

# **Hematology/Oncology Fellowship**

## **Curriculum and Program Manual**

**2024-2025**  
**University of Connecticut**  
**Graduate Medical Education**

University of Connecticut School of Medicine  
Hematology Oncology Fellowship  
Curriculum and Policy Manual  
2024-2025

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## **Introduction and General Information**

The Hematology/Oncology Fellowship Program at the University of Connecticut (UConn) is a multi-institution, three-year program that prepares trainees for academic positions in hematology and medical oncology. Emphasis is placed on strong clinical proficiency, communication skills, team-based learning and practice, and evidence-based medicine. A significant block of time is also reserved for basic and clinical research.

Program strengths include the depth and breadth of the faculty at all three clinical sites and highly specialized clinical programs. In addition, UConn operates a federally funded comprehensive Hemophilia Treatment Center and a Sickle Cell Institute as well as a stem cell transplant program. Fellows spend their first 18 months in clinical rotation at the University of Connecticut Health Center (UConn), St. Francis Hospital and Medical Center (St. Francis), and Hartford Hospital (Hartford). The faculty at these hospitals are all active participants in the training program and participate in mentorship, preceptorships, and evaluations. Each institution has a Site Director and at least one Key Clinical Faculty Member. More details about these sites are found in this manual.

The fellowship offers two tracks, one providing a large block of time (comprising the second 18 months of the fellowship) for basic and/or clinical research, and the other allowing a greater focus on multidisciplinary patient care and clinical training.

The research track includes but not limited to research in basic science, clinical/translational, clinical, or epidemiologic fields with many opportunities within UConn Health, the UConn School of Medicine, UConn Storrs, Jackson Labs and Hartford Healthcare. Opportunities are to be initially with the PD and APD.

The clinical track provides additional clinical experience in related specialties such as neuro-oncology, gynecologic oncology, palliative medicine, radiology (including ultrasound and ultrasound-guided procedures), molecular medicine, hematopathology, geriatric oncology, radiation oncology, bleeding disorders/coagulation, transfusion medicine New England Sickle-cell Institute, Sarcoma, Global Oncology, additional inpatient exposure at Hartford Hospital and others. These 2 to 4-week rotations may be set up at any of the sites (St. Francis, Hartford Hospital or UConn). Fellows may also arrange for additional months of clinic with one or more attending physicians. Fellows on the “clinical track” will be encouraged to spend two months learning about stem cell transplantation and cellular therapies (rather one month). Every fellow who is on the clinical track will be expected to perform 6 months of basic or clinical research which could be a Quality Improvement Project. A decision on which track fellow is interested in will be made with initial discussions with program director/associate program director. This will occur within the first 3 months of fellowship.

During the first 18 months of training the rotation blocks are 1-month long and are equally divided amongst the three sites. By the end of the second year all fellows will have spent a total of six months at each of the three sites. Approximately one-third of this time will have been in the inpatient setting. This schedule may change if research blocks are put in place. Distribution of rotation blocks may encompass more than first 18 months.

Fellows will have a continuity clinic (one-half to 1 day per week) that spans all three years of training. If desired, this clinic can be divided into 6-month blocks or can be the entire 3-year period.

Fellows are required to participate in a scholarly activity (clinical or laboratory research) and or original quality improvement projects. The two senior fellows (PGY-6) act as Chief Fellows and coordinate conferences, select the invited lecturers, and serve as a liaison to the program directors for fellow issues. Formal fellow meetings with the program director occur biannually and on an Ad Hoc basis. Meetings with the associate program director occur monthly after scheduled conference for 30 minutes.

There will be two mandatory lectures per week – one lecture will be given by affiliated faculty and the other will be under the direction of the Chief fellows including but not limited to case discussions, journal club, fellow presentations, fellow tumor boards, board review and morbidity/mortality conference.

### **Mentorship Program**

As part of our program improvement project for the years 2023-2024, we developed a mentorship program. This program assigns mentors with a variety of skill sets to our fellows. Both mentors and mentee's fill out a questionnaire as to their strengths and interests as well as general background. This allows for proper alignment of mentee and mentor based on interests and needs. An introductory presentation regarding this very special role, was given to core faculty and fellows so that the expectations, boundaries, and goals could be collectively understood. All 6 fellows will have assigned mentors as they start on their new fellowship year. Surveys regarding the mentorship experience will be completed after 6 months and a year. They have been designed so that we can continue to improve on this process. Anyone interested in furthering our mentorship goals are welcome to join this committee. Currently the committee consists of 3 members, Dr. Ramasamy, Dr. Pristiyazhnyuk, and Dr. Tannenbaum. These assigned mentors do not need to be the only mentors a fellow has. There may be many mentor roles in a fellows' career moving forward.

**This manual contains policies and procedures specific to the Hematology Oncology Fellowship program. The Office of Graduate Medical Education's (GME) Residents/Fellows Policies and Procedures Manual contains additional information regarding some of the policies in this manual and also contains all additional policies and procedures relevant to your participation in your training program. The complete GME Manual can be found at: <https://health.uconn.edu/graduate-medical-education/resident-fellow-policy-manual/>**

Congratulations on your personal and professional accomplishments thus far. Welcome to our program; we are excited to get to know you and work with you during your fellowship training.

Susan Tannenbaum, MD  
Associate Professor of Medicine  
Program Director, Hematology Oncology Fellowship Program  
Chief, Division of Hematology Oncology

Victoria Forbes, MD  
Associate Program Director  
Hematology Oncology Fellowship Program

## Hematology/Oncology

### Fellows Schedule

**2024-2025**

**\*Weekday call covers inpatient and outpatient. Weekend call is inpatient rounding and outpatient/inpatient calls\***

2023 - 2024 Schedule	UCHC Inpatient Rotation	UCHC Call	UCHC DOC Thursday AM Clinic	HH Outpati ent Rotatio n	HH Call	SFH Outpatient Rotation	SFH Call	Research/ Elective
<b>July</b>	Van Allen	Van Allen	Ramasa my	Hamouc he	Hamouche  Kidwai	Tan	Tan  Ramasamy	Ramasamy  Alvarez Soto  Kidwai
<b>August</b>	Tan	Tan  Ramasamy	Ramasa my	Van Allen	Van Allen	Hamouche	Hamouche  Kidwai	Ramasamy  Alvarez Soto  Kidwai
<b>September</b>	Van Allen	Van Allen  Alvarez Soto	Ramasa my	Hamouc he	Hamouche  Ramasamy	Tan	Tan	Ramasamy  Alvarez Soto  Neiha
<b>October</b>	Tan	Tan	Ramasa my	Van Allen	Van Allen  Alvarez Soto	Hamouche	Hamouche  Ramasamy	Ramasamy  Alvarez Soto  Kidwai

<b>November</b>	Van Allen	Van Allen Ramasamy	Ramasamy	Hamouche	Hamouche Kidwai	Tan	Tan Alvarez Soto	Ramasamy Alvarez Soto Kidwai
<b>December</b>	Tan	Tan Ramasamy	Ramasamy	Van Allen	Van Allen Kidwai	Hamouche	Hamouche	Ramasamy Alvarez Soto Kidwai

<b>2024 - 2025 Schedule</b>	<b>UHC Inpatient Rotation</b>	<b>UHC Call</b>	<b>UHC DOC Thursday AM Clinic</b>	<b>HH Outpatient Rotation</b>	<b>HH Call</b>	<b>SFH Outpatient Rotation</b>	<b>SFH Call</b>	<b>Research/ Elective</b>
<b>January</b>	Hamouche	Hamouche Kidwai	Van Allen	Tan	Tan Alvarez Soto	Ramasamy	Ramasamy Van Allen	Van Allen Alvarez Soto Kidwai
<b>February</b>	Tan	Tan Kidwai	Van Allen	Ramasamy	Ramasamy Alvarez Soto	Hamouche	Hamouche	Van Allen Alvarez Soto Kidwai
<b>March</b>	Hamouche	Hamouche	Van Allen	Tan	Tan Kidwai	Ramasamy	Ramasamy Van Allen	Van Allen Alvarez Soto Kidwai
<b>April</b>	Tan	Tan Kidwai	Van Allen	Ramasamy	Ramasamy	Hamouche	Hamouche	Van Allen Alvarez Soto Kidwai

<b>May</b>	Hamouche	Hamouche Van Allen	Van Allen	Tan	Tan	Ramasamy	Ramasamy Alvarez Soto	Van Allen Alvarez Soto Kidwai
<b>June</b>	Tan	Tan	Van Allen	Ramasa my	Ramasamy	Hamouche	Hamouche Kidwai	Van Allen Alvarez Soto Kidwai

## **Hematology/Oncology Fellowship Curriculum at the University of Connecticut and Affiliated Sites**

### **Mission/Program Aims**

The Division of Hematology/Oncology is charged with the education and development of fellows who are seeking further training and certification in the field of Hematology/Oncology. The training experience will introduce the core concepts of pathophysiology, diagnosis and therapeutics in benign & malignant hematology and medical oncology in a multidisciplinary care setting. It will also focus on the development of interpersonal skills, professionalism, quality improvement and systems-based medicine. An opportunity to perform significant clinical and/or laboratory research is available.

### **USMLE3/COMLEX3**

All fellows are required to have taken and passed USMLE/COMLEX 3 prior to receiving a contract and the start date of their fellowship.

### **ABIM – Requirements for Dual Certification in Hematology Oncology**

#### **Hematology**

Bone marrow aspiration and biopsy, including preparation, examination and interpretation of bone marrow aspirates and touch preparations of bone marrow biopsies; interpretation of peripheral blood smears, including manual white blood cell and platelet counts; administration of chemotherapeutic agents and biological products through all therapeutic routes; management and care of indwelling venous access catheters; and management of methods of apheresis.

#### **Medical Oncology**

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

*Please refer to the GME Residents/Fellows Policies and Procedures manual:*

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/105.pdf>

## Curriculum Committee

The curriculum committee is comprised of faculty and fellows who work together to improve Hematology-Oncology fellowship curriculum. Members meet once a month.

### Goals:

1. Assess areas of deficiency in the existing curriculum
2. Review the structure and content of curriculum
3. Identify areas of improvement to align the curriculum with the overall goals of the training program
4. Identify strategies for curriculum improvement and make recommendations to fellowship administration

### Members

5. Lisa Holle Pharm.D., BCOP, FHOPA, FISOPP (Faculty)
6. Neiha Kidwai, MD (Fellow)
7. Sudhanshu Mulay, MD (Faculty)
8. Alvaro Alvarez-Soto, MD (Fellow)
9. Ritika Vankina, MD (Faculty)

## **Fellow's Didactic Responsibilities**

### Fellow Presentations

**Patient Care Conference- organized by the two Senior Fellows** -the senior fellows responsible for organizing and scheduling educational lectures for the fellowship program this year are Neiha Kidwai and Alvaro Alvarez Soto. The focus for lectures in the initial months of the academic year will be on introductory lectures that are needed for fellowship education with key learning aspects are aimed at survival and comprehension of medical knowledge and literature review that is needed to practice hematology and oncology. In general, Tuesday lectures are delivered by fellows while Friday lectures will be given by faculty/ancillary staff members. On Tuesdays, lecture will be in person at the Neag Cancer Center 4<sup>th</sup> Floor Conference Room with video connections to all sites when Fellows are lecturing. Microsoft Teams Virtual option for all conferences available. **Formal presentations with powerpoint slides will be submitted by the Chiefs to our on-line library for future reference. Please send this to Kathy Mikulak when the conference is complete.** If possible, rotation of Tuesday Conferences at St. Francis & Hartford Hospital will occur each 1 Tuesday per month. In general, Friday presentations will be delivered on Friday's via Microsoft Teams conferencing.

PGY 4 Fellows will be exempt from case conferences for the month of July 2024, allowing sufficient time to integrate to their respective specialty based clinical rotations. **Topics for presentation should be based on patients seen in either outpatient or inpatient rotation, and are selected and discussed in advance with faculty and/or mentors at each rotating site they are working with.** It is expected that these presentations will start from the month of August 2024. The slides can be reviewed with the senior fellows or faculty for assistance in preparation and/or content review. Prior slides are available on our Hematology-Oncology shared "K" drive.

The fellows will be encouraged to discuss with their mentors/faculty regarding the topic they have been assigned. For example, the fellow on rotation at Hartford Hospital whose primary focus for the month is in gastro-intestinal malignancies, can be assigned a topic such as "Approach to management of metastatic hepatocellular carcinoma: update on novel therapies." Another such example would be "Indications and diagnostic implications for MSI testing in colon cancer patients; why should we test and what are the



current recommendations?" **A narrow focus for topic choice is best.** The fellow on inpatient rotation at UConn Health gets input from their continuity clinic or inpatient faculty for their presentations.

The goals of these fellow lectures are to address an essential question in the work up or management of malignancy or benign hematologic problem, to demonstrate understanding using a case based approach for the condition to review and discuss critical literature as well summarize salient points and finally to review some knowledge-based questions at the end for audience understanding. Time allotted for each of these presentations is 50 minutes, unless otherwise specified. Please see below Lecture Curriculum:



Heme\_Onc Lecture Curriculum .docx

The senior fellows will run Tumor Board and M&M conferences. Fellows can present informally an interesting case or a case management problem appropriate for treatment decision discussions.

1. **Once a year (traditionally in April/May), fellows report on the status or proposal of their Research and/or QI project during curriculum conference on a Friday. Full details from PD and Associate PD.**
2. **Once a year, a fellow will present M&M conferences at UCONN for the Department of Medicine.**

**Attendance is mandatory at the following division conferences: (Expectation for core faculty to join in person or remotely; affiliated faculty when asked or available.)** (Your attendance and arrival on time is noted as part of your Professionalism Milestone rating). If attending remotely, visual presence is required.

1. **Curriculum Conference- organized by the two Senior Fellows** with lectures delivered by hematology/oncology faculty and affiliated faculty (pharmacy, radiation oncology, pathology, palliative care, APRN staff, etc.). Conferences are 7:30am every Friday and are remote unless otherwise specified. The curriculum topics drawn from the ACGME program requirements and suggested curricular topics set forth by the American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH) for trainees. The initial 1-2 months of conferences will include a "boot camp" which will cover topics including hematologic and oncologic emergencies.
2. **Minimum of one additional tumor board** (in addition to #1) at the clinical site of your current rotation (UConn or Hartford or St Francis) Example: Breast tumor board, Melanoma tumor board, GI tumor board, etc...

**Fellows Administrative Responsibilities** **Please pay attention-these are required.**

**1. Procedure logs in MyEvaluations.com**

- a. Required procedures are bone marrow aspirate, bone marrow biopsy. Optional procedures are port-a-cath access, lumbar puncture and intrathecal chemotherapy administration and accessing an Ommaya reservoir. Opportunities to perform thoracentesis, paracentesis, fat pad biopsies, and skin biopsies can be made available (more easily for those in clinical track).
- b. You are required to perform bone marrow aspirate/biopsy procedures under direct supervision: (attending, PA, or APRN in the room with you). Before being considered "signed off" and able to perform the procedure competently under indirect supervision your procedure log will be reviewed by the PD or APD and confirmation of your proficiency determined. (Attending, PA or APRN in the building, can be called to assist you in real-time with the procedure).
- c. Your proficiency with procedures (and the documented number of procedures you have

completed) is important for credentialing as part of your future job application upon graduation from the fellowship program.

**2. Patient Logs**

- a. Mandatory maintenance of patient logs shall be placed and reviewed regularly in MyEvaluations.com. This includes all patients that you see clinically throughout your three years in the program. During your clinical rotations, you will meet with your site director during each of the 1-month rotation blocks. You are expected to present your patient log and review any strengths and deficiencies in the spectrum of cases you are seeing.

**3. Duty Hours**

- a. Duty hours must be logged into MyEvaluations.com weekly.

**4. Program Evaluations**

- a. Fellows complete evaluations of the faculty, the rotations, and the program in MyEvaluations when assigned. Your honest evaluation is invaluable to us in granting teaching privileges and selection of Key Clinical Faculty. These will be reviewed at the end of 6 and 12 months. To ensure anonymity senior fellows may report on behalf of the entire group in summary fashion. At any time, the PD and APD are available for any concerns that arise related to faculty interaction. Please see GME policy Manual for confidential reporting of any inappropriate or concerning interactions during your fellowship.

**5. Participation in APE**

**\*All of the above must be placed in MyEvaluations.com\***

**Fellows Service and Call Responsibilities**

On average, fellows are on call one night per week (Mon- Thurs), 5pm to 8am home call with pages from hospital and outpatients plus one weekend per month (Fri night through Sunday early evening, off call at 5:00 pm Sunday). The call schedule is similar at each site. The fellow covers call only for the site he/she is currently rotating. All holiday weekends will be covered by designated fellows at each site. Senior fellows are responsible for making the call schedules. This should be given to all fellows for the year in July. Any changes to schedule goes through Chiefs and reported to appropriate sites.

There is no in-house, overnight call. Rooms are available at each site – if fellow needs to stay over.

Fellows are never “alone” on call. You are expected to contact and consult with the attending physician on call as appropriate and as needed. If you ever have any issues with an un-reachable or un-approachable attending, you are to please notify the Site Director and Program Director. If you are unable to come to work you need to contact the PD/APD and Site Director in a timely fashion so coverage can be obtained.

The electronic health record used at all three sites is EPIC (also called HealthONE)

Typical questions you will field on call include: clarifying questions or new order requests from the night nurses on hospitalized patients; questions from night-float residents or APRNs on admissions or consult patients; new/emergent consultations overnight, questions regarding hematology/oncology patients presenting to the emergency department; and calls from patients who are at home with acute issues (pain, fever, constipation, etc). When appropriate, you will be expected to go into the hospital for emergent consults (e.g., TTP, new acute leukemia patient etc).

Daytime rounds on hospitalized patients are always conducted under the supervision of an attending

physician who is present for the entirety of rounds. Fellows will be expected to teach medical residents, students, physician assistants, APRNs and nurses both formally and informally while on service

Descriptions of each of the three clinical rotations (UCONN, Hartford, and St. Francis) are listed on the next pages. You will also have an Orientation Session with presentations by the Site Directors in July during your first weeks as a new fellow in our program. Orientation at each site will occur.

### **BMT Rotation**

The trainee must spend at least one month of clinical experience in stem cell transplantation.

#### **University of Connecticut Health Center Site Director: Victoria Forbes MD**

The UCONN rotation is a 1-month rotation (3 non-consecutive months in a 6 month block) of inpatient experience that consists of both a consult service and a “primary team” inpatient service. The same inpatient team (one attending, one fellow, one APRN, and one internal medicine resident) assumes responsibility for both consults and the hematology/oncology inpatient service. The inpatient service is generally made up of elective admissions, often for inpatient chemotherapy infusions (acute leukemia induction, stem cell program admissions, head & neck cancer induction, and infusional chemotherapy for inmates in the State of Connecticut Department of Corrections). The Hematology-Oncology fellow is in charge of the service under the direction of an attending physician. Your team includes you, the attending physician, nurse practitioner, and generally medical resident on elective. Each week you will be relieved during one afternoon and will be covered when you go to the continuity clinic.

Attending physicians rotate on service on a weekly basis (Friday night to Friday night) and are always available for any inpatient patient care questions. Their first responsibility is to the education of the fellow and resident and clinical supervision for all our inpatients and consults. It is expected that the fellow will round on all the in-patients and consults prior to meeting the attending for walk rounds and teaching rounds. Appropriate information (x-rays, vital signs, lab values, etc.) should be reviewed when possible prior to attending rounds.

For an hour, once weekly, there are rounds with a hematopathologist to review PBS and bone marrow studies on patients seen in the hospital. This is for the inpatient team.

Fellow Responsibilities include but are not limited to:

1. Call nights and weekends – On Service – 2 nights weekly – 1 weekend monthly
2. “Running” walk rounds and teaching rounds
3. Participating in family meetings
4. Review of pertinent pathology, imaging and lab data with the faculty expert in each specialty area (review of images with radiologist; biopsy specimens with pathologist, blood smears and bone marrow biopsies with hematopathologist)
5. **Mandatory attendance at least one regular tumor board** each time it occurs while you are at UCONN. Example: breast, lung GI, hematology, etc. The list is found at the end of this site description.
6. Performing bone marrow aspirates and biopsies and getting certified to perform these independently. All marrows performed should be reviewed with the hematopathologist.
7. Primary responsibility for education of resident, review of their consult cases and notes independently of the attending. Feedback both directly to the resident and to the service attending is expected in terms of resident performance.
8. Coordinating and arranging follow-up in the outpatient office for both inpatients and consults. Learning

how to interact with social work, case management, outpatient staff, and discharge planning is an important skill to master. (Systems-based Practice)

**9. At the end of each attending week, meet with each attending for an assessment of your performance. Submit this review to your site director weekly.** This will assist in their ultimate evaluation of your performance at the end of your one month rotation. You will meet with the site director (with your completed self-assessment form, patient log, list of procedures, and attendance at tumor boards) once monthly, more frequently as needed. Your personal assessment of your performance is important on those weekly and monthly meetings.

### **Mix of Diseases, Patient Characteristics and Types of Clinical Encounters**

Patients commonly seen in the inpatient Hematology-Oncology ward include (but are not limited to): patients with acute leukemia, high grade lymphomas and other cancers requiring complicated inpatient chemotherapy regimens; patients with oncologic emergencies; patients with complicated disorders of hemostasis or thrombosis; patients admitted with complications of chemotherapy; patients with complications of sickle cell disease; patients with end of life concerns; and consultations on patients with a broad presentation of hematologic and oncologic problems. Engagement with the team and their concerns are critical and an opportunity for a new way of assessment and communication.

### **Supervision**

Fellows are supervised directly by the Hematology and Medical Oncology attending physicians. During all activities in this rotation, the attending physician sees the patient and confirms findings in both the patient's history and physical exam. The attending physician also supervises and participates in all discussions with the patient and family regarding prognosis, management options, and the development of a management plan. The attending physician will also direct and facilitate the fellow's interactions with consultants, nurses, and supportive care services. As the fellow's knowledge, skills, and experience grow, he/she will be able to assume an ever-increasing role in the care of the patient, so that, by the end of fellowship the fellow will be able to function independently. All procedures and ordering of chemotherapy will be performed with the appropriate supervision of an attending physician.

### **Services**

The fellows provide inpatient care as well as initial new patient consultations and follow-up care to patients in the hospital. Through these encounters fellows gain expertise in performing definitive diagnostic services, assessing the severity of disease and determining all management options including enrollment of patients into clinical trials, implementation of "standard of care" therapies, palliative care and hospice care.

Fellows will initiate therapies, modify treatment plans when appropriate and manage disease and treatment related complications.

Fellows will provide didactic support for other health providers and trainees (residents and medical students) who are involved in the care of these patients.

**Procedures: always with supervision until certified as to competency**

Bone marrow aspiration and biopsy

Opportunity to access central venous access devices

Measurement and documentation of tumor mass on physical exam and imaging studies

Opportunities to administer intrathecal chemotherapy (in the interventional radiology suite) and via Ommaya reservoir will be available.

#### Expectations by Year of Fellowship and Milestone Competencies

	<b>PGY-4</b>	<b>PGY-5</b> (All PGY-4 expectations plus the following additional skills listed below)
<b>Patient Care and Procedural Skills</b>	<p>Patient assessment by history &amp; physical</p> <p>Learning daily care and decision making for patients on the inpatient unit</p> <p>Writing chemotherapy orders (always with direct supervision)</p>	<p>Bone marrow biopsies under indirect supervision</p> <p>Independent decision-making (creating the daily plan) for hospitalized patients</p>
<b>Medical Knowledge</b>	<p>Differential diagnosis of common hematologic disorders (via inpatient consultation)</p> <p>Management of acute symptoms and complications of oncologic therapies</p>	<p>Counsel patients regarding expected side effects and issues related to their therapy</p> <p>Become familiar with primary data in the medical literature to support evidence-based decision making</p>
<b>System-Based Practice</b>	<p>Coordination of care with Social Worker and Case Manager</p> <p>Meeting the needs of patients in a complex health care system (directing labs and studies after discharge, arranging follow-up care)</p>	<p>Managing vulnerable patient discharges (i.e. new diagnosis of cancer as in patient who requires transition to the outpatient Cancer Center)</p> <p>Leading the multi-disciplinary team of providers in the hospital</p>
<b>Practice-Based Learning and Improvement</b>	<p>Indications for initiation of chemotherapy</p> <p>Discussion of cases with multidisciplinary team (pharmacy, pathology, radiology, etc)</p> <p>Presentation of cases at tumor board</p>	<p>Determining appropriate timing, dosing, and administration of chemotherapy</p> <p>Insightful self-assessment</p>

Professionalism	Attendance at tumor board  Timeliness for the start of rounds  Appropriate attire and demeanor	Serving as a role model for conduct to junior trainees (residents, interns, medical students)
Interpersonal and Communication Skills	Proficiency in working relationship with nurses, APRNs, PAs, and ancillary staff  Discussion of care plans with primary hematologist/oncologist when patients are admitted to the hospital	Skills in communicating complex treatment plans and “bad news” to patients and families  Communicating heme/onc care plans to the primary team, when acting as a consultant

# Tumor Boards

updated 6/26/24

S u n	M o n	T u e	W e d	T h u	F r i	S a t
		GU Tumor Board 4-5p Hematology Tumor Board  12-1p	GYN Tumor Board 7:00-8:00 Breast Tumor Board 12:15-1p Melanoma tumor Board 1:15-2pm	Lung Tumor Board 8-9a Brain and Spinal Tumor Board 7-8a (every oth- er week)		
<b>RED</b> -held in Rad Onc Conference Room and <u>Virtual</u>			GYN Tumor Board 7:00- 8:00 Breast tumor board 12:15- 1p <b>Head &amp; Neck</b>	Lung –R Tumor Board 8-9p		

			<i>Tumor Board, 4-5pm Melanoma Tumor Board 1:15-2pm</i>			
<b>BLACK</b> – <u>held in Can- cer Center Conference room &amp; Virtual</u>	<i>GI Tumor Board 12-1</i>	<i>GU Tumor Board 4-5p Hematology Tumor Board  12-1p</i>	<i>GYN Tumor Board 7:00-8:00 Breast Tumor Board 12:15-1p Melanoma Tumor Board 1:15-2pm</i>	<i>Lung Tumor Board 8-9a Brain and Spinal Tumor Board 7-8a (every oth- er week)</i>		
			<i>GYN Tumor Board 7:00- 8:00 Breast Tumor Board 12:15-1p Melanoma Tumor Board 1:15-2pm</i>	<i>Lung-R Tumor Board 12-1p</i>		
<b>PURPLE</b> – <u>held in ASB Neuro conference Room &amp; Virtual</u>			<i>GYN Tumor Board 7:00-8:00  Breast Tumor Board 12:15 -1p Melanoma Tumor Board 1:15-2pm</i>	<i>Brain and Spinal Tumor Board 7-8a (every oth- er week)</i>		

**St. Francis Hospital and Medical Center**  
**Site Director: Sudhanshu Mulay, MD**

The one-month block (3 non-consecutive months in a 6 month block) spent at St. Francis is an outpatient experience. Each week of the block will be comprised of 3 days in the clinic with focus on three subspecialties: 1) Hematologic malignancies (with occasional “benign” hematologic cases); 2) Breast oncology and 3) general oncology. Each of the three days will be spent with a different subspecialist. For instance, on Monday hematology with Dr. X; Tuesday, breast oncology with Dr. Y and Wednesday general oncology with Dr. Z. On occasion, you will be asked to evaluate an urgent visit to the cancer center or follow a particularly interesting inpatient consult. Clinic schedules are designed to be high-yield for your education, patients are scheduled anticipating your participation in their care, and thus attendance at clinics on your given schedule are mandatory. You must notify the site coordinator and site director immediately in the event of any tardiness or absence. On the two days when you are not specifically scheduled in clinic, you will spend ½ -1 day in your continuity clinic. The other day or day and a half may be filled with conferences, patient encounters, pathology reviews and other appropriate learning experiences related to the patients seen at your site. It is for you to determine what is most valuable to you during this time.

The site coordinator can also assist you with the tumor board schedule for the Cancer Center. You are required to attend a minimum of one tumor board, in a specialty of your choosing, for the entirety of your rotation block.

### **Mix of Diseases, Patient Characteristics, and Types of Clinical Encounters**

The patient population at St. Francis is large and diverse. Each attending physician sees a broad spectrum of disease within his/her specialty. The fellow is expected to see no more than eight patients per clinic. Anticipatory review of the clinic schedule (with assistance of the attending) with appropriate reading is crucial to maximizing the learning experience in the clinic.

### **Supervision**

Fellows are supervised directly by the Hematology and Medical Oncology attending physicians. During all activities in this rotation, the attending physician sees the patient and confirms findings in both the patient's history and physical exam. The attending physician also supervises and participates in all discussions with the patient and family regarding prognosis, management options, and the development of a management plan. The attending physician will also direct and facilitate the fellow's interactions with consultants, nurses, and supportive care services. As the fellow's knowledge, skills, and experience grow, he/she will be able to assume an ever-increasing role in the care of the patient, so that, by the end of fellowship the fellow will be able to function independently.

### **Services**

Fellows will initiate therapies, modify treatment plans when appropriate and manage disease and treatment related complications for both hospitalized and ambulatory patients. Fellows will provide didactic support for other health providers and trainees (residents and medical students) who are involved in the care of these patients involved with all major decisions on hospitalized patients.

### **Procedures**

Bone marrow aspiration and biopsy

Opportunities for performing lumbar puncture with the administration of intrathecal chemotherapy

Opportunities for accessing Ommaya reservoir with administration of intrathecal chemotherapy

Measurement of tumor mass on physical exam and imaging studies

All procedures and ordering of chemotherapy will be performed with the appropriate supervision of an attending physician. Fellows will maintain a documentation log to track and monitor procedures throughout training. Procedural competence will be addressed during each monthly meeting with the site director.

### **Expectations by Year of Fellowship and Milestone Competencies**

	<b>PGY-4</b>	<b>PGY-5</b> (All PGY-4 expectations plus the following additional skills listed below)
<b>Patient Care and Procedural Skills</b>	Bone marrow aspirate and biopsy Chemotherapy orders  Patient assessment by complete history and physical	Efficiency in a busy outpatient clinical setting Timely completion and communication of consultative recommendations
<b>Medical Knowledge</b>	Epidemiology of cancer, indications for screening	Familiarity with primary data from the medical literature to



	<p>Evaluation of a patient with findings suspicious for malignancy (colon mass, lung nodule)</p> <p>Initial staging evaluation(s) for a patient with a new diagnosis of cancer</p>	<p>practice evidence-based medicine</p> <p>Developing treatment care plans for patients with a new diagnosis of cancer</p> <p>Competent in pain control, anticoagulation therapy, and transfusion medicine.</p>
System-Based Practice	<p>Arranging and ensuring appropriate follow up</p> <p>Discussion of cases at multidisciplinary meetings</p>	<p>Working with patient navigator to ensure timely evaluation and treatment of patients. Facilitate transition from inpatient to outpatient care. Engage social services to assist with patients needs.</p>
Practice-Based Learning and Improvement	<p>Indications for initiation of chemotherapy</p> <p>Discussion of cases with multidisciplinary team (pharmacy, pathology, radiology, etc)</p> <p>Presentation of cases at tumor board</p>	<p>Determining appropriate timing, dosing, and administration of chemotherapy</p> <p>Insightful self-assessment</p> <p>Understanding of potential for medical errors and development of tactics for patient safety</p>
Professionalism	<p>Prompt return of pages and emails</p> <p>Attendance at tumor board</p> <p>Follow up of the results of outpatient laboratory and imaging testing ordered during clinic visits</p> <p>Arriving to clinic on time</p>	<p>Serving as a role model for conduct to junior trainees (residents, interns, medical students)</p> <p>Timely contact with patients regarding results of diagnostic tests and studies, without being prompted by attending or nurse on the clinical team</p>
Interpersonal and Communication Skills	<p>Proficiency in working relationship with nurses, APRNs, PAs, and ancillary staff</p> <p>Discussion of care plans with the inpatient hematologist/oncologist</p>	<p>Skills in communicating complex treatment plans and “bad news” to patients and families</p> <p>Communicating heme/onc care plans to the primary team, when acting as a consultant</p>

	when patients are admitted to the hospital	
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### **St. Francis Tumor Board Schedule**

MONDAY				
Rectal 1	Rectal	Monthly 3rd (M)	4:30-6:00PM PM	VIRTUAL
WEDNESDAY				
BREAST Coordinator: Kristen Brillo	Breast Cancers	Weekly (W)	7:45-8:45 AM	VIRTUAL
Rectal 2	Rectal	Monthly 1st (W)	4:30-6:00PM	VIRTUAL
GU	Urinary	Monthly 4th (W)	7:15-8:15 AM	VIRTUAL
	Renal			
	Testicular			
	Prostate			
THURSDAY				
HEPATOBIILIARY	Liver	Monthly 3rd (TH)	7:30-8:30 AM	VIRTUAL
	Pancreatic			
GYN Coordinator: Paulette Hankard	GYN Cancers	Weekly (Th)	12-1 PM	VIRTUAL
HEME	Lymphoma	Monthly 1st & 3rd (Th)	1-2 PM	VIRTUAL
	Myeloma			
	Leukemia			
FRIDAY				
Lung	Lung Cancers	Monthly 4th (F)	1230-130PM	VIRTUAL

**Hartford Hospital**  
**Site Director: Yelena Pristyazhyuk, DO**

The rotation at Hartford Hospital is also primarily an outpatient experience. From time to time on a case-by-case basis you may be asked to evaluate and follow interesting and educational inpatients – those with acute leukemia or TTP, for example. It is expected that you will continue to follow and evaluate those inpatients for whom you have provided an initial consult, no matter who the attending of record may be. You may also be asked see patients for emergent care in the Emergency Department or Cancer Center as time allows. Fellows will spend one-month blocks (3 non-consecutive months in a 6 month block) in offices of the Hartford Healthcare Cancer Institute. The primary center is located in the Helen and Harry Gray Cancer Center. Smaller community cancer centers are located in Avon and Manchester. On the 2 days when you are not specifically scheduled in clinics, you will spend a full or half day in your continuity clinic. The other day and a half may be filled with conferences, patient encounters and other appropriate learning experiences related to the patient seen at your site.

Each month-long outpatient block will focus on one of three disease entities: Gastrointestinal malignancies, thoracic malignancies or genitourinary malignancies, at the end of six months' time at Hartford, the fellow will have spent two months working in each of these subspecialties. The fellow should see no more than six outpatients per ½ day. The attending will provide didactic summation at the end of the workday. Faculty make themselves available at this time to provide the best opportunities for teaching and ongoing discussion.

When possible, appropriate information (imaging, lab values, etc.) should be reviewed prior to the presentation of the patient to the attending and a preliminary note should be written. When called for, the fellow should be prepared to present a proposed chemotherapy plan to the attending. The fellow will also be expected to enter chemotherapy for patients under his/her care with cosignatory of attending physician.

There are many opportunities to present and participate in tumor boards, though attendance is mandatory at only one of the sub-specialty tumor boards (weekly, during your month-long rotation). A schedule of tumor conferences will be provided.

The Hartford Healthcare Cancer Institute is the founding member of the Memorial Sloan-Kettering Cancer Center Alliance. As such, Hartford physicians regularly participate with MSK physicians in tumor boards and disease management teams. Several clinical trials originating at MSK have been opened in Hartford. Your attendance at any of these meetings would be encouraged.

**Mix of Diseases Seen, Patient Characteristics and Types of Clinical Encounters**

The patient population at Hartford Hospital is large and socioeconomically diverse. Patients that you will see in the Cancer Institute represent the entire spectrum of GI, thoracic and GU malignancies. Patient encounters are varied, some involve the initiation of chemotherapy and others the discussion of palliative and hospice care.

**Supervision**

Fellows are supervised directly by the Hematology and Medical Oncology attending physicians. During all activities in this rotation, the attending physician sees the patient and confirms findings in both the patient's history and physical exam. The attending physician also supervises and participates in all

discussions with the patient and family regarding prognosis, management options, and the development of a management plan. The attending physician will also direct and facilitate the fellow's interactions with consultants, nurses, and supportive care services. As the fellow's knowledge, skills, and experience grow, he/she will be able to assume an ever-increasing role in the care of the patient, so that, by the end of fellowship the fellow will be able to function independently. All chemotherapy orders must be co-signed by an attending.

## Services

The fellows provide the initial evaluation and follow-up of selected outpatients. Through these encounters, fellows gain expertise in performing definitive diagnostic services, assessing the severity of disease and determining all management options including enrollment of patients into clinical trials, implementation of "standard of care" therapies, palliative care and hospice care. Fellows will initiate therapies, modify treatment plans when appropriate and manage disease and treatment related complications. Fellows will provide didactic support for other health providers and trainees (residents and medical students) who are involved in the care of these patients. Fellows will attend and present cases at weekly multi-disciplinary tumor boards at Hartford Hospital in the fields of thoracic oncology, gastrointestinal oncology, and genitourinary oncology. At times cases will be presented at the surgical oncology tumor board. Unless the fellow is qualified, all procedures will be performed with the appropriate supervision of an attending physician.

## Procedures

Bone marrow aspiration and biopsy

Opportunities for:

Accessing of Ommaya reservoir or lumbar space with the administration of intrathecal chemotherapy

Management of central venous access devices

Measurement of tumor mass on physical exam and imaging studies

All procedures and ordering of chemotherapy will be performed with the appropriate supervision and cosignatory of an attending physician.

Fellows will maintain a documentation log to track and monitor procedures throughout training.

Procedural competence will be addressed during each monthly meeting with the site director.

## Expectations by Year of Fellowship and Milestone Competencies

	PGY-4	PGY-5 (All PGY-4 expectations plus the following additional skills listed below)
Patient Care and Procedural Skills	Bone marrow aspirate and biopsy. Formulation of treatment  Patient assessment by complete history and physical	Efficiency in a busy outpatient clinical setting  Timely completion and communication of consultative recommendations
Medical Knowledge	Epidemiology of cancer, indications for screening	Include pertinent studies from the medical literature

	<p>Evaluation of a patient with findings suspicious for malignancy (colon mass, lung nodule)</p> <p>Initial staging evaluation(s) for a patient with a new diagnosis of cancer</p> <p>Basics of benign hematology</p>	<p>as part of your presentations and office notes</p> <p>Independent development of treatment care plans for patients with a new diagnosis of cancer (to be presented to the attending)</p> <p>Competency in pain control, anticoagulation therapy, and chemotherapy infusion reactions.</p>
System-Based Practice	<p>Comprehensive outpatient consultation as part of a multi-disciplinary hospital group</p> <p>Discussion of cases at multidisciplinary meetings</p> <p>Coordination and timing of chemotherapy with infusion room schedule and patient needs</p> <p>Discussion of cases with multidisciplinary team (pharmacy, pathology, radiology, etc)</p>	<p>Follow up of patients from the consultative service into your clinical outpatient experience</p> <p>Determining appropriate timing, dosing, and administration of chemotherapy</p>
Practice-Based Learning and Improvement	<p>Indications for initiation of chemotherapy</p> <p>Presentation of cases at tumor board</p> <p>Observed clinical encounters with feedback from attendings</p>	<p>Insightful self-assessment</p> <p>Identifying systems issues that affect quality of care</p> <p>Assessing health literacy and checking patients' understanding</p>
Professionalism	<p>Prompt return of pages and emails.</p> <p>Attendance at selected tumor boards</p> <p>Follow up of the results of outpatient laboratory and imaging testing ordered during clinic visits</p>	<p>Serving as a role model for conduct to junior trainees (residents, interns, medical students)</p> <p>Timely contact with patients regarding results of diagnostic tests and studies, without being prompted by attending or nurse on the clinical team</p>

	Arriving to clinic on time  Timely completion of office notes	
Interpersonal and Communication Skills	Proficiency in working relationship with nurses, APRNs, PAs, and ancillary staff  Establishment of rapport with patients in a busy clinical setting	Skills in communicating complex treatment plans and “bad news” to patients and families, in the context of outpatient clinical encounters

### Hartford Hospital Tumor Board

## Monthly Cancer Case Conference and DMT/Clinical Council Schedule by Tumor/Site

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week One	7:00 am HPB 7:00am Neuro-Onc-Taylor 8:00 am Neuro-Onc DMT	6:45 am HHC GU Oncology 7:00 am Breast-Rm 303 7:00 am Breast 12:00 pm Lung 5:30-7:30 pm GU DMT	6:45 am HHC GU Oncology 7:30 am Breast 12:00 pm General 12:00 pm General 5:30-7:00 pm Breast DMT	7:30 am Surgical Oncology 7:30 am Thoracic-Rm 303 8:45 am GYN Oncology 12:00 pm Breast 12:15 pm General	7:30 am Breast 8:00 am General 7:30am - 8:30am Molecular Tumor Board 8:00 am GYN Oncology 12:00 pm Thoracic
Week Two	7:00 am HPB 7:00 am Neuro-Onc 5:30—7 pm GYN ONC DMT	7:00 am Breast-Rm 303 7:00 am Breast 7:00 am Hematology-Taylor 7:45 am Thoracic 12:00 pm Hepato Oncology 4:30-5:30 pm- Radiation Oncology Clinical Council (Bimonthly)	7:00 am GI 7:00 am Cardio-Oncology DMT (Quarterly) 12:00 pm General 12:00 pm General 12:00 pm GU 5:30-7:00 pm GI DMT	7:30 am Thoracic 7:30 am Surg Onc 8:45 am GYN Oncology 12:00 pm Breast 12:00pm Breast 12:15 General	7:00 am Head & Neck 7:30 am Breast 8:00 am General
Week Three	7:00 am HPB 7:00 am Neuro-OncJeff.Bldg 118 5:30-6:30 pm Thoracic DMT	7:00 am H & N DMT (bimonthly) 7:00 am Breast-7:00 am (monthly Colorectal 7:45 am Breast 12:00 pm Lung	6:45 am GU Oncology 7:00-7:30am Central Region Rectal 7:30am Melanoma/Skin 12:00 pm General 12:00 pm General	7:30 am Surgical Oncology 7:30 am Thoracic 8:45 am GYN Oncology (HH/HOC) 12:00 pm Breast 12:15 pm General	7:30 am Breast 8:00 am General 12:00 pm Thoracic

Week Four	7:00am HPB 7:00 am Neuro-Onc 5:30-6:30 pm Hematology DMT	7:00 am Breast-Rm 303 7:00 am Breast 7:45 am Thoracic 7:30 am Hematology	6:45 and GU Oncology 7:00 am 12:00 pm General 12:00 pm GU 12:00 pm General 5:30-7:00 pm Medical Oncology Clinical Council	7:30 am Thoracic 7:30am Surg Onc 8:45 am GYN Oncology 12:00 pm Breast 12:00 pm Breast 12:15 pm General	7:00 am Head & Neck 7:30 am Breast 8:00 am General
Week Five	7:00 am HPB 7:00 am Neuro-Onc	7:00 am Breast 7:00 am Breast 12:15 Central Region Lung	7:00-7:30am Central Region Rectal 12:00 pm General 12:00 pm General	7:30 am Surgical Oncology 7:30 am Thoracic 8:45 am GYN Oncology 12:00 pm Breast 12:15 pm General	7:00am Head & Neck 7:30 am Breast 8:00 am General

Color Key: Hartford Hospital, Midstate Medical Center, The Hospital of Central Connecticut, Windham Hospital, Backus Hospital, System Wide, CHH, SVMC

## Fellows Continuity Clinic

Beginning in your first year, you will be assigned to a continuity clinic that meets one half-day per week which could be extended to one full day if fellow requests and as time allows (not while on UCONN inpatient rotation). The goal is for you to establish a panel of patients whom you follow over time. This can include patients faced with a new diagnosis of cancer, patients with relapsed disease who require a new treatment regimen, or patients on maintenance therapy or a surveillance program. You are identified as the patient's primary hematologist/oncologist (the attending is introduced as your supervisor) and as a result, the expectation is that you will take ownership for the patient's care (with supervision). There will be 2 required continuity clinics including the fellows' clinic in the Department of Corrections for 6-12 months and the Hematology clinic at UConn Health with Dr. Meleveedu as the preceptor. First year clinics will be assigned to you with core faculty; as will the DOC and Hematology clinics. **Beyond this, you will choose other continuity clinics with PD and APD assistance at any of the three sites.** Unique experiences are possible at all sites.

Responsibilities include timely completion of the medical record, contacting the patient with results of laboratory tests and diagnostic studies, performing procedures as needed, coordinating schedules for chemotherapy infusions and follow up visits, and answering patient telephone calls. All communication should be documented and routed to the care team (attending, APRN, RN) using the EPIC electronic medical record. **All chemotherapy orders are co-signed by the attending.**

## Expectations by Year of Fellowship and Milestone Competencies

	PGY-4	PGY-5 (All PGY-4 expectations plus the following additional skills listed below)	PGY-6 (All PGY-4 and PGY-5 expectations plus the following additional skills listed below)
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<b>Patient Care and Procedural Skills</b>	<p>Bone marrow aspirate and biopsy Chemotherapy orders</p> <p>Patient assessment by complete history and physical</p>	<p>Efficiency in a busy outpatient clinical setting</p> <p>Timely completion and communication of management recommendations</p>	<p>Independent performance of procedures (with indirect supervision)</p> <p>Development of a start-to-finish treatment plan for a patient with a new diagnosis</p>
<b>Medical Knowledge</b>	<p>Initial staging evaluation(s) for a patient with a new diagnosis of cancer</p> <p>Common and expected side effects of chemotherapy treatment regimens</p> <p>Facility for the diagnosis and treatment of benign hematologic disorders.</p>	<p>Include pertinent studies from the medical literature as part of your presentations and office notes</p> <p>Independent development of treatment care plans for patients with a new diagnosis of cancer (to be presented to the attending)</p> <p>Competency in pain control, anticoagulation therapy, and chemotherapy infusion reactions.</p>	<p>Understand the pathophysiology, rationale for treatment, comprehensive treatment plan, and expectations for outcome for the hematology and oncology diseases you are seeing</p> <p>Ability to access and quote primary data from the literature</p> <p>Develop treatment plans for patients who do not fit within standard guidelines</p> <p>Determine and recommend appropriate time for transition to hospice care</p>
<b>System-Based Practice</b>	<p>Discussion of cases at multidisciplinary meetings and tumor boards</p> <p>Coordination and timing of chemotherapy with</p>	<p>Determining appropriate timing, dosing, and administration of chemotherapy</p>	<p>Ability to navigate and articulate a patient's entire care (initial workup, staging studies, office visit to discuss therapy plan, anticipation</p>



	<p>infusion room schedule and patient needs</p> <p>Discussion of cases with multidisciplinary team (pharmacy, pathology, radiology, etc)</p>		<p>and management of complications)</p> <p>Anticipate and meet patient needs including: health literacy, transportation, and psychosocial issues as they pertain to successful completion of your recommended therapy plan</p>
Practice-Based Learning and Improvement	<p>Indications for initiation of chemotherapy</p> <p>Presentation of cases at tumor board</p> <p>Observed clinical encounters with feedback from attendings</p>	<p>Use literature and guidelines to make treatment decisions</p> <p>Insightful self-assessment</p> <p>Identifying systems issues that affect quality of care</p> <p>Assessing health literacy and checking patients' understanding</p>	<p>Completion of a QI project and presentation to the heme/onc fellows and faculty</p> <p>Recommend practice improvement tips (based on your QI research) to your co-fellows</p>
Professionalism	<p>Prompt return of pages and emails from clinic nurse or medical assistant</p> <p>Follow up of the results of outpatient laboratory and imaging testing ordered during clinic visits</p> <p>Arriving to clinic on time</p> <p>Timely completion of office notes</p>	<p>Serving as a role model for conduct to junior trainees (residents, interns, medical students)</p> <p>Timely contact with patients regarding results of diagnostic tests and studies, without being prompted by attending or nurse on the clinical team</p>	<p>Ongoing and complete communication with patients regarding care plan, side effect management, and addressing questions and concerns (without prompting from attending or nurse)</p> <p>Development and expression of empathy and humanistic qualities toward the care of the patient</p>
Interpersonal and Communication Skills	Proficiency in working relationship with	Skills in communicating complex treatment	Communicate effectively with

	nurses, APRNs, PAs, and ancillary staff  Establishment of rapport with patients despite a busy clinical setting	plans and “bad news” to patients and families, in the context of outpatient clinical encounters	referring physicians regarding complete consultative evaluation
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## Fellows Scholarly Research Activities

At the end of the first year, the fellow should have formulated ideas and an outline for a scholarly research project under the guidance of a faculty mentor, assigned at the beginning of each year. The proposed research plan must be submitted to the PD or APD with appropriate discussion and designation of a mentor. The goal would be to be ready to begin with the first steps (IRB approval) in the first research block of the fellowship. By the end of the third year, the fellow should have completed his/her scholarly research project and submitted the work as a first-author publication for an abstract or poster at a national meeting, with hopes to submit one paper for peer-reviewed publication. PGY-5 and PGY-6 fellows will present interim status updates and eventually their completed work to the hematology/oncology fellowship group once a year during a Friday conference.

Those fellows with a serious commitment to a career in research should expect to devote a portion of their program to training in the basic sciences, often coupled with formal course work at UConn Health. Collaborative arrangements can be made with existing programs in molecular biology, biochemistry, immunology, cell biology and pharmacology for special interactions in laboratory projects, seminar series and graduate studies. Our fellowship program recently entered a partnership with the Center for Molecular Oncology at UCONN for additional opportunities in clinical and translational research.

<https://health.uconn.edu/molecular-oncology/>. Additionally, there is opportunity in our immunology program with our Cancer Center Director Pramod Srivastava and his team, Community Health with Cancer Epidemiologists, as well as Jackson Laboratories on our campus. The Hartford Healthcare Cancer Institute offers strong programs in Predictive Analytics, Quality Measurement and Improvement, Population Science & Cancer Control and Implementation Science. Many research opportunities exist for fellows in these fields. Many opportunities at HH also exist in geriatrics, underserved minorities and Quality Improvement.

Many of our trainees choose clinical research for their research requirement. A program in public health (leading to a MPH) is also available at UCHC for those interested. Through the CRC (Clinical Research Center) an abbreviated course in “Clinical Research” is available. A series of lectures and help sessions are available through trainers in the UCONN Institutional Review Board (IRB). The American Society of Clinical Oncology and the American Society of Hematology (ASH) has awards for competitive candidates for additional training and mentorship in research endeavors and fellows are encouraged to apply.

Because the scholarly project is conducted during independent/elective time, it is imperative that you do this in conjunction with your research mentor and/or the PD or APD to ensure that you are keeping deadlines, overcoming obstacles to progress, and staying on track to meeting the research expectation and requirement for this program. If you find that you are having difficulty getting a project off the ground for any reason, this must be reported immediately to both your mentor and the PD or APD. Failure to provide proof of ongoing work (manuscripts, posters, IRB applications, literature searches) after an independent research block may result in extension of training.

All fellows must complete a comprehensive QI project (this may fulfill research requirement) which includes:

1. Independent development of a project idea (based on issues you are observing during your training).
2. Identification of a faculty mentor with expertise in this area
3. IRB application – may be exempt or expedited, but still needs to be officially documented
4. Needs assessment (the “pre-intervention” analysis) to identify an area for improvement in-patient care processes.
5. Development and implementation of an Intervention – to address the issue in #4
6. Re-assessment (the “post-intervention” analysis) to determine whether the intervention led to a favorable outcome and improvement in patient care processes

One can always connect with Dr. Lisa Holle, specialist at UConn in quality improvement and part of our pharmacy program. She is happy to assist getting projects initiated and even acting as mentor at times.

### **Research Committee**

The UConn Health Research Committee was created to enable hematology/oncology fellows’ access to resources for the conduct of meaningful research activity during their training period. The committee will provide guidance to fellows regarding available opportunities across UCONN Health and affiliated institutions by connecting fellows to potential research mentors as well as follow through on their proposed research activities.

The committee aims to bring together fellows and faculty with similar interests, whether that be in the conduct of clinical and epidemiological, translational or basic science projects. We will aim to meet with fellows on a routine basis to seek feedback and assess productivity across their proposed research projects. By suggesting adjustments when necessary, and regularly reviewing research plans, we will help identify new opportunities that they can participate in as well as ensure their time dedicated towards research activity remains impactful and relevant. We will also assist in structuring research journal clubs for fellows with input from faculty and ancillary staff across the academic year.

The committee members include Dr. Swarup Kumar, key faculty member at UConn Health, Dr Margaret Callahan, hematology/medical oncology division chief at UCONN Health as well as fellows, Dr. Joshua Van Allen and Dr. Alvaro Alvarez-Soto.

### **Expectations by Year of Fellowship and Milestone Competencies**

	<b>PGY-5</b>	<b>PGY-6</b> (All PGY-5 expectations plus the following additional skills listed below)
<b>System-Based Practice</b>	<b>Successful completion of an IRB application</b>	<b>Evaluate your results in the context of larger medical systems</b>

	Understand privacy issues as it pertains to research subjects	Suggest future work and needs in your identified area
Practice-Based Learning and Improvement	<p>Critically appraise the current literature</p> <p>Identify areas to improve patient care</p> <p>Formulate testable hypotheses and design a project</p> <p>Troubleshoot obstacles and barriers to successful completion of your project</p>	<p>Develop competency in statistical analysis</p> <p>Learn techniques for successful medical writing that leads to publication</p>
Professionalism	<p>Maintenance of patient care responsibilities in continuity clinic</p> <p>Attendance at tumor board in the specialty area of your project (if applicable)</p> <p>Ongoing (ie weekly) communication with your research mentor to ensure you are meeting expectations</p>	Understand issues related to research ethics and vulnerable subject populations
Interpersonal and Communication Skills	<p>Work as part of a multidisciplinary research team (nurses, coordinators, statisticians)</p> <p>Develop skills in poster preparation, abstract and manuscript writing for dissemination to a wider audience</p>	Skills in oral presentation of your project to the junior fellows and faculty

### **Fellow Wellness Initiatives**

Key Clinical Faculty Liaison for Wellness: Ritika Vankina, MD

Dr. Vankina will have 2 sessions a year with the fellows regarding wellness including topics like burnout, intimidation, and microaggression. In addition to initiatives from the Capital Area Health Consortium- including the annual “Fellow Appreciation Day”, events, and gifts, our program also is invested in

innovative programs in the area of trainee wellness. Past programs include: Dinners, in West Hartford Center, Dave and Busters night, Muse Paint Bar, UConn Men's Basketball game, Escape Room. Opportunities also exist for combined social activities with the other Fellowship Programs at UCONN Health.

**For issues regarding counseling and psychological support please refer to the GME Residents/Fellows Policies and Procedures manual for further information:**

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/37.pdf>

## **UConn Health GME Policies and Procedures**

This Hematology/Oncology Fellowship Program policy book is a supplement to the UCONN GME Residents/Fellows Policies and Procedures Manual, *please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*

<https://health.uconn.edu/graduate-medical-education/resident-fellow-policy-manual/>

Please refer to this document for Institution-wide policies including:

Mission Statement  
Contact List of GME Staff  
Accommodations for Disabilities  
Licensure and Reappointment Requirements  
Salary and Benefits  
Leave Policies  
Educational Resource Allowance and Travel  
Counseling and Mental Health Resources  
Malpractice Insurance Coverage  
Professionalism, Attire, and Code of Conduct  
Handoffs in Transitions of Care  
Duty Hours  
GME Hotline  
Sleep Loss Education and Fatigue Mitigation  
Confidential Reporting of Unprofessional behavior

Academic Deficiencies Review Procedures <https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2022/10/Academic-Deficiencies-Review-Procedures.pdf>

Code of Conduct Violations/Non-Academic Review Procedures: : <https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2022/10/Code-of-Conduct-Violations.pdf>

**A hotline has been set up for residents/fellows to report violations of duty hour requirements and other GME concerns (860-679-4353).**

Several additional policies, unique to the hematology oncology fellowship program under the aegis of the GME manual, are described below.

### **Sleep, Fatigue, and Call Rooms**

There is no overnight in-house call; there is no night-float rotation that requires you to remain in a hospital overnight away from home.

In the unlikely event of inclement weather where you do not wish to travel, contact the Site Director and Site Coordinator to arrange for a call room overnight.

If you feel that you are ever too fatigued to drive, the program will reimburse you for your choice of taxi, public transportation, or Uber/Lyft car services.

*Please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/102.pdf>

### **Moonlighting/Extra Credit**

Moonlighting (extra credit) is allowed for PGY-5 and PGY-6 fellows at John Dempsey Hospital at UCONN and other sites in the program can include weeknight call (5pm – 8am) or weekend call (day or night shifts). At the end of the academic year, with special permission from the Program Director, this opportunity is also available to PGY-4 fellows.

**You must be in Good Standing in order to Moonlight and participation must not violate your total hours according to the Duty Hours regulations.**

*Please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/67.pdf>

### **Vacation and Time off Requests**

Mandatory six weeks' notice for vacation dates. Fellow Clinic minimum of 6 weeks' notice to close clinics, unless emergent. Fellows have 20 vacation days per academic year and cannot be carried over into a new academic year.

**All requests must first be approved by the Site Director before being submitted to the Program Director for final approval.**

**You must notify your site director and administrative coordinator as well as your clinic supervisor 6 weeks in advance once time away is approved by your PD/APD.**

Time off of the inpatient rotation at UCONN for vacation is generally not allowed. **The expectation is that all senior fellows work until June 30<sup>th</sup>, unless they take vacation time.**

## **Major Holidays – (Minor Holidays are work days)**

Fellows can have the day off unless they are on call. If their hospital has a minor holiday, the fellow at that site is still responsible for being the person in the hospital that day. (For instance Good Friday at St. Francis) the only formal holidays are listed below and your days off if you are not on call.

Fellows first through third year, cover all major holiday call at all three training sites. Senior fellows are responsible for this schedule.

The 6 federally recognized holidays are:

- New Year's Day
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving Day
- Christmas Day

## **Sick Leave**

Fellows receive 10 working days per contract year of paid sick leave. If you are sick or injured and will be absent, you must notify the Program Director, Site Director and Program Coordinator immediately by phone, email, or text.

You must be sure to record any sick days when you enter your clinical and educational hours in [myevaluations.com](http://myevaluations.com).

Please refer to the GME Residents/Fellows Policies and Procedures manual for further information regarding Sick Leave:

*Please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*  
<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/41.pdf>

## **Time off for Interviews in Third Year**

Senior Fellows are allowed 5 days for interviewing or more at the discretion of the program director. Approval is necessary in advance and clinics must be cancelled as always with a 6-week notice.

## **ABIM Time Off Policy**

### **Deficits in Required Training Time**

This policy applies to internal medicine residency and subspecialty fellowships in all ABIM disciplines.

ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the training type. In such circumstances, if the trainee's program director and clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than 5 weeks (35 days), extended training may not be required. Only program directors may request that ABIM apply the Deficits in Required Training Time policy on a trainee's behalf, and such a request may only be made during the trainee's final year of training. Program directors may request a deficit in training time when submitting evaluations for the final year of standard training via FasTrack, subject to ABIM review.

The Deficits in Required Training Time policy is not intended to be used to shorten training before the end of the academic year.

## **The K Drive**

All UCONN network computers contain a secure drive ("The K Drive") in which you each have a folder. You can password-protect your individual folder, if desired. All professional portfolio lists described below should however be on my evaluations primarily. We will draw from this dossier during your formal semi-annual review session with the Program Director. Senior fellows can assist in K-Drive access and will be reviewing this with all the fellows when they discuss list-keeping at one of the instructional sessions.

Professional lists: tumor boards attended and patients presented therein, M&M conferences, procedures, etc. We will draw from this dossier during your formal semi-annual review session with the Program Director.

Contained in the K drive will be a program folder which will contains all necessary schedules, curricular, reference materials, program manual and more for your easy access to answer any questions you may have.

## **Meetings with Program Director/Associate Program Director**

Fellow Meetings (which are closed to all faculty, except for the APD will occur on a monthly basis in person to review program issues. We can also meet on an ad-hoc basis. This is an opportunity to share program announcements, changes, or updates. Most typically, the agenda is an open forum for fellows to bring concerns to the Associate Program Director.

All fellows meet every 6 months (Dec/Jan and June/July) with the Program Director/APD for a formal evaluation to ensure that the fellow is meeting expectations, fulfilling requirements, and is on track to complete the program on time. This meeting is also used to review upcoming schedules of research/electives to be sure that individual needs and goals of the fellows are met.

Additionally, the Program Director/APD has an Open Door policy and is available to meet at any time for you to discuss personal, professional, or career issues.

## **Site-Specific Conferences**

During each rotation block, the Site Directors and Coordinators at UCONN, St. Francis, and Hartford will provide you with a schedule of patient conferences, sign-out rounds, multidisciplinary meetings, tumor boards, and scientific lectures. On call schedules should be available to the fellows at least 2 weeks prior to call needs.

## **Assessment and Evaluation**

**We cannot emphasize enough the importance of completing evaluations in a timely fashion.** It is important for both fellows to get time sensitive feedback as well as faculty. Faculty feedback is kept anonymous but is critical to improve our learning environment. Fellows are asked to provide a list of faculty that they work with so that evaluations can be sent to the appropriate Attendings.

## **Evaluation of the Program and Faculty, by the Fellows**



Twice yearly, fellows formally evaluate the program and faculty confidentially in MyEvaluations.Com software. The results of these assessments are directly and specifically used to improve the program. Fellows are asked to evaluate the overall work load, faculty supervision, quality of clinical material, level of teaching, adequacy of the work environment, and are also encouraged to provide additional comments.

**Fellows meet with Site Directors during each 1month block to discuss together: progress and achievement on Milestone Competencies, provide mutual feedback on performance and how performance is perceived, to suggest areas for improvement, to review faculty performance, and to determine additional educational needs. Input from faculty that fellows have rotated with will be obtained by Site Directors for total evaluation.**

Fellows are also asked to evaluate individual faculty members who have served as clinical supervisors and mentors. Faculty are evaluated on their attending teaching style, teaching content, effectiveness as a role model, lecture quality, and overall effectiveness as a faculty mentor. If a faculty member receives poor evaluations, the program director and/or division/section chief will address the issue and initiate remediation.

### **Evaluation of the Fellows, by the Faculty**

The Clinical Competency Committee evaluates the fellows and is measure by the ACGME milestones and competencies twice yearly.

They are also evaluated by faculty on a regular basis via “MyEvaluations.com”.

### **Clinical Competency Committee (CCC)**

A Clinical Competency Committee (CCC) is the Accreditation Council for Graduate Medical Education (ACGME)-“required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.”

The Clinical Competency Committee convenes under the direction of the APD. Acts independently of the Program Director and serves to make recommendations to the Program Director. In our program, this committee is comprised of the following faculty:

Susan Tannenbaum, MD, Associate Professor, Fellowship Program Director, UCHC  
Victoria Forbes, MD Assistant Program Director, Site Director, UCHC  
Margaret Callahan, MD, Ph.D. Chief, Division of Hematology Oncology, Key Clinical Faculty, UCHC  
Sudhanshu Mulay, MBBS, Site Director, SFH  
Swarup Kumar, M.D. Key Clinical Faculty, UCHC  
Ritika Vankina, M.D. Key Clinical Faculty, UCHC  
Yelena Pristiyazhnyuk, M.D. Key Clinical Faculty, HH

The Clinical Competency Committee meets biannually to review and track fellow performance, recommend disciplinary actions or proceedings, review faculty performance, report on monthly business/updates, Site Director updates, committee reports, and faculty development.

The CCC is also responsible with assigning fellows a numerical score on the spectrum of each of the Hematology/Oncology Curricular Milestones. The final discretion and final “score” is determined by the PD/APD. Your milestone evaluation is a composite of your rotation evaluations from faculty, 360 degree evaluations by nurses and support staff, direct observation from supervisors, Simulation lab training, Communication Skills training, demonstrations of professionalism, In-Training Exam scores, and clinical/research productivity in the program

Milestone scores and individual site evaluations are available for the fellow to review.

The trainees’ performance at their longitudinal clinics will be evaluated quarterly by the attending primarily responsible for the clinic. Fellows on research/elective blocks must identify the faculty member with whom they are working and who can best complete an evaluation. All laboratory and clinical research endeavors must be closely supervised by the mentor(s) chosen by the fellow. We will be collecting evaluations from ancillary staff and patients to complete the full spectrum of evaluations. Fellows will be in charge of making sure the evaluation forms are present in the clinical areas to be distributed by their Supervising Attending.

In the event of an Academic Deficiency or Code of Conduct violation, the CCC will make a recommendation to the program director regarding a remediation program, corrective steps, or a disciplinary action as outlined in the GME Policies and Procedures Manual.

### **Program Evaluation Committee (PEC)**

At the end of the academic year in May or June, the Fellowship Program holds a program evaluation committee meeting attended by all fellows, site directors, and key clinical faculty members. During this meeting, the previous year’s Annual Program Evaluation action plan, Program Improvement Projects, and results of the anonymous ACGME-generated survey are reviewed. Results from this meeting are used to inform changes and prepare a report to the UCONN GME office.

### **Supervision Policy**

**Purpose:** To set institutional standards for supervision of residents that assures their education and our compliance with ACGME institutional standards at the University Of Connecticut School Of Medicine, the University Of Connecticut Health Center and its affiliated hospitals.

A model of direct collaborative patient care, where fellows work together with an attending physician is the hallmark of patient care activities in both the ambulatory and hospital settings at all three sites of fellowship activity. The fellow and a committed clinician-teacher caring for patients together create the best learning environment and overall care for patients. Fellows will be supervised with direct supervision (see clarification of terms below) by a faculty member on all rotations until they have demonstrated and documented attainment of the appropriate milestones that allow for transitioning to independent patient care.

1. **Ambulatory clinic hospital rotation:** Fellows meet and evaluate patients independently at St. Frances and Hartford Hospital ambulatory clinics while on their clinical rotations. They then discuss and present the patients to their attending whose clinic they are participating in. Attendings then review the relevant history and physical exam with the fellow and as competence improves, planning for the patient’s treatment is offered by the fellow with modifications by the Attendings. If treatment orders are to then be written, again direct supervision of order writing and countersigning by the attending physician is done.

2. **Hospital rotations:** Many of the problems encountered in the hospital setting are focused on Internal Medicine issues (e.g. electrolyte imbalance, transfusion needs, pain management, etc.) and PGY 4-6 trainees would be expected to manage these issues with indirect supervision with direct supervision available. This however is **not the focus** of any of the inpatient rotations. This is why patients are admitted to the hospitalist service unless a direct chemotherapy admit. The focus is seeing, reviewing and discussing specific issues relevant to their specialty training in Hematology- Oncology. The degree of supervision is similar to that described in the outpatient clinical rotation.
3. **Procedural observation:** Until competency is documented, the following procedures will be directly supervised with the intention of ensuring development of competence in these areas: bone marrow aspirate and biopsy, tumor measurements, interpretation of blood smears and review of bone marrow samples, familiarity with administration of intrathecal chemotherapy, apheresis therapies, and accessing chemotherapy ports. They should all be documented in my evaluations and procedures.
4. **Chemotherapy writing:** all chemotherapy orders will be managed with direct supervision. Although orders can be written and printed independently, they are all reviewed, at all levels of training, by the Attending MD and signed before any chemotherapy administration.
5. **Overnight call:** The fellows will be supervised, as Attendings are available 24 hours a day, 7 days a week for backup or to discuss management plans.

### **Levels of Supervision/Progressive Authority**

Appropriate supervision of fellows by a HemeOnc attending is always available either in person or by phone, 24 hours a day, 7 days a week. Levels of supervision may vary depending on circumstances or skill and experience of the fellows. Definitions of levels of supervision are:

#### **Direct Supervision:**

The supervising physician is physically present with the fellow during the key portions of the patient interaction or the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

#### **Indirect Supervision:**

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

**Direct supervision immediately available:** The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide DIRECT Supervision.

**Direct supervision available:** The supervising physician is not physically present within the confines of the site of patient care, but is immediately available by phone, and is available to come in and provide DIRECT Supervision.

**Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care has been delivered.

**Supervising Physician:** The supervising physician is a faculty member, attending.

**Policy delineating when it is mandatory and required to telephone the covering faculty physician when the resident is on-call at the three sites:**

Fellows on-call are supervised directly by the attending physician at all three teaching hospitals/institutions. The attending physician is always on-call throughout the night, and is available for phone consultation. **Fellows must communicate to the attending physician the following:**

- any admission of patient to the hospital with complex problems
- transfer of patient to a higher level of care (i.e. medical step-down, intensive care unit)
- Code Blue or resuscitation or death of patient not CMO/Hospice
- development of any clinical problem requiring an invasive procedure or an operation
- serious medical events or serious adverse events due to treatment
- medication or treatment errors requiring clinical intervention
- any situation that the Fellow deems beyond his/her level of experience and training
- nursing or physician staff, or patient request that the attending be contacted

The UConn Fellowship Programs place an emphasis on providing high-quality, safe patient care delivered by an interdisciplinary team of providers. Part of this process is the appropriate transfer of patient care responsibilities from one fellow/team/service to another.

While fellows should enter our program competent in this set of extremely important skills from previous residency training, our Medicine Fellowships will reinforce these principles and evaluate each fellow in their ability to transition care and handover patient care responsibilities effectively. Those trainees who are not judged to be able to competently transition care will be provided specific feedback, be asked to review the Sign-Out curriculum and information below and will be re-evaluated until they demonstrate competence.

Care transitions occur in person. All necessary team members should be present.

*Please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/86.pdf>

**Hand Offs will occur at designated times and either verbally, in-person and/or in writing at each site. The procedure will vary at each site and feedback to the Program leadership will take place regarding this process.**

**Sign-out must include:**

- Identification of patient: name, medical record number, and date of birth
- Location of patient (ie: hospital room number)
- Identification of responsible attending of record
- Diagnosis and current status/condition of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests
- Potential issues that may arise with anticipatory guidance where possible (see below)
- List of tasks to complete with a plan and a rationale
- Code Status

## **TRANSITIONS OF CARE CURRICULUM (Adapted from the Society of Hospital Medicine)**

The term “Transitions of Care” refers to specific interactions, communication, and planning required for patients to safely move from one service or setting to another. These transitions traditionally apply to transfers between the inpatient and outpatient setting. Transitions also occur between or within acute care facilities, and to or from subacute and non-acute facilities. Hospitalists provide leadership to promote efficient, safe transitions of care to ensure patient safety, reduce loss of information, and maintain the continuum of care.

*Please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/108.pdf>

### **KNOWLEDGE**

Providers should be able to:

- Define relevant information that should be retrieved and communicated during each care transition to ensure patient safety and maintain the continuum of care.
- Analyze potential strengths and limitations of patient transition processes.
- Describe the value of available ancillary services that can facilitate patient transitions.
- Distinguish available levels of care for patients and select the most appropriate option.
- Analyze strengths and limitations of different communication modalities utilized in patient transitions.

### **SKILLS**

Providers should be able to:

- Utilize the most efficient, effective, reliable and expeditious communication modalities for each care transition.
- Synthesize medical information received from referring physicians into care plan.
- Develop a care plan early during hospitalization that anticipates discharge or transfer needs.
- Organize and effectively communicate medical information in a succinct format for receiving clinicians.

### **ATTITUDES**

Providers should be able to:

- Appreciate the impact of care transitions on patient outcomes and satisfaction.
- Strive to utilize the best available communication modality in each care transition.
- Appreciate the value of *real time* interactive dialogue between clinicians during care transitions.
- Strive to personally communicate with every receiving or referring physician during care transitions.
- Appreciate the preferences of receiving physicians for transfer of information.
- Recognize the importance of a multidisciplinary approach to care transitions, including specifically nursing, rehabilitation, nutrition, pharmaceutical and social services.
- Expeditiously inform the primary care provider about significant changes in patient clinical status.
- Inform receiving physician of pending tests and determine who is responsible for checking results.
- Incorporate quality indicators for specific disease states and/or patient variables into discharge plans.

- Communicate with patients and families to explain their condition, ongoing medical regimens and therapies, follow-up care and available support services.
- Communicate with patients and families to explain clinical symptomatology that may require medical attention prior to scheduled follow-up.
- Anticipate and address language and/or literacy barriers to patient education.
- Prepare patients and families early in the hospitalization for anticipated care transitions.
- Review the discharge plans with patients, families, and healthcare team.
- Take responsibility to coordinate multidisciplinary teams early in the hospitalization course to facilitate patient education, optimize patient function, and improve discharge planning.
- Engage stakeholders in hospital initiatives to continuously assess the quality of care transitions.
- Lead, coordinate or participate in initiatives to develop and implement new protocols to improve or optimize transitions of care.
- Lead, coordinate or participate in evaluation of new strategies or information systems designed to improve care transitions.
- Maintain availability to discharged patients for questions during/between discharge and follow-up visit with receiving physician.

## **Handoff/Patient Sign-Out Policy**

### **UCONN**

#### **Patient Admissions:**

When patients are admitted to the inpatient hematology-oncology service from the clinic or Emergency Department, the inpatient fellow is contacted and provided a verbal sign out on the patient. Patients are admitted to the service to receive chemotherapy infusions. Other medical complications of treatment (neutropenic fever, acute kidney or liver injury, pneumonia, pleural effusions, etc) are admitted to the hospitalist medicine service, with hematology oncology servicing in consultant role.

Written sign-out is to be maintained and updated daily in EPIC, for the overnight on call heme/onc provider and the in-house APRN covering our patients.

#### **Weekend Sign Out:**

Formal sign-out rounds are held every Friday from 1-2pm. All service and consult patients are presented and discussed to provide verbal sign out to the attending coming on service and for fellows and/or APRNs providing weekend patient coverage.

#### **Transferring Off Service:**

At the end of the fellow's 1- month service rotation, the fellow will be expected to give verbal sign out to the fellow coming on service on all inpatients and consult patients being followed. In addition, the fellow coming off service is expected to review and update the written signout in EPIC. When scheduling allows, the fellow coming on service should attend or call into the formal Friday sign out rounds at 1pm just prior to picking up the service.

**Handoff/Patient Sign-Out Policy ensure this is reviewed by Site Director and delineate change if appropriate.**  
**St Francis**

## **Handover Policy at St Francis Hospital**

**Weekend Handover** – The inpatient attending, the APRN, PA, or attending MD on the inpatient service will provide sign out to the provider or fellow on weekend call on Friday afternoon at 4:00 PM. The sign out will include the list of patients on the inpatient Heme/Onc service along with a description of their active problems and issues that may need attention over the weekend. The Consult attending will provide a written list of the patients on the consult service along with a description of their active Heme/Onc problems and issues that may arise over the weekend. In addition, the APRNs and PAs in the Cancer Center will provide sign out regarding any patients that have been sent to the emergency department or outpatients who have active problems that may require attention over the weekend.

**Monday Morning Handover** - A conference is held at 8:00 AM every Monday to provide sign out regarding patients on the Heme/Onc inpatient service of the consult service.

The weekend attending and the PGY4/5/6 fellow, APRN, or PA that worked the weekend will attend the conference and sign out each patient seen over the weekend to the inpatient attending and consult attending for the week. All Heme/Onc attendings and fellows on service at that site are expected to attend the Monday conference and the weekend fellow or provider will discuss significant telephone contacts with patients that occurred over the weekend.

**Weekday Evening Handover** - At 4 PM every weekday, the inpatient attending or provider responsible for the inpatient Heme/Onc service will sign out to the PGY 4/5/6 fellow or APRN/PA who is on call that night. The sign out will detail any active problems that may require attention overnight. A list of all patients is available in EPIC. Attendings or providers working in the Cancer Center will sign out any patients that have been directed to the emergency department and any patients with active problems that may require attention overnight.

**Weekday Morning Handover** – Each weekday morning at 8:00 AM, the PGY 4/5/6 fellow or provider on call the previous night will contact the inpatient Attending, APRN or PA to sign out any significant issues that occurred over night. The provider or fellow will also contact the attending responsible for any outpatients that either called or came to the emergency department with significant Heme/Onc problems overnight. Messages can be sent electronically in EPIC. For urgent or complicated issues, a verbal discussion is encouraged.

**Handoff/Patient Sign-Out Policy** ensure this is reviewed by Site Director and delineate change if appropriate.  
**Hartford Hospital**

## **Handover Policy at Hartford Hospital**

Hartford Hospital call gives the fellow a true experience in how to cover and handoff patients who are in a busy practice model.

**Weekend Handover** – Physician members of the Cancer Institute cover the entire hospital service on a weekly rotational basis. These patients include both patients on the hematology/oncology service and hospital consults. A detailed roster of patients on service is kept accessible in the EPIC medical record system. The roster will list diagnosis, treatment plan, pending and upcoming tests, code status and expected discharge date. On weeknights this roster will be readily available to the fellow on call. In addition, the attending on call will review critical issues that exist for inpatients as well as potential problems in selected outpatients. Over the weekend, the attending on-call will cover all the inpatients on the Heme/Onc service. Both the attending and fellow will review the patient roster in EPIC. Verbal sign out will be provided by the inpatient team. Potential problems with selected outpatients will also be identified.

**Monday Morning Handover** – The weekend attending and the PGY4/5/6 fellow or provider that worked the weekend will sign out each patient seen over the weekend to the inpatient care team. Significant telephone contacts with patients that occurred over the weekend will also be discussed with the team and respective outpatient attending(s). Messages can be sent electronically in EPIC or confidentially through Tigertext. For urgent or complicated issues, a verbal discussion is encouraged

**Weekday Evening Handover** – A list of all patients followed by the Heme/Onc service is available in EPIC. Attendings or providers working in the Cancer Center will sign out to the PGY 4/5/6 fellow taking call that night any patients that have been directed to the emergency department and any patients with active problems that may require attention overnight.

**Weekday Morning Handover** –Each weekday morning at 8:00 AM, the PGY 4/5/6 fellow or provider on call the previous night will contact the on-call attending to sign out any significant issues that occurred overnight. The provider or fellow will also contact the attending regarding any outpatient(s) that either called or came to the emergency department with significant Heme/Onc problems overnight.

### **Policy Regarding Checking Emails**

#### **Official Communication with the University of Connecticut School of Medicine, Sponsored Graduate Medical Education Programs and Capital Area Health Consortium**

All residents and fellows are required to monitor and use their University of Connecticut endorsed email accounts. Monitoring of the University of Connecticut email account must occur once daily to guarantee that all correspondence from your program; the Graduate Medical Education Office; the Capital Area Health Consortium is reviewed. Any correspondence with the University of Connecticut Office of Graduate Medical Education/Capital Area Health Consortium personnel for any work related issues must be conducted through these accounts. The GME Office sends fellow's emails and posts on Husky CT/Blackboard <https://lms.uconn.edu> that you have an assigned Net ID. Please contact GME Office [gmeoffice@uchc.edu](mailto:gmeoffice@uchc.edu) for more information.

It is recommended that you check your email often and frequently; this is the preferred method of communication from the program to you. For urgent patient care issues (i.e. a clinic nurse trying to reach you), you may also be paged if an urgent decision needs to be made. You are issued a Department Pager for the duration of your fellowship training.

Please also refer to the GME Policy on the Appropriate Use of the Internet and Social Networking Sites regarding communication of Protected Health Information.

### **Adverse Event Reporting**

“Physicians have a professional responsibility to place the welfare of their patients as their primary professional concern, and must demonstrate a high standard of moral and ethical behavior within the clinical setting in the care of patients.”

Over the course of your training, you may encounter an unanticipated or adverse event.

These adverse events may range from medication errors, to procedural complications, to poor patient outcomes. We as a program encourage you to talk about adverse events and near-miss adverse events



with the senior fellows, attending faculty and program director. In addition, it is appropriate to discuss these adverse events with your patient after you have discussed the event with your attending.

Adverse events may be reportable to the Department of Public Health. The event reporting is meant to be done in a non-punitive manner, but you may occasionally be called by the Department of Public Health to review an adverse event. **Under NO CIRCUMSTANCES should you discuss an adverse event over the telephone, or via e-mail.** If you are called by the Department of Public Health or the risk management team from any of the hospitals you should immediately call the attending physician for that patient as well as the site director for the site where the adverse event occurred. One or both of these faculty members, or their surrogates, will accompany you to any meeting where adverse events are being discussed. Please see the GME Policy on PROFESSIONAL LIABILITY/MALPRACTICE INSURANCE AND ADVERSE EVENTS/INCIDENTS

### **Error Reporting Mechanisms**

Error reporting mechanisms differ at each institution within the consortium, and fellows are educated and instructed on these mechanisms at the Institutional Orientation prior to beginning clinical work.

### **Concern Policy**

As part of our commitment to fostering an environment where fellows are comfortable raising concerns of any nature, the hope and expectation is that all our fellows will report any concerns including but not limited to concerns regarding the training program or regarding the faculty. If a fellow feels comfortable, discussion with Site Directors, APD, or the PD could be the first avenue of reporting. Fellows may also report concerns to the Department Chair or the Office of Graduate Medical Education, specifically the Designated Institutional Official, the Assistant Designated Institutional Official or the Associate Dean of Graduate Medical Education. In addition, the fellow may report concerns via the **GME Hotline @860-679-4353** and through any of the avenues outlined in the Reporting Concerns policy, which is located in the Office of Graduate Medical Education's Resident/Fellow policy manual.

*Please refer to the GME Residents/Fellows Policies and Procedures manual for further information:*

<https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/70.pdf>.