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 2016
<table>
<thead>
<tr>
<th>Cover Page</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td><strong>Welcome</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Division of Hematology and Oncology Faculty</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Fellowship Program Overview</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>Overview of Hem/Onc Fellowship Goals and Mission of Program</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>Fellowship Program Requirements</strong></td>
<td>13</td>
</tr>
<tr>
<td>Rotations</td>
<td>13</td>
</tr>
<tr>
<td>Electives</td>
<td>13</td>
</tr>
<tr>
<td>Definitions</td>
<td>13</td>
</tr>
<tr>
<td>Patient Handoff</td>
<td>14</td>
</tr>
<tr>
<td>Procedures</td>
<td>15</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>15</td>
</tr>
<tr>
<td>Conferences and Lectures</td>
<td>15</td>
</tr>
<tr>
<td>Required Projects</td>
<td>16</td>
</tr>
<tr>
<td>Fellow Evaluations</td>
<td>17</td>
</tr>
<tr>
<td>Fellow Semi-Annual Reviews</td>
<td>17</td>
</tr>
<tr>
<td>Verification of Training</td>
<td>18</td>
</tr>
<tr>
<td>Faculty Evaluations</td>
<td>18</td>
</tr>
<tr>
<td>Program Evaluations</td>
<td>18</td>
</tr>
<tr>
<td><strong>Common Program Required Worksheet</strong></td>
<td>19</td>
</tr>
<tr>
<td>Performance Expectations</td>
<td>24</td>
</tr>
<tr>
<td>Patient Care</td>
<td>24</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>24</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td>25</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td>25</td>
</tr>
<tr>
<td>Professionalism</td>
<td>26</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>26</td>
</tr>
<tr>
<td><strong>Lines of Responsibility</strong></td>
<td>27</td>
</tr>
<tr>
<td>R4</td>
<td>27</td>
</tr>
<tr>
<td>R5</td>
<td>27</td>
</tr>
<tr>
<td>R6</td>
<td>28</td>
</tr>
<tr>
<td><strong>Department Guidelines</strong></td>
<td>30</td>
</tr>
<tr>
<td>Pagers</td>
<td>30</td>
</tr>
<tr>
<td>Communication with referring physicians</td>
<td>30</td>
</tr>
<tr>
<td>Non-Teaching Patients Policy</td>
<td>30</td>
</tr>
<tr>
<td>Impairment</td>
<td>31</td>
</tr>
<tr>
<td>Vacation, Personal Leaves, Leaves of Absence</td>
<td>31</td>
</tr>
<tr>
<td>Pay</td>
<td>35</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>35</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>35</td>
</tr>
</tbody>
</table>
White Coats 35
Access to Medical Literature and Board Preparation Materials 35
Use of Social Media 36
Moonlighting 36
Locum Tenens 37
Duty Hours and Call Schedules 38
Fatigue 38
Eligibility, Transfer, Application, Selection, and Appointment 39
Kansas License 40
ACLS/BLS Certificate 40
Non-ACGME Residency and Fellowship Training Programs 41
Fellow Standing, Promotion, and Program Completion 41
Evaluations/Reviews 42
Process for Non Promotion 42
Administrative Process 42
Graduation 43
Grievance Procedure 43
Work Environment Policy 44

Fellow Supervision 45

Rotation Objectives

Basic Hematology 49
Blood and Marrow Transplant 53
Breast Oncology 56
Gastrointestinal (GI) Oncology 59
Gynecologic Oncology 63
Hematology Consults 67
Hematology Inpatient Non-Transplant 73
Kansas City VAMC Inpatient/Consults Rotation 77
Kansas City VAMC Outpatient Rotation 83
Oncology Consults 89
Palliative Care Resident/Fellow 94
Radiation Therapy 97
Research 100
University of Kansas Continuity Clinic 104
University of Kansas & KCVA Outpatient Clinic 108

Appendix

Annual Evaluation - Resident of Program 112
Annual Evaluation - Faculty of Program 112
Annual Faculty Evaluation by Program Director 112
Bone Marrow Transplant 113
CORE 114
Clinical Research 114
Evaluation of Faculty by Fellow 115
Final Summative Review 116
<table>
<thead>
<tr>
<th>GynOnc</th>
<th>119</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hem Consults</td>
<td>120</td>
</tr>
<tr>
<td>Hem InPatient</td>
<td>121</td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>122</td>
</tr>
<tr>
<td>Onc Consults</td>
<td>123</td>
</tr>
<tr>
<td>OutPatient Clinic</td>
<td>124</td>
</tr>
<tr>
<td>Palliative Care (Kansas City Hospice)</td>
<td>125</td>
</tr>
<tr>
<td>Semi Annual - Fellow Evaluation of Self</td>
<td>125</td>
</tr>
<tr>
<td>Semi Annual - Nurse of Fellow</td>
<td>126</td>
</tr>
<tr>
<td>Semi Annual - Peer Trainee to Trainee</td>
<td>126</td>
</tr>
<tr>
<td>Semi Annual Support Staff of Fellow</td>
<td>126</td>
</tr>
<tr>
<td>Semi Annual Review (6month)</td>
<td>127</td>
</tr>
<tr>
<td>VA Bone Marrow</td>
<td>128</td>
</tr>
<tr>
<td>VA InPatient</td>
<td>129</td>
</tr>
<tr>
<td>VA OutPatient</td>
<td>130</td>
</tr>
<tr>
<td>360 Patient Evaluation</td>
<td>131</td>
</tr>
<tr>
<td>Bone Marrow Aspirate Procedure</td>
<td>132</td>
</tr>
</tbody>
</table>
Welcome,

The University of Kansas Medical Center, the Divisions of Medical Oncology and Hematologic Malignancies and Cellular Therapeutics in the Department of Internal Medicine offer 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 and all fellows spend time there. The University of Kansas Cancer Center is an NCI designated Cancer Center.

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 as well as radiation therapy and gynecologic oncology. They utilize an electronic medical record.

A portion of time is spent on electives, which may include a subspecialty sub fellowship in a specialty of their choice, extra research and other subspecialty areas. All fellows are expected to participate in research projects and complete two scholarly activities. All fellows are expected to participate in a quality project and to teach.

We are a member and participant of the Southwest Oncology Group and RTOG both large national cooperative clinical trials groups, 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

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Title</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Ola Abdallah</td>
<td>Assistant Professor of Medicine</td>
<td></td>
</tr>
<tr>
<td>Sunil Abhyankar, M.D.</td>
<td>Professor of Medicine Director, Photopheresis &amp; Stem Cell Processing</td>
<td>• Blood &amp; Marrow Transplantation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bone Marrow Transplantation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Multiple Myeloma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stem Cell Transplantation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hematologic Malignancies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lymphoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cellular Therapy</td>
</tr>
<tr>
<td>Ayman Albakour</td>
<td>Assistant Professor of Medicine</td>
<td>• Medical Oncology Hospitalist</td>
</tr>
<tr>
<td>Raed Al-Rajabi, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>• Gastrointestinal Cancers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pancreatic Carcinoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Colorectal Carcinoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Liver Carcinoma</td>
</tr>
<tr>
<td>Snigdha Banerjee, Ph.D.</td>
<td>Research Professor</td>
<td>• Laboratory research/basic science</td>
</tr>
<tr>
<td>Sushanta Banerjee, Ph.D.</td>
<td>Research Professor</td>
<td>• Laboratory research/basic science</td>
</tr>
<tr>
<td>Ajoy Dias</td>
<td>Assistant Professor of Medicine</td>
<td></td>
</tr>
<tr>
<td>Gary Doolittle, M.D.</td>
<td>Professor of Medicine Capitol Federal Masonic Professor Director, Melanoma Sarcoma Program Medical Director, Center for Telemedicine and Telehealth Medical Director, Midwest Cancer Alliance Associate Director, Clinical Affairs Division of Hematology Oncology Interim Division Director, Medical Oncology Assistant Dean of Foundational Sciences – School of Medicine Vice Chair, Education –</td>
<td>• Malignant Melanoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Melanoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Palliative Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sarcoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Telemedicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cancer</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Specialties</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Neil Dunavin</td>
<td>Assistant Professor of Medicine</td>
<td></td>
</tr>
<tr>
<td>Carol J. Fabian, M.D.</td>
<td>Professor of Medicine Director, Breast Cancer Prevention Center &amp; Survivorship Centers Kansas Masonic Research Endowed Chair</td>
<td>Breast Cancer Prevention &amp; Treatment</td>
</tr>
<tr>
<td>Allan Fleming, M.D.</td>
<td>Associate Professor of Medicine</td>
<td>Hematology Oncology Hospitalist</td>
</tr>
<tr>
<td>Siddhartha Ganguly, M.D.</td>
<td>Professor of Medicine Associate Medical Director of BMT Services</td>
<td>Bone Marrow Transplantation, Stem Cell Transplantation, Hematological Malignancies, Lymphoma, Multiple Myeloma</td>
</tr>
<tr>
<td>Mehmood Hashmi, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>Adrenal Cancer, Bladder Cancer, Genitourinary Cancer, Kidney Cancer, Penile Cancer, Prostate Cancer, Testicular Cancer, Renal Cell Carcinoma</td>
</tr>
<tr>
<td>Inamul Haque, Ph.D.</td>
<td>Research Assistant Professor</td>
<td>Laboratory research/basic science</td>
</tr>
<tr>
<td>Chao Huang, M.D.</td>
<td>Associate Professor of Medicine Director, Lung Program Physician, VAMC</td>
<td>Bronchogenic Carcinoma, Cancer, Hodgins Disease, Intrathoracic Malignancy, Liver, Lymphoma, Multiple Myeloma</td>
</tr>
<tr>
<td>Kevin Hubbard, M.D.</td>
<td>Assistant Professor</td>
<td>Medical Oncology Hospitalist</td>
</tr>
<tr>
<td>Anup Kasi, M.D.</td>
<td>Assistant Professor</td>
<td>Gastrointestinal, Genitourinary</td>
</tr>
<tr>
<td>Qamar Khan, M.D.</td>
<td>Associate Professor of Medicine</td>
<td>Breast Cancer Prevention &amp; Treatment</td>
</tr>
<tr>
<td>Jennifer Klemp, Ph.D., MPH</td>
<td>Associate Professor</td>
<td>Breast Cancer Prevention &amp; Treatment</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Specialties</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tara Lin, M.D.</td>
<td>Assistant Professor</td>
<td>Cancer Survivorship, Cancer &amp; Genetic Counseling, Cancer Risk Counseling</td>
</tr>
<tr>
<td>Heather Male, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>Acute Leukemia, Myelodysplastic Syndrome</td>
</tr>
<tr>
<td>Rekha Rao Manepalli, B.Sc., M.Sc., Ph.D.</td>
<td>Assistant Professor of Research</td>
<td>Hematology Oncology Hospitalist</td>
</tr>
<tr>
<td>Joseph McGuirk, D.O.</td>
<td>Professor of Medicine Division Director, HMCT Director, BMT Program Director, Acute Leukemia Program</td>
<td>Blood &amp; Marrow Transplantation, Allogeneic Stem cell Transplantation, Haplotype Mis-Matched Allograft Transplantation, Stem Cell Transplantation, Hematological Malignancies, Lymphoma, Lymphoproliferative Disorders, Autoimmune Disease, Myelodysplastic Syndromes, Leukemia, Multiple Myeloma</td>
</tr>
<tr>
<td>Prakash Neupane, M.D.</td>
<td>Associate Professor of Medicine</td>
<td>Head &amp; Neck Cancer, Thoracic Oncology</td>
</tr>
<tr>
<td>Lauren Nye, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td></td>
</tr>
<tr>
<td>Anne O’Dea, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>Breast Cancer Prevention &amp; Treatment</td>
</tr>
<tr>
<td>Raymond Perez, M.D.</td>
<td>Medical Director, Clinical Research Center</td>
<td>Phase I Program</td>
</tr>
<tr>
<td>Anwaar Saeed, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>Gastrointestinal Cancers, Pancreatic Carcinoma, Colorectal Carcinoma, Liver Carcinoma</td>
</tr>
<tr>
<td>Michael Salacz, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>Neuro-Oncology, Palliative Care</td>
</tr>
<tr>
<td>Priyanka Sharma, M.D.</td>
<td>Associate Professor of Medicine</td>
<td>Breast Cancer Prevention &amp; Treatment, Triple Negative Breast Cancer, Breast Cancer Genetics</td>
</tr>
<tr>
<td>Leyla Shune, M.D.</td>
<td>Assistant Professor of Medicine</td>
<td>Umbilical Cord Blood Transplantation, Blood &amp; Marrow Transplantation, Allogeneic Stem Cell Transplantation, Haplotype Mis-Matched Allograft Transplantation, Hematologic Malignancies</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Specialties</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Anurag Singh, M.D.          | Assistant Professor of Medicine            | • Lymphoproliferative Disorders  
• Autoimmune Diseases  
• Leukemia  
• Lymphoma  
• Myelodysplastic Syndromes  
• Multiple Myeloma |
| Barry Skikne                | Professor of Medicine                      | • Bone Marrow Transplantation  
• Stem Cell Transplantation  
• Hematological Malignancies  
• Lymphoma  
• Multiple Myeloma |
| Matthew Swan                | Assistant Professor of Medicine            | • Medical Oncology Hospitalist |
| Sarah Taylor, M.D.          | Professor of Medicine Program Director, Fellowship | • Brain Cancer  
• Breast Cancer & Treatment  
• General Oncology  
• Palliative Care |
| Anusha Vallurupalli         |                                            | •                                       |
| Brandon Weckbaugh, M.D.     |                                            | • Medical Oncology Hospitalist |
| Stephen Williamson, M.D.    | Professor of Medicine Director, Clinical Trails | • Medical Oncology Hospitalist  
• GI Oncology |
| Abdulraheem Yacoub, M.D.    | Assistant Professor of Medicine            | • Hematologic Cancers  
• Myelodysplastic Syndrome  
• Leukemia  
• Lymphoma  
• Pregnancy-related hematologic disorders and prenatal counseling  
• Coagulopathy  
• Myeloproliferative Disorders and CMML  
• Multiple Myeloma  
• General Hematology |
Hematology/Oncology Fellowship Program
Program Overview

The Divisions of Medical Oncology and Hematologic Malignancies and Cellular Therapeutics at the University of Kansas provide 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 Clinics; Breast, GI, VA electives, KU electives, Radiation Oncology, Gyn Oncology, Palliative Care, Blood Bank, and BMT. All fellows are expected to complete two scholarly activities.

The Electives at the KCVAMC may include: laboratory research; 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 allowed to do subspecialty sub fellowships in the area of their interest such as breast or GI. This allows intense clinical experience in an area as well as devoted research to the topic.

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 their own 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, plasmapheresis.

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 multitudes 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. The VA also has regularly scheduled journal club, Chest tumor board, and general tumor board.
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 intrathecal 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.

22. You will improve your skills at pain management and assessment.
Fellowship Program Requirements

Rotations
Fellows participate in the following rotations:
- Basic Hematology (Coagulation and Midwest Transplant)
- Blood and Marrow Transplant: Inpatient and Outpatient
- Breast Oncology
- Gastrointestinal (GI) Oncology
- 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 or midlevel providers on the Hematology and Oncology consult rotations will speak with the weekend call fellow giving a summary of each patient being followed and their needs over the weekend. 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 or mid-level provider 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 MedHub 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 MedHub an electronic email will be sent to the fellow’s assigned attending. Each attending must sign into MedHub and confirm/decline (verification) fellow’s procedure. Examples (right):

Reports may be generated to track data entered into MedHub.

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.

Hematology Journal Club:
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.

Didactic Conferences
Weekly for two hours the fellows will meet for a didactic session as well as review of appropriate question banks. The majority of the sessions will be topics presented by one of the fellows with the assistance of the appropriate faculty. Other sessions may be done by other subspecialty experts in things like billing, EMR or other supportive topics.

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

**VA**
1. VA Multidisciplinary Tumor Board
2. VA Chest Conference
3. VA Hematology/Pathology Conference
4. VA Journal Club
5. VAMC Tumor Board

**KU**
6. KU Multidisciplinary Tumor Board
7. KU Oncology Journal Club
8. KU HemePath/Hem JC
9. KU Didactic Sessions

KU conference schedule can be found: [http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html](http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html)

Optional Conferences:

KC Life Sciences Research Seminar

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 being submitted.

**Fellow Evaluations**

There are a number of ways in which the fellows are evaluated. The majority of evaluations are done through MedHub. 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 MedHub. 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 MedHub 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 MedHub.
- 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.
# COMMON PROGRAM REQUIREMENT WORKSHEET

## 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 TLC online modules

### Program:
- Interdisciplinary Program PBLI projects (use PBLI template)
The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

**BACK UP SYSTEM WHEN CLINICAL CARE NEEDS EXCEED RESIDENTS’ ABILITY**
(PR VI.C.2)

<table>
<thead>
<tr>
<th>Institutional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional GME Manual Policy statement</td>
</tr>
</tbody>
</table>

KUH Hospital Links online on-call system- Link: [http://oncall.kumed.com/oncallsearch.aspx](http://oncall.kumed.com/oncallsearch.aspx)

available services: BMT – Blood and Marrow Transplant, Hematology – Adult, Oncology, and Fellow Oncall – refer to comments for name of fellow on-call.

Team updates of O2 Team in Epic
Resident Orientation (Duty Hour & Supervision talk)

**Program:**

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.

**SCHEDULES THAT INFORM ALL TEAM MEMBERS OF ATTENDING/RESIDENTS CURRENTLY RESPONSIBLE FOR EACH PATIENT’S CARE (VI.B.4) & RESIDENTS & FACULTY INFORM PATIENTS OF THEIR ROLES IN CARE (VI.D.1.B)**

<table>
<thead>
<tr>
<th>Institutional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KUH admission Handout to patient with description of level of caregivers</td>
</tr>
</tbody>
</table>

UKP clinic handout of caregiver definitions

KUH Oncall system in Hospital links : [http://oncall.kumed.com/oncallsearch.aspx](http://oncall.kumed.com/oncallsearch.aspx)

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.

**DESCRIBE HOW CLINICAL ASSIGNMENTS DESIGNED TO MINIMIZE PATIENT CARE TRANSITIONS** (PR VI.B.1)

**Institutional:**

**Program:**
Annual Program Outcomes Assessment and Action Plan Report (Annual Program review) checkbox

Programs must design clinical assignments to minimize the number of transitions in patient care.

**EDUCATION & IMPLEMENTATION OF STRUCTURED HAND-OVER PROCESS** (PR VI.B.2)

**Institutional:**
Residents’ orientation video & small group sessions
Residents’ SIGNOUT Template pocket card

**Program:**
Scheduled face-to-face handoff meetings specified
Program specific education
Written handoff process described in Department manual

Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

**FATIGUE, SLEEP DEPRIVATION AND MITIGATION EDUCATION** (PR VI.A.5.e &
<table>
<thead>
<tr>
<th>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>FATIGUE MITIGATION PROCESSES, CONTINUITY OF CARE IF UNABLE TO PERFORM DUTIES AND SLEEP/TRANSPORTATION FOR FATIGUED RESIDENTS (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>MedHub 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>
<thead>
<tr>
<th>Institutional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
</tr>
<tr>
<td>Dept QI requirements/measure</td>
</tr>
<tr>
<td>KUH QI report requirements/measure</td>
</tr>
<tr>
<td>UKP QI report requirements/measure</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 patients, 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; MedHub procedure log review during semi-annual review; QOPI Projects; observation by the attending and their MedHub 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 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: 360º 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: 360º evaluation

6. Systems-Based Practice

Fellows are expected to demonstrate both an understanding of the context and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare. 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: 360º evaluation
Lines of Responsibility
Years 1-3
Revised 8/15/2011

Hematology/Oncology Fellow Job Description
Years 1-3

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)
   a. 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
   b. develop 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. develop an understanding of cost containment issues in the changing environment of managed care
   e. develop and initiate research projects (with the guidance of faculty) - clinical or laboratory
   f. become competent in the technical skills in hematology and oncology procedures, i.e. bone marrow aspirate and biopsy.
   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. learn to critically analyze medical literature
   k. be aware of ethical issues which arise in end-of-life care
   l. 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 inpatient and outpatient services. 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.

The fellow will be expected to communicate with referring patients on the outpatients they see in their continuity clinic. This may be done by phone or by insuring that a letter or copy of the note goes to the referring physician. Fellows will receive instruction in this from the faculty.

It is also 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 while they are teaching patients.

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.

Fellows on the night call elective will care for patients on the private oncology service under the supervision of the night call faculty.
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://www.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. This should be completed at least three weeks prior to the leave unless extenuating circumstances exist.
      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.
   e. It is your responsibility to communicate with your CNC to insure that your continuity clinic is cancelled and patients who need to be seen are assigned to another physician.

INTERNATIONAL GME RESIDENTS TRAVELING HOME OR FOR VACATION ABROAD

(Applies to Non-U.S. Citizens and Non-U.S. Permanent GME Residents)

- Prior to any international travel, please contact the Office of International Programs (OIP) to set up a brief advisement appointment/meeting:
  o Contact Information:
The meeting with OIP is designed to ensure that internationals have all necessary travel documents and to advise if a visa renewal is necessary. If you have any questions, please contact Irina Aris.

International GME residents currently sponsored in J-1 status by the ECFMG will need to make sure to have a TRAVEL ENDORSEMENT prior to traveling internationally.

- Travel endorsements have to be placed on the DS-2019 document and are valid for 1-year. To request a travel endorsement, please submit a request through the ECFMG website at: http://www.ecfmg.org/evsp/ds2019dup.pdf.
- For more information on travel endorsements, please visit the following link: http://www.ecfmg.org/evsp/travel-preparation.html.

Upon return from international travel, please check-in with OIP by sending an updated I-94 (available online at https://i94.cbp.dhs.gov/) and if applicable a scanned copy of a new visa stamp.

TRAVEL FOR AN INTERNATIONAL EDUCATIONAL ROTATION OR AN INTERNATIONAL PROFESSIONAL EXPERIENCE

(Applies to ALL GME Residents)

A. International Elective Rotation

B. International Professional Experience
   http://www.kumc.edu/Documents/gme/Mission%20Trip%20Packet%201-8-15.docx

C. International Professional Experience Vacation Time (contact GME)

- It is required that everyone who plans to travel for an international professional experience or for an international educational experience to register with the Office of International Programs.
  - International professional experiences are defined as travel to a conference, meeting, seminar, exhibition or any other opportunity or gathering in which the individual is representing the University of Kansas Medical Center.
  - International educational experiences encompass clinical rotations or research projects that are undertaken abroad.
  - It is recommended to register with the Office of International Programs at least 2-4 months prior to departure.

- For more information please visit OIP's website at: http://www.kumc.edu/international-programs/international-travel-information.html.
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 program. 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.

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 other meetings if possible, unless coverage of responsibilities prohibits time away. Funding will also be given to a meeting where the fellow is presenting.

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. Travel outside the main land cannot be covered. 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.

h. It is the fellow’s responsibility to oversee their clinic schedule changes and/or cancelations.

7. 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.

8. 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.

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 Medical Oncology and Hematologic Malignancies and Cellular Therapeutics.

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, appliqués’ 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 applies 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.

Please see the GME manual section 16 for comprehensive details regarding our institutional policy related to moonlighting (http://www.kumc.edu/school-of-medicine/gme/policies-and-procedures.html).

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 (aellis2@kumc.edu or 588-1228); know at the beginning of the year. 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.
Please see the GME manual section 16 for comprehensive details regarding our institutional policy related to Locum Tenens effective 7/2011 (http://www.kumc.edu/school-of-medicine/gme/policies-and-procedures.html).

**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 and submit through the MedHub system “Duty Hours”.

- Each fellow must log their hours worked weekly and include rotation title assigned, continuity clinic, or didactic, and submit.
- 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 Friday pull detailed Duty Hours Report
  - Email report to departments with residents missing duty hours
- **Each Month:**
  - On the 3rd, 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 10th

- If an issue arises that prevents billing,
  - DIO and chair will attempt to understand and resolve
  - Correction is expected within 48 hours

Please see the GME manual section 15 for comprehensive details regarding our institutional policy related to Duty Hours effective 4/2015 (http://www.kumc.edu/school-of-medicine/gme/policies-and-procedures.html).
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://www.kumc.edu/school-of-medicine/gme/policies-and-procedures.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 to 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 fellow is called in at night for an emergency or receive too many phone calls, they are instructed to stay at home until rested.

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) https://www.aamc.org/services/eras/programs/

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://www.kumc.edu/school-of-medicine/gme/policies-and-procedures.html](http://www.kumc.edu/school-of-medicine/gme/policies-and-procedures.html)).

**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.

**ACLS/BLS**
Advanced cardiac life support/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 and providing a PDF copy of their BLS certificate to the fellowship coordinator.

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 back ground 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’ 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, Ommayha, 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 after cycle 1. Staff signature is required for the first cycle of any chemotherapy.
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.
7. Second year fellows may choose to spend this year in a research project while attending the continuity clinic and required conferences.

Third year fellows:
1. All chemotherapy orders will be discussed with an attending but may be signed independently after the first cycle.
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 and the milestones committee 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 and milestones committee 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 graduation 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 one of the Division Directors, 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.

Kansas City Veterans Administration Hospital

Workstations with computers; meeting/conference rooms, cafeteria, resident rooms and lounge are available for the fellows’ use.
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.
     - **Inpatient:** Patient information sheet included in the admission packet and listed on the “white board” in each patient room
     - **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 individual resident or fellow.
   - “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

---

<table>
<thead>
<tr>
<th>RRC APPROVED LICENSED INDEPENDENT PRACTITIONER SUPERVISOR</th>
<th>(PR VI.D.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. (Core)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTIMAL CLINICAL WORKLOAD</th>
<th>(PR VI.E.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. (Core)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEMBERS OF THE INTERPROFESSIONAL TEAM</th>
<th>(PR VI.F.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty. (Core)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPETENCIES TO ALLOW PGY1 RESIDENTS TO PROGRESS TO INDIRECT SUPERVISION</th>
<th>(PR VI.D.5.a).(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. (Core)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEFINING RESIDENT LEVELS “INTERMEDIATE LEVEL” &amp; “FINAL YEARS OF TRAINING”</th>
<th>For establishing the minimum rest period between duty periods</th>
<th>(PR VI.G.5.b&amp;c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B) Intermediate-level residents 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. (Core)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CIRCUMSTANCES WHEN RESIDENTS IN THEIR FINAL YEARS OF EDUCATION MAY REMAIN OR RETURN IN &lt; 8 HOURS</th>
<th>(PR VI.G.5.c).(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The majority of RRCs defined these circumstances as “required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been</td>
<td></td>
</tr>
</tbody>
</table>
involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family

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. (Detail)

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

Fellows must not be scheduled for more than six consecutive nights of night float. (Core)

**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. 

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. (Core)

**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. (Core)

<table>
<thead>
<tr>
<th>PGY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL of SUPERVISION</strong></td>
</tr>
<tr>
<td><strong>DIRECT</strong></td>
</tr>
<tr>
<td><strong>INDIRECT A (with direct supervision immediately available)</strong></td>
</tr>
</tbody>
</table>
| **INDIRECT B (with direct supervision available-as determined by program specific RRC guidelines PR VI.D.5.a).(1)*** | In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. (Core)  

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. |
### 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>DIRECT</td>
<td>Patients are seen in consult and in clinic by the fellow then directly seen by the faculty.</td>
</tr>
<tr>
<td>INDIRECT A (with direct supervision immediately available)</td>
<td>Bone marrow aspirations and biopsies. Ommayha access and IT therapy.</td>
</tr>
<tr>
<td>INDIRECT B (with direct supervision available)</td>
<td>The second year fellows will write their own chemotherapy orders after discussing with faculty.</td>
</tr>
<tr>
<td>OVERSIGHT (with direct supervision available)</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>DIRECT</td>
<td>Access Ommayha Reservoir, administration of chemotherapy, administration of intrathecal chemotherapy, bone marrow aspirates, and biopsy. The fellow is supervised for the first five of each and/or faculty determines competency.</td>
</tr>
<tr>
<td>INDIRECT A (with direct supervision immediately available)</td>
<td>All of the above after first give done and/or faculty determines competency.</td>
</tr>
<tr>
<td>INDIRECT B (with direct supervision available)</td>
<td>After hours called in from home.</td>
</tr>
<tr>
<td>OVERSIGHT (with direct supervision available)</td>
<td>All of our activities fall under the above levels of supervision.</td>
</tr>
</tbody>
</table>
Supervision
You will be under the direct supervision of Dr. A. Yacoub. 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. You will continue to participate in required conferences. You will attend your continuity clinics as allowed.

This rotation will be broken in parts:

Midwest Transplant Network at 1900 West 47th Place, Suite 400, Westwood, Kansas 66205. The supervisor 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 University of Kansas Hospital under the direction of Dr. Yacoub. 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:**
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

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/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve knowledge of transfusion medicine</td>
<td>Courses presented at blood bank Didactics by pathology Williams Textbook</td>
<td>Written exam</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 competent in transfusion medicine.

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:
    o 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:
    o Be able to competently interpret the diagnostic studies.

R6:
  • Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:
    o 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>
<tr>
<td>Learn problems in lab</td>
<td>Lectures Coagulation Lab experience</td>
<td>360° 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:
    o 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:
    o Be able to teach other learners the information needed by the lab to safely cross match blood.
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.

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. A minimum of one month will be done as required by RRC. You will spend 2 weeks on the inpatient unit followed by 2 weeks on the outpatient service for each month you are on this rotation.

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:
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

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

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 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:

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

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 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:

- 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:

- 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>
<tbody>
<tr>
<td>Becomes proficient with working on a team</td>
<td>Rounds with nurse practitioners, interaction with floor nurses</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:

- 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/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:

- 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:

- 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).
Hematology/Oncology Fellowship Program
Breast Oncology
Revised 3/10/2016

**Supervision:**
You will be under the direct supervision of Dr. Qamar Khan pager 917-2879. If you are doing a 6 month mini breast fellowship, your rotation must have prior approval of Dr. Khan. 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:**
[http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html](http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html)

**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.
14. The fellow will learn the current requirements for survivorship care of the patient with breast cancer.
15. The fellow will learn the current management of patients with BRCA1/BRCA2 mutations.

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 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>
<tr>
<td>Learn prognostic features and how they impact treatment</td>
<td>Tumor board</td>
<td>Written exam, oral</td>
</tr>
<tr>
<td></td>
<td>Reading the literature</td>
<td>feedback in clinic</td>
</tr>
</tbody>
</table>

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>
</table>
Will learn from the breast group their methods of assessing quality of care in the breast center

Breast tumor conference

Written evaluation

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.

<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.

<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.

<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 Tumor board</td>
<td>Oral feedback at conferences and journal club.</td>
</tr>
<tr>
<td>Improve skills in doing literature search</td>
<td>Presentations at journal club and tumor board Research projects</td>
<td>Written evaluation Publication of article</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
Objectives and Curriculum
Revised 3/7/2016

**Supervision:** Your supervisor for this rotation will be Dr. Raed Al-Rajabi. You will work with all members of the GI Oncology faculty including surgical sub-specialists. All fellows will complete at least one month of this rotation. Another option is a 6 month rotation with an emphasis on research and an academic career in GI Oncology. For this 6 month rotation you will need to interview with the GI staff, and be accepted. A research project is expected for the 6 month rotation.

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

**Responsibilities:**
1. You will attend the GI outpatient clinics. You will also attend the Liver clinic and a few surgical oncology clinics.
2. You will attend the GI conferences as noted below and present as necessary.
3. You will continue to attend your weekly continuity clinic and follow those patients.

**Required conferences:**
1. [http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html](http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html)

**Objectives:**
1. The fellow will learn to recognize different manifestations of gastrointestinal cancers.
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.
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.
8. The fellow will learn the appropriate survivorship care of patients with GI malignancies,
9. The fellow will learn the genetic risk factors for GI malignancies and the appropriate follow up of those patients.
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 diagnose and stage GI cancers</td>
<td>Care of patients; clinic 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; clinic Consult rounds; Tumor Boards</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn therapeutic strategies</td>
<td>Care of patients; clinic 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:
  - Have learned the standard guidelines for treating GI neoplasms.
  - Have learned the exceptions to the standard guidelines.

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 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; Tumor Boards</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 doing 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>
</tbody>
</table>
Learn different systemic therapies  
Tumor board; Consult rounds; Review of the literature  
Oral feedback at tumor board

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

<table>
<thead>
<tr>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>360° evaluation</td>
</tr>
<tr>
<td>Written 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/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to rounds on time</td>
<td>Rounds</td>
</tr>
<tr>
<td>Maintain patient privacy</td>
<td>Rounds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

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

R5:  
• Continue to show professional behavior by being on time for conferences.

R6:  
• Continue to demonstrate continued competency in R5 objectives as well as the following:  
  ○ 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>
</table>
| Learn the medical system involved in caring for transplant patients | Clinic  
Liver conference  
Journal club  
Tumor board  
Inpatient rounds | Written evaluation  
Oral feedback at conferences and journal club  
Written evaluation |

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

**R5:**
- Know the specialized medical system in place for caring for malignant disease patients receiving a liver transplant.

**R6:**
- Continue to demonstrate continued competency in R5 objectives as well as the following:
  - Work effectively within the multidisciplinary GI tumor board.
Supervision: You will be under the direct supervision of Dr. Julia Chapman.

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:
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

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 treatment 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.
7. To learn survivorship care for this group of patients.

Educational Goals, Learning Activities and Evaluation Tools by Competency
This is required only once and is done by senior fellows so the goals are not graded according to level of training.

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>
</tbody>
</table>
To learn chemotherapy for GYN malignancies
Read textbook and literature
See patients in clinic
Written evaluation
Yearly written exam

To learn surgical options and toxicities
Observe in the OR
Listen to discussion in Tumor Board
Yearly written examination

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:
  o 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 faculty</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>
<tbody>
<tr>
<td>To work well with multiple disciplines</td>
<td>Tumor Board</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Observe interactions in OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participate in clinics</td>
<td></td>
</tr>
<tr>
<td>Improve communication with patients</td>
<td>Observe attendings in clinic</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>See patients in clinics</td>
<td></td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td>Behaves professionally towards patients and families</td>
<td>Clinic</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Doing pelvic exams in an appropriate manner to maintain dignity</td>
<td></td>
</tr>
<tr>
<td>Reports to work and conferences on time</td>
<td>OR, Clinics and Conferences</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td>Reads GYN literature and applies it to patient care</td>
<td>Presentations for clinic and Tumor Board</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written exam</td>
</tr>
<tr>
<td>Literature searches done well</td>
<td>Didactics</td>
<td>Tumor Board feedback</td>
</tr>
<tr>
<td></td>
<td>Preparing for Tumor Board</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

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

R5:
- Be aware of the scientific literature behind the NCCN guidelines in the treatment of gynecologic malignancies.

R5:
- Continue to demonstrate continued competency in R5 objectives as well as the following:
  - Be competent in the guidelines.
Hematology/Oncology Fellowship Program
Hematology Consults
Revised 3/10/2016

**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.
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:**
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

**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 hematology 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</td>
<td>You will receive a written evaluation on MedHub from your attending as well as daily feedback on your consults</td>
</tr>
<tr>
<td></td>
<td>You will also attend the coagulation clinic</td>
<td>You will also be tested on these problems on the in training exam</td>
</tr>
<tr>
<td></td>
<td>Williams textbook will be the primary resource as well as papers recommended by your faculty</td>
<td></td>
</tr>
</tbody>
</table>
Didactic lectures

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Didactic lectures</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<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.</td>
<td>Written test. The faculty will give feedback to your ability to diagnose these.</td>
</tr>
</tbody>
</table>
You will see patients on the inpatient consult service
You will read Williams Text book
You will attend the didactics on these topics given by pathology as well as our own

To learn to manage patients who are hypercoagulable
You will see inpatient consults as well as consults in hematology clinic and your own continuity
You will attend didactics on this reading the recommended ASH-SEP chapters prior to the session

Written feedback from attending
In service exam

To learn to manage acute hemophilia
The majority of our consults will be done on inpatients that are in for surgery or bleeding complications
Williams textbook

Written evaluation
In service exam

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:
  o 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:
  o Competent at the diagnosis and treatment of the bleeding patient. They will be competent in communicating well with the patient and primary medical team.

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>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>
<tr>
<td>Demonstrate interpersonal and communication skills in medical practice that develop and maintain effective information exchange and collaboration with hematology patients and family members as well as other professionals involved in their care.</td>
<td>Read Robert Buckman’s book on: “How to Break Bad News; A Guide for Health Care Professionals” See inpatient consults</td>
<td>Verbal feedback</td>
</tr>
</tbody>
</table>

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
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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R4:</strong></td>
<td></td>
</tr>
<tr>
<td>• Understand how patient care and other professional activities affect other healthcare professionals, the healthcare organization, and society at-large.</td>
<td></td>
</tr>
<tr>
<td><strong>R5:</strong></td>
<td></td>
</tr>
<tr>
<td>• Continue to demonstrate continued competency in R4 objectives as well as the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Know how types of medical practice and delivery systems differ from one another, including method of controlling healthcare costs and allocating resources.</td>
</tr>
<tr>
<td><strong>R6:</strong></td>
<td></td>
</tr>
<tr>
<td>• Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Practice cost-effective healthcare for hematology oncology patients.</td>
</tr>
</tbody>
</table>
**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 will attend your weekly Continuity clinic.

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

**Required Conferences:**
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

**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

<table>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Learn to write chemotherapy orders  |  Write the inpatient chemotherapy orders  
| Didactics  
|  |  | Written eval by attending  
|  |  | 360° eval by pharmacist and nurses  
|  |  | Pharmacist reviews orders and gives immediate feedback  
Learn to manage neutropenic fever  |  Patient Care  
|  |  | Written eval  
|  |  | Chart Review  
Learn to manage nausea and vomiting  |  Didactic  
|  |  | Patient Care  
|  |  | Written evaluation  

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:
  o 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:
  o 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>
</table>
| Know the common causes and natural history of neutropenic fever | Care of inpatients  
|  | Round discussions  
| Learn natural history of hematologic disease | Read  
|  | Didactics  
|  | Patient care and rounds  
|  |  | In-service exam  
|  |  | Yearly exam  

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:
  o 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:
  o 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</td>
<td>Feedback on rounds</td>
</tr>
<tr>
<td></td>
<td>Participating in rounds</td>
<td>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</td>
<td>Written evaluation from staff</td>
</tr>
<tr>
<td></td>
<td>Discharge planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tumor Board</td>
<td></td>
</tr>
<tr>
<td>Proficiency at communicating with families and patients</td>
<td>Care of inpatients on ward</td>
<td>Feedback from staff</td>
</tr>
<tr>
<td></td>
<td>Observation of attending communication skills</td>
<td>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:  
  o Be a reliable source of aid for interns on service as well as nursing. |
| R6: | • Continue to demonstrate continued competency in R4 & R6 objectives as well as the following:  
  o 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>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
</table>
| Learn the systems involved in making inpatient unit safe | Interaction with unit team  
Interaction with nursing and support personnel | Verbal feedback at conferences  
Six month evaluations |

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:  
  o Know how to interact with different systems. |
| R6: | • Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:  
  o Be competent in working with systems involved in running a safe inpatient unit. |
Supervision:
Dr. Ben Powers is the associate program director at the KCVA and will assign you an attending for this rotation.

You will be under the supervision of the rotating attending. If a resident is assigned to this rotation, you may be asked to supervise and assist them in seeing consults as well.

Location: Kansas City Veterans Affairs Medical Center (VAMC)

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 has seen the patient and discussed the case with you.
2. You will be responsible for attending 2 outpatient clinics per week at the KCVAMC, while continuing your KU Continuity Clinic.
3. You will be responsible for providing interesting cases 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 hematology/oncology attending and maintain communication with outpatient chemotherapy clinic regarding patients future treatment plan.
5. You will follow the hematology/oncology patients admitted from clinic to the hospitalist service.

VA Required Conferences:

1. VA Multidisciplinary Tumor Board: Wednesday at 4 p.m. in 2nd floor Pathology Conference Room.
2. VA Chest Conference: Wednesday at 9:15 a.m. in 11th Floor Conference Room.
3. VA Hematology/Pathology Conference: 2nd and 4th Wednesdays of each month in 10-11:00 a.m., 2nd floor Pathology Conference Room.
4. VA Journal Club: Other Wednesdays 10:00 a.m.

KU Required Conferences:
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

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 Hematology/Oncology attendings when working with residents and students from the Silver team in the care of Hematology/Oncology 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

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>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 follow them</td>
<td>See outpatients in the clinic at VA and in Continuity Clinic at KU</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Learn the management of patients with emergent problems</td>
<td>See inpatient consults Tumor Board Textbook Follow patients admitted with emergent problems.</td>
<td>Chart Review M and M Written evaluation</td>
</tr>
</tbody>
</table>

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:
  - Provide specific recommendations regarding specific tests and procedures needed to make diagnosis and rule out other differential diagnosis.
  - 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:
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>
</table>
| Becomes proficient at communicating with referral physicians | Tumor Conference
Seeing patients and writing up consults | Written evaluation
Chart Review |
| Proficient at working with a team | Rounds with attending and nurse practitioners
Writing chemotherapy orders for inpatients and communicating with nurses | 360° Eval
Written evaluation |
| Proficient at communicating with patients | Observe attending.
Practice skills on rounds | Written feedback
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>
<thead>
<tr>
<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 Conferences, Rounds</td>
<td>Records of conference attendees Written evaluation</td>
</tr>
<tr>
<td>Reports to conferences regularly and on time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaves professionally towards colleagues</td>
<td>Tumor Conference</td>
<td>Written evaluation Observation</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.

R6:
- Continue to demonstrate the competencies in R4 & as well as the following:
  - 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.
  - 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</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Tumor Board</td>
<td>Written evaluation by attending</td>
</tr>
<tr>
<td>Learn the VA medical system and how to use it for the</td>
<td>Rounds and tumor boards</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>care of the patient</td>
<td></td>
<td></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:
  - Propose standard treatments based on textbooks and literature review with supervising attending’s input.
  - Discuss with medical team about proposed plan and recommendations.

**R6:**
- Continue to demonstrate the competencies in R4 &5 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
Kansas City VAMC Outpatient Rotation
Revised 3/17/2016

**Supervision:**
Your supervisor for this rotation will be Dr. Benjamin Powers. If you have any problems or concerns, please discuss them with him. His pager is 913-917-1726, and cell phone 913-634-0085. You will also be assigned daily clinics with the different VA attendings.

**Location:** KCVAMC Outpatient Clinic

**VA Required Conferences:**
1. VA Multidisciplinary Tumor Board: Wednesday at 4 p.m. in 2nd floor Pathology Conference Room.
2. VA Chest Conference: Wednesday at 9:15 a.m. in 11th Floor Conference Room.
3. VA Hematology/Pathology Conference: 2nd and 4th Wednesdays of each month in 10-11:00 a.m., 2nd floor Pathology Conference Room.
4. VA Journal Club: Other Wednesdays 10:00 a.m.

**KU Required Conferences:**
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

**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 how to discuss end-of-life issues with patients in the outpatient setting including advanced directives and durable power of attorney documents.
12. You will be required to answer the calls from chemotherapy clinic regarding patients that require medical attention. Further care should be decided in conjunction with patient’s treating oncologist/hematologist.
13. Learn chemotherapy regimens, doses, calculation and when to use adjusted body weight, route, schedule, and mechanism of action of chemotherapy drugs.
14. Learn clinical research protocols and importance of enrolling patients on clinical trials.
15. Learn to do safe, comfortable bone marrow aspirates and biopsies.
16. Learn the indications for bone marrow aspirates and biopsies.
17. Learn to read bone marrow slides.

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

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 aspirate and biopsy with the help of supervision attending or senior fellow. Able to perform all steps of bone marrow aspirate/ biopsy independently.
- 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:
  - Understand the differences of care provided within the VA and civilian / community service and adapt the care of patients within the VA system.
- 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.
• Able to perform bone marrow aspiration and biopsy using different techniques or patient position independently.

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 evaluation by attending 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 evaluation 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.
• Review slides from the teaching slide set provided by Dr. Mathur.

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 the diagnosis and rule out other differential diagnosis.
  o Be able to understand and know different treatment available for the common oncologic and hematologic diseases.
  o Be able to recognize standard bone marrow slides and biopsy of common hematologic and oncologic 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 state of the art therapy available and clinical studies ongoing for specific diseases that they are consulted on.
• 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</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, NCCN and 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</td>
<td>Feedback from patients</td>
</tr>
<tr>
<td>Improves communications skills with team</td>
<td>Seeing clinic patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tumor board</td>
<td>Written evaluation from attending</td>
</tr>
<tr>
<td></td>
<td>Working with nurse clinicians</td>
<td></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 fellow 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, pharmacists 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>
</table>
| Read literature and use it in planning care | Tumor Conferences 
  Literature search 
  Consult rounds | Feedback at Tumor Board 
  Feedback from attending |
| Will learn the VA system of health cares, its pros and cons | Clinical care of the patient | Staff feedback verbally |

**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 3/24/2016

**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 be assigned to two Oncology Outpatient Clinics a week and continue your Continuity Clinic.
3. You will gather and present challenging cases at the Friday Tumor Board and make sure that the NCCN guidelines are presented with appropriate staging completed.
4. 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:**
http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html

**Recommended Conferences (refer to above link):**
1. Breast Tumor Board
2. ENT Conference
3. Chest Conference
4. Liver Tumor Conference
5. Thyroid Tumor Board
6. GI Tumor Conference
7. KC Life Sciences Research Seminars (see calendar online)
8. Neuro Oncology Conference

**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 learn to manage those complications.
7. The fellow will learn how to use the NCCN guidelines in making a treatment plan.
8. The fellow will learn to work with mid-level providers.

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 treatment of individual malignancies</td>
<td>Multidisciplinary Tumor Boards See consults in the hospital and in clinic Follow NCCN guidelines</td>
<td>Written evaluation We will observe their conference presentations Confirm that NCCN guidelines are applied</td>
</tr>
<tr>
<td>Develop consultation expertise</td>
<td>See consultations Observe faculty Interact with primary teams to coordinate care</td>
<td>Written evaluation 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 Assist in establishing proper outpatient follow up</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 consultative evaluation of the patient.

R5: • Continue to demonstrate continued competency in R4 objectives as well as the following:
  o 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:
  o 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>
<tbody>
<tr>
<td>Learns treatment of individual malignancies</td>
<td>Tumor conference Consults Educational tapes NCCN Guidelines</td>
<td>Written evaluation Mini CEX</td>
</tr>
<tr>
<td>Learns management of acute complications</td>
<td>Sees walk-in patients Follow hospital and clinical course</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 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>
<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:
- Present cases at Tumor Board and receive feedback.

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 known cancer and those presenting with complications related to previously diagnosed cancers.

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 cancer patient.

4. Interpersonal Skills and Communication
### Teaching Methods

<table>
<thead>
<tr>
<th>Teaching Methods</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 Consults Observation of attendings</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Become proficient at working with a multidisciplinary treatment team</td>
<td>Tumor Board Communicates with nurses doing chemotherapy 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 by modeling the communication skills/etiquette of attending.

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

<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.

### System-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 Written evaluation</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</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:

<table>
<thead>
<tr>
<th>R4:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Learn how to utilize the online resources available.</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 R4 &amp; R5 objectives as well as the following:</td>
<td></td>
</tr>
<tr>
<td>- Be competent at using literature and guidelines to make care plans.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R6:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
<td></td>
</tr>
<tr>
<td>- Be an expert at utilizing guidelines and the literature to make treatment plans.</td>
<td></td>
</tr>
</tbody>
</table>
Supervision
The site director of Kansas City Hospice and Palliative Care of Kansas City, Missouri is Dr. Jay Riseman, Associate Medical Director. The learner may be assigned to Dr. Riseman or one of the other faculty present at the site including but not limited to Drs. Pam Harris or David Dugan. KU Med faculty may also be rounding at KCH&PC including Drs. Karin Porter-Williamson or Christi Bartlett.

Rotation
This is primarily a clinical observation rotation which will be done by senior fellows. One month is required but you may do others as an elective. You will accompany the staff of KCH&PC on home visits and hospice house rounds as well as the KU Med Palliative Care team on consults in the hospital. You will participate and observe interdisciplinary team meetings, participate in the weekly Didactic sessions and the quarterly Grand Rounds.

References
1. The EPIC training manual. A copy is available in the Oncology office as well as the Palliative Care office.
2. AAHPM Unipac Self-Study Program. A copy is available in the Oncology office as well as on the web.

Objectives
A. Improve skills in assessing and managing both acute and chronic pain
B. Improve skills in symptom management including but not restricted to constipation, nausea, vomiting and anxiety
C. Observe Home Hospice
D. Observe multidisciplinary management of patients at the end-of-life
E. Improve communication skills
F. Improve knowledge of the psychosocial aspects of chronic disease and end-of-life Educational Goals, Learning Activities and Evaluation Tools by
G. Improve skills in running a family meeting.

Competency

<table>
<thead>
<tr>
<th>Educational</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs efficient and focused interview assessing pain and symptoms</td>
<td>Home Hospice visits Consult rounds in hospital and inpatient Hospice.</td>
<td>Verbal evaluation by KCH&amp;PC attending Written evaluation.</td>
</tr>
</tbody>
</table>

Page | 94
<table>
<thead>
<tr>
<th>Prioritizes problems</th>
<th>Multidisciplinary team meetings Consult rounds Home visits</th>
<th>Verbal evaluation Written evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn about Home Hospice</td>
<td>Home Hospice visits</td>
<td>Self-evaluation</td>
</tr>
<tr>
<td>Learn multidisciplinary management</td>
<td>Attend team meetings</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

2. Medical Knowledge

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn pain management</td>
<td>Read Unipac series Review drugs and toxicity Didactics and Grand Rounds</td>
<td>Written evaluation Fellow exam</td>
</tr>
<tr>
<td>Improve communication skills</td>
<td>Observe family meetings Visit Hospice patients Participate in team</td>
<td>Written evaluation Oral feedback from staff</td>
</tr>
<tr>
<td>Improve symptom management</td>
<td>Observe Hospice physicians/nurses</td>
<td>Chart review of clinic patients</td>
</tr>
</tbody>
</table>

3. Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies areas of improvement</td>
<td>Multidisciplinary team meetings Home Hospice visits</td>
<td>Written and oral evaluation</td>
</tr>
<tr>
<td>Competent in assessing pain</td>
<td>Palliative Care consults</td>
<td>Chart review</td>
</tr>
</tbody>
</table>

4. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaves compassionately towards patient and families</td>
<td>Home Hospice visits Observes Hospice team with patients Reviews literature</td>
<td>Oral evaluation Team feedback and team meetings</td>
</tr>
<tr>
<td>Improves communication skills with team</td>
<td>Observe team meetings Observe home visits by other disciplines</td>
<td>Feedback from team meetings Written evaluation Self-evaluation</td>
</tr>
</tbody>
</table>

5. Professionalism

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to work and conferences on time</td>
<td>Conferences Home Hospice visits</td>
<td>Written evaluation 360 Degree evaluation</td>
</tr>
<tr>
<td>Behaves professionally toward colleagues and families</td>
<td>Home Hospice visits Multidisciplinary team meetings</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Respects privacy of patients and their homes</td>
<td>Home Hospice visits Multidisciplinary team meetings</td>
<td>360 Degree evaluation</td>
</tr>
</tbody>
</table>

6. Systems-Based Practice

<table>
<thead>
<tr>
<th>Educational Goal</th>
<th>Learning Activities</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well versed in searching literature</td>
<td>Didactics sessions Grand Rounds</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Reads PC literature and uses it in discussing plans</td>
<td>Grand Rounds Multidisciplinary team meetings Palliative Care consults</td>
<td>Written evaluation tool</td>
</tr>
</tbody>
</table>
Supervision
You will be under the direct supervision of Dr. Fen Wang. He may assign you to observe other faculty.

This rotation is a clinical and observational rotation that all fellows will participate in. **This rotation is done once. The exception is if a senior 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

**KU Required Conferences:**
[http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html](http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html)

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 faculty</td>
</tr>
</tbody>
</table>

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

- 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Learn indications for radiation therapy | Multidisciplinary conferences at KU | Written evaluation Participation in conferences
Learn normal tissue tolerance | Observe patient care | In service exam

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

- 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</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 Do literature searches online</td>
<td>Written evaluation</td>
</tr>
</tbody>
</table>

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

- Learn to critically assess the literature.

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 conferences participation Treatment planning conferences</td>
<td>Oral feedback Observation of skills at conference and feedback from program director</td>
</tr>
</tbody>
</table>

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

- 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</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Clinics</td>
<td></td>
</tr>
<tr>
<td>Behaves professionally toward colleagues and families</td>
<td>Multidisciplinary conferences</td>
<td>Written evaluation</td>
</tr>
<tr>
<td></td>
<td>Treatment Planning meetings</td>
<td></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:

- 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:

- 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 3/24/2016**

**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:**  
[http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html](http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html)

*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.</td>
<td>Written feedback from PRMC and disease committee meetings and mentor</td>
</tr>
<tr>
<td></td>
<td>Works with mentor to develop a hypothesis.</td>
<td></td>
</tr>
<tr>
<td>Learn to write appropriate dose reductions to maintain patient safety</td>
<td>Writing protocol</td>
<td>Attending feedback</td>
</tr>
<tr>
<td></td>
<td>Review other protocols done by SWOG</td>
<td></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>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<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>
<thead>
<tr>
<th>Educational Goals</th>
<th>Learning Activities/Teaching Methods</th>
<th>Evaluation Tools</th>
</tr>
</thead>
<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</td>
<td>Written evaluation</td>
</tr>
<tr>
<td>Didactics Session: Do literature searches and compare to attendings</td>
<td>Do literature searches and compare to attendings</td>
<td></td>
</tr>
<tr>
<td>Ability to follow different institutions guidelines and protocols for research between KUMC and KCVA</td>
<td>Didactics</td>
<td></td>
</tr>
<tr>
<td>Didactics Interaction with research institute</td>
<td>Interaction with research institute</td>
<td>Evaluation of protocol</td>
</tr>
<tr>
<td></td>
<td>Computer Exam</td>
<td></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:
- Understand the issues surrounding approval and security of Veterans Administration programs

<table>
<thead>
<tr>
<th>R6:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue to demonstrate continued competency in R4 &amp; R5 objectives as well as the following:</td>
</tr>
<tr>
<td>o Demonstrate competency in privacy regulations regarding use of patient data between or across healthcare systems if required</td>
</tr>
</tbody>
</table>
Hematology/Oncology Fellowship Program  
University of Kansas Continuity Clinic  
Revised 3/24/2016

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) or Dr. Taylor (913-917-0083) and if you are on Tuesday afternoon, Dr. Neupane (917-912-4265), Dr. O’Dea (913-917-4607), or Dr. Yacoub (913-917-2509). 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 diseases. 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 may place patients you see in consult in the hospital in this clinic for follow up but will also be assigned patients on a random basis from the nurse navigator.

Location: The Westwood Outpatient Care Facility at 2650 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 or ASH Curriculum. It is understood that Medical Oncology and Hematology are rapidly growing specialties 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.
11. The fellow will learn to work in a team and to see how the system works.
12. The fellow will improve their knowledge about appropriate referrals.

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</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:
  - 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:
  - 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:
  - 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>
<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 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:
  - 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>
<tbody>
<tr>
<td>Sees patients in a timely fashion</td>
<td>Clinic patients</td>
<td>Written evaluation 360 evaluation</td>
</tr>
<tr>
<td>Reports to conferences 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 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>
<tr>
<td>Be able to use the EMR and problem list efficiently</td>
<td>Seeing patients in the outpatient area.</td>
<td>QOPI Written evaluation 360° eval</td>
</tr>
</tbody>
</table>

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:**

[http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html](http://www.kumc.edu/school-of-medicine/internal-medicine/medical-oncology/fellowships/didactics-and-conferences.html)

**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></td>
<td></td>
<td></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:  
  o Be competent in working with consulting physicians.

R6:  
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:  
  o 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:  
  o Show ability to work well with the treatment team.

R6:  
- Continue to demonstrate continued competency in R4 & R5 objectives as well as the following:  
  o 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:  
  o 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:
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>
<tr>
<td></td>
<td></td>
<td>Written evaluation</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 Program Evaluation by Fellow

<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>Score</th>
<th>Overall</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General fn of educational activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Quality and quantity of written material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical faculty evaluation by clinical care, teaching and research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Support from faculty, c.s. salary, benefits, counseling, accommodations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required: Must indicate if response is not met.

**Total Score:** 8

### Annual Program Evaluation by Faculty

<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>Score</th>
<th>Overall</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General fn of educational activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Quality and quantity of written material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical faculty evaluation by clinical care, teaching and research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Support from faculty, c.s. salary, benefits, counseling, accommodations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Additional Comments (Optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required: Must indicate if response is not met.

**Total Score:** 8

### Annual Faculty Evaluation by Program Director

<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>Score</th>
<th>Overall</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Commitment to Educational Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical Knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Professionalism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Scholarly Activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Other evaluator comments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required: Must indicate if response is not met.

**Total Score:** 8
## Bone Marrow Transplant

<table>
<thead>
<tr>
<th>1. Commitment to exercise, anti-cancer treatment, and regimen adherence</th>
<th>1. Commitment to exercise, anti-cancer treatment, and regimen adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Commitment to exercise</td>
<td>1.1. Commitment to exercise</td>
</tr>
<tr>
<td>1.2. Commitment to anti-cancer treatment</td>
<td>1.2. Commitment to anti-cancer treatment</td>
</tr>
<tr>
<td>1.3. Commitment to regimen adherence</td>
<td>1.3. Commitment to regimen adherence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Commitment to improvement in specific aspects of health</th>
<th>2. Commitment to improvement in specific aspects of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Commitment to improvement in specific aspects of health</td>
<td>2.1. Commitment to improvement in specific aspects of health</td>
</tr>
<tr>
<td>2.2. Commitment to improvement in specific aspects of health</td>
<td>2.2. Commitment to improvement in specific aspects of health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Commitment to improvement in specific aspects of health</th>
<th>3. Commitment to improvement in specific aspects of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1. Commitment to improvement in specific aspects of health</td>
<td>3.1. Commitment to improvement in specific aspects of health</td>
</tr>
<tr>
<td>3.2. Commitment to improvement in specific aspects of health</td>
<td>3.2. Commitment to improvement in specific aspects of health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Commitment to improvement in specific aspects of health</th>
<th>4. Commitment to improvement in specific aspects of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Commitment to improvement in specific aspects of health</td>
<td>4.1. Commitment to improvement in specific aspects of health</td>
</tr>
<tr>
<td>4.2. Commitment to improvement in specific aspects of health</td>
<td>4.2. Commitment to improvement in specific aspects of health</td>
</tr>
</tbody>
</table>

---

*Required: Patient physician plan review on each case*
## CORE Lecture

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The role of the individual student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Objectives were clearly presented</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Questions were asked and answered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Preparation content was consistent with presentation title</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Speaker Evaluation

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Speaker’s knowledge of the subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Speaker’s organization, clarity, flow, and manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Speaker’s ability to foster group participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Speaker’s use of visual aids or other media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Speaker’s use of visual aids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Speaker’s knowledge of the subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments

[Blank]

---

## Clinical Research Module

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicates effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adheres to responsibilities and follows through on tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Exhibits integrity and ethical behavior in professional settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Solves problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Learns and monitors new knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Works effectively in an interprofessional team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Skills Assessment

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Identifies and implements strategies for improving performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Adheres to responsibilities in daily practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Adheres to responsibilities in team practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments

[Blank]
### Evaluation by Fellow of Faculty or Community Physician

<table>
<thead>
<tr>
<th>Skill or Task</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates superior interpersonal skills and communicates effectively.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates a broad knowledge of medicine and is proficient in supporting clinical skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Participates actively in interdisciplinary team meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maintains current medical knowledge and stays informed about new developments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Provides feedback on the performance of peers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Exhibits professionalism and integrity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Manages time and workload effectively.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Please rate each item on a scale of 1 to 5.
- Select the appropriate level for each item.
- Provide additional comments if necessary.
Final Summative Review Form

DATE: __________________________

NAME: __________________________

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Conf. Attend</th>
<th>Procedures</th>
<th>360° Evalu</th>
<th>Standardized Patient</th>
<th>Scholarly Activity</th>
<th>Mini-CEX</th>
<th>In-Training Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Action Plan:

Core Competencies

<table>
<thead>
<tr>
<th></th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERIOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Interpersonal & Communication Skills

   1  2  3  4  5  6  7  8  9
   
   Note content is appropriate
   Interpersonal skills with staff
   Presents cases in clear, concise manner

COMMENTS:

2. Medical Knowledge

   1  2  3  4  5  6  7  8  9
   
   Reads service specific literature
   Develops appropriate differential diagnoses
   Has appropriate knowledge base for level of training

COMMENTS:

3. Patient Care

   1  2  3  4  5  6  7  8  9
   
   Demonstrates understanding of clinical problems
   Demonstrates appropriate physical exam skills
   Demonstrates appropriate test selection
   Advocates for patients

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

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|---|
Identifies areas for improvement and applies it to practice
Shows interest in learning from complex care issues
Participates in educational activities

**COMMENTS:**

**Professionalism**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|
Displays a professional attitude
Completes work in a timely fashion and attends rounds on time
Responsible for their workload

**COMMENTS:**

**System-based Practice**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
---|---|---|---|---|---|---|---|---|
Effectively utilizes hospital resources
Communicates effectively with consultants
Advocates for quality patient care and assists
Patients in dealing with systems complexities
Understanding of health care delivery appropriate for level of training

**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 residents 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 residents medical records has occurred? ______________
7. Is there documentation of this residents 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: ____________________________________
### GynOnc

#### Gynecologic Oncology

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 1</td>
<td>Detailed description of the first procedure.</td>
</tr>
<tr>
<td>Procedure 2</td>
<td>Detailed description of the second procedure.</td>
</tr>
<tr>
<td>Procedure 3</td>
<td>Detailed description of the third procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 4</td>
<td>Detailed description of the fourth procedure.</td>
</tr>
<tr>
<td>Procedure 5</td>
<td>Detailed description of the fifth procedure.</td>
</tr>
<tr>
<td>Procedure 6</td>
<td>Detailed description of the sixth procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 7</td>
<td>Detailed description of the seventh procedure.</td>
</tr>
<tr>
<td>Procedure 8</td>
<td>Detailed description of the eighth procedure.</td>
</tr>
<tr>
<td>Procedure 9</td>
<td>Detailed description of the ninth procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 10</td>
<td>Detailed description of the tenth procedure.</td>
</tr>
<tr>
<td>Procedure 11</td>
<td>Detailed description of the eleventh procedure.</td>
</tr>
<tr>
<td>Procedure 12</td>
<td>Detailed description of the twelfth procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 13</td>
<td>Detailed description of the thirteenth procedure.</td>
</tr>
<tr>
<td>Procedure 14</td>
<td>Detailed description of the fourteenth procedure.</td>
</tr>
<tr>
<td>Procedure 15</td>
<td>Detailed description of the fifteenth procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 16</td>
<td>Detailed description of the sixteenth procedure.</td>
</tr>
<tr>
<td>Procedure 17</td>
<td>Detailed description of the seventeenth procedure.</td>
</tr>
<tr>
<td>Procedure 18</td>
<td>Detailed description of the eighteenth procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 19</td>
<td>Detailed description of the nineteenth procedure.</td>
</tr>
<tr>
<td>Procedure 20</td>
<td>Detailed description of the twentieth procedure.</td>
</tr>
<tr>
<td>Procedure 21</td>
<td>Detailed description of the twenty-first procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 22</td>
<td>Detailed description of the twenty-second procedure.</td>
</tr>
<tr>
<td>Procedure 23</td>
<td>Detailed description of the twenty-third procedure.</td>
</tr>
<tr>
<td>Procedure 24</td>
<td>Detailed description of the twenty-fourth procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 25</td>
<td>Detailed description of the twenty-fifth procedure.</td>
</tr>
<tr>
<td>Procedure 26</td>
<td>Detailed description of the twenty-sixth procedure.</td>
</tr>
<tr>
<td>Procedure 27</td>
<td>Detailed description of the twenty-seventh procedure.</td>
</tr>
</tbody>
</table>

#### Gynecologic Oncology (cont.)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 28</td>
<td>Detailed description of the twenty-eighth procedure.</td>
</tr>
<tr>
<td>Procedure 29</td>
<td>Detailed description of the twenty-ninth procedure.</td>
</tr>
<tr>
<td>Procedure 30</td>
<td>Detailed description of the thirtieth procedure.</td>
</tr>
</tbody>
</table>
### Hematology Consults

<table>
<thead>
<tr>
<th>Question</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Common hematopoietic cells, including bone marrow and peripheral blood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Iron metabolism, including iron stores and transport proteins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Anemia and iron deficiency anemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Thrombocytopenia and platelet function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Neutropenia and neutrophil function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Osteoporosis and bone turnover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Myelodysplastic syndromes and related diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Multiple myeloma and related diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Lymphoma and related conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Leukemia and related diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Bone marrow failure and related conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Consultants should review the above questions and provide relevant guidance.*
<table>
<thead>
<tr>
<th>Hematology InPatient</th>
<th>&quot;N&quot;ot Met</th>
<th>&quot;M&quot;et (Unmet)</th>
<th>&quot;M&quot;et (Met)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicate effectively with patients and their family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Communicate effectively in emergencies, including with police, fire, and other health care professionals, and those without language barriers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Approach all patients as complete health care partners.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ask the right questions and follow up on tasks.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Respond to each patient's social characteristics and needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Enroll in their own health care activities whenever possible.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Review the patient's medical history.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Perform physical exam on admission.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Perform the appropriate diagnostic tests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Manage patients with progressive responsibilities and expectations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Possess Clinical judgment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Knowledge of diagnostic testing and procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Learn and improve on feedback.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Ask the patient what the problem is.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Select appropriate diagnostic tests.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Manage patients effectively within the scope of nursing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Competency.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Hematology Oncology Alumni Fellowship Survey**

### 1. How would you rate your knowledge on the following scenarios?

<table>
<thead>
<tr>
<th>Scenario</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hematology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematologic Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mesothelial Neoplasms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology Consults - IU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology Consults - IU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology Faculty - IU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Staff Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skeletal Trasplant Inpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skeletal Trasplant Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. Please rank the following list and rate whether or not you feel the amount of time allowed for this activity topic was:

<table>
<thead>
<tr>
<th>Topic</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robotics Lectures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Conference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multidisciplinary Conference (MTC-PMI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Marrow Transplant Conference (GHT-MU)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Grand Conference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynecology Oncology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology Consults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Staff Patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Clinic - IU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology Journal Club</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology Journal Club</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Marrow Transplant Inpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Marrow Transplant Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. The following is a list of procedures you should have learned. Please indicate if you feel you have:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Catheter Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous Chemotherapy Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Product Orders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Product Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Marrow Aspiration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Marrow Biopsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukapheresis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hematology Oncology Alumni Fellowship Survey continued

Oncology Consults

1. Communicates effectively with patients and caregivers.
2. Communicates effectively in non-clinical areas (e.g., with peers, consultants, nurses, other providers, etc).
3. Has professional and ethical connections with patients, caregivers, and members of the institution.
4. Assumes responsibility and follows through on tasks.
5. Serves as a mentor and resource to others.
6. Designs and establishes comprehensive plans for each patient.
7. Manages patient's progressive responsibility and independence.
9. Manages knowledge of diagnostics testing and procedures.
10. Serves as a resource to patients and families.
11. Transition and collaboration with and across health delivery systems.
12. Comments.

10% 10% 10% 10%
### Palliative Care

#### Semi Evaluation – Fellow of Self

<table>
<thead>
<tr>
<th>Importance/Commumications Skills</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Note and record patient's important communication skills (OCW)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Note and record patient's emotions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Communicate well with patients and families (OCW)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Regularly update medical knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. General medical knowledge base and personal experience</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How would you describe your patient care? (OCW)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Management</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. How would you use your own system-based method? SEEP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards Compliance - Teaching Skills</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. How would you use your teaching strategies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. How would you use your teaching strategies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Have you developed any teaching or learning strategies?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supportive Care</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Have you developed any supportive care strategies?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Revised Form*
### Semi Evaluation – Nurse of Fellow

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Energy</th>
<th>Average</th>
<th>Agreed</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Fellow is available in a timely manner when requested by patients and team members</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2. The Fellow demonstrates effective and respectful communication with patients and their family</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3. The Fellow demonstrates effective and respectful communication with patients and their family</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

### Semi Evaluation – Peer to Peer

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Energy</th>
<th>Average</th>
<th>Agreed</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicates well with other physicians</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2. Communicates well with patients and families</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3. How well does the Fellow communicate with other physicians</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

### Semi Evaluation – Support Staff of Fellow

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Energy</th>
<th>Average</th>
<th>Agreed</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How well does the Fellow demonstrate accountability</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2. How well does the Fellow demonstrate accountability</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3. How well does the Fellow communicate with other physicians</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>4. How well does the Fellow demonstrate effective and respectful communication</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

---

*Please write about strengths, weaknesses, and areas of improvement.*
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.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicates effectively with patients and caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Communicates effectively with health care providers and other health care professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Has positive and professional interactions with patients, caregivers, and members of the health care team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assumes responsibility and follows through on tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Responds to patients' unique characteristics and needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Exhibits eagerness, enthusiasm, and professionalism toward patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Demonstrates skill in performing and interpreting medical procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Possesses technical knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Knowledge of diagnostic testing and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Structures practice with a goal for improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Learns and improves via feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Patient education includes comprehensive care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### VA OutPatient

#### 1. Communicates Effectively with Patients and Companions
- [ ] Demonstrates effective communication skills.
- [ ] Listens actively and facilitates understanding.
- [ ] Responds appropriately to patients and companions.
- [ ] Demonstrates empathy.

#### 2. Communicates Effectively in Nonverbal Terms (e.g., voice, body language, facial expression, and other nonverbal behaviors)
- [ ] Demonstrates effective nonverbal communication.
- [ ] Demonstrates nonverbal responsiveness.
- [ ] Maintains eye contact and posture.

#### 3. Appears Professional and is Congenial to Patients
- [ ] Professional appearance and demeanor.
- [ ] Demonstrates congeniality.
- [ ] Demonstrates reliability.

#### 4. Has Permanent and Supportive relationship with Patients, Recognizes and Supports the Changes of Patients With Pervasive Developmental Disorders, Such as Autistic Spectrum Conditions, and Their Family Members
- [ ] Demonstrates a supportive relationship with patients.
- [ ] Recognizes and supports changes in patients.

#### 5. Adheres Respectfully to Patient Rights Through Informed Consent
- [ ] Informed consent is obtained before procedures.
- [ ] Protects patient confidentiality.

#### 6. Responds to Patients’ Unique Constituents and Needs
- [ ] Demonstrates understanding of the patient’s unique constituents.
- [ ] Responds to patients’ needs.

#### 7. Balances Integrity and Ethical Behavior in Professional Conduct
- [ ] Maintains ethical standards.
- [ ] Demonstrates integrity.

#### 8. Develops and Maintains a Comprehensive Treatment Plan for Each Patient
- [ ] Develops a comprehensive treatment plan.
- [ ] Demonstrates ongoing evaluation and modification.

#### 9. Supports and Maintains Treatment Plan for Each Patient
- [ ] Supports the treatment plan.
- [ ] Maintains treatment goals.

#### 10. Demonstrates Skillful and Sensitive Interpersonal Relationships and Teamwork
- [ ] Demonstrates interpersonal skills.
- [ ] Demonstrates teamwork.

#### 11. Maintains a Patient-Centered Approach
- [ ] Demonstrates patient-centered approaches.
- [ ] Maintains patient-focused care.

#### 12. Handles Clinical Information, Privacy, and Confidentiality
- [ ] Handles clinical information confidentially.
- [ ] Demonstrates understanding of privacy.

#### 13. Maintains Professional Boundaries
- [ ] Maintains professional boundaries.
- [ ] Demonstrates awareness of boundaries.

#### 14. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 15. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 16. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 17. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 18. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 19. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 20. Maintains Professional Boundaries
- [ ] Demonstrates awareness of boundaries.
- [ ] Maintains professional boundaries.

#### 21. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 22. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 23. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 24. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 25. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 26. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 27. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 28. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 29. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 30. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 31. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 32. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 33. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 34. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 35. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.

#### 36. Demonstrates Effective Written and Verbal Communication
- [ ] Demonstrates effective written communication.
- [ ] Demonstrates effective verbal communication.
360° Patient Evaluation

School of Medicine
Department of Internal Medicine
Division of Hematology/Oncology

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.

Please inter-office mail the forms to Fellowship Coordinator at below MS 5003.
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:
   - Patient decompensation or intolerance to the procedure
   - Bleeding that is not resolved
   - 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:**
   - Lidocaine cream with occlusive dressing
   - 16-gauge 2-1/2 or V bone marrow needle
   - (3) 10ml syringes
   - 25-gauge needles
   - 20-gauge needles
   - 4 x 4 and 2 x 2 gauze pads
   - Povidone-iodine swabs
   - Sterile drapes
   - Lidocaine 1% multi dose vial
   - Alcohol swabs
   - Elastoplast adhesive, or other pressure dressing
   - Sterile gloves

6. **Procedure:**
   - Prior to the procedure
     - Obtain consent for procedure
     - 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 taut 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 attaché 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. MedHub
      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 MedHub 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 MedHub.