Fellowship Training Manual
Division of Hematology and Oncology
Department of Internal Medicine
University of Kansas Medical Center

As a supplement to the
Policy and Procedures Manuals of the Office of Graduate Medical Education
GME Office, Campus
And

As a supplement to the
Policy and Procedures Manuals of
The Department of Internal Medicine

Revised March 27, 2013
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Welcome

The University of Kansas Medical Center, Division of Hematology and Oncology in the Department of Internal Medicine offers a three-year combined fellowship program accredited through the Accreditation Council for Graduate Medical Education. This program, when completed successfully, provides board eligibility in both Hematology and Medical Oncology. The University is affiliated with the Kansas City Veterans Affairs Medical Center. Fellows spend one fourth to one third of their time at the VA during the fellowship program.

The Fellowship Program includes activities in both the outpatient and inpatient settings. Emphasis is placed on outpatient care and continuity of care in an interactive multidisciplinary environment. Fellows are placed in a continuity clinic that allows them to follow specific hematology and oncology patients for 3 years. They also rotate through other clinics. Fellows receive exposure to an active Bone Marrow Transplant Program, including autologous, allogeneic and unrelated transplants in addition to a large Breast Cancer Prevention Program. Fellows have an experience in hospice and palliative care. They utilize an electronic medical record.

A portion of time is spent on electives, which include radiation therapy, blood banking, palliative care, research and other subspecialty areas. All fellows are expected to participate in research projects and write two papers.

We are a member and participant of the Southwest Oncology Group, a large national cooperative clinical trials group, the RTOG, and have grants in prevention trials and phase I-II agents as well. Our faculty research interests are much diversified. These research interests include, but are not limited to, new agents, combined radiation and chemotherapy trials, thrombotic disorders, and prevention trials.

Sarah A. Taylor, M.D.
Professor of Medicine
Director, Hematology/Oncology Fellowship Program
Hematology-Oncology@kumc.edu
# Division of Hematology/Oncology Faculty

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<tr>
<th>Faculty Name</th>
<th>Title</th>
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| Sunil Abhyankar, M.D.          | Professor of Medicine Director, Photopheresis & Stem Cell Processing | *Blood & Marrow Transplant  
*Graft v Host Disease  
*Stem Cell Mobilization  
*Acute Leukemia |
| Omar Aljitawi, M.D.            | Assistant Professor of Medicine                                       | *Blood & Marrow Transplant  
*Stem Cell Transplantation  
*Hematological Malignancies  
*Lymphoma  
*Multiple Myeloma |
| Snigdha Banerjee, Ph.D.        | Research Associate Professor                                         | *Laboratory research/basic science                                    |
| Sushanta Banerjee, Ph.D.       | Research Professor                                                    | *Laboratory research/basic science                                    |
| Joaquina Baranda, M.D.         | Associate Professor of Medicine                                      |                                                                      |
| Kapil Bhalla, M.D.             | Tyler Endowed, Professor of Medicine                                 | *Acute Myeloid Leukemia  
*Chronic Myeloid Leukemia |
| Emma Borrego Diaz Reyes, PhD, MS | Research Assistant Professor                                       | *Generation of an oncolytic virus to target colorectal cancer stem cells.  
*Lab research |
| Gary C. Doolittle, M.D.        | Professor of Medicine; Medical Director, Midwest Cancer Alliance; Director, University of Kansas Cancer Center | *Melanoma  
*Sarcoma  
*Telemedicine |
| Carol J. Fabian, M.D.          | Professor of Medicine Director, Breast Cancer Prevention Center & Survivorship Centers | *Breast Cancer Prevention & Treatment |
| Faris Farassati, PhD, PharmD   | Director, Molecular Medicine Laboratory                               | *Basic science and lab research                                       |
| Allan Fleming, M.D.            | Associate Professor of Medicine                                      | *Hematology Oncology Hospitalist                                       |
| Siddhartha Ganguly, M.D.       | Associate Professor of Medicine                                      | *Blood & Marrow Transplant  
*Stem Cell Transplantation  
*Hematological Malignancies  
*Lymphoma  
*Multiple Myeloma |
| Rama Garimella, Ph.D.          | Research Assistant Professor                                         | *Basic science and lab research                                       |
| Nisreen Haideri, M.D.          | Assistant Professor of Medicine                                      | *Hematological Malignancies  
*Lymphoma  
*Multiple Myeloma |
| Chao H. Huang, M.D.            | Associate Professor of Medicine Physician, VAMC                     | *Head & Neck Cancer  
*Thoracic Oncology |

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<th>Name</th>
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| Suman Kambhampati, M.D.     | Associate Professor Director, VAMC Oncology Service | *Benign & Malignant Hematological Disorders  
*Anemia  
*Multiple Myeloma  
*Leukemia  
*Myelodysplastic |
| Qamar Khan, M.D.            | Associate Professor of Medicine                     | *Breast Cancer Prevention & Treatment                                                  |
| Jennifer Klemp, Ph.D., MPH  | Assistant Professor                                 | *Breast Cancer Prevention & Treatment                                                  |
| Tara Lin, M.D.              | Assistant Professor                                 | *Acute Leukemia                                                                       |
| Brea Lipe, M.D.             | Assistant Professor of Medicine                     | *Myeloma                                                                              |
| Heather Male, M.D.          | Assistant Professor of Medicine                     | *Hematology Oncology Hospitalist                                                       |
| Joseph McGuirk, D.O.        | Professor of Medicine Medical Director, BMT Program  | *Blood & Marrow Transplant  
*Stem Cell Transplantation  
*Hematological Malignancies  
*Lymphoma  
*Multiple Myeloma |
| Prakash Neupane, M.D.       | Assistant Professor of Medicine                     | *Head & Neck Cancer  
*Thoracic Oncology                                                                      |
| Brian Petroff, Ph.D.        | Research Associate Professor                        | *Basic science and lab research                                                        |
| Raymond Perez, M.D.         | Medical Director, Clinical Trials Shared Resource   | * Phase I Program                                                                     |
| Priyanka Sharma, M.D.       | Assistant Professor of Medicine                     | *Breast Cancer Prevention & Treatment                                                  |
| Ruben Reyes, M.D.          | Assistant Professor of Medicine                     | *Hematological Malignancies  
*Lymphoma  
*Lymphoid Leukemia  
*Multiple Myeloma |
| Roberto Rodriguez, M.D.     | Assistant Professor of Medicine                     | *Hematology Oncology Hospitalist                                                       |
| Sarah A. Taylor, M.D.       | Professor of Medicine Program Director, Fellowship  | *Brain Tumors  
*palliative Care                                                                        |
| Peter J. Van Veldhuizen, M.D.| Professor of Medicine Director, Division of  
Hematology Oncology Physician, VAMC          | *Genitourinary Cancer  
*Adrenal  
*Bladder  
*Kidney  
*Penile  
*Prostate  
*Testicular |
| Stephen K. Williamson, M.D. | Professor of Medicine                               | *Lung Cancer  
*Head & Neck  
*GI Cancers  
*Liver Cancer  
*Esophageal |
| Abdulraheem Yacoub, M.D.    | Assistant Professor of Medicine                     | *General hematology                                                                     |
Hematology/Oncology Fellowship Program

Program Overview

The University of Kansas Division of Hematology/Oncology provides a combined three-year program for dual certification in Hematology and Oncology. This program is conducted at the University of Kansas Medical Center as well as the Kansas City Veterans Administration Medical Center.

All fellows participate in the following rotations: Hematology consults, Hematology inpatient service, Oncology consults, VA Hematology/Oncology consults, Outpatient Clinic, Breast, GI, VA electives, KU electives, Radiation Oncology, Gyn Oncology, Palliative Care, Blood Bank, and BMT.

The Electives at the KCVAMC may include: Dr. Huang's laboratory; pathology; ENT, bone marrow reading. At KU, the fellow may do more of the above rotations as an elective or may in conjunction with the director develop other electives such as telemedicine or radiology.

Fellows are also assigned clinic rotation with the faculty in the KU Cancer Center Outpatient Clinic and the Hematology/Oncology clinic at the KCVAMC. The clinic rotation schedule allows each fellow the opportunity to spend time with the majority of the faculty during their fellowship. This enables the fellow to be exposed to all types of cancer as well as the different approaches to cancer by the faculty. Each fellow is assigned to a continuity clinic. There is also a fellow run clinic at the VA.

Procedural skills needed for certification include:

**Hematology:**
Bone marrow aspiration and biopsy, including preparation, staining, examination, and interpretation of blood smears, bone marrow aspirates, and touch preparations of bone marrow biopsies; measurement of complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

**Oncology:**
Bone marrow aspiration and biopsy; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

There are a multitude of conferences for the fellow to attend. These include cancer center sponsored research conferences by outside speakers as well as regularly scheduled didactics and patient centered conferences. These conferences include multidisciplinary tumor board (MTC), Oncology and Hematology Journal Clubs, bone marrow conferences, chest, breast, sarcoma, neuro oncology conferences, and many others. Of those based at the University many are televised to the VA or Westwood.

Fellows are evaluated on a monthly basis by the faculty and each faculty member is evaluated by the fellows. The fellows and faculty also evaluate the overall program annually. Annually a
committee of administrators, faculty and fellows review the program. Fellows are allowed to do self evaluation and also are evaluated by patients, their peers, and support staff.
Overview of Hematology/Oncology
Fellowship Goals and Mission of the Program

1. Close faculty supervision is provided to develop the process of understanding a hematology oncology consultant's role, including a working knowledge of all patients with cancer and hematologic disease and the skills associated with interfacing with a patient who is under the care of another primary physician.
2. You will further perfect primary care skills for future care of hematology/oncology patients whose primary care will be your responsibility.
3. You will develop the capacity to handle the urgent needs of hematology/oncology patients, including those followed by other hematologists/oncologists.
4. You will learn the importance, and develop the data base capability, for proper staging of all patients with malignant disease (TNM and Group staging).
5. You will be familiar with recommended screening of individuals without the diagnosis of cancer.
6. You will become familiar with cancer etiology and prevention.
7. You will learn the indications, toxicities, and pharmacokinetic aspects of all antineoplastics.
8. You will become familiar with the rapidly evolving molecular basis for malignant disease as well as molecular therapies.
9. You will refresh and practice technical skills first developed during the preceding internal medicine residency. You will use procedures such as interpretation of CBC and chemistry profile data relating to the care of hematology/oncology patients, bone marrow access and interpretation, thoracentesis, paracentesis, lumbar puncture, as well as central line maintenance, chemotherapy administration and intrathecial treatments.
10. You will be taught skills to do hematology/oncology research, new agent development, and will participate in the research of the Division as well as initiate research activities resulting in peer reviewed publications. This knowledge will help you interpret the literature.
11. You will learn the roles of other disciplines in the care of any hematology/oncology patient.
12. You will be exposed to clinical and laboratory research methodologies through regular attendance at Journal Club as well as didactics on these areas. You will learn what it takes to perform clinical trials, case report analyses, or literature reviews. You will complete two projects.
13. You will learn the basics and importance of good pain and symptom control.
14. You will learn the multidisciplinary nature of treatment and the importance of the role of radiation therapist and surgeon.
15. You will learn the essentials of palliative and hospice care.
16. You will learn the epidemiology, diagnostic criteria, and management of patients with benign hematologic disorders.
17. You will learn to interpret bone marrow examinations.
18. You will learn the indications for bone marrow transplantation.
19. You will learn to care for patients during and after their transplantation.
20. You will learn the systems involved in giving hematologic/oncologic care to a diverse patient population.
21. You will learn the communication skills necessary to give bad news and help patients with their goals of care.
Fellowship Program Requirements

Rotations
Fellows participate in the following rotations:
- Basic Hematology (Coagulation and Community Blood Bank, Midwest Transplant)
- Blood and Marrow Transplant: Inpatient and Outpatient
- Breast Oncology
- Gastrointestinal (GI) Oncology-Pancreatic Cancer
- Gynecologic Oncology
- Hematology Consults
- Hematology Inpatient Non-Transplant
- Kansas City VA Inpatient/Consults
- Kansas City VA Outpatient
- Oncology Consults
- Palliative Care
- Radiation Oncology (Olathe Medical Center, Olathe, KS)
- Research
- University of Kansas Cancer Center Clinics
- University of Kansas Continuity Clinic
- University of Kansas Cancer Center Outpatient Clinic

Electives
- VA Electives may include: KCVA laboratory, pathology, ENT
- KU Electives may include: flow cytometry, laboratory, telemedicine, radiology
- These electives require a written request from the Program Director to the person in charge of the proposed elective. These requests must be made in advance.

The program is drafted and reviewed by the Program Director who amends the schedule as necessary. The rotation schedule is created for a 12 month academic program year (July - June).

Definitions for Patients: All patients you see will have had access to these definitions. You should still explain your role when you introduce yourself.

The following definitions will help you understand the role that each caregiver will play in your care.

“Faculty”, “Attending” and “Medical Staff”
"Faculty", "Attending" and "Medical Staff" all mean the same and refer to the expert leader of your care. These doctors carry the primary responsibility for your care and have been recruited from all over the world to provide you the best possible treatment. Faculty has completed college, medical school (4 years) and then training in a residency program (3+ years). Some Faculty have had even further advanced training in one or more fellowships after their residency. All Faculty have a license to practice medicine from the Kansas State Board of Healing Arts (http://www.ksbha.org). Most Faculty physicians are also Board Certified by the American Board of Medical Specialties (http://www.abms.org). Some Faculty is still in the process of becoming Board certified as this process can take years. These doctors provide care for patients
and provide supervision and teaching for Resident physicians (see below) as University of Kansas School of Medicine professors.

“Residents” and “Fellows”
"Residents" have completed college and medical school. These doctors have come from all over the world to train for 3 to 6 years at the University of Kansas. To be accepted into a residency program is a competitive process with some programs getting over a hundred applications for each position. Residents in their first year have been referred to as “interns”, while Residents in their final year of training are referred to as “Chief Residents”. "Fellows" have completed a residency program and have come to the University of Kansas for 1 to 3 years of more advanced subspecialty training. Both Residents and Fellows are licensed to practice medicine by the Kansas State Board of Healing Arts (http://www.ksbha.org). Residency and Fellowship program training also includes research into state-of-the-art medical advances. This important interaction between Resident/Fellow supervision, clinical training and medical research is what makes the University of Kansas Hospital a premier “Teaching Hospital” and “Academic Medical Center”. All Resident care is supervised by a more senior Resident or Fellow and the responsible Faculty physician.

“Medical Students”
“Medical Students” have completed college and competed with several hundred applicants to become a medical student in the School of Medicine to earn their M.D. degree and become a doctor. Medical Students most commonly spend time in the Hospital and Clinics during their 2 final years of Medical School. All Medical Student participation in patient care is closely supervised by licensed doctors (i.e., Faculty, Fellows and Residents). In their final year of training, Medical Students decide which medical field they wish to pursue as a career and compete for positions in residency programs both at the University of Kansas and all over the nation.

Patient Handoff
1. The purpose of this policy is to insure the safe transition of patients being followed on the Hematology and Oncology Consult Team to the On-call Team.
2. On Friday afternoon the fellows on the Hematology and Oncology consult rotations will speak with the week end call fellow giving a summary of each patient being followed and their needs over the week-end. They will also send a private e-mail with the summary information of these patients to the on call fellow and on-call attending staff. This information will include the name, medical record number, diagnosis; primary service and what may be needed over the weekend. On Monday the on-call fellow will contact the fellows doing Hematology and Oncology consults and update them on any changes over the weekend. An e-mail (private) will also be sent.
**Procedures:**

The procedures being tracked for certification include: Access Ommayha Reservoir and administration of chemotherapy, administration of intrathecal chemotherapy, bone marrow aspirates and biopsy.

Each procedure type, date, faculty assigned, length of time of procedure, location, and comments if applicable are entered into E-value on the date of service. You will be supervised for the first five and/or until a faculty determines your competency.

Twenty-four hours after data entry into E-value an electronic email will be sent to the fellow’s assigned attending. Each attending must reply via email stating they agree or disagree with fellow’s procedure. The faculty’s response is entered into E-value. Below is an example of an email sent to the faculty.

**Dear Doctor,**

*Fellow’s name* has indicated that he/she has performed the following procedure(s). IF YOU AGREE with this claim, please respond to the administrator by clicking the reply button (which sends a reply to the administrator). The administrator will then confirm the procedure(s) and indicate that you are verifying this claim.

If you DISAGREE, or you were not the supervisor, you must also respond to this email stating your reasons.

Thank you for your participation in the E*Value PxDx logging system.

E*Value PxDx Tracking

Activity: KCVA Inpatient/Outpatient at Kansas City Veterans Administration
Procedure(s) and Role(s): Bone marrow aspiration and biopsy - Primary Physician
PxDx Record Number: 12954272
Date: 01/06/2010
Patient Age Group: Adult
Patient Gender: Male
Supervisor: Doctor’s name
Setting: Out-Patient
Notes: Bone marrow biopsy- thrombocytopenia

Reports may be generated to track data entered into E-value.

**Diagnosis**

Throughout their duration in the fellowship program each fellow maintains a new patient diagnosis list. It is recommended that each fellow provide their list bi-annually to the Fellowship Coordinator for the Fellowship Program Files.
Intermittently throughout the training period the Program Director will review these lists with the fellow.

**Conference and Lectures**

**Multidisciplinary Tumor conference:**
The assigned fellow or Rad Onc resident is responsible for coordinating case presentations, completing speaker outline per case, and working with the MTC administrative coordinator in implementing conference, assisting with acquiring required documentation needed to receive CMEs, and data entry into the patient's permanent record.

**Oncology Journal Club:**
Fellows are assigned to present articles for Oncology Journal Club, which is held weekly. The articles are reviewed and analyzed by the hematology/oncology fellow and presented to the faculty. The fellow works with an attending to determine a topic and the faculty presents a didactic relative to the topic to increase the understanding of how this article fits into the current knowledge. Topics are to include general oncology, research and ethics.

Fellows are assigned to prepare and plan the Hematology Journal Club. They will choose an article and appropriate case to discuss during this time. Faculty will be responsible for presenting didactics during this time on a regularly scheduled basis. On a yearly basis these will include basic science seminars.

**Research Conference:**
The hematology/oncology fellows also have an opportunity, on an assigned basis, to present their current research data or to discuss a topic of interest. Their presentation is done in conjunction with a faculty presentation as well. These presentations take place at a research conference held monthly.

**Basic science didactic:**
The fellows are responsible for preparing one basic science lecture yearly.

**Core lectures:**
The hematology/oncology fellow presents core material including cases to residents and medical students. Four to five presentations every 3 months are shared by the hematology/oncology fellows who work with the GME coordinator. A faculty member is present to evaluate the presentation and to add comments.

**Required Conferences**
- Blood and Marrow Transplant Conference when on BMT rotation
- Fellowship Didactic/Meetings
- Hematology Conference and Journal Club
- Multidisciplinary Tumor Board
- Oncology Journal Club
- VA Tumor Board (when on rotation at the VAMC)
- VA Chest Conference (when on rotation at the VAMC)
Fellows are strongly encouraged to attend, whenever possible, the other conferences listed below:

**Monday**
- Neuro Oncology Tumor Conference – 5:00 – 6:30 pm
- Liver Tumor Conference – 7:00 am – 8:00 am
- Sarcoma Conference – 4:30 pm – 5:30 pm

**Second Monday of each Month**
- Clinic pathologic (CPC) 12:00 – 1:00 pm

**Tuesday**
- Core Curriculum for internal medicine residents – 12:00 pm – 1:00 pm
- Gyn Onc Tumor Board – 7:00 am– 8:00 am

**Second Tuesday of each Month**
- Clinic pathologic (CPC) 12:00 – 1:00 pm

**Tuesday Bi-Monthly**
- Lymphoma & Multiple Myeloma - 8:00 am – 9:00 am

**Wednesday**
- Core Curriculum – 12:00 pm – 1:00 pm (day may vary)
- Internal Medicine Grand Rounds – 8:00 am – 9:00 am
- Breast Tumor Board – 4:30 pm – 5:30 pm
  (Except on last Wednesday of month)

**First & Fourth Wednesday of Each Month**
- Head & Neck Tumor Conference 7:00 am – 8:00 am

**Second & Fourth Wednesday of Each Month**
- Thyroid Tumor Board 7:00 am - 8:00 am

**Thursday**
- Core Curriculum – 12:00 pm – 1:00 pm
- Thoracic Oncology – 9:00 am – 11:00 pm

**Thursday Bi-weekly**
- GI Tumor Board – 12:00 pm – 1:00 pm

**Friday**
- Core Curriculum – 12:00 pm – 1:00 pm

**Required Projects:**
Recognizing the diversity of interests, fellow will be allowed to choose research projects and mentors. Each fellow is expected to write 2 projects.
ASCO QOPI Project

Fellows participate yearly in the ASCO sponsored QOPI (American Society of Clinical Oncology; The Quality Oncology Practice Initiative) assessment. A first year fellow serves as the primary coordinator and is taught this role by the previous year’s fellow. The data is collected from the fellow’s continuity practice. Data is presented at journal club and an abstract was submitted on the last two years data and will be presented at ASCO 2011.

Fellow Evaluations

There are a number of ways in which the fellows are evaluated. The majority of evaluations are done through E-value. An electronic evaluation is sent to the attending physician and fellow at the end of each rotation. The evaluation is completed online with strict confidentiality. Comments are encouraged to expand on the objective rating. These evaluations are necessarily subjective and are based on the faculty evaluator’s own personal standards and experience with previous fellows. All monthly evaluations are screened by the Program Director. A satisfactory performance is required in each of these areas:

- Patient Care
  - History/Physical Exam
- Medical Care
  - Diagnostic Studies
  - Definition of Problems and/or Diagnosis
- Practice-Based Learning and Improvement
  - Consultation Expertise
- Overall Clinical Competence
- Interpersonal Skills
  - Attitudes & Interpersonal Skill Affecting Patient Care
- Professionalism
  - Moral & Ethical Standards
- Systems-Based Practice
  - Conference & Presentations
  - Research Efforts

A low satisfactory is cause for concern and results in counseling with the fellow by the Program Director and the faculty who had concerns.

- Each fellow will be evaluated by the appropriate faculty on a monthly basis. The evaluation will be based on the specific responsibility you have for that month and could also include your time spent in the outpatient clinic. These evaluations will encompass the time spent doing KU consults, VA consults and inpatient service, research or elective time and time spent in the outpatient clinic setting.
- The fellow may review their evaluations online through E-value. Each fellow is encouraged at the end of their rotation to meet with the attending to discuss their evaluation.
- These evaluations are kept confidential through the online E-value system. The evaluations are reviewed by the Program Director intermittently throughout the year. The evaluations are also used at the time of annual and bi-annual review with the fellow and the Program Director.
• Evaluation examples are located in the Appendix Section.

**Fellow Semi Annual Reviews**

Written reviews are semi-annual with each fellow. The Program Director reviews the fellow’s case logs, procedural activities, evaluations, didactic strengths and weakness. Program goals and objectives are developed to achieve positive outcomes with effectiveness in performance.

The fellow is given the opportunity to address any of their issues or concerns at any time during this process, written or verbal. The Program Director has an “open door” policy and frequently discusses career goals and patients with the fellows at other times.

The original signed semi-annual review (by both parties) is kept in the fellow’s file and a copy for the fellow.

Semi-Annual Review example is located in the Appendix section.

Fellows will also receive quarterly 360° evaluations. This will include evaluations by their peers, support personnel, patients and a self evaluation.

**Verification of Training**

One of the key functions of the office is verification of training for past graduates. After residents complete their training, files are maintained indefinitely to document the length and content of their training as well as their performance. The office is responsible for completion of forms documenting training as fellows apply for hospital credentials, state medical licenses, etc. Fellows should ensure that the office has updated contact information, including business address, e-mail, and phone numbers so that future communication can be maintained.

**Faculty Evaluations**

• Each faculty will be evaluated by the assigned fellow each month. These evaluations will encompass the time with the attending doing KU consults, VA consults and inpatient service, research or elective time and time spent in the outpatient clinic setting.
• The faculty may review all evaluations through E-value.
• These evaluations are on file with the Fellowship Program office. The evaluations are reviewed by the Program Director intermittently throughout the year. The evaluations are also used at the time of annual review with the fellow and the Program Director.
• Evaluation examples are located in the Appendix section.
• Annually the faculty undergoes evaluation by both the program and division director.

**Program Evaluation**

Fellows and faculty are given the opportunity to evaluate the program annually. This information is kept confidential, but the results are used to improve the program.
The Annual Program Committee consists of the Program Director, Representative faculty, two fellows, and administrative support staff. Each reviews program goals and objectives, and the effectiveness with which they are achieved. This committee conducts a formal review and documents the annual meeting. Within this process, the committee takes into consideration written comments from the faculty and the fellows’ confidential written evaluations. If deficiencies are found, the committee implements a plan of action and it is documented in the minutes of the meeting. The Program Outcomes Assessment and the Action Plan Report are used to document the annual review.

Evaluation example is located in the Appendix section.
### RESIDENTS’ PARTICIPATION IN PATIENT SAFETY PROGRAMS (ANNUAL) (PR VI.A.3)

#### Institutional:
- Institutional quarterly Patient Safety Conference
- GME Core Competency Conferences
- Orientation: Take Action course synopsis & Resident Handovers group sessions
- Resident education in patient safety & quality GMEC subcommittee
- PSN reporting mechanism

#### Program:
- Departmental Patient Safety Conference
- Departmental M&M conferences
- Program Handover education & process education
- QOPI

*The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.*

### RESIDENTS’ PARTICIPATION IN INTERDISCIPLINARY CLINICAL QUALITY IMPROVEMENT PROGRAMS (ANNUAL) (PR VI.A.3)

#### Institutional:
- Institutional quarterly Patient Safety Conference
- GME Core Competency Conferences
- Orientation: Take Action course synopsis & Resident Handovers group sessions
- Resident education in patient safety & quality GMEC subcommittee
- PSN reporting mechanism
- Risk Management CHALK online modules

#### Program:
- Interdisciplinary Program PBLI projects (use PBLI template)
Department QI monitoring  
Departmental Patient Safety Conference  
Departmental M&M conferences  
QOPI by fellows  

The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

<table>
<thead>
<tr>
<th>BACK UP SYSTEM WHEN CLINICAL CARE NEEDS EXCEED RESIDENTS’ ABILITY (PR VI.C.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong></td>
</tr>
<tr>
<td>Institutional GME Manual Policy statement</td>
</tr>
<tr>
<td>available services:  BMT – Blood and Marrow Transplant, Hematology – Adult, Oncology, and Fellow Oncall – refer to comments for name of fellow on-call.</td>
</tr>
</tbody>
</table>
| Team updates of O2 Team in Epic  
Resident Orientation (Duty Hour & Supervision talk) |

<table>
<thead>
<tr>
<th>Program:</th>
</tr>
</thead>
</table>
| Departmental Call Schedule-online or posted  
Departmental Policy Manual description of continuity coverage for fatigued resident |

Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties.

<table>
<thead>
<tr>
<th>SCHEDULES THAT INFORM ALL TEAM MEMBERS OF ATTENDING/RESIDENTS CURRENTLY RESPONSIBLE FOR EACH PATIENT’S CARE (VI.B.4) &amp; RESIDENTS &amp; FACULTY INFORM PATIENTS OF THEIR ROLES IN CARE (VI.D.1.B)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong></td>
</tr>
</tbody>
</table>
| KUH admission Handout to patient with description of level of caregivers  
UKP clinic handout of caregiver definitions  
O2 “patient care team” accuracy |
**Bedside whiteboard**

**Program:**
- RRC-defined designation of licensed independent practitioner in GMEC Resident Supervision
- Template attached to G&O and/or handbook
- Program supervision policies updated to include new supervision requirements
- Program specific on-call schedule mechanisms
- Picture roster (faculty with all residents listed)
- Business cards given to patients with names/titles

**Fellows and faculty members should inform patients of their respective roles in each patient’s care.**

<table>
<thead>
<tr>
<th>DESCRIBE HOW CLINICAL ASSIGNMENTS DESIGNED TO MINIMIZE PATIENT CARE TRANSITIONS (PR VI.B.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong></td>
</tr>
<tr>
<td><strong>Program:</strong></td>
</tr>
<tr>
<td>Annual Program Outcomes Assessment and Action Plan Report (Annual Program review) checkbox</td>
</tr>
<tr>
<td>Programs must design clinical assignments to minimize the number of transitions in patient care.</td>
</tr>
</tbody>
</table>

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<tr>
<th>EDUCATION &amp; IMPLEMENTATION OF STRUCTURED HAND-OVER PROCESS (PR VI.B.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong></td>
</tr>
<tr>
<td>Residents’ orientation video &amp; small group sessions</td>
</tr>
<tr>
<td>Residents’ SIGNOUT Template pocket card</td>
</tr>
<tr>
<td><strong>Program:</strong></td>
</tr>
<tr>
<td>Scheduled face-to-face handoff meetings specified</td>
</tr>
<tr>
<td>Program specific education</td>
</tr>
<tr>
<td>Written handoff process described in Department manual</td>
</tr>
</tbody>
</table>

**Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.**
<table>
<thead>
<tr>
<th><strong>FATIGUE, SLEEP DEPRIVATION AND MITIGATION EDUCATION</strong> (PR VI.A.5.e &amp; VI.C.1.a), INCLUDING EDUCATION OF PROFESSIONAL RESPONSIBILITY TO APPEAR FOR DUTY RESTED/FIT (VI.A.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong></td>
</tr>
<tr>
<td>GME ANGEL online Fatigue Education Module modification</td>
</tr>
<tr>
<td>Resident Orientation (Duty Hour &amp; Supervision talk)</td>
</tr>
<tr>
<td>Institutional Policy statement</td>
</tr>
<tr>
<td>Add to IR and SV preparation process checklists</td>
</tr>
<tr>
<td><strong>Program:</strong></td>
</tr>
<tr>
<td>Dept-specific fatigue education</td>
</tr>
<tr>
<td>Department Policy Manual Statements (in professionalism or Duty Hour Policy)</td>
</tr>
</tbody>
</table>

Programs and sponsoring institutions must educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

<table>
<thead>
<tr>
<th><strong>FATIGUE MITIGATION PROCESSES, CONTINUITY OF CARE IF UNABLE TO PERFORM DUTIES AND SLEEP/TRANSPORTATION FOR FATIGUED RESIDENTS</strong> (VI.C.1-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong></td>
</tr>
<tr>
<td>KUH on-call online system (Hospital Links)</td>
</tr>
<tr>
<td>Resident Orientation (Duty Hour &amp; Supervision talk)</td>
</tr>
<tr>
<td>Resident Council education</td>
</tr>
<tr>
<td>GMEC education</td>
</tr>
<tr>
<td>Department call rooms &amp; Swing Call room</td>
</tr>
<tr>
<td>Fatigue Transportation service (GME Manual guidelines section)</td>
</tr>
<tr>
<td><strong>Program:</strong></td>
</tr>
<tr>
<td>E*Value fatigue file</td>
</tr>
<tr>
<td>Department call schedule</td>
</tr>
<tr>
<td>Department Policy Manual-describe continuity process</td>
</tr>
<tr>
<td>Team updates of O2 Team in Epic</td>
</tr>
</tbody>
</table>
VI.C.1. The program must:

- VI.C.1.a) educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation;
- VI.C.1.b) educate all faculty members and fellows in alertness management and fatigue mitigation processes; and,
- VI.C.1.c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

VI.C.2. Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties.

VI.C.3. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home.

**MONITORING PATIENT CARE PERFORMANCE INDICATORS (VI.A.5.g)**

<table>
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<tr>
<th>Institutional:</th>
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<tr>
<th>Program:</th>
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<tbody>
<tr>
<td>Dept QI requirements/measures</td>
</tr>
<tr>
<td>KUH QI report requirements/measures</td>
</tr>
<tr>
<td>UKP QI report requirements/measures</td>
</tr>
<tr>
<td>M&amp;M conferences - Departmental</td>
</tr>
<tr>
<td>Patient 360-degree surveys/evaluations</td>
</tr>
<tr>
<td>PD will insure that fellows participate in QI activities</td>
</tr>
</tbody>
</table>

The monitoring of their patient care performance improvement indicators.

**FACILITIES**

- Sleeping Rooms – segregated by Gender
- Shower/Bath
- Secure room or lockers
Performance Expectations

Utilizing an electronic evaluation format, each fellow is evaluated monthly in the six competencies by his/her attending physician. Additionally, the fellow is required to evaluate his/her attending, him/herself, and receives an evaluation from administrative and nursing staff. The goal is to achieve a 360° evaluation of the fellow’s work and communication skills. All of the evaluations are reviewed by the Program Director and placed in the fellow’s file, which is available for the fellow to review at any time. It is encouraged that the attending and fellows speak directly about his/her evaluation at the completion of each rotation.

Based upon the satisfactory achievement of the following core competencies as outlined by the American College of Graduate Medical Education (ACGME). The competencies, as well as the evaluation tools used to measure fellow’s progression in each area are listed below:

1. Patient Care
   Fellows are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and at the end of life. This includes the ability to:

   a. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic procedures
   b. Make informed recommendations about preventive, diagnostic, and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference
   c. Develop, negotiate, and implement effective patient management plans and integration of patient care
   d. Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine

   Evaluation Tool: 360° evaluation; E-value procedure log review during semi-annual review; QOPI Projects; observation by the attending and their Evaluate evaluation.

2. Medical Knowledge
   Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others. This includes the ability to:

   a. Apply an open-minded, analytical approach to acquiring new knowledge
   b. Access and critically evaluate current medical information and scientific evidence
   c. Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice
d. Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking

Evaluation tools: In-service Training examination; faculty discussion with the fellow when seeing patients.

a. ASCO (American Society of Clinical Oncology)
b. ASH (American Society of Hematology)

In-service examinations provided by ASH & ASCO are given to all fellows to assess the continued growth of their knowledge base. The examinations simulate the ABIM exam and help the fellows identify specific areas that they may need to give more attention. Fellows are strongly encouraged to prepare for this examination and to give it their best effort and to take advantage of it as a learning tool. The scores are given to them and reviewed with the program director.

3. Practice-Based Learning and Improvement

Fellows are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices. This includes the ability to:

a. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and process of care
b. Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
c. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
d. Use information technology or other available methodologies to access and manage information support patient care decisions, and enhance both patient and physician education

Evaluation Tools: 360° evaluation, continuity clinic; QOPI Projects; tumor board

4. Interpersonal and Communication Skills

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams. This includes the ability to:

a. Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
b. Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.
c. Interact with consultants in a respectful, appropriate manner.
d. Maintain comprehensive, timely, and legible medical records.

Evaluation Tools: 360° evaluation

5. Professionalism

Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society. They are to arrive for work fit and ready for duty. This includes the ability to:

a. Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues
b. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, and disabilities of patients and professional colleagues
c. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
d. Recognize and identify deficiencies in peer performance
e. Online tutorial is available through ANGEL

Evaluation Tool: 360° evaluation

6. Systems-Based Practice

Fellows are expected to demonstrate both an understanding of the context and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care. This includes the ability to:

a. Understand, access, and utilize the resources, providers, and systems necessary to provide optimal care
b. Understand the limitations and opportunities inherent in various practice types delivery systems, and develop strategies to optimize care for the individual patient
c. Apply evidence-based, costs-conscious strategies to prevention, diagnosis, and disease management with complex systems and to improve systematic processes of care

Evaluation Tool: 360° evaluation
Hematology/Oncology Fellow Job Description

Fellow (R4 - year 1) Job Description

Position Summary: The position of Hematology/Oncology fellow involves evaluation and management of patients with a diagnosis of cancer and/or hematologic disorders and formal educational and research activities. All of the activities are supervised by the attending teaching staff. Provision of care provided by the fellow is commensurate with the physician's level of advancement and competence. This position is for the first year of a 3 year Hematology/Oncology fellowship program.

Position Duties: Fellow (R4 - year 1)

- develop and perfect primary care skills in the care of cancer and hematology patients in the outpatient setting as well as in the inpatient/consult environment
- develop an understanding of the multidisciplinary nature of cancer care
- polish those interpersonal skills which optimize a compassionate and humanistic interaction with patients, families and colleagues
- develop an understanding of cost containment issues in the changing environment of managed care
- develop and initiate research projects (with the guidance of faculty) - clinical or laboratory
- become competent in the technical skills in hematology and oncology procedures, i.e. bone marrow aspirate and biopsy.
- attend and participate in educational activities - journal clubs, hematology/oncology didactics, cancer round table conference, multidisciplinary conference, bone marrow conference, noon conferences
- maintain current state licensure
- perfect teaching skills through supervision of residents and medical students
- learn to critically analyze medical literature
- be aware of ethical issues which arise in end-of-life care
- learn basics of doing Hematology/Oncology consults

Qualifications: Fellow must have completed training in Internal Medicine at an accredited school in the U.S. and be board eligible in Internal Medicine.

Fellow (R5 - year 2) Job Description

Position Summary: The position of Hematology/Clinical Oncology fellow involves evaluation and management of patients with a diagnosis of cancer and/or hematologic disorders and formal educational and research activities. All of the activities are supervised by the
attending teaching staff. Provision of care provided by the fellow is commensurate with the physician’s level of advancement and competence. This position is for year two (first year already completed) of the three year combined Hematology/Oncology fellowship program.

Position Duties: Fellow (R5 - year 2)

a. demonstrate and perfect primary care skills in the care of cancer patients and patients with hematologic disorders in the outpatient setting as well as in the inpatient/consult environment
b. demonstrate an understanding of the multidisciplinary nature of cancer care
c. polish those interpersonal skills which optimize a compassionate and humanistic interaction with patients, families and colleagues
d. understand cost containment issues in the changing environment of managed care
e. document research project efforts - clinical or laboratory
f. perfect technical skills in hematology and oncology procedures
g. attend and participate in educational activities - journal clubs, hematology/oncology didactics, cancer round table conference, multidisciplinary conference, bone marrow conference, noon conferences
h. maintain current state licensure
i. perfect teaching skills through supervision of residents and medical students
j. demonstrate and perfect skills in pain management and palliative care
k. perfect ability to critically analyze medical literature
l. learn basics of radiation oncology
m. improve consultative skills
n. increase their time in research and improve those skills

Qualifications: Fellow must have satisfactorily completed first year of training in the Hematology/Oncology fellowship program.

Fellow (R6 - year 3) Job Description

Position Summary: The position of Hematology/Clinical Oncology fellow involves evaluation and management of patients with a diagnosis of cancer and hematologic disorders and formal educational and research activities. All of the activities are supervised by the attending teaching staff. Provision of care provided by the fellow is commensurate with the physician’s level of advancement and competence. This position is for year three (first and second year already completed) of the three year combined Hematology/Oncology fellowship program.

Position Duties: Fellow (R6 - year 3)

a. demonstrate and perfect primary care skills in the care of cancer patients and patients with hematologic disorders in the outpatient setting as well as in the inpatient/consult environment
b. demonstrate an understanding of the multidisciplinary nature of cancer care
c. refine those interpersonal skills which optimize a compassionate and humanistic interaction with patients, families and colleagues
d. understand cost containment issues in the changing environment of managed care

e. document and present research project efforts - clinical or laboratory

f. perfect technical skills in hematology and oncology procedures

g. attend and participate in educational activities - journal clubs, hematology/oncology didactics, cancer round table conference, multidisciplinary conference, bone marrow conference, noon conferences

h. maintain current state licensure

i. demonstrate teaching skills through supervision of residents and medical students while attending at the VA and teaching student didactics

j. demonstrate and perfect skills in pain management and palliative care and complete the EPEC (Education for Physicians on End-of-Life Care) course

k. perfect and demonstrate the ability to critically analyze medical literature

l. perfect consultative skills and hone in on their career goals

Qualifications: Fellow must have satisfactorily completed the first and second year of training in the Hematology/Oncology fellowship program.
Department Guidelines

Pagers

The training program will assign each fellow a primary pager. Fellows may be asked to carry additional pagers, such as the VA pager, when on certain rotations. Replacements batteries are available at different locations in each hospital. The fellow should inquire where these are distributed upon arrival at the new hospital.

Communication with referring physicians

Referrals are a large and very important part of the inpatients and outpatients service. The attending physician accepts or declines a patient being transferred from outside of KUMC. Referrals frequently come from physicians outside KU Medical Center, in the greater Kansas City area or outlying areas in Kansas and Missouri. Timely communication with referring doctors is essential. Referring physicians are conscientious practitioners who recognize a problem beyond their abilities and appropriately send the patient to this tertiary care center for further work-up and treatment. The fellow should keep in mind that all communication with the Transfer Center should be directed to the attending physician on call. A fellow cannot accept or deny a transfer but is encouraged to talk to the transferring physician to get the relevant details of the patient’s medical problems.

It is appropriate to contact the referring doctor upon admission of the patient. This is to let the patient’s doctor know that his or her patient has arrived and to clarify any questions or priorities that may have arisen after the initial workup. It is also wise to contact the doctor periodically during a prolonged admission to keep him/her updated. On discharge, the summary is faxed to the referring doctor; hence prompt dictation of summaries is essential to continuity of care.

Non-Teaching Patients Policy

As our program has expanded, we now have services without residents. There will be approximately four months when there will be a fellow assigned to that rotation. During that time, the patients followed by the fellow will be defined as teaching patients. The fellow on call may be asked to care for those patients as needed.

Patients who are under the care of a staff physician only are defined as non-teaching patients. At times a fellow may be the first physician to respond to an emergency for these patients. The fellow will provide appropriate care and diagnostics for the patient until his attending can arrive. The attending will be notified immediately. For non-teaching patients non-emergent care will be provided by the attending only.

Impairment

Satisfactory performance includes the absence of significant impairment (impaired function of a resident to a degree that it is causing less than satisfactory performance, and/or the impaired function, if not corrected or is uncorrectable, is likely to lead to future unsatisfactory performance) due to physical, mental, or emotional illness, personality disorder, or substance
abuse. Every effort will be made to reasonably accommodate those individuals with conditions or impairments that qualify as a disability under applicable law, provided that the accommodation does not present an undue hardship for the Department, the Medical School, or venues of training. Residents will nevertheless be required to satisfactorily meet the Department’s foregoing performance criteria, requirements, and expectations of the Medicine Residency Program.

Please refer to Section 7 of the Graduate Medical Education Guidelines (included below) for description of policies regarding resident code of professional and personal conduct and impairment.

**Vacation, Personal Leaves, Leaves of Absence** (Please refer to the GME manual section 5 for comprehensive details regarding our leave policy: http://gme.kumc.edu/school-of-medicine/gme/policies-and-procedures.html

It is unrealistic to expect that a fellow will not become ill, not have personal emergencies, or not have other reasons to be absent. Should any of these occur, the fellow’s first responsibility is to inform others on his/her team of the absence including the Fellowship Coordinator. Arrangements can be made to cover for a fellow’s absence.

1. Vacation Leave
   a. The Fellow must complete the “Leave Request” form and acquire all signatures prior to giving the form to the Fellowship Coordinator.
      i. Your time away must be submitted to the Fellowship Coordinator with advance notice ensuring adequate time is available to inform all appropriate parties and to make clinic schedule changes.
   b. The Fellowship Coordinator will notify the appropriate individuals of your absence upon receipt of the completed Leave Request.
      i. It is the fellow’s responsibility to oversee their clinic schedule changes and/or cancelations.
   c. Vacation time cannot overlap with another fellow.
   d. As a fellow you are entitled to 3 weeks per year. Vacation leave cannot accumulate from year to year.

2. Sick Leave
   a. Each fellow has 10 working days per year of sick leave.
   b. Sick leave days cannot be carried over to the next year.
      i. After hour calls
         1. A message should be placed on either x 8-0348 or 8-6029 notifying your purpose. It is the Fellow’s responsibility to ensure the appropriate staff on rotation is notified of his/her absence.
         2. The Fellowship Coordinator will page the appropriate staff on rotations, as well as enter the absence on the Hem/Onc GroupWise calendar.
   c. You need to call each day that you are ill. Otherwise, we will expect to see you the next working day.
3. Maternity/Paternity Leave
   a. Maternity/Paternity Leave for fellows will be handled according to the guidelines in the Department of Medicine House Staff Manual and the GME Manual.
   b. All fellows should inform the Program Director and Program Coordinator as soon as possible if you are expecting to use maternity/paternity leave. Advanced knowledge will allow revision of schedules, etc. if needed.
   c. If you want time over and above the guidelines, your request for such time must be in writing to the Division Director and Program Director in advance. The Division Director and Program Director will approve/disapprove the extended leave. Extended leave will require that that time be made-up at a later date. The use of leave without pay may require the resident to extend his/her training program to satisfy the duration of training board eligibility/certification requirements. The length of the extension, if required, will be equal to the total time absent from the program, excluding vacation leave and sick leave.

4. Extended Leave
   a. Extended leave requires prior approval by the Program Director and the Chairman, Department of Medicine. If extended leave is requested by a fellow, the Division will reassign rotation responsibilities. Depending upon the specific circumstance of the extended leave, a fellow may have their program training period extended in order to complete all of the required/appropriate rotations and training.

5. Military Leave
   a. Please refer to the GME House Staff Policy and Procedures Manual guidelines (Section 15, pp 52-53).

6. Professional Leave Meetings
   a. The Fellow must complete the “Leave Request” form and acquire all signatures prior to giving the form to the Fellowship Coordinator.
      i. Your time away must be submitted to the Fellowship Coordinator with advance notice ensuring adequate time is available to inform all appropriate parties and to make clinic schedule changes.
   b. The Fellowship Coordinator will notify the appropriate individuals of your absence upon receipt of the completed Leave Request.
      i. It is the fellow’s responsibility to oversee their clinic schedule changes and/or cancelations.
   c. Each fellow will be given the opportunity to attend at least 1 ASH meeting and 1 ASCO meeting during the three year fellowship. If outside funding is available, fellows may be given the opportunity to attend if possible, unless coverage of responsibilities prohibits time away.
   d. The fellow can attend the ASH/ASCO meeting regardless of the current scheduled rotation. However, the fellow will be responsible to make arrangements for coverage of their current rotation obligations.
   e. Reimbursement. The fellow is expected to be prudent in their travel arrangements. Excessive expenses cannot be paid. Excessive expenses might include first class airfare, rental car use, changing airfare arrangements at
last minute resulting in excessive penalty. If special arrangements are required, which might result in additional and/or excessive expenses, they must be approved in advance of the travel by the Fellowship Program Director.

f. If a fellow wishes to attend a meeting on their "own" expense, they must a) make arrangements for coverage of their current rotation obligations; and b) the time away will be taken from their vacation time allotted for that year.

g. A log of outside funded travel will be maintained by the Program Coordinator. These travel opportunities will be distributed among the fellows at the discretion of the Program Director.

Interview Time

a. The Fellow must complete the “Leave Request” form and acquire all signatures prior to giving the form to the Fellowship Coordinator.
   i. Your time away must be submitted to the Fellowship Coordinator with advance notice ensuring adequate time is available to inform all appropriate parties and to make clinic schedule changes.

b. The Fellowship Coordinator will notify the appropriate individuals of your absence upon receipt of the completed Leave Request.
   i. It is the fellow’s responsibility to oversee their clinic schedule changes and/or cancelations.

c. A fellow requesting leave in order to interview outside of the Kansas City metropolitan area must find coverage for his/her rotation obligations.

d. The division would prefer that the interview days be on a Friday or Monday to decrease away time during the week.

e. You are given 3 professional leave days for interviews.

d. The fellow must notify the Program Coordinator in writing.

e. Interviews in the KC area should be scheduled at appropriate times that will not interfere with your rotation and/or clinic schedules.

Board Exam Time

a. The Fellow must complete the “Leave Request” form and acquire all signatures prior to giving the form to the Fellowship Coordinator.
   i. Your time away must be submitted to the Fellowship Coordinator with advance notice ensuring adequate time is available to inform all appropriate parties and to make clinic schedule changes.

b. The Fellowship Coordinator will notify the appropriate individuals of your absence upon receipt of the completed Leave Request.
   i. It is the fellow’s responsibility to oversee their clinic schedule changes and/or cancelations.

c. A fellow requesting leave in order to sit for a board exam must find coverage for his/her rotation obligations.

d. The fellow must notify the Program Coordinator.

e. If the exam location is here in Kansas City, no time away will be deleted from your vacation days. If you choose to take the board elsewhere
requiring travel time, those days required to travel will be assessed to your
vacation days.

**Pay**
Fellows get paid every two weeks, starting two weeks after the fellow completes the first
pay period.

**Medical Insurance**
Medical insurance is available by the University, but fellows do have a choice regarding
particular plans. This is the same choice offered to University employees. Detailed
information on the various coverage plans will be made available during the new fellow’s
orientation.

**Disability Insurance**
The University of Kansas will provide all residents with long-term disability insurance
coverage. The disability insurance premium will be paid by the University of Kansas Medical
Center. Each resident at orientation will be provided with a copy of the disability insurance
pamphlet. The pamphlet describes the basic benefits of the program. Additional long-term
disability insurance coverage can be purchased and copies of the disability insurance
pamphlet can be requested from the Graduate Medical Education Office.

**Malpractice Insurance**
While practicing medicine at the University of Kansas Medical Center and its affiliated
hospital training sites, fellows are covered by a self-insurance plan administered by the State
of Kansas. This policy provides standard coverage for all activities typical to the Division of
Hematology/Oncology.

This policy covers fellows only while practicing under approved circumstances in the
University of Kansas Medical Center and its affiliated hospitals. However, when considering
issues related to moonlighting, there may not be coverage provided for non-affiliated
hospitals. Fellows moonlighting or doing locum tenens without the benefit of prior approval
by the Program Director cannot be guaranteed malpractice coverage. Fellows must be most
acutely aware of this when moonlighting in a non-affiliated institution. Neither malpractice
nor disability insurance applies to these sites. It is the fellow’s responsibility to know if they
have coverage during moonlighting time.

**White Coats**
The Program provides each fellow with two white coats. Fellows should be aware that it is
policy that white coats with name and hospital ID be worn at all times. This same policy
states that no other buttons, stickers, pictures, appliqué’s statements, political comments
etc. adorn the white coats.

**Access to Medical Literature and Board Preparation Materials**
The Archie Dykes Library for the Health Sciences is located across 39th Street north of the
hospital. The library stocks the vast majority of commonly desired periodicals by the clinical
and basic science staff. Books and manuals are also readily available. The library is generally
open at convenient hours during the day but is not open 24 hours per day. However, access to the library’s electronic journals and databases are available online through the KUMC website, both on and off campus. Any library fines are the responsibility of the resident and it is possible that a graduating diploma could be withheld until library fines are paid in full.

There is reference materials available in the Fellow’s Library located in Suite 210 Westwood.

All the University and KCVA hospital computers have Up To Date on them and internet access to the Dykes library is available. In addition, a number of board review resources are available for fellows’ use. Check with the Program Coordinator.

Use of Social Media
With the rapid growth of social media sites, all physicians need to be cognizant of their online activity. Utilizing common sense and a professional thoughtfulness, physicians can maintain a positive online presence and preserve the integrity of the patient-physician relationship. Please see recently released guidelines from the American Medical Association regarding physicians’ use of social media:


Moonlighting, Locum Tenens

Definitions
For purposes of the Graduate Medical Education Policies and Procedures and the Resident Agreement, the following definitions apply:

Moonlighting:
This is a form of extracurricular provision of medical services by a member of the School’s resident staff in which a physician, physician group, emergency facility, clinic, health department, hospital or other healthcare provider enters an agreement directly with the resident for provision of professional services. These services are often regularly scheduled and recurring. The level of professional supervision of the resident’s activities is variable, depending on the resident’s level of training and professional maturity, but the professional supervision of the resident is the responsibility of the facility, not the School. The resident receives compensation for the services from the facility, not from the University. While the program and School are not parties to such agreement, the program must have a written policy regarding resident/fellow moonlighting and the participation of the resident must be approved by the Program Director, the Departmental Chair and the Associate Dean for Graduate Medical Education, and must be in compliance with the policies set forth below. Locum Tenens and Rural Kansas Health Education and Service coverage are considered to be part of this definition of moonlighting.

The ability to moonlight with Departmental sanction is regulated by the Program Director and the Graduate Medical Education office. Moonlighting is a privilege.
Fellows must be in good standing and progressing steadily through the Department to be sanctioned to moonlight. Moonlighting must not conflict with training assignment, call schedule, or patient responsibilities. All moonlighting hours are counted toward weekly work hours, which must not exceed 80 hours total.

In addition, all duty hour requirements regarding fellowship apply to moonlighting as well, and must not be violated. Fellows cannot moonlight if doing so brings them into conflict with duty hour requirements while performing their normal duties.

VA Moonlighting: Fellows moonlighting at Veteran’s Administration facilities do not need to purchase additional insurance to cover their VA moonlighting acts if they have signed “fee basis agreements” that result in their appointment to the VA Medical Staff. As such, these fellows are covered by the Federal Tort Claims Act and do not require individual professional liability coverage. Fellows moonlighting at a Veterans Administration facility should not assume that a “fee basis agreement” is in force and should be sure to finalize the matter with the medical staff office at the appropriate facility.


Locum Tenens:
This is a form of extra-institutional provision of medical services by a member of the School’s resident staff in which a physician in private practice, through the officers of a program, enter into an agreement for resident provision of professional services. Locum tenens typically requires that the resident be away from the School, in the private physician’s community, for the duration of the assignment. The demand for locum tenens services by a given physician is usually infrequent and irregular. Such agreements are considered a service to the physicians of the state of Kansas and are most often made to allow the physician to be absent from her/his usual practice of medicine for a period of up to two consecutive weeks. The usual reasons for requesting locum tenens include physician illness, vacation, or travel to continuing medical education activities. When considering a request for such coverage, officers of the program should remember that resident coverage for a practicing physician is justified only if coverage by other physicians in the community is unavailable or inappropriate. Typically, the resident receives direct compensation for such services, but because the program is a party to the agreement, the terms of compensation are the prerogative of the program. The participation must be approved by the program and in compliance with the policies set forth below.

One week of locum tenens is permitted each year, in addition to the fellow’s three weeks of vacation. Those who are interested should let the Kansas Rural Health Coordinator, Andrea Ellis, know at the beginning of the year. (aellis2@kumc.edu or 588-1228) If the locum tenens is arranged through the Rural Health Office malpractice coverage is generally not required. Fellows have the option of 2 weeks of locums per year, but the 2nd week is counted as vacation time. Fellows cannot take both vacation
and locum tenens during the same rotation. Availability to accept locums depends, on the fellow’s rotation and the approval of attending faculty. Any locum tenens opportunities outside of the Rural Health Office here at KUMED must be accompanied by a request for House Staff Extra-Institutional Practice Privilege which must be signed by the Dean and approved by the Program Director.


Duty Hours and Call Schedules
The School policy is that resident duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Each ACGME RRC may impose stricter duty hour restrictions in their program requirements. Each program’s leadership should be familiar and fully comply with these requirements.

An online Duty Hour tutorial is available through “Mykumc” for each fellow to complete prior their start date into the program.

Fellows enter their Duty Hours preferably daily, otherwise weekly through the E-value system “Duty Hours”.

- Each fellow must log their hours worked and include rotation title assigned, continuity clinic, or didactic.
- Any Professional leave, sick, vacation, locum tenens, moonlighting, or funeral leave must be labeled appropriately and linked to their assigned rotation.
- The fellowship coordinator will validate the accuracy of each Duty Report (time sheet) weekly, and will report to the fellow any inconsistencies requiring attention.
  - Any correction needing to be made must be done in a timely manner.

The GME Department and the Department of Finance and Administration will help support our mutual success through the following activities:

- Each Week:
  - Every Wednesday pull detailed Duty Hours Report
- Every Other Week:
  - Email report to departments with residents missing duty hours
- Each Month:
  - On the 7th, run the Duty Hours Report for the previous month
  - Email the report to the departments, with a note requesting updates where necessary
  - Departments will have 3 days to correct any errors
  - Invoice all affiliates by the 15th
If an issue arises that prevents billing,
  o DIO and chair will attempt to understand and resolve
  o Correction is expected within 48 hours
  o Invoice Foundation

Please see the GME manual section 15 for comprehensive details regarding our institutional policy related to Duty Hours effective 7/2011 (http://gme.kumc.edu/documents/GMEManual.pdf).

Fatigue
Symptoms of fatigue are normal and expected to occur periodically in the practice of medicine and in the resident population as it is in other professional settings. However, due to the nature of medicine it is important to recognize it and insure it does not impair patient care.

As an institution, the University of Kansas Medical Center has adopted a policy and the division has adapted it.

Recognition of Resident Fatigue and/or Stress
Signs and symptoms of fellow fatigue and/or stress may include but are not limited to the following:
  • Inattentiveness to details
  • Forgetfulness
  • Emotional liability
  • Mood swings
  • Increased conflicts with others
  • Lack of attention to proper attire or hygiene
  • Difficulty with novel tasks and multitasking
  • Awareness impairment
  • Lack of insight of impairment

Education
The fellow and faculty shall complete online fatigue training through ANGEL each year. Fatigue and its symptoms are discussed at orientation, the biannual meeting with fellows and at didactics. The faculty have reviewed this at division meetings.

More information can be found at http://gme.kumc.edu/policiesandprocedures.html Chapter 26. The department provides access to sleeping rooms on site if a fellow needs a “power nap” or feels too tired to safely continue their work. The fellows are provided vouchers for transportation home and back if they are too tired to drive home at the end of their shift.

The division has made it a priority not to rely on fellows for their service, as such all clinics and activities can continue if a fellow needs to stay home for rest. The clinics are staffed with adequate faculty to see the patients without the fellow. There is a “doc of the day” as well who can be called upon for patient care if needed. If the fellows are called in at night for an emergency or receive
Eligibility, Transfer, Application, Selection, and Appointment of Fellows

KUMC offers a three year combined Hematology/Oncology Fellowship Program accredited by the ACGME. Applications for fellowship are submitted through ERAS (Electronic Residency Application Service) www.aamc.org/audienceeras.htm.

ERAS submission requirements:
1. Common Application Form
2. Personal Statement
3. Photograph
4. Three letters of Recommendation (from supervising physicians most familiar with your professional development)
5. Medical School Transcripts
6. USMLE Step I and Step II Scores

Additional Submission Requirements:
1. Curriculum Vitae
2. For FMG applicants – copies of ECFMG certificate, VISA, EAD/EAC, etc.

NOTE: The University of Kansas School of Medicine only accepts candidates with a J-1 visa sponsored through the ECFMG or applicants with a permanent resident status.

Selection is based on the candidate’s residency-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity.

Each candidate after receiving a contingent offer of appointment is required to provide the Fellowship Coordinator with required documentation and licensures outlined in the GME Manual Section 4.5 before commencement date of fellowship agreement.

Please see the GME manual section 4 for comprehensive details regarding our institutional policy related to Eligibility, Transfer, Application, Selection, and Appointment of Fellows (http://gme.kumc.edu/documents/GMEManual.pdf).

Kansas Licensure

A valid Kansas License is required before practicing medicine in this or any other hospital in Kansas. License application materials are included in the fellowship packet to prospective fellow. For a temporary license, requirements include: graduation from an approved U.S. medical school (if an FMG, an approved foreign medical school, certification from the ECFMG and a valid visa); and supervised instruction in an approved training program. A temporary license (postgraduate permit) normally lasts for the duration of the residency (3 years). To convert to a permanent license, one must have passed Parts I, II and III of National Boards or FLEX and successfully completed a year of training in an approved program.

To continue in the Program, you must have a valid license. The program and the GME office track license expiration dates, but the Kansas Board of Healing Arts (KSBHA) ultimately views license renewal as the responsibility of the fellow physician. In the event of failure to renew a
temporary or permanent license before its expiration, the fellow may be subject to discipline by the KSBHA, including fines and/or public censure. Materials can be provided by the Medical Education office, but you do have to fill these out expeditiously. The consequence of not having a valid license is immediate suspension from the Program until one is obtained.

**BLS**

Basic Life Support is required of all fellows. This formal requirement is met through the regularly offered courses given by the hospital and Department. The certification lasts for two years; you will have to renew your certification after that time to stay current. The fellow is responsible for getting this done in a timely manner. **The ACLS is still a requirement if the fellow is moonlighting.**

Non-ACGME Residency and Fellowship Training Programs at the University of Kansas Medical Center
Bone Marrow Transplant Fellowship Program

**Fellow, Standing, Promotion, and Program Completion**

Because of human variability both in experiences and background this process may vary for each fellow without being attached to their level of training. It is also dependent upon the level of comfort faculty members have in relinquishing their own control over a clinical circumstance. Even with a senior fellow a faculty may feel that a situation due to its acuity or emotional aspects of a patient should be primarily handled by a faculty member and faculty do take this responsibility.

Fellows are evaluations are based on a number of factors. They must demonstrate sufficient ownership of the patient which may be seen in their knowledge as they present as well as their attitude. They must also demonstrate sufficient medical and self-knowledge to know what they do not know. (Medical knowledge and professionalism) This may be reflected in their questions and in their consults. Medical knowledge must have been demonstrated for the most common clinical situations which the attending may have seen in their presentation of the patient or prior conference settings. Fellows must also have had opportunity and been able to gain sufficient knowledge of the hospital and clinic environment to function independently. (Systems based practice) The fellow must have demonstrated good communication skills in prior cases having communicated with the appropriate attending. (Interpersonal skills and professionalism) They must have shown their ability to learn from previous patient care experiences in order to improve their skills. (Practice based learning) They must have shown themselves to be reliable in prior circumstances.

Some duties will have graduated levels of learning.

**First year fellows:**

1. The first year fellow will have all chemotherapy orders cosigned by an attending.
2. The first year fellow will not take call for at least 3 months into the fellowship when they will have knowledge of the hospital/clinic system.
3. The first year fellow will have back up by a senior fellow and the attending on call.
4. The first year fellow will do 5 observed procedures (bone marrows, Omayha, IT therapy) successfully before being allowed to do these independently with faculty in close proximity.

5. The first year fellow will not participate at all in the daily “doc of the day” schedule for the treatment area.

6. As first year fellows are board certified/eligible internists they will handle many general medicine problems independently notifying the attending about the outcome.

7. All patients are seen by faculty.

Second year fellows:
1. Second year fellows’ review their chemotherapy orders and plans with the attending but do not require a co-signature on the order sheet.

2. Second year fellows will participate in the “doc of the day” schedule which is covering acute treatment area medical issues with back up from the attending in their clinic.

3. Second year fellows may participate in one of the 6 month fellowship opportunities.

4. Second year fellows having shown competence in their first year will perform procedures independently with an attending in close proximity.

5. All patients are discussed and seen by an attending.

6. As board certified/eligible internists they may manage general internal medicine problems independently notifying the faculty of the outcome and plan.

Third year fellows:
1. All chemotherapy orders will be discussed with an attending but may be signed independently.

2. Third year fellows will perform procedures independently with an attending available for consultation.

3. Third year fellows will participate in the “doc of the day” call schedule with back up from the attending in their clinic.

4. Third year fellows may participate in one of the 6 month fellowships.

5. If they have completed all required clinical rotations the third year fellow may choose to do a year of research while continuing their continuity clinic.

6. All patients are seen and discussed with the attending.

Evaluations/Reviews:
On a six month basis the PD will review the fellows’ evaluations and procedures to identify need for improvement or attention; then review it with the fellow. The fellow will be promoted to the next year unless they are found to have one or more of the following:

- Insufficient fund of medical knowledge as reflected by their written evaluations or performance in tumor conference.
- A lack of professionalism as reflected by their 360 evaluation.
- A failure to perform their assigned duties as reflected on their 360 evaluation or written evaluation.
- Unsatisfactory written evaluation reflecting incomplete on a rotation due to poor performance.
- The inability to utilize the medical knowledge they have.
A similar procedure will take place prior to their graduation. The PD will review the complete file with the fellow before determining the competency of the fellow to care independently for the hematology oncology patient and perform the accepted procedures of this specialty.

**Process for Non Promotion**

If the fellow is considered for non-promotion; this will be discussed with the faculty and with the fellow until a remedial plan is established.

**Administrative Process**

Prior to leaving their training program, or being eligible to receive a Certificate for completing the fellowship training program at the University of Kansas School of Medicine, each fellow must obtain the authorized signature for each section of the Fellowship Clearing Form. Each signature should be from a manager or authorized designee of that department or unit, and will indicate that the resident has cleared all outstanding obligations for that area. The Fellowship Clearing Form will become part of the resident’s permanent file in the training department.

The Program Director must complete the Final Summary Review before leaving the program. Refer to Appendix for example.

**Graduation**

Graduation is an exciting time for both fellows and faculty in the Division. The Division hosts a breakfast for the fellows and encourages them to invite their families. It is attended by Divisional faculty, nurses and administrative staff who have worked with the graduates while in our training program. Graduates are awarded their certificates at that time.

**Grievance Procedure**

A grievance procedure is available to residents for resolution of problems relating to their appointments or responsibilities, including differences with the School, Program, or any representative thereof. The School ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and with the general policies and procedures of the University of Kansas and the School. The grievance process is available to all residents in the programs sponsored by the School of Medicine.

Grievable matters are those relating to the interpretation and application of, or compliance with the provisions of the Resident Agreement, the policies and procedures governing Graduate Medical Education, the general policies and procedures of the University, School and/or Hospital, including academic or other disciplinary actions taken against the resident that could result in dismissal, non-renewal of resident agreement, non-promotion of a resident to the next level of training or other actions that could significantly threaten a residents’ intended career development, and adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing Graduate Medical Education on the part of any faculty member or officer of the program are subject to the grievance process.
In all other cases the fellow will first discuss any grievance with the Program Director and/or Department Chair. Issues can best be resolved at this stage and every effort will be made to achieve a mutually agreeable solution.

If the grievance is not resolved to the satisfaction of the fellow after discussion with the Chair and/or Program Director, the fellow has the option to present the grievance, in writing, to the Office of Graduate Medical Education. In situations where the grievance relates to the Chair or Program Director, the resident should present the grievance in writing directly to the Office of Graduate Medical Education.

The Associate Dean for Graduate Medical Education or an appropriate designee will meet with the resident, the Program Director, the Chair and one or more of the program’s chief residents to determine the validity of the complaint and to determine the means of redress.

**Work Environment Policy**

The Program Director works with the GME Office to ensure Fellows are provided an educational and work environment in which fellows may raise and resolve issues without fear of intimidation or retaliation. The fellows have protected opportunities to communicate and exchange information on their educational and work environment, program, and other fellowship issues, with/without the involvement of faculty or attending. The Program Director has an open door policy, as well as the fellows may discuss confidential matters with the Division Director, Program Chair and the GME Office Program Director. Other intradepartmental avenues to confidentially discuss any fellow concern or issue occur during the Annual Program Evaluations completed by each fellow and/or through discussion with the fellow representative during the required Annual Program Review (Annual Program Outcomes Assessment and Action Plan Report).

**Westwood Facility**

Workstations with computers; a fellow’s library; meeting/conference rooms, examination areas, multiple break rooms with café at the Westwood Campus are available for the fellows.

**University of Kansas Medical Center**

Workstations with computers; meeting/conference rooms, cafeteria, resident rooms and lounge are available at the Hospital for the fellow’s use.
Quick Links

Benefits  [http://www2.kumc.edu/hr/benefits](http://www2.kumc.edu/hr/benefits)

GME  [http://gme.kumc.edu/](http://gme.kumc.edu/)

GME Seminars  [https://www2.kumc.edu/GMEScheduling/](https://www2.kumc.edu/GMEScheduling/)

GME Policies & Procedures  [http://gme.kumc.edu/policiesandprocedures.html](http://gme.kumc.edu/policiesandprocedures.html)

E-value  [https://www.e-value.net/index.cfm](https://www.e-value.net/index.cfm)

ACGME  [http://www.acgme.org/acWebsite/home/home.asp](http://www.acgme.org/acWebsite/home/home.asp)

Duty Hours (Logging)  [https://www2.kumc.edu/chalk3/training/resident/dutyhour/default.aspx](https://www2.kumc.edu/chalk3/training/resident/dutyhour/default.aspx)

Hospital Resources  [https://access.kumed.com/vpn/index.html](https://access.kumed.com/vpn/index.html)

MyKUMC  [https://cas.kumc.edu/cas/login?service=http%3A%2F%2Fmy.kumc.edu%2FLogin](https://cas.kumc.edu/cas/login?service=http%3A%2F%2Fmy.kumc.edu%2FLogin)

Resident Rotation Schedule  [www.amion.com](http://www.amion.com)

Oncall Scheduling  [http://oncall.kumed.org/](http://oncall.kumed.org/)


Internal Medicine Conferences  [http://www2.kumc.edu/internalmedicine/schedule.html](http://www2.kumc.edu/internalmedicine/schedule.html)


Adobe Connect:  [http://kumed.adobeconnect.com](http://kumed.adobeconnect.com)
Fellow Supervision

A. Supervision of Residents
   • In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.
   • This information should be available to residents, faculty members, and patients.
     o Inpatient: Patient information sheet included in the admission packet and listed on the “white board” in each patient room
     o Outpatient: Provided during introduction verbally by residents and/or faculty
   • Residents and faculty members should inform patients of their respective roles in each patient’s care.
   • The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

B. Methods of Supervision
   • Some activities require the physical presence of the supervising faculty member.
   • For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
   • Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician in his/her “final years of training”, either in the institution, or by means of telephonic and/or electronic modalities.
   • In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.
   • The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
   • The program director must evaluate each resident’s abilities based on the following specific criteria and when available should be guided by specific national standards-based criteria.
   • Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
   • “Residents in their final years of training” or fellows should serve in a supervisory role of PGY 1 and “intermediate residents” in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

C. Levels of Supervision Defined
To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision established by the ACGME.

1. Direct Supervision:
   • This means the supervising physician is physically present with the resident and patient.

2. Indirect Supervision A (with direct supervision immediately available):
   • This means the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

3. Indirect Supervision B (with direct supervision available):
This means the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

4. **Oversight:**
This means the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### RRC APPROVED LICENSED INDEPENDENT PRACTITIONER SUPERVISOR (PR VI.D.1)
In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

### OPTIMAL CLINICAL WORKLOAD (PR VI.E.)
The clinical responsibilities for each fellow must be based on PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition and available support services.

### MEMBERS OF THE INTERPROFESSIONAL TEAM (PR VI.F.)
Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

### COMPETENCIES TO ALLOW PGY1 RESIDENTS TO PROGRESS TO INDIRECT SUPERVISION (PR VI.D.5.a)
Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

### DEFINING RESIDENT LEVELS “INTERMEDIATE LEVEL” & “FINAL YEARS OF TRAINING” For establishing the minimum rest period between duty periods (PR VI.G.5.b&c)
Intermediate-level should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

Internal medicine subspecialty fellows are considered to be in the final years of education.

### CIRCUMSTANCES WHEN RESIDENTS IN THEIR FINAL YEARS OF EDUCATION MAY REMAIN OR RETURN IN < 8 HOURS (PR VI.G.5.c),(1))
Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

Internal medicine subspecialty fellows are considered to be in the final years of education.

This preparation must occur within the context of the 80-hour, maximum duty period length, and...
one-day off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

**DEFINED MAXIMUM NUMBER OF CONSECUTIVE WEEKS AND MAXIMUM NUMBER OF MONTHS PER YEAR OF IN-HOUSE NIGHT FLOAT (PR VI.G.6.)**

Maximum Frequency of In-House Night Float

N/A Do not have in-house.

**Program-specific guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty (PR VI.D.5)**

1. Admission to Hospital
2. Transfer of patient to a higher level of care
3. End-of-Life decisions
4. Transfer to patient to hospice.

Programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

**Source of specific criteria and/or specific national standards-based criteria used to evaluate each resident's abilities (PR VI.D.4.a)**

The program director must evaluate each fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

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### PGY 4

<table>
<thead>
<tr>
<th><strong>LEVEL of SUPERVISION</strong></th>
<th><strong>ACTIVITIES /PROCEDURES (as defined by RRC &amp; Program)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIRECT</strong></td>
<td>The fellow will do 5 successful bone marrow aspiration and biopsies and intrathecal chemotherapy administrations by Omayha, under direct supervision. Chemotherapy orders will be signed by the faculty. Patient visits may be done independently but then checked out and seen by the faculty.</td>
</tr>
<tr>
<td><strong>INDIRECT A (with direct supervision immediately available)</strong></td>
<td>After completing five bone marrow aspirates and biopsies and five IT chemotherapies under supervision successfully the fellow is competent to do them under indirect supervision.</td>
</tr>
<tr>
<td><strong>INDIRECT B (with direct supervision available—as determined by program specific RRC guidelines PR VI.D.5.a).(1))</strong></td>
<td>VI.D.5.a).(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. The fellow is competent to practice general internal medicine as they have satisfactorily completed this training. They will notify the faculty of deaths, changes in acuity/level of care, end of life discussions, admissions, and progression of disease.</td>
</tr>
</tbody>
</table>
## Intermediate Level Residents - PGY 5

<table>
<thead>
<tr>
<th>Level of Supervision</th>
<th>Activities / Procedures (as defined by RRC &amp; Program)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct</strong></td>
<td>Patients are seen in consult and in clinic by the fellow then directly seen by the faculty.</td>
</tr>
<tr>
<td><strong>Indirect A (with direct supervision immediately available)</strong></td>
<td>Bone marrow aspirations and biopsies. Omayha access and IT therapy.</td>
</tr>
<tr>
<td><strong>Indirect B (with direct supervision available)</strong></td>
<td>The second year fellows will write their own chemotherapy orders after discussing with faculty.</td>
</tr>
<tr>
<td><strong>Oversight (with direct supervision available)</strong></td>
<td>The fellow is competent to practice internal medicine as they have satisfactorily completed the training. They will notify the faculty of deaths, changes in acuity/level of care, end of life discussions, admissions, and progression of disease.</td>
</tr>
</tbody>
</table>

## Residents in Final Years of Training - PGY 6

<table>
<thead>
<tr>
<th>Level of Supervision</th>
<th>Activities / Procedures (as defined by RRC &amp; Program)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct</strong></td>
<td>Patients are seen independently in the clinic and on the ward by the fellow then directly seen by faculty.</td>
</tr>
<tr>
<td><strong>Indirect A (with direct supervision immediately available)</strong></td>
<td>Bone marrow aspiration and biopsy. IT therapy with Omayha.</td>
</tr>
<tr>
<td><strong>Indirect B (with direct supervision available)</strong></td>
<td>Chemotherapy orders may be written after discussion with the faculty.</td>
</tr>
<tr>
<td><strong>Oversight (with direct supervision available)</strong></td>
<td>The fellow is competent to practice internal medicine as they have satisfactorily completed the training.</td>
</tr>
</tbody>
</table>
Supervision

You will be under the direct supervision of Dr. Sarah Taylor. This rotation is primarily didactic and observational although you may have some hands-on laboratory experience as well. One month of this rotation is required and will be done the first year of Fellowship. You will continue to participate in required conferences as allowed by the scheduled classes at the Community Blood Bank and Midwest Transplant. You will attend your continuity clinics as allowed.

This rotation will be done in three parts. The first will be the Community Blood Bank at 4040 Main Street, Kansas City, Missouri 64111 and will be under the supervision of Dr. Menitove. This will be a didactic and practicum.

The second will be done at the Midwest Transplant Network at 1900 West 47th Place, Suite 400, Westwood, Kansas 66205. The supervisor there is Dr. Christopher Bryan. This will be a didactic and observational rotation.

You will also have some hematology clinics for patient contact at the Cancer Center. You will attend coagulation clinic.

The third will be done at the University of Kansas Hospital under the direction of Dr. Neupane. You will learn the techniques of doing CBC (slide preparation), Protime, PTT, INR and other coagulation studies. This will be done in the laboratory. You will have other outpatient hematology clinics as time allows.

Objectives

1. To have a comprehensive working knowledge of the procedures used to collect, evaluate, and prepare blood products for administration to patients.
2. To have a comprehensive working knowledge of the components of blood products typically administered to patients including RBC preparations, platelet preparations, granulocyte preparations, fresh frozen plasma and cryoprecipitate. This will include the methods by which they are handled and prepared in response to specific clinical situations.
3. To have a comprehensive working knowledge of the risks associated with the administration of blood products.
4. To demonstrate a working knowledge of the indications and processes of assays typically performed in a Blood Bank.
5. To have a working knowledge of the mechanism by which apheresis can be used to isolate and collect specific blood components from individuals.
6. To have a working knowledge of plasmapheresis, leukapheresis and RBC exchange.
7. To have a comprehensive working knowledge and competency of the basic molecular and pathophysiologic mechanisms of hemostasis and thrombosis.
8. To have a working knowledge of daily activities in Blood Bank and issues lab personnel may have.
9. To have a working knowledge of the immune system and the molecular evaluation done in preparation for transplantation.
10. To understand and be able to do a peripheral smear slide and read it.

Required Conferences:

1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.
4. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
5. Lymphoma/Myeloma Conference; 2nd and 4th Tuesday 8:00 – 9:00 a.m. in Radiology Conference Room KU Hospital.
6. Blood and Marrow, Stem Cell Transplant Conference; Monday 3:30 p.m. at KUCC Westwood Atrium Conference Room.

Educational Goals, Learning Activities and Evaluation Tools by Competency

1. Patient Care  (GME Manual 9.1.1)

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve knowledge of transfusion</td>
<td>Courses presented at</td>
<td>Written exam</td>
</tr>
<tr>
<td>medicine</td>
<td>blood bank</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Didactics by pathology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Williams Textbook</td>
<td></td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Do this rotation as an introduction to the basic medical knowledge of the laboratory aspects of hematologic care.
- Build on this during their clinical rotations.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - This could be done as an elective but is not required. If it is done as an elective the fellow will become competent in preparing slides for peripheral smear and in knowing how to order plasmapheresis.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - This could be done as an elective to improve the fellows’ knowledge base and become
2. Medical Knowledge  (GME Manual 9.2.2)

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn Blood Banking terms</td>
<td>Didactic Lecture</td>
<td>Written exam</td>
</tr>
<tr>
<td>Learn risks of administration of blood products</td>
<td>Didactic lecture Assigned readings</td>
<td>Written exam</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Be able to explain the risks of receiving a blood transfusion.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Become an expert in blood banking.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in working with blood bank staff with ordering appropriate blood products.

3. Practice-Based Learning and Improvement  (GME Manual 9.1.3)

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent in evaluating bleeding patient</td>
<td>Lectures</td>
<td>Written exam</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Be able to order appropriate diagnostic studies to evaluate the bleeding patient.
- Be able to interpret the diagnostic studies.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be able to competently interpret the diagnostic studies.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be able to competently teach the appropriate diagnostic evaluations to other learners.

4. Interpersonal Skills and Communication  (GME Manual 9.1.4)

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to interact with laboratory personnel working alongside laboratory personnel</td>
<td>Coagulation work with tech</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

**R4:**
- Be able to competently order blood products.
- Know the information needed by the lab personnel to safely cross match the patient’s blood.

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be able to order blood products for patients with rare antibodies.

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be able to teach other learners the information needed by the lab to safely cross match blood.

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**5. Professionalism  (GME Manual 9.1.5)**

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely attendance at lectures</td>
<td>Lectures</td>
<td>Faculty Evaluation</td>
</tr>
<tr>
<td>Timely attendance at clinic</td>
<td>Clinic</td>
<td>Written evaluation by faculty</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Have professionalism and show respectful behavior with the blood bank staff.

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be mindful of the privacy issues in regards to blood banking.

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Display an exemplary example of professional behavior with support staff and colleagues.

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**6. Systems-Based Practice  (GME Manual 9.1.6)**

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn daily activities in Blood Bank and needs of techs</td>
<td>Observing</td>
<td>Written</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Be aware of the processes ongoing in the blood bank and the information needed from the ordering physician to safely cross match blood.
R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Know the systems involved in collecting blood and keeping it safe.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Know the policy and procedures to maintain safe blood supplies and teach them to other learners.
Supervision:
Your supervisor for this rotation will be Dr. McGuirk. You will work with the transplant attending on service. This rotation is for 2 months consecutively. You will spend 2 weeks on the inpatient unit followed by 2 weeks on the outpatient service for each month. This rotation is completed during your first year of fellowship.

Location: University of Kansas Blood and Marrow Transplant Unit, Unit 41 and 42; University of Kansas Cancer Center Blood and Marrow Transplant Clinic.

Responsibilities:
1. You will have primary responsibility for a group of inpatients not to exceed 10 while doing inpatient.
2. You will attend daily rounds with the inpatient team when on inpatient.
3. You will share call with the attending physician so as to maintain the 80 hour restriction and the one day off per week rules.
4. You will perform bone marrow aspirations and biopsies as needed on your patients and assist in harvests. Other procedures as needed for your patients may include reinfusion of bone marrow and stem cells for transplant, skin biopsies, lumbar puncture and intrathecal chemotherapy, thoracentesis and paracentesis.
5. During your 2 weeks of Outpatient Blood and Marrow Transplant rotation you will be working with the attending in the clinic on a daily basis.

Required conferences:
1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.
5. Blood and Marrow, Stem Cell Transplant Conference; Monday 3:30 p.m. at Westwood Atrium Conference Room.

Suggested conferences:
It is recommended if time allows that you attend the Lymphoma and Myeloma Conference per the calendar on Tuesday AM; 8-9.

Objectives:
1. The fellow will learn the indications for stem cell and bone marrow transplantation.
2. The fellow will learn about the pre transplant evaluation and education of a patient.
3. The fellow will learn the methodology and implications of HLA typing, understanding of chimerism analysis, management of ABO incompatible hematopoietic progenitor products.
4. The fellow will learn how to identify and select stem cell sources including the use of donor registries.
5. The fellow will learn how to process blood and marrow including cryopreservation procedures.
6. The fellow will learn to diagnose and manage chemotherapy and radiation therapy induced toxicities: veno-occlusive disease of the liver, interstitial pneumonia, hemorrhagic cystitis, fungal disease, and other infectious complications (CMV and other viruses).
7. The fellow will learn to diagnose and manage acute and chronic graft-versus host disease and other late complications of blood and marrow transplantation.
8. The fellow will review pain and symptom management.
9. The fellow will learn the procedure for leukopheresis.
10. The fellow will learn to administer high dose chemotherapy.
11. The fellow will learn to follow clinical protocols.
12. The fellow will improve team work skills.
13. The fellow will learn to manage bone marrow/peripheral stem cell patients pre and post-transplant.
14. The fellow will learn to manage the acute complications of outpatient transplant (BMT) patients.

**Educational Goals, Learning Activities and Evaluation tools by Competency**

<table>
<thead>
<tr>
<th>Educational</th>
<th>Learning activities/Teaching Methods</th>
<th>Evaluation tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to diagnose and manage toxicity of treatment</td>
<td>Care of patients on ward Ward rounds</td>
<td>Written evaluation Verbal feedback on rounds</td>
</tr>
<tr>
<td>Learn how to process blood and marrow</td>
<td>Participate in transplantation of patients</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn to administer high dose therapy</td>
<td>Write chemotherapy orders</td>
<td>Feedback from pharmacy Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Know how to manage and monitor outpatients who have received a bone marrow/peripheral stem cell transplant.

<table>
<thead>
<tr>
<th>Educational</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to manage symptoms</td>
<td>Care for the patients on the ward Read the literature</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn leukopheresis</td>
<td>Leukopheresis of patients Textbook</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn the management of ABO incompatible hematopoietic progenitor products</td>
<td>Textbook Care of patients on ward Ward rounds</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

R4:
• Be able to manage the inpatient who has received a bone marrow/peripheral stem cell transplant.

3. Practice Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of improvement</td>
<td>Tumor board</td>
<td>Oral feedback at tumor board</td>
</tr>
<tr>
<td>Indications for transplant</td>
<td>Tumor board</td>
<td>Oral feedback at tumor board</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
• Learn how the transplant team works in assessing the quality of their program.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation</th>
</tr>
</thead>
</table>
| Becomes proficient with working on a team | Rounds with nurse practitioners, interaction with floor nurses | 360% evaluation  
| Proficient at communication with patients and families | Patient care | Written evaluation  
|                          |                                    | 360° evaluation               |

Objectives: By the end of the rotation the resident will:

R4:
• Feel comfortable interacting with the team and be aware of their specific duties.

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Training Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to rounds on time</td>
<td>rounds</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Maintains patient privacy</td>
<td>rounds</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
• Know the privacy issues particular to the Blood and Marrow Transplant Program.

6. Systems Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know the indications for bone marrow/ Peripheral Stem Cell Transplant and the cost/benefit ration</td>
<td>Evaluation of patients Team meetings</td>
<td>In-service Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Know the system in place here to see the patient through the transplant process. Including, but not restricted to; financial, psychiatric, medical, and follow-up (survivorship).
Supervision:
You will be under the direct supervision of Dr. Carol Fabian pager 917-1732. If you are doing a 6 month mini breast fellowship, your rotation must have prior approval of Dr. Fabian. All fellows will have at least one month on this rotation. During this time you will work with the other breast oncologists as well.

Responsibilities:
1. You will be assigned to clinics in the breast oncology center. You will see patients with new diagnosis as well as follow up patients.
2. You will be assigned to time in the prevention clinic.
3. You will attend the Breast Multidisciplinary conferences.
4. You will continue with your own continuity clinic and conferences.
5. A research project is required if you choose to participate in the 6 month elective rotation.
6. You will spend at least one day in the genetic screening clinic with Dr. Jennifer Klemp.

Location: Location: University of Kansas Westwood Outpatient Breast Center.

Required Conferences:
1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.
5. Breast Tumor Board, Wednesday 4:30 p.m. Westwood Conference A. No conference on the fourth Wednesday.
6. KC Research Conference. See monthly on line calendar.

Objectives:
1. The fellow will learn the risk factors for breast cancer, its incidence and mortality rates. They will learn how to assess risk utilizing the Gail and other models.
2. The fellow will learn the current screening recommendations and the reasoning behind these. They will learn the screening and diagnostic testing required to diagnose breast cancer.
3. The fellow will learn the indications for adjuvant hormonal and chemotherapy.
4. The fellow will learn the current recommendations for local management of breast cancer.
5. The fellow will be aware of the current studies and knowledge about prevention of breast cancer, including lifestyle changes, prophylactic surgeries and chemoprevention.
6. The fellow will learn to work in an interdisciplinary environment with surgeons, radiologists, pathologists, radiation therapists and medical oncologists.
7. The fellow will learn about genetic testing, the indications and accuracy. The fellow will participate in the high risk clinic. The fellow will learn about advising patients who have BRCA1 and/or 2 abnormalities and the problems that they may have.
8. The fellow will learn how to manage a palpable mass as well as non-palpable image detected abnormalities.
9. The fellow will learn and be familiar with the staging and prognostic factors.
10. The fellow will learn the treatment of breast cancer by stage: premalignant, carcinoma-in-situ, early stage invasive carcinoma, locally advanced and inflammatory, locally recurrent and metastatic.
11. The fellow will learn the current guidelines for follow up of patients with breast cancer.
12. The fellow will learn about supportive care for female patients with breast cancer including psychosocial issues, lymphedema, bisphosphonates for bone metastases, menopausal symptoms, health maintenance in the face of premature menopause, sexuality and fertility, cognitive dysfunction, surgical reconstruction and issues in pain management.
13. The fellow will learn basic skills in doing clinical research including working with the IRB, PRMC, statisticians and potentially outside agencies such as the FDA and pharma.

Educational Goals, Learning Activities and Evaluation Tools by Competency

A second or third year fellow completes this rotation. Subsequently, this fellow will not have graded objectives.

1. **Patient Care**

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn the appropriate treatment for each stage</td>
<td>See patients in clinic</td>
<td>Verbal feedback from staff</td>
</tr>
<tr>
<td></td>
<td>Present patients in tumor board</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yearly exam</td>
</tr>
<tr>
<td>Learn the appropriate follow up for patients with breast cancer</td>
<td>Care for patients in clinic</td>
<td>Yearly exam</td>
</tr>
<tr>
<td></td>
<td>Read NCCN guidelines and literature supporting</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn the appropriate way to manage a palpable mass</td>
<td>Participate in breast tumor board</td>
<td>Written exam and evaluation</td>
</tr>
<tr>
<td>Learn staging</td>
<td>Participate in tumor board</td>
<td>Verbal feedback</td>
</tr>
<tr>
<td></td>
<td>Enter data in O2</td>
<td></td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will be able to stage breast cancer and utilize the NCCN guidelines to determine the appropriate care of the patient.

2. **Medical Knowledge**

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn epidemiology of breast cancer</td>
<td>Reading</td>
<td>Written test</td>
</tr>
<tr>
<td>Learn the pathology of breast cancer</td>
<td>Tumor board</td>
<td>Written test</td>
</tr>
<tr>
<td></td>
<td>Reading</td>
<td></td>
</tr>
</tbody>
</table>
Learn prognostic features and how they impact treatment  
Tumor board  
Reading the literature  
Written exam, oral feedback in clinic

Objectives: By the end of the rotation the resident will know the known risk factors for breast cancer. The resident will know the prognostic features and their use in determining treatment.

3. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will learn from the breast group their methods of assessing quality of care in the breast center</td>
<td>Breast tumor conference</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will be aware of the particular tools used to monitor quality of care in a breast center including the reading of mammograms.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become proficient at being a team member</td>
<td>Participation in tumor board working with team in clinic</td>
<td>360° evaluation  Written evaluation by staff</td>
</tr>
<tr>
<td>Become proficient at communication with patients and families</td>
<td>See patients in clinic modeling of attending</td>
<td>360° evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will be familiar with the breast team and how it works to provide quality care. Be proficient at teaching breast cancer patients about their disease, its treatments and toxicities.

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to clinic on time</td>
<td>Clinic observation of faculty</td>
<td>360° eval  Written eval</td>
</tr>
<tr>
<td>Completes medical records in a timely fashion shows appropriate attention to privacy issues</td>
<td>Completing ERM</td>
<td>List produced by med records</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will have further practice in professional behavior. They will be aware of the privacy issues of women receiving breast cancer care.

6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice evidence based medicine</td>
<td>Journal club</td>
<td>Oral feedback at conferences</td>
</tr>
<tr>
<td>Tumor board and journal club.</td>
<td>Improve skills in doing literature search</td>
<td>Presentations at journal club and tumor board</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will know the literature behind the current recommendations for treatment of breast cancer. The resident will know the NCCN guidelines and how they were determined.
Hematology/Oncology Fellowship Program
Gastrointestinal (GI) Oncology-Pancreatic Cancer
Objectives and Curriculum
Revised 11/1/2011

Supervision: Your supervisor for this rotation will be Dr. Joaquina Baranda. You will work with all members of the GI Oncology faculty including surgical subspecialists. This rotation can be done in two ways. The first is a 6 month rotation with an emphasis on research and an academic career in GI Oncology. For this rotation you will need to interview with the GI staff and be accepted. A research project is expected. The second way is as a one month rotation to learn clinical GI oncology.

Location: University of Kansas Hospital, University of Kansas Cancer Center, and Kansas City Veterans Administration Hospital and Outpatient Clinics.

Responsibilities:
1. You will see GI consults at University of Kansas Hospital. In this role you may work with students or housestaff and supervise their activities.
2. You will attend daily consultation rounds with the inpatient GI oncology consultant.
3. You will attend the GI outpatient clinics including both Dr. Baranda’s and Williamson’s clinics. You will also attend the Liver clinic and a few surgical oncology clinics.
4. You will perform GI cancer related procedures such as abdominal paracentesis and thoracentesis for patients in the inpatient consultation service.
5. You will attend the GI conferences as noted below and present as necessary.
6. You will continue to attend your weekly continuity clinic and follow those patients.

Required conferences:
1. Gastrointestinal Tumor: Second and Fourth Thursdays, 12:00 p.m. - 1:00 p.m. at Radiation Oncology Conference Room KU Hospital.
2. GI Working Group Meeting: Second Thursday, 3:00 p.m.
3. Liver Conference: Mondays, 7:00 AM, Radiology Conference Room KU Hospital.
4. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
5. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
6. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
7. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

Objectives:
1. The fellow will learn to recognize different manifestations of gastrointestinal cancers with special focus on pancreatic cancer.
2. The fellow will learn to create a diagnostic strategy to answer the challenges in confirming the diagnosis of GI cancer especially pancreatic cancer. He or she will recognize the utility of radiographic and endoscopic tools such as EUS in the diagnosis and staging of GI cancers.
3. The fellow will learn to integrate results of these diagnostic tools into prognostic assessment leading to the formulation of appropriate therapeutic strategy including surgery, radiation, therapy, and systemic therapy such as chemotherapy and biologic agents. He or she will also have an opportunity to treat patients using regional therapy such as chemoembolization, radioimmunoembolization, and radiofrequency ablation.

4. The fellow will learn about the different chemotherapeutic and biologic agents—their mechanisms of action, indications of their uses, data supporting their use, as well as potential toxicities not only of the older agents but also new classes of drugs used in GI cancers, particularly pancreatic cancer.

5. The fellow will learn to work as part of a team consisting of physicians and other health providers in multiple disciplines.

6. The fellow will learn to actively screen, consent, enroll, and treat patients in clinical trials in the treatment of gastrointestinal cancer with particular emphasis on pancreatic cancer.

7. The fellow will learn the role of the IRB and the ethical conduct of trials.

Educational Goals, Learning Activities and Evaluation tools by Competency

1. Patient Care

<table>
<thead>
<tr>
<th>Educational</th>
<th>Learning activities/ Teaching Methods</th>
<th>Evaluation tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to diagnose and stage GI cancers</td>
<td>Care of patients on ward; Consult rounds</td>
<td>Written evaluation; Verbal feedback on rounds</td>
</tr>
<tr>
<td>Learn how to assess prognosis of GI cancers</td>
<td>Care of patients on ward; Consult rounds; Tumor Boards</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn therapeutic strategies</td>
<td>Care of patients on wards; Consult rounds; GI Tumor Boards</td>
<td>Feedback from pharmacy; Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R5: • Have learned to diagnose and stage the common GI neoplasms.

R6: • Continue to demonstrate continued competency in R5 objectives as well as the following:
  o Have learned the standard guidelines for treating GI neoplasms.
  o Have learned the exceptions to the standard guidelines.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to recognize and manage symptoms</td>
<td>Care for the patients in the clinic; Read the literature</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn diagnostic and therapeutic procedures</td>
<td>Perform paracentesis; Read the literature</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

R5:
- Learn to recognize the toxicities of treatment.

R6:
- Continue to demonstrate continued competency in R5 objectives as well as the following:
  - Be able to manage the toxicities of treatment.
  - Be competent at performing paracentesis.

3. Practice Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify new treatment options</td>
<td>Tumor board</td>
<td>Oral feedback at tumor board</td>
</tr>
<tr>
<td>Learn different systemic therapies</td>
<td>Tumor board; Consult rounds; Review of the literature</td>
<td>Oral feedback at tumor board</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R5:
- Utilize feedback from GI tumor board to improve management of their patients

R6:
- Continue to demonstrate continued competency in R5 objectives as well as the following:
  - Review the GI literature on the treatment of pancreatic cancer.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becomes proficient with working on a team</td>
<td>Rounds with nurse practitioners, interaction with floor nurses, meetings with the working group</td>
<td>360° evaluation Written evaluation</td>
</tr>
<tr>
<td>Proficient at communication with patients and families</td>
<td>Patient care</td>
<td>Written evaluation 360° evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R5:
- Be comfortable presenting data to the GI team

R6:
- Continue to demonstrate continued competency in R5 objectives as well as the following:
  - Be proficient at teaching patients and their families about treatment of colon cancer and the toxicities.
5. **Professionalism**

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to rounds on time</td>
<td>Rounds</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Maintains patient privacy</td>
<td>Rounds</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

<table>
<thead>
<tr>
<th>R5:</th>
<th>• Continue to show professional behavior by being on time for conferences.</th>
</tr>
</thead>
</table>
| R6: |  • Continue to demonstrate continued competency in R5 objectives as well as the following:  
  o Show respect for patient privacy at all times. |

6. **Systems Based Practice**

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn the medical system involved in caring for transplant patients</td>
<td>Clinic, Liver conference, Journal club, Tumor board, Inpatient rounds</td>
<td>Written evaluation, Oral feedback at conferences and journal club, Written evaluation</td>
</tr>
<tr>
<td>Practices evidence based medicine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

<table>
<thead>
<tr>
<th>R5:</th>
<th>• Know the specialized medical system in place for caring for malignant disease patients receiving a liver transplant.</th>
</tr>
</thead>
</table>
| R6: |  • Continue to demonstrate continued competency in R5 objectives as well as the following:  
  o Work effectively within the multidisciplinary GI tumor board. |
Supervision: You will be under the direct supervision of Dr. Julia Chapman. You will also work with Drs. Johnson and Reynolds.

Location: University of Kansas Hospital and the Westwood Outpatient Cancer facility. This is a one month rotation

Responsibilities:
1. You will attend the Gyn/Onc Outpatient Clinics.
2. You will continue to attend your Continuity Clinics and required conferences.
3. You will observe gynecologic surgery done.

Required Conferences:
1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.
5. Gyn Tumor Conference is held biweekly Tuesday 7:00 a.m. – 8:00 a.m. Boley Conference Room.

Objectives: The general objectives for this rotation will be documented here. The detailed objective for each topic is in the attached ASCO Core Curriculum outline. It is understood that Gynecologic Oncology is a rapidly growing specialty and this is only a template. This rotation will be done in the second or third year on a one time basis but may be done again as an elective.

1. To perfect skills of working as a multidisciplinary team in the care of the patient with gynecologic malignancies or the care of a patient who due to treatment of another malignancy needs screening or treated for a gynecologic disease.
2. To learn the etiology, epidemiology, natural history and screening for the gynecologic malignancies.
3. To learn the chemotherapeutic and surgical options for patients with gynecologic malignancies.
4. To review the pelvic exam.
5. To learn to manage the complications and symptoms of women with changes in menopausal status due to treatment.
6. To learn to manage the toxicities of treatment.

Educational Goals, Learning Activities and Evaluation Tools by Competency
1. Patient Care

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice and review pelvic exam</td>
<td>Perform exams on patients with GYN malignancies in clinic and in the OR</td>
<td>Comparison between Fellow exam and attending exam results</td>
</tr>
<tr>
<td>To learn chemotherapy for GYN malignancies</td>
<td>Read textbook and literature See patients in clinic</td>
<td>Written evaluation Yearly written exam</td>
</tr>
<tr>
<td>To learn surgical options and toxicities</td>
<td>Observe in the OR Listen to discussion in Tumor Board</td>
<td>Yearly written examination</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R5:
- Know the guidelines for treatment of the common gynecologic malignancies.

R6:
- Continue to demonstrate continued competency in R5 objectives as well as the following: become knowledgeable about the more complicated cases.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn screening for common GYN malignancies</td>
<td>Textbook and literature</td>
<td>Feedback during clinic Written exam</td>
</tr>
<tr>
<td>Learn symptoms and management of patients suddenly put into menopause</td>
<td>Follow patients in clinic and post operatively Review literature</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

- Know the accepted screening for common gyn malignancies.
- Know the symptoms and management of patients made menopausal by treatment.

R6:
- Continue to demonstrate continued competency in R5 objectives as well as the following:
  - Be knowledgeable of the preventative treatments for gyn malignancies and the genetic predispositions.

3. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn systems utilized to insure needs of gyn tumor patient are met</td>
<td>Tumor Board Clinic</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Competent in pelvic exams</td>
<td>Clinic visits and pelvic under anesthesia</td>
<td>Feedback from Dr. Chapman</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

R5:
- Be aware of the duties of each of the multidisciplinary team members in the care of the gynecologic patient.
- R6 will be competent in the areas learned in R5 and become an active member of the gyn team.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
</table>
| To work well with multiple disciplines | Tumor Board
Observe interactions in OR
Participate in clinics | Written evaluation |
| Improve communication with patients | Observe Dr. Chapman in clinic
See patients in clinics | Written evaluation |

Objectives: By the end of the rotation the resident will:

R5:
- Be familiar with information needed to communicate well with gyn onc treatment team.

R6:
- Continue to demonstrate continued competency in R6 objectives as well as the following:
  - Be proficient at explaining the complexities of their treatment and side effects.

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
</table>
| Behaves professionally towards patients and families | Clinic
Doing pelvic exams in an appropriate manner to maintain dignity | Written evaluation |
| Reports to work and conferences on time | OR, Clinics and Conferences | Written evaluation |

Objectives: By the end of the rotation the resident will:

R5:
- Continue showing professional behaviors of privacy and timeliness.

R6:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Improve their skills in treating patients with dignity.

6. Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
</table>
| Reads GYN literature and applies it to patient care | Presentations for clinic and Tumor Board | Written evaluation
Written exam |
Objectives: By the end of the rotation the resident will:

<table>
<thead>
<tr>
<th>R5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be aware of the scientific literature behind the NCCN guidelines in the treatment of gynecologic malignancies.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue to demonstrate continued competency in R5 objectives as well as the following:</td>
<td></td>
</tr>
<tr>
<td>o Be competent in the guidelines.</td>
<td></td>
</tr>
</tbody>
</table>
Hematology/Oncology Fellowship Program
Hematology Consults
Revised 8/15/2011

**Supervision:** You will be under the direct supervision of the faculty assigned to do Hematology Consults for the month.

**Responsibilities:**

1. You will be responsible for seeing the in-hospital Hematology Consults. As per the hospital policy all consults will be seen within 24 hours of receiving notification.
2. You will review the marrows of your patients with the hematopathologist.
3. You will attend your Continuity clinic as well as a Hematology clinic per week.
4. You will perform bone marrow biopsies and aspirations for both the inpatient heme and the consult teams as requested.

**Location:** University of Kansas Hospital, Westwood Outpatient Cancer Center

**Required Conferences:**

1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

**Suggested Conferences:**

1. Lymphoma/Myeloma Conference; 2nd and 4th Tuesday 8:00 – 9:00 a.m. in Radiology Conference Room KU Hospital.
2. Blood and Marrow, Stem Cell Transplant Conference; Monday 3:30 p.m. at Westwood Atrium Conference Room.

**Objectives:**

1. To learn to diagnose and manage hematologic disorders as outlined by ASH and delineated in the appendix to your manual.
2. To learn the natural history and epidemiology of hematologic disorders.
3. To learn to interpret bone marrow aspirations and biopsies.
4. To learn communication skills necessary for consultative practices.
5. To learn to independently perform bone marrow aspirations and biopsies.
6. Assist in teaching residents rotating on heme consult service on various hematologic topics.

Educational Goals, Learning Activities and Evaluation Tools by Competency
1. Patient Care

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn the evaluation and management of the bleeding patient</td>
<td>You will be doing in patient consults on patients with bleeding disorders You will also attend the coagulation clinic Williams textbook will be the primary resource as well as papers recommended by your faculty Didactic lecture in the Monday series will be given as well as the pathology didactics</td>
<td>You will receive a written evaluation on Evaluate from your attending as well as daily feedback on your consults You will also be tested on these problems on the in training exam</td>
</tr>
<tr>
<td>Develop consultation expertise</td>
<td>You will work directly with the consulting team and its members You will also have the faculty to model after</td>
<td>Feedback will be given by your attending. In the outpatient clinic you will also receive occasional input from the patient questionnaires</td>
</tr>
<tr>
<td>Learn to do bone marrow procedures: aspiration and biopsy</td>
<td>If you have done bone marrows during your residency then you will be allowed to do the procedure under the observation of faculty or the nurse practitioner. When it is determined you are competent (minimum of 5 observed) you may do them independently with the faculty in close proximity</td>
<td>Your procedures will be observed by appropriate faculty</td>
</tr>
<tr>
<td>Assist in teaching residents rotating on heme consult service on various hematologic topics</td>
<td>You may be asked to give a presentation on a topic, or teach one on one with the resident</td>
<td>Faculty feedback will be provided</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Develop competency in doing bone marrow aspiration and biopsy. Observe the attending /NP if they have not done them before and will be observed doing five of them before completing them independently. Learn the indications for bone marrow exam and be introduced to the skills of being a good consultant.

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Competent in doing bone marrows and will improve skills in working with patients as a
consultant. Do more independent communication with the primary team and the patient.

R6:

- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Fine tune their communication skills as well as be able to manage the bleeding patient independently.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>To learn to work up, diagnose, and treat anemia, lymphopenia, and thrombocytopenia</td>
<td>You will see patients in consultation in your outpatient continuity clinic and in the heme faculty clinics You will see patients on the inpatient consult service You will read Williams Text book and the ASH-SEP You will attend the didactics on these topics given by pathology as well as our own</td>
<td>Written test The faculty will give feedback to your ability to diagnose these disorders as you see consults together</td>
</tr>
<tr>
<td>To learn to manage patients who are hypercoagulable</td>
<td>You will see inpatient consults as well as consults in hematology clinic and your own continuity You will attend didactics on this topic reading the recommended ASH-SEP chapters prior to the session</td>
<td>Written feedback from attending</td>
</tr>
<tr>
<td>To learn to manage acute hemophilia</td>
<td>The majority of our consults will be done on inpatients that are in for surgery or bleeding complications Williams textbook</td>
<td>Written evaluation In service exam</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:

- Become comfortable and competent at taking a history and talking to a patient with a hematologic disorder. They will complete basic readings on the topics such as hypercoagulation and bleeding.

R5:

- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be competent at doing the history and initial review of hematologic studies and be able to make an accurate differential diagnosis in the patient with a bleeding disorder.

R6:

- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Competent at the diagnosis and treatment of the bleeding patient. They will be
3. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Competent in evaluating bleeding Learn to investigate and evaluate personal patient care practices, appraise and assimilate scientific evidence related Hematology Oncology, and improve personal patient care practices</td>
<td>Consults in ICU</td>
<td>Verbal feedback from attending</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Analyze practice based experiences and perform practice-based improvement activities using systematic knowledge.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Locate, appraise and assimilate evidence from scientific studies related to their patient’s hematologic health problems.
  - Competently educate patients about the rationale, techniques, and complications of procedures and competently obtain procedure-specific information consent.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Obtain and use information about your own population of patients and factors effecting disease process as well as from larger population from which your patients are drawn.
  - Apply knowledge of study designs and statistical methods to the appraisal of hematology clinical studies and other information on diagnostic and therapeutic effectiveness.
  - Be competent in the diagnosis and treatment of anemia, lymphopenia, and thrombocytopenia.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become proficient at communicating with referral physicians and teams</td>
<td>Initially the fellow will learn by modeling the staff physician The fellow will learn how to write a complete and understandable written consultation</td>
<td>The fellow will receive feedback from the attending</td>
</tr>
</tbody>
</table>

Demonstrate interpersonal and communication skills in medical practice that develop and maintain | Read Robert Buckman’s book on: “How to Break Bad News; A Guide for Health Care | Verbal feedback |
Effective information exchange and collaboration with hematology patients and family members as well as other professionals involved in their care

Professionals
See inpatient consults

Objectives: By the end of the rotation the resident will:

R4:
- Beginning competency in working effectively with a team in the role of the consulting physician.
- Communicate effectively with patients and families in a critical care setting.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Communicate effectively with other physicians and other members of the healthcare team.
  - Develop team leadership skills and ability to identify essential team members; define the roles of team members; and, evaluate the role of the interdisciplinary team.
  - Communicate effectively with colleagues when signing out service.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Maintain comprehensive and timely medical records when acting as a medical consultant.

5. Professionalism

Objectives: By the end of the rotation the resident will:

R4:
- Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.
- Demonstrate respect, compassion, and integrity to peers and patients.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Demonstrate a commitment to ethical principles involved in caring for critically ill patients or withholding clinical care, confidentiality or patient information, informed consent and business practices.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Demonstrate responsiveness to the needs of patients and society that supersedes self-interest as well as development of lifelong learning and coping skills of physicians who care for critically-ill patients.
  - Demonstrate a commitment to excellence and on-going professional development.
6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate an awareness of and responsiveness to the larger context and system</td>
<td>Tumor Conferences, Consult rounds, Direct observation and modeling the staff when addressing systems</td>
<td>Feedback from attending</td>
</tr>
<tr>
<td>of healthcare and the ability to effectively call on system resources to provide</td>
<td>issues (referrals, interdisciplinary teams, transitional care, etc.) Literature search Consult rounds</td>
<td></td>
</tr>
<tr>
<td>care that is of optimal value to hematology oncology patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read literature and use it in planning care with awareness to the impact of</td>
<td>Tumor Conferences, Literature search, Consult rounds</td>
<td>Feedback at Tumor Board Feedback from attending</td>
</tr>
<tr>
<td>healthcare system on overall effective care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Understand how patient care and other professional activities affect other healthcare professionals, the healthcare organization, and society at-large.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Know how types of medical practice and delivery systems differ from one another, including method of controlling healthcare costs and allocating resources.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Practice cost-effective healthcare for hematology oncology patients.
**Supervision:** Your supervisor for this rotation will be the attending assigned to the inpatient Hematology ward this month.

**Responsibilities:**

1. You will coordinate the activities of the Internal Medicine resident and interns in the care of inpatient Hematology patients.
2. You will serve as a resource to them and provide educational lectures over basic hematologic topics.
3. You will round daily with your team and assist in making treatment plans.
4. You will be responsible under the supervision of the pharmacist and attending for writing the chemotherapy orders and following the protocols.
5. You may be assigned to a Hematology Clinic as the inpatient load allows.
6. You will attend your weekly Continuity clinic.

**Location:** University of Kansas Hospital Wards 41 and 42.

**Required Conferences:**

1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.
5. Lymphoma/Myeloma Conference: 2nd and 4th Tuesday 8:00 – 9:00 a.m. in Radiology Conference Room KU Hospital.
6. Blood and Marrow, Stem Cell Transplant Conference: Monday 3:30 p.m. at Westwood Atrium Conference Room.

**Objectives:** Hematology is a rapidly growing specialty. This is a template only as we know the specialty will change. We will present broad objectives at this time but will follow the extensive and detailed outline as published by ASH. See attachment.

1. Under direct faculty supervision the Fellow will learn to manage the inpatient Hematology patient. This will include patients admitted for chemotherapy, the complications of therapy, symptom management and diagnosis.
2. The Fellow will review and enhance their general medical skills in particular as relates to the Hematology patient.
3. The Fellow will get experience in working with nurse practitioners in providing integrated care.
4. The Fellow will learn to calculate chemotherapy dosage and provide appropriate supportive medications such as antiemetic and growth factors.
5. The Fellow will develop an understanding and specialist's knowledge of the epidemiology and natural history of hematologic disorders, treatment options, and complications.
6. The Fellow will learn and manage the Palliative aspects of the Hematology patient.

Educational Goals, Learning Activities and Evaluation Tools by Competency

1. Patient Care

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to write chemotherapy orders</td>
<td>Write the inpatient chemotherapy</td>
<td>Written eval by attending 360° eval by pharmacist and nurses Pharmacist reviews</td>
</tr>
<tr>
<td></td>
<td>orders</td>
<td>orders and gives immediate feedback</td>
</tr>
<tr>
<td></td>
<td>Didactics</td>
<td></td>
</tr>
<tr>
<td>Learn to manage neutropenic fever</td>
<td>Patient Care</td>
<td>Written eval Chart Review</td>
</tr>
<tr>
<td>Learn to manage nausea and vomiting</td>
<td>Didactic</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Patient Care</td>
<td></td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Learn to write chemotherapy orders for the inpatient hematology patient with lymphoma including calculating does. Their orders will be reviewed and signed by faculty

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be competent in the management of the febrile neutropenic patient including diagnostics and empiric therapy.

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Competent to write chemotherapy orders independently and competent in monitoring toxicity.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know the common causes and natural history of neutropenic</td>
<td>Care of inpatients Round discussions</td>
<td>In-service exam</td>
</tr>
<tr>
<td>fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learn natural history of hematologic disease</td>
<td>Read Didactics Patient care and rounds</td>
<td>Yearly exam</td>
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</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

| R4: | Be familiar with the causes and diagnostic testing for the patient with neutropenic fever. |
| R5: | Continue to demonstrate continued competency in R4 objectives as well as the following: |
|     | - The fellow will be competent at the treatment of neutropenic fever. |
| R6: | Continue to demonstrate continued competency in R4 & R5 objectives as well as the following: |
|     | - The fellow will be able to teach the evaluation and treatment of the patient with neutropenic fever. |

3. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of improvement.</td>
<td>Patient Conference on Thursdays.</td>
<td>Written evaluation.</td>
</tr>
<tr>
<td>Competent for caring for inpatient Hematology patients</td>
<td>Caring for patients on the unit Participating in rounds</td>
<td>Feedback on rounds Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

| R4: | Be able to identify common complications of the inpatient hematology patient and treat them. |
| R5: | Continue to demonstrate continued competency in R4 objectives as well as the following: |
|     | - Be competent at managing complications of the inpatient hematology patients. |
| R6: | Continue to demonstrate continued competency in R4 & R5 objectives as well as the following: |
|     | - Be able to teach the recognition and treatment of complications. |

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiency at working with a team</td>
<td>Ward rounds Discharge planning Tumor Board</td>
<td>360° evaluation Written evaluation from staff</td>
</tr>
<tr>
<td>Proficiency at communicating with families and patients</td>
<td>Care of inpatients on ward Observation of attending communication skills</td>
<td>Feedback from staff Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

| R4: | Be comfortable working a leadership and teaching position on the rounding team. |
| R5: | Continue to demonstrate continued competency in R4 objectives as well as the following: |
Improve their communication skills with patients and families.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent at managing patients on the inpatient service for chemotherapy or neutropenic fever.

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely response to pages</td>
<td>Patient Care</td>
<td>360° evaluation</td>
</tr>
<tr>
<td>Reports to conferences and rounds regularly and on time</td>
<td>Conferences</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Be timely in responding to pager messages and recognize the importance of this.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be a reliable source of aid for interns on service as well as nursing.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in interacting with nursing, peers and patients while managing a busy service.

6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Learn the systems involved in making inpatient unit safe</td>
<td>Interaction with unit team Interaction with nursing and support personnel</td>
<td>Verbal feedback at conferences Six month evaluations</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Be aware of the complex system of personnel needed to run a safe inpatient unit.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Know how to interact with different systems.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in working with systems involved in running a safe inpatient unit.
Supervision:
You will be under the supervision of Dr. Chao Huang at pager 913-917-0540. He will assign you to an attending that will see consults with you. If a fellow is assigned to this rotation you may be asked to supervise and assist them in seeing consults.

Responsibilities:
1. You will see Oncology and Hematology consults within 24 hours of being notified about them. Notification will be done via computer. After seeing the patient and reviewing the chart, pathology and x-rays; you will type a computerized note which will be cosigned after the staff have seen the patient and discussed the case with you. Daily you will round with the consult attending to see patients on the service.
2. You will be responsible for attending 2 outpatient clinics a week at the KCVAMC and continue your KU Continuity Clinic.
3. You will be responsible for providing a case each week at the KCVAMC multidisciplinary tumor board.
4. You will be required to follow active hematology/oncology patients admitted to Silver team by meeting with the team during their rounds or at a separate time on regular basis to provide updates in the treatment plan, supervise the care and teaching of the residents and students along with hem/onc attending and maintain communication with outpatient chemotherapy clinic regarding patients future treatment plan.
5. You will be required to answer the calls from chemotherapy clinic regarding patient that require medical attention. Further care should be decided in conjunction with patient’s treating oncologist/hematologist.
6. You will be available to answer questions from the outpatient chemotherapy nurses about outpatients getting treatment.
7. You will follow the hematology/oncology patients admitted from clinic to the hospitalist service.

Location: Kansas City Veterans Affairs Medical Center (VAMC)

Required Conferences:
1. VAMC Multidisciplinary Tumor Board: Wednesday at 4:00 p.m. in Pathology Conference Room.
2. VAMC Chest Conference: Wednesday at 9:30 a.m. in 11th Floor Conference Room.
3. VAMC Hematology/Pathology Conference: Fourth Wednesday of each month in 10-11:00 a.m., Pathology Conference Room.
4. VAMC Journal Club: Wednesday 10:00 a.m.
5. VAMC Tumor Board: Wednesday 4:00 – 5:00 p.m. 2nd Floor Conference Room.
6. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
7. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
8. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
9. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

Optional Conferences:

KC Life Sciences Research Seminar: Monthly, 3rd Wednesday.

Objectives:

1. To develop consultation expertise which will include evaluating a new patient and making a treatment plan, communicating the plan to the primary team and the patient, and carrying out the plan.
2. To develop an understanding and specialist’s knowledge of the epidemiology, natural history, treatment options, therapy and complications of malignant disease.
3. To develop an understanding and specialist’s knowledge of the epidemiology and natural history, treatment options, therapy and complications of hematologic disease.
4. To learn the problems of survivors and the appropriate follow-up.
5. To develop expertise in managing oncologic/hematologic emergencies, including but not limited to spinal cord compression, hypercalcemia, neutropenic fever, post-operative bleeding complications, DIC, and tumor lysis syndrome.
6. To develop expertise in the staging of malignancies.
7. To learn the pharmacology, mechanism of action, toxicities, methods of administration and complications associated with chemotherapy and biologic therapy of cancer.
8. Learn chemotherapy regimen, doses, calculation and when to use adjusted body weight, route, schedule and mechanism of action of chemotherapy drugs.
9. Learn supportive measures including anti-emetics, hydration, supportive medications, growth factors and tumor lysis prevention.
10. Management of side effects associated with chemotherapy regimen.
11. Learn clinical research protocols including getting familiarized with the clinical protocols in which the patients are enrolled.
12. Management of hospitalized patient and integration of inpatient with outpatient resources and follow-up.
13. Learn leadership skills by providing direction and goals of therapy in conjunction with Hem/Onc Attendings when working with residents and students from the Silver team in the care of Hem/Onc patients.
14. Refine communication skills by conducting discussion with patients, family members and other healthcare providers.

Educational Goals, Learning Activities and Evaluation Tools by Competency

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate a new patient and make a treatment plan</td>
<td>See inpatient and outpatient consults. Observe attendings in doing above.</td>
<td>Written evaluation by attending</td>
</tr>
<tr>
<td>Learn problems of survivors and how to</td>
<td>See outpatients in the clinic at VA</td>
<td>Mini CEX</td>
</tr>
</tbody>
</table>
follow them. and in Continuity Clinic at KU Chart Review Written evaluation

Learn the management of patients with emergent problems See inpatient consults Tumor Board Textbook Follow patients admitted with emergent problems. Chart Review M and M Written evaluation

Objectives: By the end of the rotation the fellow will:

R4:
- Provide recommendations regarding standard of care therapy in patients with oncologic and hematologic diseases.
- Coordinate care of inpatient and outpatient service within the context of VA system.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Understand the differences of care provided within the VA and civilian/community service and adapt the care of patients within the VA system.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Provide excellent care within the VA system using available supportive services within the VA and coordinating the care with outside of VA entities and referred tertiary centers.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows staging of head and neck cancer</td>
<td>Tumor Board Consults Educational Tapes</td>
<td>Chart Review Written evaluation Yearly Exam</td>
</tr>
<tr>
<td>Learn pharmacology, toxicities and management of toxicities of chemotherapy.</td>
<td>Textbook Follow patients in Outpatient Clinic Care for patients admitted for chemotherapy.</td>
<td>Chart Review Written evaluation</td>
</tr>
<tr>
<td>Learn natural history of malignant diseases, risk factors and epidemiology of patients with head and neck cancer.</td>
<td>Textbook Rounds with attending Didactics Educational tapes</td>
<td>Yearly exam Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the fellow will:

R4:
- Know the medical management of common oncologic emergencies.
- Understand the epidemiology, causes and presentation of common oncologic and hematologic diseases and differential diagnosis.
R5:
• Continue to demonstrate continued competency in R4 objectives as well as the following:
  o Provide specific recommendations regarding specific tests and procedures needed to make diagnosis and rule out other differential diagnosis.
  o Be able understand and know different treatment available for the common oncologic and hematologic diseases.

R6:
• Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  o Know the nuances of presentation of common oncologic and hematologic diseases and how to rule out other differential diagnosis.
  o Know the different clinical trials available within the VA as well as current stat of the art therapy available and clinical studies ongoing for specific diseases that they are consulted on.

3. Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assimilate evidence used to treat lung cancers</td>
<td>Tumor Board</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Competent in evaluating a new patient and making a plan</td>
<td>Consultation patients</td>
<td>Oral feedback from attending</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the fellow will:

R4:
• Learn the standard of care from textbooks in oncology and hematology of patients seen in consult service.

R5:
• Continue to demonstrate continued competency in R4 objectives as well as the following:
  o Learn the treatment options available from national guidelines ASLCO and NCCN as ASH for patients seen in consultation service and be able to utilize them.

R6:
• Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  o Learn the results of clinical trials recently completed and open trials available at VA institution and other institution for the specific diseases seen in the consult service.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becomes proficient at communicating with referral physicians</td>
<td>Tumor Conference Seeing patients and writing up consults</td>
<td>Written evaluation Chart Review</td>
</tr>
<tr>
<td>Proficient at working with a team</td>
<td>Rounds with attending and nurse practitioners Writing chemotherapy orders for inpatients and communicating</td>
<td>360° Eval Written evaluation</td>
</tr>
</tbody>
</table>
with nurses | Observe attending. | Written feedback
Proficient at communicating with patients | Practice skills on rounds | Oral feedback

Objectives: By the end of the rotation the fellow will:

R4:
- Learn to communicate effectively with the medical service regarding recommendations after discussion with supervising attending.
- Be able to present clear and concise clinical cases to supervising attending.

R5:
- Continue to demonstrate the competencies in R4 and will learn team leadership skills.
  - Learn to coordinate care and communicate with several supporting services within the VA system i.e. social services, nurse practitioner, chemotherapy clinic, home care and physical therapy.
  - Be able to present cases in clear and concise manner at tumor board and conferences.

R6:
- The fellow will continue to demonstrate the competencies in R4 & R5 and will be able to lead the team effectively.
  - Learn to coordinate the care within the VA system and other tertiary facilities that patients are referred to.
  - Be able to give lecture to residents and medical students for specific diseases.
  - Be encouraged to present their research in national and international meetings either as poster or oral presentation.

5. Professionalism

<table>
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<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to rounds on time</td>
<td>Observing attending</td>
<td>Records of conference attendees</td>
</tr>
<tr>
<td>Reports to conferences regularly and on time</td>
<td>Conferences, Rounds</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Behaves professionally towards colleagues</td>
<td>Tumor Conference</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Demonstrate punctuality and complete assigned tasks in timely fashion including consults, outpatient visit notes and chemotherapy orders.
- Demonstrate mutual respect with other healthcare members, fellows and supervising attending.

R5:
- Continue to demonstrate the competencies in R4 objectives as well as the following:
  - Demonstrate good working relationship with other supporting services (i.e. social services, nurse practitioners and chemotherapy nurses) and other medical surgical services that are participating in the care of patients.
• Continue to demonstrate the competencies in R4 & as well as the following:
  o Demonstrate managerial skills in handling medical and social issues related to patient cared as well as organize and direct patient’s inpatient and outpatient care.
  o Establish a professional and cordial working relationship with other medical and surgical teams and supportive services.

6. Systems Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reads literature and uses it in planning care</td>
<td>Consult Rounds Tumor Board</td>
<td>Chart Review Written evaluation by attending</td>
</tr>
<tr>
<td>Learn the VA medical system and how to use it for the care of the patient.</td>
<td>Rounds and tumor boards</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the fellow will:

R4:
• Demonstrate punctuality and complete assigned tasks in timely fashion including consults, outpatient visit notes and chemotherapy orders.

R5:
• Continue to demonstrate continued competency in R4 objectives as well as the following:
  o Propose standard treatments based on textbooks and literature review with supervising attending’s input.
  o Discuss with medical team about proposed plan and recommendations.

R6:
• Continue to demonstrate the competencies in R4 &5 objectives as well as the following:
  o Demonstrate independence, critical thinking and leadership in taking initiatives regarding patient care and implement treatment plan based on the literature and national guidelines without necessarily be prompted by the supervising attending.
Supervision:
Your supervisor for this rotation will be Dr. Chao Huang. If you have any problems or concerns, please discuss them with him. His pager is 913-917-0540. You will be assigned daily clinics with the VA attendings. You will also be assigned either two half days with nurse clinicians in the chemotherapy room and assist with acute care of patients receiving ongoing chemotherapy or be assigned to assist with the Bone Marrow clinic. Assignment to Chemotherapy or Bone Marrow clinics will be based on your education need/prior experience and number of fellows doing the outpatient rotation.

Location: KCVAMC Outpatient Clinic. In selected situations, you will be assigned a once weekly clinic at the Topeka Outpatient VAMC under the supervision of Dr. Ace Allen.

Required Conferences:

1. VA Multidisciplinary Tumor Board: Wednesday at 4 p.m. in Pathology Conference Room.
2. VA Chest Conference: Wednesday at 9:30 a.m. in 11th Floor Conference Room.
3. VA Hematology/Pathology Conference: Fourth Wednesday of each month in 10-11:00 a.m., Pathology Conference Room.
4. VA Journal Club: Wednesday 10:00 a.m.
5. VAMC Tumor Board: Wednesday 4:00 – 5:00 p.m. 2nd Floor Conference Room.
6. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
7. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
8. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
9. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

Optional Conferences:

KC Life Sciences Research Seminar: Monthly, 3rd Wednesday.

Objectives:

1. Under direct faculty supervision become familiar with institutional resources to maximally use the outpatient facilities and coordinate the contribution of other consultants in the care of Hematology and Oncology patients.
2. Review and enhance general medical skills.
3. Evaluate and treat new complaints in Hematology and Oncology patients.
4. Evaluate and make a treatment plan for new patients thus improving consulting skills.
5. Work with nurse clinicians and practitioners in providing integrated care.
6. Learn outpatient management of pain and other complications of Hematology/Oncology patients including infections, nausea and vomiting.
7. Learn how to integrate supportive services for the patient in the outpatient setting.
8. Learn how to administer chemotherapy intravenously, intrathecally and intramuscularly.
9. Build on knowledge of peripheral smears and bone marrow technique and analysis.
10. Supplement the writing skills in writing chemotherapy and antiemetic orders.
11. Learn out to discuss end-of-life issues with patients in the outpatient setting including advanced directives and durable power of attorney documents.
12. Learn chemotherapy regimens, doses, calculation and when to use adjusted body weight, route, schedule, and mechanism of action of chemotherapy drugs.
13. Learn clinical research protocols and importance of enrolling patients on clinical trials.

Educational Goals, Learning Activities and Evaluation Tools by Competency

<table>
<thead>
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<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
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</tr>
</thead>
</table>
| Performs efficient and focused interview assessing pain and symptoms | Clinic visits | Written evaluation by attendings  
Oral feedback by attendings |
| Learn how to administer chemotherapy. | Observe nurse clinicians giving chemotherapy.  
Give intrathecal and intravenous chemotherapy | Written evaluation by nurses.  
Verbal evaluation by nurses. |
| Evaluate new patient and make treatment plan. | See consults in Outpatient clinic | Written evaluation by attending |

Objectives: By the end of the rotation the fellow will:

R4:
• Provide recommendations regarding standard of care therapy in patients with oncologic and hematologic diseases.
• Coordinate care of inpatient and outpatient service within the context of VA system.

Bone Marrow Rotation
• Learn the basic technique of bone marrow with the help of supervision attending or senior fellow. Able to perform most of steps of bone marrow biopsy.
• Respond to requests for bone marrow consult and coordinate the dates of these procedures along with nurse coordinator within 24 hours of being notified about them. Notification will be done via computer CPRS system or by phone calls. After reviewing the request, you will determine the appropriateness of the bone marrow biopsy request and respond with a scheduled time within the CPRS computerized record.

R5:
• Continue to demonstrate continued competency in R4 objectives as well as the following:
  o Understand the differences of care provided within the VA and civilian / community
service and adapt the care of patients within the VA system.

**Bone Marrow Outpatient Rotation**
- Able to perform bone marrow aspirate and biopsy with minimal assistance from supervising attending or senior fellow.

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Provide excellent care within the VA system using available supportive services within the VA and coordinating the care with outside of VA entities and referred tertiary centers.

**Bone Marrow Outpatient Rotation**
- Able to perform bone marrow aspiration and biopsy using different techniques or patient position with minimal assistance from supervision attending or senior fellow.

---

### 2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn treatment of solid tumors. See general list per ASCO guidelines</td>
<td>Read textbook and current articles about patients seen. Attend tumor boards</td>
<td>Written eval by attending Mini CEX Yearly exam</td>
</tr>
<tr>
<td>Learn evaluation and treatment of common hematology diseases</td>
<td>Read textbook Review current articles Attend patient conferences</td>
<td>Written eval by attending</td>
</tr>
<tr>
<td>Learn pain management</td>
<td>Read Unipac series Review drugs in pharmacology text</td>
<td>Feedback from patients and attending</td>
</tr>
</tbody>
</table>

**Objectives:** By the end of the rotation the fellow will:

**R4:**
- Know the medical management of common oncologic emergencies.
- Understand the epidemiology, causes and presentation of common oncologic and hematologic diseases and differential diagnosis.

**Bone Marrow Rotation**
- Review all the slides from the teaching slide set provided by Dr. Mathur.

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Provide specific recommendations regarding specific tests and procedures needed to make the diagnosis and rule out other differential diagnosis.
  - Be able to understand and know different treatment available for the common oncologic and hematologic diseases.
Be able to recognize standard bone marrow slides and biopsy of common diseases.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Know the nuances of presentation of common oncologic and hematologic diseases and how to rule out other differential diagnosis.
  - Know the different clinical trials available within the VA as well as current state of the art therapy available and clinical studies ongoing for specific diseases that they are consulted on.

Bone Marrow Rotation
- Be able to review aspirate and biopsy of bone marrows and discuss differential diagnosis and nuances of the pathology.

3. Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of improvement</td>
<td>Tumor board Clinic visits</td>
<td>Feedback from attendings</td>
</tr>
<tr>
<td>Competent in discussing advanced directives</td>
<td>Clinic visits</td>
<td>Chart review study</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the fellow will:

R4:
- Learn the standard of care from textbooks in oncology and hematology of patients seen in consult service.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Learn the treatment options available from national guidelines ASCO and NCCN as ASH for patients seen in consultation service.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Learn the results of clinical trials recently completed and open trials available at VA institution and other institution for the specific diseases seen in the consult service.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaves compassionately towards patient and families</td>
<td>Observing attending Seeing clinic patients</td>
<td>Feedback from patients and nurses on 360 eval</td>
</tr>
<tr>
<td>Improves communications skills with team</td>
<td>Tumor board Working with nurse clinicians</td>
<td>Written evaluation from attending and 360 eval</td>
</tr>
</tbody>
</table>
Objectives:

R4:
- Learn to communicate effectively with the medical service regarding recommendations after discussion with supervising attending.
- Be able to present clear and concise clinical cases to supervising attending.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Learn to coordinate care and communicate with several supporting services within the VA system i.e. social service, nurse practitioner, chemotherapy clinic, home care and physical therapy.
  - Be able to present cases in clear and concise manner in tumor board and conferences.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Learn to coordinate the care within the VA system and other tertiary facilities that patient are referred to.
  - Be able to give lecture to residents and medical students for specific diseases.
  - Be encouraged to present their research in national and international meetings either as poster or oral presentation.

5. Professionalism (GME Manual 9.1.5)

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sees consults in timely fashion</td>
<td>Consults</td>
<td>Attending feedback</td>
</tr>
<tr>
<td>Reports to conferences on time</td>
<td>Conferences</td>
<td>Fellow director feedback</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Demonstrate punctuality and complete assigned tasks in timely fashion including consults, outpatient visit notes and chemotherapy orders.
- Demonstrate mutual respect with other health care members, fellows and supervising attending.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Demonstrate good working relationship with other supporting services (i.e. social services, nurse practitioners and chemotherapy nurses) and other medical and surgical services that are participating in the care of patients.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Demonstrate managerial skills in handling medical and social issues related to patient care as well as organize and direct patient's inpatient and outpatient care.
  - Establish cordial working relationship with other medical and surgical teams and supportive services.
6. Systems-Based Practice (GME Manual 9.1.6)

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read literature and use it in planning care</td>
<td>Tumor Conferences</td>
<td>Feedback at Tumor Board</td>
</tr>
<tr>
<td></td>
<td>Literature search</td>
<td>Feedback from attending</td>
</tr>
<tr>
<td></td>
<td>Consult rounds</td>
<td></td>
</tr>
<tr>
<td>Will learn the VA system of health cares, its pros and cons</td>
<td>Clinical care of the patient</td>
<td>Staff feedback verbally</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Propose standard treatments based on textbooks and literature review with supervising attendings’ input. The fellow will discuss with medical team about proposed plan and recommendations.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Propose and implement treatment plan based on literature and national guidelines from ASCO, NCCN and ASH with supervising attendings’ input. Discuss with medical team and outpatient chemotherapy clinic regarding proposed treatment plan and recommendations.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Demonstrate independence, critical thinking and leadership in taking initiatives regarding patient care and implement treatment plan based on the literature and national guidelines without necessarily be prompted by the supervising attending.
Hematology/Oncology Fellowship Program
Oncology Consults
Revised 9/12/2011

Supervision:
Your supervisor for this rotation will be Dr. Sarah Taylor. If you have any problems or concerns, please discuss them with her. Her pager is 913-917-0083. You will work with multiple staff physicians assigned to Oncology Consults and discuss each case with them.

Responsibilities:
1. You will see all inpatient Oncology consultations. You will review the patient records, examine the patient and review the pertinent literature. Your opinion should be documented on the EMR. You will present the patient to the appropriate attending. All consults are to be seen within 24 hours unless discussed with the primary team.
2. You will also see unscheduled patients in the Cancer Center who may present with acute problems or need additional procedures outside of clinic times. These patients will be seen and discussed with the attending staff.
3. You will be assigned to two Oncology Outpatient Clinics a week and continue your Continuity Clinic.
4. You may be asked to help gather and present challenging cases at the Friday Tumor Board and make sure that the NCCN guidelines are presented with appropriate staging completed.
5. You will attend at least one of each of the subspecialty tumor board meetings.

Location: University of Kansas Hospital and the Westwood Outpatient Cancer facility.

Required Conferences:
1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

Recommended Conferences:
1. Breast Tumor Board, Wednesday afternoons at 4:30 p.m. Westwood Conference Room A. Televised to Hays, KS.
2. ENT Conference: Wednesday mornings at 7:00 a.m. in the ENT Conference Room.
3. Chest Conference: Thursday mornings from 10:00 a.m. – 12:00 p.m. in the Radiation Therapy Conference Room.
4. Lymphoma/Myeloma Conference: 8:00 a.m. – 9:00 a.m. every other Tuesday in the Radiology Conference Room.
5. Liver Tumor Conference: Every Monday at 7:00 a.m. in the Radiology Conference Room.
6. Thyroid Tumor Board: 2nd and 4th Wednesdays at 7:00 a.m. in the ENT Conference Room.
7. GI Tumor Conference: Thursdays from 12:00 p.m. – 1:00 p.m. in the Radiation Oncology Conference Room.
8. KC Life Sciences Research Seminars (see calendar online)
9. Neuro Oncology Conference. Mondays 5 p.m. in Boley Conference, KU Hospital.

Objectives: The general objectives for this rotation will be documented here. The detailed objective for each topic is in the ASCO Core Curriculum outline. It is understood that Medical Oncology is a rapidly growing specialty and this is only a template.

1. The fellow will learn the treatment of individual malignancies with an emphasis on a coordinated multidisciplinary approach.
2. The fellow will develop consultation expertise which will include evaluating a new patient and making a treatment plan, communicating the plan to the primary team and the patient, and then carrying out the plan.
3. This rotation will provide a clinical experience that emphasizes patient management in both the inpatient and outpatient settings.
4. The fellow will review and perfect the knowledge base for the appropriate work-up of a patient with possible cancer.
5. The fellow will learn and improve their communications and interpersonal skills which optimize compassionate and humanistic interaction with patients, families and colleagues.
6. The fellow will be exposed to the acute complications of malignant disease and its treatment and learns to manage those complications.
7. The fellow will learn how to use the NCCN guidelines in making a treatment plan.

Educational Goals, Learning Activities and Evaluation Tools by Competency

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn treatment of individual malignancies</td>
<td>Multidisciplinary Tumor Boards&lt;br&gt;See consults in the hospital and in clinic&lt;br&gt;Follow NCCN guidelines</td>
<td>Written evaluation&lt;br&gt;We will observe their conference presentations&lt;br&gt;Confirm that NCCN guidelines are applied</td>
</tr>
<tr>
<td>Develop consultation expertise</td>
<td>See consults&lt;br&gt;Observe faculty&lt;br&gt;Interact with primary teams to coordinate care</td>
<td>Written evaluation&lt;br&gt;Chart review</td>
</tr>
<tr>
<td>Learn management of acute complications</td>
<td>See outpatients with acute complications; follow up patients in oncology clinic.</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Assist in continuity of care for newly diagnosed patients</td>
<td>Review outside records as needed&lt;br&gt;Assist in establishing proper</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>
Outpatient follow up

Objectives: By the end of the rotation the resident will:

R4:
- Be able to do a complete consultative evaluation of the patient.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be able to make a plan for the consult patient.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in dealing with referring physicians.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
</table>
| Learns treatment of individual malignancies | Tumor conference
Consults
Educational tapes
NCCN Guidelines                  | Written evaluation
Mini CEX                                      |
| Learns management of acute complications | Sees walk-in patients
Follow hospital and clinical course                   | Feedback from attending |

Objectives: By the end of the rotation the resident will:

R4:
- Know the management of the common malignancies seen in-house in consultations.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Know how to involve multidisciplinary teams as needed to create treatment plans for complicated patients.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Recognize and know how to make treatment plans for the more complex patients not able to follow standard guidelines.

3. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of improvement</td>
<td>Tumor Board</td>
<td>Oral feedback from the Tumor Board</td>
</tr>
</tbody>
</table>
| Competent in evaluating a new patient and making a new plan | Consults                                 | Oral feedback
Written evaluation |

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Objectives: By the end of the rotation the resident will:

<table>
<thead>
<tr>
<th>R4:</th>
<th>Present cases at Tumor Board and receive feedback.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R5:</td>
<td>Continue to demonstrate continued competency in R4 objectives as well as the following:</td>
</tr>
<tr>
<td></td>
<td>o Be competent in making an assessment and plan for a patient with known cancer and those presenting with complications related to previously diagnosed cancers.</td>
</tr>
<tr>
<td>R6:</td>
<td>Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
</tr>
<tr>
<td></td>
<td>o Be an expert in making an assessment and plan for a new cancer patient.</td>
</tr>
</tbody>
</table>

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become proficient at communicating with referring physicians</td>
<td>Tumor Conference</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Consults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation of attendings</td>
<td></td>
</tr>
<tr>
<td>Become proficient at working with a multidisciplinary treatment team</td>
<td>Tumor Board</td>
<td>Chart review</td>
</tr>
<tr>
<td></td>
<td>Communicates with nurses doing chemotherapy and consultants</td>
<td>360° Evaluation</td>
</tr>
<tr>
<td>Proficient at communicating with patients</td>
<td>Didactics on communication</td>
<td>360° Evaluation</td>
</tr>
<tr>
<td></td>
<td>See walk-in patients</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Consults</td>
<td></td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

<table>
<thead>
<tr>
<th>R4:</th>
<th>Learn by modeling the communication skills/etiquette of attending.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R5:</td>
<td>Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
</tr>
<tr>
<td></td>
<td>o Be proficient at working with the referring team.</td>
</tr>
<tr>
<td>R6:</td>
<td>Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
</tr>
<tr>
<td></td>
<td>o Be competent in teaching patients/families about their disease and treatment.</td>
</tr>
</tbody>
</table>

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sees consults in a timely fashion</td>
<td>Consults</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Reports to conferences regularly and on time</td>
<td>Conferences</td>
<td>Computer record Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:
R4:
- Be aware of rationale for seeing oncology consults in a timely fashion.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - See all consults in a timely fashion so they can be staffed in 24 hours of referral.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be an example of timeliness to conferences for junior fellows.

6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read literature and use it in planning care</td>
<td>Journal club Consult Rounds</td>
<td>Chart review of written consult</td>
</tr>
<tr>
<td>Be well versed in doing literature search</td>
<td>Presentations at Journal Club and Tumor Board</td>
<td>Verbal feedback at conference and written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Learn how to utilize the online resources available.

R5:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent at using literature and guidelines to make care plans.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be an expert at utilizing guidelines and the literature to make treatment plans.
Palliative Care Resident/Fellow
University of Kansas Medical Center/ Kansas City Hospice and Palliative Care
Revised 2011

Physician Directors for the rotation: Karin Porter-Williamson, M.D., Ann Allegre, M.D
Contacts (KU):(913)588-3807 Email: kporter-williamson@kumc.edu
Contacts (KCHPC)(816) 941-1000 Email: aallegre@kchospice.org

Administrative Coordinators: KU: Nancy Houston, nhouston@kumc.edu
KCHPC: Cathy Peterson, cpeterson@kchospice.org

Educational Purpose for Rotation:

The palliative medicine rotation offers residents a unique opportunity to learn pain and symptom management and end of life care in the context of a trans-disciplinary team. Through participation in team meetings, direct patient care, and weekly hospice home visits, residents and fellows will gain valuable experience which is designed to provide a foundation for competency in the care of dying patients. The rotation provides important growth opportunities in the areas of professionalism and interpersonal communication, as well as medical knowledge and patient care. The rotation consists of time spent on the Palliative Care Consultation service at KU as well as 1-2 weeks of interaction at Kansas City Hospice and Palliative Care, at the inpatient hospice unit (Hospice House) and doing home visits if desired (1 week for Oncology fellows).

How You Fit in Here:

You are temporarily a member of our trans-disciplinary team- that means that you will sometimes function in the physician role, sometimes in a nursing role, sometimes in a social work role, and sometimes in a chaplaincy role. All of these roles are equally valuable and the superior resident will attempt to learn and excel in each of them. The other members of the team are your mentors and teachers, not the hired help. Please respect them as such for the wealth of information and experience they bring to the care of the team’s patients and families. I know I personally learn from them every day.

Logistics of Service operation (KU):

1. On the first day of your rotation you will meet with the team at 0900 outside the palliative care rooms on unit 42, where we will divide the patient list and do a quick care plan huddle. Subsequent days you should come to work and get some follow ups seen prior to the 0900 meeting so that you can be ready to start rounding after morning report. Your patient assignments will focus on the patients with active symptoms/goals issues and will attempt to maintain patient continuity as long as there continues to be good learning from the case. As well, we try to have residents/fellows see all of the new consults, as the most meaningful learning happens up front with getting the palliative plan into place.
2. On the first day of your Palliative Care rotation please do the following:
a. Contact Cathy Peterson at KCHPC to verify which week(s) you are to be at hospice. We have already scheduled this week to be most logical in relation to any vacation time. Most residents have a 5 day experience, some have 3 if scheduling demands this. Oncology fellows have a 2 week hospice experience.

b. Oncology fellows additionally need to contact Kelli Traylor (816) 363-2600 to get home visits scheduled ahead of time.

3. **Documentation:** There are Palliative Care template notes which are located in your smart lists, shared with you when you sign on to O2 and pick XDD-Palliative Care. The assessment and plan is a little different than for other services, as it is in a “whole person” framework. There are 4 sections: 1. physical symptoms listed individually with the planned intervention, 2. psychosocial needs/plan-goals of care issues go here, 3. spiritual issues/plan, and 4. practical aspects of illness/plan- disposition goes here. Other documentation notes of importance- Don’t delete smart lists as then the links do not carry forward. Please make sure that all elements of the note are completed, including the family history (reviewed noncontributory or no family history on file are not acceptable) and 8 exam elements on every patient. You will learn more about this when you are an attending, trust me, if they are just present a world of hurt goes away.

4. **Call expectations:** Most residents/fellows rotating on KU Consults will have **1 weekend** of rounding, with availability to see new consults placed 4 pm or prior, and with **no pager expectation** from home at **night**. On your weekend please discuss who will need to be seen with the attending on call and plan to round/get notes completed on your patients in the am, with rounds time decided between you and your attending.

**Logistics of Service Operation, (KCHPC): residents and Oncology fellows**

1. Arrive at the Kansas City Hospice House (12000 Wornall Road, Kansas City MO) at 9:00 AM. Ask the receptionist to page the physician who will be working with you. You will be assigned some follow up patients and will see new admissions during the week. On the first day, you will shadow the attending physician for some visits to learn the Hospice House setup, and will have a tour and introduction to inpatient hospice care. There are two attending physicians at the Hospice House; you will see some patients with each of them.

2. On subsequent days, you will see your patients and document your findings in the chart prior to making rounds with the attending physicians. During your rounds, you should be prepared to speak with family members about their concerns and questions, as well as to assess the patient for medical issues, medication usage, etc. Your plan of care should include patient interventions and family needs for support.

3. As patients are admitted during the week, you will be assigned to do the initial assessment on some patients, who will also be seen by the attendings.

4. On Wednesday morning, you will attend the Hospice House interdisciplinary team meeting, when all the patients are reviewed by the various disciplines involved in their care.

5. On Friday, we will attempt to arrange home visits for at least a half-day with a physician who sees hospice patients at home or in long term care facilities.
### KU Consult Weekly Schedule

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Consult rounds</td>
<td>Consults/Case Didactics</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Consult rounds</td>
<td>Consults/ Case Didactics</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Palliative Care IDT Meeting 9-10 am 5003 KU hospital 4th Wednesday= journal club, see below</td>
<td>Consult rounds</td>
</tr>
<tr>
<td>Thursday</td>
<td>Didactic lecture series 0800-1000, Hospice House</td>
<td>Consults/Case Didactics</td>
</tr>
<tr>
<td>Friday</td>
<td>Consult rounds</td>
<td>Consults/Case Didactics</td>
</tr>
</tbody>
</table>

Geriatrics fellows: All day consults/didactics, no hospice house experience
Oncology fellows: 2 weeks KU Consults, 2 weeks KC Hospice

### Hospice Weekly Schedule

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Patient rounds</td>
<td>Rounds/admissions</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Patient rounds</td>
<td>Rounds/admissions</td>
</tr>
<tr>
<td>Wednesday</td>
<td>IDT meeting</td>
<td>Rounds/admissions</td>
</tr>
<tr>
<td>Thursday</td>
<td>Didactic lecture series 0800-1000, Hospice House</td>
<td>Rounds/admissions</td>
</tr>
<tr>
<td>Friday</td>
<td>Patient rounds</td>
<td>Hospice home visits</td>
</tr>
</tbody>
</table>

### Goals and Objectives

All references to the Hospice & Palliative Medicine Core Competencies can be found at: [http://www.acgme.org/outcome/implement/HPM_Competencies_Ver_2_1.pdf](http://www.acgme.org/outcome/implement/HPM_Competencies_Ver_2_1.pdf)

**Patient Care**  
**ACGME competencies addressed:** 1.1.1, 1.14, 1.61, 2.63

**Goal:** To develop skill and competence in the palliative management of patients and families who are in the midst of recognizing and coping with advancing disease, functional decline and life change. Clinical scenarios often come to involve the team at times of necessary decision making regarding goals of care, which has a fundamental impact on the overall plan and focus of care.

**Objectives: By the end of the rotation the resident will:**

1. R1: Recognize and competently assess pain and non-pain symptoms in the Palliative Care population as part of whole patient palliative assessment. R2: additionally, formulate logical management plans for such symptoms. R3: additionally, competently implement management plans and make necessary individual adjustments to maximize symptom control.
2. R1: Recognize physical signs of the natural active dying process. R2: additionally, understand appropriate educational points to make in the counseling of loved ones. R3: additionally, competently educate family regarding the time course, physical changes, and normal grief reactions of the natural dying process.
3. R1: Understand the reasoning and ethics surrounding decisions to limit or remove artificial life support at end of life. R2: additionally, participate with supervision in the process of palliative de-escalation of artificial life sustaining therapies to a purely comfort directed approach. R3: additionally, formulate and implement management plans for removal of artificial life support and educate family regarding the process.

Medical Knowledge  
ACGME competencies: 2.1, 2.32, 2.51, 2.9, 6.3.2

Goal: To demonstrate knowledge about established and evolving biomedical, clinical, population science and social-behavioral sciences relevant to the care of patients with life threatening illnesses and to their families, and relate this knowledge to hospice and palliative care practice.

Objectives: By the end of the rotation, the resident will:
1. R1: Demonstrate knowledge of prognostic factors associated with illness progression and shortened life expectancy in common cancer and non-cancer diagnoses. R2: additionally, be able to communicate these facts in a logical manner to patient and family. R3: additionally, competently discriminate between patients likely to survive months to years vs. days to weeks.
2. R1/R2/R3: Demonstrate knowledge of the elements and structure of the Medicare Hospice Benefit.
3. R1: Be able to describe use of common agents used to treat pain, dyspnea, nausea /vomiting, constipation, delirium, and depression in patients at end of life. R2: additionally, formulate management plans which address these symptoms. R3: additionally, competently manage symptoms, making adjustments in medications to maximize symptom relief and minimize side effects in a patient centered, goal directed fashion.

Interpersonal and Communication Skills  
ACGME competencies: 1.15.3, 4.7.2, 4.7.3

Goal: to develop interpersonal and communication skills that result in effective relationship building, information exchange, emotional support, shared decision making and partnering with patients, families, and professional associates.

Objectives: by the end of the rotation, the resident will:
3. R1: Recognize roles and responsibilities in an effective interdisciplinary team. R2: Demonstrate the ability to function as an effective member of an interdisciplinary team. R3: Demonstrate the ability to function as an effective leader of an interdisciplinary team.

Practice-Based Learning and Improvement  
ACGME competencies: 1.14, 3.1.1, 3.2

Goal: To investigate, evaluate, and improve patient care practice, and to appraise and assimilate scientific evidence into patient care decision making and practice

Objectives: By the end of the rotation, the resident will:
1. R1: Demonstrate ability to reflect on strengths and weaknesses as a care provider. R2: additionally, effectively seek and utilize feedback to optimize performance. R3: additionally,
formulate a strategy to improve one patient care system weakness found in the course of clinical practice.

2. R1/R2/R3: Evaluate and present an article supporting the rationale of medical decision making in a clinical situation

Professionalism  **ACGME competencies: 4.41**

**Goal:** To demonstrate a commitment to professional responsibility and to develop an awareness of one’s own role in the larger system of care, with inherent duty and necessary self-awareness to remain effective, healthy and able to provide safe, quality care while working in that system.

**Objectives: by the end of the rotation, the resident will:**

1. R1/R2/R3: Demonstrate an awareness of differences between one’s own value system and the patient’s, separating one’s personal beliefs, attitudes, and assumptions related to end of life from the work of facilitating self-determined life closure for others.

Systems-Based Practice  **ACGME competencies: 6.1.4, 6.5**

**Goal:** To recognize and understand how elements of care within and across the health care system are interdependent on one another in the provision of comprehensive quality care, and to learn ways to influence and improve those elements of care to best meet patient and family needs

**Objectives: By the end of the rotation, the resident will:**

1. R1: Demonstrate effective collaboration with interdisciplinary team members and hospital coordination resources in the process of plan implementation. R2: additionally, understand the necessary elements of a smooth transition in patient care amongst care providers and between care settings, emphasizing effective communication with community service providers. R3: effectively lead the interdisciplinary team through a patient care transition, carrying out the appropriate hand offs and ensuring safe transitions of all patient treatments and palliative interventions.

**Teaching methods**

1. Bedside teaching rounds, case presentation and discussion, participation in the interdisciplinary patient management conferences at KU and at Hospice House, didactic lectures on Thursday mornings.

2. Journal club presentation: The last Wednesday of the month, at the palliative care interdisciplinary conference, you will be expected to present/lead a brief discussion of an article of your choosing, the idea drawn from your experience during the month-ideas might be a symptom management issue, a prognosis article, something about culture in EOL care, spiritual issues, etc...this is meant to be low key but evidence based, lasting 15 minutes for brief article review and discussion. You can access appropriate articles from PubMed search, or if you choose you may look in the Palliative Care Repository on Angel, to which you have all been given access.

**Mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services:**

On the consult service at KU we see patients across all adult services in the hospital, with consultation ranging from negotiation of goals of care in the ICU, management of symptoms for patients with an interventional plan of care, all the way to management of the natural active dying process. Clinical triggers exist for Palliative Care in severe brain injury as well as in the
burn unit, so our presence in these units is regular. Patients at the Hospice House are there either for acute symptom management on a comfort plan of care or are in the active dying process.

**Reading lists, pathological material, and other educational resources to be used:**

1. Computers with internet access to KU Med’s online Dyke’s library, with a multitude of online journals is available at all computer terminals in the hospital.
2. UpToDate is recommended as a concise peer-reviewed source for on-the-spot information and is available on computers in the hospital bearing the icon.
3. UNIPAC series (short books covering core topics in Palliative Care) available for check out from Dr. Porter-Williamson’s office.
4. Angel learning network Palliative Care Repository for articles and self-study modules.

**Method of evaluation of resident performance:**

Preceptor evaluation and feedback via E-value. The attending evaluation at the end of the month is a sum of all of the attendings with whom you work, with specific 360 input from the floor nurses, Palliative Care team nurses, social work, and chaplains with whom you interact.

Resident needs to present attending with a mini-cex form at some point in rotation for completion.

**Level of residents' supervision by faculty members in patient care activities:**

1. The patient care team, which includes nurse practitioners, nurses, social workers, chaplains, medical students, interns, residents and fellows, under the direction of faculty attending physicians, will care for all patients consulted at KU as well as all patients seen while the resident is rotating at KCHPC.
2. New patients will be presented to the responsible attending no later than 24 hours after a routine consultation or admission and no later than 3 hours after an urgent consultation or admission.
3. Although decisions regarding diagnostic tests and therapeutics may be initiated by the resident, these decisions will be reviewed with the attending at intervals in the context of patient care rounds. (Does not apply to observational status).
4. All patients will usually be seen by the attending and will be reviewed with the attending at appropriate intervals. The attending will document his/her involvement in the care of the patient in the medical record.
5. Residents are required to notify the palliative care attending, in a timely fashion independent of the time of day, of any substantial controversy regarding patient care, any serious change in the patient’s course including unexpected death, need for surgery, transfer to an intensive care unit or to another service for treatment of an acute problem, or for any other significant change in condition. Information about expected deaths are not required to be made immediately.
6. The Palliative Care attending is expected to be available or responsive, either in person, by telephone or by pager, for resident consultation, 24 hours a day for their term on service or their on-call day.
Supervision
You will be under the direct supervision of Dr. Stephen Smalley at the Olathe Regional Oncology Center, 20375 West 151st Street, Suite 180, Olathe, Kansas 66061. He may assign you to observe other faculty.

This rotation is a clinical and observational rotation that all PGY5 fellows will participate in. This rotation is done once. The exception is if a PGY6 fellow chooses to do this as an extra elective. You will participate in patient care conferences, outpatient clinics, and hospital consults.

Objectives
1. Review and learn the basic Radiation Therapy principles
2. Understand the process that patients undergo when preparing for and undergoing radiation therapy
3. Review and learn radiation toxicities and how to manage them
4. Review and learn the indications for Radiation Therapy in malignant disease
5. Learn normal tissue tolerance
6. Learn skills which allow improved interaction with other disciplines

Required Conferences
1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

Educational Goals, Learning Activities and Evaluation Tools by Competency

1. Patient Care

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand patient process</td>
<td>Observe patients being set up and treated</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn radiation toxicities</td>
<td>Interviewing and examining patients on RX</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Read textbook</td>
<td>Verbal evaluation by Dr. Smalley</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:
R4:
- Understand the process by which patients’ treatment plan is set up and the toxicities.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn indications for radiation therapy</td>
<td>Multidisciplinary conferences at Olathe and KU Observe Dr. Smalley’s consultations Textbooks of Hem/Onc and Radiation Therapy</td>
<td>Written evaluation Participation in conferences</td>
</tr>
<tr>
<td>Learn normal tissue tolerance</td>
<td>Observe patient care Radiation textbook</td>
<td>Written and oral evaluation by Dr. Smalley</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Learn the indications for curative radiation therapy and palliative care.

3. Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>The fellow will review scientific studies assigned by Dr. Smalley</td>
<td>Literature</td>
<td>Written evaluation Observation by staff</td>
</tr>
<tr>
<td>Use evidence from scientific studies to assist with patient’s health problems</td>
<td>Review literature given by Dr. Smalley Do literature searches online</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Learn to critically assess the literature. They will be discussing papers on one-on-one with Dr. Smalley, which he will point out ways to improve their critical thinking.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn terminology used in Radiation Therapy</td>
<td>Attend case conferences Observe setups Read literature</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Improve communication skills with team</td>
<td>Multidisciplinary case</td>
<td>Oral feedback</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

R4:
- Be able to communicate intelligently with radiation therapy team and understand the therapy(s) described in the literature.

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to work and conferences on time</td>
<td>Conferences, Clinics</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Behaves professionally toward colleagues and families</td>
<td>Multidisciplinary conferences, Treatment Planning meetings</td>
<td>360° evaluation</td>
</tr>
<tr>
<td>Submits required paperwork to secretaries for hours</td>
<td>Interaction with secretaries</td>
<td>360° evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Display professionalism and practice arriving in a timely fashion.
- Be respectful to all members of the team.

6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to coordinate patient care with Radiation therapist</td>
<td>Observe consult and setup</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Become familiar with the systems in place to safely treat patients with radiation therapy and how to interact with them.
Hematology/Oncology Fellowship Program
Research
Objectives and Curriculum
Revised 8/9/2011

**Supervision:** You will be under the direct supervision of your research mentor. If you do not wish to pick a topic and a faculty, Dr. Taylor will assign you a project.

**Responsibilities:**

1. You will meet with your mentor at least a week before the rotation to review expectations.
2. You will discuss how you plan to spend the month. If you plan on doing a laboratory based project you will contact your mentor at least two months prior so arrangements can be made.
3. You will meet weekly with your mentor to update them on your progress and get advice as to how to proceed.
4. If you have a laboratory project or need extra time to prepare for a presentation, you will notify Dr. Taylor and will be excused from all but your continuity clinic.
5. Unless you are in the laboratory you will be in three clinics weekly.
6. At some time during the three years, this project should result in a publication of an abstract at a minimum.

**Location:** The location of your rotation will be assigned at the beginning of the rotation according to the plan you outline. If it is primarily a clinical or library project it may be done at either institution. And may or may not be at the institution of your mentor. If it is a laboratory project, it will be assigned to the appropriate facility.

**Required Conferences:**

1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

**Recommended Conferences:** Please plan to attend the weekly Cancer Center Research conferences on Tuesdays at 12:00 as well as conferences pertinent to your topic, i.e. L/M conference for those whose project is on myeloma.

*Educational Goals, Learning Activities and Evaluation Tools by Competency* (Core Competency learning of Patient Care and Medical Knowledge do not have specific goals and objectives as learning objectives for the Research Rotation have greater focus on the other 4 Competencies).
1. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn to execute a clinical and/or a basic science research project, including mastering the appropriate technical skills required for completion of the project</td>
<td>Works with PRMC to review protocol. Works with mentor to develop a hypothesis.</td>
<td>Written feedback from PRMC and disease committee meetings and mentor</td>
</tr>
<tr>
<td>Learn to write appropriate dose reductions to maintain patient safety</td>
<td>Writing protocol Review other protocols done by SWOG</td>
<td>Attending feedback</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Demonstrate competence in evaluating relevant literature related to a specific research question, including type of research model and evaluation of the appropriate use of statistics
- Demonstrate competence in formulating a testable hypothesis
- Demonstrate competence in troubleshooting technical problems and evaluating their impact on projects

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Demonstrate familiarization with appropriate statistical methods to be used for data analysis
  - Learn to recognize and make contingency plans for potential problems in a research plan
  - If in the lab, demonstrate competence in techniques required for project.
  - Demonstrate competence in data collection and organization for subsequent evaluation

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Ability to understand how clinical and basic science research results influence clinical practice
  - Learn to evaluate results for a given project in the context of other work in the research area
  - Competence in proposing future experiments to augment results from a given project

2. Interpersonal Skills and Communication

<table>
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<th>Educational Goals</th>
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</tr>
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<tbody>
<tr>
<td>Improves ability to accept constructive criticism</td>
<td>Presents protocol to regulatory and review committee</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Improves communication skills</td>
<td>Works with research team including statistician, nurse and attending</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:
R4:
- Demonstrate competence in summarizing data in abstracts for presentation at regional and national meetings
- Learn to accept and utilize critical evaluation of one’s work

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Demonstrate competence in poster or oral presentation preparation for a national meeting

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Demonstrate competence in manuscript publication in a peer-reviewed journal, including preparation of figures

3. Professionalism

<table>
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<tbody>
<tr>
<td>Demonstrate personal responsibility to be on time to all appointments or meetings with patients and physicians, healthcare providers and other staff.</td>
<td>Work, meetings with attendings</td>
<td>Attending feedback</td>
</tr>
<tr>
<td>Become familiar with research regulations and ethics and stay on task independently</td>
<td>Works independently doing writing and literature search</td>
<td>Mentor IRB online testing</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Learn about the IRB approval process and what approvals are necessary for specific project types
- Understand the issues surrounding appropriate treatment of research subjects

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Successfully gain IRB approval for all projects involving human subjects

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Demonstrate competency in privacy regulations regarding use of patient data
  - Understand the issues surrounding appropriate treatment of research subjects

4. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to do effective literature search across systems (KCVA and KUMC)</td>
<td>Didactics Sessions Do literature searches and compare to attendings</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

| R4: | Identify the difference in IRB approval process between KUMC and KCVA systems if needed |
| R5: | Continue to demonstrate continued competency in R4 objectives as well as the following: |
|     | o Understand the issues surrounding approval and security of Veterans Administration programs |
| R6: | Continue to demonstrate continued competency in R4 & R5 objectives as well as the following: |
|     | o Demonstrate competency in privacy regulations regarding use of patient data between or across healthcare systems if required |
During most rotations you will be assigned to complimentary outpatient clinics as well.

- The clinic rotation schedule allows each fellow the opportunity to spend time with the majority of the faculty during their fellowship. This enables the fellow to be exposed to all types of cancer as well as the different approaches to cancer by the faculty.
- Each fellow is assigned to a Hematology/Oncology Continuity clinic through their duration in the program.
- The rotation schedule assignment for a given fellow will determine what other specific clinics will be required for a given month.
- Fellows are assigned clinics both at KUMC and the VAMC as well as any outreach clinics.
- Each fellow will receive a copy of his/her clinic schedule. It is also available on the shared drive.
- Clinic schedules for the current year are included in the manual and on the shared drive.
- If the need arises (extraordinary circumstances), the schedule can be changed, but only after review and approval of the Program Director.

Supervisor: The program director is your supervisor. You should however consider the faculty for the clinics you are assigned to as the supervisor for that clinic. Please notify them if you will be late or unavailable with adequate time for them to make schedule changes if needed and then remind them very close to the actual time.

Site: The clinics will be held in the Westwood Campus Clinic facility. Suites may change depending upon need and so you may need to check the computer schedule or ask an HCT for assistance.

Responsibilities:
1. You are to attend the assigned clinics on a weekly basis and see both return/follow up patients as well as new consults. You will see the patient, make an assessment and plan and enter it into O2. You are also expected to fill out the billing sheet. After presenting to and seeing the patient with the faculty a final plan will be entered and then reviewed and signed by your attending.
2. You will complete the objectives of your assigned rotation.

Required Conferences:
1. KU Multidisciplinary Tumor Board: Friday 7:30 – 8:30 a.m. in 3015 Sudler Auditorium KU Hospital.
2. KU Oncology Journal Club: Friday 8:30 – 9:30 a.m. in 3015 Sudler Auditorium KU Hospital.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00 – 9:30 a.m. Westwood Conference Room A. This is conference is televised to Boley KU Hospital and Kansas City Veterans Medical Affairs (VAMC).
4. KU Didactic Sessions: Monday 8 a.m., Westwood Atrium Conference Room. There may be extra times as determined by the speakers.

Objectives: The general objectives for this rotation will be documented in the manual. The detailed objective for each topic is in the ASCO Core Curriculum outline. It is understood that Medical Oncology
is a rapidly growing specialty and this is only a template. These objectives pertain to your outpatient experience.

1. The fellow will learn the treatment of individual malignancies with an emphasis on a coordinated multidisciplinary approach.
2. The fellow will develop consultation expertise which will include evaluating a new patient and making a treatment plan, communicating the plan to the primary team and the patient, and then carrying out the plan.
3. This rotation will provide a clinical experience that emphasizes patient management in the outpatient setting.
4. The fellow will learn and improve their communications and interpersonal skills which optimize compassionate and humanistic interaction with patients, families and colleagues.
5. The fellow will be exposed to the acute complications of malignant disease and its treatment and learns to manage those complications.
6. The fellow will learn how to use the NCCN guidelines in making a treatment plan.
7. The fellow will learn to use a problem list on the EMR.
8. The fellow will learn the efficiency needed to see patients in the outpatient area.

Educational Goals, Learning Activities and Evaluation Tools by Competency

1. Patient Care

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn treatment of individual malignancies</td>
<td>See clinic patients</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Develop consultation expertise</td>
<td>See outpatient consults Observe Faculty</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn management of acute complications</td>
<td>See outpatients with acute complications; follow up patients in oncology clinic.</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Be able to do a complete outpatient consultative evaluation of the patient.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be able to make a plan for the consult patient.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in dealing with referring physicians.

2. Medical Knowledge

<table>
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<tr>
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</tr>
<tr>
<td>Learns treatment of individual malignancies</td>
<td>Tumor conference</td>
<td>Written evaluation</td>
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<td>---------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Consults</td>
<td>Mini CEX</td>
</tr>
<tr>
<td></td>
<td>Educational tapes</td>
<td></td>
</tr>
<tr>
<td>Learns management of acute complications</td>
<td>Sees walk-in patients</td>
<td>Feedback from attending</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- Know the management of the common malignancies such as lung cancer.

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Recognize and know how to make treatment plans for the more complex patient not able to follow standard guidelines.

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Recognize the risk factors which should lead to palliative care.

### 3. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of improvement</td>
<td>Presentation of patients to faculty</td>
<td>Faculty feedback</td>
</tr>
<tr>
<td>Competent in evaluating a new patient and making a new plan</td>
<td>Consults</td>
<td>Oral feedback Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

**R4:**
- The fellow will be able to present a new consult patient to his attending and accept feedback about plan.

**R5:**
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be competent in making an assessment and plan for a patient with newly diagnosed colon cancer.

**R6:**
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be an expert in making an assessment and plan for a new patient with colon cancer.

### 4. Interpersonal Skills and Communication

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<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becomes proficient at communicating with referral physicians</td>
<td>Consults Observation of attendings</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Becomes proficient at working with a</td>
<td>Communicates with nurses, Chart review</td>
<td></td>
</tr>
</tbody>
</table>

Page | 112
Proficient at communicating with patients

Didactics on communication
See walk-in patients
Consults

360° Evaluation
Written evaluation

Objectives: By the end of the rotation the resident will:

R4:
- Learn by modeling the communication skills/etiquette of consulting.

R5:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be proficient at working with the referring team.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in teaching patients/families about their disease and treatment.

Professionalism

Educational Goals | Learning Activities/Training Methods | Evaluation Tools
--- | --- | ---
Sees patients in a timely fashion | Clinic patients | Written evaluation 360° evaluation Press Ganey
Reports to conferences regularly and on time | Conferences | Written evaluation

Objectives: By the end of the rotation the resident will:

R4:
- Be aware of rationale for seeing oncology consults in a timely fashion for quality of care

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Gain skills in efficiency so that patients will have less waiting time.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be an example of timeliness to conferences for junior fellows.

Systems-Based Practice

Educational Goals | Learning Activities/Training Methods | Evaluation Tools
--- | --- | ---
Reads literature and uses it in planning care | Literature searches, use of online resources | Written evaluation
Be able to use the EMR and problem list efficiently | Seeing patients in the outpatient area. | QOPI Written evaluation 360° eval

Objectives: By the end of the rotation the resident will:
<table>
<thead>
<tr>
<th>R4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Learn how to utilize the online resources available and how to utilize the O2 EMR system</td>
</tr>
<tr>
<td>R5:</td>
</tr>
<tr>
<td>• Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
</tr>
<tr>
<td>o Be competent at using literature and guidelines to make care plans.</td>
</tr>
<tr>
<td>R6:</td>
</tr>
<tr>
<td>• Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
</tr>
<tr>
<td>o Be an expert at utilizing guidelines and the literature to make treatment plans.</td>
</tr>
</tbody>
</table>
Supervisor: Your supervisor will be the faculty mentor assigned to your clinic. If you are on Monday afternoon, your supervisor is Dr. Khan (917-2879) and if you are on Tuesday afternoon your supervisor is Dr. Taylor (913-917-0083). As this is your continuity clinic the mentors may rotate but you remain as the continuous caregiver for the patient.

Responsibilities:
   1. Under the supervision of your mentor you will be responsible for the care of a panel of patients with hematological and oncological patients. You will have a nurse clinician and HCT to assist you but you are responsible for the follow up of laboratory and x-rays as well as questions the patient may have.
   2. You will have a scheduled clinic once a week.
   3. You will place patients you see in consult in the hospital in this clinic for follow up.

Location: The Westwood Outpatient Care Facility at 2330 Shawnee Mission Parkway, Westwood, Kansas.

Objectives: The general objectives for this rotation are documented in the appendix of the manual. The detailed objective for each topic is in the ASCO Core Curriculum outline. It is understood that Medical Oncology is a rapidly growing specialty and this is only a template. These objectives pertain to your outpatient experience.

   1. The fellow will learn the treatment of individual malignancies with an emphasis on a coordinated multidisciplinary approach.
   2. The fellow will develop consultation expertise which will include evaluating a new patient and making a treatment plan, communicating the plan to the primary team and the patient, and then carrying out the plan.
   3. This rotation will provide a clinical experience that emphasizes patient management in the outpatient setting.
   4. The fellow will learn and improve their communications and interpersonal skills which optimize compassionate and humanistic interaction with patients, families and colleagues.
   5. The fellow will be exposed to the acute complications of malignant disease and its treatment and learns to manage those complications.
   6. The fellow will learn how to use the NCCN guidelines in making a treatment plan.
   7. The fellow will learn to use a problem list on the EMR.
   8. The fellow will learn the natural progression of these diseases as they care for a group of patients over a period of time.
   9. The fellow will learn the efficiency needed to see patients in the outpatient area.
   10. The fellow will build a long term relationship with a group of patients as they undergo different phases of their treatment and learn the emotional and physical changes which occur over time.
### 1. Patient Care

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn treatment of individual malignancies</td>
<td>See clinic patients</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Develop consultation expertise</td>
<td>See outpatient consults</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Observe faculty</td>
<td>Chart review</td>
</tr>
<tr>
<td>Learn management of acute complications</td>
<td>See outpatients with acute complications; follow up patients in oncology clinic.</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

- **R4:** Be able to do a complete outpatient consultative evaluation of the patient.
- **R5:** Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be able to make a plan for the consult patient.
- **R6:** Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in dealing with referring physicians.

### 2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learns treatment of individual malignancies</td>
<td>Tumor conference Consults Educational tapes</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learns management of acute complications</td>
<td>Sees walk-in patients</td>
<td>Feedback from attending</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

- **R4:** Know the management of the common malignancies such as lung cancer.
- **R5:** Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Recognize and know how to make treatment plans for the more complex patient not able to follow standard guidelines.
R6:
• Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  o Recognize and know how to manage oncologic emergencies.

3. Practice-Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify areas of improvement</td>
<td>Presentation of patients to faculty</td>
<td>Faculty feedback</td>
</tr>
<tr>
<td>Competent in evaluating a new patient and making a new plan</td>
<td>Consults</td>
<td>Oral feedback Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
• The fellow will be able to present a new consult patient to his attending and accept feedback about plan.

R5:
• Continue to demonstrate continued competency in R4 objectives as well as the following:
  o Be competent in making an assessment and plan for a patient with newly diagnosed prostate cancer.

R6:
• Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  o Be an expert in making an assessment and plan for a new patient with prostate cancer.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goals</th>
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<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becomes proficient at communicating with referral physicians</td>
<td>Consults Observe of attendings</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Becomes proficient at working with a team</td>
<td>Communicates with nurses, HCT and consultants</td>
<td>Chart review 360° Evaluation</td>
</tr>
<tr>
<td>Proficient at communicating with patients</td>
<td>Didactics on communication See walk-in patients Consults</td>
<td>360° Evaluation Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
• Learn the communication skills/etiquette of consulting.

R5:
• Continue to demonstrate continued competency in R4 objectives as well as the following:
  o Be proficient at working with the referring team.

R6:
• Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  o Be competent in teaching patients/families about their disease and treatment.
5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
</table>
| Sees patients in a timely fashion | Clinic patients | Written evaluation  
| | | 360 evaluation  
| | | Press Ganey |
| Reports to conferences regularly and on time | Conferences | Written evaluation |

Objectives: By the end of the rotation the resident will:

R4: • Be aware of rationale for seeing oncology consults in a timely fashion for quality of care

R5: • Continue to demonstrate continued competency in R4 objectives as well as the following:  
  o Gain skills in efficiency so that patients will have less waiting time.

R6: • Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:  
  o Be an example of timeliness to conferences for junior fellows.

6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Training Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reads literature and uses it in planning care</td>
<td>Literature searches, use of online resources</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>
| Be able to use the EMR and problem list efficiently | Seeing patients in the outpatient area. | QOPI  
| | | Written evaluation  
| | | 360° eval |

Objectives: By the end of the rotation the resident will:

R4: • Learn how to utilize the online resources available and how to utilize the O2 EMR system

R5: • Continue to demonstrate continued competency in R4 objectives as well as the following:  
  o Be competent at using literature and guidelines to make care plans.

R6: • Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:  
  o Be an expert at utilizing guidelines and the literature to make treatment plans.
Supervisor: The supervisor for the rotation is Sarah Taylor, M.D. (917-913-0083).

Location: The Westwood Outpatient Clinic and KCA Veterans Affairs Medical Center Outpatient Clinic.

Objectives: The practice of medicine and hematology/oncology are primarily outpatient and moving even more to this way of practice. This rotation will give further experience and learning in the stated objectives in our manual appendix from ASH and ASCO. It is understood that our field is rapidly growing and changing and the objectives are only a template at this time.

You will be assigned to multiple half day clinics. If possible with your other requirements you will have this rotation for 2-3 months in a row to allow you to have continuity in the clinics. You will attend each clinic weekly. You will have exposure to multiple diseases and attendings.

Required Conferences:
1. KU Multidisciplinary Tumor Conference: Friday 7:30-8:30 a.m. 3015 Sudler Auditorium.
2. KU Oncology Journal Club: Friday 8:30-9:30 a.m. 3015 Sudler Auditorium.
3. KU Hematology Patient Conference and Journal Club: Thursday 8:00-9:30 a.m. Westwood Conference Room A and Teleconference Boley Conference Room.
4. KU Didactic sessions Monday Westwood Atrium Conference Room 8:00-10:00 am.

Responsibilities:
1. You will attend the assigned clinics seeing both return/follow up and new consult patients. You will see the patient, make an assessment and plan, present it to the attending and enter it into O2. You are also expected to fill out the billing sheet. You and the attending will discuss your plan, see the patient together and then make a final plan which will be entered into O2 and signed by your attending.
2. You will be expected to read about these topics.
3. You will still attend your own continuity clinic.

Educational Goals, Learning Activities and Evaluation Tools by Competency

<table>
<thead>
<tr>
<th>Educational goal</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn the management of metastatic colon cancer</td>
<td>See patients in clinic</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Attend specialty tumor board</td>
<td></td>
</tr>
<tr>
<td>Learn the management of acute complications of chemotherapy</td>
<td>See patients in clinic</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Develop consultative expertise</td>
<td>See clinic patients</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Write consultants letters</td>
<td></td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the resident will:

R4:
- Be able to do a complete outpatient consultative history and physical exam.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be able to demonstrate continued competency in R4 objectives as well as be able to make a plan for diagnostics and treatment.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in interacting with referring physicians and understand the importance of communication in this setting.

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn the management of advanced pancreatic cancer</td>
<td>See patients</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Read literature and textbooks</td>
<td>Inservice exam</td>
</tr>
<tr>
<td></td>
<td>NCCN guidelines</td>
<td></td>
</tr>
<tr>
<td>Learn the management of chemotherapy toxicity</td>
<td>See patients</td>
<td>Inservice exam</td>
</tr>
<tr>
<td></td>
<td>Review literature</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Know the treatment and management of patients with advanced pancreatic cancer.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Recognize need to adjust treatment for the more complex patient who is not well enough for the standard guidelines.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Recognize the patient requiring palliative treatment and be able to transition them to palliative/hospice care.

3. Practice Based Learning

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/ Training Methods</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent in making a care plan for a new patient</td>
<td>Seeing patients QOPI Presentation at tumor board</td>
<td>Feedback from attending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feedback from tumor board faculty</td>
</tr>
<tr>
<td>Competent at utilizing consultants</td>
<td>Tumor board Patient management</td>
<td>Feedback from attending</td>
</tr>
</tbody>
</table>
Objectives: By the end of the rotation the fellow will:

R4:
- The fellow will be able to present a new patient to the tumor board identifying areas where input from consultants is needed and accepting feedback from the faculty at tumor board.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be competent in working with consulting physicians.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be competent in getting the needed information for the patient.

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Learning Activity/Training Methods</th>
<th>Evaluation Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become proficient at communicating with patients</td>
<td>Clinic visits</td>
<td>360° evaluation</td>
</tr>
<tr>
<td>Become proficient at working with a team</td>
<td>Interacting with the CNC, NP, HCT and attending in clinic</td>
<td>360° evaluation</td>
</tr>
<tr>
<td>Become proficient at interacting with office staff</td>
<td>Interacting with program coordinator and receptionist</td>
<td>360° evaluation</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the fellow will:

R4:
- The fellow will be able to teach patients about their disease and its treatment.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Show ability to work well with the treatment team.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Show excellent communication skills with the office team.

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be on time to clinic</td>
<td>Clinic</td>
<td>360 eval</td>
</tr>
<tr>
<td>See patients in a timely fashion</td>
<td>Clinic</td>
<td>360 eval</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the resident will:

R4:
- Be on time to all scheduled activities and be aware of the importance of timeliness.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
Gain skills in efficiency so that patients have less waiting time.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be an example to junior fellows in being timely to conferences and clinic.

### 6. Systems Based Practice

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activity</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to use the EMR and problem list efficiently</td>
<td>Documentation of clinic visits</td>
<td>Qopi</td>
</tr>
<tr>
<td></td>
<td>O2 training</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn to use the systems particular to the subspecialties in caring for patients.</td>
<td>Care of outpatient in different clinics</td>
<td>360 eval</td>
</tr>
</tbody>
</table>

Objectives: By the end of the rotation the fellow will be:

R4:
- Able to access the charts through the EMR and find the information necessary to care for the patient.

R5:
- Continue to demonstrate continued competency in R4 objectives as well as the following:
  - Be competent to work in each clinic setting.

R6:
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
  - Be able to teach the R4’s the use of the EMR and to utilize the problem lists.
### Annual Evaluation – Resident of Program

**Overall quality of educational experience. (Question 1 of 8 – Mandatory)**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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<tbody>
<tr>
<td>0</td>
<td>0</td>
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</tbody>
</table>

Additional comments: (Question 2 of 8)

**Quantity and quality of clinical case material. (Question 3 of 8 – Mandatory)**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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<tbody>
<tr>
<td>0</td>
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</table>

Additional comments: (Question 4 of 8)

**Physical facility adequacy for clinical care, teaching and research. (Question 5 of 8 – Mandatory)**

<table>
<thead>
<tr>
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<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</table>

Additional comments: (Question 6 of 8)

**Support services adequacy (i.e. salary, benefits, counseling, accommodations). (Question 7 of 8 – Mandatory)**

<table>
<thead>
<tr>
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<th>Satisfactory</th>
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<tbody>
<tr>
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<td>0</td>
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</table>

Additional comments: (Question 4 of 8)
### Annual Evaluation – Faculty of Program

**Overall quality of educational experience. (Question 1 of 8 – Mandatory)**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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</table>

Additional comments: (Question 2 of 8)

**Quantity and quality of clinical case material. (Question 3 of 8 – Mandatory)**

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Additional comments: (Question 4 of 8)

**Physical facility adequacy for clinical care, teaching and research. (Question 5 of 8 – Mandatory)**

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Additional comments: (Question 6 of 8)

**Support services adequacy (i.e. salary, benefits, counseling, accommodations). (Question 7 of 8 – Mandatory)**

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Additional comments: (Question 4 of 8)
**Annual Program Outcomes Assessment**

Please check the below to indicate that you have read and reviewed the Annual Program Outcome Report with the Program Director at The University of Kansas. Thank You.

<table>
<thead>
<tr>
<th>Yes</th>
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Add Questions +
Final Summative Review Form

DATE: ____________________________

NAME: ____________________________

<table>
<thead>
<tr>
<th>Summative Review</th>
<th>End of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor</td>
<td>Conf. Attend</td>
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<td></td>
<td>Procedures</td>
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<td>360° Evals</td>
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<td>Standardized</td>
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<td>Patient</td>
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<td>In-Training</td>
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<td>Exam</td>
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</table>

Comments/Action Plan:

**Core Competencies**

<table>
<thead>
<tr>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>SUPERIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interpersonal &amp; Communication Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Medical Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Patient Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Interpersonal & Communication Skills**

   Note content is appropriate
   Interpersonal skills with staff
   Presents cases in clear, concise manner

   COMMENTS:

2. **Medical Knowledge**

   Reads service specific literature
   Develops appropriate differential diagnoses
   Has appropriate knowledge base for level of training

   COMMENTS:

3. **Patient Care**

   Demonstrates understanding of clinical problems
   Demonstrates appropriate physical exam skills
   Demonstrates appropriate test selection
   Advocates for patients

   COMMENTS:
4. **Practice-Based Learning & Improvement**

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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies areas for improvement and applies it to practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Shows interest in learning from complex care issues</td>
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<td>Participates in educational activities</td>
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**COMMENTS:**

**Professionalism**

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<td>Displays a professional attitude</td>
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<td>Completes work in a timely fashion and attends rounds on time</td>
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<td>Responsible for their workload</td>
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**COMMENTS:**

**System-based Practice**

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<td>Effectively utilizes hospital resources</td>
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<td>Advocates for quality patient care and assists</td>
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<td>Patients in dealing with systems complexities</td>
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<td>Understanding of health care delivery appropriate for level of training</td>
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**Questions:**

1. Did the resident complete an acceptable scholarly activity? ____________
2. Has the resident demonstrated basic scientific literacy and understanding of clinical study design and evaluation of research findings? ____________
3. Has the resident demonstrated the effective application of knowledge and clinical skill (patient care), utilizing the synthetic skills of clinical judgment? ____________
4. Did the resident complete a structured clinical evaluation? ____________
5. Is there documentation that the resident’s clinical documentation in terms of format, quality of entry, accuracy of assessment, and suitability of plan is appropriate for their level of training? ____________
6. Is there documentation that a review of the resident’s medical records has occurred? ____________
7. Is there documentation of this resident’s ability to perform procedural skills? ____________
8. Has this resident met the objectives for training appropriate to their level in the program? ____________

**Final Summative Questions:**

1. Were there any malpractice actions taken towards this applicant? Yes_______ No_______
2. Was physician subject to any disciplinary action, such as imposition of consultation requirements, suspension, or Termination or probation?  Yes____  No____

Comments:

___________________________________________________________________________________

___________________________________________________________________________________

3. Has physician ever shown signs of any behavior, drug, or alcohol problems?  Yes____  No____

Comments:

___________________________________________________________________________________

___________________________________________________________________________________

4. Has the physician ever shown signs of any mental or physical health problems?  Yes____  No____

Comments:

___________________________________________________________________________________

___________________________________________________________________________________

OVERALL COMPETENCY  1  2  3  4  5  6  7  8  9

COMMENTS:

The resident has successfully completed the training program, and has demonstrated sufficient competence to enter practice without direct supervision.

Resident Signature: ________________________________

Program Director Signature: ________________________________
## Lecturer

**Speaker’s knowledge of the subject:** (Question 1 of 9 – Mandatory)

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**Speakers presentation (organization, clarity, timing, interaction):**  (Question 2 of 9 – Mandatory)

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**Speaker allowed sufficient time for & encouraged Q&A:**  (Question 3 of 9 – Mandatory)

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**Organization of the content was logical.**  (Question 4 of 9 – Mandatory)

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**Speaker made appropriate use of audiovisual aids or handouts:**  (Question 5 of 9 – Mandatory)

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**Speaker projected a calm, self-assured manner:**  (Questions 6 of 9 - Mandatory)

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**Speaker spoke firmly and confidently – leaving “um’s”, “uh’s,” or “ah’s” to a minimum:**  (Questions 7 of 9 - Mandatory)

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Speaker projected professional image. (Questions 8 of 9 - Mandatory)

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Comments: (Questions 9 of 9 - Mandatory)
**Mini Consultations – Fellow evaluated by faculty**

**Evaluation Setting** - (Question 1 of 9 – Mandatory)

- O Inpatient Consult Service
- O Sub-Specialty Clinic
- O Other

**Clinical Skills History**: (Question 2 of 9 – Mandatory)

Demonstrates consideration for the patient during the interview. Quickly recognizes and interprets nonverbal clues. Allows the patient adequate time to tell about the illness, yet directs questions smoothly and effectively to obtain pertinent and necessary information. Develops an accurate description of the pertinent symptoms and events in the present illness.

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**Clinical Skills – Physical Examination**: (Question 3 of 9 – Mandatory)

Demonstrates concern for the patient’s comfort and modesty. Enlists the patient’s cooperation. Follows a selective and logical sequence of examination, emphasizing those areas of importance suggested by the interview.

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**Clinical Judgment and Synthesis**: (Question 4 of 9 – Mandatory)

Spends appropriate time for the complexity of the problem. Uses terminology that is meaningful and unambiguous. Presents information concisely, accurately, and in adequate detail without significant omission or digressions. Integrates medical facts and clinical data and weighs alternatives, understands limitations of knowledge. Incorporates consideration of costs, risks, and benefits.

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**Humanistic Qualities and Professionalism**: (Question 5 of 9 – Mandatory)

Demonstrates the necessary qualities and interpersonal skills which foster the development of appropriate patient-physician relationship, including personal integrity, respect, compassion, and empathy for the patient’s wishes, opinions, and need for information. Exemplifies that the primary concern is for the patient’s welfare; establishes trust. Appreciates the patient’s perception of illness. Is careful to place the patient’s problems in the context of the patient’s life and history. Displays
sensitivity to the patient’s needs for comfort an encouragement.

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Overall Clinical Competence as a Consultant Subspecialist as demonstrated in this exercise: (Question 6 of 9 – Mandatory)

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List patient’s major organ systems’ problems and diagnosis:  (Question 7 of 9 – Mandatory)

Time spent observing trainee in minutes:  (Question 8 of 9 – Mandatory)

Time spent providing feedback to trainee in minutes:  (Question 9 of 9 – Mandatory)
### Presentations

This was an effective educational experience:  (Question 1 of 5 – Mandatory)

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Objectives were clearly presented:  (Question 2 of 5 – Mandatory)

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Visuals contributed to understanding of the topic:  (Question 3 of 5 – Mandatory)

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Presentation content was consistent with presentation title.  (Question 4 of 5 – Mandatory)

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Comments:  (Question 5 of 5)
# Rotation - Evaluation of Fellow by Faculty

## History/Physical Exam. *(Question 1 of 12 – Mandatory)*

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## Patient Care

## Medical Care *(Question 2 of 12 – Mandatory)*

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## Medical Knowledge

## Diagnostic Studies *(Question 3 of 12 - Mandatory)*

## Physical facility adequacy for clinical care, teaching and research. *(Question 5 of 8 – Mandatory)*

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## Medical Knowledge

## Definition of Problems and/or Diagnosis *(Question 4 of 12 - Mandatory)*

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## Practice-Based Learning and Improvement

## Record Keeping *(Question 5 of 12 - Mandatory)*

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## Practice-Based Learning and Improvement

## Consultation Expertise *(Question 6 of 12 - Mandatory)*

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## Practice-Based Learning and Improvement
### Overall Clinical Competence  *(Question 7 of 12 - Mandatory)*

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### Interpersonal Skills

### Attitudes & Interpersonal Skills Affecting Patient Care  *(Question 8 of 12 - Mandatory)*

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### Professionalism

### Moral and Ethical Standards  *(Question 9 of 12 - Mandatory)*

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### Systems-Based Practice

### Conference and Presentations  *(Question 10 of 12 - Mandatory)*

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### Systems-Based Practice

### Research Efforts  *(Question 11 of 12 - Mandatory)*

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### Comments:  *(Question 12 of 12 - Mandatory)*
# Rotation - Evaluation of Faculty by Fellow

## Availability: (Question 1 of 6 – Mandatory)

Was usually prompt; adhered to schedules; kept interruptions to a minimum; was unhurried.

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## Teaching: (Question 2 of 6 – Mandatory)

Kept discussions focused on case or topic; emphasized problem-solving; integrated social/ethical aspects of medicine (cost containment, pain control, patient management, humanism).

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## Professionalism and Humanistic Patient Care: (Question 3 of 6 – Mandatory)

Placed the patient’s interests first; was caring and respectful towards patient; served as role model clinician; was enthusiastic and stimulating; recognized own limitations; was appropriately self-critical.

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## Fund of Knowledge/Scholarship: (Question 4 of 6 – Mandatory)

Demonstrated broad knowledge of medicine; was up-to-date; used relevant medical/scientific literature in supporting clinical advice.

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## Organized Skills: (Question 5 of 6 – Mandatory)

Reviewed expectations; provided feedback and constructive criticism.

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## Overall Comments: (Questions 6 of 6)
### Semi Annual - Fellow Evaluation of Self

How would you rate your overall interpersonal and communication skills:  (Question 1 of 15 – Mandatory)

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Notes are on time and completed (ICS):  (Question 2 of 15 – Mandatory)

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Communicates well with patients and families (ICS):  (Question 3 of 15 – Mandatory)

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Regularly read (MK):  (Question 4 of 15 – Mandatory)

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My personal medical knowledge base is on par with Fellows of my level (MK):  (Question 5 of 15 – Mandatory)

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How would you rate your overall medical knowledge (MK):  (Questions 6 of 15 - Mandatory)

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How would you rate your overall patient care: (Questions 7 of 15 - Mandatory)

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How well would you rate your overall professionalism? (PBL) (Questions 8 of 15 - Mandatory)

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How well would you rate your overall system-based practice: (SBP) (Questions 9 of 15 - Mandatory)

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How would you rate your overall teaching abilities: (Questions 10 of 15 - Mandatory)

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Time demands are reasonable and allow me to get my work done. (Questions 11 of 15 - Mandatory)

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I frequently feel overworked: (Questions 12 of 15 - Mandatory)

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The degree of responsibility I have for the care of patients is appropriate: (P) (Questions 13 of 15 -
### I have enough personal support from faculty: (Questions 14 of 15 - Mandatory)

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### Please write about strengths, weakness, and areas of improvement. (Questions 15 of 15 - Mandatory)
Semi Evaluation - Nurse of Fellow

The Fellow was available to nursing staff within a reasonable time when assistance was needed (ICS): (Question 1 of 9 – Mandatory)

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The Fellow communicated effectively and respectfully with patients and their family (ICS): (Question 2 of 9 – Mandatory)

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The Fellow communicated effectively and respectfully with nursing staff and nursing leadership (ICS): (Question 3 of 9 – Mandatory)

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The Fellow demonstrated respect and compassion for patients and their family members (P). (Question 4 of 9 – Mandatory)

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The Fellow demonstrated respect for the role and opinions of nursing staff (P): (Question 5 of 9 – Mandatory)

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Fellow always behaves toward nurses in a professional manner: (Questions 6 of 9 – Mandatory)

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The Fellow demonstrated respect and compassion for patients and their family members (P): (Questions 7 of 9 - Mandatory)

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The Fellow participated effectively as a member of the multi-disciplinary team (SBP). (Questions 8 of 9 - Mandatory)

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Please write about strengths, weaknesses, and areas of improvement: (Questions 9 of 9 - Mandatory)
## Semi Evaluation - Peer (Trainee to Trainee)

### Communicates well with other physicians (ICS):  (Question 1 of 23 – Mandatory)

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### Notes are on time and complete (ICS):  (Question 2 of 23 – Mandatory)

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### Communicates well with patients and families (ICS):  (Question 3 of 23 – Mandatory)

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### Not qualified to answer. (ICS):  (Question 4 of 23 – Mandatory)

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### How would you rate this Fellow’s medical knowledge for his/her level of training? (MK):  (Question 5 of 23 – Mandatory)

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### Develops relevant differential diagnoses (MK):  (Questions 6 of 23 - Mandatory)

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Identifies and responds quickly to medical emergencies (MK):  (Questions 7 of 23 - Mandatory)

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How well does this Fellow incorporate medical knowledge to patient problems? (MK)  
(Questions 8 of 23 - Mandatory)

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Would you want this Fellow to care for a family member or friend? (PC)  
(Questions 9 of 23 - Mandatory)

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How would you rate this Fellow’s ability to gather and interpret information and assimilate a plan of care for a patient:  (Questions 10 of 23 - Mandatory)

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Prioritizes problems appropriately (PC).  (Questions 11 of 23 - Mandatory)

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Gathers essential and accurate information about patients (PC):  (Questions 12 of 23 - Mandatory)

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Communicate effectively and demonstrate caring and respectful behavior when interacting with
patients and their families (PC): (Questions 13 of 23 - Mandatory)

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Applies lessons learned from medical errors into practice (PBL): (Questions 14 of 23 - Mandatory)

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Shows interest in learning from complex care issues (PBL): (Questions 15 of 23 - Mandatory)

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How well does this Fellow demonstrate respect of co-workers? (P): (Questions 16 of 23 - Mandatory)

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How well does this Fellow demonstrate respect of patients and families? (P): (Questions 17 of 23 - Mandatory)

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<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
</tbody>
</table>

Displays a professional attitude and demeanor (S): (Questions 18 of 23 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O_0</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
</tbody>
</table>

Cross-covers colleagues when necessary. (P): (Questions 19 of 23 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Applicable</td>
<td>Disagree</td>
<td>nor Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
<td>--------------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

Displays a professional attitude including honesty, integrity and work ethic (P): (Questions 20 of 23 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

How well does this Fellow demonstrate accountability? (P): (Questions 21 of 23 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

Advocates for quality patient care and assists patients in dealing with system complexities? (P): (Questions 22 of 23 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
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<td>O₂</td>
<td>O₃</td>
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<td>O₅</td>
</tr>
</tbody>
</table>

Please write about strengths, weaknesses, and areas of improvement. (Questions 23 of 23 - Mandatory)
### Semi Annual - Support Staff of Fellow

#### How well does this Fellow demonstrate accountability?  (Question 1 of 8 – Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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<tbody>
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<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
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</table>

#### How well does this Fellow respond to questions and inquiries?  (Question 2 of 8 – Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

#### How well does this Fellow listen and respond to your requests?  (Question 3 of 8 – Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
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</tbody>
</table>

#### How well does this Fellow demonstrate respect for you in your area?  (Question 4 of 8 – Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
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<td>O₃</td>
<td>O₄</td>
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</tbody>
</table>

#### How well does this Fellow return pages in a timely fashion?  (Question 5 of 8 – Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
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</tbody>
</table>

#### How well does this Fellow complete paperwork accurately and thoroughly?  (Questions 6 of 8 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
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<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>
How well does this Fellow return requested paperwork in a timely fashion? (Questions 7 of 8 - Mandatory)

<table>
<thead>
<tr>
<th>NA Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₀</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
<td>O₄</td>
<td>O₅</td>
</tr>
</tbody>
</table>

Please write about strengths, weaknesses, and areas of improvement. (Questions 8 of 8 - Mandatory)
HEMATOLOGY/ONCOLOGY
SEMI-ANNUAL FELLOW EVALUATION

Fellow Name: ___________________________________________

Date of Evaluation Review: ___________________________________________

Evaluation Period: ___________________________________________

Program Director Evaluation summary comments:

Fellow Acknowledgment of Evaluations and Action Plan for Improvement:

Fellow Feedback on Program:

We have personally reviewed my:

___ 6 month End-of-rotation Global Assessments Summary ___ Peer Evaluations (360°)
___ 6 Month Case Log/Procedure Summary Report ___ Self Assessment Evaluations (360°)
___ 6 Month Duty Hour and Violation Report Summary ___ Nursing and Staff Evaluations (360°)
___ In-Training Examination Results ___ Patient Evaluations (360°)
___ Resident Competency Portfolio ___ Grand Rounds Conference Evaluations
___ *************************** ___ ***************************

Signature of Fellow: __________________________________________
(Signifies receipt and review of copy of this form, but does not necessarily signify agreement)

Signature of Program Director: ________________________________

Original form signed and kept in the Fellow's Evaluation File.
Copy for Fellow.
360° Patient Evaluation

Date: _______________________

As part of an evaluation process for the fellowship program in Hematology/Oncology at KU Medical Center, you are being asked to complete this brief questionnaire about Dr. ________________________.

Your answers to the following questions will remain confidential. Participation will not affect your current or future care at KU Medical Center.

How is Dr. ________________________ at:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening carefully to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using words you can understand when explaining your evaluation and treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeking your input before making decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing your questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing interest in your condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
________________________________________
________________________________________
________________________________________
________________________________________

Please mark one of the following:

Are you a: _______ New Patient
________ Returning Patient

Please give the completed form to the receptionist as you leave the clinic. Thank you for your time and valuable input.

Receptionist: Please inter-office mail the forms to Nancy Weaver-Fellowship Coordinator at below MS
FELLOWSHIP PROGRAM EVALUATION FORM
UNIVERSITY OF KANSAS SCHOOL OF MEDICINE DIVISION OF HEMATOLOGY & ONCOLOGY

Fellow: ____________________________  Training Year: PGY 4  PGY 5  PGY 6
Evaluation Period: __________________

Please take a few moments to comment on the following elements as they pertain to the Department of Hematology & Oncology fellowship program and its institutions.

<table>
<thead>
<tr>
<th>Hematology &amp; Oncology Education Program</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Additional/Comment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>KUMC</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>SUPERIOR</th>
<th>Additional/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Quality of Educational Experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Quantity and Quality of Clinical Case Material</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Physical Facility Adequacy for Clinical Care, Teaching and Research</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Support Service Adequacy (i.e., salary, benefits, counseling, accommodations)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Fellow’s Signature: ___________________________________  Date: ____________________
The University of Kansas School of Medicine  
Department of Internal Medicine  
Division of Hematology/Oncology  
Fellowship Program  
Annual Faculty Evaluation

Name: ______________________________  
Date: ______________________________  
Program Director: Dr. Sarah A. Taylor

### Overall Assessment

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Commitment to Educational</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Clinical Knowledge</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Scholarly Activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Overall Evaluator Comments: 

---

**SIGNATURES**

Faculty Member: ______________________________  
Date: ________________  
Program Director: ______________________________  
Date: ________________
### Bone Marrow Procedure Request Form

**Procedure Information**

- Requesting Physician
- Called In By
- Location
- Inpatient
- Outpatient
- Medicare
- Consulting Physician (Heme)
- Paper Number
- Time
- Yes
- No

**Testing Information**

**Cytogenetics**

- Chromosome analysis
- FISH (must specify test from list)
  - BCR/ABL t(9;22) Quantitative
  - PML/RARA t(15;17)
  - Chromosome CEP X/Y
  - CEP 13
  - CLL FISH panel
  - Del(13q), del(13q), del(13q), +12
  - Del(13q), Del(5q)/Monosomy 5
  - AML/MYB t(6;21)
  - CEBF-B involv
  - TEL/AML1 t(12;21) (del(13q), t(11;14))

- Disease Status
  - Non Hodgkin’s Lymphoma
  - B Cell
  - T Cell
  - Mixed

**Hematology**

- Aspirate
- Biopsy
- Special Stains
  - SB
  - Decid
  - PAS
  - Iron

**Microbiology**

- Cultures
  - Bacterial
  - Fungal
  - AFB
  - Viral

**Flow Cytometry**

- Comments

**PCR testing (EDTA/Heparin)**

- BCR/ABL qualitative (major and minor)
- PML/RARA
- Other

**Blood Bank sent to Midwest Transplant**

- VNR (EDTA) Midwest Transplant
- Day Post Transplant

**Failure to fill out forms appropriately can result in delayed patient care and/or inappropriate testing. Please complete forms in a thorough manner and double check testing to ensure correctness.**

**ICD-9 Code**

- Diagnosis History (if applicable)
- ICD 9 List on

**Nursing**

- Premedication
- Orders Written
- Consent Signed
- Yes
- Yes
- Yes
- No
- No
- No

- If No who will obtain consent?

**Form Completed by**

For Out Patient - Fax completed form to 88738 and then call 89821 to schedule.
For In Patient - Fax completed form to 81777 and then call 81730 to schedule.

PROCEDURE WILL NOT BE SCHEDULED WITHOUT COMPLETED FORM!!!
<table>
<thead>
<tr>
<th>Procedure Explained to the Patient and Two Patient Identifiers Confirmed</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T: Xylocaine (Local)</td>
<td>Skin area of the Right posterior superior iliac crest prepared</td>
</tr>
<tr>
<td>Elanac (Topical)</td>
<td>Skin area of the Left posterior superior iliac crest prepared</td>
</tr>
<tr>
<td>Anesthet</td>
<td>Skin area of the Right anterior superior iliac crest prepared</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Skin area of the Left anterior superior iliac crest prepared</td>
</tr>
<tr>
<td>Versed</td>
<td>Skin area of the sternum prepared</td>
</tr>
<tr>
<td>Yalium</td>
<td>Skin area of the sternum prepared</td>
</tr>
<tr>
<td>PICU/Anesthesia Sedation</td>
<td>Skin area of the sternum prepared</td>
</tr>
</tbody>
</table>

**TIME OUT**
- "Time Out" take prior to procedure
- Patient tolerated procedure well
- Patient did not tolerate procedure well
- Performing Phys APN/P Resident Name
- Comments
- Performing Phys APN/P Resident Signature
- Attending Physician Printed Name
- Attending Physician Signature

**Attending Physician Use Only**

- Single Procedure
  - The key portion of this procedure was performed in my presence
  - I performed the procedure.
- GC Modifier
  - Attending Physician Printed Name
  - Attending Physician Signature
<table>
<thead>
<tr>
<th>DATE</th>
<th>REFFRING PHYSICIAN</th>
</tr>
</thead>
</table>

- Inpatient
- Outpatient
- 24 Hour Observation

<table>
<thead>
<tr>
<th>BONE MARROW PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0032X</td>
</tr>
<tr>
<td>0033X</td>
</tr>
<tr>
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<tr>
<td>0039X</td>
</tr>
<tr>
<td>0040X</td>
</tr>
</tbody>
</table>

- ARNP involved in patient care

**Page 1**

Additional Diagnosis/Comment

SUNIL ABHANKAR, MD
OMAR AI JIAMI, MD
ALLAH FLEMMING, MD
SIDDHARTHA GHGULT, MD
MISREEM HAIERI, MD
BREA LIP, MD
TARA LIM, MD
JOSEPH MCGUIRE, MD
PRAKASH NITHIPAN, MD
BUDEN RESE, MD
ABDUL RAHEEM YACOUB, MD
ALLIATE ABMD
LISA RODRIGUEZ, ARNP
MARY MILICZKA, ARNP

- GC Modifier

Applicable documents reviewed and signed

Physician Signature

ARNP Signature

Patient to Return

Inpatient
# Hematology Outpatient PSKU Billing Encounter Form

**EVALUATION AND MANAGEMENT SERVICES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis Description</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>22201</td>
<td>Problem Focused/straightforward</td>
<td>10</td>
</tr>
<tr>
<td>22202</td>
<td>Expanded/straightforward</td>
<td>20</td>
</tr>
<tr>
<td>22203</td>
<td>Detailed/Low Complexity</td>
<td>30</td>
</tr>
<tr>
<td>22204</td>
<td>Comprehensive/Moderate Complexity</td>
<td>40</td>
</tr>
<tr>
<td>22205</td>
<td>Comprehensive/High Complexity</td>
<td>60</td>
</tr>
</tbody>
</table>

**ESTABLISHED PATIENT**

<table>
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<th>Diagnosis Description</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>22211</td>
<td>Minimal</td>
<td>5</td>
</tr>
<tr>
<td>22212</td>
<td>Problem Focused/straightforward</td>
<td>10</td>
</tr>
<tr>
<td>22213</td>
<td>Expanded/Low Complexity</td>
<td>15</td>
</tr>
<tr>
<td>22214</td>
<td>Detailed/Moderate Complexity</td>
<td>20</td>
</tr>
<tr>
<td>22215</td>
<td>Comprehensive/High Complexity</td>
<td>40</td>
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</table>

**OUTPATIENT CONSULTATIONS**

<table>
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<th>Diagnosis Description</th>
<th>Modifier</th>
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</thead>
<tbody>
<tr>
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<td>Problem Focused/straightforward</td>
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</tr>
<tr>
<td>22242</td>
<td>Expanded/Straightforward</td>
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</tr>
<tr>
<td>22243</td>
<td>Detailed/Low Complexity</td>
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</tr>
<tr>
<td>22244</td>
<td>Comprehensive/Moderate Complexity</td>
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</tr>
<tr>
<td>22245</td>
<td>Comprehensive/High Complexity</td>
<td>80</td>
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</table>

**PROCEDURES**

<table>
<thead>
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<th>Procedure Description</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>22220</td>
<td>Bone Marrow Aspiration ONLY</td>
<td>10</td>
</tr>
<tr>
<td>22221</td>
<td>Bone Marrow Aspiration with or without Aspiration</td>
<td>20</td>
</tr>
<tr>
<td>22224</td>
<td>Bone Marrow Biopsy plus Aspiration</td>
<td>30</td>
</tr>
<tr>
<td>22222-50</td>
<td>Bone Marrow Biopsy with or without Aspiration Biuretang</td>
<td>40</td>
</tr>
<tr>
<td>22242</td>
<td>Intracath via L.P.</td>
<td>50</td>
</tr>
<tr>
<td>22243</td>
<td>Intracath via O.RYA</td>
<td>60</td>
</tr>
<tr>
<td>22270</td>
<td>Lumbar Puncture, diagnostic</td>
<td>70</td>
</tr>
<tr>
<td>22225</td>
<td>Progen for Cell Harvest, allogeneic</td>
<td>80</td>
</tr>
<tr>
<td>22226</td>
<td>Progen for Cell Harvest, autologous</td>
<td>90</td>
</tr>
<tr>
<td>22227</td>
<td>Bone Marrow Harvest</td>
<td>100</td>
</tr>
<tr>
<td>22240</td>
<td>BMF Allergen</td>
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</tr>
<tr>
<td>22241</td>
<td>BMF Autogogue</td>
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</tr>
</tbody>
</table>

**STEM CELL PROCEDURES**

<table>
<thead>
<tr>
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<th>Procedure Description</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>22244</td>
<td>Management Hematopoetic Cell Donor Search &amp; Acquisition</td>
<td>150</td>
</tr>
<tr>
<td>22242</td>
<td>All allogene donor lymphocyte infusions</td>
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</tr>
<tr>
<td>22243</td>
<td>BMF Allergen</td>
<td>250</td>
</tr>
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**DISCHARGE OBSERVATION, ADMI & DISCHARGE SAME DAY**

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**ADDITIONAL DIAGNOSIS/COMMENT**

- GC Modifier
- Physician Signature
- ARNP Signature
- Patient to Return

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Bone Marrow Aspiration Procedure
Revised 8/22/2011

1. Definition:
This protocol covers the task of bone marrow aspiration. The purpose of this standardized procedure is to be able to safely do a bone marrow aspiration when needed.

2. Supervision:
The fellow will do this procedure under the supervision of a faculty member or credentialed ARNP for the first five times or until the supervisor deems them competent.
Direct supervision will not be necessary once competency is determined, as provided for in the protocol. The fellow will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:
   a. Patient decompensation or intolerance to the procedure
   b. Bleeding that is not resolved
   c. Outcome of the procedure other than expected

3. Indications:
The need for a bone marrow aspiration will be determined by the attending physician of the patient who may not be the supervising physician. The indications include but are not restricted to: diagnosis and staging of malignancy, diagnosis of anemia, evaluation of thrombocytopenia.

4. Precautions:
Note evidence of significant thrombocytopenia or bleeding. Patients who have diseases which may cause fragile bones will NOT undergo sternal aspirates. Bone marrow biopsies will not be done sternally. Hemophilia is a relative contraindication.

5. Material required:
   a. Lidocaine cream with occlusive dressing
   b. 16-gauge 2-1/2 or V bone marrow needle
   c. (3) 10ml syringes
   d. 25-gauge needles
   e. 20-gauge needles
   f. 4 x 4 and 2 x 2 gauze pads
   g. Povidone-iodine swabs
   h. Sterile drapes
   i. Lidocaine 1% multi dose vial
   j. Alcohol swabs
   k. Elastoplast adhesive, or other pressure dressing
   l. Sterile gloves

6. Procedure:
   a. Prior to the procedure
      i. Obtain consent for procedure
      ii. Notify hematology to schedule BM tech
iii. Determine and obtain appropriate type and dose of sedation and pain medications. Schedule for anesthesia if needed and patient has no contraindications for anesthesia. Instruct patient/family in NPO requirements. If done under anesthesia it must be done at the hospital.

iv. Prepare the patient for the procedure:
   1. Explain the basic steps of the procedure, appropriate for the patient’s age, development status, and prior experience.
   2. Encourage the patient’s participation, answering all questions honestly given the available knowledge.
   3. Explain that while parts of the procedure are painful, the use of a local anesthetic and sedation medications will minimize the discomfort and anxiety the patient will experience.
   4. Elicit the patient’s help by encouraging them to hold as still as possible once positioned. Reinforce the patient’s help in holding still will enable you to complete the procedure in the minimum amount of time.
   5. During the procedure, explain each step in a simple manner, preparing the patient for painful parts of the BMA.

b. Apply Lidocaine cream 1-2 hours prior to the procedure: either the staff RN or the NP should apply the cream on the right or left iliac crest, covering an area of approximately 3-4 cm in diameter. A transparent occlusive dressing is the applied.

c. At the time of the procedure:
   i. Wash hands.
   ii. Assemble supplies and medications, checking expiration date on BMA tray.
   iii. Complete a time out with all elements of the pre procedure process.
   iv. Administer sedation medications, monitoring vital signs, pulse oximetry, level of sedation.
   v. Remove outer wrapping from bone marrow tray using clean technique.
   vi. Position patient in prone or side-lying position.
   vii. Expose area of aspiration and locate posterior superior iliac crest. Remove Lidocaine from aspirate site. A towel roll or small pillow placed under the hips may allow easier location of the iliac crest.
   viii. If necessary, a member of the nursing staff will help secure the patient’s position.
   ix. Expose contents of bone marrow tray using aseptic technique.
   x. Put on sterile gloves
   xi. Swab bone marrow site with povidone-iodine swab stick, applying some friction and working in a circular motion beginning in the center and moving outward. Repeat x 2 with new swabs.
   xii. Allow povidone-iodine to dry.
   xiii. Remove povidone-iodine with alcohol swab using concentric motion beginning in the center. Repeat with new swab x 2 (optional).
   xiv. Allow area to dry.
   xv. Apply sterile drape.
   xvi. Draw up 2-3ml lidocaine 1% from a vial held by an assistant into a 3 ml syringe with a 22 gauge 1” needle.
xvii. Locate exact point for aspiration and outline area between thumb and index finger.

xviii. Perpendicularly inject lidocaine subcutaneously and into periosteum. Avoid injecting too much and obscuring landmarks. Intermittently aspirate to insure you are not in a blood vessel.

d. While allowing 2-3 minutes for lidocaine to take effect:
   i. Prepare bone marrow needle, assuring stylet moves freely.
   ii. Prepare (2) 10ml syringes, assuring plungers move freely. Remove top from one syringe and set aside. Prepare second syringe (if needed for special studies) using 0.2 ml heparin and rinsing inside of syringe. Set aside.
   iii. Stretch skin taunt over puncture site, keeping crest between thumb and index finger of one hand.
   iv. Holding bone marrow needle with stylet in place, puncture skin and advance through subcutaneous tissue, periosteum and into marrow cavity using a steady, controlled pressure with a twisting motion. When the needle is firmly in place and a slight give in pressure is felt, the cavity has been entered.
   v. Remove the stylet and quickly attach the plain syringe to the needle hub.
   vi. Applying strong, quick suction and obtain approximately 0.5ml marrow. Warn the patient that this may hurt. All other aspects should cause only pressure except the initial needle prick.
   vii. Hand syringe to the lab technician.
   viii. Obtain other samples with heparinized syringe as needed.
   ix. Remove needle with syringe attached with slight twisting motion.
   x. Maintain pressure over site approximately 2 minutes until bleeding has stopped.
   xi. Meanwhile, remove sterile drape and cleanse povidone-iodine from skin with alcohol swab to avoid burn.
   xii. Apply dry 2 x 2 gauze folded into quarters and secured with tightly stretched Elastoplast.
   xiii. Praise the patient’s cooperation.
   xiv. Inform patient/family of marrow results when obtained.

e. Patient condition requiring consultation:
   i. Unusual bleeding, pain or sign/symptoms of concern to the practitioner will be brought to the attention of attending physician.
   ii. After two unsuccessful attempts by the fellow an attending will complete the procedure.

f. Patient education:
   i. The patient is instructed to remove the dressing after 24 hours, observing for signs of infection, unusual bleeding, or any other drainage on the dressing. If either is note, the practitioner should be informed. The site should be checked daily thereafter until healed or signs of infection.
   ii. It is not unusual to feel an aching or bruised feeling for several days after the procedure. This may relieved with a warm pack. The fellow should be notified if pain persists beyond several days or worsening pain.
7. **Documentation:**
   a. Documentation is in the O2 procedure note.
      i. Documentation of the pretreatment evaluation and indications
      ii. Record the time out, procedure, the outcome, patient tolerance, medications given, and the plan in the process note
   b. All abnormal or unexpected findings are reviewed with the supervising physician.
   c. **E-Value**
      i. Enter into PxDx on the date of service each procedure type, date, faculty assigned or ARNP, length of time of procedure, location, complications and comments.
      ii. Twenty-four hours after data entry into E-value an electronic email will be sent to the supervising attending/ARNP. Each should reply via email stating they agree or disagree with fellow’s procedure. This response is entered into E-value.