

Hematology/Oncology Fellowship Program Curriculum and Policy Manual

2020-2021

**University of Connecticut
Graduate Medical Education**

University of Connecticut School of Medicine
Hematology Oncology Fellowship
Curriculum and Policy Manual
2020-2021

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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. 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 detailed later 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 with in UConn health, the UCONN School of Medicine, UCONN Storrs, Jackson Labs and Hartford Healthcare. Opportunities can be discussed initially with the PD and APD.

The clinical track provides nine months of 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, New England Sickle-cell Institute 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 physician. 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 nine months of basic or clinical research. A decision on which track fellow was interested in will be made with initial discussions with program director. This will occur within the first 3 months.

Fellows who enter this program will have completed three years of house-staff training in Internal Medicine and are required to have passed Steps I, II (both CK and CS), and III of the USLME. Successful completion of the program provides board eligibility in Hematology and Medical Oncology.

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. Fellows will have a continuity clinic (one-half 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 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 are held quarterly and also on an Ad Hoc basis.

There is a mandatory series of Patient Care conferences, under the direction of the Chief Fellows, held weekly on a rotating basis at UCONN, St. Francis, and Hartford. Hematology/Oncology and affiliated

faculty deliver the core curriculum conferences also held weekly at UCONN.

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

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

Mission

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 will be provided.

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 Drs. Swarup Kumar and Abigael Luke. 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. Friday lectures will be in person at the Neag Cancer Center 4th Floor Conference Room. Tuesday lectures will follow immediately the preceding tumor board (TB) i.e. the Hartford Hematology TB on the 4th Tuesday of each month.

As a standard, presentations will be delivered on Friday's in-person but can remotely via ZOOM conferencing, if specified in invite (invites will be sent out in a link to ALL participating faculty across each site as well as fellows). Fellow presentations will be delivered by the 3 fellows who are on clinical rotations, each Tuesday of the week (UConn, HH and SFH rotation fellow in that order); the 4th Tuesday of the month will be a fellow TB with interesting cases from respective continuity clinics being presented for an education review.

PGY 4 Fellows will be exempt from case conferences for the month of July 2020, allowing for sufficient time to integrate to their respective specialty based clinical rotations. Topics for presentation will be selected in advance and assigned to those presenting fellows, so that ample time is available for review with faculty and/or mentors at each rotating site to seek input on their presentations (for the fellow on rotation at UConn, this can be either their clinic mentor or other inpatient faculty for assistance). It is

expected that these presentations will start from the month of August 2020. The slides can be reviewed with the senior fellows or faculty for assistance in preparation and/or content review. This would allow for sufficient time for the new fellows to integrate to their respective specialty based clinical rotations.

Each fellow will be encouraged to discuss with their mentor/faculty regarding the topic they have been assigned. For e.g.: 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 HCC: 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?” The fellow on inpatient rotation at UConn Health can take input from their continuity clinic or inpatient faculty for their presentations.

The goal of these fellow lectures is aimed at addressing an essential question in the work up or management of malignancy or hematologic problem, to enunciate understanding with a case based approach for the condition, review and discuss critical literature as well summarize salient points and finally review some knowledge based questions at the end for audience understanding. Time allotted for each of these presentations is 1 hour, unless otherwise specified.

The fellow will run Tumor Board which will be held on the 4th Tuesday of every month after the Hartford Hematology Tumor Board. Fellows can present informally an interesting case or a case of educational value which would function as a critical review of the management approach to that specific case, would have a maximum of 4 cases to be presented. These cases presented either from respective continuity clinics or inpatient rotation. Special situations where the clinical fellow may not have to present include holidays or presentation at a mortality conference or departmental conference during the month which would serve as their educational presentation for the month.

1. **Once a year (traditionally in May/June)**, fellows report on the status of their Research and/or QI project during curriculum conference on a Friday. Full details from APD and Associate PD.
2. **Once a year, fellows present M&M conferences-** either at the Department of Medicine forum or in a curriculum conference on a Friday

Attendance is mandatory at the following division conferences: When possible faculty will join in person or remotely as organized. (your attendance and arrival on time is noted as part of your Professionalism Milestone rating)

1. **Lymphoma Tumor Board** 7:30 am on the 4th Tuesday of the month. It is always at Hartford Hospital, and is run by the **Hartford Hospital** hematologic malignancy group
2. **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 all held at **UConn**. The curriculum topics are 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.
3. **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

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 and skin biopsies can be made available (more easily for those in clinical track).
 - b. You are required to perform five bone marrow 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: (Attending, PA or APRN is in the building, who 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 used as part of your job application when you graduate from the fellowship program.
2. Patient Logs
 - a. Mandatory maintenance of patient logs. You will keep a log/spreadsheet of all your 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.com on a monthly basis. 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 months to ensure anonymity.

Fellows Service and Call Responsibilities

On average, fellows are on call one night per week (Mon- Thurs) 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 who is rotating at each of the three sites will take call at that site. For 3rd year fellows, there is a six month period of time without call responsibilities. All holiday weekends will be covered by fellows at each site.

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 every have any issues with an un-reachable or un-approachable attending, you are to please notify the Site Director and Program Director.

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).

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 also be arranged.

University of Connecticut Health Center
Site Director: Susan Tannenbaum, MD

The UCONN rotation is a 1-month rotation 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, 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.

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.

Fellow Responsibilities include but are not limited to:

1. Call nights and weekends
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. Kathy Mikulak can provide the list of times and days for these regular meetings. 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 two 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 during each rotation block.

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 including COVID related questions. In this period of COVID concerns, some consultation are done remotely without going into a patient's room. 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

	PGY-4	PGY-5 (All PGY-4 expectations plus the following additional skills listed below)
Patient Care and Procedural Skills	<p>Patient assessment by history & 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>
Medical Knowledge	<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>
System-Based Practice	<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>
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>

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

UConn Tumor Boards

S u n	M o n	T u e	W e d	T h u	F r i	S a t
<i>GREEN- held in Dermatology Conference Room—South Rd</i>		<i>GU tumor board, 4-5pm, Hematology Tumor Board 12-1pm</i>	<i>GYN tumor board 7:00-8:00 Breast tumor board 12-1p</i>	<i>Lung tumor board, 1-2p</i>	<i>GI tumor board, 12-1</i>	
<i>RED- held in Cancer Center Conference Room- OP and 2nd floor conference room - UT</i>			<i>Melanoma Tumor Board 7-8 GYN tumor board 7:00-8:00 Breast tumor board 12-1p</i>			
<i>BLUE- Cancer Center Conference Room – OP only</i>		<i>GU tumor board, 4 – 5pm, Hematology tumor board 12-1pm</i>	<i>GYN tumor board 7:00-8:00am Breast tumor board 12:15 – 1pm</i>	<i>Lung tumor board 1-2pm</i>	<i>GI tumor board, 12-1</i>	

<u>BLACK– held in Can- cer Center Conference room and Link room B</u>		<i>Advanced Melanoma Tumor Board 12 – 1pm</i>	<i>GYN tumor board 7:00-8:00 Breast tumor board 12:15 - 1pm</i>			
			<i>GYN tumor board 7:00- 8:00 Breast tumor board 12:15-1p</i>			

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

The one-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 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 patients seen at your site.

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

	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 Chemotherapy orders 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 Evaluation of a patient with findings suspicious for malignancy (colon mass, lung nodule) Initial staging evaluation(s) for a patient with a new diagnosis of cancer	Familiarity with primary data from the medical literature to practice evidence-based medicine Developing treatment care plans for patients with a new diagnosis of cancer

		Competent in pain control, anticoagulation therapy, and transfusion medicine.
System-Based Practice	<p>Arranging and ensuring appropriate follow up</p> <p>Discussion of cases at multidisciplinary meetings</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.
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 when patients are admitted to the hospital</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>

St. Francis Tumor Board Schedule

MONDAY				
Rectal 1	Rectal	Monthly 3rd (M)	4:30-6:00PM	CWHC(Comprehensive Womens Health Center)
Neuro-Oncology	Brain	Monthly 2nd (M)	12-1 PM	CWHC
TUESDAY				
GENERAL *As needed	Neuro	Monthly 2nd (T)	12-1 PM	CWHC
	Melanoma			
	Oral			
	Unique/Rare cases			
HEPATOBILIARY	Liver	Monthly 3rd (T)	7:30-8:30 AM	CWHC
	Pancreatic			
WEDNESDAY				
BREAST Coordinator: Kristen Brillo	Breast Cancers	Weekly (W)	7:45-8:45 AM	CWHC
Rectal 2	Rectal	Monthly 1st (W)	4:30-6:00PM	CWHC
GU	Urinary	Monthly 3rd (W)	7:15-8:15 AM	Rad-Onc(Radiation Oncology)
	Renal			
	Testicular			
	Prostate			
THURSDAY				
GYN Coordinator: Paulette Hankard	GYN Cancers	Weekly (Th)	12-1 PM	CWHC
HEME	Lymphoma	Monthly 3rd (Th)	1-2 PM	CWHC
	Myeloma			
	Leukemia			
FRIDAY				
Lung	Lung Cancers	Monthly 4th (F)	1230-130PM	CWHC

Hartford Hospital
Site Director: Joerg Rathmann, MD

The rotation at Hartford Hospital is also primarily an outpatient experience. From time to time 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 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 1/2 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. Unless there are extraordinary circumstances, the fellow should see no more than eight outpatients per 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.

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 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, 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 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 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 8:00 am GYN Oncology 12:00 pm Thoracic
Week Two	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	7:00 am HPB 7:30 am Thoracic-Taylor 8:45 am GYN Oncology 12:00 pm Breast 12:00 pm Breast 12:00 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-Onc Jeff.Bldg 118 5:30-6:30 pm Thoracic DMT	7:00 am H & N DMT (bimonthly) 7:00 am Breast-Rm 303 7:45 am Breast 12:00 pm Lung	6:45 am GU Oncology –Rm 303 12:00 pm General 12:00 pm General	7:30 am Surgical Oncology-Rm 303 7:30 am Thoracic 8:45 am GYN Oncology 12:00 pm Breast 12:15 pm General	7:30 am Breast 8:00 am General 12:00 pm Thoracic

Week Four	7:00 am Neuro-Onc- Jef Bldg 118 12:00 General 5:30-7:00 pm Hematology DMT	7:00 am Breast-Rm 303 7:00 am Breast 7:45 am Thoracic 7:30 am Hematology	7:00 am GI-Rm 303 12:00 pm General 12:00 pm GU 12:00 pm General 5:30-7:00 pm Medical Oncology Clinical Council	7:00 am HPB 7:30 am Thoracic-Taylor 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 Neuro-Onc	7:00 am Breast-Rm 303 7:00 am Breast 12:00 pm Lung	12:00 pm General 12:00 pm General	7:30 am Surgical Oncology 7:30 am Thoracic-Rm 303 8:45 am GYN Oncology 12:00 pm Breast 12:15 pm General	7:00am 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. It is built in 2 year clinical rotation Hartford, St. Francis, or UConn to come to this clinic. 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 months and the Hematology clinic at UConn Health with Dr. Baker as the preceptor. First year clinics will be assigned to you and the DOC and Hematology clinics will be assigned for 6 months of your second fellowship year. Beyond this, you will choose your continuity clinic with PD and APD assistance at any of the 3 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 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)
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			additional skills listed below)
Patient Care and Procedural Skills	<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>
Medical Knowledge	<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>
System-Based Practice	<p>Discussion of cases at multidisciplinary meetings and tumor boards</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</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>discuss therapy plan, anticipation 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 nurses, APRNs, PAs, and ancillary staff Establishment of rapport with patients despite a busy clinical setting	Skills in communicating complex treatment plans and “bad news” to patients and families, in the context of outpatient clinical encounters	Communicate effectively with referring physicians regarding complete consultative evaluation
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Fellows Scholarly Research Activities

At the end of the first year, the fellow must have formulated ideas and an outline for a scholarly research project under the guidance of a faculty mentor. 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 must 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, and also 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 laboratory 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 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 of our trainees choose clinical research to for their research requirement. A program in public health (leading to a MPH) is also available at UCHC for those interested. Through the GCRC (General 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 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

Expectations by Year of Fellowship and Milestone Competencies

	PGY-5	PGY-6 (All PGY-5 expectations plus the following additional skills listed below)
System-Based Practice	<p>Successful completion of an IRB application</p> <p>Understand privacy issues as it pertains to research subjects</p>	<p>Evaluate your results in the context of larger medical systems</p> <p>Suggest future work and needs in your identified area</p>
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</p>	<p>Understand issues related to research ethics and vulnerable subject populations</p>

	research mentor to ensure you are meeting expectations	
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: Jessica Clement, MD

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: BBQ/cookout at faculty member’s homes, Happy Hours & Dinners, Fellow Breakfast/Brunch in West Hartford Center, Dave and Busters night..

Opportunities also exist for combined social activities with the other Fellowship Programs at UCONN Health

For issues regarding counseling and psychological support please consult the link provided below:

https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/04/policy_book.pdf

Additional Program Requirement

Bone Marrow Transplant

The program must provide at least one month of clinical experience in autologous and allogeneic bone marrow/stem cell transplantation. For fellows following the clinical track, two months is recommended – one month in the inpatient setting and one month in the outpatient clinic. At the present time, a rotation in this clinical experience does not exist at UCONN, Hartford, or St. Francis.

As a result, this is a mandatory away rotation and fellows must spend a 1-month rotation at another institution for their transplant experience. Again we recommend a 2-month experience for those on a clinical tract: only 1 month is required. It is important as you approach the second 18 months of research/elective that you determine what months you would like to go and where.

We have standing Program Letter of Agreement with:

- Yale New Haven Cancer Center

If a fellow is interested in doing a transplant rotation at a site other than those listed above, they may initiate an agreement with another site.

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, which can be accessed at:

https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/04/policy_book.pdf

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

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.

Moonlighting

Moonlighting (extra credit) is allowed for PGY-5 and PGY-6 fellows at John Dempsey Hospital at UCONN and 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.

Vacation and Time off Requests

Advanced notice is required with the minimum requirements.

Six (6) weeks' notice to miss an outpatient clinic rotation (this is the time required as a grace period for patients whose appointments are being bumped)-once time away is approved by your program director, you must notify your site (director and administrative coordinator) of your time away as well as your clinic supervisor.

Three (3) months' notice to miss a week during any clinical rotation (UCONN, Hartford, or St. Francis.) Once time away is approved by your program director, you must notify your site (director and administrative coordinator) of your time away as well as your clinic supervisor.

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

Major Holidays

Fellows can have the day off unless they are on call. If there hospital has a holiday the fellow 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 holiday call at all three training sites.

The 6 federally recognized holidays are:

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

Time off for Interviews in Third Year

Senior Fellows are allowed 5 days for interviewing at the discretion of the program director.

HuskyCT (formerly known as “BlackBoard”)

<https://lms.uconn.edu/>

HuskyCT is an online portal which contains the rotation schedule, curriculum information, a repository of PowerPoint presentations from the faculty lectures, and downloadable forms.

You will be giving Logon/Password instructions during orientation.

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.

This is the location where you will keep and maintain your professional portfolio (list of patients, list of 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. It will be updated monthly (i.e. after each meeting with your Site Director)

Meetings with Program Director/Associate Program Director

Fellow Meetings (which are closed to all faculty, except for the PD/APD occur on a rotating basis (UCONN, Hartford, St. Francis after the regularly-scheduled Tuesday morning fellow conferences). 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 Program Director/APD.

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 prepare upcoming schedules of research/electives to be sure that individual needs and goals of the fellows are being 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.

Assessment and Evaluation

Evaluation of the Program and Faculty, by the Fellows

Monthly, fellows evaluate the program confidentially and in writing using 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 2-month 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.

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.

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 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 (Chair), Site Director, UCHC
Joerg Rathmann, Site Director HH
Sudhahshu Mulay, MBBS, Site Director, SFH
Pragna Kapadia, Key Clinical Faculty, UCHC
Upendra Hegde, Key Clinical Faculty, UCHC
Rawad Elias, Key Clinical Faculty, HH
James Vredenburgh, Key Clinical Faculty, SFH

The Clinical Competency Committee meets quarterly 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 charged 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 program director. 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.

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. 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.
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.
6. **Special circumstances:** Fellows must communicate to the attending physician the following: a) transfer of a patient to ICU, b) admission of a patient with complex problems; c) change in code status; d) hospital discharge. This will enable a conversation to ensure adequate level of supervision in these settings.

Levels of Supervision

Appropriate supervision of residents must be available at all times. Levels of supervision may vary depending on circumstances or skill and experience of the resident. Definitions of levels of supervision are:

Direct Supervision:

The supervising physician is physically present with both the resident and patient.

Indirect 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 the care has been delivered.

Supervising Physician: The supervising physician is a faculty member.

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. The Fellow is required to promptly call the on- call/supervising attending physician for

- any admission of patient to the hospital
- 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.

Sign-out rounds will occur in a designated conference room at each site/or by video or telephone communication and distractions kept to a minimum. Sign-outs must be given in both **written and verbal** forms, and time should be allowed for the receiving party to **ask questions** regarding each patient signed-out to them. Each fellow is responsible for maintaining an updated written sign out on each of their patients through each hospital's specific sign-out/hand-off mechanism (in EPIC.)

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
- Allergies
- Code Status

Anticipated problems should be communicated in an **“if, then”** format. For example, **“if Mr. X gets hypertensive overnight, then give him 5mg of IV metoprolol.”**

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.

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.

“SIGNOUT?” Mini CEX	
Instructions: CHECK box if satisfactory	
<input type="checkbox"/> S: Sick/DNR	The patients were presented with sickest first. Code status stated for sick patients.
<input type="checkbox"/> I: Identifying data	Name, age, gender and diagnosis stated.
<input type="checkbox"/> G: General course	Hospital course to date outlined. Emphasis on key clinical/psychosocial issues.
<input type="checkbox"/> N: New events	Key issues of the day communicated including procedures and family discussions.
<input type="checkbox"/> O: Overall health	Current clinical condition of patients stated including abnormalities on vitals/exam.
<input type="checkbox"/> U: Upcoming possibilities	“If-then” statements used when anticipating issues; plan/rationale given.
<input type="checkbox"/> T: Tasks to complete	Overnight tasks to complete with time course and urgency; plan/rationale given.
<input type="checkbox"/> ?: Any questions	Outgoing provider solicits questions from incoming provider.

Strengths:

Areas for Improvement with Improvement Plan:

Overall impression of the ability to effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care:

- Marginal progress towards competence (Needs Remediation)**
- Progressing appropriately towards competence (Needs Improvement)**
- Achieved competence and independence (Meets Expectations)**
- Achieved mastery of competency and independence (Exceeds Expectations)**

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 2- 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 the PGY4/5/6 Heme/Onc fellow 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.

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 Events

“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

A concern is defined as any issue perceived by a fellow or Program Director as needing resolution. Generally, such a matter will not significantly threaten a fellow's intended career development or have the potential of leading to a recommendation of dismissal or non-renewal. Fellow related concerns may be brought to Kathy Mikulak, your Program Director, APD, Dr. Steven Angus, the Resident/Fellow Council or the GME anonymous hotline. If not resolved, the concern may be brought to the Graduate Medical Education (GME) Office staff. The GME Office staff may act as a mediator and intercede for the resident/fellow, so as to try to reconcile differences and resolve the concern in a confidential manner. This is the final step with the GME Office.