



2019-2020  
Gynecologic Oncology Fellowship Manual

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The following pages contain information, rules and regulations pertaining to your Fellowship.

It is important that all Fellows review these pages along with the GME Manual and ask any questions they may have. Failure to read and understand the information contained within this manual does not excuse the Fellow from adherence and possible disciplinary action.

There have been policy changes implemented for 2019-2020, each Fellow should carefully review the entire manual.

Fellows are expected to review each rotation section prior to the start of the rotation.

**NOTE:** Policies and Procedures within this manual are subject to change and are superseded by AdventHealth Policies and Procedures as well as AH GME Manual.

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# MANUAL ACKNOWLEDGEMENT

I, \_\_\_\_\_ acknowledge that I am aware that the  
Print Name

Fellowship Manual and AdventHealth GME Manual are located on the  
AHGME.com website and that it is my responsibility to read these manuals in  
their entirety and to ask questions if content is unclear.

\_\_\_\_\_  
Signature of Fellow

\_\_\_\_\_  
Date

**NOTE:** This signed acknowledgment is due to the Program Coordinator in Medical Education.

## **Our Mission & Values**

Adventist Health System employees draw motivation and direction from six strongly held principles. These principles guide the manner in which we treat each other and those we serve.

### **Christian Mission**

We exist to serve the needs of our communities in harmony with Christ's healing ministry and incorporate Christian values at every level of service.

### **Focus on Community Wellness**

We commit time, talent and financial support to educate our neighbors in the principles of illness prevention and healthful living.

### **Quality and Service Excellence**

We strive to meet or exceed both the service standards of the health care industry and the expectations of the patients we serve and measure our success through continuous surveying of patient satisfaction.

### **High Ethical Standards**

We conduct our business with integrity, honesty and fairness. As responsible stewards, we use our financial resources wisely by choosing business practices which are cost-effective, productive and result in a fair return on investment.

### **Compassion**

We are sensitive to the needs of the individuals and families we serve and meet their needs with kindness and empathy.

### **Cultural Diversity**

We value the diversity of our patients, employees, business colleagues and visitors and treat them with kindness and respect regardless of their background, race, religion or culture.

## **STATEMENT OF COMMITMENT GRADUATE MEDICAL EDUCATION**

AdventHealth is committed in its continuing support and sponsorship of its Graduate Medical Education training programs. We have supported Graduate Medical Education at AdventHealth from its inception in 1973. We are fully committed to its continued existence and growth, and the maintenance of its excellence.

As a faith-based health care organization, AdventHealth's mission is "To Extend the Healing Ministry of Christ" and Graduate Medical Education is a vital part of that mission. For this reason we will continue to provide the necessary financial support for administrative, educational, clinical, and human resources to ensure its ability to provide an enriched environment in which resident physicians of diverse backgrounds can develop personally and professionally within the context of the general competencies as prescribed by the accrediting bodies. AdventHealth is responsible to provide a safe and supportive learning atmosphere where scholarly and scientific research activities are not only encouraged, but expected of the faculty and residents.

AdventHealth, through its Graduate Medical Education Committee, has the responsibility for the oversight and administration of all Graduate Medical Education programs, the establishment of educational policies, the review of affiliation agreements, the monitoring of resident working conditions, and the coordination of internal reviews for each program. An appointed Designated Institutional Official, functions with the authority and responsibility for assuring compliance for all institutional requirements.

The administrative officers of AdventHealth, its governing board and medical staff, remain firmly committed to Graduate Medical Education. Many of the medical staff are active preceptors and attendings, and they enjoy the challenge, stimulation and camaraderie provided by the teaching programs, and strive to maintain that atmosphere as part of our basic institutional character.

## **FROM THE PROGRAM DIRECTOR**

The founder of AdventHealth, believed physical healing by itself is not enough. They believed, as we do today, that a person's physical health is closely linked with his/her spiritual, emotional and mental well-being; and they sought to provide a place where each of these aspects of the whole person could find both healing and nurture.

Today, more than 109 years later, AdventHealth is committed to these same goals, and to provide excellent medical care through state-of-the-art serviced, equipment and training.

The Gynecologic Oncology Fellowship Program at AdventHealth Orlando trains physicians to provide high quality, comprehensive care for the whole person.

We believe our Gynecologic Oncology Fellowship Program is among the finest available globally.

This manual will acquaint you with the Gynecologic Oncology Fellowship Program. It is important for all Fellows to review these pages and ask the Graduate Medical Education Department Staff, the Program Coordinator, or myself, any questions you may have.

**Nathalie McKenzie, MD, MSPH**  
Program Director  
Gynecologic Oncology Fellowship Program  
AdventHealth Orlando



# **GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM**

## **Introduction to Fellowship**

The osteopathic profession has long been recognized as a source of primary care physicians. In recent years there has developed an increased demand for physicians trained in comprehensive ambulatory medical care for urban and rural areas.

An Osteopathic Gynecologic Oncologist is equipped with a broad base of medical knowledge and skills including the ability to relate to patients, families, and community. At the heart of our program is our deep desire to make a difference in the life of each patient we serve. Our care providers not only focus on the disease, but on the whole person, providing comprehensive educational, emotional and spiritual support.

The Gynecologic Oncologist contributes expertise to community needs such as home care, community medicine, and other health oriented activities. Peer review organizations, state welfare, Medicare, medical insurance and managed care are thoroughly understood. The Gynecologic Oncology Fellowship Program at AdventHealth Orlando provides experience in all these areas to develop competency in each Fellow.

## **Program Description**

Our program allows flexibility to address and satisfy each Fellow's educational needs and practice preferences. Fellows care for patients a minimum of twenty-five (25) percent of their time in the continuity of care clinic. Full and part time Gynecologic Oncology proctors supervise these experiences. Other rotations in specialty and subspecialty areas provide needed knowledge and skills. Required rotations include Critical Care, Radiation Oncology, Colon and Rectal with significant exposure over the length of training to include Urology, Surgery, Pathology, Statistics, and Research. Additional specific requirements are mandated for the Gynecologic Oncology Fellows. Additional inpatient and/or outpatient training may be desired or needed.

The program's responsibilities require mature, well motivated, self disciplined Fellows with a clear vision of their future goals. Fellows assume responsibility for their education. Ambulatory patient care as opposed to hospital medicine is the program's emphasis. The program prepares Fellows to practice "solo" or with a group. Fellows have the opportunity to spend time in a variety of Gynecologic Oncology settings. Continuity of care includes following the patients in the clinic for two years and in AHO when they are hospitalized from the Fellowship clinic. Inpatient care plays a major role in our Gynecologic Oncology training. These experiences with complex, critically ill patients provide Fellows exposure to acute episodes, relapses of chronic diseases, and end stages of disease processes routinely seen in the outpatient setting. The didactic program consists of informal discussions, morning reports, Journal Clubs, Tumor Boards, Morbidity and Mortality, and the formal programs at AHO. Funds and time for CME courses are available, subject to approval by the Gynecologic Oncology program director and DIO.

## Faculty



**Nathalie McKenzie, MD, MSPH**  
Program Director



**Robert W. Holloway, MD**  
Faculty & Medical Director



**James Kendrick, MD**  
Faculty & Director of Clinical Operations



**Sarfraz Ahmad, PhD**  
Director of Clinical Research

## Fellowship Mission Statement

The Gynecologic Oncology Fellowship is operated by AdventHealth, a not-for-profit health care institution, to further its mission “To extend the healing ministry of Christ.”

In the furtherance of this mission, the Fellowship is dedicated to the development and maintenance of a training program of the highest quality whose mission is “To extend the healing ministry of Christ by preparing compassionate and competent Gynecologic Oncologists.”

In its striving for excellence, the Fellowship Program is committed to serving the community, the sponsoring institution, the faculty, staff and Fellow physicians.

## General Goals of the Program

The Gynecologic Oncology Fellowship Program provides the basic Fellowship requirements for certification by the American Osteopathic Association (AOA), the American College of Osteopathic Obstetricians & Gynecologists (ACOOG), the American Board of Obstetrics and Gynecology (ABOG), the American Congress of Obstetricians and Gynecologists (ACOG), and the Society of Gynecologic Oncology (SGO). The Gynecologic Oncology Fellowship Program at AdventHealth complies with the standards and requirements of the ACGME, ABOG, ACOOG, AOBOG, ACOG, and SGO and AAGL. The Gynecologic Oncology Fellowship Program is designed to improve proficiency in the knowledge and art of diagnosis, treatment, and practicing Gynecologic Oncology in an ambulatory setting.

Goals are:

1. Recognize the concept of providing quality comprehensive medical care.
2. Awareness of community needs and their effect on individual and public health problems.
3. Recognize psychosocial aspects of Gynecologic Oncology.
4. Be familiar with financial, legal, and business areas of practice.
5. Be aware of requirements and procedures of hospital, professional, third party payers, and government involvement with medical practice.
6. Understand the relationship of biological, psychological, sociological and spiritual components of health and illness in the ambulatory setting.
7. Improve diagnostic skills.
8. Understand interdisciplinary team approach to maintenance and delivery of health care.
9. Allow for the integration of osteopathic principles in diagnosis and treatment of patients.
10. Understand skills necessary to be a competent clinician, teacher and clinical researcher.
11. Recognize the needs and methods of continuing medical education throughout the professional life.
12. Understand the indications and methods of Gynecologic Oncology procedures.

## Facilities

AdventHealth, a 2,247-bed acute-care medical facility, is a member of Adventist Health System. We serve as a community hospital for Greater Orlando and as a major tertiary referral hospital for Central Florida and much of the Southeast, the Caribbean and Latin America. Adventist Health System operates 47 hospitals in ten states making it the largest not-for-profit protestant health care system in the United States.

Treating more newly diagnosed cancer patients than any other health system in Florida, the AdventHealth Cancer Institute (AHCI) and the Gynecologic Oncology Center are pushing the limits of cancer expertise, technology and patient care. From our Coordinated Care Programs that provide one-on-one support to our nationally recognized clinical research center, we offer patients the very best treatment in a state-of-the-art environment.

Dedicated to the early detection and treatment of a wide range of cancers affecting women, the Gynecologic Oncology Center treats more patients than any other program of its kind in the entire Southeast. The Gynecologic Oncology Center is nationally recognized as a leader in collaborative cancer research and treatment.

## Parking

Parking facilities for physicians are available to fellows (access requires the use of ID badge) at the Alden Street parking garage and King Street parking garage.

## Distance Policy

AH GME physicians in training should make every effort to live in a 10 mile radius of AdventHealth Orlando. This allows the Fellow to be in close proximity when needed to return to the hospital for patient care.

## Medical Library

Library Manager: Nancy Aldrich  
Phone: 407-303-1860

The Medical Library at AH provides information for patient care, continuing education, management, and research. The library has approximately 1500 books, 1000 reference books and subscriptions to 319 journals to help fulfill this responsibility. There is a card catalog and a journal holdings list to acquaint patrons with the library holdings. There is interlibrary loan service available for materials not available in this library.

Fellows can also access the University of Central Florida and Florida State University College of Medicine libraries after their affiliate faculty appointment as Instructor has materialized.

A virtual library is available at the AH website. To log on to this site from outside the AH network, a token is required. This token will be provided to you during orientation by the Physician Informatics Team.

To access the virtual library from the internet:

[www.floridahospital.com](http://www.floridahospital.com) → Click on “Physicians” → Click on the AH MD logo

## Annual Program Review

In accordance with ACGME requirements, the educational effectiveness of a program must be evaluated at least annually in a systematic manner. Representative program personnel (i.e., at least the program director, representative faculty, and one Fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent ACGME resident and faculty survey results, and the Fellows’ confidential written evaluations of faculty, rotations,

and the program. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting (maintained by the program).

The program should use Fellow performance and outcome assessment in its evaluation of the educational effectiveness of the Fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the Fellowship program.

Each program will be required to present an annual report to the GMEC regarding the effectiveness of the program. The report should include the following:

- List of those involved in the annual review
- Most recent Self-Study, if applicable
- Progress in correcting citations/concerns and recommendations from the most recent GMEC internal review of the program
- Quality improvement activities involving Fellows
- List identifying Fellows on department and hospital committees
- Research and scholarly activity of faculty and Fellows
- Fellow supervision
- Duty hours compliance
- Other required Fellow policies
  - Selection
  - Evaluation
  - Promotion
  - Dismissal
- Program affiliation agreements with participating institutions
- Review of educational goals and objectives
- Core competencies – how they are taught and evaluated

### **Effectiveness**

Fellow progress between training years will be monitored by the program director and the clinical competency committee.

### **Outcomes**

Each trainee will develop skills to professionally and competently care for patients in a variety of clinical settings. Each trainee will develop academic skills to successfully pass certification boards on first attempt.

### **Remediation Plan**

Fellows not meeting an acceptable level of achievement on core competency evaluations and milestones will be required to complete an academic improvement plan developed in by the program director and CCC and reviewed with the DIO as applicable prior to implementation.

# FELLOW RECRUITMENT AND APPOINTMENT

## Fellowship Eligibility Criteria

Refer to GMEC policy 1005 A and 1005 B found in the GME Manual.

## Fellowship Selection Policy and Procedures

1. Applicants that meet all eligibility requirements express their interest in the Fellowship program to the Program Director or Program Coordinator.
2. Information regarding the program along with an application is sent to interested applicants.
3. When the application has been completed and returned to the program, it will be reviewed by the Program Director and Program Coordinator.
4. Applicants will be contacted via email or telephone and given instructions regarding scheduling an interview.
5. The interview process is conducted as follows:
  - a. The applicant is advised to report to the Office of Graduate Medical Education
  - b. The Program Director, selective faculty, and current Fellows (known as the selection committee) will interview the applicant
  - c. Applicants may tour the AdventHealth Cancer Institute and the Gynecologic Oncology Center and meet other faculty, staff, and fellows
6. Each interviewer will complete an evaluation on each applicant, covering the following areas:
  - a. Professional direction
  - b. Personal characteristics and interpersonal communication skills
  - c. Clinical competence
  - d. Overall potential as a Fellow in our program
7. Each applicant's file is reviewed and screened by the Program Director, Program Coordinator and selection committee. The following criteria reviewed:
  - a. Curriculum vitae
  - b. Personal statement
  - c. Transcript
  - d. USMLE or COMLEX scores
  - e. Letters of recommendation
8. All applicants who have been interviewed will be reviewed for ranking by the selection committee.
9. A rank list will be created and entered into the NRMP.
10. The Program Director will contact applicants to follow-up and answer any additional questions. The final rank list is at the discretion of the Program Director and is confidential.
11. Applicants that match will be contacted and contracts will be sent within 10 working days of the match results.

The Gynecologic Oncology Fellowship Program invites applications without regard to sex, race, age, religion, ethnicity, national origin, non-restricting disabilities, sexual orientation and/or veteran status.

## International Medical Graduates and Visa Policy

It is up to the program director and core faculty to determine if the program will consider international medical graduates and whether the program will consider any trainee on a Visa. Refer to GME Manual for additional details.

## Fellow Appointment

Details regarding resident / fellow appointment can be found in the GME Manual.

AH GME will assure that appointed residents and fellows are provided with a written agreement/contract, renewable on an annual basis, which outlines the terms and conditions of their appointment to a program. A resident's initial agreement and subsequent renewal agreement will be issued by the AH GME Human Resources Coordinator. All questions pertaining to the agreement should be directed to AH GME for clarification.

## Orientation

Fellows are required to attend the AH-mandated employee orientation as well as AH GME orientation prior to the start of the fellowship. The Gynecologic Oncology program will conduct a program-specific orientation during the first week of the Fellowship for all new physician trainees. This orientation will introduce Fellows to the program and clinical sub-specialty requirements.

The Fellow will be introduced to administration officials and various patient care disciplines. The hospital's rules and regulations, benefits, human resources policies, advanced directives information, health sciences (library) services, risk management procedures, and health information management (medical records) systems will be covered.

The orientation process exposes the Fellow to the culture and functions of the AdventHealth System, AdventHealth Orlando and Gynecologic Oncology Fellowship Program.

Topics covered in the GME and Program Orientation may include, but are not limited to:

- ACLS/PALS certification (if needed)
- General Overview of Fellowship
- AdventHealth in Perspective
- Medical Library
- Lab Coats
- Fellowship Success
- Safety & Security
- Infection Control
- HIPAA
- Research
- Clinical Performance Improvement
- Human Resources Processing/Employee Physicals
- Case Management
- PICC Team
- Nursing Administration
- Palliative Care
- Health Information Management
- Team Building
- Physician Support Services
- Manual Review
- New Innovations
- Whole Person Care
- Risk Management
- Coding/Billing

# FELLOW RESPONSIBILITIES

## Fellow must:

1. Maintain satisfactory records of work performed and submit these records on a monthly basis to the Program Director for review and verification. These records shall be filed with the Program Coordinator.
2. Submit a training program report annually to the ACOOG, within 30 days of the end of each year's training. Fellows will also complete an annual evaluation of the program director and faculty in a format as required by the ACOOG.
3. All fellows must produce a thesis as first author. It is required that the fellow actually perform the research.
4. Attend appropriate conferences relating to gynecologic oncology.
5. Participate in the teaching of visiting house staff, interns, and medical students.
6. Register as a candidate member of the ABOG or ACOOG within sixty days of matriculating to the fellowship. The fellow will maintain a standard of professionalism that meets or exceeds the code of ethics.

Fellows are encouraged to attend appropriate meetings deemed necessary by the program director.

## Responsibilities of all Fellows:

- Meet with the Fellowship Coordinator on a monthly basis
- Assist with Fellow interviews
- Assist with attendance and sign-in at lectures
- Assist with audio-visual set up at lectures
- Input into Curriculum Development
- Other responsibilities which may be added at the discretion of the Program Director

## Chief Fellow (only applicable when two in one year)

In April of each year, a Senior Most Fellow is appointed as Chief Fellow for the upcoming academic year. They will serve from August 1 until July 30 of the following year.

## The following criteria will be considered:

- Fellow in good academic standing
- Demonstrates teaching skills and interest
- Demonstrates leadership and rapport with fellow Fellows and faculty
- Demonstrates a positive attitude towards the Fellowship program

## Goals for Chief Fellow:

- To facilitate the educational experience of the Fellows and medical students
- To be a liaison between the Fellows, faculty, and medical education administration
- To be a resource for problem solving

## Responsibilities of Chief Fellow:

- Advise the Program Director and Program Coordinator on issues of importance to the Fellowship Program
- Attendance at the following committee meetings:
  - Meet with Office Manager and Program Director on a regular basis RE: Clinic issues.
  - Manage any daytime scheduling conflicts for Fellow coverage which may arise.
- Oversee Fellowship scheduling



## Department Meetings

All Gynecologic Oncology Fellows are required to attend all meetings as they relate to the department and the practice. Fellows may be assigned to provide a case report at other department meetings.

## Tumor Board

1. Tumor Board is currently held on the first and third Wednesday of each month at 12:30 pm in the 1st floor Conference Room at AHCI.
2. All Fellows are required to attend this program.
3. Each Fellow is expected to research updated information regarding the patient's diagnosis and treatment as well as have an article available on the topic. When applicable, the fellow should be able to show intimate knowledge of sentinel / landmark trials on the treatment of the disease type.
4. Coordinator will track attendance.

## Topic Review/Didactic

1. Topic Review and Didactic Sessions occur on the Fourth Wednesday at 7am and second Friday at 1pm of every month. These sessions are held in the Center for Gynecologic Oncology.
2. All Fellows are required to attend.
3. Dr. McKenzie schedules topics for the monthly didactic and topic review sessions and chooses who will present each topic.
4. Coordinator will track attendance.

## Journal Club

1. Journal Club will be held on the Second Tuesday of every other month at 6:00pm.
2. Each fellow is responsible for choosing 2 pertinent articles to be discussed. Fellows are responsible for coordinating article choices with attending faculty members.
3. Fellow will critically appraise the articles including statistics used in the articles then ultimately summarize the data and give indication as to whether the data is of such quality as to change current practice.
4. Coordinator will track attendance.

## **FELLOW BENEFITS**

Information regarding resident benefits can be found in the GME Manual, located on New-Innovations and/or in the Fellow contract.

This includes but is not limited to:

- AdventHealth ID Badge
- Radiation Badges
- Fellow Stipend/Salary
- Paid Time Off
- CME time off and reimbursement
- Professional Dues
- Malpractice – Professional Liability Coverage
- Health Coverage and Medical Reimbursement
- Cafeteria and Meals
- Uniforms – White Coats and Scrubs
- Call Rooms
- Leave of Absence
- Expense Reporting
  - Relocation Expenses
  - Reimbursement Travel Expenses
- Counseling Support

## **RESIDENT WORK ENVIRONMENT AND POLICIES**

### **Licensure**

Fellows will receive a Florida State Medical License with Dispensing privileges along with a Drug Enforcement Agency license, paid for by the Fellowship Program. Fellows are responsible for renewal of their license as expiration nears, with receipts and proper verification provided to the Program Coordinator for reimbursement.

See GME manual for more information.

### **Certifications**

Fellows in the Gynecologic Oncology Program are required to maintain current ACLS certification in order to be able to participate in the training program. We encourage the fellow to obtain ACLS certification prior to the start of training, however if ACLS is not in place, the fellow is required to complete certification as part of orientation in through the hospital simulation center.

Copies of all certifications must be given to the Residency Coordinator for permanent record.

## Continuing Medical Education

Fellows are allowed up to five (5) days of paid leave for CME time. Expenses related to CME will be reimbursed up to \$1500.00 after the proper receipts are provided to the Fellowship Coordinator/Medical Education Office. (Refer to Expense Reimbursement Regulations in GME Manual.)

CME time is to be requested in writing on a “*Time Off*” form and approved by the program director thirty (30) calendar days in advance. CME time is for the expressed purpose of obtaining CME credits. A copy of the program brochure showing the program content and CME credits must be attached to your CME request.

CME funds may be applied to approved medical reference texts or other educational materials with the approval of the program director. CME time and money will not be allowed to accrue from PGY to PGY, it is based on the contract year, not subject to accumulation and will not be paid out at the end of the contract.

No CME time is permitted within the first or last month of a Fellow’s contract period of the normal academic year.

For the clinic, CME time for Holiday periods must be worked out by the Fellows with program director approval.

## Continuing Medical Education Requirements for Licensure

AOA CME Requirements:

AOA members are exempt from the CME requirement while in a postdoctoral training program. Upon completion of the training program, the CME requirement will be prorated based on the end date of the program.

AOA members are required to obtain 120 credit hours in a three-year cycle, with at least 30 credits in Category 1-A. The remaining 90 credits may be obtained in CME designated as Category 1-A, 1-B, 2-A, or 2-B. Osteopathic board-certified physicians must earn at least 50 of their total 120 credit hours in their primary specialty.

Florida State Licensure CME Requirements:

- 1 of the 40 hours must be on the topic of **Risk Management**, either AOA or AMA approved-this must be an attendance-type course (live, participatory, attended courses).
- 1 of the 40 hours must be on the topic of **HIV/AIDS** and contain current information on Florida law, either AOA or AMA approved (live, participatory, attended courses.)
- 1 of the 40 hours must be on the topic of **Domestic Violence** (live, participatory, attended courses.)
- 1 of the 40 hours must be on the topic of **Florida Laws and Rules** (live, participatory, attended courses.)
- 1 of the 40 hours must be on the topic of **Managed Care** (live, participatory, attended courses.)
- 2 of the 40 hours must be on the topic of **Prevention of Medical Errors** (live, participatory, attended courses.)
- **End-of-Life Care** may be substituted for **HIV/AIDS or Domestic Violence** if the licensee completed an approved HIV/AIDS or Domestic Violence course in the immediately preceding biennium.

The Board generally accepts CME that is approved for credit by either the American Osteopathic Association or the American Medical Association.

## Rotation Schedule

Refer to New Innovations for the most recent rotation schedule.

# Research and Scholarly Activity Requirement

Gynecologic Oncology Fellows will spend 12 months in research with the occasional time allocation to clinical work.

## **Research and Scholarly Activity Requirements:**

The program must provide opportunity for residents to participate in research or scholarly activities. The residents will be required to complete the following by the end of their training:

1. IRB certifications (NIH, Research HIPPA & CV)
  - Each resident will be expected to complete the IRB requirements within the first month of training.
  - Research Coordinator will give instructions for certifications during orientation week.
2. Case Report/Literature Review Article
  - Write a case report or literature review article submitted for publication in a peer review journal, *and*
  - Present case report/literature review article to faculty and peers.
3. Research
  - Conduct a publishable investigator initiated research project of chosen topic or participate in an ongoing faculty research project.
  - Present a PowerPoint presentation of research findings to faculty and peers.

The Program Director or faculty of choice will mentor residents in their scholarly activities and research projects.

The Department of Graduate Medical Education and the Fellowship Program provides a full-time Research Scientist, Research Coordinator and a statistician to assist and monitor your research project.

The Fellows will be required to participate in the following:

- 1) Scholarly projects
  - Conduct research project (protected time given) – investigator (fellow or faculty) initiated,
  - Present a case report, a poster or an oral presentation at a regional or national conference, at minimum in addition to the above, fellow may undertake a second project such as a retrospective research study *or*
  - Write a case report submitted for publication in peer review journal, *or*
  - Prepare literature review article submitted for publication in peer review journal
- 2) IRB certifications (NIH, Research HIPAA & CV)

### **QI projects are important to Fellow education:**

- a) Fulfills criteria for practice-based learning and improvement competency
- b) Allows Fellows to become active participants in our Fellowship practice – improving healthcare, delivery and outcomes
- c) Increased awareness in methods for performance improvement leading to increased re-imburement (P4P)
- d) To learn the skills required for future re-licensure requirements

### **III. Scholarly projects**

#### **Scholarly activity is important to Fellow education:**

- a. Fulfills requirements for opportunities for research in principles of research design, performance, and analysis and encourage research participation.
- b. Fulfills recommendations that faculty must demonstrate broad involvement in scholarly activity.

#### **Scholarly project options**

- 1) Conduct original research project (protected time given) - investigator initiated---(mandatory for thesis)
- 2) Present a case report, a poster or an oral presentation at a regional or national conference (optional)
- 3) Write a case report submitted for publication in peer review journal (optional)
- 4) Prepare literature review article submitted for publication in peer review journal (optional)

#### **Pre-requisite knowledge for faculty:**

- a. Overview of scholarly activity: what is it, how can we incorporate it into our current load and where can we present, submit, etc
- b. Learn all of the components of preparing a manuscript, case study, or review article for a peer-reviewed journal.
- c. Key concepts and basic rules of good grammar
- d. Writing in the “active voice”

#### **Fellow Goals:**

- a. Develop skills that encompass the ability to: perform literature searches using MEDLINE and other resources
- b. Ability to critically evaluate research articles
- c. Utilize evidence-based medical information resources
- d. Interpret and apply clinical decision rules; and appropriately apply evidence in clinical decision-making

## **Call and Clinic Switches (see form at the end of this manual)**

When a Fellow finds it necessary to switch call or clinic responsibilities, the following procedure is to be followed:

1. Arrange the switch with a fellow
2. Notification must be made in writing to the Practice Manager at least 15 days prior to change.
3. The Practice Manager will review the proposed schedule change with the Program Director. Once approved, the Practice Manager will notify the Program Coordinator, and Senior Fellow.
4. Rotation preceptors and attending, as well as covering Fellows must be informed and reminded of the change in coverage.
5. Consider and address the impact on clinic operations and patient care. The Clinic Medical Director, Practice Manager and Fellowship Program Director must approve all clinic changes.
6. It is the Fellow’s responsibility to follow up and confirm approval.

**ALL CHANGES MUST HAVE FIFTEEN (15) DAY PRIOR APPROVAL FOR CALL AND CLINIC COVERAGE CHANGES FROM THE PROGRAM DIRECTOR!**

# Leave

## *Leave/Sick*

The Fellow contract allows up to twenty days of leave annually with pay. These twenty days are inclusive of all time off regardless of reason. Each Fellow will have a personal medical record kept in the AdventHealth Gynecologic Oncology office.

If a Fellow becomes ill during a rotation shift, s/he should follow the procedure below as soon as the illness requires them to leave their shift. The team senior partner should notify appropriate people as outlined below within thirty minutes of notification.

### **PROCEDURE:**

If you need to call in sick or to report that you cannot work your regular scheduled work hours, you must page **one hour before your regular scheduled work time.**

**All attendance/coverage calls are to go through the AHCE Practice Manager.**

Shawn ogle

Cell: 912-667-8381

If they are unavailable, you may page or call the below:

Pat Faust

Cell: 407-921-3633

All absences must be reported in New Innovations under the duty hours module. An email or text should be sent to the program coordinator for documentation in the fellowship file.

Unexcused absences will be dealt with at the discretion of the program director and may include, but are not limited to, additional training time added to the end of the contract for each unexcused absence. Lecture attendance will not be excused. Excessive unexcused absences may result in additional disciplinary action at the discretion of the Program Director. All absences are unexcused until approved by the Program Director.

### **Practice Management Group Senior Partner of ill Fellow:**

- ✓ Call PRIOR to 8:00 am
  - ❖ Clinical Manager to advise which team member will see assigned patients.
- ✓ Problems should be reported to Medical Education immediately.

Whenever a Fellow feels slightly ill but wishes to continue working, s/he must report to Medical Education within a reasonable time. The Fellow and nurses should be alert to any signs of illness displayed by one another so that the Medical Director can arrange an appropriate evaluation. The Fellow who is ill must contact the Senior Team Partner to take care of or arrange care for his/her hospitalized and clinic patients, call, and clinic responsibilities.

Upon return to work after absences of three (3) days or more, (especially in circumstances where the potential of contagion or risk exists), employees may be required to provide to Medical Education (or Employee Clinic) a physician's statement which documents the validity of, or need for, time away from work.

Where there is a question of contagious illness, an employee may be referred to the AHCE Clinic or Employee Clinic to determine fitness to return to work.

***Leave/Time-Off Requests (see form at the end of this manual or the program coordinator)***

To request time off for personal or CME leave, the Fellow must complete and submit a *Time-Off Form* for **ALL** days off – regardless of type, reason, event, or holiday and submit to Medical Education. No time-off requests are permitted during the last two weeks of a Fellow’s contract period of the normal academic year.

Time-off requests are considered individually by the program director and must have his/her approval. Do not assume your request has been granted. An approval or disapproval will be forwarded to the Fellow in his/her mailbox.

- Requests for Leave are to be turned in at least forty-five (45) calendar days in advance.
- All approved time off must be reported to the residency coordinator.
- It is the responsibility of the Fellow to provide coverage for shifts.
- No request is approved without the signatures of the Program Director and Clinic management.
- Verify days available with residency coordinator **prior** to completing a *Time-Off Form*.
- CME, and granted days for Boards are not assumed; you must follow normal procedure and complete a *Time-Off Form*.
- Actual days of Boards are granted days. Any days before or after (including travel days), CME, and/or leave days must be approved by the program director.
- Fellow is responsible for follow-up and confirmation of approval.
- Fellow may not take leave or CME during core rotations as noted in the rotation schedules and sections of the manual.
- Planned leave/time off must be taken on specific rotations (see below).
- Fellows may not take more than five (5) personal days at one time and there is no guarantee that the weekend before and the weekend after will be granted.

Leave without pay is allowed based on an as needed evaluation in cases of extended illness or serious personal problems. Request must be made no less than thirty days in advance. Leave without pay will extend the Fellow contract for the length of the leave and may jeopardize the Fellow’s completion date. Refer to Board regulations regarding the time required in a training program.

# Evaluations

## Fellow Evaluations:

Fellows will be evaluated by the faculty and program director on a quarterly basis, as well as evaluated by each preceptor at the end of a rotation. Evaluations are based upon the ACGME core competencies and Milestones.

1. Medical Knowledge
2. Patient Care
3. Interpersonal and Communication Skills
4. Professionalism
5. Practice-Based Learning and Improvement
6. Systems-Based Practice

The faculty/preceptor will meet with the Fellow approximately mid-way through the rotation to give feedback on his or her performance and to address any specific deficiencies. The Program Director will meet with the Fellow at least quarterly to review performance. Any necessary remediation or counseling will be determined by the Program Director and when indicated, individuals may be placed on probation or suspended. Evaluations will be kept on file in the Fellow's personnel file and will be accessible to the Fellow through the Medical Education office.

Additionally, Fellows will be evaluated by means of a 360-degree approach which will include evaluations by nurses, ancillary staff, and patients. The results of these evaluations will also be discussed with the Fellow during quarterly mentor meetings.

## Faculty Evaluations:

Fellows will perform anonymous evaluations of the program, rotations, and faculty on a quarterly basis. The results of these evaluations will be reviewed by the Program Director and appropriate feedback will be given to individual faculty members. Furthermore, evaluations of the rotations will be used by the Curriculum Committee to revise and alter the educational content of the program and its rotations.

## Confidentiality:

All evaluations, counseling and probationary actions involving a Fellow will be kept in a confidential fashion. Under no circumstances will such actions be discussed in a public forum. Additionally, all evaluation of faculty by Fellows will be treated as confidential by the Program Director.

## Rotation Documentation:

By the end of each rotation, the Fellow must complete an attending evaluation form and a Fellow rotation evaluation form. These forms are available in the Medical Education Office. All evaluations, patient logs, procedure logs, and summaries are to be completed and submitted to Medical Education no later than ten (10) working days after the end of each rotation.



## Criteria for Advancement of Fellows

The decision whether to promote and graduate a Fellow shall be determined by the Program Director and/or DME with the recommendations of the faculty and the Medical Education Committee.

The methods of evaluation shall consist of direct observation, rotation evaluations, and correspondence between departments. Fellows will participate in all aspects of the curriculum, evaluations of education experiences and faculty. It is expected that Fellows will complete all Fellow administrative responsibilities including logs, licensure, and other required paperwork in a timely fashion.

Criteria for advancement shall be based on the six (6) core competencies. Fellows are required to be judged as competent for advancement to each level.

### Competencies:

- I. **Patient Care** – caring and respectful behavior, interviewing, informed decision making, develop and carry out patient management plans, counsel and educate patients and families, performance of procedures (routing physical exam and medical procedures), preventive health services, work within a team.
- II. **Medical Knowledge** – investigatory and analytic thinking, knowledge and application of basic sciences.
- III. **Practice Based Learning and Improvement** – analyze own practice for needed improvements, use of evidence from scientific studies, application of research and statistical methods, use of information technology, facilitate learning of others.
- IV. **Interpersonal and Communication Skills** – creation of therapeutic relationship with patients, listening skills.
- V. **Professionalism** – respectful, altruistic, ethically sound practice, sensitive to cultural, age, gender, disability issues.
- VI. **Systems-Based Practice** – understand interaction of their practices with the larger system, knowledge of practice and delivery system, practice cost-effective care, advocate for patients within the health care system.

### Criteria:

1. **Clinical competence** – fund of knowledge, clinical performance rotation evaluation, clinical judgment, knowledge of limitations, doctor-patient relationship.
2. **Professional Attitude/Behavior** – working relationship with others, acceptance of responsibility, punctuality and reliability. All Fellows, at every level, are expected to teach and supervise.
3. **Technical Skills and Procedures** – procedural competence and experiences, documentation (medical record), completeness and timeliness, all evaluations, (rotation, preceptor and Fellow) documented and reviewed quarterly.
4. **Impairment Prevention** – absence of impaired function due to mental or emotional illness, personality disorder, substance abuse and other adjustment disorders.

Promotion requires progressive competency in the general competencies and the milestones. Competencies shall be documented via evaluations and feedback. Additionally, the Fellow must be judged competent to supervise others (Fellows and students), and to act with progressive independence. In the final year of training the Fellow must be judged competent to act independently and meet all the requirements of the AOA, ACOG, SGO, AOBG, and ACOG.

## Dismissal Policy

Dismissal may occur because of failure of the resident to comply with his/her responsibilities or failure to demonstrate appropriate medical knowledge or skill as determined by the program's supervising faculty. Dismissal may also occur where there is misconduct. Examples of misconduct include but are not limited to: being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment); the use of abusive language, fighting or encouraging a fight; threatening, attempting, or causing injury to another person while on the premises.

Please refer to the GME Policy Manual for specific policies.

A resident is usually not dismissed without a probationary period, except in instances of flagrant misconduct. In other circumstances, it is the responsibility of the Program Director to document a warning period prior to dismissal and to demonstrate efforts for the provision of opportunities for remediation. Such opportunities must be provided and documented for the resident to discuss with the Program Director the basis for probation, the expectations of the probationary period, and the evaluation of the resident's performance during the probationary period. Discussions will be documented and placed in the resident's personnel file. The resident is entitled to a copy of the documentation upon request.

## Grievance Procedure

In the event that a resident is to be dismissed s/he may initiate a formal grievance procedure. Grievance procedures will follow the policy stated in the GME Manual.

## Moonlighting

Fellows are not permitted to participate in moonlighting activities.

## Patient Care

History and Physicals (H&P's)

H&P's are due on all inpatients within 24 hours of admission. GYN/ONCOLOGY H&P's are to be completed in the EMR currently is Cerner. Surgery patients must have an H&P in the chart prior to surgery. The history, physical, and assessment / plan must be comprehensive. Fellows should verify compliance to JCAHO, AOA and AH guidelines. Admission notes must be written by the admitting Fellow assigned to the patient covering the key points, thought processes and care plan.

Only approved AH Abbreviations are to be used during dictation and in the chart.

It is the fellows responsibility to remain up-to-date on AOBG requirements regarding documentation of cases.

All patients admitted to the hospital must be told that a breast, pelvic/pap and rectal examination are part of the physical examination. If the patient refuses this part of the exam, it must be documented on the chart and the H&P as "Patient refused the \_ for the following reason \_." Obviously, ICU and PCU patients confined to bed cannot have the most complete physical exam, but breast, biannual pelvic, and rectal exams can be performed on patients confined to bed rest with the consent of patient or legal representative. If items in the H&P are deferred, they must be completed as soon as possible. In addition, the patient must be told to follow up with their family doctor or a specialist.

The gynecologic oncology Department will assign H&P's to be done on all GYN/ONCOLOGY and staff faculty admissions that are not done by the following morning of admission. H&P's are to be assigned in a fair and equitable manner.

## Documentation

All entries on the patient chart must include the date, time, and electronic signature to comply with DNV and CMS requirements. The attending physician who is currently covering the case will be indicated as the doctor the Fellow is ordering or noting for the chart.

## Fellow Responsibilities

Daily progress notes, in the SOAP format, will be written legibly by Fellows on assigned patients.

If the admitting diagnosis is apparently in conflict with the physical findings and summary, the Fellow must immediately discuss the case with the attending physician.

The attending staff shall be constantly advised by Fellows of the progress of patients and promptly notify them of any significant changes or emergencies which may occur.

The Fellow must immediately notify the attending if a patient dies, is transferred to ICU/PCU, or is placed on the “critical” list.

Fellows shall respond when called concerning a patient. The Fellow must document all patient contacts and orders. Fellows shall respond to calls from the floor if the attending or physician responsible for patient care is Fellowship Faculty or Attendings. Other patient calls will be referred to the attending unless the information provided is determined to be a life-threatening emergency. In those situations, the Fellows will evaluate the patient, provide emergent care, if determined as necessary, and communicate if possible with the attending or consultant on the case.

## Transfer Protocol

Continuity of care is an important asset of the fellow’s training, among them is the time spent in the practice office with pre and post surgical patients.

- The resident is expected to interact as a junior attending with interns, students and the entire healthcare team ( i.e. nurses, pharmacists)
- The fellow is expected to evaluate the acuity of patients and organize the appropriate care unit (i.e. transfer after Recovery Room, ICU, Monitor Unit, and regular surgical floor) under the Indirect Supervision of an attending with direct supervision immediately available.

The fellow is required to notify the attending faculty member regarding any of the critical patient events:

- Admission to the hospital
- Transfer into the intensive care unite
- Unplanned intubation or ventilator support
- Cardiac arrest, ne arrhythmia, or hemodynamic instability
- Development of significant neurologic changes
- Development of major wound complications
- Medication or treatment errors requiring clinical intervention
- Unplanned blood transfusion
- Development of any clinical problem requiring an invasive procedure or operation for treatment
- Nursing, physician staff, or the patient requests that the attending surgeon be contacted

The following will be discussed with and approved by the attending faculty before they occur:

- Discharge from the hospital or from the Emergency department
- Transfer out of ICU

## Hand-over Protocol

- Scheduled face-to-face handoff meetings
  - Fellows are on call with a faculty member for lengths of 1 week. On the Monday following the end of call, fellows will hand-over patients face-to-face during morning rounds.
  - Each fellow is still responsible for seeing patients (divided fairly and equitably) during morning rounds, whether they are on call or not.
- Indirect faculty supervision of handovers (i.e. electronic devices)
- Direct faculty supervision of handovers
- Hand-off documentation using “word manager” software ----expect change to i-pass in late 2018.

## Restraint Policy

Fellows in the Gynecologic Oncology are required to follow the AdventHealth policy concerning Restraint Use in Non-Behavioral Health Settings. This is Policy Number 100.094-1 and can be found on the AdventHealth intranet under “Policy & Procedures”.

Fellows will receive a printed copy of this statement during Program Orientation and will sign, stating that they have received and reviewed the policy.

## Confidentiality and Medical Records

See GME manual for more information.

- Health care providers must maintain adequate medical records to:
  - Afford continuity of patient care
  - Document that quality care has been rendered
  - Justify payment for services rendered
  - Serve as defense against malpractice claims
  - Function as a basis for submitting required reports to appropriate governmental agencies
- All operative reports should be dictated immediately, but **absolutely within 24 hours of the time of operation**. They should contain sufficient information concerning the pathology found as well as techniques used.
- Daily morning progress notes should be completed within two hours of having rounded on the patient. Preferably immediately after having seen the patient.
- Discharge summaries are to be **completed the day of discharge**. Discharges are to be approved by the resident/fellow. Correct terminology is essential, both for diagnosis and operation. Complete diagnoses, including complications and operations are necessary.
- Keep in mind that the patient’s record could become a legal document, which you may be asked to interpret and defend in a court of law many years from now. **It, therefore, should not be treated as a forum for unproven opinions, personality comments, assumptions, or derogatory statements to consultants, patients, peers, etc.: record the facts, omit opinions, judgments, and assumptions.** Never EVER alter a medical record after a query regarding the care of a patient.
- Death Certificates must be completed within 72 hours of the patient’s death.
- Medico-legal issues, such as adverse events, angry patients or family members, etc. should be relayed to the attending immediately. A lack of timely intervention frequently exacerbates problems.
- **Delinquency in record completion may result in loss of vacation time in order to correct deficiencies.**

Compliance with HIPPA regulations is mandatory. All information presented to you by a patient, by a doctor about a patient, by a patient’s family about a patient, with few exceptions, is **CONFIDENTIAL**.

- Do not discuss patients with others while walking in the halls, in the elevator, in the cafeteria, or while in any public areas.

- During Grand Rounds and conferences, patients are never to be presented by their names.
- Copies of discharge summaries, operative reports, and other medical data are confidential and must be disposed of by acceptable legal means when no longer needed.
- Use ONLY the confidential, locked shred bins which are provided in the out-patient office as well as on the units. Do not place any confidential information in waste baskets or other receptacle that eventually ends up in a commercial or city dump.
- In all instances, patients are to be treated with the same respect and confidentiality that you would afford your own family members.

## Supervision of Fellows

*Purpose: The purpose of this section is to safeguard patient care and enhance graduate medical education by setting standards for supervision of Fellows.*

Supervision Privileges: Florida licensed physicians credentialed through AdventHealth Medical Staff and with appropriate clinical privileges must supervise all Fellows in their patient care responsibilities. Supervising physicians are either Gynecologic Oncology Fellowship Faculty, voluntary faculty with signed agreements or attendings who request and/or accept the responsibility for supervising Fellows. This section does not prohibit non-supervising physicians from writing orders and shall not deny or limit non-supervising physicians privileges.

The Graduate Medical Education Committee of AdventHealth will have the responsibility for periodic or Program Director requested review of the safety and quality of patient care provided by the Fellows and their related educational and supervisory needs.

All Fellow activities within AdventHealth must be supervised by an attending that is licensed in the state of Florida and credentialed at AdventHealth in the care and/or procedures to be performed by the Fellow. The “supervising” physician may be a Gynecologic Oncology Center faculty, the admitting physician or any physician on AdventHealth’s medical staff. The Fellows do not require direct supervision except in surgery. Direct supervision does not have to be provided at all times.

*Fellows are responsible for their own decisions and actions without reference to the so-called “supervising” physician. Fellows should provide only medical care procedures for which they are qualified by training or experience, even if they are under the supervision of a credentialed attending physician. Therefore, even Fellows who are not under direct supervision (i.e. under “indirect supervision”) are expected to seek the counsel and advice of their supervising physician before proceeding in an area with which the Fellow has no training or experience.*

In turn, supervising physicians will accept as their responsibility the education and monitoring of Fellows who seek their advice and direction. In particular, the assigned faculty member for a Fellow, or the contracted attending physicians who serve as on-call faculty, shall be available to address concerns and questions of Fellows and shall directly supervise them.

## Inpatient Activities

All inpatient Fellow activities are supervised by an attending physician who has been granted privileges by the Medical Staff to perform the specific procedure or duty they are supervising.

The actual procedures, level of training of the Fellows and the severity of illness of the patient will be used to determine if the supervising physician will be physically present at the time of service. If the supervising physician is not physically present, they must be available on short notice by telephone and be willing & able to make themselves physically present in a reasonable amount of time.

Fellows may write admitting orders and subsequent orders for the care of the patient. These orders in combination with all pertinent information regarding the patient’s specific case must be communicated with the attending physician within a reasonable amount of time based on the urgency, or severity of the patient’s condition. The entry of orders into a patient chart does not preclude the attending or licensed dependent practitioner involved in the care of that patient from entering orders on their own.

Progress notes and orders shall be written immediately after morning rounds (or when on when weekend/ night rounding, before the Fellow leaves the hospital) for each patient contact which includes the date, time, name of the supervising physician contacted and Fellow signature. All physician attendings and supervising attendings shall be notified ASAP. The supervising physician must countersign all orders and notes written by the Fellows of the Gynecologic Oncology Program.

## Faculty responsibility for supervision

- Faculty members functioning as supervising physicians should delegate portions of care to the resident, based on the needs of the patient and the skills of the resident.
- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of the resident and delegate the appropriate level of responsibility and authority of patient care to the resident.

## Clinical Responsibility

On each rotation, the assigned attending faculty member will have the resident rotate on his/her patients. The resident is to maintain contact with their attending faculty member throughout their rotation.

Patient interaction during on call hours will be communicated to the attending faculty member by 7:30am. Fellows are also permitted to return to the hospital while on at home call to care for new or established patients which is included in the 80-hour weekly maximum requirement. Each episode of that type of care will not initiate a new “off-duty period”.

Residents and faculty members are to inform patients of their roles in that patient’s care.

- Direct Supervision - The supervising physician is physically present with the resident and patient.
- Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available.
- Indirect Supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by electronic device and is available to provide Direct Supervision.
- Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## Expense Reporting

All planned travel must first be approved by the DIO in the GME Office prior to any plans being finalized. Fellows will follow the GME procedures for receiving reimbursements. This policy is outlined in the GME Manual. The Fellowship Coordinator will assist the Fellows with completing and submitting expense reports for reimbursement.

## Disaster Plan

See AdventHealth Disaster Planning for additional details.

## Stress, Fatigue, and Impairment

The Program Director and faculty realize that Fellowship training is a time of high stress. They will make every effort to monitor Fellows on their rotations for signs of stress, fatigue, or impairment. The Fellow can assist on his/her own behalf by adhering to duty-hour mandates and by communicating problems with his/her preceptor, faculty advisor, or the Program Director. Signs and symptoms of fatigue, stress, or impairment include some of the following:

1. Recent changes in behavior, including irritability, mood swings, inappropriate behavior, a breakdown in logical thought, trembling, slurred speech
2. Irresponsibility, such as failure to respond to calls, late arrivals at rounds or call, rounding at irregular times, neglect of patients, incomplete charting, unexplained absences
3. Inaccurate or inappropriate orders or prescriptions
4. Insistence on personally administering patients' analgesics or other mood-altering medications rather than allowing nursing staff to carry out orders
5. Poor concentration or poor memory, such as failure to remember facts about individual patients
6. Depression
7. Evidence of use or possession of alcohol or other drugs while on duty; intoxication at social events
8. Anger, denial, or defensiveness when approached about an issue
9. Unkempt appearance and/or poor hygiene
10. Complaints by staff or patients
11. Unexplained accidents or injuries to self
12. Noticeable dependency on alcohol or drugs to relieve stress
13. Isolation from friends and peers
14. Financial or legal problems
15. Loss of interest in professional activities or social/community affairs

In situations of stress, fatigue, or impairment, the faculty or Fellow may approach the Program Director or the Program Director may call a meeting with the Fellow. The problem will be discussed, and the Program Director will make recommendations for resolving the problem. Such recommendations may include use of services within AdventHealth such as the Center for Physician Wellness, Employee Health Services, or referral to a counselor or psychiatrist. For further information, please refer to the GMEC policy on Impairment found in the Graduate Medical Education Policy Manual.

## Resources

AdventHealth, along with the medical staff and Graduate Medical Education is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes practitioner health. We affirm that substance use disorders and other behavioral health disorders are treatable illnesses and after treatment, practitioners can return to the safe and effective practice of medicine with appropriate monitoring.

## Employee Assistance Program (EAP)

This program assists faculty, staff, and their families with the resources they need to resolve personal, family, or job-related problems. EAP offers a free of charge and comprehensive worksite-based program to assist in the prevention, early intervention, and resolution of problems that may impact job performance. The EAP is staffed with well-trained, caring professionals who listen and offer support and guidance. EAP is confidential and voluntary. You can contact EAP at: (407) 303-3690

## Employee Health Clinic

The employee health clinic handles pre-employment physicals, performs annual physical assessments and PPD tests, and administers vaccinations. It also provides triage and evaluation for work-related injuries during normal business hours and does educational promotions, blood-borne pathogen counseling and treatment, and follows up on TB and other infectious disease exposures. The employee clinic can be reached at: (407) 303-1535.

## Physician Support Service

This service is available to medical staff, including residents, fellows and their family members. The service may be utilized by contacting (407) 691-5476.

## Faculty Psychologists

The faculty psychologists on the staff of Graduate Medical Education are also available to the residents, fellows, and their families as a resource in times of stress.

## Impaired Physician Policy

AdventHealth, along with the medical staff and graduate medical education is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes practitioner health. We affirm that substance use disorders and other behavioral health disorders are treatable illnesses and after treatment, practitioners can return to the safe and effective practice of medicine with appropriate monitoring. Please refer to the GMEC Policy Manual for specific policy on impairment.



# Appendix

# CALL/CLINIC SWITCH FORM

NAME: \_

CURRENT DATE: \_

### Instructions:

- To switch a clinic day, indicate what day you were originally scheduled for, and what day you are requesting to switch to.
- Requests for clinic switches are to be turned in fifteen (15) days in advance.
- If you are requesting to switch a call day with another Fellow, please complete the "Call Day Switch" section. If you are covering call but not switching with anyone, please complete the "Call Day Coverage" section.
- Requests for call switches are to be turned in at least fifteen (15) days in advance.
- It is your responsibility to notify the Practice Manager, Program Coordinator and the attending physicians.
- The Fellow must forward their EMR in baskets to another Fellow for coverage.
- No request is approved without the signature of the Program Director.**

### CLINIC DAY SWITCH:

Original Clinic Day Scheduled: \_

Clinic Day Requested: \_

Reason for Request: \_

Are you switching with another Fellow?

YES

NO

Fellow providing coverage: \_

### CALL DAY SWITCH:

Original Call Day Scheduled: \_

New Call Day: \_

Fellow providing coverage: \_

Do you have clinic the following day?  YES

NO

NAME OF ATTENDING(S)/ ROTATION: \_

### CALL DAY COVERAGE:

Call Day Scheduled: \_

Do you have clinic the following day?  YES

NO

NAME OF ATTENDING(S)/ ROTATION: \_

Fellow Signature: \_

.....  
**FOR OFFICE USE ONLY**

Submitted Practice Manager (Date): \_

Initials: \_

\_\_\_\_\_  
Practice Manager

Number of clinic days scheduled: \_

Number of clinic patients scheduled: \_

**APPROVED**

**YES**

**NO**

\_\_\_\_\_  
Nathalie McKenzie, MD, MSPH  
PROGRAM DIRECTOR

\_\_\_\_\_  
DATE

# TIME-OFF REQUEST FORM

NAME: \_

CURRENT DATE: \_

- Requests for leave are to be turned in at least forty-five (45) days in advance.
- It is the responsibility of the Fellow to notify the residency coordinator.
- The Fellow must provide coverage for shifts when assignments have already been made.
- The Fellow must forward their EMR in basket to another Fellow for coverage.
- No request is approved without the signature of the program director (signature of Clinic is required first).

REQUESTED DAY(S) OFF: \_

REASON FOR REQUEST:

CME (please attach a copy of information on the convention/seminar you are attending)

PERSONAL

NUMBER OF ACTUAL LEAVE DAYS REQUESTED:

NUMBER OF LEAVE DAYS REMAINING FOR CONTRACT YEAR **EXCLUDING** THIS REQUEST:

NAME OF ROTATION AND/OR ATTENDING(S): \_\_\_\_\_

APPROVED BY ATTENDING(S)  YES  NO  N/A

\_\_\_\_\_  
SIGNATURE OF ATTENDING

\_\_\_\_\_  
SIGNATURE OF REQUESTING FELLOW

coverage provided by: \_  
Outlook "Out of Contact" completed YES \_ NO \_

---

### FOR ME OFFICE USE ONLY

Leave Days Remaining Verified? YES \_ NO \_ Rotation Verified? YES \_ NO \_

Submitted to Clinic (Date): \_ Initials: \_

\_\_\_\_\_  
Practice Manager

Number of clinic days scheduled: \_ Number of clinic patients scheduled: \_

APPROVED YES  NO

\_\_\_\_\_  
Nathalie McKenzie, MD  
PROGRAM DIRECTOR

\_\_\_\_\_  
DATE

# ADVENTHEALTH

## GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM

### SUPERVISION POLICY

#### **Purpose**

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires policies regarding the supervision of residents and fellows in an accredited training program. In accordance with AH GME policy, the following is the Gynecologic Oncology program policy for supervision.

#### **Levels of Supervision Definition**

- Direct Supervision: The supervising physician is physically present with the fellow and patient.
- Indirect Supervision with Direct Supervision Immediately Available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- Indirect Supervision with Direct Supervision Available: 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.
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

#### **Program Policy**

During their rotations, the fellows receive direct or indirect supervision immediately available. Fellows will not be assigned to clinical activities where there will not be a Gynecologic Oncology attending available. In some cases, the direct supervision may be by a generalist attending (for example a cesarean hysterectomy) until a Gynecologic Oncology attending is available for direct supervision.

#### **Progressive Responsibility:**

1. The goal of the Gynecologic Oncology Fellowship Program is to train physicians who are capable of functioning as independent gynecologic oncologists. The program equally emphasizes all aspects of patient management.
2. To achieve this goal, fellows are given progressive clinical responsibilities during the two years of clinical training. Since it is recognized that different fellows may possess different backgrounds, knowledge, skill and learning ability, this progression in responsibility cannot be set by a fixed schedule; it can only be accomplished by ongoing evaluations on an individual basis.
3. The privilege of progressive responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the Program Director under the recommendation of the Clinical Competency Committee.

- Through daily contact, close interactions and direct supervision by faculty members, each fellow is evaluated, at least quarterly, for his or her initiative, knowledge, competency and skills in the operating room, at the bedside and in the ambulatory care clinics.
  - On a semi-annual basis, the CCC will evaluate and discuss the progress of each of the fellows and form a consensus opinion about their abilities and areas of needed improvement.
  - Appropriate Fellow independence is granted on a proportionately based on performance, recommendation of the CCC and meeting milestones. The fellows must discuss management plans with their attending(s) and independence will be granted on an individual basis.
4. Progressive responsibility allows the fellow to lead rounds, develop treatment plans and act in the role of the attending physician, as they move towards more independence in the design and management of the patient. See details below.
  5. Fellows should serve in a supervisory role in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.
    - Where appropriate, senior fellows can staff junior fellows in procedures. However, this is at the discretion of the attending based on the skill level of the fellows and junior faculty involved.
  6. Fellows must follow proper guidelines for circumstances and events in which he/she must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit or end-of-life decisions.
    - Any decisions for transfer of care to or from the Gynecologic Oncology service, decisions for surgery or procedures, chemotherapy, radiation therapy or termination/end of life decisions, all require supervisory attending approval.
    - In cases of indirect supervision, the fellow must call the attending on call and discuss the rationale for the decisions and the management plan.

## **Research**

During research, the fellows' mentor(s) must be available to answer questions and to aid in the development of the research project. Faculty schedules must be constructed to provide the fellows with continuous supervision and consultation. During research time, the research mentors are required to meet regularly with the fellows to review goals and objectives for the rotation. This is followed up by the program director who also meets with them regularly during the rotation to assure that they remain on task.

## **Progressive Responsibility**

The concept of progressive responsibility in fellowship training is incorporated into the overall goals and objectives of the Gynecology Oncology and the AdventHealth Cancer Center in patient care, research and administration.

The roles and responsibilities of the clinical fellows on the Gynecologic Oncology Service are divided between a junior and senior fellow. The senior fellow “mentors” the junior fellow in a manner that promotes progressive growth in patient care, teaching and administrative functions.

**The responsibilities of the senior fellow are as follows:**

- Overall coordination of the ward
- Supervise morning work rounds with rotating residents and students, and attending patient care rounds
- Develop individual treatment plans with the junior fellows (and residents/students when applicable)
- Oversee completeness of new patient work-ups
- Advise and consult with the junior fellow(s)
- Regularly participate in surgical cases
- Oversee in/outpatient chemotherapy to assure compliance with accepted guidelines and protocols and hospital policy
- Dictate operative reports in cases where the fellow performs a significant portion of the case
- Ensure implementation of patient conferences
- Assure adequate medical record completeness by junior fellows and residents
- Coordinate inpatient and outpatient chemotherapy with team
- Coordinate teaching rounds
- Attend all didactic and patient care conferences

**The responsibilities of the junior fellow are as follows:**

- Participate in work rounds
- Develop long term treatment plans in conjunction with attending staff physician and senior fellow and documenting these plans in the patient’s chart
- Ensure completeness of the new patient evaluations and discussing new patients with resident, senior fellow and attending physician
- Supervise chemotherapy, both inpatient and outpatient
- Schedule adequate coverage of surgical cases and clinic
- Dictate operative reports in cases where the fellow performs the significant portion of the case
- Maintain patient flow in clinic by ensuring adequate coverage for fellows and attending clinics, consult with attending and other fellows/residents on all new patients and/or problem patients
- Coordinate admissions
- Discuss all new admissions with the senior resident. Formulate plans and ensure notes documenting short-term management in chart
- Assist in management of new admissions and acute emergencies as needed
- Communicate patient status changes and clearing all treatment plan changes with the attending physician
- Ensure that the Problem List/Treatment Plan is complete and up-to-date on all patients
- Attend all didactic and patient care conferences

Attending physicians have different methods of assigning surgical cases relative to the concept of progressive responsibility based on an assessment of the fellow’s competency. Progressive responsibility is determined based on the Fellows skills and knowledge and is on a case by case basis.

Senior fellows often assist junior fellows in ultra-radical cases such as urinary diversion procedures and pelvic exenterations.

Fellows will have an advisor for each research project they undertake. The advisor may or may not be a member of the fellowship faculty. The advisor oversees all aspects of the manuscript and presentation preparation for the project. The program director and advisor together ensure that the concept of progressive responsibility is followed with respect to the preparation of manuscripts and presentation at meetings. Progressively larger audiences are sought for the fellow's manuscript and/or clinical research based on the audience of the proposed presentation i.e. GME Research Day in comparison to presenting during a conference such as SGO.

*Approved By: Nathalie McKenzie, MD, Program Director*

*Updated: 12/2017*

<b>Title: Clinical &amp; Educational Work Hours (Formerly Resident Duty Hours)</b>	<b>Policy # 1010</b>
<b>Issue date: 7/1/2015</b>	<b>Developed by: GME ADMIN</b>
<b>Revision dates: 7/1/2017, 11/1/2017</b>	<b>Approved by: GMEC</b>

**I. PURPOSE:**

The ACGME and AOA requires all programs to have policies regarding clinical and educational work hours for residents and to ensure each resident maintains a reasonable work schedule within his/her respective program that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. This Resident Clinical and Educational Work Hours policy will ensure compliance with all ACGME, AOA, and CPME accreditation standards and requirements.

**II. DEFINITION OF TERMS:**

Clinical and educational work hours are defined as all clinical and academic activities related to fellowship and residency programs, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, all activities associated with the transfer patient care, time spent in-hospital during call activities, and scheduled academic activities such as conferences. Clinical work done from home must be counted toward work hours, including using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

**III. POLICY:**

Each program must have written policies and procedures consistent with the ACGME Institutional and Common Program Requirements, the AOA Basic Documents for Postdoctoral Training and/or the CPME Standards and Requirements for resident clinical and educational work hours. The policy of the GME office is to provide residents with a sound program structure to provide educational and clinical experience opportunities that are carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not in any way compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Clinical and work hour assignments must recognize that faculty and residents collectively have the responsibility for the safety and welfare of patients. It is the responsibility of the GMEC to monitor resident work hours and the impact on quality of the educational program.

**IV. PROCEDURE:**

1. Resident clinical and educational work hours for each GME program must not be excessive and must be consistent with the Program Requirements. While individual programs may impose more stringent work hour policies, no program should have policies less restrictive than the institutional policies.



2. On-call time and work hours should be consistent with the educational needs of the resident/fellow and not be motivated by excessive reliance on the residents to fulfill institutional service obligations.
3. Clinical and educational work hours must be limited to 80 hours per week, averaged over a 4-week period. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. Adequate time for rest and personal activities must be provided.
  - a. “One day” is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
  - b. At-home call may not be assigned during the 24-hour free of all educational and clinical responsibilities.
4. All Moonlighting hours are counted toward the resident’s 80-hour work week.
5. All individual program policies must follow ACGME Institutional and Common Program Clinical and educational work hour requirements.
6. All programs, including AOA & CPME accredited programs, are to follow the ACGME clinical and educational work hour rules.
7. All residents must be required to log their work hours using the web-based New Innovations Residency Management Suite, “Duty Hour” module.
8. The GME office will monitor work hours through the New Innovations Residency Management system.
9. The GMEC will monitor work hour compliance for each program through work hour reports presented at the GMEC meetings and through Annual Program Evaluations and resident surveys.
10. In keeping with the ACGME Clinical Learning Environment Review (CLER) Pathways for Professionalism, Program Directors must maintain a culture of honesty in reporting of resident work hours. Pathways relevant to this policy are:
  - a. PR Pathway 3b: Culture of honesty in reporting<sup>1</sup>:
    - i. Prevention of fatigue-related harm to patients can only be accomplished in a culture in which candid reporting of duty hour/fatigue management-related issues occurs.

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<sup>1</sup> CLER Pathways to Excellence v1.1.  
2019-2020 GYN/ONC Fellowship Manual

ADVENTHEALTH  
GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM  
CLINICAL AND EDUCATIONAL WORK HOURS POLICY  
(FORMERLY DUTY HOURS)

**Purpose**

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires policies regarding the work hours of residents and fellows. Specific to this policy, the AH Gynecologic Oncology Fellowship Program must provide appropriate support services to ensure that fellows are not in violation of the ACGME duty hour regulations.

**Program Policy**

Work hours shall be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-House clinical and educational activities, in-house call, and clinical work done from home. Additionally:

- When a fellow must return to the hospital, such time in the hospital shall be included in the 80-hour limit.
- Fellows, in rare instances, may be scheduled to a maximum of 24 hours of continuous duty.
- Fellows may remain on site for an additional four hours for activities related to patient safety, such as effective transition of patient care and/or fellow education. No additional patient care responsibilities can be assigned during this period.
- Fellows must have at least 14 hours free of duty after 24 hours of in-house duty.
- Each fellow shall be scheduled and have one day (on continuous 24-hour period) free of duty every week averaged over a four-week period. At-home call cannot be assigned on these free days.

The program director and coordinator will monitor and address any work hour violations in an expedient manor with the fellow, and develop action plans on avoiding recurring violations as necessary.

**Procedure for Logging Hours**

Fellows are required to log their clinical and educational work hours on a weekly basis, using the New Innovations Duty Hour Module, following the AH GME institutional Clinical and Work Environment Policy. Fellows who fail to log duty hours are subject to disciplinary action up to and including termination.

*Approved By: Nathalie McKenzie, MD, Program Director*

*Updated: 12/2017*

**ADVENTHEALTH  
GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM  
MOONLIGHTING POLICY**

**Purpose**

Each AdventHealth GME program must have a written program-specific moonlighting policy which describes in which cases moonlighting is permitted and how it is monitored. Program policy must meet the ACGME RRC requirements and be consistent with the AH Institutional GME Moonlighting Policy.

**Program Policy**

Moonlighting is not permitted for the Gynecologic Oncology fellows as part of the AdventHealth sponsored program.

*Approved By: Nathalie McKenzie, MD, Program Director*

*Updated: 11/2017*

ADVENTHEALTH GRADUATE MEDICAL EDUCATION  
GYNECOLOGIC ONCOLOGY FELLOWSHIP EDUCATIONAL  
COMPETENCY BASED GOALS AND OBJECTIVES

FIRST CLINICAL YEAR GYN ONCOLOGY SERVICE  
(YEAR 2 OF FELLOWSHIP)

During the first clinical year, the fellow will rotate for 11 months on the gynecologic oncology services at AdventHealth Orlando.

**Patient Care.**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. With exposure to medical, diagnostic and surgical procedures essential for the areas of practice, fellows are expected to gain competence in gynecologic examination and in treatment of gynecologic disorders.

Perioperative/Intraoperative Care:

By the end of the first clinical year of training, the fellow is expected to provide appropriate pre, intra, and post-operative care of gynecologic oncology patients under the direction and supervision of the faculty. With faculty guidance, the fellows should be able to accurately evaluate a patient's condition, determine need for surgery, and perform surgical procedures as appropriate for the level of training. The fellow should be able to:

- Participate in the initial consultation, history and physical examination of patients undergoing evaluation for surgical management of gynecologic malignancy
- Evaluate co-existing medical conditions that may affect surgical management
- Interpret relevant radiologic imaging and laboratory values pertinent to the disease process and planned surgical procedure
- Evaluate cardiopulmonary status as relevant to the proposed procedure
- Order appropriate preoperative evaluation, antibiotic and thromboembolic prophylaxis
- Demonstrate understanding of the preparation of a patient for a planned operation, and ability to obtain informed consent from patients and their families.
- Direct an initial staging and diagnostic work-up of a patient within each disease site.
- Perform surgical procedures under faculty supervision and guidance with independent functioning appropriate to level of training.
- Assist in the management of intra-operative complications (such as unexpected hemorrhage, extensive adhesions, or damage to neighboring structures)
- Manage common postoperative complications (infection, fluid management, electrolyte derangement, sepsis, hemorrhage, venous thromboembolism, cardiac events)
- Ability to discuss with patients the risks and frequency of side effects of surgery.
- Attend and present patient history and physical examinations, as well as preoperative findings (laboratory, pathologic, radiologic), intraoperative findings, and post-operative course at site-specific multi-disciplinary tumor boards

## Adjuvant Care

By the end of the first clinical year, the fellow is expected to be able to discuss and provide appropriate adjuvant care of patients with gynecologic malignancies, including chemotherapy and radiation. With guidance from the faculty, the fellow is expected to:

- Attend didactic lectures in gynecologic oncology, surgical oncology, chemotherapy, radiation oncology, gynecologic pathology, and statistics.
- Assist in the treatment planning and administration of chemotherapy directed at gynecologic malignancies.
- Prescribe systemic adjuvant chemotherapy relevant to gynecologic malignancies.
- Participate in the initial consultation and ongoing management of patients treated for gynecologic malignancies with chemotherapy and radiotherapy.
- Understand the indications for adjuvant systemic therapy and the different options for treatment.
- Discuss basic chemotherapy regimens with patients and obtained informed consent for treatment
- Discuss with patients the risks and frequency of side effects of systemic chemotherapeutics
- Manage chemotherapy related side effects
- Discuss radiation therapy options and side effects with patients
- Manage radiation therapy side effects

## Palliative Care

By the end of the first clinical year, the fellow is expected to:

- Understand the role of pain management and palliative care in the cancer patient
- Participate in family meetings and discuss goals of therapy with supervision by faculty
- Manage common disease and treatment related symptoms such as pain (acute and chronic), nausea/vomiting, constipation, and neuropathy

## Consultation

By the end of the first clinical year, the fellow is expected to:

- Provide appropriate consultation regarding referrals from general obstetrician/gynecologists, general surgeons, internal medicine, and other primary care physicians.
- Describe appropriate treatment options for referred patients
- Assist in the management of complex benign gynecologic disease, such as patients with multiple prior surgeries, morbid obesity, persistent pre-invasive lower genital tract dysplasia, severe endometriosis, etc.

## **Medical Knowledge**

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Additionally, fellows must demonstrate their knowledge of different medical practice models and delivery systems and how to utilize them for optimal patient care.

Fellows at all levels will:

- Attend didactic lectures in gynecologic oncology, surgical oncology, chemotherapy, radiation oncology, gynecologic pathology, and statistics.
- Attend multi-disciplinary tumor boards and case conferences with medical and radiation oncology, pathology, and diagnostic imaging.
- Review recommended articles and conference materials

By the end of the first clinical year, the fellow should be able to:

- Know the relevant anatomy of each disease site
- Discuss the epidemiology and risk factors for each disease site
- Discuss the appropriate strategies for screening and prevention of gynecologic malignancies
- Know the FIGO staging for each disease site
- Discuss the natural history and treatment options for ovarian, uterine, cervical, vaginal and vulvar carcinoma.
- Demonstrate familiarity with surgical curative and palliative operations of each specific site.
- Discuss factors used in the selection of patients for each operation.
- Know common complications of each operation for a particular disease site, and predictive factors that modify the risk, and management of the complications.
- Know the prognostic factors for outcome after surgical resection and adjuvant or neoadjuvant therapy.
- Know absolute and relative indications for surgical resection.
- Understand the role of pain management and palliative care in the cancer patient
- Understand the evidence and indications for adjuvant and neoadjuvant radiation therapy in the treatment of gynecologic malignancies
- Appreciate how the pathologist identifies clinically meaningful morphologic features in different gynecologic malignancies

### **Practice-based Learning and Improvement.**

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

Fellows at every level will be expected to:

- Attend regular meetings with attending physicians and program director to identify strengths and weaknesses and set learning and improvement goals.
- Present relevant site-specific articles at journal club to faculty and residents.
- Attend at least one sponsored national scientific meeting each year.
- Engage in self-directed reading of books on gynecologic oncology, and the multidisciplinary care of cancer patients.
- Participate in the design, conduct, and presentation of a quality assessment/ performance improvement project.

By the end of the first clinical year, the fellow is expected to:

- Set learning and improvement goals based on feedback and self- evaluation of clinical competencies
- Present patients and appropriate data at multi-disciplinary treatment planning conferences.
- Present patients at department-wide morbidity and mortality conference.
- Engage in formal education of medical students, residents, patients, and families.
- Identify, critically evaluate, and utilize evidence from the scientific literature for practice Improvement

Participate in clinical outcome analysis in order to improve practice

- Submit research abstract to local and/or national scientific meetings

### **Interpersonal and Communication Skills.**

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

By the end of the first clinical year, the fellow is expected to:

- Demonstrate effective communication with patients and families, under faculty supervision, in regards to obtaining informed consent, discussing prognosis, divulging of complications/medical errors and the options for management, as well as changes in patient condition
- Demonstrate sensitivity and compassion to patients and families
- Provide clear counseling to patients and families in verbal and/or written instructions for diagnostic testing, risks/benefits of treatment/surgery, alternative therapies, and treatment planning
- Assess the patient and family comprehension of treatment options and diagnostic plans
- Engage patients and families in shared decision making
- Address reproductive concerns and fertility preservation options
- Lead case conferences for medical students and residents
- Present patients and appropriate data at multi-disciplinary treatment planning conferences.
- Present patients at department-wide morbidity and mortality conference
- Demonstrate competency in communication with other health care providers including physicians, nurses, advanced practice providers, respiratory/physical/occupational therapists, social workers, and case managers in order to coordinate care for patients
- Provide effective leadership and adequate supervision of students and residents
- Demonstrate safe, effective, and complete hand-off skills

## **Professionalism.**

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles of compassion, integrity, and respect for others.

By the end of the first clinical year, the fellow should be able to:

- Maintain a professional appearance at all times
- Participate in institution-wide education and certification in Health Insurance Portability and Permanence Act
- Receive feedback from 360 degree evaluations by attending physicians, staff, other fellows, residents, and patients.
- Seek and accept constructive criticism
- Identify and manage ethical challenges in patient care
- Demonstrate compassionate, respectful behavior at all times to patients, families, and all members of the patient care team
- Respect patient autonomy and privacy
- Assess a patient's capacity for medical decision making
- Elicit patient goals for care and treatment preferences
- Maintain physical, mental, emotional, and ethical standards in order to provide appropriate patient care
- Recognize personal limitations and seek assistance in an appropriate fashion
- Demonstrate accountability and integrity in patient care outcomes
- Identify and address cultural, ethnic, religious, or socioeconomic factors that may impact patient outcomes
- Recognize and address physician impairment in self as well as others
- Maintain timely and accurate medical record keeping including operative notes and discharge summaries.

## **Systems-based Practice.**

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

By the end of the first clinical year, the fellow should be able to:

- Consistently participate in patient safety "time out"
- Function as part of a multi-disciplinary cancer treatment team
- Design, orchestrate, and lead a multi-disciplinary treatment plan
- Apply concepts discussed in didactics and from literature review to formulate and implement evidence based treatment plans
- Seek appropriate collaboration with consulting services
- Effectively communicate with consultants and referring physicians
- Coordinate care with social work and case management with appreciation for transportation, cost, and psychological issues
- Adhere to established protocols and checklists to ensure safety and quality of care
- Demonstrate understanding of the concepts of medical error, near miss, and sentinel event



- Demonstrate familiarity with institutional structures for error reporting
- Engage in patient safety and quality improvement initiatives within the healthcare system
- Demonstrate responsible use of healthcare resources and cost awareness
- Demonstrate understanding of resources available to facilitate transition of care from inpatient to outpatient settings

## **SECOND CLINICAL YEAR GYN ONCOLOGY SERVICE (YEAR 3 OF FELLOWSHIP)**

During the second clinical year, the fellow will rotate for 11 months on the gynecologic oncology services at AdventHealth Orlando.

### **Patient Care**

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

By the end of the second clinical year of training, the fellow is expected to perform the skills described for the first clinical year with increasing independence. In addition, the fellow will be expected to:

#### **Perioperative/Intraoperative Care**

- Independently formulate evaluation and treatment plans for gynecologic oncology patients
- Attend and present patients at site-specific multi-disciplinary tumor boards, as well as present evaluation and treatment plans
- Perform complex gynecologic oncology and bowel surgeries with increasing independence
- Manage surgical complications with increasing independence
- Be able to adapt treatment plans for individualized patient circumstances
- Function as an integral member of the multidisciplinary team and understand the role of the gynecologic oncologist.
- Know the current clinical trials open at for each specific disease site.
- Recognize personal limitations and demonstrate the willingness to call for assistance in appropriate situations

## Adjuvant Care

- Know the current clinical trials open at for each specific disease site.
- Be able to discuss pertinent clinical trial options with patients and families
- Make decisions regarding second, third, etc. line chemotherapy options in the setting of recurrent/chemotherapy resistant disease under faculty supervision
- Perform independent counseling to patients regarding complex treatment options
- Coordinate treatment for the cancer with other modalities of radiation therapy and systemic therapy.
- Understand the treatment paradigm for patients who are being treated with curative or palliative intent in management of metastatic disease

## Palliative Care

- Discuss goals of care with patients and families independently
- Assist patients and families in DNR decision making

## Consultation

- Serve as intraoperative consultant for management of difficult gynecologic surgeries, under the supervision of the faculty

## **Medical Knowledge**

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

By the end of the second clinical year, the fellow should be able to perform the skills described for the first clinical year with increasing independence. The fellow should also be able to:

- Demonstrate evidence-based medical decision-making for each disease site.
- Know the roles of radiation therapy and systemic therapy in each disease site
- Know the available clinical trial options relevant to an individual patient's disease situation (adjuvant, neoadjuvant, metastatic, or recurrent settings)
- Discuss the common patterns of failure and survival for each disease site.
- Describe the mechanism and effects of genetic mutations that result in increased predisposition to gynecologic malignancies
- Describe the options for medical, radiation, and surgical palliation of symptoms
- Know the recommendations for prevention of gynecologic malignancies
- Describe the diagnostic evaluation and treatment options for each disease site
- Describe options for fertility preservation
- Demonstrate knowledge of the pharmacology of drugs commonly used in the treatment of patients with gynecologic cancers, including pain medications and chemotherapeutics
- Understand radiobiology and radiation dosimetry for relevant disease sites.
- Understand the concepts, role and toxicity of radiation therapy options, including standard radiation therapy with 3 or 4 field techniques, IMRT, and brachytherapy.

- Understand the process whereby ancillary immunohistochemical and molecular studies can favorably contribute to clinical decision-making.
- Understand the use and limitations of frozen sections used during an operation, and techniques used during surgical margin preparation and evaluation.

### **Practice-based Learning and Improvement.**

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

By the end of the second clinical year, the fellow should be able to perform the skills described for the first clinical year with increasing independence. By the end of the second clinical year, the fellow is expected to:

- Contribute to the peer-reviewed gynecologic oncology scientific literature
- Utilize data to institute systemic clinical practice changes
- Lead educational sessions including medical student and resident teaching
- Participate in clinical trial research

### **Interpersonal and Communication Skills.**

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

By the end of the second clinical year, the fellow should be able to perform the skills described for the first clinical year with increasing independence. By the end of the second clinical year, the fellow should be able to:

- Discuss an evidence based risk-benefit analysis with patients regarding options for complex surgical procedures
- Document and manage unexpected adverse events/errors
- Effectively communicate with patients and families, independently, in regard to obtaining informed consent, discussing prognosis, divulging of complications/medical errors and the options for management
- Provide appropriate consultation to other physicians/other services

### Professionalism.

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

By the end of the second clinical year, the fellow should be able to perform the skills described for the first clinical year with increasing independence. By the end of the second clinical year, the fellow is expected to:

- Lead the clinical team regarding decision making and treatment outcomes
- Effectively resolve conflict on the patient care team
- Serve as a role model for professionalism to the patient care team

### Systems-based Practice.

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

By the end of the second clinical year, the fellow should be able to perform the skills described for the first clinical year with increasing independence. By the end of the second clinical year, the fellow is expected to:

- Discuss evidence-based cost-benefit data to support clinical decision making
- Participate in root cause analysis and failure mode analysis of system errors
- Lead projects in patient safety and/or quality improvement
- Demonstrate knowledge of both institutional and national patient safety standards

## **Research Goals and Methods for Achievement (Research Year, Year 1 of fellowship)**

An opportunity for structured basic laboratory and/or clinical research. If basic laboratory research is not being performed, then didactics must be given to teach techniques.

- Discussion with fellowship director prior to start of research year to identify each fellow's specific research interests and prior experience
- Selection of 3-5 potential research mentors/projects by the fellowship director in consultation with the fellow
- Meetings of the fellow with each prospective mentor prior to start of the research year to assess mutual interest and fit to help maximize potential for successful experience

Enhancement of the fellows' understanding of the latest scientific techniques and encouragement of interaction with other scientists

- Close mentorship of the research project by the laboratory mentor, with oversight by the fellowship director
- Attendance at weekly laboratory meetings
- Attendance at institution wide research seminars presented by faculty and invited speakers
- Promotion of the fellow's academic contributions to the respective subspecialty

Close mentorship of the fellow's project(s) with the goal of abstract submission to at least one national meeting

- Funding to attend one national meeting each year and other meetings if abstracts accepted
- Assistance with manuscript preparation for publication through secretarial and biostatistical support
- Enhancement of opportunities for the fellow to obtain research funding and academic positions
- Guidance for primary thesis by the research mentor
- Mentorship for other projects by clinical faculty

Advertisement of local and national funding opportunities, and identification of appropriate proposals by the fellowship director, research mentor, and other faculty

- Furthering the ability of the fellow to be an independent investigator

- Required presentation of work at grand rounds
- Encouragement to submit work to national meetings
- Encouragement to apply for research funding while in fellowship
- Participation and periodic presentation of work in weekly laboratory meeting

*By the completion of fellowship, the fellow is expected to:*

- A) Complete at least publication and/or presentation at a regional or national scientific meeting
- B) Develop skills for independent research
- C) Demonstrate ability to formulate a hypothesis and strategy for testing this hypothesis
- D) Complete an institutional course in biostatistics, including didactics in quantitative techniques, epidemiology, research design, implementation, and data analysis

**GYNECOLOGY ONCOLOGY FELLOWSHIP PROGRAM**  
**CRITICAL CARE ROTATION**  
**GOALS AND OBJECTIVES**

**(First Clinical Year, Year 2 of Fellowship)**

During the first clinical year, the fellow will spend 1 month on a dedicated rotation in the AdventHealth Orlando Intensive Care Unit. The Intensive Care Unit rotation will include responsibilities in both, surgical and medico-surgical ICUs. The Fellow will actively participate in daily morning multidisciplinary rounds and ICU teaching sessions. The Fellows will be exposed to a large variety of pathology of patients. The Fellows will generate a differential diagnosis, and an appropriate plan of action that will include ordering diagnostic tests and therapeutic interventions.

The ICU team is run by an Intensivist on unit 3200 / vascular surgical ICU. The fellow will work with the attending in shifts from 7am to 7pm. There will be shifts from 7 pm to 7 am, not to exceed 4 per month. An ICU attending is in-house at all times. The fellow will have close back up from the Intensivist. The fellow must attend to every “code-blue” in their designated coverage area. The fellow will be expected to run the code blue, with the intensivist supervising.

**Patient Care**

Fellows must provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. By the end of the rotation the fellow will be able to perform assessment, stabilization and management of acutely ill patients admitted to the ICU. The fellow is expected, under supervision, to perform basic procedures such as arterial puncture, venipuncture, thoracentesis, paracentesis, lumbar puncture, nasogastric intubation and central line placement.

Additionally, upon completion of this rotation, under faculty supervision, the fellow is expected to:

- To become competent in basic invasive procedures (central venous catheter and arterial line placement, thoracentesis, paracentesis, chest tube placement, etc.).
- To become competent with the collection and interpretation of hemodynamic, laboratory and radiologic data in the critically ill.
- Gather essential and accurate information about their patients through physical exams and medical records
- Manage and wean patients from mechanical ventilation using various techniques and ventilator modes
- Treat different types of shock utilizing conventional and current techniques
- Make informed decisions about diagnostic and therapeutic interventions based on patient information, scientific evidence, and clinical judgment
- Prevent, identify and treat multiple organ system failure
- Manage pain, anxiety, delirium and agitation
- Prevent, identify and treat acute and chronic renal failure

- Monitor and treat hypertension
- Manage infectious disease, in particular core ICU conditions such as bloodstream infection and pneumonia
- Manage complex patients with multiple drains, monitors, and other devices.

### **Medical Knowledge**

By the end of the rotation the fellows will acquire the knowledge necessary to manage acute ICU diseases, to understand pathophysiology, differential diagnosis, diagnostic procedures and treatment of common ICU pathology.

Additionally, upon completion of this rotation, the fellow is expected to:

- To understand the indications and complications of common ICU procedures such as bronchoscopy, thoracentesis, tube thoracotomy, and line placement.
- To understand the causes, pathophysiology, epidemiology and treatment of fever in the ICU.
- To appreciate the growing problem of antibiotic resistance in the critical care unit and ways to reduce the spread of multiple drug resistant organisms.
- To develop an appreciation for the role of renal replacement therapies in critically ill patients.
- Develop a foundation of knowledge as related to surgical and medico-surgical critical care
- Identify appropriate indications for ICU admission and discharge
- Understand the etiology, pathophysiology, management and treatment of shock
- Know fundamentals of hemodynamic monitoring
- Know the indications for mechanical ventilation, as well as the advantages of different ventilator modes, and indications for weaning/extubation
- Understand the indications, effects, and complications of inotropic and vasopressor drips
- Understand the causes, pathophysiology and management of renal failure and acid/base electrolyte disturbance
- Understand the indications, choices, and risks of various types of anti-hypertensive medication
- Demonstrate familiarity with critical care infectious disease, particularly as it pertains to bloodstream infection and pneumonia
- Be familiar with scientific evidence in relation to cardiovascular, renal, respiratory and metabolic physiology and other systems as they relate to the critically ill patient
- Develop a working knowledge of monitoring devices commonly used in the ICU

### **Practice-based Learning and Improvement**

By the end of the rotation the fellow will appreciate the importance of self-directed learning on the evaluation and management of common ICU disorders, and to access relevant data including practice guidelines, and evidence base medicine.

Upon completion of this rotation, the fellow is expected to:



- To become capable of strong leadership in emergency life threatening situations
- Demonstrate a pattern of self-directed learning as related to issues pertaining to patients under their care
- Be able to synthesize different types of evidence into safe care
- Identify, critically evaluate, and utilize evidence from the scientific literature for practice improvement.
- Recognize personal limitations and seek assistance in an appropriate fashion

### Interpersonal and Communication Skills

By the end of the rotation, the fellow will be able to communicate effectively both verbal and written with patient and staff. To modify verbal presentations to fit the clinical scenario and to recognize the importance of frequent communication with patients and their families while being able to communicate information in an empathetic and professional manner

Upon completion of this rotation, the fellow is expected to:

- Understand ethical, legal, and practical considerations involved in withdrawal of life sustaining support and to be able to apply that understanding in the ICU.
- Begin to develop communication skills useful in discussing immediately life-threatening diseases with patients and their families.
- Appreciate the challenges of end-of-life care and decisions pertinent to patients in the ICU.
- Demonstrate the ability to disseminate the appropriate information to patients and to their families
- Demonstrate the ability to obtain informed consent, discuss prognosis, divulge complications/medical errors and the options for management, as well as changes in patient condition with patients and families
- Identify and communicate critical care ethical issues to the health care team as well as to patients and families
- Demonstrate sensitivity and compassion to patients and families
- Provide clear counseling to patients and families in verbal and/or written instructions for diagnostic testing, and risks/benefits of treatment,
- Engage patients and families in shared decision making
- Demonstrate competency in communication with other health care providers including physicians, nurses, advanced practice providers, respiratory therapists, social workers and case managers
- Demonstrate safe, effective, and complete hand-off skills

## **Professionalism**

By the end of the rotation the fellow will be able to provide ICU care in an empathetic professional manner. To adopt a philosophy of patient ownership advocacy and to appreciate the value of self-directed learning.

Upon completion of this rotation, the fellow is expected to:

- To provide experience in the ethical issues regarding the critically ill.
- Effective, accurate, and timely contribution to the medical record
- Ability to educate patients and families regarding treatment options, outcomes, and prognosis
- Demonstrate commitment to patient privacy and autonomy
- Maintain a professional appearance at all times
- Demonstrate compassionate, respectful behavior at all times to patients, families, and all members of the patient care team
- Maintain physical, mental, emotional, and ethical standards in order to provide appropriate patient care
- Demonstrate accountability and integrity in patient care outcomes
- Identify and address cultural, ethnic, religious, or socioeconomic factors that may impact patient outcomes

## **Systems-based practice**

By the end of the rotation the fellow will become familiar with AdventHealth Health System and will be able to deliver timely and appropriate care of ICU conditions within the system. The fellow will learn to coordinate patient care, to incorporate consideration of cost awareness and to work in a multidisciplinary team to enhance patient safety and acquire knowledge of the resource available in health care.

Upon completion of this rotation, the fellow is expected to:

- To understand the importance of cost effectiveness in the ICU and demonstrate responsible use of healthcare resources.
- To learn the skills required to effectively participate in an ICU multidisciplinary team that include physicians (medical intensivists and fellows), nurses, pharmacists, nutritional therapists and respiratory therapists; and to interact with consultants of other medical disciplines.
- Understand how critical care outcomes are related to a multidisciplinary system of care
- Adhere to, and demonstrate an understanding of protocols and how they impact safety and quality
- Effectively communicate with consultants and referring physicians
- Coordinate care with social work and case management with appreciation for transportation, cost, and psychological issues

**GYNECOLOGY ONCOLOGY FELLOWSHIP PROGRAM**  
**COLON & RECTAL SURGERY ROTATION**  
**GOALS AND OBJECTIVES**  
**(First Clinical Year, Year 2 of Fellowship)**

During the first clinical year, the fellow will spend 1 month on a dedicated rotation in the AdventHealth Orlando Colon & Rectal Surgery service. The fellow must demonstrate the ability to care for patients with colorectal disease. The fellow should demonstrate skills assisting in colorectal and laparoscopic cases. The Fellow should be able to teach students/residents and learn to communicate with families and peers.

**Patient Care**

Fellows must provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Upon completion of this rotation, under supervision of the faculty, the fellow is expected to:

- Demonstrate caring and respectful behaviors when interacting with patients and/or their families.
- Incorporate the patient preferences in making decisions about diagnostic and therapeutic interventions.
- Develop and execute patient care plans appropriate for chief fellow.
- Demonstrate an understanding of the importance of pain and symptom control for postoperative patients.
- Understand the process of preoperative preparation for patients undergoing colorectal resection
- Understand routine drain and catheter management
- Understand fluid and electrolyte replacement in patients undergoing complex GI surgery.
- Gather essential and accurate information about patients.
- Demonstrate ability to manage ambulatory cancer patients on an outpatient basis.
- Apply clinical screening for common malignancies.
- Recognize typical presentations and clinical manifestations for different types of neoplasms.
- Relate tumor staging and prognosis.
- Identify margins of resection and how this relates to local recurrence.
- Evaluate patients with complex surgical indications and presents a differential diagnosis.
- Compare laparoscopic versus open procedures for each case.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans.
- Demonstrate knowledge of the indications and contraindications for various medications used in the preparation and performance of procedures.
- Coordinate the overall care of patients for the team of fellows and students.

**Effective Treatment and Health Promotion:**

- Perform competently all essential medical and invasive procedures.
- Provide health care services aimed at preventing health problems and maintaining health
- Work with health care professionals, including those from other disciplines, to provide Patient-focused care.

- Demonstrate an understanding of the indications for and actions of pharmacologic support in the postoperative state.
- Demonstrate an understanding of the indications and means for implementing nutritional support in the pre and post-operative cancer patient.

#### Technical Skills in Patient Care:

- Demonstrate knowledge, psychomotor skills and judgment related to his/her role in the performance of operative surgical procedures.
- Demonstrate manual dexterity appropriate for PGY-5
- Arrive in the OR prepared for the cognitive components of his/her role in individual operative surgical procedures.
- Demonstrate competence in the less complex surgical cases
- Demonstrate an understanding of the benefits and limitations of operative surgical techniques.
- Assist attending staff with complex surgical procedures.

#### Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Upon completion of this rotation, the fellow is expected to:

- Demonstrate basic knowledge of surgical pathophysiology, pharmacology, physiology, and interpretation of scientific data in diagnosing and managing the patient with colorectal disease.
- Demonstrate ability to formulate and implement a minimal diagnostic and treatment plan for colorectal disease requiring surgical intervention.
- Demonstrate familiarity with surgical literature in areas of basic surgical diseases in the lower GI tract.
- Relate basic medical knowledge to patient care. Fellows must critically evaluate and demonstrate knowledge of pertinent scientific information.
- Relate basic knowledge of favored modality of treatment according to the primary site and extent (stage) of neoplastic disease.
- Demonstrate some understanding of the roles of surgery and pharmacology in the total management of patients with inflammatory bowel disease
- Exhibit knowledge base sufficient to teach students on the service.
- Demonstrate surgical competence by the use of surgical knowledge and some skills to achieve a performance that produces appropriate and anticipated outcomes.
- Begin to demonstrate ability to integrate surgical continuity of care principles into the total care plan for all surgical patients.
- Demonstrate some understanding of the significance of the natural history of surgical disease, the consequence of surgical care (both positive and negative), and the influence of continuity of care upon surgical outcomes.
- Exhibit the capability to integrate surgical continuity of care principles into the total care plan for all surgical patients.
- Begin to incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

- Understand the basic care of the post-operative patient undergoing colon surgery and manage their post-operative care

### **Practice-based Learning and Improvement**

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Upon completion of this rotation, the fellow is expected to:

#### **Investigate and Evaluate Patient Care Practices**

- Analyze practice experience using a systematic methodology.
- Obtain and use information about their population of patients and the larger population from which patients are drawn.

#### **Appraise and Assimilate Scientific Evidence Relevant To Patient Care**

- Locate, appraise, and assimilate evidence from scientific studies related to their Patients' health problems.
- Demonstrate a working knowledge of prior research milestones, current research efforts, and research methodology.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Perform practice-based improvement activities using a systematic methodology.
- Use information technology to manage information, access on-line medical information; and support his/her own education.
- Facilitate the learning of junior level fellows.
- Exhibit and recognize the importance of lifelong learning in surgical practice.

#### **Improve Patient Care Practices:**

- Begin to demonstrate the ability to analyze personal practice outcomes to improve patient care.
- Begin to perform practice-based improvement activities using a systematic methodology.
- Use information technology to manage information, access on-line medical information; and support his/her own education.
- Facilitate the learning of junior level fellows.

### **Interpersonal and Communication Skills**

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Upon completion of this rotation, the fellow is expected to:

- Demonstrates basic skill and sensitivity for appropriate counseling and educating patients and their families in a variety of clinical situations, to include colon cancer, inflammatory bowel disease, and morbid obesity.
- Create and sustain therapeutic and ethically sound relationships with patients and families.
- Demonstrate an understanding of the roles of other non-medical professionals and disciplines in the total care of the patient with cancer.
- Work effectively with others as a leader of the health care team and/or other professional groups.

- Effectively and promptly document practice activities.
- Present all patients and conference material in a concise, organized, chronologic, logical and knowledgeable manner.
- Utilize input from all collaborative interactions with all personnel contributing to the surgical patient care
- Contribute via effective teaching and example to the educational efforts of the surgical fellowship.
- Evaluate the performance and competence of students on the surgical service.

### **Professionalism**

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Upon completion of this rotation, the fellow is expected to:

- Demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.).
- Maintain positive relationships with members of the team.
- Demonstrate accountability for actions and decisions.

### **Systems-based practice**

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Upon completion of this rotation, the fellow is expected to:

Demonstrate Awareness and Responsiveness to the Health Care System:

- Begin to understand how patient care and other professional practices affect other health care professionals, the health care organization, and the larger society.
- Understand how these elements of the system affect their own practice.
- Acquire Knowledge of how types of medical practice and delivery systems differ from one another, including methods and controlling health care costs and allocating resources.

Utilize System Resources:

- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Partner with health care managers and health care providers to assess, coordinate, and improve health care and understands how these activities can affect system performance.

GYNECOLOGY ONCOLOGY FELLOWSHIP PROGRAM  
RADIATION ONCOLOGY ROTATION  
**GOALS AND OBJECTIVES**  
**(Second Clinical Year, Year 3 of Fellowship)**

During the second clinical year of fellowship, the fellow will spend 1 month on a dedicated rotation in the AdventHealth Orlando Radiation Oncology service.

**Patient Care**

Fellows must provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Upon completion of this rotation, under supervision of the faculty, the fellow is expected to:

- Demonstrate competence in treating adult patients with conventionally-fractionated external beam radiation therapy
- Demonstrate competence in performing interstitial and intracavitary brachytherapy procedures
- Demonstrate competence in follow-up care of irradiated patients, patients
- Demonstrate competence in treating adult patients with stereotactic radiosurgery and stereotactic body radiation therapy

**Medical Knowledge**

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Upon completion of this rotation, the fellow is expected to demonstrate knowledge in:

- Basic principles of radiation physics
- Basic principles of Radiation and cancer biology
- Demonstrate basic understanding of pertinent literature to attain understanding of evidenced-based indications for radiation therapy in the management of gynecologic malignancies.
- Understand basic principles of external beam radiation therapy and brachytherapy Planning and delivery.
- Clinical radiation oncology, including late effects on normal tissue
- Radiation safety procedures
- Better understand multi-disciplinary management of gynecologic oncology patients

**Practice-based Learning and Improvement**

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Upon completion of this rotation, the fellow is expected to:

**Investigate and Evaluate Patient Care Practices**

- Analyze practice experience using a systematic methodology.
- Obtain and use information about their population of patients and the larger population from which patients are drawn.

### **Appraise and Assimilate Scientific Evidence Relevant to Patient Care**

- Locate, appraise, and assimilate evidence from scientific studies related to their Patients' health problems.
- Demonstrate a working knowledge of prior research milestones, current research efforts, and research methodology.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Perform practice-based improvement activities using a systematic methodology.
- Use information technology to manage information, access on-line medical information; and support his/her own education.
- Facilitate the learning of junior level fellows.
- Exhibit and recognize the importance of lifelong learning in surgical practice.

### **Improve Patient Care Practices:**

- Demonstrate the ability to analyze personal practice outcomes to improve patient care.
- Perform practice-based improvement activities using a systematic methodology.
- Use information technology to manage information, access on-line medical information; and support his/her own education.

### **Interpersonal and Communication Skills**

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Upon completion of this rotation, the fellow is expected to:

- Demonstrates basic skill and sensitivity for appropriate counseling and educating patients and their families in a variety of clinical situations.
- Create and sustain therapeutic and ethically sound relationships with patients and families.
- Demonstrate an understanding of the roles of other non-medical professionals and disciplines in the total care of the patient with cancer.
- Work effectively with others as a leader of the health care team and/or other professional groups.
- Effectively and promptly document practice activities.
- Present all patients and conference material in a concise, organized, chronologic, logical and knowledgeable manner.
- Utilize input from all collaborative interactions with all personnel contributing to the surgical patient care
- Contribute via effective teaching and example to the educational efforts of the surgical fellowship.
- Evaluate the performance and competence of students on the surgical service.

### **Professionalism**

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Upon completion of this rotation, the fellow is expected to:

- Demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development.



- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.).
- Maintain positive relationships with members of the team.
- Demonstrate accountability for actions and decisions.

### **Systems-based practice**

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Upon completion of this rotation, the fellow is expected to:

#### **Demonstrate Awareness and Responsiveness to the Health Care System:**

- Understand how patient care and other professional practices affect other health care professionals, the health care organization, and the larger society. Understand how these elements of the system affect their own practice.
- Acquire Knowledge of how types of medical practice and delivery systems differ from one another, including methods and controlling health care costs and allocating resources.

#### **Utilize System Resources:**

- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Partner with health care managers and health care providers to assess, coordinate, and improve health care and understands how these activities can affect system performance.

**Name of Rotation: ICU / Critical Care**

**Course Director: Martin M. Cearras, MD**

**Location: AdventHealth Orlando**

**Date Revised: January 2018**

**General Description:** The Intensive Care Unit rotation will include responsibilities in both, surgical and medico-surgical ICUs. The Gynecological oncology fellows will actively participate in daily morning multidisciplinary rounds and ICU teaching sessions. The fellows will be exposed to a large variety of pathology of patients. The residents will generate a differential diagnosis, and an appropriate plan of action that will include ordering diagnostic tests and therapeutic interventions.

**Faculty:** Martin M. Cearras, MD; Eduardo Oliveria, MD; Marcus Darrabie, MD; Joshua Goldberg, MD

**Duration of Rotation:** 4 weeks

**PGY Level:** PGY 6

**Goals:**

1. To provide an in-depth experience in the management of critically ill patients.
2. To become competent in basic invasive procedures (central venous catheter and arterial line placement, thoracentesis, paracentesis, chest tube placement, etc.).
3. To learn the skills required to effectively participate in an ICU multidisciplinary team that include physicians (medical intensivists and fellows), nurses, pharmacists, nutritional therapists and respiratory therapists; and to interact with consultants of other medical disciplines.
4. To provide experience in the ethical issues regarding the critically ill.
5. To provide experience in communicating with patients and families.
6. To become competent with the collection and interpretation of hemodynamic, laboratory and radiologic data in the critically ill.

**Rotation Structure:**

There are ICU team run by an Intensivist on unit 3200 / vascular surgical ICU. The fellow will work with the attending in shifts from 7am to 7pm. There will be shifts from 7 pm to 7 am, not to exceed 4 a month. An ICU attending is in-house at all times. The fellow will have close back up from the Intensivist. The fellow must attend to every "code-blue" in their designated coverage area. The fellow will be expected to run the code blue, with the intensivist supervising.

**Objectives:** Recognize life threatening situations such as shock, identify their etiologies and institute the appropriate treatment.

- Understand the basic principles of mechanical ventilation.
- Obtain practical experience in ICU procedures.

**SURGICAL FELLOW CRITICAL CARE**

1. To understand the causes, epidemiology, risk factors, microbiology, pathophysiology, and treatment of shock.
2. To understand ethical, legal, and practical considerations involved in withdrawal of life sustaining support and to be able to apply that understanding in the ICU.
3. To begin to develop communication skills useful in discussing immediately life-threatening diseases with patients and their families.
4. To understand the indications and complications of common ICU procedures such as bronchoscopy, thoracentesis, tube thoracotomy, and line placement.

5. To understand the causes, pathophysiology, epidemiology and treatment of fever in the ICU.
6. To understand the importance of cost effectiveness in the ICU.
7. To become capable of strong leadership in emergency life threatening situations
8. To appreciate the growing problem of antibiotic resistance in the critical care unit and ways to reduce the spread of multiple drug resistant organisms.
9. To develop an appreciation for the role of renal replacement therapies in critically ill patients.
10. To appreciate the challenges of end-of-life care and decisions pertinent to patients in the ICU.

### **Fellow responsibilities and Supervision:**

The fellow is expected to assist the critical care attending in managing the clinical care of the patients. The critical care attending has primary care responsibility for all patients admitted to the ICU, including complete history and physical examination, daily progress notes, documentation of all procedures and teaching of the fellow.

### **Core Competencies Overview:**

1. **Patient Care:** Fellows must provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. By the end of the rotation the fellow will be able to perform assessment, stabilization and management of acutely ill patients admitted to the ICU. The fellow is expected under supervision to perform basic procedures such as arterial puncture, venipuncture, thoracentesis, paracentesis, lumbar puncture, nasogastric intubation and central line placement.

Educational method: Clinical teaching, direct patient care, attending rounds, literature review, educational sessions by intensivist.

Assessment method: Direct observation, review and critique of medical records, global evaluation, and verbal feedback.

2. **Medical Knowledge:** By the end of the rotation the fellow will acquire the knowledge necessary to manage acute ICU diseases, to understand pathophysiology, differential diagnosis, diagnostic procedures and treatment of common ICU pathology.

Educational method: Clinical teaching, direct patient care, core curriculum and in-training examination.

Assessment method: Global assessment, review and critique of medical records, and verbal feedback.

3. **Practice Base Learning and Improvement:** By the end of the rotation the fellow will appreciate the importance of self-directed learning on the evaluation and management of common ICU disorders, and to access relevant data including practice guidelines, and evidence base medicine.

Educational method: Direct patient care, clinical teaching, literature review, and self-reflection.

Assessment method: Global assessment, verbal feedback, formal patient presentations, review and critique of medical records and self-reflection.

4. **Interpersonal and Communication Skills:** By the end of the rotation, the fellow will be able to communicate effectively both verbal and written with patient and staff. To modify verbal presentations

to fit the clinical scenario and to recognize the importance of frequent communication with patients and their families while being able to communicate information in an empathetic and professional manner.

Educational method: Direct patient care, clinical teaching and role modeling.

Assessment method: Global assessment, case presentation.

- 5. Professionalism:** By the end of the rotation the fellow will be able to provide ICU care in an empathetic professional manner. To adopt a philosophy of patient ownership advocacy and to appreciate the value of self-directed learning.

Educational method: Role modeling, clinical teaching, direct patient care, core curriculum conference attendance.

Assessment method: Global assessment, verbal feedback.

- 6. System Based Practice:** By the end of the rotation the fellow will become familiar with AdventHealth Health System and will be able to deliver timely and appropriate care of ICU conditions within the system. The fellow will learn to coordinate patient care, to incorporate consideration of cost awareness and to work in a multidisciplinary team to enhance patient safety and acquire knowledge of the resources available in health care.

Educational method: Clinical teaching, multidisciplinary approach and direct patient care.

Assessment method: Global assessment, appropriate use of healthcare resource, multisource evaluation and charts review.

**Check all principal teaching methods used during this rotation:**

- Attending teaching and management rounds
- Patient Management discussions
- Conferences specific to rotation
- Individual instruction of procedures
- Review of diagnostic studies, including radiology
- Core Conferences
- Other \_

**Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:**

Fellows care for a wide variety of critically ill patients. Clinical encounter include rounds and direct patient care.

**Check the principal ancillary education materials used:**

- Reading lists
- Radiologic studies
- Other noninvasive studies
- Other \_

**Methods used to evaluate the fellow and the rotation:**

- [x] Evaluation of fellow performance by attending
- [x] Evaluation of attending teaching skills and other attributes by resident
- [x] Resident's attendance of rounds and conferences monitored
- [x] Curriculum exam

# Gynecology Oncology Semi-Annual Evaluation of Fellow

## ***Instructions:***

Please provide an overall evaluation of the fellow based on the 6 core competency categories. Additional categories and questions based upon demonstrated performance and/or composite of evaluations.

**Subject Name**

**EvaluatorName**



**Rotation Dates**

## CORE COMPETENCIES

### 1 Medical Knowledge

Poor	2	3	4	Outstanding
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### 2 Patient Care

Poor	2	3	4	Outstanding
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### 3 Practice-based learning and improvement

Poor	2	3	4	Outstanding
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### 4 Interpersonal and communication skills

Poor	2	3	4	Outstanding
------	---	---	---	-------------



**5 Professionalism**

Poor	2	3	4	Outstanding
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**6 Systems-based Practice**

Poor	2	3	4	Outstanding
------	---	---	---	-------------



**7 Low score comments (required for all scores of 3 and below):**

FELLOW PERFORMANCE

**8 Professional judgement**

Poor	2	3	4	Outstanding
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**9 Technical skills**

Poor	2	3	4	Outstanding
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**10 Appropriate use of consultation**

Poor	2	3	4	Outstanding
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**11 Ability to function as consultant**

Poor	2	3	4	Outstanding
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**12 Medical record documentation**

Poor	2	3	4	Outstanding
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**13 Reliability/sense of responsibility**

Poor	2	3	4	Outstanding
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**14 Ethical conduct**

Poor	2	3	4	Outstanding
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**15 Physician-Patient relationship**

Poor	2	3	4	Outstanding
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**16 Ability to work with other hospital staff**

Poor	2	3	4	Outstanding
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**17 Compliance with hospital policies/procedures**

Poor	2	3	4	Outstanding
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**18 Low score comments (required for all scores of 3 and below):**

ADDITIONAL COMMENTS

**19 Program Director summary comments on resident performance:**

**20 Was fellow subject to any reportable disciplinary action or academic probation? (if yes, details are required)**

Comment

Yes

No

**21 If answer to previous question is yes, has the fellow received a copy of the language to be used when reporting adverse action?**

Yes

No

## AH GME Final Summative Evaluation of Fellow

### Instructions:

This is a summative evaluation which reflects the final period of education. Evaluation of competency standards is based on program specific milestones and not by comparing the trainee to peers.

Trainee signature indicates their receipt and review of this evaluation. All competencies must meet standard for successful program completion.



Subject Name

Status

Employer

Program

Rotation

Evaluation Dates

Evaluated by: Evaluator Name

Status

Employer

Program

## PATIENT CARE

1\* Trainee provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health, and demonstrates competence to independently diagnose and manage patient conditions commonly encountered in their specialty.

NOT MET	MET	EXCEEDED
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Comment

2\* Trainee is able to competently perform all medical, diagnostic, and surgical procedures considered essential for his/her area of practice.

NOT MET	MET	EXCEEDED
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Comment

## MEDICAL KNOWLEDGE

3\* Trainee demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

NOT MET	MET	EXCEEDED
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Comment

## PRACTICE-BASED LEARNING AND IMPROVEMENT

4\* Trainee demonstrates the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

NOT MET	MET	EXCEEDED
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Comment

## INTERPERSONAL AND COMMUNICATION SKILLS

5\* Trainee demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

NOT MET	MET	EXCEEDED
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Comment

## PROFESSIONALISM

6\* Trainee demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.

NOT MET	MET	EXCEEDED
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Comment

### SYSTEMS-BASED PRACTICE

7\* Trainee demonstrates an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

NOT MET	MET	EXCEEDED
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Comment

### EVALUATION NARRATIVE

8\* Resident Strengths:

9\* Resident Areas for Improvement:

10\* Overall Performance:

11\* Program Recommendations:

## FINAL SUMMATIVE COMPETENCE FOR PRACTICE

12\* As Program Director, I certify that this trainee:

- completed the training program and demonstrated sufficient competence to enter practice without direct supervision. Trainee meets the qualifications necessary for admission to the specialty's board certification examination.
- satisfactorily completed an internship in a categorical program.
- did not satisfactorily complete the training program and does not meet qualifications necessary for admission to the specialty's board certification examination.

<b>Nurse Evaluation of Gynecologic Oncology Fellows</b>			
Fellow Name: _____	Date(s)		
Based on your observations and interactions with the Fellow, please rate each item below as applicable.			
<b>Scale: 1= poor, needs improvement    2=Good, appropriate for level of training    3= Exceeds Standards</b>			
Please place an "X" under the number that best reflects Fellow's ability.			
	1	2	3
1. Cares for preoperative patients			
	1	2	3
2. Care of Patients in the operating room			
	1	2	3
3. Care of postoperative patients			
	1	2	3
4. Surgical skills			
	1	2	3
5. Care of chemotherapy patients			
	1	2	3
6. Care of patients in the hospital for complications of cancer or its treatment			
	1	2	3
7. Compassion, integrity, and respect towards all			
	1	2	3
8. Accountability and responsiveness to the needs of all			
	1	2	3
9. Respect for patient privacy, patient-doctor relationship			
	1	2	3
10. Communication skills with patient and patient families			
	1	2	3
11. Communication skills and teamwork w/ health professionals			
	1	2	3
12. Informed Consent and shared decision making			
<b>How often do you interact with the Fellow?</b>			
_____ Seldom _____ Frequently _____ Daily			
<b>If you wish to discuss the Fellows performance with the program director, please print your name &amp; phone #</b>			

**AdventHealth  
Gynecologic Oncology Fellowship Program  
Fellow Evaluation of Faculty**

<b>Faculty</b>	<b>Quarter</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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Aim: The Gynecology Oncology Fellowship at AdventHealth wishes to improve the fellow training program by encouraging fellow input. Per ACGME requirements, Fellows must be provided the opportunity to evaluate the faculty at least annually. We feel that your evaluations will give us insight into the program and enable us to make appropriate revisions. Your input is confidential.

		Always 5	Often 4	Sometimes 3	Seldom 2	Never 1
<b>Availability</b>						
1	Did the faculty provide adequate instruction(s) during clinics? Rounds? In the OR?					
2	Was the faculty available for help?					
3	Did the faculty participate in teaching rounds?					
4	Does this faculty member responds to requests for consultations promptly?					
5	Supervise you in all clinical areas effectively?					
<b>Conferences</b>						
1	Keeps me informed of latest developments in gynecology oncology.					
2	Conducts interesting and informative clinical conferences and patient rounds.					
3	Encourages intellectual growth.					
<b>Mentoring</b>						
1	Helps me grow professionally.					
2	I feel I can approach the doctor with patient problems.					
3	I feel comfortable approaching the doctor with personal concerns.					
<b>Teaching/Operative Experience</b>						
1	Does the faculty demonstrate/teach surgical skills effectively?					
2	Did you receive diverse operative opportunities?					
3	Did the faculty help you understand your mistakes in a respectful way?					
4	Did you receive constructive feedback during or after procedures?					
5	Encourages technical/clinical growth and independence.					
<b>Strengths:</b>						
<b>Weaknesses:</b>						
<b>Suggestions:</b>						
<b>Overall rating of faculty member:</b>		A	B	C		



## AdventHealth Gynecology Oncology Fellow Evaluation of Training Program

<b>Training Environment</b>	Poor	Good	Very Good	Excellent
Quality and diversity of pathology seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational value of teaching rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of attending supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of attending supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and timeliness of feedback from attending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to perform research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the research environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Support Services</b>	Poor	Good	Very Good	Excellent
a. Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Allied Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability of consultations</b>	Poor	Good	Very Good	Excellent
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subspecialty Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surgical specialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ancillary Services</b>	Poor	Good	Very Good	Excellent
Laboratory data retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology data retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous and phlebotomy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program provides comprehensive evaluation of Fellows competence in:</b>	Poor	Good	Very Good	Excellent
Patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify the core strengths of the program:				
Identify the core weaknesses of the program:				

General comments and suggestions:				
<b>Teaching Conferences</b>				
Please rate the quality of each:	Poor	Good	Very Good	Excellent
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morbidity and Mortality Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-disciplinary Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: list				
<b>Please rate the quality of the teaching faculty</b>	Poor	Good	Very Good	Excellent
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages Fellow research and scholarly activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitates Fellow professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves as a professional role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies surgical principals during teaching rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides constructive feedback to improve resident performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes during teaching conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Call Facilities</b>				
	Poor	Good	Very Good	Excellent
Availability of call rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduciveness to rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>				
	Sometimes		Often	Always
My colleagues behave in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues are reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My attending physicians behave in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My attending physicians are reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work load is appropriate for my level of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training program promotes self-assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>				
	Yes		No	To some extent
The training program promotes life-long learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The training program recognizes excellence in continuous quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Duty Hours</b>			
	Yes	No	To some extent
The call schedule if fair and equitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty enforce the duty hours limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understand the 80 hour work week rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am required to account for all work hours through a time keeping system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational components of the program take priority over service requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Support</b>			
	Yes	No	To some extent
There is adequate administrative support available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate support during clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate support on the teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate technical support for clinical systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate electronic retrieval of medical records, literature and medical books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

**Doctor's name:** \_\_\_\_\_

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:	5	4	3	2	1
Ability to get in to be seen	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
<i>Physician</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Uses words you can understand	5	4	3	2	1
Your confidence in this doctor	5	4	3	2	1
Answers your questions	5	4	3	2	1
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to this doctor:	5	4	3	2	1

**Do you consider this center your regular source of care?      Yes \_\_\_ No \_\_\_**

**Pease tell us about your experience (positive or negative)**

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**Gynecologic Oncology  
Procedural Volume Guidelines**

<b>Category</b>	<b>Minimum</b>
<b>Simple Hysterectomy, including:</b>	75
Vaginal	
Abdominal	
Laparoscopic	
Robotic	
<b>Surgical Treatment of Cervical Cancer, including:</b>	10
Radical trachelectomy	
Abdominal radical hysterectomy	
Laparoscopic radical hysterectomy	
Robotic radical hysterectomy	
Brachytherapy applicator placement	
<b>Surgical Treatment of Ovarian Cancer, including:</b>	40
Radical debulking, including:	
Primary debulking BSO/omentectomy +/- hysterectomy	
Interval debulking BSO/omentectomy +/- hysterectomy	
Splenectomy	
Diaphragmatic stripping	
Liver resection	
IP port placement	
<b>Intestinal Surgery, including:</b>	95
Colostomy	
Bowel resection and/or anastomosis	
Low rectal resection and/or anastomosis	
<b>Exenteration, including:</b>	2
Anterior	
Posterior	
Total	
<b>Vulvar Resection</b>	10
<b>Simple Hysterectomy, including:</b>	75
Vaginal	
Abdominal	
Laparoscopic	
Robotic	
<b>Surgical Treatment of Cervical Cancer, including:</b>	10
Radical trachelectomy	
Abdominal radical hysterectomy	
Laparoscopic radical hysterectomy	
Robotic radical hysterectomy	
Brachytherapy applicator placement	
<b>Surgical Treatment of Ovarian Cancer, including:</b>	40
Radical debulking, including:	
Primary debulking BSO/omentectomy +/- hysterectomy	
Interval debulking BSO/omentectomy +/- hysterectomy	
Splenectomy	

AdventHealth Gynecologic Oncology  
Fellowship  
Goals & Objectives-PGY 6 and PGY 7

**Goal**

The graduating Fellow will have acquired advanced medical knowledge and clinical skills and will be able to demonstrate the ability to independently function as a clinical and surgical consultant to others as well as to lead the clinical care team.

**Educational Objectives**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. With exposure to medical, diagnostic, and surgical procedures essential for the areas of practice, Fellows are expected to gain competence in gynecologic examination and in treatment of a vast array of gynecologic disorders.

By the end of the first year of clinical training (PGY6), fellows should demonstrate competency in the six general competencies listed below and are expected to:

**Patient Care**

- Evaluate critical care parameters;
- Attend to genetic alterations and their relationship to anomalies and cancer in developing patient care plans;
- Incorporate effect of oncogenes and tumor suppressor genes in screening and preventative care plans;
- Develop and deliver patient care considering patient's genetic history pertinent to gynecological anomalies and cancers;
- Develop and deliver chemotherapies with accurate schedule, cycle, dose intensity, and metronomic dosing;
- Evaluate toxicity, side effects, and complications in patient care associated with chemotherapies using supportive and specific methods;
- Demonstrate clinical and surgical staging of all of the gynecological disease sites;
- Perform pre-and post-operative physical and laboratory evaluation of surgical patients;
- Explain advantages and disadvantages of various diagnostic techniques;
- Develop knowledge in natural history, biologic behaviors, and pathophysiology of various types of tumors and anomalies in gynecological oncology patients;
- Describe interventional measures for various complications, and emergencies associated with simple and radical surgical interventions;
- Demonstrate effective communication skills with patients and their families or surrogates, including acquisition of informed consent, communication about prognosis and likelihood of recovery, and disclosure of complications and errors and their management;
- Demonstrate responsiveness to diverse patient needs that supersedes self-interest;
- Respect patient privacy and autonomy;
- Maintain physical, mental and emotional fitness for duty at all times;
- Collaborate with interprofessional teams in a system to deliver patient-centered quality care;
- Demonstrate competencies in advanced gynecologic surgery, ability to assist the attending physician, and lead trainees through basic gynecologic procedures.

## **Medical Knowledge**

Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care in the areas of various gynecologic conditions. Fellows must demonstrate their knowledge of different medical practice models and delivery systems and how to utilize them for optimal patient care. By the end of the first year of clinical training (PGY6), residents are expected to:

- Describe indications and limitations of various diagnostic techniques;
- Explain advantages and disadvantages of various diagnostic techniques;
- Develop knowledge in natural history, biologic behaviors, and pathophysiology of various types of tumors and anomalies in gynecological oncology patients;
- Describe relationship of various infections and hormone treatment to development of tumors and anomalies;
- Distinguish risk and benefits of treatment of gynecological oncology patients with pulmonary, renal, cardiac, neurological and/or psychological complications;
- Develop knowledge in diagnosis and treatment of physiological alterations in major organs induced by pulmonary, renal, cardiac, neurological and/or psychological complications;
- Describe genetic alterations and their relationship to development of anomalies and cancer;
- Develop knowledge in mechanism of actions of oncogenes, cancer suppressor genes, and DNA damage repair processes;
- Describe the components of the immune system and their response to cancer;
- Develop knowledge in the risk benefits of various immunotherapies;
- Describe the importance of clinical and surgical staging of all of the gynecological disease sites;
- Describe interventional measures for various complications, and emergencies associated with simple and radical surgical interventions.

## **Practice-based Learning and Improvement**

Fellows are expected to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. By the end of the first year of clinical training (PGY6), fellows are expected to:

- Set learning and improvement goals based on feedback and self-evaluation of clinical competencies;
- Engage in formal education of medical students, residents, patients and families;
- Locate, appraise and assimilate evidence from scientific literature for practice improvement;
- Take part in clinical outcome data gathering and analysis toward practice improvement.

## **Interpersonal and Communication Skills**

For effective exchange of information and collaboration with patients, their families, and other health professions, residents must demonstrate interpersonal and communication skills. By the end of the first year of clinical training (PGY6), fellows are expected to:

- Demonstrate effective communication skills with patients and their families or surrogates, including acquisition of informed consent, communication about prognosis and likelihood of recovery, and disclosure of complications and errors and their management;
- Utilize information system (e.g. EMR) for timely and accurate reporting of patient care information;



- Counsel and provide clear and specific verbal and/or written instructions to patients and families related to diagnostic tests, risk and benefits of treatment and interventions, treatment alternatives, and therapeutic plans and assess their comprehension.

### **Professionalism**

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles of compassion, integrity, and respect for others. By the end of the first year of clinical training (PGY6), fellows are expected to:

- Demonstrate responsiveness to diverse patient needs that supersedes self-interest;
- Respect patient privacy and autonomy;
- Maintain physical, mental and emotional fitness for duty at all times;
- Recognize individual limits in clinical situations and ask for assistance when needed;
- Seek and accept professional criticism.

### **Systems-based Practice**

To provide optimal health care residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call on other resources in the system. By the end of the first year of clinical training (PGY6), fellows are expected to:

- Collaborate with interprofessional teams in a system to deliver patient-centered quality care;
- Demonstrate appreciation for other healthcare professionals' knowledge, skills and contributions in routine and difficult or contentious situations;
- Adhere to protocols and checklists to ensure quality and safe patient care;
- Describe principles of ethical coding;
- Coordinate interprofessional patient care through establishing timeline and identifying resources for transition;
- Engage in patient safety and quality improvement initiatives within a system;
- Utilize healthcare resources responsibly;
- Conduct root cause or failure mode analysis of systems-based errors and effect prophylaxis.

In the final year of training (PGY 7), the Fellow is expected to become fully competent in the six general competences. By the end of the final clinical year, the Fellow is expected to practice at the level of an independent practitioner.

### **Patient Care**

By the end of the final year of training (PGY7), fellows are expected to:

- Analyze how pathological findings relate or unrelated to clinical presentation of gynecological malignancies;
- Manage treatment of gynecological oncology patients with pulmonary, renal, cardiac, neurological and/or psychological complications and emergencies in gynecological oncology patients;
- Recognize and manage physiological alterations in major organs induced by pulmonary, renal, cardiac, neurological and/or psychological complications;
- Develop and deliver patient care considering physiological alterations in major organs associated with surgical or therapeutic interventions;
- Manage gynecological patients who have complications and side effects associated with immunotherapies;

- Manage pharmacology of specific chemotherapy agents including interactions with other drugs or radiotherapy and hyperthermia;
- Provide simple or radical surgical therapy with attention to risk and benefits of each procedures and to patient's physical and psychological state;
- Perform reconstruction of a neovagina or a pelvic floor for gynecological patients;
- Manage all intra-operative complications including acute bleeding and injuries to other organs;
- Manage complication and emergencies associated with patients' other health states including pulmonary, renal, cardiac, neurological and/or psychological complications;
- Lead an interdisciplinary team of healthcare professionals in providing palliative care for gynecological cancer patients;
- Develop and deliver various immunotherapies to patients with gynecological cancer.

### **Medical Knowledge**

By the end of the final year of training (PGY7), fellows are expected to:

- Advance knowledge in indications and limitations of diagnostic imaging and interpretations;
- Advance knowledge in risk and benefits of various therapeutic interventions and treatment modalities;
- Describe risk and benefits of various medical or surgical interventions for gynecological oncology patients with pulmonary, renal, cardiac, neurological and/or psychological complications;
- Advance knowledge in diagnosis and treatment of physiological alterations in major organs associated with surgical or therapeutic interventions;
- Demonstrate advanced knowledge in cardinal principles of cancer genetics with respect to age, bilaterality, multiple primary caners and multiple generations;
- Describe indications and limitations of genetic counseling and testing;
- Demonstrate advanced knowledge in various side effects, complications, and emergencies associated with immunotherapies;
- Demonstrate advanced knowledge in various side effects, complications, and emergencies associated with chemotherapies;
- Describe toxicity, side effects, and complications associated with chemotherapies methods;
- Demonstrate knowledge in pharmacology of various classes of chemotherapeutic agents;
- Develop knowledge in role of growth factors and cytokines in the prevention of chemotherapy toxicity and the treatment of malignancies;
- Advance knowledge in tumor biology, pathophysiology, pharmacology pertinent to gynecological cancer treatment;
- Demonstrate advanced knowledge in pre-and post-operative physical and laboratory evaluation of surgical patients;
- Establish advanced knowledge in appropriate post-operative analgesia and antibiotic medications;
- Advance knowledge in reconstruction of a neovagina or a pelvic floor for gynecological patients;
- Describe risk and benefits of various or surgical interventions for gynecological oncology patients with pulmonary, renal, cardiac, neurological and/or psychological complications.

### **Practice-based Learning and Improvement**

By the end of the final year of training (PGY7), fellows are expected to:

- Contribute to the peer-reviewed gynecologic oncology literature;
- Design, investigate and report results from practice improvement projects;
- Utilize data to institute systemic clinical practice changes;
- Lead educational activities at the program level such as resident teaching sessions and presentations at local educational activities; and
- Lead or participate in clinical trial research.

### **Interpersonal and Communication Skills**

By the end of the final year of training (PGY7), fellows are expected to:

- Demonstrate competency in communication, coordination, and collaboration with other providers, including other physicians, nurses and advance practice nurses, respiratory therapists, and case managers;
- Present evidence for risk-benefit analysis during informed consent for a complex gynecologic oncology procedure;
- Manage and document unexpected outcomes such as adverse events or medical errors;
- Lead response to an intra-operative or critical care emergencies; and
- Act in a consultative role to other physicians.

### **Systems-based Practice**

By the end of the second year of training (PGY7), fellows are expected to:

- Be aware that safe and quality patient care take a multidimensional, collaborative approach beyond individual competency;
- Recognize areas within a healthcare system which are vulnerable to medical errors, near misses, and sentinel events;
- Become aware of infrastructure within a system for reporting system errors and for implementing potential systems solutions;
- Describe the cost impact of practice variation in the context of system and national health resource utilization;
- Lead multidisciplinary team projects for patient safety and/or quality improvement within a system; and
- Design and implement cost-effective patient care pathways with monitoring and feedback mechanism.

### **Professionalism**

By the end of the second year of training (PGY7), fellows are expected to:

- Identify and manage common ethical challenges during patient care;
- Demonstrate accountability in patient care outcomes;
- Mitigate impact of cultural, ethnic or socioeconomic differences in patient care outcomes;
- Recognize and address physician impairment in self and others;
- Assume leadership responsibility for clinical care team decisions and outcomes;
- Mitigate conflict among members of the healthcare team;
- Identify and manage complex clinical challenges; and
- Serve as a role model for standards of ethical behavior and professionalism.