarding counseling and support services with contact information is found on the UF COM GME website:

<http://housestaff.medinfo.ufl.edu/policy-procedures/gme-policies-and-procedures/>

J. UF COM Impaired Physician Policy

Information regarding UF COM impaired physician policy is found on the UF COM GME website:

<http://housestaff.medinfo.ufl.edu/policy-procedures/gme-policies-and-procedures/>

K. UF COM Procedure for Grievance, Supervision, Nonrenewal or Dismissal

UF COM procedure for grievance, supervision, nonrenewal or dismissal can be found on the UF COM GME website:

<http://housestaff.medinfo.ufl.edu/policy-procedures/gme-policies-and-procedures/>

L. UF COM Sexual Harassment Policy

The UF COM Sexual Harassment policy can be found at:

<http://housestaff.medinfo.ufl.edu/policy-procedures/gme-policies-and-procedures/>

V. Appendices

A. UF HemOnc Fact Sheet

Available online at <http://www.medicine.ufl.edu/hemonc/fellowship/factsheet.pdf>

B. Career Development Proposal

Available through the Fellowship Program administration and are specific to each of the 3 career development tracks:

- **Clinical Provider**
- **Clinical Educator**
- **Clinical Investigator**

C. Fellow Conference and Didactic Expectations

The Fellow's Conference (weekly on Wednesday AM) is a key educational resource in this Fellowship Program. In addition to being one of the core conferences within the curriculum, it strives to refine the skills of life-long learning and educational communication and teamwork within the Program. It consists of comprehensive reviews of all major hematology and oncology topics. One and a half hours is available for each presentation. Coverage of epidemiology, diagnosis, staging, pathology, treatment (including the pivotal trials) is expected. Previous talks are available on the fellowship intranet for reference. A list of topics is found below. Common topics are covered annually, with all topics ultimately reviewed during the 3 year curriculum. Guidelines for these presentations are provided in **Appendix D**.

F-1: First talk must be on either colorectal, lung, breast or prostate cancer. Must also select a malignant or benign heme topic during the year. Each F1 does 2 talks/year.

F-2: One talk must cover a benign or malignant hematology topic. Each F2 does 2 talks/year.

F-3: No restrictions, guided by individual, educational, and programmatic needs. Each F3 does 2 talks/year.

Other global didactic conference responsibilities include:

- F-2/3 fellows each present once per year at Journal Club
- F-2 fellows on the research track will each present a scientific research conference to the Division
- F-3 fellows will each present a senior conference to the Division on a topic of their choosing

Wednesday AM Fellows Conference Topics

	<u>Solid Tumor Oncology</u>
Breast Ca - Early	Head and Neck Cancer
Breast Ca - Locally-advanced	Gastric Cancer
Breast Ca – Metastatic	Esophageal Cancer
NSCLC - Stage I-IIIa	Sarcomas
NSCLC - Stage IIIB-IV	Carcinoma of Unknown Primary
SCLC	HIV-Associated Cancers
Anal Cancer	Skin, including Melanoma
Colon Cancer - early	Testicular Cancer
Colorectal Cancer - metastatic	Bladder Cancer
Rectal Cancer - early	Renal Cell Cancer
Prostate Cancer - Early	CNS Malignancies
Prostate Cancer - Advanced	Gynecologic Malignancies – Misc.
Pancreatic Cancer	Ovarian Cancer
Hepatobiliary Cancer	Endometrial/Cervical Cancer
Carcinoid & Islet Cell Tumors	Mesothelioma
Endocrine Malignancies	
	<u>Malignant Hematology</u>
NHL - Low-grade	Transfusion and Transplantation
NHL - Intermediate & High-grade	NHL – Miscellaneous types
Hodgkin's Disease	Graft vs. Host disease
CML	Lymphoproliferative d/o's
CLL	Myeloproliferative d/o's
AML	Aplastic anemia
Multiple Myeloma	Myelodysplasia
Non-myeloma Plasma Cell Disorders	T-cell Malignancies
	<u>Benign Hematology</u>
VonWillebrand's Disease	Coagulation d/o's

Sickle Cell Disease
Hemophilia
ITP & TTP
HIT
Thrombotic d/o's
Hemoglobinopathies and Thalassemias
Thrombosis and Cancer

Megaloblastic Anemias and d/o of Impaired DNA Synthesis
Iron Metabolism and Heme Synthesis
Hemolytic Anemias
Hereditary Disorders of Hemoglobin Structure and Synthesis
Anemia of Chronic Disease
Hematologic and Malignant Complications of Solid Organ Transplantation

D. Guidelines for Wednesday AM Fellows Conference

- Identification and review of sentinel studies is a key requirement.
- Relay key findings of the above studies, which guide the current standards of care.
- Demonstrate an understanding of the body of literature that provides the rationale for current clinical decision making. Don't just cite or refer to expert opinions or clinical algorithms. Demonstrate you understand why the recommendations are what they are.
- Plan on your talk being only hour maximum, this allows for anticipated audience questions and discussion.
- Spend ~1-2 minutes on each slide-- If you have more than that you either won't be able to finish or will be rushing.
- Put a title on every slide-- The audience may get lost as to where you are in the talk.
 - Make the transitions from one topic to another *crystal clear*-- It can be difficult to listen to a talk when an audience has to figure out what you talking about for the first 15 seconds.
- Don't make each slide a magnum opus of text-- 6-7 lines maximum.
- Each bullet point should be no more than 2-3 lines-- Avoid paragraphs at all costs.
- Slides are not cue cards--- Everyone is guilty of this, but don't read the slide verbatim. An audience can always read faster than you can speak. You should use the slide as a guide upon which to expound in greater detail.
- Never put up a slide that can't be read-- Examples: a graph that's tiny, a chart full of unreadable numbers. Make your own table if need be.
- Use a laser pointer to show the audience what you're talking about.
- Font size should be greater than 18 point-- Anything less and it's hard to read. It makes it look either empty or, worse, cluttered because you're cramming too much info on the slide.
- Break it up-- Show a couple of pictures of the kids or a cartoon. It really does freshen the audience up to hear more of what can otherwise be dry topics.
- *Show you synthesized what you read*—do not make your talk a litany of every Phase II and III trial you think may be relevant with (painful) details of each.
- The audience believes that you prepared for the talk-- *the point is to distill down the volumes of data in to easily understandable, consumable nuggets of knowledge you can walk out of the room with.*

- Try to make some eye contact with the audience to re-engage people.
- Relax and don't forget to breath.
- Invite expert faculty to attend your talk and review your slides prior, but give them >30 day notice as clinic rescheduling may be needed.
- Summarize your recommendations and data at the end of your presentation. "How I would treat..."
- There WILL be questions and interruptions from faculty and fellows. Anticipate what they might be and be prepared.
- Upload your presentation to the Fellowship Portal, as well as your personal portfolio, when completed.

E. Fellowship & Division Journal Club Specifications

- Conference is 12-1pm near the first Wednesday of each month beginning in September each year.
- Full division-wide faculty attendance is encouraged.
- Each F-2 and F-3 fellow is assigned one Journal Club conference annually.
- Fellows will select an article of relevance and personal interest to their training, patient care, or research.
- The article must have been published in the 3 months preceding the presentation to ensure timely review of contemporary literature.
- Critical analysis of the document is to be presented with some limited background on the topic by fellow. Literature critique and tools for interpretation of the article are available through JAMA and ASH (via the fellowship website).
- Fellow should discuss the article with an appropriate faculty mentor, at the discretion of the fellow.
- Dr. Heldermon will serve as a universal general mentor for any fellow in need of assistance with the article critique.
- Focus of this conference is intended to be techniques of critical review and appraisal of medical literature, assimilation of the knowledge into the fellows' current clinical practice, and recommendations for further study or clinical management.

Article selections should NOT be restricted to randomized controlled trials. Diversity is encouraged in article selection. Appropriate topics include all areas of Hematology and Oncology such as:

- Therapy
- Phase III, randomized and non-randomized Phase II, etc.
- Harm
- Diagnosis
- Prognosis
- Meta-analysis

- Qualitative research
- Cost effectiveness
- Systematic reviews

F. Committees Available for Fellow Participation

Education-Administration	Clinical
UF Graduate Medical Education Committee	Hospital Ethics Advisory Committee
UF GMEC Internal Review Subcommittee	Trauma Quality Committee
Academic Status Committee	Transfusion Committee
Fellowship Program Education Committee (peer-selected)	ICU Performance Improvement Committee
Fellowship Program Education Committee (admin-selected)	Sedation Committee
UFSCC Data Safety Monitoring Committee	Patient Record Committee
Fellowship Orientation & WetLab Planning and Development Committee	Pharmacy & Therapeutics Committee
	Infection Prevention & Control Committee
	Code Blue Committee
	UF Fringe Benefits Committee
	Physician Engagement Service Team
	UF Cancer Care Committee
	VA Cancer Care Committee

Appendix G - Art of Oncology Curriculum

The Art of Oncology curriculum introduces the humanities into the hematology-oncology training program through themed, interactive (non-didactic) one-hour sessions throughout the academic year, each led and facilitated by a core group of hematology-oncology clinician educators. The curriculum provides for opportunities for self-reflection and introspection, and it raises awareness of the patient's perspective, thus fostering empathy and the development of patient-centered approach to medical care.

The following ACGME core competencies are satisfied through this curriculum:

- *Interpersonal and Communication Skills*: Fellows will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- *Professionalism*: Fellows will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- *Systems-based Practice*: Fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- *Practice-based Learning*: Fellows will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continually improve patient care based on constant self-evaluation and life-long learning.

Recurring Session Themes:

- Professionalism
- Physician Impairment (includes: stress, burnout, substance abuse, etc.)
- Work-Life Balance
- Difficult Patients
- Medical Futility/Inappropriate Expectations
- Dealing with Death and Dying
- Errors (includes: physician errors, system errors)
- Empathy/Patient's Perspective (i.e., the physician as patient)
- Cultural Sensitivity

Optional Session Themes:

- Alternative Medicine
- Life-long Learning
- Conflicts of Interest
- Data Overload
- Spirituality in Oncology
- Breaking Bad News/Communicating Prognosis

ACADEMIC YEAR ONE

Session 1 - July

Theme: Professionalism

Goals: Introduction to the series. Discussion of professionalism in hematology-oncology and what it means to demonstrate professionalism. Development of the Fellowship Oath (see example, last page). Fellowship Oath will address our commitments to (1) patients, (2) colleagues, and (3) ourselves.

Discussion Article:

- Pentz RD, Joffe S, Emanuel EJ, Schnipper LE, Haskell CM, Tannock IF. ASCO Core Values. J Clin Oncol. 2006;24(36):5780 [[PubMed](#)]

Reference Article:

- Surbone A. Professionalism in Global, Personalized Cancer Care: Restoring Authenticity and Integrity. 2013 ASCO Educational Book. [[found here](#)]

Session 2 - September

Theme: Errors

Discussion Article:

- Srinivastava R. Speaking Up – When Doctors Navigate Medical Hierarchy. NEJM 2013; 368;4 [[PubMed](#)]
 - *Summary:* When multiple physicians are involved in a patient’s care, when no one physician takes ownership, mistakes can happen.

Session 3 - December

Theme: Dealing with Death and Dying

Discussion Articles:

- Rayson D. Witness. J Clin Oncol. 2005;23(10):2429. [[PubMed](#)]
 - *Summary:* An oncologist writes about caring for two patients dying of cancer and questions what makes a good death.
- Duane SF. What a Difference a Letter Can Make. J Clin Oncol. 2012;30(33): 4171. [[PubMed](#)]
 - *Summary:* On caring for dying patients with young children.

Session 4 - March

Theme: Medical Futility/Inappropriate Expectations

Discussion Articles:

- Hartmann LC. Unrealistic Expectations. J Clin Oncol. 2005;23(18):4231. [[PubMed](#)]
 - *Summary:* 45 yo man acutely dying of thyroid cancer; unrealistic family.
- Bloom SH. In Defense of Futile Gestures. J Clin Oncol. 2008;26(19):3276. [[PubMed](#)]
 - *Summary:* An oncologist grapples with futility in the care of a woman with AML.

Session 5 - May

Theme: Empathy/Patient's Perspective

Discussion Article:

- Srinivastava R. A Painful Lesson. Ann Intern Med. 2007; 146(6):467. [[PubMed](#)]
 - *Summary:* Author experiences pain in a hospital and has difficulty communicating with nursing staff.

ACADEMIC YEAR TWO

Session 1 - July

Theme: Professionalism

Goals: Introduction to the series. Discussion of professionalism in hematology-oncology and what it means to demonstrate professionalism. Development of the Fellowship Oath (see example, last page). Fellowship Oath will address our commitments to (1) patients, (2) colleagues, and (3) ourselves.

Discussion Article:

- Pentz RD, Joffe S, Emanuel EJ, Schnipper LE, Haskell CM, Tannock IF. ASCO Core Values. J Clin Oncol. 2006;24(36):5780 [[PubMed](#)]

Reference Article:

- Surbone A. Professionalism in Global, Personalized Cancer Care: Restoring Authenticity and Integrity. 2013 ASCO Educational Book. [[found here](#)]

Session 2 - September

Theme: Cultural Sensitivity

Discussion Article:

- Sparling, TG. Caring for Fatima. J Clin Oncol. 2006;24(16):2589. [[PubMed](#)]
 - *Summary:* An oncologist cares for a Muslim patient with breast cancer and learns lessons about cultural differences in physician-patient relationships.

Session 3 - December

Theme: Difficult Patients

Discussion Articles:

- Rayson, D. Parallel Lives Diverge. J Clin Oncol. 2012;30(16):2016. [[PubMed](#)]
 - *Summary:* An oncologist cares for two women with similar cancer diagnoses and prognosis, however one is significantly more challenging to care for than the other.
- Thompson, CA. The Difficult Patient. J Clin Oncol. 2008;26(24):4035. [[PubMed](#)]
 - *Summary:* An essay about caring for a 21 year old leukemic man with disruptive and inappropriate behavior.

Session 4 - March

Theme: Physician Impairment/Burnout

Discussion Articles:

- Shanafelt T, Adjei A, Meyskens FL. When Your Favorite Patient Relapses: Physician Grief and Well-Being in the Practice of Oncology. J Clin Oncol. 2003;21(13):2616. [[PubMed](#)]
 - *Summary:* Oncologists face an “onslaught of grief, guilt, existentialism, and burnout.” This article discusses each of these topics.
- Kearney MK, Weininger RB, Vachon MLS et al. Self-care of Physicians Caring for Patients at the End of Life: “Being Connected...A Key to My Survival”. JAMA. 2009;301(11):1155. [[PubMed](#)]
 - *Summary:* Through an oncologist’s story, the authors discuss the symptoms and signs leading to burnout and compassion fatigue and present the evidence for prevention and practical applications for self-care in the workplace.

Session 5 - May

Theme: Work-Life Balance

Discussion Articles:

- Lewis MA. A Balancing Act. J Clin Oncol. 2012;30(15):1891. [[PubMed](#)]
- Klass P. So Where’s My Medal? NEJM. 2005;353;20:2107. [[PubMed](#)]

Example of Resident/Fellowship Oath:

Resident Oath, from Meridian Health – Jersey Shore University Medical Center

Now, at the beginning of my residency, I make these promises:

To My Patients:

I promise to treat you with respect and dignity, to listen to you carefully, to put your needs first, and treat you as I would treat a member of our own family. I will do my best to communicate effectively, and to help you feel safe, supported, and well informed of your progress while you are under my care. I promise to learn as much as I can, and work as hard as I can, so that I can provide you with the best care possible.

To My Students:

I promise to guide you as I wished to be guided when I was a student. I promise to respect you, include your thoughts about the treatment plan, and include you as a part of the team. I promise to both learn with you and from you. I promise to treat you as a colleague, and to provide advice and constructive feedback. I promise to encourage questions and to be a positive role model for you. I promise to teach you every day and I hope to inspire you to do the best you can.

To Ourselves:

We promise to ask for help when needed, to be punctual and professional, work together as a team, and to be honest with ourselves. We promise to be the best people we can be, and to grow in knowledge and in spirit during our training. We promise to take care of each other as well as ourselves, to continue to learn from, support and educate each other, and to make time for our families and friends.

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<http://www.jerseyshoreuniversitymedicalcenter.com/JSUMC/academics/GraduateMedicalEducation/ResidentHumanAndProfessionalismPrograms.cfm>