## Hematology/Oncology Fellowship Handbook

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Introduction

The Hematology/Oncology Fellowship Program at the University of Connecticut is a multi-hospital, three-year program that seeks to prepare physicians for academic positions or for the practice of clinical hematology and medical oncology. Training for eighteen to twenty-four months of the program emphasizes clinical hematology and oncology with patient rotations at the University of Connecticut Health Center (UCHC), St. Francis Hospital and Medical Center (SFHMC), and Hartford Hospital (HH). Outpatient clinics are held at the UCHC, SFHMC, and HH. During this time, the fellow is responsible for a large number of patients with a variety of hematologic and oncologic disorders and has a major role in the instruction of residents and medical students who are rotating on hematology/oncology electives. The UCHC operates a federally funded Comprehensive Hemophilia Treatment Center where the fellows will gain expertise in the management and diagnosis of coagulation and thrombotic disorders. Other multi-disciplinary clinics include those for patients with Head and Neck Cancers, Gastrointestinal Cancers, Melanoma and Breast Cancers.

During the required eighteen months of clinical time, the fellow will spend blocks of three months rotating at either UCHC, SFHMC or HH (see below for descriptions at each site). The fellow will also have at least one longitudinal clinic which spans the entire three years of the program.

The remainder of the program is quite flexible and is developed according to the individual’s specific career goals. A variety of electives are offered including study in hematopathology, radiation oncology, transfusion medicine, cancer genetics, women’s health, bone marrow transplantation, and hospice/end of life care. The fellows are also required to participate in clinical or laboratory research in addition to quality improvement projects.

Individuals who wish to pursue research experience in anticipation of an academic career may select to work with one of a number of different faculty. There are multiple faculty members performing research in cancer and hematology. Areas of special interest include immunotherapy of cancer, angiogenesis, molecular biology and genetics of cancer, gene microarray analysis, proteomics and coagulation.

The multi-hospital basis for this program is strengthened by the close working affiliation of the 150-bed University Hospital, which is an integral part of the University of Connecticut School of Medicine and Health Center with St. Francis Hospital and Medical Center, a 500-bed voluntary hospital, and Hartford Hospital's 600-bed facility. The faculty at these hospitals are all active participants in the training program.

In addition to the regular schedule of clinics, in-patient rounds and consultations, all of the fellows participate in a series of “core” conferences (see below) held at the University of Connecticut and other hospitals.

Most participants in this program will have completed three years of house-staff training in Internal Medicine and all are required to have passed parts I, II, and III of the USLME. The salary level is that of the Graduate Education Program of the University of Connecticut Health Center.
## Contact Information

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Mission

The Division of Hematology/Oncology is charged with the education and development of individuals 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 and malignant hematology and oncology in a multidisciplinary care setting. It will also focus on the development of interpersonal skills, professionalism, quality improvement and systems-based medicine.

Fellow’s Responsibilities

• Attendance at all division conferences including the “Core Conferences” at UCHC and any other institution specific divisional conferences (e.g. Tumor Board).

• Fellows will present topics at Journal club and will present at least on Seminar per year. Seminar topics should be reviewed with the faculty member at least three weeks prior or the conference. The seminar will be a formal presentation with slides/and or overheads.

• All procedures should be logged and documented.

• Patient logs should be kept.

• Fellows will present patients at Tuesday morning clinical conference. These presentations should be concise yet complete with respect to pertinent hematology-oncology information. Pathology slides, peripheral smears, bone marrows, and x-rays, when appropriate should be shown. A brief (less than 5 minutes) literature review on clinical issue related to the presentation should be given.

• Fellows will take call, on average, one weekend out of the month and five weeknights per month. During this time, fellows will receive and return phone calls and consult with the attending physician as appropriate. Fellows will admit or supervise the admission of patients with the guidance of a faculty member. Fellows will round on all hospitalized patients under the supervision of an attending physician.

• Fellows will be expected to teach medical residents, students, physician assistants, and nurses both formally and informally.

• Fellows will be expected to participate in a self-directed educational project (basic or clinical research, curriculum development, etc.) in addition to quality improvement projects throughout the fellowship period.

University of Connecticut Health Center
Site Director: Jessica Clement, MD

• Fellows are responsible overseeing the inpatient and consult service. The responsibilities entail assigning admissions to the resident or APRN on service and overseeing all patient care for those admitted to the service. Fellows are also responsible for performing inpatient consults or overseeing a resident assigned to the consult and then presenting to the appropriate attending.
• Fellows are responsible for assuming responsibility for the care of patients on the hematology-oncology service and rounding in multi-disciplinary team rounds. It is expected that the fellow will round on all the in-patients and consults prior to attending rounds. Appropriate information (x-rays, lab values, etc.) should be reviewed when possible prior to attending rounds and a preliminary note should be written. When fellow has an afternoon clinic it may be necessary for the fellow and attending to round together but whenever possible it is preferable that the fellow see and evaluate the patients prior to attending rounds. All orders for chemotherapy must be approved and countersigned by the attending.

• The fellow will see patients for emergent care in the ER or Cancer Center as time allows.

**St. Francis Hospital and Medical Center**  
**Site Director: Richard Edwards, MD**

• Fellows are responsible for the consult service. Responsibilities include seeing and evaluating patients in a timely fashion, following patients daily (when appropriate), teaching residents and medical students. In addition, selected “private” patients on the hematology-oncology service will be followed by the fellow. The fellow may be asked to evaluate emergency patients in the ED or out-patient clinic as needed.

• All pertinent information should be reviewed and preliminary note written prior to daily rounds with the attending. All orders for chemotherapy must be approved and countersigned by the attending.

• Fellows are responsible for discharge dictation on all patients that they discharge from the hospital as well as follow-up on patients they see in the Cancer Center.

**Hartford Hospital**  
**Site Director: Jeffrey Baker, MD**

• Fellows will spend three-month blocks either in the offices of Oncology Associates located in the Helen and Harry Gray Cancer Center or those of Connecticut Multispecialty Group.

• Although fellows will not be responsible for a hospital service per se, it is expected that they will continue to follow and evaluate those in-patients for whom they have provided an initial consult, no matter who the attending of record may be.

• In the out-patient setting, the fellow will report to an assigned attending each day that he/she is in the office. This attending is responsible for assigning appropriate patients to the fellow for assessment and discussion. These patients may fall into the categories of routine follow-up, new out-patient or in-patient consultations. It is expected the attending will provide some form of didactic summation at the end of the workday.

• Appropriate information (x-rays, lab values, etc.) should be reviewed when possible prior to the presentation of the patient to the attending and a preliminary note should be written. All orders for chemotherapy must be approved and countersigned by the attending.

• The fellow will see patients for emergent care in the ER or Cancer Center as time allows.
Goals and Objectives

University of CT Health Center, PGY 4 and PGY 5

Educational Purpose

The fellow will demonstrate progressive competency in the care of hospitalized patients with cancer and blood disorders with:

- Adequate patient assessment and management plans
- Ongoing self-assessment
- Integration of a multi-disciplinary and systems-based approach to patient care
- Excellent communication with patients, families and staff
- A professional demeanor

Teaching Methods

- Fellows will spend three month rotations at UCHC.
- Fellows are responsible for assuming primary responsibility for the care of patients on the hematology/oncology service and rounding daily on those patients. Communication with other members of the multi-disciplinary team is crucial and expected to occur at regular intervals (e.g. daily with APRNs, patient nurses, social worker, case manager, nutritionist, residents/students and attending).
- Fellows will write chemotherapy orders on patients in the hospital with attending supervision. All orders for chemotherapy must be approved and countersigned by the attending.
- Fellows are responsible for seeing or assigning to residents/students on the service all new hematology/oncology consults and presenting the case to the responsible faculty member.
- Fellows are responsible to follow consults in the hospital as appropriate.
- The fellows will see patients for emergent care in the ER or Cancer Center as time allows.
- Pathology specimens of inpatient encounters will be reviewed with pathologists.
- When appropriate, presentations at tumor boards and clinical conferences on inpatients will be presented by the fellow.
- Present findings to attending physician for critique and feedback. Communicate under attending supervision with patients and their families medical information, therapeutic recommendations and discussion of prognosis.
- Perform medical literature reviews on the diagnoses and conditions of patients seen and provide a summary to the attending physician.
- Present cases of interest for education purposes to multi-disciplinary conferences and resident report.

Mix of Diseases, Patient Characteristics and Types of Clinical Encounters

Patients commonly seen in the inpatient hematology-oncology ward include (but not limited to) the following: patients with acute leukemia, high grade lymphomas and others patients requiring complicated in patient 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 variety of hematologic and oncologic problems.
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

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

Procedures

- Bone marrow aspiration and biopsy
- Lumbar puncture and accessing of Ommaya reservoir 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.

Rotation-Specific Competency Based Goals and Objectives

Patient Care

- Develop accurate history taking, particularly as it pertains to natural history of cancer and blood disorders.
- Develop physical examination skills necessary to follow treatment effects, diagnose diseases in this subspecialty and identify toxicities of therapy.
- Construct a reasonable and thorough differential diagnosis
- Utilize efficient and cost-effective laboratory evaluation to substantiate a diagnosis or follow treatment effects
- Formulate with faculty guidance a management plan including administration of chemotherapy, pain control, immunosuppressive therapy, anticoagulation therapy and transfusion management
- Care for patients at end of life
- With faculty and physician extenders, learn to manage complicated chemotherapy regimens including the ability to write and review complex inpatient and outpatient chemotherapy orders.
Medical Knowledge

- Develop an appropriate knowledge base for this subspecialty (see ASH and ASCO curricula)
- Develop the ability to understand and manage complex hematologic and oncologic diseases usually cared for in hospital such as acute leukemia, sickle cell crisis, patients receiving complex chemotherapy and problems associated with complications of therapy such as neutropenic fever, mucositis, diarrhea and dehydration.
- Develop the ability to understand and manage complex hematologic and oncologic diseases usually cared for in the ambulatory setting such as cancers of the breast, colon, lung, prostate, anemias, bleeding and clotting disorders and hematologic malignancies
- Understand the principles behind acute pain management and end of life care

Practice and Learning Improvement

- Develop the ability to assess and improve one’s skills; recognize the need for guidance and supervision
- Develop the ability to access and use advances in new technology related to medicine and molecular diagnostics and therapeutic
- Maintain timely, legible and functional medical records
- Become fluent with electronic medical record reporting and review
- Become fluent with computerized literature searches and the major electronic resources for hematology and oncology

Interpersonal and Communication Skills

- Develop the ability to build a trusting relationship between patient and family in the settings of acute illness, complications of treatment, near end of life and chronic disease management
- Develop a model of shared decision making with the patient and appropriate family members/significant others
- Develop an appropriate doctor-patient encounter by allowing the patient to complete an opening statement, eliciting a detailed set of patient concerns and establishing and maintaining a personal connection
- Gather appropriate information by the use of open ended and closed ended questions, structuring, clarifying and summarizing information and actively listening using verbal and non-verbal techniques.
- Understanding the patient's perspective on serious illness
- Sharing information with the patient by using language the patient can understand, checking for the patient’s understanding and encouraging questions
- Reach agreement about the patient’s problems and the doctor’s plans by encouraging patient participation in decisions, checking patient willingness to follow plans and identifying resources and supports
- Develop appropriate time management in an inpatient or ambulatory patient encounter
- Provide appropriate closure to the clinical encounter by asking if there are other questions or concerns, discuss plans for follow up and summarize the plan
- Use of interpreter services when indicated

Professionalism

- Be truthful with patients and peers
- Be accountable to patients and colleagues
- Treat people with respect and compassion
• Adhere to the best interests of the patients
• Work cooperatively and communicate effectively with other staff (physician extenders, nurses, social workers, medical assistants, nutritionists, physical therapists, etc.) to achieve common patient care interests

**Systems-Based Practice**

• Efficiently access and utilize resources to provide comprehensive and effective care for patients. Resources include consultants, nutritionists, social workers, pastoral care workers, hospice care givers, nurses and others
• Understand the utility of electronic medical record, patient order sets, flow sheets, etc.
St. Francis Hospital and Medical Center, PGY 4 and PGY 5

Educational Purpose

The fellow will demonstrate progressive competency in the care of hospitalized patients and ambulatory patients with cancer and blood disorders with:
- Adequate patient assessment and management plans
- Ongoing self-assessment
- Integration of a multi-disciplinary and systems-based approach to patient care
- Excellent communication with patients, families and staff
- A professional demeanor

Teaching Methods

This rotation will be focused on both the care of inpatients with cancer and blood disorders and the ambulatory care of patients with cancer and blood disorders.

- The fellows will spend blocks of three months at SFHMC. The first 6 weeks of each block will be spent primarily on the inpatient and consult service while the second 6 weeks will be spent primarily in the Cancer Center dealing with the care of ambulatory Hematology and Oncology patients.

Responsibilities on the Inpatient Block:

- On the inpatient block, the fellows will be responsible for the inpatient care of patients on the hematology-oncology service. The fellow will round each day with the hematology/oncology attending and will interview and examine all patients on the inpatient hematology/oncology service.
- The fellow will lead the discussion of each patient at the daily inpatient hematology/oncology clinical conference. This conference takes place from 10:30 to 12:00 each day and is attended by each patient's primary nurse, the hematology/oncology social worker, the clinical pharmacist assigned to the hematology/oncology floor, the head nurse, the clinical dietician and the physician extenders assigned to the inpatient service.
- The fellow will determine the orders to be entered for each patient and the orders will be entered into the order system by the fellow or the physician extender.
- All chemotherapy orders must be approved and countersigned by the attending
- The fellow will also participate in the inpatient consult service and will present consults to an assigned attending on the hematology/oncology consult service.
- The fellow will dictate appropriate notes and enter orders. All chemotherapy orders must be countersigned by the attending.
- The fellow will take calls from the nurses or extenders on the inpatient service and will remain on the inpatient floor in the afternoon to deal with new problems that may involve the patients on the inpatient service.

Responsibilities on the Ambulatory Block:

- During the 6 week ambulatory care block, the fellow develops a schedule which will assign him/her to an assigned attending in the hematology/oncology outpatient area for each half day during the week. Each of the attendings has a specific area of interest in Hematology or Oncology and the schedule will be adjusted to provide an appropriate exposure to all areas of Hematology/Oncology. The fellow will be assigned appropriate patients for clinical assessment and discussion. These may be patients returning for routine follow up evaluations or new patients with cancer or blood disorders.
• The fellow will dictate appropriate notes and enter orders. All chemotherapy orders must be countersigned by the attending.
• In both blocks, the fellow will be expected to participate in and present at the tumor conferences held each week at St. Francis Hospital and Medical Center.

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

The fellow will see a full range of disorders normally cared for by hematologists and medical oncologists. This will include disorders of the blood (benign and malignant) as well as disorders of so called “solid tumors”. Patients will be demographically and ethnically diverse and will be of both genders. Clinical encounters will encompass the patient who is hospitalized for a variety of reasons (e.g. complex chemotherapy, complication of chemotherapy, pain management, sickle cell disease, end of life care, etc.) and patients in the ambulatory area at the Cancer Center at St. Francis Hospital and Medical Center.

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.
• Fellows will serve in a supervisory role for the inpatient service and will be expected (with appropriate supervision and experience) to be involved with all major decisions on hospitalized patients.

Procedures

• Bone marrow aspiration and biopsy
• Lumbar puncture and accessing of Ommaya reservoir 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.

Rotation-Specific Competency Based Goals and Objectives

Patient Care

• Develop accurate history taking, particularly as it pertains to natural history of cancer and blood disorders. Develop physical examination skills necessary to follow
treatment effects, diagnose diseases in this subspecialty and identify toxicities of therapy.

- Construct a reasonable and thorough differential diagnosis
- Utilize efficient and cost-effective laboratory evaluation to substantiate a diagnosis or follow treatment effects
- Formulate with faculty guidance a management plan including administration of chemotherapy, pain control, immunosuppressive therapy, anticoagulation therapy and transfusion management
- Care for patients at end of life
- With faculty and physician extenders, learn to manage complicated chemotherapy regimens including the ability to write and review complex inpatient and outpatient chemotherapy orders.

Medical Knowledge

- Develop an appropriate knowledge base for this subspecialty (see ASH and ASCO curricula)
- Develop the ability to understand and manage complex hematologic and oncologic diseases usually cared for in hospital such as acute leukemia, sickle cell crisis, patients receiving complex chemotherapy and problems associated with complications of therapy such as neutropenic fever, mucositis, diarrhea and dehydration.
- Develop the ability to understand and manage complex hematologic and oncologic diseases usually cared for in the ambulatory setting such as cancers of the breast, colon, lung, prostate, anemias, bleeding and clotting disorders and hematologic malignancies
- Understand the principles behind acute pain management and end of life care

Practice and Learning Improvement

- Develop the ability to assess and improve one’s skills; recognize the need for guidance and supervision
- Develop the ability to access and use advances in new technology related to medicine and molecular diagnostics and therapeutic
- Maintain timely, legible and functional medical records
- Become fluent with electronic medical record reporting and review
- Become fluent with computerized literature searches and the major electronic resources for hematology and oncology

Interpersonal and Communication Skills

- Develop the ability to build a trusting relationship between patient and family in the settings of acute illness, complications of treatment, near end of life and chronic disease management
- Develop a model of shared decision making with the patient and appropriate family members/significant others
- Develop an appropriate doctor-patient encounter by allowing the patient to complete an opening statement, eliciting a detailed set of patient concerns and establishing and maintaining a personal connection
- Gather appropriate information by the use of open ended and closed ended questions, structuring, clarifying and summarizing information and actively listening using verbal and non-verbal techniques.
- Understanding the patient’s perspective on serious illness
- Sharing information with the patient by using language the patient can understand, checking for the patient’s understanding and encouraging questions
• Reach agreement about the patient’s problems and the doctor’s plans by encouraging patient participation in decisions, checking patient willingness to follow plans and identifying resources and supports
• Develop appropriate time management in an inpatient or ambulatory patient encounter
• Provide appropriate closure to the clinical encounter by asking if there are other questions or concerns, discuss plans for follow up and summarize the plan

Professionalism

• Be truthful with patients and peers
• Be accountable to patients and colleagues
• Treat people with respect and compassion
• Adhere to the best interests of the patients
• Work cooperatively and communicate effectively with other staff (physician extenders, nurses, social workers, medical assistants, nutritionists, physical therapists, etc.) to achieve common patient care interests

Systems-Based Practice

• Efficiently access and utilize resources to provide comprehensive and effective care for patients. Resources include consultants, nutritionists, social workers, pastoral care workers, hospice care givers, nurses and others
• Understand the utility of electronic medical record, patient order sets, flow sheets, etc.

Specific Competency Level for PGY-5 (Fellowship Year 2)

• At the end of the second year of fellowship training, the fellow should have obtained a refined knowledge of solid tumors such as GI cancers (esophageal, pancreatic, liver, gastric, colon, rectum, and anus), head and neck cancers, lung cancers, sarcomas, brain tumors, melanomas, breast cancer, prostate cancer, bladder cancer, kidney cancer, testicular cancer and penile cancer.
• The fellow should have also gained a detailed knowledge and understanding of benign and malignant hematologic disorders including leukemia, lymphoproliferative disorders, multiple myeloma, myelodysplasia, myeloproliferative disorders, hypoproliferative cytopenias, immune-mediated anemia and thrombocytopenia, sickle cell disease and other hemoglobinopathies, abnormalities of iron metabolism, and disorders of hemostasis and thrombosis.
• Each year the fellows’ knowledge should increase so that by the end of the second year, the knowledge obtained should be adequate to allow the fellow to care for patients independently and successfully pass the written certification exams.
• By the end of the 2nd year of fellowship a fellow should be able to independently arrive at an accurate diagnosis, implement a reasonable management plan including the administration of oral, intravenous and intrathecal chemotherapy, pain control, immunosuppressive therapy, anticoagulation therapy, and transfusion management. The fellow should also have a thorough understanding of the pharmacology of the therapies employed.
• During the second year of fellowship training, the fellow will participate in the development of patient care guidelines with the goal of reducing the frequency of errors in the care of ambulatory patients.
Hartford Hospital, PGY 4

Educational Purpose

The objective of this rotation is to provide fellows with an experience that is primarily focused on the ambulatory care of patients with cancer and blood disorders. The fellows will spend a three-month period of time in the Helen and Harry Gray Cancer Center at Hartford Hospital or with the Hematology/Oncology division of Connecticut Multispecialty Group. The hematologist/oncologists at Hartford Hospital have each developed interest and expertise in specific subtypes of malignancies or benign hematologic disorders. The fellow will be assigned to each of the attending physicians on a rotational basis and, under the faculty supervision, will provide comprehensive hematologic and oncologic care to outpatients with a variety of illnesses. The fellow will also perform inpatient consultation for selected patients who will require follow-up care in the cancer center.

Teaching Methods

- Provide, under attending physician supervision, clinical consultation and follow-up care for patients with malignant disorders and benign hematologic conditions. The attending physician will critique and provide feedback to the fellow during each clinical encounter.
- Present findings to attending physician for critique and feedback.
- Communicate under attending supervision with patients and their families medical information, therapeutic recommendations and discussion of prognosis.
- Perform medical literature reviews on the diagnoses and conditions of patients seen and provide a summary to the attending physician.
- Present cases of interest for education purposes to multi-disciplinary conference.
- Gain experience and facility with the use of electronic medical records.

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

Patients seen in these clinics represent the entire spectrum of solid and hematologic malignancies as well as benign hematologic disorders. Attending physicians have gained expertise in specific subspecialties of oncologic disorders: sarcoma and melanoma; leukemia and lymphoma; upper and lower gastrointestinal malignancies; breast cancer; lung and head and neck cancers; male genitourinary malignancies; gynecologic malignancies; primary cancers of the central nervous system. Benign hematologic disorders include hypoproliferative cytopenias; hemoglobinopathies; immune-mediated cytopenias, bone marrow failure syndromes; inherited and acquired disorders of coagulation (except hemophilia which is treated at John Dempsey Hospital/UCHC). Under the supervision of an attending physician, the fellows provide initial new patient consultations and follow-up care to patients in the hematology/oncology offices.

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**

- 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.
- Fellows will attend and present cases at weekly multi-disciplinary tumor boards at Hartford Hospital in the fields of neuro-oncology, thoracic oncology, breast cancer, gastrointestinal oncology, hematologic oncology, surgical oncology and gynecological oncology.
- All procedures and ordering of chemotherapy will be performed with the appropriate supervision of an attending physician.

**Procedures**

- Bone marrow aspiration and biopsy
- Lumbar puncture and accessing of Ommaya reservoir 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.

**Rotation-Specific Competency Based Goals and Objectives**

**Patient Care**

- At the completion of the ambulatory rotation at Hartford Hospital the fellow will have gained skill, precision, efficiency and accuracy in performing new patient evaluations and follow-up visits. These will include the collection of historical information and the performance of physical exams with a focus on those aspects of the history and physical exam that relate to cancer and blood disorders. The fellow will be expected to formulate a comprehensive assessment and compile a reasonably complete differential diagnosis. The fellow should be able to outline a plan for further diagnostic testing and management.
- At the completion of this rotation the fellow will have developed the ability to synthesize data and produce accurate and succinct written subspecialty evaluations and recommendations for further management.
- With the completion of the ambulatory rotation at Hartford Hospital, the fellow will have gained skill, precision, efficiency and accuracy in the ongoing care of patients with cancer or blood disorders. This will include the writing of chemotherapy orders, administration of treatments, performing procedures, managing complications of disease and side effects of therapy, and providing compassionate and effective supportive care for patients and their families, including care at the end of life.
Medical Knowledge

- During the ambulatory rotation at Hartford Hospital, the fellow will expand and refine his or her knowledge base in the fields of hematology and medical oncology. The breadth and depth of this knowledge is outlined in the curricula of the American Society of Hematology and the American Society of Clinical Oncology.
- The fellow will develop the ability to understand and manage complex hematologic and oncologic diseases that are usually cared for in the outpatient setting. The fellow will also learn to recognize when the efficacy of outpatient care has reached its limits and that inpatient care is necessary.
- Through the ambulatory rotation at Hartford Hospital the fellow will gain the ability to weigh the risks and benefits of ongoing therapy and to effectively communicate this information to the patient and family. The fellow will understand the principles of acute pain management psychosocial support of the patient and aid with the transition to care at the end of life.

Interpersonal Relations and Communication Skills

- Through this rotation the fellow will enhance his/her knowledge, ability, and experience in the multidisciplinary planning of care and in the effective communication with the multidisciplinary care team.
- At the completion of this rotation the fellow will have gained greater experience and skill in supervising and teaching medical trainees and in communicating diagnostic conclusions and management recommendation to referring physicians of all disciplines.
- With the completion of this rotation the fellow will have gained a greater competency in the written documentation of historical details, findings of physical exam, results of diagnostic studies, review of differential diagnoses, and a comprehensive summary of diagnosis and management recommendations.
- At the completion of this rotation, the fellow will have gained greater skill and experience in communication with patients and their families particularly in discussing clinical assessment and management recommendations.
- With the completion of this rotation, the fellow will have gained greater experience and skill in providing emotional support to patient and family with an emphasis on compassion and respectful, professional behavior.

Professionalism

- With the completion of this rotation, the fellow will have gained greater experience in serving as a resource to the family for clarifying questions and developing a management plan in which each family member and the patient understands their roles.
- Through this rotation, with attending physician supervision and feedback, a fellow will demonstrate respect, honestly, compassion and integrity in all aspects of the relations with the health care team and the patients and their families.
- In completing this rotation the fellow will gain an improved understanding of the importance of maintaining confidentiality and a strict code of ethics.

Practice-Based Learning and Improvement

- The fellow will engage in self-directed reading and learning about issues that are involved in the daily assessment patient care and management.
• With the completion of the ambulatory rotation at Hartford Hospital, the fellow will increasingly be able to find and apply information from the medical literature to the diagnostic plan and management plan.
• At the completion of this rotation the fellow will have gained greater facility in the utilization of electronic records and online medical information resources and be able to provide educational materials to patients and their families.

**Systems-Based Practice**

• Efficiently access and utilize resources to provide comprehensive and effective care for patients. Resources include consultants, nutritionists, social workers, pastoral care workers, hospice care givers, nurses and others
• Understand the utility of electronic medical record, patient order sets, flow sheets, etc.

**Specific Competency Level for PGY 4 (Fellowship Year 1)**

• At the end of the first year of fellowship training, the fellow should have obtained a general knowledge of solid tumors such as GI cancers (esophageal, pancreatic, liver, gastric, colon, rectum, and anus), head and neck cancers, lung cancers, brain tumors, sarcomas, melanomas, breast cancer, prostate cancer, bladder cancer, kidney cancer, testicular cancer and penile cancer.
• The fellow should have also gained a general knowledge and understanding of benign and malignant hematologic disorders including leukemia, lymphoproliferative disorders, multiple myeloma, myelodysplasia, myeloproliferative neoplasms, hypoproliferative cytopenias, immune-mediated anemia and thrombocytopenia, sickle cell disease, abnormalities of iron metabolism, and disorders of hemostasis and thrombosis.
• By the end of the first year fellows should be experienced in the performance and interpretation of the procedures pertinent to the initial evaluation of and ongoing management of patients with the aforementioned hematologic and oncologic disorders. Minimal supervision should be required.
• By the end of the first year of fellowship, a fellow should be able to complete chemotherapy orders with therapy ordered with the correct dosages, routes of administration and pre-medications to minimize the risk of treatment-related toxicity with minimal supervision.
Hartford Hospital, PGY 5

Educational Purpose

The objective of this rotation is to provide fellows with an experience that is primarily focused on the ambulatory care of patients with cancer and blood disorders. The fellows will spend a three month period of time in the Helen and Harry Gray Cancer Center at Hartford Hospital or with the Hematology/Oncology division of Connecticut Multispecialty Group. The hematologist/oncologists at Hartford Hospital have each developed interest and expertise in specific subtypes of malignancies or benign hematologic disorders. The fellow will be assigned to each of the attending physicians on a rotational basis and, under the faculty supervision, will provide comprehensive hematologic and oncologic care to outpatients with a variety of illnesses. The fellow will also perform inpatient consultation for selected patients who will require follow-up care in the cancer center.

Teaching Methods

- Provide, under attending physician supervision, clinical consultation and follow-up care for patients with malignant disorders and benign hematologic conditions. The attending physician will critique and provide feedback to the fellow during each clinical encounter.
- Present findings to attending physician for critique and feedback.
- Communicate under attending supervision with patients and their families medical information, therapeutic recommendations and discussion of prognosis.
- Perform medical literature reviews on the diagnoses and conditions of patients seen and provide a summary to the attending physician.
- Present cases of interest for education purposes to multi-disciplinary conference.
- Gain experience and facility with the use of electronic medical records.

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

Patients seen in these clinics represent the entire spectrum of solid and hematologic malignancies as well as benign hematologic disorders. Attending physicians have gained expertise in specific subspecialties of oncologic disorders: sarcoma and melanoma; leukemia and lymphoma; upper and lower gastrointestinal malignancies; breast cancer; lung and head and neck cancers; male genitourinary malignancies; gynecologic malignancies; primary cancers of the central nervous system. Benign hematologic disorders include hypoproliferative cytopenias; hemoglobinopathies; immune - mediated cytopenias, bone marrow failure syndromes; inherited and acquired disorders of coagulation (except hemophilia which is treated at John Dempsey Hospital). Under the supervision of an attending physician, the fellows provide initial new patient consultations and follow-up care to patients in the hematology/oncology offices.

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

- 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.
- Fellows will attend and present cases at weekly multi-disciplinary tumor boards at Hartford Hospital in the fields of neuro-oncology, thoracic oncology, breast cancer, gastrointestinal oncology, hematologic oncology, surgical oncology and gynecological oncology.
- All procedures and ordering of chemotherapy will be performed with the appropriate supervision of an attending physician.

Fellows are supervised directly by the Hematology and Medical Oncology attending physicians. During all clinics 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 fellows’ interactions with consultants, nurses, and supportive care services. As the fellows’ 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.

Procedures

- Bone marrow aspiration and biopsy
- Lumbar puncture and accessing of Ommaya reservoir with the administration of 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.

Rotation-Specific Competency Based Goals and Objectives

Patient Care

- At the completion of the ambulatory rotation at Hartford Hospital the fellow will have gained skill, precision, efficiency and accuracy in performing new patient evaluations and follow-up visits. These will include the collection of historical information and the performance of physical exams with a focus on those aspects of the history and physical exam that relate to cancer and blood disorders. The fellow will be expected to formulate a comprehensive assessment and compile a reasonably complete differential diagnosis. The fellow should be able to outline a plan for further diagnostic testing and management.
At the completion of this rotation the fellow will have developed the ability to synthesize data and produce accurate and succinct written subspecialty evaluations and recommendations for further management.

With the completion of the ambulatory rotation at Hartford Hospital, the fellow will have gained skill, precision, efficiency and accuracy in the ongoing care of patients with cancer or blood disorders. This will include the writing of chemotherapy orders, administration of treatments, performing procedures, managing complications of disease and side effects of therapy, and providing compassionate and effective supportive care for patients and their families, including care at the end of life.

Medical Knowledge

During the ambulatory rotation at Hartford Hospital, the fellow will expand and refine his or her knowledge base in the fields of hematology and medical oncology. The breadth and depth of this knowledge is outlined in the curricula of the American Society of Hematology and the American Society of Clinical Oncology.

The fellow will develop the ability to understand and manage complex hematologic and oncologic diseases that are usually cared for in the outpatient setting. The fellow will also learn to recognize when the efficacy of outpatient care has reached its limits and that inpatient care is necessary.

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Interpersonal Relations and Communication Skills

Through this rotation the fellow will enhance his/her knowledge, ability, and experience in the multidisciplinary planning of care and in the effective communication with the multidisciplinary care team.

At the completion of this rotation the fellow will have gained greater experience and skill in supervising and teaching medical trainees and in communicating diagnostic conclusions and management recommendation to referring physicians of all disciplines.

With the completion of this rotation the fellow will have gained a greater competency in the written documentation of historical details, findings of physical exam, results of diagnostic studies, review of differential diagnoses, and a comprehensive summary of diagnosis and management recommendations.

At the completion of this rotation, the fellow will have gained greater skill and experience in communication with patients and their families particularly in discussing clinical assessment and management recommendations.

With the completion of this rotation, the fellow will have gained greater experience and skill in providing emotional support to patient and family with an emphasis on compassion and respectful, professional behavior.

Professionalism

With the completion of this rotation, the fellow will have gained greater experience in serving as a resource to the family for clarifying questions and developing a management plan in which each family member and the patient understands their roles.
• Through this rotation, with attending physician supervision and feedback, a fellow will demonstrate respect, honestly, compassion and integrity in all aspects of the relations with the health care team and the patients and their families.
• In completing this rotation the fellow will gain an improved understanding of the importance of maintaining confidentiality and a strict code of ethics.

Practice-Based Learning and Improvement

• The fellow will engage in self-directed reading and learning about issues that are involved in the daily assessment patient care and management.
• With the completion of the ambulatory rotation at Hartford Hospital, the fellow will increasingly be able to find and apply information from the medical literature to the diagnostic plan and management plan.
• At the completion of this rotation the fellow will have gained greater facility in the utilization of electronic records and online medical information resources and be able to provide educational materials to patients and their families.

Systems-Based Practice

• Efficiently access and utilize resources to provide comprehensive and effective care for patients. Resources include consultants, nutritionists, social workers, pastoral care workers, hospice care givers, nurses and others
• Understand the utility of electronic medical record, patient order sets, flow sheets, etc.

Specific Competency Level for PGY-5 (Fellowship year 2)

• At the end of the second year of fellowship training, the fellow should have obtained a refined knowledge of solid tumors such as GI cancers (esophageal, pancreatic, liver, gastric, colon, rectum and anus), head and neck cancers, lung cancers, sarcomas, brain tumors, melanomas, breast cancer, prostate cancer, bladder cancer, kidney cancer, testicular cancer and penile cancer.
• The fellow should have also gained a detailed knowledge and understanding of benign and malignant hematologic disorders including leukemia, lymphoproliferative disorders, multiple myeloma, myelodysplasia, myeloproliferative disorders, hypoproliferative cytopenias, immune-mediated anemia and thrombocytopenia, sickle cell disease, abnormalities of iron metabolism and disorders of hemostasis and thrombosis.
• Each year the fellows’ knowledge should increase so that, by the end of the second year, the knowledge obtained should be adequate to allow the fellow to care for patients independently and successfully pass the written certification exams.
• By the end of the second year of fellowship a fellow should be able to independently arrive at an accurate diagnosis, implement a reasonable management plan, including the administration of chemotherapy, pain control, immunosuppressive therapy, anticoagulation therapy and transfusion management.
• The fellows should also have a thorough understanding of the pharmacology of the therapies employed.
• During the second year of fellowship training, the fellow will participate in the development of patient care guidelines with the goal of reducing the frequency of errors in the care of ambulatory patients.
Scholarly Research Project

At the end of the first year or into the beginning of the second year, the fellow must have formulated a scholarly research project under the guidance of a faculty mentor. The proposed research plan must be submitted to the program director for approval. By the end of the third year the fellow must have completed their scholarly research project under the guidance of a faculty mentor. This must be submitted in written form to the Fellowship Director and the results be presented at a Friday conference.

The fellows are strongly encouraged to attend a series of lectures on study design, data management and the IRB process presented by UCHC’s IRB Staff.

Fellows must submit a progress report detailing topic of research, research mentor, IRB approval status (if required), date collection, data analysis and timeline for completion at the semi-annual evaluation meeting.

In addition, fellows will participate in scholarly activities such as peer reviewed publications. Our expectation is that the fellow has 1 before they graduate. This may include QI projects, case reports and research publications.
Electives

- Hematopathology
- Radiation Oncology
- Transfusion Medicine
- Cancer Genetics
- Hospice and End-of-Life Care
- Women’s Health
- Bone Marrow Transplantation
- Gynecologic Oncology

All clinical trainees in Hematology-Oncology are encouraged to pursue their interests in laboratory-based research or clinical research at some time during the fellowship program. Those candidates 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 the Health Center. 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. Those candidates with a primary interest in clinical activities will be encouraged to develop focused involvement in clinical research projects. A program in public health (leading to a MPH) is also available at UCHC. Through the GCRC (General Clinical Research Center) an abbreviated course in “Clinical Research” conducted in the evening is also available.

Conferences

Hematology/Oncology Weekly Clinical Rounds
Tuesdays, 7:30 am

Fellows are required to attend this conference which rotates between St. Francis Hospital, UCHC and Hartford Hospital. The fellow or attending will present several recent patients with diagnostic or medical problems and obtain opinions on these cases form as many faculty members as possible.

Journal Club
Fridays, 7:30am

In this conference, fellows and attending are assigned dates during the year at which time they will present recent articles of interest to the hematologist or oncologist.

Program Director Meeting
One Friday per month, 8:30am

One hour meeting with the program director. Multiple topics will be discussed including an overall assessment of the program from the fellows’ perspective, professionalism, interactions with pharmaceutical companies, evidence based medicine, program changes and directions.

Teaching/Research Conference
Fridays, 7:30am

These sessions are given by outside speakers, or faculty and fellows presenting clinical or research reviews. Topics in transfusion medicine, hemostasis & thrombosis, benign hematology, and medical oncology are routinely discussed. The 3rd Wednesday of the month is the University of Connecticut Cancer Seminar Series sponsored by the LEA Foundation.
Saint Francis Hospital Conferences

Weekly Patient Conference  
Mondays, 8:00am

This conference is run by the attending physician and/or fellow on-call the prior weekend. While patients are in the hospital, pertinent events which have occurred over the weekend will be reviewed and discussed, and management plans for the week are suggested to the consultative team. Input is requested from oncology nursing, pastoral care and nutritional counselors where appropriate.

Weekly Patient Conference  
Wednesdays, 8:00 am

In this conference all the new patients seen in the preceding week will be discussed. Emphasis will be on management issues.

Tumor Board Conference  
Tuesdays, 12:00

This conference is presented jointly by the Section of Hematology/Oncology and the Department of Radiation Oncology and the Department of Surgery. This is a patient oriented multidisciplinary conference. Patients are presented by the surgical house-staff or hematology/oncology consultation team to the attending who include representatives from the Department of Radiation Therapy, Surgery, Section of Hematology/Oncology and other health care professionals concerned with the management of oncologic disorders. The discussions are clinically oriented and stress the proper diagnostic evaluation of the patient, follow-up and management plans.
Hartford Hospital Conferences
Multidisciplinary Tumor Board
Thursdays, 7:30 am

UCHC Hospital Conferences
Multidisciplinary Tumor Board
1st Wednesday, 12:00 noon

Patient Care Meeting
Fridays, 12:45-2:00 pm
Patients in hospital and selected new clinic patients will be discussed. This is a multidisciplinary conference attended by nurses, social worker, case manager, residents/students/fellows, attending physicians and dental staff.

GU, GI and GYN-Onc Tumor Boards - Posted
Tumor Immunology Seminar Series - Posted
Health Stream Courses

Each Hematology/Oncology fellow is required to complete Health Stream courses yearly. Select courses are mandated by the GME office to be completed yearly. Without completion of these courses, fellows will not be able to receive their diploma upon graduation. Health Stream courses are completed on-line.

### INSTITUTIONAL CURRICULUM REQUIREMENTS

#### REQUIRED ANNUAL HEALTH STREAM COURSES

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<th>ANNUAL COURSES:</th>
<th>Year 1</th>
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<td>Standard Precautions: Blood borne pathogens and other potentially infectious materials (PA)</td>
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<td>HIPAA (PA)</td>
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<td>Sleep Loss and Fatigue (PA)</td>
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#### INSTITUTIONAL CURRICULUM REQUIREMENTS

#### REQUIRED GRADUATION HEALTH STREAM COURSES

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<td>Adverse Events (PA)</td>
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<td>Cultural Competence: Background and Benefits (PA)</td>
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<td>Cultural Competence: Providing culturally competent care (PA)</td>
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<td>End of Life Care (PA)</td>
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<td>Introduction to Performance Improvement (PA)</td>
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<td>Patient Restraint and Seclusion in the Acute-Care Setting (PA)</td>
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<td>Moderate Sedation / Analgesia (Conscious Sedation) (PA)</td>
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<td>Medical Ethics (PA)</td>
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<td><em>Residents as Teachers</em></td>
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*PowerPoint and Course Attestation available on Blackboard: Organizations>Hematology/Oncology Fellowship>Fellowship Information>Required Health Stream Courses>Health Stream Courses Info*
Evaluation

Policy for Fellows/Faculty Evaluation

- All evaluations will be completed electronically on "My Evaluations.com". Evaluations are viewable immediately after submission by the program director and fellow who is evaluated.

- During the trainees’ fellowship a quarterly evaluation will be required from each rotation site. This should be a composite evaluation, when appropriate, or completed by the attending physician primarily responsible for the fellow during the evaluation period. The hospitals where the fellows report to are: University of Connecticut Health Center John Dempsey Hospital, St. Francis Hospital & Medical Center, and Hartford Hospital.

- An evaluation during each elective will be completed by the attending responsible for the elective (composite evaluation when appropriate).

- Every 3 months during the clinical rotation, the trainee will receive and evaluation form. They will evaluate the overall workload, faculty supervision, quality of clinical material, level of teaching, adequacy of the work environment, and also be encouraged to provide additional comments.

- The trainees’ performance at their longitudinal clinics will be evaluated quarterly by the attending primarily responsible for the clinic.

- After completion of each one year of fellowship the fellows will complete a contact faculty evaluation form. Among other things, they will evaluate attending teaching style, teaching content, effectiveness as a role model, lecture quality, and overall effectiveness as a faculty mentor.

- A faculty evaluation will be completed for each three months of fellowship research activity. The faculty mentor will be responsible for completing this evaluation form.

- The Fellowship Program Director meet with all trainees at least twice yearly to discuss his/her evaluations and educational and career goals.

- Members of the Curriculum committee meet regularly to discuss the overall activity of the fellows, their evaluations, and the educational and career goals.

- Curriculum committee meetings can be called more frequently (at the discretion of the program director) to discuss poor evaluations.

- If a fellow is considered to be doing poorly, the program director will speak with him/her immediately and initiate a remediation program. This will be tailored to the individual needs of the fellow. For instance, if patient interaction deficiencies have been noted, the fellow will be supervised and critiqued by a faculty member during those interactions. Additional training with the Clinical Skills Assessment Program at UCHC would also be considered. Policies on Promotion, Probation, Suspension, or Termination will follow those described in the university policy.

- If a faculty member receives poor evaluations, the program director and/or division/section chief will address the issue and initiate remediation.
The fellows are carefully supervised by a member of our attending staff who makes rounds daily and provides instruction in bone marrow aspiration and biopsy techniques and interpretation, principles and practice of chemotherapy and supportive care, as well as other aspects of the management of cancer patients and those with hematological disorders. Pertinent recent literature is reviewed in depth and the importance of entering patients responsibly, both on the in-patient service and in the clinics.

All laboratory and clinical research endeavors are closely supervised by the mentor(s) chosen by the fellow with the assistance from the program director and other members of the division.

All procedures must be logged in the “Documentation Log for Hematology-Oncology Procedures”. Fellows should also keep a log of their patient encounters to ensure that they are seeing a broad range of hematologic and oncologic disorders.

The fellowship program director frequently consults with each fellow in preparing their schedule to ensure that their individual needs are met.
Stipends

Educational Resource Allowance

Residents and fellows are provided financial support for educational resources during their University of Connecticut sponsored residency/fellowship. Educational resources include items such as books, journal subscriptions, online educational materials, laptops, tablets, and smart phones. This allowance may also be used to support educational travel as a supplement to the financial support outlined in the Educational Travel section of this policy book. Items purchased with this allowance must be used for the purpose of furthering the resident/fellow’s education as it relates to their training program.

Residents/fellows are provided with the following in financial support for educational resources annually:

<table>
<thead>
<tr>
<th>PGY Level</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>$250</td>
</tr>
<tr>
<td>PGY2</td>
<td>$500</td>
</tr>
<tr>
<td>PGY3+</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Unused funds do not carryover from year to year. The date by which returning residents/fellows must submit a request for reimbursement is specified by their respective programs. This date may be no later than May 31st of the academic year. Please note that graduating residents must submit a request for reimbursement no later than April 1st of the graduating year.

All requests for reimbursement of educational resources must be approved by the resident/fellow’s program administration.

Residents/fellows should not pay for educational resources until they receive final approval from their program administration. In the event that a resident or fellow has paid for educational resources and final approval is not granted, the resident or fellow will not be reimbursed.

The Director of GME Finance will provide oversight regarding the appropriate use of the Educational Resource Allowance.
**Educational Travel**

Residents and fellows are provided financial support for travel to an educational conference pertinent to their specialty. All travel to educational conferences must be approved by the resident/fellow’s Program Director. Residency/fellowship programs may have a listing of conferences that are appropriate for residents/fellows to attend. Residents/fellows should refer to their individual program manuals for further information.

Once approved by the resident/fellow’s Program Director, final approval is required by the Director of GME Finance.

Residents and fellows should not pay for conference registration, transportation or accommodations until they receive final approval. In the event that a resident or fellow has paid for educational conference registration, transportation or accommodations and final approval is not granted, the resident or fellow will not be reimbursed.

The financial support available for educational travel is as follows:

Interns/Residents: Up to $2,000 will be supported **during residency** from the training program’s budget.

Fellows: Up to $2,000 will be supported **per year** from the training program’s budget.

Additional funding up to a maximum of $2000 during residency/fellowship may be approved if a resident/fellow is presenting as a primary author at an educational conference. Such funding also requires approval by the resident/fellow’s Program Director and the Director of GME Finance as outlined above.

International educational conference travel will be considered for financial support on a case by case basis. Such funding also requires approval by the resident/fellow’s Program Director and the Director of GME Finance as outlined above.

Approved 3/12
Policies and Work Environment

Duty Hours

Duty hours and call are the same at all 3 institutions fellows rotate through.

1. Duty hours are limited to 80 hours averaged over a four week period. The way the schedule is currently built, the fellow takes 5 nights of weekday call and one weekend per month. With the current schedule, no one should exceed the above duty hour requirements. Home call does NOT count towards duty hours.

2. There is no in house call, all coverage is from home. Fellows will come to the hospital on an as needed basis which will then be added to their duty hours.

3. Weekend coverage requires inpatient evaluation and review with direct supervision by attending staff of all inpatients and consults on the services.

4. All moonlighting or extra credit rotations must be approved by the PD or Associate PD as these hours are counted in duty hour requirements which cannot be exceeded.

Sleep Loss and Fatigue

Faculty and fellows are educated to recognize the signs of fatigue and sleep deprivation and have adopted the above policies to prevent and counteract these potential negative effects on patient care and learning.

In the unusual event of a late-night in-house consult, the fellow has the option of sleeping at the hospital overnight. The Hematology/Oncology fellow should contact the bed control nurse at the hospital to arrange sleeping arrangements. Time thus arranged does not count towards the cap of work duty hours.

Moonlighting and Extra-Credit Rotations

The Hematology/Oncology Fellowship Program follows the institutional policies on Moonlighting and Extra-Credit Rotations stated in the "Personnel Policies & Procedures for Residents & Fellows" from the Capital Area Health Consortium and University of Connecticut School of Medicine and Affiliated Hospitals. The policies are summarized below. Please refer to the GME office for the most current regulations regarding moonlighting and extra credit rotations. First year fellows are not permitted to moonlight or participate in extra-credit rotations.

Moonlighting (clinical activities outside of the UConn / affiliated hospital system):

1. All fellows must have a State of Connecticut license in order to moonlight (see exception under “extra credit” rotations).

2. All fellows who wish to moonlight must have the written permission of the Program Director prior to participating in any and all moonlighting activities. This applies regardless of the moonlighting site (i.e., internal or external to any sites used for training by UConn fellowship programs).
Extra Credit Rotations (moonlighting within the UConn and affiliated hospitals system)

1. Fellows who wish to participate in "extra credit" rotations must have written permission from the Program Director prior to participating in any and all such rotations. All "extra credit" rotations are done in UConn-affiliated institutions, and these institutions are the same ones used by our program.

2. Fellows’ time spent on "extra credit" rotations is counted toward that fellow’s weekly duty hours.

3. An attending physician from our program evaluates the fellows for their activities while on the "extra credit" rotation. The evaluation is in writing, and a copy is placed in the resident’s file. Each rotation has a separate evaluation.

Night Call Room

UCHC
If a room is needed, the nursing supervisor is called and she will supply a room.

HH
Room 312 on South 5 (2 rooms with 1 bed each and a private shower) is available to fellows rotating on the Oncology Associates service or with the CT Multispecialty Group. Obtain key from Dr. Jeff Baker or Dr. Madhavi Gorusu. (Educational Resource Center also has rooms on an as needed basis).

SFH
TBD
Policy Regarding Electronic Signature for Medical Records

**Purpose:**
To facilitate the usage of electronic signatures for medical records throughout the clinical operations of the Health Center.

**Policy Statement:**
Electronic signature, an automated function which replaces a handwritten signature with a system generated signature statement, will be utilized for medical records as a means for authentication of transcribed documents, computer generated documents and/or electronic entries. System generated electronic signatures are considered legally binding as a means to identify the author of medical record entries and confirm that the contents are what the author intended. Providers will be allowed to utilize electronic signature in accordance with this policy and State and Federal regulations regarding such.

**Procedure:**

1. **APPROVAL -** All electronic signature applications must be approved for use by the Health Information Management Committee with further approval by the Health Center’s governing body as needed.

2. **ELECTRONIC SIGNATURES ALLOWED –** The following types of electronic signatures can be utilized:
   - Electronic signature statement (digital signature)
   - Digitized signature (actual signature converted to electronic image)

   If the application allows auto-authentication or auto-signatures this functionality is prohibited. The author of the entry will be required to review/validate the entry prior to applying electronic or digitized signature.

3. **SECURITY**
   A. Confidentiality statement – Any provider authorized to utilize electronic signature will be required to sign a statement attesting that he or she is the only one who has access to his/her signature codes, that the electronic signature will be legally binding and that passwords and/or PIN numbers will not be shared (see Exhibit A).

   B. Confidentiality statements will be obtained by the following departments for users of systems that allow electronic signatures:

      Medical Staff Office – Will maintain confidentiality statements on file for the following credentialed providers:
      - Attending Physicians and Dentists
      - Affiliated Physicians and Dentists
      - Physician Assistants
      - APRN Staff
      - CRNA Staff
      - Perfusionists

      Residency Offices – Will maintain confidentiality statements for all residents and fellows.

      Human Resources will maintain confidentiality statements for the following:
- RN/LPN Staff
- Medical Assisting Staff
- Other clinical staff as needed

C. Passwords - All users will have their own user ID and password. Passwords must be at least six characters long and include at least one number or symbol. Passwords will expire every 90 days and must be reset. They cannot be repeated for at least five cycles.

D. Personal Identification Numbers (PIN)/ Secondary Passwords – PIN numbers and/or secondary passwords will be assigned when possible for use with electronic signatures to allow for another level of security.

PIN numbers or secondary passwords are not viewable on any screen.

E. Before assigning the unique user name the system administrator shall verify the user (see HIPAA Security Manual – Access Control section for each applicable system).

F. Providers who use electronic signature based upon the use of user IDs and passwords as described in this policy, shall use additional controls to ensure the security and integrity of each user’s electronic signature:

1) Follow loss management procedures to electronically deauthorize lost, stolen, missing or otherwise compromised documents or devices that bear or generate identification code or password information and use suitable, rigorous controls to issue temporary or permanent replacements.

2) Use safeguards to prevent the unauthorized use or attempted use of passwords and/or identification codes; and

3) Test or use only tested devices, such as tokens or cards that bear or generate identification code or password information to ensure that they function properly and have not been altered.

4. USAGE OF ELECTRONIC SIGNATURE

A. Electric signatures can be utilized within many clinical applications including, but not limited to:

- Radiology
- Anatomic Pathology
- Clinical Laboratory
- Dermatopathology
- Computerized Physician Order Entry (CPOE)
- Health Information Management (eHIMS)
- NextGen
- OR SIS
- Emergency Department
- Cardiopulmonary
- OB
- Medication Reconciliation
- Discharge Planning
Providers are required to review their entries for completeness and accuracy prior to electronically signing them.

B. Providers are required to review their entries for completeness and accuracy prior to electronically signing them.

C. Once an entry has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this will be done by means of addendum to the original entry. The addendum should also be signed electronically and date/time stamped.

D. The signature line of a document signed electronically will include either a digitized signature and/or a signature statement with the authenticator’s name and date the document or entry was signed, time of authentication will also be provided depending on the system’s capabilities. This will depend upon how each individual system is set up to handle electronic signature.

E. System specific standards and procedures for usage may vary from system to system and it will be required that any department who utilizes electronic signature must establish and maintain system specific procedures for its use.

F. Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Health Information Management Committee. Sanctions will be imposed if deemed necessary.

5. AUDITING ELECTRONIC SIGNATURE

Providers must use a secure, computer-generated, time-stamped audit trail that records independently the date and time of user entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for a period at least as long as that required for the medical record and shall be made available as needed upon request.

Elena Albini (signed) 12/21/09

________________________  ___________________
Director of Health Information Management  Date

Cato T. Laurencin (signed) 12/21/09

________________________  ___________________
Vice President for Health Affairs  Date

NEW POLICY: May 5, 2006
Revised: July 21, 2009
Confidentiality Statement / User Agreement

By signing this document, I agree that if I am a user of any electronic signature system or become one in the future, I will not under any circumstances release my user identification code or password to anyone or allow anyone to access or alter information using my identity.

Further, I understand that any electronic signature system I may use is intended to be the legally binding equivalent of my traditional handwritten signature.

Name (Print): _____________________________________

Signature: _____________________________ Date: ___________

Signed statements will be kept on file in the designated departments as outlined in the Policy on Electronic Signature for Medical Records (2006-05).

Originated: 5/12/06
Revised: 6/30/2009
Supervision Policy

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: intrathecal chemotherapy administration, bone marrow aspirate and biopsy, tumor measurements, interpretation of blood smears and review of bone marrow samples, familiarity with phoresis, and accessing chemotherapy ports.

4. Chemotherapy writing: all chemotherapy orders will be managed with either direct supervision (example, PGY-4) or indirect supervision with direct supervision immediately available or with indirect supervision with direct supervision available (PGY-5,6). Although orders can be written independently, they are all reviewed, at all levels of training, by the Supervising MD and signed before any chemotherapy administration.

5. Overnight call: The fellows will be supervised in the same way as described in the ambulatory clinic and hospital settings. See on call supervision under On Call section for specifics of supervision related to phone call coverage.

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

To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision:

**Direct Supervision:**
The supervising physician is physically present with the resident and patient.

**Indirect Supervision:**
With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Handoff/Patient Sign-Out Policy (UCHC)

**New Patient Admissions:**

**Business hours:**
When patients are admitted to the inpatient hematology-oncology service from the clinic or ED, the inpatient fellow is contacted and provided a verbal sign out on the patient. If the patient is arriving through the clinic, the admitting provider will also provide a brief written summary of the patient’s active issues requiring inpatient care. This written summary will be placed in the “Resident Handoff” application in LCR, or if the patient has not yet been assigned a bed and is not in LCR, via email.

**Overnight admissions:**
The on-call provider will be contacted regarding admissions to the team overnight. Patients admitted via the MOD/resident will then be presented at morning sign out rounds at 7am Monday-Saturday which the hematology-oncology resident on service will attend. The on-service fellow will then review the patient with the resident. The resident on service will be required to enter the patient information in the “Resident Handoff” program.

**Weekend Sign Out:**
Formal sign-out rounds are held every Friday from 1-2pm. All inpatients 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. Final summaries and recommendations for plan of care will be entered in the “Resident Handoff”

**Transferring Off Service:**
At the end of the fellow’s 3 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 “Resident Handoff”. When scheduling allows, the fellow coming on service should attend the formal Friday sign out rounds at 1pm just prior to picking up the service.
“Resident Handoff”
The link is found in LCR by entering a patient’s record. Once you click on a patient’s name, a tab will be found in the headings on the left. It is located under “Display Death Note”

Direct Link to Sign in:
https://home2.uchc.edu/ResidentHandoff/Account/Login.aspx?ReturnUrl=%2fresident handoff

Handoff/Patient Sign-Out Policy (HH)

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 private practice model.

Weekend Handover – Attendings at HH round on their own patients during the week. Over the weekend, the attending on-call will cover all the inpatients admitted to the Heme/Onc service. The weekend attending will receive a sign-out from the group and inform the PGY 4/5/6 fellow taking call for the weekend. 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. Patients consulted on during the week, along with a description of their active Heme/Onc problems and issues that may arise over the weekend are also signed out. Physician extenders in the Cancer Center will provide sign-out to the PGY 4/5/6 fellow on-call 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 - The weekend attending and the PGY4/5/6 fellow or physician extender that worked the weekend will sign out each patient seen over the weekend to the respective individual attending for the week. Significant telephone contacts with patients that occurred over the weekend will also be discussed with the respective attending(s).

Weekday Evening Handover – A list of all patients followed by the Heme/Onc service is available on the hospital website. Attendings or extenders 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 extender on call the previous night will contact the on-call attending to sign out any significant issues that occurred overnight. The extender 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.

Handoff/Patient Sign-Out Policy (SFH)

Handover Policy at St Francis Hospital

Weekend Handover – The inpatient attending, the physician extender or the PGY4/5/6 Heme/Onc fellow on the inpatient service will provide sign out to the extender 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 physician extenders 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 or physician extender 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 PGY 4/5 or extended will discuss significant telephone contacts with patients that occurred over the weekend.

**Weekday Evening Handover** - At 4 PM every weekday, the inpatient attending, inpatient PGY 4/5/6 fellow or physician extender responsible for the inpatient Heme/Onc service will sign out to the PGY 4/5/6 fellow or extender 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 on the hospital web site. Attendings or extenders 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 extender on call the previous night will contact the inpatient attending, physician extender or fellow to sign out any significant issues that occurred over night. The extender or fellow will also contact the attending responsible for any outpatient that either called or came to the emergency department with significant Heme/Onc problems overnight.

**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, the 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

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Compact Between Faculty and Undergraduate and Graduate Medical Trainees

(Adopted from the AAMC guidelines)

Preparation for a career in Medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that embody the doctor/patient relationship and that sustain the profession of Medicine as a moral enterprise. This compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

The teacher-learner relationship between faculty and medical learners - students, residents, and fellows - should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment or exploitation of relationships for personal gain or advantage.

GUIDING PRINCIPLES:

DUTY - Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession’s contemporary standard of care, but also to instill the values and attitudes required for preserving the medical profession’s social contract across generations.

INTEGRITY - The learning environments conducive to conveying professional values must be suffused with integrity. Medical learners gain enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

RESPECT - Fundamental to the ethic of Medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students are always treated respectfully.

COMMITMENTS OF FACULTY - As members of the faculty, we agree to do our utmost to ensure that all components of the educational program for medical learners are of high quality. As mentors for our learner colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff. We respect all learners as individuals without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any medical learner. We recognize that personal wellness is important; therefore we support our learners’ needs to have sufficient time to fulfill personal and family obligations, enjoy recreational activities, and obtain adequate rest. We will nurture both the intellectual and the personal development of our learners. We do not tolerate any abuse or exploitation of medical learners.

COMMITMENTS OF STUDENTS, RESIDENTS, & FELLOWS - We agree to do our best to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty. We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability. We will respect all faculty members and all students as individuals without regard to gender, race, national origin, religion, or sexual orientation. As physicians in training, we embrace the highest standards of the medical profession and will conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff. In fulfilling our own obligations as professionals,
we will assist our fellow students and residents in meeting their professional obligations.

COMMUNICATION BETWEEN FACULTY AND STUDENT - We encourage any medical learner or faculty member who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind. Any documented unprofessional behavior will be referred to the appropriate Department Chair/Education Director for further action.

I agree to this Compact.

_______________________________  _________________________
Name (print) and signature Date

___Resident/Fellow

___ Faculty/Attending Physician

_____________________________________
Program/Department
Approved by Education Council: 2/12/06
Reviewed: 6/10
Attire

Patients and colleagues expect fellows to be appropriately and professionally dressed. Appearance should conform to the standards/norms of the setting in which the fellow is working. The UConn/Institution ID badge should be worn and clearly visible for all clinical encounters.

Code of Conduct for Residents and Fellows

Residents should strive for excellence in all aspects of their personal and professional lives. This implies a professional demeanor and conduct in direct patient care and in communication with patients, family members, other healthcare professionals, support staff and the public.

The University of Connecticut School of Medicine and all of its major affiliates have codes of conduct that state that employees are expected to act in a professional, courteous, respectful, and confidential manner. The resident contract states that residents shall abide by all rules, regulations and bylaws of the program, clinical department, and institution in which he or she is assigned. Violating these rules may be a cause for disciplinary action, “up to and including dismissal.” It is, therefore, expected that residents be courteous, respectful, and collaborative.

Conduct that is considered to be in violation of this code includes, but is not limited to, the following:

- Unlawfully distributing, dispensing, selling or offering for sale, possessing, using or being under the influence of alcohol, drugs, or a controlled substance when on the job, or in a position to be called into work, subject to duty; or smelling of alcohol or having the odor of alcohol on the breath.

- Misusing or willfully neglecting property, funds, materials, equipment or supplies from any of the affiliate hospitals or ambulatory sites in which you work.

- Fighting or acting in any manner that endangers the safety of one's self or others.

- Destroying property in any way.

- Stealing or possessing without authority any equipment, tools, materials, or other property of any of the hospitals or ambulatory sites in which you work.

- Refusing to do assigned work or to work.

- Falsifying your attendance record.

- Falsifying institutional or personal records.

- Providing patient care under circumstances of possible physical, mental or emotional lack of fitness that could interfere with the quality of that care.

- Being repeatedly or continuously absent or late, or being absent without notice or reason.

- Conducting one’s self in any manner which is offensive, intimidating, physically threatening, verbally abusive or contrary to common decency or morality.

- Carrying out any form of harassment, including sexual harassment.
• Providing medical advice or information to patients without authorization.

• Providing medical care outside of the scope of the resident permit. This includes writing prescriptions for patients that are not under the resident’s direct care.

• Failing to comply with any of the major affiliates’ confidentiality policies. (HIPAA policy)

• Engaging in activities that violate either the Health Center’s, any of the affiliate hospitals’ or the State of Connecticut’s “Code of Ethics.”

• Gambling or unauthorized solicitation in the workplace.

• Computer abuse, such as, but not limited to, accessing or viewing offensive or pornographic material, misuse of computer accounts, unauthorized destruction of files, creating illegal accounts, possession of or use of unauthorized password, disruptive or annoying behavior on the computer and non-work-related utilization of computer software or hardware.

• Being convicted of a crime.

• Failure to notify Program Director of investigation of any crime (misdemeanor, felony)

• Failure to cooperate or to be truthful in a program-related investigation.

All violations can interfere with the resident’s performance and, therefore, can potentially interfere with meeting expectations and requirements of a resident physician’s job.

Program Directors, faculty, other residents, and any other individual who has contact with resident physicians can report misconduct and notify the Office of Graduate Medical Education staff. If misconduct has occurred, the following corrective discipline options are available and are not appealable:

1. Verbal warning to clarify the standards of acceptable conduct or performance and the possible consequences if the problem is not corrected.

2. Written warning in the form of a letter of concern that states the nature of the misconduct or performance and includes what change is required and the possible consequences if the problem is not corrected.

3. Administrative leave, which could lead to extension of training.
   1. Suspension
   2. Termination of employment

All cases of misconduct should be directed to the Office of Graduate Medical Education.

Rev: 6/10
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. Your program’s policy on communication with their program may require more frequent monitoring of your email account. Please refer to your program's policy. Please refer to the Policy on the Appropriate Use of the Internet and Social Networking Sites regarding communication of Protected Health Information.

9/30/10
GMEC approved 10/05/10
Education Council approved 10/15/10

Blackboard

All residents and fellows are required to monitor and use their Blackboard accounts. Monitoring of the Blackboard account must occur at least weekly to guarantee that changes or updates from the program are reviewed.
Policy on the Appropriate Use of the Internet and Social Networking Sites

Social and business networking Web sites (e.g. My Space, LinkedIn, Facebook, Twitter, Flickr) are increasingly being used for communication by individuals as well as businesses and universities. As such, it has become necessary to outline appropriate individual and University of Connecticut School of Medicine Graduate Medical Education sanctioned use.

Guiding Principles:
1. Privacy and confidentiality between physician and patient is of the utmost importance.
2. Respect among colleagues and co-workers must occur in a multidisciplinary environment.
3. The tone and content of all electronic communication should remain professional.
4. The individual is responsible for the content of his/her own blogs/posts.
5. Material published on the web should be considered permanent.
6. Any information posted on the Internet is public information.
7. All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
9. Internet use must not interfere with the timely completion of job duties.
10. Personal blogging or posting of updates should not be done during work hours or with work computers.
11. It is always inappropriate to “friend” patients on any social networking site or to check patient profiles.
12. Avoid discussing any sensitive, proprietary, confidential, private and PHI or financial information about UCHC or any affiliated hospital.
13. Refrain from posting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding UCHC or any other affiliated hospitals or employees of them.
14. Be aware that you may be held responsible for any personal legal liability imposed for any published content.
15. Social networking sites can be the source of cyber bullying, harassment, stalking, threats or unwanted activity. If you are concerned, you can contact the UCONN-SOM Department of Public Safety (860) 679-2511 or the GME Hotline (860) 679-4353 for assistance.

Patient Information:
Identifiable protected health information (PHI) should NEVER be published on the Internet. This applies even if only the patient is able to identify him/herself from the posted information. Residents must adhere to all HIPAA principles at all times.

Communication Regarding Hospitals or the University
Unauthorized use of University of Connecticut information or logos is prohibited. No phone numbers, e-mail addresses, web addresses or the name of the department or the University of Connecticut School of Medicine may be posted without permission from an authorized departmental individual. For identification purposes, you may list your affiliation with the University of Connecticut School of Medicine.
In all communication where you are listed as being affiliated with the University of Connecticut or Department of the University, a disclaimer must be attached such as: “All opinions and views expressed, in my profile (on my page) are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, residents or students in my department at the University of Connecticut School of Medicine. Neither my department nor the University of Connecticut School of Medicine have approved the material contained in this profile (on this page). I take sole responsibility for this content.”

**Offering Medical Advice**
It is never appropriate to provide medical advice on a social networking site.

**Privacy Settings**
Residents should consider setting privacy at the highest level on all social networking sites.

**Disciplinary Action**
Resident discipline follows the Housestaff Policy on Non-Academic Deficiencies/Misconduct/Allegations of Misconduct. Disciplinary action will be determined by the Program Director and will vary depending on the nature of the policy violation.

1/10
Approved by GMEC 2/10
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 your senior residents, Chief residents, attending faculty and program faculty. 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.
Policy on Interactions Between University of Connecticut School of Medicine Graduate Medical Trainees and The Pharmaceutical, Nutriceutical and Biomedical Industries

Executive Summary

1. Personal gifts from Industry may not be accepted by trainees at any clinical facility in which graduate medical training occurs. Unrestricted educational grants may be provided by industry to training programs, (to Program Director or designee), but not directly to trainees or teaching faculty. Educational materials such as textbooks, pocket books, or PDR may be provided by Industry to training programs (to Program Director or designee) at the Program Director's discretion. Identifying labels such as pharmaceutical inserts or logos must be removed or covered prior to their use with trainees.

2. Sales and marketing representatives are not permitted in any direct patient care areas in which graduate medical education occurs and where protected health information is accessible, with one exception: when providing necessary training on a previously purchased device or a device considered for purchase, and in the presence of teaching faculty. This training must adhere to HIPAA privacy rules.

3. Industry support of trainees must be free of any actual or perceived conflict of interest and must be specifically for the purpose of education.

4. All education events sponsored by University of Connecticut School of Medicine training programs must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded. Meals or other types of food directly funded by Industry may not be provided for trainees.

Unrestricted educational funds may be provided to programs (Program Director or designee) and expended for refreshments at trainee educational sessions. The contributing Industry(ies) can be credited for contributing an unrestricted educational grant for the session.

5. Teaching faculty may accept free drug, nutriceutical, or device samples from industry for distribution to patients by trainees.

Since distribution of sample products to patients may encourage use of costlier products, trainees and teaching faculty should be cautious in distributing such products.

6. Trainees are prohibited from publishing articles under their own names that are written in whole or material part by Industry employees.

7. All trainees must receive training regarding potential conflicts of interest in interactions with Industry.

9/2007
Hematology/Oncology Fellowship Mentoring Program

Research
Each Hematology/Oncology fellow participates in a research project during their fellowship training. During the first year and beginning of second year, fellows and faculty mentor decide on the research project. Fellows are given guidance throughout the process and are expected to present their data in abstract form at an appropriate regional/national meeting. The fellow is expected submit a manuscript to a Journal before the completion of the Hematology/Oncology fellowship training program. Faculty mentors are available at all of our training sites. Additionally, we are encouraging fellows for the 1st year forward to identify a faculty mentor to discuss any ongoing issues with training.

Clinic
Faculty/fellow interaction occurs daily through outpatient and inpatient experiences as well as being available for discussions to clarify issues. Fellows are assigned to specific faculty in the outpatient setting at 3 training sites throughout their fellowship. Fellow involvement in a specific patient's care progresses as the fellow's knowledge and ability increases. Weekly Hematology/Oncology Patient Management Rounds and Hematology/Oncology Teaching Rounds foster discussion of difficult cases as well as Tumor Boards at each institution. Attributes such as empathy, and humanistic qualities needed for medicine are taught in real time with hands on training.
Concern Policy

A concern is defined as any issue perceived by a resident/fellow or Program Director as needing resolution. Generally, such a matter will not significantly threaten a resident’s/fellow’s intended career development or have the potential of leading to a recommendation of dismissal or non-renewal. Resident/fellow related concerns may be brought to the Dr. Susan Tannenbaum, Dr. Jessica Clement, Dr. Steven Angus, Dr. Paul Skolnik, Resident/Fellow Council or 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.

Created 8/11
Revised 2/12
Summary of Leave Benefits

Paid Leave per contract year:

- 3 weeks vacation (1 week=5 week days + 2 weekend days - cannot be carried over)
- Sick days for one’s own illness (cannot be carried over)
- Up to 10 days of accrued sick time may be used for family member’s serious health condition or for birth/adoption of a child
- 90 days for Medical Leave for own disability/illness-with MD letter (all paid sick time and vacation time must be used first)

Unpaid Leave per contract year:

- Personal Leave - with Program Director’s permission - No pay, No benefits
- Personal Leave - without Program Director’s permission - Termination of employment
- Family Leave - with notification - 12/16 weeks - benefits continue for 12 weeks. All accrued sick time must be used first; accrued vacation time does not have to be used first.
- Emergency Leave – No pay, continued benefits

All housestaff must report illness or injury prior to the start of assigned duties on each day of missing work unless other arrangements have been approved by the designated program official.

A physician’s letter may be required for any absence due to illness. A physician’s letter is mandatory after 3 missed work days due to illness or injury.

Tracking Leave

Vacation: Three weeks per year tracked within program. (A week=5 weekdays and 2 weekend days). Time cannot be carried over.

Sick Days: 15 days per year. Program director may require doctor’s note for any days of absence due to illness or injury. A physician’s note is mandatory after 5 work days off due to illness or injury. Sick days may not be used as vacation days. Up to 10 days of accrued sick days may be used to attend to a family member’s serious health condition, or for the birth or adoption of a child.

Extended Medical Leave/Short Term Disability: For serious illness after all sick days and all vacation days used. Reported to GME office and CAHC office. Doctor’s note required. Pay and benefits continue for up to 90 days. NO MORE THAN 90 PAID LEAVE DAYS IN ONE CONTRACT YEAR. Resident must inform program of expected date of return to work and must contact program director regularly (at least monthly) about progress. There must be a written report from the treating physician submitted monthly to the Program Director indicating the resident’s fitness to work unless an end-date has been identified by the treating physician. The report(s) will be forwarded to the GME and CAHC offices.

Family Leave: Must be reported to GME and CAHC offices. Written verification of need required. Return date notification required at least one month ahead of start date. Pay is terminated. Benefits continue for 12 weeks. All sick time must be used first. Accrued vacation does not have to be used first.

Unpaid Leave/Leave of Absence: Report to GME and CAHC offices.
Major Holidays

Fellows can have the day off unless they are on call.

The 6 federally recognized holidays are:

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