



Pediatric Hematology Oncology

Louisiana State University Health Sciences Center and
Children's Hospital of New Orleans

Program Description and Policies and Procedures Manual

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I. Introduction

The current Hematology Oncology Fellowship Employment Manual represents the written agreement between the fellow and the departmental fellowship program at Louisiana State University of Health Sciences Center in New Orleans and Children's Hospital of New Orleans. In accordance with the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Pediatrics, the Fellowship Employment Manual delineates the clinical and research responsibilities of the fellows. The clinical and research curricula and educational program are also included in the manual. As all the fellows are employees of Louisiana State University Health Sciences Center (LSUHSC), the House Officer Manual, <http://lsugme.atlassian.net>, should be referred to for details of the terms and conditions of employment and benefits.

II. Fellowship Program Goals and Objectives

The Pediatric Hematology-Oncology Fellowship offered by the Division of Pediatric Hematology-Oncology of the Department of Pediatrics provides an opportunity to pursue training in clinical Pediatric Hematology-Oncology and in basic science or clinical research. The program goal is to provide for the trainees the opportunity to receive outstanding educational training in order to pursue a career in academic medicine (basic science, clinical research, or clinical education).

The main objective of the LSU Health Sciences Center Pediatric Hematology-Oncology Fellowship program is to help develop the next generation of Pediatric Hematologist-Oncologists who are leaders in the field of Pediatric Hematology-Oncology, whether in clinical or basic science activities. We also aim to:

- To provide the clinical experiences and educational opportunities necessary to build a solid foundation of medical knowledge, critical thinking abilities, literature review, diagnostic acumen and technical skills.
- To provide academic pediatricians the research training and experience to develop careers as physician-scientists.
- To train well-rounded, empathetic clinicians to develop skills in communication and counseling with patients and families.
- To impart to our fellows the skills necessary to become lifelong learners and teachers, develop leadership skills and work effectively with team members.
- To impart to our fellows a sense of responsibility to act as advocates for the health of children and families within our society.
- To expose our fellows to the concept of multi-institutional collaborative research as exemplified by the pediatric oncology cooperative groups and encourage them to become active members of the profession's national societies.
- To prepare future pediatric Hematologists Oncologists for the changes taking place within our health care system including managed care, limitations on resource utilization, and the shift of medical care to ambulatory settings.
- To create pediatric Hematologists Oncologists able to practice the culturally competent medical care necessary in our increasingly diverse population.
- To teach professionalism by mentorship, validating the critical roles of personal ethics, responsibility, respect, compassion, communication, and self-awareness.

- To educate our fellows on current national guidelines and evidence-based recommendations.
- To train in aspects of quality care and understand microsystems and continuous processes to evaluate and determine changes/needs in order to enact and monitor outcomes.
- To provide our training in an environment of respect and support, recognizing that fellowship is a difficult and challenging time in one's life.

The clinical Pediatric Hematology-Oncology program is conducted at the Children's Hospital of New Orleans. The clinical activities at Children's Hospital integrate the 6 core competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based learning) along with the milestones associated with these competencies. The trainee will participate in clinical training, research, and scholarly activities. The training experience includes inpatient services, consultation (inpatient and outpatient), management of hematologic and oncologic diagnosis, hematologic stem cell (HSC) transplantation, and outpatient Hematology-Oncology clinical activities. Our patients are referred from (but not limited to) Louisiana and Mississippi, representing a diverse population. The Division of Pediatric Hematology-Oncology maintains satellite clinics at Baton Rouge and Lake Charles; however, all the clinical and educational activities related to the fellowship program take place at Children's Hospital of New Orleans. The fellows will have the opportunity to pursue research activities at the LSU Health Sciences Center Stanley S. Scott Cancer Center (LSUHSC SSSCC) and Louisiana Cancer Research Consortium (LCRC) as well as the LSUHSC School of Medicine located a short distance from the Children's Hospital Main Campus.

The 36-month curriculum consists of 8-9 months of inpatient rotations, 6-8 outpatient clinics and weekly continuity clinic, 3 months of rotations and electives, and 18 months of research. The fellows have three months of vacation (one per year of training). During the rotations/elective months, fellows may receive additional training and experience in the areas of histopathology, radiation oncology, and blood bank.

Following the three years of training, the trainee will have confidence in evaluating and managing patients with a wide variety of hematological and oncological disorders (including HSC transplantation), and have had extensive training in procedures related to our sub-specialty (bone marrow aspirate and biopsy, lumbar puncture with and without chemotherapy, disease specific-protocols). The trainee will also have:

1. Developed skills to be an effective physician
2. An appreciation of hypothesis driven-scientific investigation
3. Training in critically evaluating the medical literature and in scholarship
4. Complete a research project that he/she can pursue after completion of the fellowship program.

III. Employment Policies and Procedures

A. Policy and Procedure for Fellowship Recruitment and Selection

Fellow Selection

1. First Year Appointments

- a. Eligible applicants shall be selected on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

- b. The Pediatric Hematology Oncology fellowship program participates in the National Resident Matching Program (NRMP). Applications are submitted via the Electronic Residency Application Service (ERAS) one year prior to the starting date (summer prior to July 1 start date of the following year). After the Fall match, late applications will be considered for any unfilled position. One to two accredited positions will be available per year with a total of four to six fellows for the entire program.
- c. The Fellowship Director and Associate Program Directors oversee the selection of first year fellows, with the assistance of the faculty and fellows.
 - 1) The Fellowship Director and Associate Directors, with the assistance of selected faculty and the fellowship coordinator, evaluate the initial applications, letters of recommendation, and personal statements. After review of completed applications, all acceptable applicants are offered interviews.
 - 2) Fellowship candidates invited for an interview spend an entire day at the facility meeting with faculty and fellows. The Fellowship Director and Associate Directors oversee this interview process. There may be one to two applicants being interviewed on the same day.
 - 3) Multiple faculty members, including the Fellowship Director, Associate Fellowship Directors, other Pediatric Hematology Oncology faculty and fellows interview the applicant. Fellows are critical in the interview and evaluation process and spend time with the applicants over lunch, with further discussion and a tour of facility.
 - 4) All interviewees submit written evaluations and scores of the interviewed applicant to the Fellowship Director. These evaluations are reviewed and tallied for the final selection process.
 - 5) Following completion of all interviews for the fellowship year, the selection committee of fellows and faculty, in addition to selected faculty, participate in a final review of each applicant. Evaluations of the applications and interview summaries are reviewed. Acceptable applicants are ranked and submitted per the guidelines of the NRMP.
 - 6) The fellowship program participates in the National Resident Matching Program (NRMP) and as such adheres strictly to the guidelines for enrollment, dates for rank list certification, confidentiality and integrity.
 - 7) After the NRMP rank has been completed, all matched residents are sent letters of confirmation and contracts, by the dates stipulated by the NRMP.
- d. Deferment of appointment is per the discretion of the Fellowship Director.

2. Second- and Third-Year Appointments

- a. Fellows accepted into the Pediatric Hematology/Oncology fellowship program will be provided a length of training sufficient to meet the American Board of Pediatric requirements for certification in Pediatric Hematology and Oncology, unless their performance proves unsatisfactory. Likewise, fellows accepting a position in the training program are expected to stay in the program until completion, though the training program has no obligation to allow continuation from year to year of a

fellow judged to be unsatisfactory.

- b. All fellows are required to give formal notice of their intention **not** to continue in the program at least three months prior to the start of the next academic year. It is otherwise assumed that fellows will continue their training, as long as their performance has not been judged unsatisfactory, and each shall receive individual written letters of appointment two months prior to the end of the academic year.
- c. Each returning fellow will receive an updated copy of the Fellowship Employment Manual in July. This letter shall include the current salary scale for their level of training and set forth the general terms and conditions of employment at Louisiana State University Health Sciences Center.
- d. Deferment of appointment is per the discretion of the Fellowship Director.

B. Letter of Appointment

Fellows matched/accepted into the program will be provided a length of training sufficient to meet the American Board of Pediatric requirements for certification in their subspecialty, unless their performance proves unsatisfactory. Likewise, fellows accepting a position in the training program are expected to stay in the program until completion. The training program has no obligation to allow continuation from year to year of a fellow judged to be unsatisfactory.

- 1) Following completion of all interviews for the fellowship year, the selection committee of fellows and faculty, in addition to selected faculty, participate in a final review of each applicant. Evaluations of the applications and interview summaries are reviewed. Acceptable applicants are ranked and submitted per the guidelines of the NRMP.
- 2) The fellowship program participates in the National Resident Matching Program (NRMP) and as such adheres strictly to the guidelines for enrollment, dates for rank list certification, confidentiality and integrity.
- 3) After the NRMP rank has been completed, all matched residents are sent letters of confirmation and contracts, by the dates stipulated by the NRMP.

C. Clinical Schedules

Yearly Tracks

The Program Director and Associate Directors create the clinical year schedules for each first-year clinical fellow at the start of the new academic year. Consideration is given to input from fellows with respect to vacations or other personal preference (boards) Components of the yearly track are discussed in the overview of the program. The Program Director and the Associate Director also create the second- and third-year schedules.

Monthly Call Schedules

The senior fellows will be responsible for creating and maintaining the fellows' call schedule. Specific scheduling requests made in advance will be considered and accommodated whenever possible. Requirements for coverage with

respect to nights, weekends, and holidays are determined by the Program/Associate Program Director and are generally distributed evenly among all fellows. Any changes or requests after posting are subject to the discretion of the Program Director.

Schedule Changes

All schedule changes in the distributed monthly call schedule or clinical tracks, no matter how minor, must be approved in advance by either the Program or Associate Director. Schedule change approval requires that there be no adverse impact on patient care or other fellows. All steps, including notification of telephone operators, must be followed. Subject to the above, schedule changes will not be unreasonably denied.

Clinical schedule

A separate schedule of clinical assignments for each fellow will be available for view on the Shared OneDrive. This will be created and monitored by the Program, Associate Program Director and the senior fellow, and include dates of participation in continuity clinics, inpatient assignments, inpatient consultation, night and weekend call, and participation in the outpatient sub-specialty clinics including LTFU, comprehensive neuro-oncology, general hematology, hemophilia, sickle cell clinic, etc. Fellows are responsible to ensure changes made less than one month prior to the beginning of the month are communicated and approved by the Program Director and supervising faculty (e.g. continuity clinic mentor, etc.).

D. Fellowship Duty Hours

1. General

Providing fellows with a sound academic and clinical education must be carefully balanced with concerns for patient safety and fellow well-being. Didactic and clinical education has priority in the allotment of fellows' time and energy. Duty hour monitoring assures faculty and fellows collectively have responsibility for the safety and welfare of the patients.

a. Supervision of Fellows

- All patient care must be supervised by qualified faculty. The Program Director must ensure, direct, and document adequate supervision of fellows at all times. In addition to direct supervision, the attending staff serves as a direct back up for clinical duties and medical decision making. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
- Faculty schedules must be structured to provide fellows with continuous supervision and consultation. This clinical schedule is available on the Shared OneDrive and posted in the departmental office. There is always an assigned attending for each fellow clinical assignment (inpatient service, consult service, outpatient clinic, night and weekend call).
- Faculty and fellows must assume a joint responsibility to recognize

signs of fatigue. The Program Director should be immediately notified if the fellow or faculty expresses a concern that the fellow cannot provide competent and safe clinical care or take call due to fatigue. The Program Director will excuse the fellow until he or she is rested, for a minimum of one day, and re-evaluate the situation, in addition to any extenuating circumstances leading to the excessive fatigue (prolonged night call, emotional exhaustion, moonlighting, etc.). The fellow and Program Director will create a plan to prevent such extreme fatigue and interference with clinical duties.

2. Duty Hours

The Pediatric Hematology Oncology Fellowship Program recognizes the importance of duty hour policies that support the physical and emotional well-being of fellows, promote an appropriate educational environment and facilitate patient care. The program fully complies with the general duty hour requirements adopted by the ACGME and any additional requirements of the RRC for Pediatrics. In general, the expected workday for all fellows is from **8am to 5pm**, Monday through Friday, though frequently fellows may work longer hours for patient care or educational activities. Fellows are expected to maintain documentation of Duty Hours and notify the Program Director if the duty hour limits are exceeded.

- Duty hours are defined as all clinical and academic activities related to the fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, research, and scheduled academic activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house **and at-home** call activities. The addition of at home call to this duty hour limit is new as of July 2017. Hematology Oncology fellows are asked to keep track of their hours and alert the Program Director if this limit is exceeded (or preferably in advance of such) as well as observe the spirit of the requirement which is to ensure no fellow too tired is to be taking care of patients.
- Fellows will be provided a minimum of 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24- hour period free from all clinical, educational, and administrative activities. However, fellows may stay an additional 6 hours beyond this time for certain specified circumstances (e.g. providing continuity of patient care or taking advantage of educational opportunities).
- Hematology Oncology fellows work an average of one weekend per 4-5 weeks. This schedule provides each fellow a minimum of 4 days (two weekends) off every 4-5 weeks, or 1-2 days in 7 free from all educational and clinical responsibilities when averaged over a 4-week period. If more than 4 fellows are in the program, call continues to be shared equally and may be less frequent than every 4th night and weekend.

- Adequate time for rest and personal activities will always be provided. This will consist of a minimum 10-hour time period provided between all daily duty periods and after in-house call.

3. On call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period.

- Fellows in the Hematology Oncology program are **not** assigned in-house overnight call responsibilities.
- At-home call (pager call) is defined as call taken from outside Children's Hospital of New Orleans and any participating institutions.
- An attending is also assigned on-call and serves as a back-up for the fellow. Fellows are encouraged to call the attending for any call or situation in which the fellow is uncertain of the advice. Fellows are asked to call the back-up attending for new patients, transfer of patients to the ICU, death of a patient, or if the fellows deem it necessary to come into the hospital after hours to see a patient.
- Hematology Oncology fellows take at-home call (pager call) approximately every 4th week (includes nights and weekends (equally shared between fellows)). If a fellow is ill or unable to participate in the call schedule, the Program Director, Associate Program Director and the Senior Fellow will make a determination of how this call will be covered. Call responsibilities include answering evening phone consultations from home and evaluating new and follow-up consultations in the hospital during the daytime (weekend and holiday) or overnight. Fellows are asked to keep track of the number of phone calls they receive and the number of consults they see. The Program Director works with the fellows to monitor the demands of at-home call and makes schedule adjustments as necessary to mitigate excessive service demands and/or fatigue.
- When fellows are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit. The faculty and Program Director must ensure that, if one of the Pediatric Hematology Oncology fellows has to spend most of the evening and night in the hospital caring for a sick patient, the 24-hour work rule goes into effect. Fellows must also assume responsibility for monitoring of these hours and alert their respective attending if the duty hour limit is met or surpassed. As soon as the fellow finishes basic patient care duty and/or an essential lecture, they are released to go home for the remainder of the day. This close interaction between the attending physicians and fellows to monitor night and week-end call has worked very well and requires continual scrutiny and participation by all involved. Additionally, the Program Director monitors workload with the fellows by periodically checking in personally, especially those on the inpatient service, and those whose night call sign-out appears particularly complex with documentation of long hours in-house or by phone.
- The Monday following a weekend call, the on-call fellow is responsible to send an email to the Pediatric Hematology Group (attendings, fellows and nurse coordinator) highlighting discharges, admissions, consults and items that need to be followed up during the following week.

E. Monitoring

Violations of the duty hour rules can occur if a fellow engages in moonlighting activities, if there is an inadvertent error in the scheduling of on-call weekends, or if fellows trade on-call nights or weekends. Moonlighting is addressed in the next section III. F. In order to prevent violation of duty hour rules resulting from scheduling mistakes or trading of on-call weekends between fellows, the following protocol has been developed:

- A preliminary on-call schedule will be developed with consideration of scheduling requests by fellows. Fellows will be assigned to take call every 4th or 5th week, dependent on the number of fellows in the program (or if a fellow is unable to participate in the call system). This schedule must be reviewed and approved by the Program Director.
- Fellows may request changes to the call schedule such as trading of on-call weekends, but such changes must be reviewed and approved by the Program Director prior to implementation in order to ensure that duty hour limitations are not violated. Fellows must consider the duty hour limitation when making changes in the call schedule and ensure compliance with these policies.
- Prior to finalization and distribution of the on-call schedule each month, the Program or Associate Director will make a final review and approve the schedule to ensure there are no potential violations.
- If scheduling conflicts are such that the fellow is put in a situation that may violate duty hour limitations, then the Program or Associate Program Director or faculty must utilize one of the following options:
 - Instruct the fellow to take mandatory time off during the week to ensure that there is at least 1 day off in 7 days (averaged over a 4-week period); or,
 - Relieve the fellow of on-call duties for the night, holiday or weekend in question so that a violation does not occur. The on-call attending will then assume all call responsibilities without the fellow or an alternate fellow may assume the first call.

1. Policy Ensuring Fellows Have Adequate Rest

In order to ensure fellows, have adequate rest between duty periods and after on-call sessions, we adopt the following policies:

1. Our Duty Hours Policy contains the following relevant language:
 - a. First year fellow should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
 - b. Fellows in the final years of education (second- and third-year fellows) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [newly-

diagnosed patients, critically-ill patients, end-of-life or death of a patient] when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

- c. Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by fellows in their final years of education must be monitored by the program director.

All of this is in the context of the other duty hours requirements.

2. All employees of LSUHSC are under **Chancellor's Memorandum 37** which is the LSHSC Fitness for Duty Policy. This describes the expectations for employees to report to work fit and safe to work. It further defines what are considered unsafe/impaired behaviors, the requirement for self or supervisor referral to the Campus Assistance Program, and what steps are taken thereafter.
3. The institutional Policy of Professionalism and Learning Environment further amplifies the expectations for fellows to be fit for duty and to take it upon themselves to be well rested with the following language:
 - a. Fellows must take personal responsibility for and faculty must model behaviors that promote:
 1. Assurance for fitness of duty.
 2. Assurance of the safety and welfare of patients entrusted in their care.
 3. Management of their time before, during and after clinical assignments.
 - b. Recognition of impairment (e.g. illness or fatigue) in self and peers.
 - c. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
4. The moonlighting policy anticipates potential trouble areas and describes a method for monitoring the effects of moonlighting on fellows.
5. Our alertness management/fatigue mitigation policy and process encourages good sleep hygiene as well as recommending such strategies and pre-call strategies, strategic napping and post-call naps.
6. Foremost our Professionalism and Learning Environment Policy requires faculty to model behaviors that encourage fitness for duty as noted above and our Supervision Policy requires faculty to observe for signs of fatigue especially during transitions.

F. Policy and Procedures

1. Professionalism and Learning Environment

In keeping with the Common Program Requirements effective 7/1/2011, our GME programs wish to ensure:

1. Patients receive safe, quality care in the teaching setting of today.
2. Graduating fellows provide safe, high quality patient care in the unsupervised practice of medicine in the future.
3. Fellows learn professionalism and altruism along with clinical medicine in a humanistic, quality-learning environment.

To that end we recognize that patient safety, quality care, and an excellent learning environment are about much more than duty hours. Therefore, we wish to underscore any policies address all aspects of the learning environment not just duty hours. These include:

1. Professionalism including accepting responsibility for patient safety
2. Alertness management
3. Proper supervision
4. Transitions of care
5. Clinical responsibilities
6. Communication / teamwork

Fellows must take personal responsibility for and faculty must model behaviors that promote:

1. Assurance for fitness of duty
2. Assurance of the safety and welfare of patients entrusted in their care
3. Management of their time before, during, and after clinical assignments
4. Recognition of impairment (e.g. illness or fatigue) in self and peers
5. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

The institution further supports an environment of safety and professionalism by:

1. Providing and monitoring a standard *Transitions Policy* as defined in our Pediatric Hematology-Oncology Fellowship Program Policy and Procedure Manual.
2. Providing and monitoring a standard policy for *Duty Hours* as defined in our Pediatric Hematology-Oncology Fellowship Program Policy and Procedure Manual.
3. Providing and monitoring a standard *Supervision Policy* as defined in our Pediatric Hematology-Oncology Fellowship Program Policy and Procedure Manual.
4. Providing and monitoring a standard master scheduling policy and process in **New Innovations (NI)**.
5. Adopting and institution wide policy that all fellows and faculty must inform patients of their role in the patient's care.
6. Providing and monitoring a policy on *Alertness Management and Fatigue Mitigation* that includes:
 - a. On line modules for faculty and fellows on signs of fatigue.
 - b. Fatigue mitigation, and alertness management including back up call schedules and promotion of strategic napping.
7. Requiring that programs define what situations or conditions require communication with the attending physician.

(Professionalism and Learning Environment policy adopted from ACGME Quality Care and Professionalism Task Force AAMC Teleconference July 14, 2010.)

Process for Implementing Professionalism Policy

The programs and institution will assure effective implementation of the *Professionalism Policy* by the following:

1. Program presentations of this and other policies at program and departmental meetings.

2. Core Modules and/or lectures for faculty and fellows on Professionalism, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and Substance Abuse and Impairment.
3. Required LSBME Orientation.
4. Institutional Fitness for Duty and Drug Free Workplace policies.
5. Institutional *Duty Hours Policy* which adopts *in toto* the ACGME Duty Hours Language.
6. Language added specifically to the Policy and Procedure Manual, the House Officer manual, and the Resident/Fellow Contract regarding Duty Hours Policies and the responsibility for and consequences of not reporting Duty Hours accurately.
7. Comprehensive *Moonlighting Policy* incorporating the new ACGME requirements.
8. Orientation presentations on Professionalism, Transitions, Fatigue Recognition and Mitigation, and Alertness Management.

Monitoring Implementation of the Policy on Professionalism

The program and institution will monitor implementation and effectiveness of the *Professionalism Policy* by the following:

1. Evaluation of fellows and faculty including:
 - a. Daily rounding and observation of the fellow in the patient care setting.
 - b. Evaluation of the fellow's ability to communicate and interact with other members of the health care team by faculty, nurses, patients where applicable, and other members of the team.
 - c. Monthly and semi-annual competency based evaluation of the fellows.
 - d. By the institution in Annual Reviews of Programs and Internal Reviews.
 - e. By successful completion of modules for faculty and fellows on Professionalism, Impairment, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and others and/or actively participating in workshops/lectures.
 - f. Program and Institutional monitoring of duty hours and procedure logging as well as duty hour violations in **New Innovations (NI)**.

2. Policy on Effective Transitions

The transitions policy is created in recognition that multiple studies have shown that transitions of care create the most risk or medical errors (ACGME teleconference July 14, 2010.) In addition to the below specific policies, promotion of patient safety is further ensured by:

1. Provision of complete and accurate rotational schedules in **New Innovations**
2. Presence of a backup call schedule for those cases where a fellow is unable to complete their duties.
3. The ability of any fellows to be able to freely and without fear of retribution report their inability to carry out their clinical responsibilities due to fatigue or other causes.

Policy and Process

Fellows receive educational material on Transitions in Orientation and as a Core Module.

In any instance where care of a patient is transferred to another member of the health care team, an adequate transition must be used. Although transitions may require additional reporting than in this policy, a minimum standard for transitions must include the following information:

1. Demographics
 - a. Name
 - b. Medical Record Number
 - c. Unit/room number
 - d. Age
 - e. Attending physician and phone numbers of covering physician
 - f. Weight
 - g. Gender
 - h. Allergies
 - i. Admit date
2. History and Problem List
 - a. Primary diagnosis(es)
 - b. Chronic problems (pertinent to this admission/shift)
3. Current condition/status
4. System based
 - a. Pertinent Medications and Treatments
 - b. Oral and IV medications
 - c. IV fluids
 - d. Blood products
 - e. Oxygen
 - f. Respiratory therapy interventions
5. Pertinent lab data
6. To do list: Check x-ray, labs, wean treatments—rationale
7. Contingency Planning—What may go wrong and what to do
8. **ANTICIPATE** what will happen to your patient and offer a potential plan/approach.
9. Code status/family situations
 - a. Psychosocial situations and social “stressors”
 - b. Code status, especially recent changes or family discussions

This information is reviewed with the fellows and put into practice during on-call patients' transfer of care. The process by which this information is distributed is via Core Modules and Orientation presentations to fellows and via a Compliance Module and discussions in faculty/fellowship meetings and lectures for faculty. In addition, this information is presented in program/departmental meetings. A template of the patients' list is available to review upon request.

How monitored:

Every Friday the teams (on-call and inpatient attending physicians and fellows) participate in the transition and delivery of patients' care. The PD participates in this process at least once a month. This activity gives the opportunity to the faculty and PD to monitor the transition of care process. The attending physicians are required to answer a question on effectiveness of witnessed transitions on each evaluation. The process and effectiveness of each program's system is monitored through the Annual Program Review and the Internal Review process. The institution and program will monitor this by periodic sampling of transitions, as part of the Annual Review of Programs and as part of the Internal Review Process.

3. Policy on Alertness Management/Fatigue Mitigation Strategies

Policy and Process

Fellows and faculty are educated about alertness management and fatigue mitigation strategies via on line modules and in departmental conferences. Alertness management and fatigue mitigation strategies are outlined and distributed to all fellows and contain the following suggestions:

1. Warning Signs:
 - a. Falling asleep at Conference/Rounds
 - b. Restless, Irritable with staff, colleagues, family
 - c. Rechecking your work constantly
 - d. Difficulty focusing on care of the patient
 - e. Feeling like you “Just Don’t Care”
 - f. Never drive while drowsy
2. SLEEP STRATEGIES FOR HOUSESTAFF
 - a. Pre-call Fellows
 1. Don’t start call with a SLEEP DEFICIT–GET 7-9 ° of sleep
 2. Avoid heavy meals/exercise within 3° of sleep
 3. Avoid stimulants to keep you up
 4. Avoid ETOH to help you sleep
 - b. On-Call Fellows
 1. Tell Chief/PD/Faculty, if too sleepy to work!
 2. Nap whenever you can (> 30 min or < 2°)
 3. BEST circadian window 2PM-5PM & 2AM-5AM
 4. AVOID heavy meal
 5. Strategic consumption of coffee (t ½ 3-7 hours)
 6. Know your own alertness/sleep pattern!
 - c. Post-Call Fellows
 1. Lowest alertness 6AM –11AM after being up all night
 2. Full recovery from sleep deficit takes 2 nights
 3. Take 20 min. nap or cup coffee 30 min before driving

In addition, program will employ back up call schedules as needed in the event a fellow cannot complete an assigned duty period.

How Monitored:

The institution and program monitor successful completion of the online modules. Fellows are encouraged to discuss any issues related to fatigue and alertness with chief fellow, and the program administration. At all transition periods, fellow(s) and faculty will monitor other fellow(s) for signs of fatigue during the hand off. The institution will monitor implementation of this indirectly via monitoring of duty hours violations in New Innovations, the Annual Resident Survey (administered by the institution to all fellows and as part of the annual review of programs) and the Internal Review process.

4. Supervision and Progressive Responsibility Policy

Policy and Process:

Several of the essential elements of supervision are contained in the Policy of Professionalism detailed elsewhere in this document. The specific policies for supervision are as follows.

Faculty Responsibilities for Supervision and Graded Responsibility:

Fellows must be supervised in such a way that they assume progressive responsibility as they advance in their educational program. Progressive responsibility is determined in a number of ways including:

1. The attending physician on service determines what level of autonomy each fellow may have that ensures growth of the fellow and patient safety.
2. The Program Director and attending physicians (including clinical mentor) assess each fellow's level of competence in frequent personal observation and semi-annual review of each fellow.
3. Where applicable progressive responsibility is based on specific milestones (clinical competency based on direct observation and 360 evaluations, teaching of medical students, residents, other member of the team, parents and patients, be promoted to next level)

The expected components of supervision include:

1. Defining educational objectives.
2. The faculty assessing the skill level of the fellow by direct observation.
3. The faculty defines the course of progressive responsibility allowed starting with close supervision and progressing to independence as the skill is mastered.
4. Documentation of supervision by the involved supervising faculty must be customized to the settings based on guidelines for best practice and regulations from the ACGME, JACHO and other regulatory bodies. Documentation should generally include but not be limited to:
 - a. Progress notes in the chart written by or signed by the faculty
 - b. Addendum to fellow's notes where needed
 - c. Counter-signature of notes by faculty
 - d. Medical record entry indicating the name of the supervisory faculty.
5. In addition to close observation, faculty are encouraged to give frequent formative feedback and required to give formal summative written feedback that is competency based and includes evaluation of both professionalism and effectiveness of transitions.

The levels of supervision are defined as follows:

- **Direct Supervision by Faculty**-faculty is physically present with the fellow being supervised.
- **Direct Supervision by Senior Fellow**-same as above but fellow is supervisor.
- **Indirect with Direct Supervision IMMEDIATELY Available-Faculty**-the supervising physician is physically present within the hospital or other site of patient care and is **immediately** available to provide Direct Supervision.
- **Indirect with Direct Supervision IMMEDIATELY Available -Second- and third-year fellow**-same but supervisor is upper level fellow.
- **Indirect with Direct Supervision Available**-the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by

means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

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

A trainee may request the physical presence of an attending at any time and is never to be refused. Any significant change in a patient's condition must be reported immediately to the attending physician. All patients scheduled for discharge must be discussed with the attending prior to the discharge.

Inpatient Services

<i>Fellowship year of training</i>	<i>Direct by faculty</i>	<i>Direct by senior fellow</i>	<i>Indirect but immediately available - faculty</i>	<i>Indirect but immediately available- fellows</i>	<i>Indirect available</i>	<i>Oversight</i>
I	X	X				
II			X	X		
III					X	X

Ambulatory Settings

<i>Fellowship year of training</i>	<i>Direct by faculty</i>	<i>Direct by senior fellow</i>	<i>Indirect but immediately available- faculty</i>	<i>Indirect but immediately available- fellows</i>	<i>Indirect available</i>	<i>Oversight</i>
I	X	X				
II			X	X		
III					X	X

Consult Services

<i>Fellowship year of training</i>	<i>Direct by faculty</i>	<i>Direct by senior fellow</i>	<i>Indirect but immediately available- faculty</i>	<i>Indirect but immediately available- fellows</i>	<i>Indirect available</i>	<i>Oversight</i>
I	X	X				
II			X	X		
III					X	X

Procedures

<i>Fellowship year of training</i>	<i>Direct by faculty</i>	<i>Direct by senior fellow</i>	<i>Indirect but immediately available- faculty</i>	<i>Indirect but immediately available- fellows</i>	<i>Indirect available</i>	<i>Oversight</i>
I	X	X				
II			X	X		
III					X	X

How Monitored:

The institution will monitor implementation of the policies through Annual Review of Programs and Internal Reviews. Furthermore the institution monitors supervision through a series of questions in the Annual Resident Survey. The program will monitor this through feedback from fellows and monitoring by Chief Fellow and Program Director. Supervision will be added to the annual review of programs.

Policy on Mandatory Notification of Faculty

Policy and Process

In certain cases, faculty must be notified of a change in patient status or condition. The table below outlines those instances in which faculty must be called by level/year of training.

Condition	1st year fellow	2nd year fellow	3rd year fellow
Care of complex patient	X	X	X
Transfer to ICU	X	X	X
DNR or other end of life decision	X	X	X
Emergency surgery	X	X	X
Acute drastic change in course	X	X	X
Unanticipated invasive or diagnostic procedure	X	X	X
Newly diagnosed patients	X	X	X

How monitored

Senior (Chief) fellow, faculty, and programs will monitor by checking for proper implementation on daily rounds, morning reports, and other venues as well as solicitation of reports from faculty on lack of appropriate use of the policy. The institution monitors this through direct observation by the attending physician, monitoring of transition of care by fellows, 360 evaluations.

5. Policy on Fellows staying longer than 24+4

Policy and Process

First year fellows' duty periods may be no longer than 16 hours and there are no exceptions allowed. Upper level (second and third) fellows are not allowed to stay longer than 24 hours with 4 hours for transitions. In those rare and extenuating cases where a fellow absolutely must remain after 24+4, the fellow must contact the Program Director for a specific exemption. If that is permitted verbally, then the fellow must communicate by email with the Program Director telling:

1. The patient identifying information for which they are remaining,
2. The specific reason they must remain longer than 24+4 ,
3. Assurance that **all** other patient care matters have been assigned to other members of the team,
4. Assurance that the fellow will not be involved in any other matter than that for which the exemption is allowed and
5. Assurance that the fellow will notify the program director when they are complete and leaving.

In the event that the Program Director does not hear from the fellow in a reasonable time (2 hours), the Program Director or designee will locate the fellow in person and assess the need for any further attendance by the fellow. Fellows caught in violation of this policy or who abuse this rare privilege will be subject to disciplinary action for unprofessional behavior.

How Monitored:

The Program Director will directly monitor each of these cases. It is anticipated these requests will be infrequent at most. The Program Director will collect and review the written requests on a regular basis on each case and all cases in aggregate. The institution will monitor numbers and types of exceptions of this during annual reviews of programs and Internal Reviews.

6. Institutional Policy on Duty Hours and Work Environment
(Passed June 11, 2003; Revised Nov 20, 2008; Feb 17, 2011)– GMEC)

The institution through GMEC supports the spirit and letter of the ACGME Duty Hour Requirements as set forth in the Common Program Requirements and related documents July 1, 2003 and subsequent modifications. Though learning occurs in part through clinical service, the training programs are primarily educational. As such, work requirements including patient care, educational activities, administrative duties, and moonlighting should not prevent adequate rest. The institution supports the physical and emotional well being of the fellow as a necessity for professional and personal development and to guarantee patient safety. The institution will develop and implement

policies and procedures through GMEC to assure the specific ACGME policies relating to duty hours are successfully implemented and monitored. These policies may be summarized as:

Maximum House of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house clinical activities and all moonlighting.

Mandatory Time Free of Duty

Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of first year fellows must not exceed 16 hours in duration.

Duty periods of second year fellows and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the fellow must:

- Appropriately hand over the care of all other patients to the team responsible for their continuing care
- Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.
- The Program Director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

First year fellow should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

Second- and third-year fellows should have 10 hours free of duty, and must have eight hours between scheduled duty periods.

Fellows in their final (third) year of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by fellows in their final years of education must be monitored by the Program Director.

At-Home Call

Time spent in the hospital by fellows on at-home call must count towards the 80-hours maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for on-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each fellow.

Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

Fellows are required to log all duty hours in New Innovations Software Program or its replacement program. Those who fail to log duty hours or log erroneous duty hours are subject to disciplinary action.

The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. This policy applies to every site where trainees rotate.

G. Moonlighting

Professional activity outside of the scope of the Fellowship Program, which includes volunteer work or service in a clinical setting, or employment that is not required by the Fellowship Program (moonlighting) shall not jeopardize any training program of the University, compromise the value of the Fellow's education experience, or interfere in any way with the responsibilities, duties, and assignments of the Fellowship Program.

It is within the sole discretion of each Department Head and/or Program Director to determine whether outside activities interfere with the responsibilities, duties and assignments of the Fellowship Program. Fellows must not be required to moonlight. Before engaging in activity outside the scope of the Fellowship Program, Fellows must receive the written approval of the Department Head and/or Program Director of the nature, duration and location of the outside activity (Revised 4/2001). All moonlighting activities

must be tracked in **New Innovations Software Program**. First year fellows may not moonlight. All internal and external moonlighting must be counted in the 80-hour maximum weekly hour limit. Fellows must not schedule moonlighting that will cause the 80-hour maximum. Fellows who schedule moonlighting activities resulting in violation of the 80-hour work rule will be subject to disciplinary action including but not limited to loss of moonlighting privileges (Revised 2/17/2011). The fellow's performance will be monitored for the effect of these moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission to continue. All documentation will be kept in the fellow's program file (Revised 7/1/2005).

Fellows, while engaged in professional activities outside the scope of the Fellowship Program, are not provided professional liability coverage under LSA-R.S. 40:1299.39 et seq., unless the professional services are performed at a public charity health care facility. A fellow providing services outside the scope of the Fellowship Program shall warrant to University that the Fellow is and will remain insured during the term of any outside professional activities, either (1) insured against claims of professional liability under one or more policies of insurance with indemnity limits of not less than \$500,000 per occurrence and \$1,000,000 in the aggregate annually; or (2) duly qualified and enrolled as a health care provider with the Louisiana Patient's Compensation Fund pursuant to the Louisiana Medical Malpractice Act, LSA-R.S. 40:1299.41 et seq. or (3) that the Fellow is provided such coverage by the person or entity who has engaged the House Officer to provide the outside professional services.

Fellows shall not provide outside professional activities to any other state agency (e.g., Department of Health and Hospitals, Department of Public Safety and Corrections, Office of Mental Health, etc.) by means of a contract directly between the House Officer and the other state agency. Should a House Officer desire to provide outside professional services to another state agency, the contract must be between the LSU School of Medicine in New Orleans and the other state agency for the House Officer's services, and the House Officer will receive additional compensation through the LSU payroll system. Fellows should speak with the Departmental Business Administrator of the House Officer Program to arrange such a contract. Fellows may not moonlight at any site without a full and unrestricted license. Occasional exceptions may be granted by the LSBME only after a specific request by a program and are largely limited to moonlighting which is in the same institution as the program, is under the supervision of program faculty and similar to activity the trainee might have in the program. In addition, fellows on J-1 visas may not moonlight (Revised 1/2008).

The LA State Board and the DEA will independently investigate and prosecute individual fellows if they so desire regarding the following:

- To moonlight all Fellows must be fully licensed and have their own malpractice and DEA number.
- Moonlighting in pain and weight loss clinics is not allowed by the LSBME.
- Pre-signing prescriptions is illegal.
- Using MCLNO prescriptions outside MCLNO is prohibited; your "MCLNO" number is site specific.
- Don't ever sign anything saying you saw a patient if you didn't see the patient.
- All narcotics prescriptions must be put in the patient's name and address plus the date; don't "let the nurse do it".
- Fellows are held accountable for things all things signed - read the fine print.
- Follow accepted practice guidelines for everything especially weight loss and pain patients.
- All Fellows should be cognizant of Medicare fraud and abuse guidelines.

H. Vacation/Sick Leave/Educational Leave

Policy on Vacation and Leave

Fellows are granted leave benefits as described in the LSUHSC House Officer Manual. There is no additional leave granted for personal time.

Vacation leave

Fellows are entitled to twenty-eight days including weekends per year. Vacation leave must be used during the calendar year. Vacation requests need to be made at least two weeks in advance and need to be communicated to clinical mentor. Vacation can be taken in 1- or 2-week blocks. Longer blocks will need to be approved by Program Director.

Job Interviews

There is no allocated time for job interviews. Vacation leave is utilized for this activity. Absences for interviews should be taken during outpatient rotations. The program director must be notified of these absences. It is the responsibility of the fellow to arrange coverage.

Sick Leave

Fellows are permitted fourteen days including weekends of paid sick leave per year that may not be accumulated into subsequent calendar years and may only be used for the illness of the Fellow.

Educational Leave

Fellows are permitted five days including weekends of education leave per year to attend or present at medical meetings that may not be accumulated into subsequent calendar years.

Absence/Coverage

Fellows need to arrange coverage if they are gone or unavailable during the time they are on inpatient rotations or for the continuity clinic. Any pre-arranged Fellow absences should be cleared with the appropriate Attending. A memo or email with the dates and covering Fellow must be circulated. The Fellow needs to make sure that the designated person is available and on-site. The Fellow covering the unavailable Fellow should let the other service's "charge" nurse know that they are covering and available.

I. Educational Leave and Expenses

Paid educational leave is available **for fellows** (up to 5 days and \$1,500 each year) to attend medical or scientific conferences. Leave **must** be approved in advance by the Program Director. Additional leave and/or paid expenses **may** be granted to fellows to attend conferences in which they are presenting their work in an oral session, **but only if prior approval is obtained**.

Original receipts and/or cancelled checks are necessary for reimbursement and should be submitted to the Fellowship Program Coordinator and Program Director for approval. All monies must be spent by the end of each academic year and cannot be carried over to the next year, unless approved by the Program Director.

Approved medical education expenses include conference expenses (registration fee, travel costs, lodging, per diem meal allowance, poster/material costs and fee for the submission of presentations, etc.), review courses, research training courses, in-training exam, travel expenses between

campuses, medical textbooks, medical journals, and medically related software expenses. If in doubt, contact the Program Director prior to incurring the expense.

J. Parking

Parking is provided in the Parking Garage at Children's Hospital of New Orleans. Parking is free for house officers. House officers are to park on levels 4 or 5.

K. Office Space

Shared office space is provided for fellows and is located in the Pediatric Hematology Oncology Office, room 4109. This office provides ample space for books, files, and personal belongings. Computers, EPIC terminals, and phones are available for each fellow in the office. Mailboxes are located in the main departmental office.

IV. Overview of the Program

The Pediatric Hematology/Oncology Section of Louisiana State University Health Sciences Center (LSUHSC) at Children's Hospital of New Orleans has developed a highly instructive fellowship-training program. This program was formally accredited by the Accreditation Council for Graduate Medical Education (ACGME) in early 1989 and is the only accredited fellowship program in Louisiana. The program is directed by Dr. Pinki K. Prasad, Associate Professor of Pediatrics, Pediatric Hematology-Oncology at LSUHSC and Children's Hospital of New Orleans, LA. The program utilizes the clinical and research resources and faculty expertise available at the LSU Health Sciences Center, LSU School of Medicine, Stanley S. Scott Cancer Center (SSSCC), Louisiana Cancer Research Consortium (LCRC), and Children's Hospital of New Orleans.

The core faculty consists of seven board certified/board eligible Pediatric Hematologist-Oncologist physicians affiliated with LSUHSC, along with other basic science and clinical faculty members who have formally offered to provide research experience in their laboratories for second- and third-year fellows. These research faculty members also participate in teaching seminars for the fellows. Clinical and educational activities are at Children's Hospital of New Orleans. Research activities (second and third year) take place at the research laboratories at LSUHSC after careful deliberations between the fellow, the Program Director, and the fellowship Scholarly Oversight Committee (SOC).

A. Program Demographics:

- 1. Host Institution:** Louisiana State University Health Sciences Center (LSUHSC) and Children's Hospital, New Orleans

2. Program Address:

Children's Hospital
Pediatric Hematology/Oncology
200 Henry Clay Ave., Suite 4109
LSU Health Sciences Center
New Orleans, LA 70118

- 3. Program Phone Number:** (504) 896-9800 or (504) 896-9740
4. Program Fax Number: (504) 896-2720 or (504) 896-9758
5. Program E-mail: rtalia@lsuhsc.edu or pprasa@lsuhsc.edu

6. Program Director:

Pinki K. Prasad, MD, MPH
Associate Professor of Pediatrics
Department of Pediatric Hematology-Oncology
LSUHSC/Children's Hospital

7. Fellowship Program Coordinator:

Ms. Rebecca Taliacich
Editorial Consultant
LSUHSC/Children's Hospital

B. Duration of the training program:

Duration of training program is 3 years.

Prerequisite Training/Selection Criteria:

The fellowship program requires trainees to have completed their three-year pediatric residency and to be eligible for the General Pediatric Boards before enrolling. If the potential trainee is a medical graduate from a foreign/international medical institution (IMG), he or she must have received a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). Since we participate in the National Resident Matching Program (NRMP), the applicants are required to register with the NRMP. They should complete the Universal Application via the Electronic Residency Application Service (ERAS); send current curriculum vitae, three letters of recommendation, and copies of their diplomas.

C. First Year of Training

During the first year, the emphasis is to promote the clinical training of the fellow so that by the end of the year, he/she will be fully efficient in all aspects of clinical hematology/oncology. The trainee is expected to be fully proficient in the procedures related to our specialty and in the use and application of clinical protocols. The first-year trainee participates in alternating rotation in the inpatient and outpatient areas at Children's Hospital.

During the **inpatient (ward) rotation**, the trainee is responsible for organizing patient care under the direct supervision of the attending hematologist-oncologist, making daily rounds

with the residents, medical students, and the attending physician. The fellow will organize and supervise various aspects of the management of children with cancer or blood disorders in close collaboration with the house staff, nurse coordinators, and supportive team. The fellow has a role as the primary care physician but oversees and supervises the house staff and students who provide direct patient care. The fellow acts as a teacher for the house staff and students who will in turn provide 24-hour coverage for all patients. Case presentations at tumor board (cancer conference) and seminars for the team on the ward (formal and informal teaching sessions) are the responsibility of the fellow. All trainee activities are closely supervised by the attending hematologist-oncologist. The first-year fellow spends 6 months on the inpatient rotation.

In the **clinic/outpatient rotation**, the fellow attends the Hematology-Oncology Clinics, which occur daily, during approximately 5 months of the first year of training. These include Hematology-Oncology Clinics and Sub-specialty clinics: Sickle Cell; Hemophilia, Bleeding disorders and Thrombophilia (HTC Clinic); Late Effects and Survivorship; and Stem Cell Transplantation. Continuity clinic is scheduled once a week, and the fellow has his/her clinic throughout the year. In the continuity clinic the fellow follows the patients who are diagnosed during their inpatient rotation or seen as consultation (inpatient and outpatient) as well as new patients seen and diagnosed in clinic. The clinical mentor is one of the faculty members with whom the fellow will work in the continuity clinic for the three years of training.

The fellows are on call for a week at a time (7 days). The fellow takes calls from home and only comes to the hospital if there is a newly diagnosed patient or an unexpected clinical change in clinical status. They are on call once every three weeks (average). On average the fellow is off of all duty once every five days and two or three weekends off out of the months. A faculty member is always on-call as back up. Weekend rounds are undertaken by the attending on-call with the fellow and on-call team.

The **Pathology** rotation is scheduled during the first year. This rotation has a duration of 4 weeks total divided in one week at a time over four months (during the outpatient rotation) and is located at Children's Hospital in the Department of Pathology and Laboratory Medicine under the supervision of Drs. Randall Craver, Matthew Stark and Stephanie Moss. Specific goals and objectives are available for this rotation. **Other Hematology/Oncology laboratory training** is available through our laboratory located in Children's Hospital under the medical direction of Dr. Randall Craver. The trainee becomes familiar with the techniques unique to a Hematology-Oncology laboratory (hemoglobin electrophoresis, auto hemolysis, osmotic fragility).

The **Research** rotation during the first year allows time to develop clinical research projects including retrospective data analysis, case reports, quality improvement projects and studies, as well as start exploring areas of interest for their future scholarly/research project. This rotation has a duration of 4 weeks total divided in one-week periods at a time during outpatient clinic.

D. Second Year of Training

During the second year, the trainee concentrates on laboratory/research activities and required subspecialty rotations/electives. The fellow continues to enrich the clinical experience over the indirect supervision of the attending physicians, allowing the fellow for more independence in the decision-making as the knowledge in Pediatric Hematology-Oncology matures.

The required rotations include blood bank, coagulation laboratory, and radiation oncology. Other available electives include Hematologic Stem Cell Transplant (HSCT), Allergy/Immunology, Genetics, Infectious Diseases, Nephrology, Neurology, Radiology, Palliative Care and Critical Care. The length of the elective may vary from one to 4 weeks

depending on the individual interest of the trainee. During this year there are 2-3 months of clinical service where they function as supervisors for the residents as well as the junior fellows. They continue to have once a week continuity clinic to follow their patients and acquire new ones.

Blood Bank rotation is conducted at The Blood Center and at Children's Hospital Blood Bank directed by Dr. Matthew Stark. During this rotation the trainee learns and carries out type and cross matching techniques, detection of red cell antibodies, elution and analysis of antibodies from red blood cells, and other common blood banking tests such as indirect and direct Coombs or agglutination tests (DAT and IAT). The trainee becomes familiar with pheresis techniques in the pheresis laboratory and clinic and assists the pheresis technician/nurse in several such procedures including erythropheresis, and stem cell collection. Specific goals and objectives are available for this rotation.

The **Radiation Oncology** rotation is also scheduled during this year. Specific goals and objectives are available for this rotation. The Radiation Oncology rotation is under the supervision of Dr. Ellen Zakris. The fellow participates in the simulation and planning of our patients' treatment. This is done at Touro Infirmery (Hospital), which is our design designated (and COG approved) Radiation Oncology site.

During this year, the trainee will commence a laboratory research project after consultation and discussion with the Program Director and the SOC. The goal of the research rotation is to assure that the trainee develops a realistic laboratory research project using state-of-the-art methods that will answer clinically and scientifically relevant questions. The project will be such that it should be completed in an 18-month period. A faculty member is assigned to the trainee as a mentor to supervise the project throughout its planning, execution, and completion. The trainee is encouraged to contact either the faculty that has demonstrated the most interest to provide training possibilities or other interested faculty at the Research Institute at Children's Hospital or LSUHSC System. The clinical mentor (one of the hematology/oncology faculty members) monitors the progress of the trainee in cooperation with the PD, other faculty member(s) and the advisory committee or SOC. During that year, the trainee is encouraged to seek funding for research activities based on preliminary data and results.

E. Third Year of Training

The majority of the third year is devoted to the ongoing research project started during the second year. During this year the fellow continues with the weekly continuity clinic as during the second year. The purpose of the third year is to prepare the fellow to practice Pediatric Hematology-Oncology competently and independently in a competitive academic environment. Much emphasis is given to having the trainee present the research data at local, regional, and national research meetings, organizing grand rounds when appropriate, teaching the house staff as a junior faculty, and conducting clinic activities independently. During that year, the trainee is encouraged to seek funding for research activities based on preliminary data and results. Faculty guidance is available to the trainee throughout the year from the mentor(s) and Program Director. The third-year fellow will make rounds with the team as the "Junior Attending" or "Pre-attending"; this rotation consists of 4 weeks divided in 1-week blocks thorough the year to minimize disruption of the research or scholarly activity. Specific goals and objectives are available for this rotation.

F. Participation of Residents and Medical Students in Sub-specialty

At the LSUHSC/Children's Hospital program, one- two upper level residents (second year) and two interns are assigned to the Hematology-Oncology ward. These residents share

the primary clinical responsibilities and, along with the Pediatric Hematology/Oncology fellow, participate in patient care. The Pediatric Hematology/Oncology fellow has the role of supervision of the patient care. Medical students (third and fourth year) from LSUHSC SoM and Tulane University SoM do part of their in-patient rotations in the program. Pediatric nurse practitioners are an integral part of the inpatient care team and function as upper level residents. Medical students, PL-1, PL-2/3, social workers, oncology nurses (nursing staff, nurse coordinators, and nurse practitioners) and the trainee constitute the hematology/oncology team based at the institution.

G. Trainee Responsibility for Teaching

Fellows are expected to teach medical students and residents the common Hematology-Oncology problems they may encounter on a routine basis, both on the ward and during the outpatient clinics in collaboration with the attending physician. The trainee is expected to participate as a teacher in “working” and daily rounds, weekly tumor board (cancer conference), and a number of formal and informal teaching seminars or core lectures as well as journal clubs and protocol review.

H. Tumor Board (Cancer Conference) Participation

Fellows are responsible for presenting new and interesting oncology cases at tumor board (cancer conference) and preparing a brief didactic synopsis of the cases with literature review and comments presented by him/her. The cancer conference or tumor board, scheduled weekly, is a multidisciplinary meeting where the members of the different specialties (oncology, radiology, pathology, radiation oncology, and surgical specialties) discussed new and challenging oncological cases. Tumor Board takes place every Wednesday at 4pm. Attendance by clinical fellows is **required**. Attendance by research fellows is strongly encouraged.

I. Cancer Committee Participation

Cancer Committee Conference is held every other month (odd months), on the 4th Monday at noon. Clinical fellows are expected to be present and will be responsible for preparing a retrospective review of a cancer diagnosis.

J. Administrative Meeting Participation

Administrative meeting is held the 1st Monday of each month at 1:30pm. The meeting discusses changes in the division and is multi-disciplinary. Clinical and senior fellows are required to attend and provide updates on any changes in the fellowship. Fellows are expected to participate unless specifically excused. The Division Chief oversees this meeting at which the group reviews: business planning and practice management, billing and coding, personnel management, Quality Improvement (QI), education, fellowship education and program development, and other agenda items.

Fellows are also exposed to division or program development including outreach development, program organization and maintenance, and development of necessary collaborations within the institution (such as with other sub-specialty groups or administration) and beyond the institution (e.g. participation in national cooperative care groups, multi-center research collaborative). Exposure to administrative aspects of delivery of care appropriate for the discipline afford new opportunities for fellows to actively participate in creation of new learning endeavors, quality assessments, and acquisition of administrative and leadership skills.

K. Interpreting Blood and Bone Marrow Smears

The trainees learn peripheral blood film and bone marrow interpretation directly from the attending supervising these activities for the month as well as from the pathologist as part of the daily patient care. Once a month a systematic reading/review session (**Morphology Session**) is organized with the trainees to further polish their newly acquired skills (medical students and rotating house staff are invited to these sessions).

L. Further Laboratory Opportunities

Histological diagnosis is learned throughout the three years of training under the supervision of Drs. Randall Craver, Matthew Stark and Stephanie Moss at Children's Hospital. As part of the core curriculum, teaching sessions have been developed to provide the trainee with the experience of learning and reviewing the various histological diagnoses of the most common malignancies.

M. Supporting Staff

The trainee interacts closely with our advanced practice practitioners, nurse coordinators (including our stem cell transplant nurse coordinator) and social workers who specialize in different types of malignancies and hematological disorders. The trainee learns to work with these specialists as well as clinical psychologists and psychiatrists, and other team members throughout the training period, and participates in multi-disciplinary team discussions, case conferences, and psychosocial meetings. Other important members of our team include Child Life therapist/specialist, Physical and Occupational therapists, Speech therapist, Wound Care Team, and Music therapist. This is part of their inter-personal education training to become competent in the areas of communication, system-based practice, and practice-based learning to provide the best care possible to their patients.

N. Supervision of the Fellow during Training

Clinical work is supervised by the attending hematologist/oncologist on service or in clinic. During the first year, the attending provides direct supervision of the fellow while the fellow's clinical experience matures. Indirect supervision of the fellow's clinical work during the second year of training provides more independence in their decision-making. The third-year fellow functions as a junior attending leading the team during rounds and independently managing complicated PHO patients. The attending physician oversees the third-year fellow's clinical activities.

During the research block, the trainee is under the direct supervision of the research faculty mentoring the research project. The trainee will report regularly to the assigned hematologist/oncologist advisor/mentor; the SOC (every six months) who will guide and monitor the process and progress of the research experience from planning to completion, to presentation of results at meetings and in literature; or to the Program Director, who will closely monitor the entire research training process with the collaboration and advise of the SOC.

O. Management of Infectious Diseases

Since LSUHSC has a strong infectious disease section, the trainee learns most of the clinical management in direct contact with fellows and faculty from this division. A Pharmacy Doctorate contributes to inpatient rounds and is available to help with antibiotic changes as needed. This includes detailed exposure to viral diagnostic procedures, and overall management of infections in the neutropenic and/or immunocompromised child.

The trainee is expected to update and improve the existing protocols for the management of such patients in light of new progress as it develops. The Infectious Control Team/Nurse is also directly involved in the management of complicated infectious problems if needed.

P. Evaluation of Trainees Performance

The methods used for evaluation must produce an accurate assessment of the fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The evaluation process utilizes tools that have been created in concert with the Training Committee at ASPHO (American Society of Pediatric Hematology Oncology). These evaluations are designed to assess fellows using a competency-based system in meeting the requirements of the new NAS (Next Accreditation System) for achieving milestones commensurate with level of training. Evaluation of faculty and fellow performance, in addition to program assessment, will be completed in a confidential manner and will be generated following each rotation.

The trainee is evaluated monthly thorough out the rotation as well as at the end of each rotation (inpatient or outpatient). Constant feedback is given to the trainee during the rotations to positively reinforced newly acquired skills, stimulate critical thinking, and improve in any specific area as needed. Every six months a comprehensive (360° evaluation) is compiled and reviewed with the trainee by the Program Director following the recommendations of the Clinical Competency Committee (CCC). This evaluation of the performance is based upon the evaluations filled out by all participating faculty in contact with the trainee during that period. An overall evaluation of the trainee's performance is also obtained from the residents/peers, other health care supporting personnel (nurses, nurse coordinators), and patients/parents. Poor performance is addressed immediately by the Program Director with the trainee at the earliest signs of a problem. Disciplinary action will relate strictly to continuation or non-continuation (termination) of the training. However, all trainees are advised so that further plans could be made for their career in due time should their performance prove unsatisfactory. Corrective action will be applied by the Program Director to improve performance whenever necessary. Counseling through the LSUHSC Mental Health Program is available for the trainees if necessary.

See Appendix II for milestone evaluations.

Q. Faculty Evaluations

An evaluation is completed anonymously by the fellows biannually regarding individual faculty performance utilizing the LSUHSC New Innovation (NI) System. These are collected and made available confidentially to the Program Director and to the relevant individual faculty. If any problem or concern is identified, this is discussed by the Program Director or the Division Chief with the respective faculty.

R. Advancement/Promotion

The decision to advance a fellow through the program is made by the CCC; the Program Director follows the recommendations of the CCC. In the absence of the need of disciplinary action, this assessment is made biannually. Graduation from the program necessitates that the fellow must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the fellowship program:

1. Demonstrate a level of clinical and procedural competence to the satisfaction of the CCC.
2. Fulfill the requirements of the applicable American Board of Pediatrics (ABP) for completion of approved training in the fellow's specialty.

3. Demonstrate an attitude, demeanor, and behavior that are appropriate for the fellow's specialty with regard to relationships to patients, other health care professionals, and colleagues.

Certificates are issued upon satisfactory completion of the respective training program. In addition satisfactory completion requires that each fellow's medical records be in order and completed, that any financial obligations owed the Hospital or School of Medicine are paid or terms established for payment, that all Hospital or School of Medicine property issued solely for use during an academic year, including identification badges and beepers, must be returned or paid for, and that a forwarding mailing address be provided to the GME Office and the Program office for clinical fellows.

5. Disciplinary Action, Suspension or Termination

Refer to LSUHSC House Officer Manual for more information.

1. Informal Procedures

The Program Director will use informal efforts to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, informal efforts by the Program Director shall include notifying the fellow in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the fellow to address it. If these informal efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal disciplinary action following the recommendations of the CCC.

2. Formal Disciplinary Action

Disciplinary action may be taken for due cause, including but not limited to any of the following:

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient care or safety.
3. Conduct that is detrimental to the professional reputation of the Hospital or School of Medicine.
4. Conduct that calls into question the professional qualifications, ethics, or judgment of the fellow, or that could prove detrimental to the Hospital's or School of Medicine's patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the Consortium, School of Medicine, Hospital, Department, Division, or training program, including violation of the Responsibilities of Fellows described in this manual.
6. Scientific misconduct.
7. Unsatisfactory attendance to required rotations and conferences and clinical obligations.

In the face of behavior or actions that are felt by the Program Director to fall under one of the items listed above, the Program Director will discuss with the CCC and the Division Director as to the nature of the appropriate disciplinary action. The Program Director and Division Director will follow the recommendations of the CCC as to the specific disciplinary action for the individual fellow in question. The specific procedure is outlined below.

3. Specific Procedures

Formal disciplinary action includes:

1. Suspension, termination, or non-reappointment;
2. Reduction, limitation, or restriction of the fellow's clinical responsibilities;
3. Extension of fellowship program or denial of academic credit that has the effect of extending the fellowship; or
4. Denial of certification of satisfactory completion of the fellowship program.

The Program Director shall notify the fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Associate Dean for Medical Education (Graduate Medical Education). The notification should advise the fellow of his or her right to request a review of the action in accordance with the Procedure for Review of Academic and Disciplinary Decisions Relating to Resident's and Clinical Fellow's set forth in the GME Consortium Operating Principles. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Program Director determines in good faith that the continued appointment of the fellow places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

4. Complaints by Hospital

If the Chief Executive Officer (CEO) of the Hospital or his or her designee has a complaint about performance or conduct of a fellow, the matter should be brought to the attention of the Program Director, who will address this at the CCC.

T. Harassment Policy

The Division of Pediatric Hematology-Oncology strongly discourages harassment of fellows in any form. The Division has adopted the University's policy regarding both sexual harassment and any other discriminatory activity.

Refer to LSUHSC House Officer Manual for more information.

U. Program Goals and Objectives

Competency-based goals and objectives are available for each rotation and distributed to the fellows at the beginning of their training and every year as a refresher during orientation. These goals and objectives are reviewed and updated at the annual fellowship meeting (Program Evaluation Committee or PEC). Information coming from the program evaluation questionnaires by the trainees and faculty is reviewed and analyzed at that time. Deficiencies in the training environment, if discovered at that time, are also assessed and incorporated if approved by the group. Detailed minutes of these meetings are kept by the fellowship coordinator.

V. Program Certification

The fellows will be certified to be eligible for the American Board of Pediatrics, Pediatric Hematology/Oncology Sub-specialty Board Certification exam.

W. Resources

1. Teaching/Clinical Faculty

Pinki Prasad, MD, MPH
Associate Professor of Pediatrics
Director of Pediatric Hematology Oncology Fellowship
Director, Survivorship Program

Maria C. Velez, MD
Professor of Pediatrics
Associate Fellowship Director
Medical Director, Hemophilia, Bleeding Disorders, and Thrombophilia Center

Lolie C. Yu, MD
Professor of Pediatrics
Director, Hematology Stem Cell/Bone Marrow Transplant Program
Head, Pediatric Hematology-Oncology Division

Renee V. Gardner, MD
Professor of Pediatrics
Director, Sickle Cell Center at Children's Hospital

Cori A. Morrison, MD
Associate Professor of Pediatrics

Dana M. LeBlanc, MD
Assistant Professor of Pediatrics
Co-Director, Sickle Cell Center at Children's Hospital

Zachary LeBlanc, MD
Assistant Professor of Pediatrics

2. Associated Faculty

Randall D. Craver, MD
Professor of Pathology
Director, Clinical Laboratory, Children's Hospital

Matthew Stark, MD
Assistant Professor of Pathology and Hematopathology
Director of Transfusion Services at Children's Hospital
Preceptor, Morphology Sessions

Stephanie Moss, MD
Assistant Professor of Pathology and Hematopathology

Ellen Zakris, MD
Radiation Oncology
Touro Infirmery/Hospital
Assistant Professor, LSUHSC

Brian Boulmay, MD
Associate Professor of Internal Medicine
Adult Hematology Oncology Fellowship Director

3. Research Faculty

Jovanny Zabaleta, PhD
Associate Professor
LSUHSC Department of Immunology

Nicolas Bazan, MD, PhD
Director, Neuroscience Center of Excellence

V. Teaching Conferences Schedule

Formal teaching conferences play an important role in the sub-specialty training programs. A core didactic series has been structured for the fellows (Pediatric Hematology Oncology Core Lecture series), in addition to other educational experiences including Journal Club, Tumor Board, Hematology Case Conference, morphology review sessions, and periodic Morbidity & Mortality conferences (often in association with the PICU), are conducted quarterly in Departmental meetings. Fellows are expected to prepare and **give educational didactics a minimum of once per month** throughout the fellowship (includes the Fellow's Hematology Oncology Educational Conference, Journal Club, and Tumor Board). Fellow attendance is required for departmental educational programs and those that pertain to the fellowship training program.

Fellows are asked to make a concerted effort to attend the majority (80%) of the required conferences.

The following are the major teaching conferences at LSUHSC/Children's Hospital of New Orleans.

- **Grand Rounds** are held every Wednesday from 8:00 to 9:00 a.m. in the auditorium. Attendance by all fellows is encouraged.
- **PHO Core Lecture Series** is held alternating Mondays and Thursdays from either 8am -9 am or 3pm – 5pm. The senior fellows assume responsibility for creating the didactic schedule. This is a structured educational program in the basic sciences and pathophysiology of disease and serves as a comprehensive board preparation course. The course should extend over a 3-year period of time to cover all these topics. Fellows should prepare and read in advance of each didactic so as to maximize the educational experience. These didactics are given primarily by fellows, but also by faculty and visiting/invited professors. Additionally, some of the sessions will address topics relevant to research (clinical and laboratory research methodology and study design, grant preparation, statistics, conduct of ethical research, critical review of literature, manuscript preparation), and senior fellows will be asked to present their research yearly at this conference. Fellow attendance is **required**.
- In addition to the core lecture series, approximately 4 conferences a year will focus on issues relevant to all post-graduate pediatric trainees such as professionalism, ethics, legal issues, wellness, and sleep hygiene. Fellows will be expected to attend this series of **Core Curriculum** lectures. The Program Director will post a list of these special conferences and send e-mail reminders to the fellows and staff.
- Following are the Hematology Oncology department specific teaching and clinical care conferences: Attendance sheets are kept for all required conferences.
- **Friday morning sign-out** rounds provide a review and discussion of patients on the inpatient service in addition to consultations and advice calls. The fellow and attending on-service prior to the weekend are responsible for the presentation of patients. The conference is held every Friday from 8:15 to 9:00 a.m. All fellows are **required** to attend.
- **Tumor Board** is held weekly, on Wednesday from 4 to 5 p.m. All new solid tumor oncology patients in addition to those with new problems or recurrences are presented and discussed in this venue. Fellows are asked assume responsibility for their primary patients and present them to the Tumor Board as needed. The conference provides a forum amongst many disciplines involved in the complex care of these patients and includes surgery, pathology, hematology/oncology, bone marrow transplant, neurosurgery, radiation oncology, and nursing. Attendance by clinical fellows is

required. Attendance by research fellows is encouraged.

- **Journal Club** is held monthly on the 4th Thursday of the month from 4 – 5pm. The Journal Club is organized by the senior fellows. Topics for discussion and articles are chosen by the fellow and approved by the attending responsible for the Journal Club (Dr. Robert Raphael, or other faculty with particular expertise in the topic to be presented) and distributed ahead of time. A formal method for Journal Club presentation has been created and will be taught at the beginning of each year in a didactic session. This Didactic is available on the Shared One Drive. Fellows are expected to demonstrate the ability to use technology to access scientific evidence, interpret what is uncovered, and apply to the care of patients. Evaluation of these skills is documented via the written evaluation process. Attendance at the Journal Club is **required** for all fellows.
- **Benign Hematology Case Conference** is held monthly on the 2nd Thursday (even months) in the morning from 8:00 to 9:00. This conference consists of hematology case presentations and literature review, in a similar format to the Journal Club. Fellows and faculty present recent cases and discuss the evidence in the medical literature to guide in medical decision making. This conference is coordinated by the senior fellows. This is a **required** conference for fellow attendance.
- **Scholarship Oversight Committee (SOC)** sessions are held quarterly. These sessions occur on the Monday or Thursday from 3pm to 5pm. Each fellow is given the opportunity to present their research to the group every 6 to 9 months. Clinician scientists and laboratory-based scientists critically review the concepts and quality of scholarly activity and provide feedback to the fellows, mentors, and Program Directors. Presentation and review at this committee is a requirement by the ABP to document participation and completion of a scholarly work product. See Research Competence/Scholarship Appendix II. for full details and requirements. Hematology Oncology fellows are **required** to attend the sessions, even if not presenting their research.

1. Teaching Conference Schedule

TIME	ACTIVITY	ATTENDANCE	ROOM
MONDAY			
8a-12p	Comprehensive Sickle Cell Clinic (1st Monday of the month)	1st year fellows during outpatient rotation	3rd floor ACC
12-1 pm	Cancer Committee (4th Monday Odd months)	1st year fellows-required All other fellows-recommended	3rd floor ACC; Zoom
1:30-2:30 pm	Administrative Meeting (1st Monday of the month)	1st year fellows-required All other fellows-recommended	4th floor, conference rm; Zoom
TUESDAY			
1-5 pm	Hemophilia Clinic (2nd & 4th Tuesday)	1st year fellows-required (during OP rotation)	ACC 3020
WEDNESDAY			
8-9 am	Pediatrics Grand Rounds	All fellows-optional	State Street Conference Room; Zoom
3-4 pm	COG Administrative Meeting (1st Wednesday odd month)	1st year fellows-required All other fellows-recommended	3rd Floor ACC; Zoom
3-4 pm	Morphology Session (3rd Wednesday of month)	All fellows-required	Pathology
4-5 pm	Tumor Board	All fellows-required	3rd Floor ACC; Zoom
When scheduled	BMT Task Force	1st year fellows-required All other fellows-recommended	Check with Laura S.
THURSDAY			
8-9 am	Benign Hematopathology (2nd Thursday-even month)	All fellows-required	RIC 4th floor, conference rm
8-9 am	Pathology Lecture Series	All fellows-required if PHO topic discussed	RIC 4th floor, conference rm
8:30-12:00	Sickle Cell Clinic (1st Thursday of month)	1st year fellows-required (during OP rotation)	Check with Cherie
8:30-12:00	Survivorship Clinic (2nd Thursday of month in am; and 4th Thursday in pm)	1st year fellows-required (during OP rotation)	Check with Tracey B
3-5 pm	PHO Core Lecture Series	All fellows-required	Rm 4106; Zoom
3-4 pm	Fellows/PD Meeting (1st Thursday of month)	All fellows-required	Rm 4106; Zoom
3-4 pm	PHO Board Review (3rd Thursday of month)	All fellows-required	Rm 4106; Zoom
4-5 pm	Protocol Review (2nd Thursday of month)	All fellows-required	Rm 4106; Zoom
4-5 pm	PHO Journal Club (4th Thursday of month)	All fellows-required	Rm 4106; Zoom
FRIDAY			

VI. Competency Based Learning Goals and Objectives

Subspecialty programs must require that its fellows obtain competence in the six areas listed below to the level expected of a new practitioner:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

General Overview:

The overall goals and objectives for Pediatric Hematology-Oncology fellows are to gain extensive experience in the diagnosis and ongoing care of children with cancer and hematologic disorders, and to become researchers and teachers of Pediatric Hematology-Oncology. First year fellows spend the majority of their time on inpatient and outpatient rotations. Second and 3rd year fellows cover the inpatient services on nights (on-call from home) and weekends and participate in their continuity clinics on a weekly basis, while they spend the majority of their time in research/scholarly activities.

First Year PHO Fellows:

The goals listed below have been established for the first year Pediatric Hematology-Oncology fellows. These are primarily aimed at gaining experience in the daily management and continuity care of children with known as well as presumptive hematologic or oncologic disorders. In general, the expectations of a first-year fellow involve demonstration of medical knowledge, comprehension of pathophysiology, development of differential diagnoses, formulation of management plans, dissemination of plans by presentations at tumor boards and other clinical conferences, and management of hematology and oncology patients in inpatient and outpatient settings. These are accomplished under the direct supervision of the attending physician.

Second & 3rd Year PHO Fellows:

In addition to the goals for the 1st year fellows, 2nd and 3rd year fellows are expected to develop research/scholarly project, get appropriate IRB approval and animal research approval if needed, apply for grant funding as necessary, carry out necessary experiments or clinical studies, and prepare the results for presentation and publication. The fellows are also expected to engage in regular teaching activities for the pediatric residents and medical students. Second and 3rd year fellows are expected to develop increased independence in the formulation of management plans for patients. The attending physician offers indirect supervision of the second-year fellow and allows independence in the day-to-day decision making of the third-year fellow.

A. Goals and Objectives by Competency

1. **Patient Care**--*that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health.*
 - 1.1. Demonstrate **through presentations** of patients seen on new patient consults, during inpatient service, in outpatient clinics and through presentations at clinical conferences and **by documentation** in the medical record the ability to report a detailed and appropriate history and physical examination along with pertinent diagnostic studies on hematology and oncology patients.
 - 1.2. Develop and provide rationale for the management plans of children with hematology-oncology disease.
 - 1.3. Discriminate changes in clinical status of patients or severity of clinical status of patients which need to be reported to the attending immediately from those which can be presented in rounds.
 - 1.4. Develop and provide rationale for the management plans of children with acute life threatening or major organ threatening disease or complications to the hematology-oncology unit:
 - 1.4.1. Sepsis
 - 1.4.2. Acute Chest Syndrome
 - 1.4.3. Acute Tumor Lysis Syndrome
 - 1.4.4. Acute Neurological Compromise
 - 1.5. Recognize the indications for and the risks of the following therapies and develop appropriate management plans for the common complications of:
 - 1.5.1. Central Venous Lines
 - 1.5.2. Chemotherapy
 - 1.5.3. Transfusion therapy
 - 1.5.4. Apheresis
 - 1.5.5. Radiation therapy
 - 1.5.6. Surgical therapy
 - 1.5.7. Anti-coagulation therapy
 - 1.5.8. Chelation therapy
 - 1.5.9. Nutritional support
 - 1.5.10. Pain management
 - 1.6. When requesting consultation services, demonstrate the ability to formulate an appropriate question and rationale justified by pertinent points of the history, physical examination and laboratory data.
 - 1.7. Discriminate between patients who may be appropriately treated on the inpatient unit, and those who require escalation of care.
 - 1.8. Recognize the indications for, the common complications of and perform the following procedures:
 - 1.8.1. Bone marrow aspiration and biopsy
 - 1.8.2. Lumbar puncture without (diagnostic) and with instillation of chemotherapy
 - 1.8.3. Microscopic examination of peripheral blood films, bone marrow aspirates and biopsies.
 - 1.8.4. Hematological Stem Cell Harvest—bone marrow harvest, peripheral stem cells, and umbilical cord blood.

2. Medical Knowledge--*Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavior knowledge needed by a pediatric hematologist-oncologist; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.*

- 2.1. Develop a prioritized differential diagnosis for children with cancer or hematologic diseases hospitalized for acute illnesses, seen in new consultation or seen in continuity clinics.
- 2.2. Demonstrate knowledge of hematological and oncologic conditions including but not restricted to the following:
 - 2.2.1. Hematological disorders of the newborn
 - 2.2.2. Hemoglobinopathies, including the thalassemia syndromes
 - 2.2.3. Inherited and acquired disorders of the red blood cell membrane and of red blood cell metabolism
 - 2.2.4. Autoimmune disorders including hemolytic anemia
 - 2.2.5. Nutritional anemia
 - 2.2.6. Inherited and acquired disorders of white blood cells
 - 2.2.7. Hemophilia, von Willebrand's disease, and other inherited and acquired coagulopathies
 - 2.2.8. Platelet disorders, including idiopathic thrombocytopenic purpura (ITP) and acquired and inherited platelet function defects
 - 2.2.9. Congenital and acquired thrombotic disorders
 - 2.2.10. Congenital and acquired immunodeficiencies
 - 2.2.11. Leukemia, including acute lymphoblastic leukemia and acute and chronic myeloid leukemia and myelodysplastic syndromes
 - 2.2.12. Hodgkin's disease and Non-Hodgkin's lymphomas
 - 2.2.13. Solid tumors of organs, soft tissue, bone, and central nervous system
 - 2.2.14. Bone marrow failure syndromes
 - 2.2.15. Transfusion medicine and use of blood products
 - 2.2.16. Management of the patient undergoing long-term transfusion therapy
 - 2.2.17. Bone marrow reconstitution including use of allogeneic peripheral blood stem cells and umbilical cord blood
 - 2.2.18. Graft-versus-host disease

3. Interpersonal and Communication Skills--*Demonstrate interpersonal and communications skills that result in information exchange and partnering with patients, their families and professional associates.*

- 3.1. Communicate effectively in a developmentally appropriate manner with patients and families to create and sustain a professional and therapeutic relationship across a broad range of socioeconomic and cultural backgrounds
- 3.2. Lead the discussion with the family of a child with a newly diagnosed malignancy or hematological disorder.
- 3.3. Obtain informed consent for fellow-performed procedures (supervised by the faculty attending physician) and both research-protocol based and non-research based therapies for both malignant and non-malignant disorders.
- 3.4. Effectively communicate changes in patient status to attending physicians.
- 3.5. Maintain comprehensive, timely and legible medical records on primary continuity patients.
 - 3.5.1. Document a brief patient history on the patient's chart, ensure all signatures are on the consent form and roadmaps, and maintain the roadmaps with frequent updates as necessary.
 - 3.5.2. Communicate with referral physicians within 72 hours of the admission of a new hematology-oncology patient, again upon 1st discharge, and if seen in continuity clinic, at a minimum of every 3 months.

3.5.3. The fellows are expected to keep a log with the diagnosis and number of patients followed in their continuity clinic.

3.5.4.

4. Practice Based Learning and Improvement--*Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.*

- 4.1. Present new cases at tumor boards and clinical conferences with a detailed literature review in defense of the treatment strategy being recommended for the patient. At least 2 tumor boards to be presented during the 1st fellowship year.
- 4.2. Critique one's practice experience to recognize strengths, deficiencies, and limits in knowledge and expertise; then identify and utilize the appropriate resources for remedying those identified deficiencies. This can be easily done twice yearly in the written report **REQUIRED** for 2nd and 3rd year fellows for each Scholarship Oversight Committee (SOC) meeting. The fellows will develop a quality improvement project where objectively analyze areas to be improved.
- 4.3. Meet individually with an attending physician bimonthly to review performance during clinical rotations, meet at minimum twice yearly during the second and third years with the SOC and meet the program director every 6 months to review performance, and incorporate this feedback into a plan for professional development (ILP).
- 4.4. Actively seek out and listen to constructive feedback from other members on the care team as well as patients and families and incorporate this feedback, when appropriate, into a plan for professional development (ILP).
- 4.5. Actively participate in the education of patients, families, students, residents, and other health professionals
 - 4.5.1. Provide at least daily updates to patients and their families regarding the plan of care.
 - 4.5.2. Participate in the education of medical students and residents on inpatient service and in clinics.

5. Professionalism--*Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity*

- 5.1. Consistently maintain respect, compassion, integrity, honesty and responsiveness to the needs of patients and the health care team in a way that supersedes self-interest.
- 5.2. Continually demonstrate accountability to all patients (even if other physicians are primarily responsible for their care) and the health care team.
- 5.3. Demonstrate a commitment to excellence and ongoing professional development by being prepared, on-time, in appropriate attire and contributing in rounds, teaching conferences and didactic lectures.
- 5.4. Exercise sensitivity to the needs of the patient and the parent/guardian by applying cultural awareness, negotiation, compromise and mutual respect in the daily care of inpatients.
- 5.5. Recognize and demonstrate an understanding of ethical, cultural, religious or spiritual values of import to patients and families during communications and care decisions.
- 5.6. Demonstrate a commitment to confidentiality, privacy, and respect for patients and families.

- 5.7. Demonstrate empathy towards the child and family in negotiating and designing goals of treatment, including relevant medical, legal and psychological issues.
- 5.8. Demonstrate advocacy for patients and their families.
- 5.9. Honestly assess one's contribution to errors that are made, accept responsibility for personal mistakes and implement plans to prevent one's self and others from making the mistake again.

6. **Systems Based Practice**--*Understand how to practice high quality health care and advocate for patients within the context of the health care system*

- 6.1. Prioritize the various modes of diagnostic testing and select the most appropriate testing modality, with a goal toward preventing unnecessary laboratory or imaging tests.
- 6.2. Demonstrate the ability to work effectively with other members of the health care team, including, but not limited to, other physicians, nurses, pharmacists, nutritionists, child life specialists and chaplains.
 - 6.2.1. Work effectively with social worker and child life specialist during new patient diagnosis discussions and major treatment planning discussions.
 - 6.2.2. Work effectively with the discharge planner (nurse coordinator) to arrange home-care and follow-up for discharged patients.
 - 6.2.3. Work with pain management team to provide adequate and appropriate pain control to hospitalized patients
 - 6.2.4. Work with dietitian to provide nutritional support (including TPN) to hospitalized patients
- 6.3. Acknowledge medical errors in a forthright manner, and report observed medical errors (real or potential) to the appropriate member of the care team, then work with the team to develop a plan for preventing future errors. Specifically, for chemotherapy this would require a report to the chemotherapy task force.
- 6.4. Comply with institutional systems that have been developed to prevent errors in the administration of "high risk" medications, such as chemotherapy and immunosuppressive medications.
- 6.5. Avoid use of ambiguous or unacceptable abbreviations in the medical record, prescriptions and medical orders.

B. General

1. Clinical Responsibilities and Assessment

a) *Activities and Charting Requirements*

Fellows are required to complete charting within 24 hours of seeing a patient in clinic or consult.

2. Informed Consent

Informed consent is an integral component of practicing clinical Hematology and Oncology. Consent is required prior to enrollment on clinical trials, transfusion support, procedures, and major changes in therapeutic plans, including End of Life care and transition. The process of Informed Consent is taught in both a didactic fashion and by direct observation. A curriculum for enrollment of patients on clinical trials has been developed (see Section, The Educational Program). Didactics will be given in the context of the first month Orientation Lecture, Professionalism Noon Conferences, inpatient resident didactics, or weekly Fellow's Hematology Oncology Educational Conferences. Fellows have the opportunity to observe informed consent conferences with faculty while on the inpatient service and in the outpatient setting. During the first year fellows should begin the process of leading such conferences in the presence of the

attending, after a period of observation. During the course of the training program, fellows will assume a graduated responsibility for conducting the Informed Consent process in a mentored environment. Fellows should expect to receive valuable constructive feedback from members of the team, including the attending physicians, social workers, nurses, and interpretive staff.

All physicians (residents, fellows and attendings) are required to document Informed Consent Conferences in the patient's medical record, EPIC. HIPAA consents are also required for every patient registered on a research protocol (clinical or biological).

Documentation consists of:

- Original consent in the Medical Record; signed and dated by: Parent/guardian; Witness; Physician (providing consent/performing procedures/etc.); Interpreter, if applicable.
- Notation in the progress notes (date and time) of consent conference with family, and other individuals present. A short separate EPIC consent note with details of protocol identification, adverse events, options, elements of Informed Consent is also required. Summary of the discussion should be included.
- Appropriate literature given to family (i.e. chemotherapy protocol consents which include descriptions of medications, side-effects; therapy roadmaps, etc.).
- Copy of consent to the family.

Transfusion consents are required prior to all transfusions. Patients going to OR must have a signed consent in the chart prior to leaving the acute care unit. Ideally, the physician responsible for the procedure, or an associate, should provide consent. A parent should not be asked to sign a consent form unless they have been given ample opportunity to hear the risks and benefits of the procedure, available options, and have their questions answered.

IRB (Institutional Review Board) approved consent forms for the Children's Oncology Group protocols are located in the Hematology Oncology office and on the Hematology Oncology group intranet. The CRAs (Clinical Research Associates) will provide assistance with locating appropriate consents for clinical trials.

3. Procedural Competencies

Attaining proficiency in technical procedures specific to the sub-specialty is an important goal of fellowship training. Documentation of procedural competencies during fellowship is required by the ABP and may also be used to support the fellow's application for clinical hospital privileges in the future. A core group of procedures, emphasizing those procedural skills appropriate for the pediatric sub-specialty, have been identified as a requirement for graduation for each fellowship program. An EPA (Entrustable Professional Activity) for the Hematology Oncology fellowships is to attain clinical competency in all the procedures specific to this specialty. Fellows are directly taught to perform procedures by the attending physician staff. This is done in an apprentice-based system with direct observation of an experienced practitioner, and subsequent performance of multiple procedures under direct supervision with critical review.

The procedure competency system in use at LSUHSC and Children's Hospital of New Orleans includes both an initial supervision and certification of a successful procedure attempt, as well as documentation of all subsequent successful procedures performed. Fellow must perform 10 successful LPs and 5 successful marrows under direct supervision with an attending before they are able to perform procedures independently. Supervision and documentation of skills must be by the faculty. Fellows place procedure notes in the EMR documenting the indication, consent process, details of the procedure and outcome, and identification of supervising faculty. Attending physicians are available for all procedure as back-up.

Fellows are asked to maintain a complete list of all procedures performed during their fellowship training and submit them semi-annually prior to the CCC reviews. The procedure log will be maintained in New Innovations and be placed in the fellow's portfolio, to be reviewed with the Program Director at the time of semi-annual reviews.

Fellows will receive training in the performance of procedures necessary to practice independently as a Pediatric Hematologist Oncologist. They will become proficient in the indications for the procedures, associated risks, and diagnostic interpretation. The technical skills deemed required are:

- Lumbar puncture with instillation of intrathecal chemotherapy
- Bone marrow aspiration and bone marrow biopsy
-

Additionally, fellows may have the opportunity to: access central venous catheters, access and instill chemotherapy via an Ommaya reservoir, perform a skin biopsy, and give intramuscular chemotherapy. Fellows are encouraged to participate in bone marrow harvests, stem cell collections, and apheresis. Competence in working through a difficult procedure (i.e. dry tap on bone marrow aspirate, bloody lumbar puncture, extravasation of chemotherapy) is related to frequency of procedure performance. Fellows should expect to perform numerous procedures and be mentored prior to being assessed as procedurally competent.

First year fellows will be assigned to procedure clinics with a designated faculty member during the first month Orientation. During this time, fellows will be supervised and signed off on competency after successfully performing 10 lumbar punctures (LP) with instillation of chemotherapy and 5 bone marrow aspirates/biopsies (BMA/Bx).

Additionally, the faculty should go through potential pitfalls and how to work through unexpected problems in the course of procedures. Attainment of procedural competence is a requirement and is documented in the semi-annual and annual evaluations, with final approval from the Clinical Competency Committee. Fellows will have ample opportunity to fine tune their skills throughout the fellowship training.

4. Primary Patient and Procedure Logs

All fellows are required to maintain accurate patient and procedure logs for the duration of the fellowship and asked to submit them semi-annually prior to the CCC reviews. The patient logs should include patient identifiers (Medical Record number, initials) in addition to diagnosis, date the fellow assumed care, and the name of the supervising faculty member. Fellows will have the opportunity to acquire new patients at the time of diagnosis and initial evaluation/management, during consultation, or during routine care in the clinic or hospital stay. Fellows should gain experience in the primary care of patients with both hematologic and oncologic disease at all stages of diagnosis and therapy (including off therapy). A minimum of 15 primary patients is required by the end of the first year of fellowship.

Procedure logs should document patients by common identifiers (Medical Record number, initials) in addition to the type of procedure performed, attainment of Informed Consent, date of service, and name of the supervising attending.

5. Night/Weekend/Holiday Call and Sign-out

Call responsibilities remain the same for all fellows, all three years. Fellows take call from home, however, they may on occasion need to come to the hospital to evaluate patients experiencing complications of their disease or treatment or new patients with a suspected malignancy. Each fellow assumes a maximum of every third to fourth weekend call averaged over the year and takes the first call. An attending is always available for back-up and should be called for any question to ensure good patient care, newly diagnosed patients, critically ill patients warranting admission or transfer to the ICU, and deaths. Fellows are expected to call the attending and come into the hospital to evaluate ICU patients (including transfers) and newly diagnosed oncology patients or to admit BMT patients. Also, any patient, in the judgment of the fellow or attending, that may require a timely assessment should be seen right away and not wait to the next morning. Fellows take sign out from both inpatient teams at the end of the workday for any patients who are unstable or likely to need attention overnight, and then sign the patients out in the morning.

Fellows are asked to keep a log of their calls, patient names, diagnoses, reason for call, and recommendations. During the weekday, patients are signed out in the morning via phone call or text to

the inpatient attending, fellow and Advanced level practitioners. Fellows must also document time spent actually taking the calls and time spent in the hospital. Any unusual circumstances that may warrant immediate attention, such as admissions, new patients, and critically ill patients, should also be communicated verbally to the responsible fellow, nurse(s), and/or attending(s).

On call signout occurs via zoom or in person on Friday mornings. The on-call fellow (and attending) gives a verbal presentation of all new admissions in addition to the current diagnostic and management issues on all hospitalized patients, including consultations.

Weekend sign-out occur on the phone on Sunday evening. The on-call fellow calls the inpatient fellow or attending and gives a verbal presentation of all new admissions in addition to the current diagnostic and management issues on all hospitalized patients, including consultations. The calls and discharges are signed out in a written form and sent via email on Monday morning.

a) Sign-out template for fellows:

1. Brief line stating age, gender, diagnosis, current treatment plan, and clinical status.
2. Brief overview of why the patient was admitted and planned disposition
3. Significant week events and brief overview of major issues (i.e., fungal disease, typhlitis, poor nutrition, prolonged fever/neutropenia)
4. Review of the patients by systems:
 - a. FEN/GI: TPN/fluids, electrolyte issues, sludging/VOD issues
 - b. CV/Pulm: Cardiopulmonary status, antihypertensive
 - c. ID: Current antibiotics, antifungals, antivirals, why they are on them and planned length of therapies, recent significant culture or biopsy results
 - d. Hem/Onc: Counts, transfusion thresholds and need for transfusions, coagulation issues, immunosuppressant therapies and current levels, current chemotherapy and plan
 - e. Neuro: Pain issues, PCA/pain medication status, anti-emetics
 - f. Psych: Other relevant family/social issues
 - g. Disposition

New or ongoing active consults

1. Brief description about patient and reason for admission (should know pertinent lab and exam findings that lead to admission)
2. Describe initial management, diagnosis, presumed plan and disposition (with an appropriate justification, i.e., added vancomycin because, gave transfusion because...)
3. For more complicated admissions review patient by systems

The goal of sign-out should be able to cover the service in 30-45 minutes. That means you must know the patients and your sign-out well enough to average 1-2 minutes per patient.

C. Rotation Specific

1. Inpatient

Competency Based Learning Goals and Objectives

for Pediatric Hematology-Oncology Fellow at Children's Hospital, New Orleans

Inpatient Rotation

Team Structure and Responsibilities:

The Inpatient rotation consists of 1 attending (rotation changes attendings weekly), 3-4 pediatric residents (combination of 2nd year and 1st year residents); 1-3 3rd year medical students and 1-2 advanced practice practitioners.

Attending Physician:

- Holds appropriate clinical privileges at our institutions
- Supervises and assumes ultimate responsibility of the care of all patients
- Reviews the clinical information and plan for each patient and performs patient-based teaching
- Oversees order writing (admit, discharges and chemotherapy), but fellow is expected to be first sign on chemotherapy orders. In the attending writes an order, he/she must communicate this to the fellow and the residents in a timely manner
- Responsible for providing verbal feedback and written evaluation of all members of the team

Fellow:

- Oversees the care of all patients on the pediatric hematology/oncology service (includes all pediatric hematology oncology patients in the PICU, all hematopoietic stem cell transplant patients and any consult patients that the pediatric hematology oncology service is co-following with another team)
- Participates and leads rounds daily
- Participates and leads family conferences and discussions of new diagnosis, changes in clinical status, end of life discussions, therapy changes
- Discuss patient care with consultants
- Will write notes on PICU and HSCT patients daily
- Supervises the residents and medical students
- Updates chemotherapy plans in EPIC and first signs all chemotherapy
- Participates in inpatient procedures (bone marrow aspirates/biopsies, spinal taps with and without chemotherapy)
-

Overall Goals:

1. To be competent in the comprehensive care of chronically and acutely ill patients with hematologic and solid organ malignancies and benign hematologic disorders. (Patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, systems-based practice)
2. To learn about the pathophysiology, diagnosis and basic principles of management of common pediatric malignancies including but not limited to, acute leukemias, lymphomas, brain tumors and sarcomas, hematopoietic stem cell transplant patients as well as benign hematologic disorders such as hemoglobinopathies (sickle cell anemia, thalassemia syndromes), hemolytic anemias, disorders of hemostasis, disorders of WBC's and immune function. (Patient care, medical knowledge, practice-based learning and improvement)

3. To be competent in the medical management of chronically and acutely ill patients with a broad range of hematologic and solid organ tumors. This includes
 - a. Understanding general goals of therapy (i.e., curative, neoadjuvant, adjuvant, or palliative)
 - b. Recognizing and managing complications of chemotherapy:
 - i. Neutropenic fever and infection
 - ii. Anemia
 - iii. Thrombocytopenia
 - iv. DIC
 - v. Transfusion-acquired graft versus host disease
 - vi. Metabolic and electrolyte derangements
 - c. Recognize when patients require immediate hospitalization and know how to implement prompt care for the acutely ill patient. (Patient care, medical knowledge, systems-based practice)
4. To understand the basic principles in managing patients who are undergoing chemotherapy, radiation therapy and bone marrow transplantation. (Medical knowledge).
5. To develop a rational approach to pain management in the cancer patient. (Patient care, medical knowledge)
6. To learn how to function as a member of an outpatient multidisciplinary team caring for patients with hematologic malignancies and solid tumors, as well as chronic benign hematologic disorders. (Patient care, professionalism, interpersonal and communication skills, systems-based practice).
7. To learn to provide prompt evidenced-based consultation on a wide variety of hematologic and oncologic conditions, and to communicate those findings and recommendations to referring physicians in a professional manner. (Patient care, professionalism, interpersonal and communication skills, systems-based practice).
8. To be able to participate in family meetings and be an effective communicator. (Professionalism, interpersonal and communication skills).
9. To learn how to address end of life issues with patients and family members. This includes an understanding of effective pain management and palliative care. (Medical knowledge, professionalism, interpersonal and communication skills, systems-based practice)

At the completion of this rotation, will be able to:

First-Year Fellow:

1. Formulate a differential diagnosis and outline a plan for evaluating and managing patients referred as a consultation. (Patient care, medical knowledge)
2. Demonstrate organizational skills necessary for the care of in-patients, including prioritization of patient problems and the use of information technology. (Practice-based learning and improvement, Systems-based practice)
3. Demonstrate baseline competency and improvement in medical interviewing and physical diagnosis. (Patient care, Interpersonal and communication skills)
4. Discuss the differential diagnosis and direct the evaluation and management of out-patients. (Patient care, medical knowledge, Professionalism, Interpersonal and communication skills)

5. Participate in family meetings and communicate effectively with patients and their families. (Professionalism, Interpersonal and communication skills)
6. Demonstrate ability to supervise admission planning and appropriate level of care. (Patient care, medical knowledge, Systems-based practice)
7. Promptly document all patient interactions in a concise, thorough manner. (Professionalism, Systems-based practice, Interpersonal and communication skills)
8. Demonstrate organizational skills necessary for supervising the care of community- based patients. (Patient care, Practice-based learning and improvement, Systems-based practice)
9. Understand the indications for, risks of, and become competent in the performance of procedures such as bone marrow aspiration, bone marrow biopsy, and lumbar puncture. (Patient care, Medical knowledge)

Second Year Fellow:

1. Demonstrate an understanding of the appropriate utilization of consult services and diagnostic testing. (Medical knowledge, Practice-based learning and Improvement, Systems-based practice)
2. Understand the indications for, risks of and be able to supervise house staff in the performance of procedures such as bone marrow aspiration, bone marrow biopsy, and lumbar puncture. (Patient care, Medical knowledge)
3. Demonstrate competency in the diagnosis and management of patients with hematologic and solid organ malignancies, as well as benign hematologic disorders as outlined above. Understand the natural history of hematologic and oncologic disorders through longitudinal experience with outpatients. The fellow should be able to perform independently with indirect or minimal supervision of the attending physician in the inpatient setting. (Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-based learning and improvement, Systems-based practice).

Third Year Fellow/Jr. Attending:

1. Function effectively as the head of an inpatient multi-disciplinary team to ensure proper care and welfare of patients. (Patient care, Professionalism, Interpersonal and communication skills, Systems-based practice)
2. Function as an effective team manager, leader and teacher. (Patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, systems-based practice)
3. Lead family meetings and communicate effectively with respect to explaining the diagnosis, prognosis, plan of therapy, and any research issues. (Patient care, medical knowledge)
4. Demonstrate competency in the diagnosis and management of patients with hematologic and solid organ malignancies, as well as benign hematologic disorders as outlined above. Understand the natural history of hematologic and oncologic disorders through longitudinal experience with outpatients. The fellow should be able to perform independently with indirect or minimal supervision of the attending physician in the inpatient setting. (Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-based learning and improvement, Systems-based practice).
5. Function effectively as the head of an inpatient multi-disciplinary team to ensure proper care

and welfare of patients. (Patient care, Professionalism, Interpersonal and communication skills, Systems-based practice)

6. Function as an effective team manager, leader and teacher. (Patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, systems-based practice)
7. Lead family meetings and communicate effectively with respect to explaining the diagnosis, prognosis, plan of therapy, and any research issues. (Patient care, medical knowledge)

2. Outpatient

Outpatient Rotation

Team Structure and Responsibilities:

The Outpatient Clinic consists of 2-3 Attending physicians, 1-2 Pediatric Hematology-Oncology fellows, 1-2 Advanced practice Practitioners and 1-2 residents and medical students.

Attending Physician:

- Holds appropriate clinical privileges at our institution.
- Supervises and assumes ultimate responsibility for the care of outpatients in their respective clinics.
- Reviews the clinical information and plan for each patient and performs patient-based teaching.
- Oversees order writing, but fellows must routinely write all orders for patients under their care. In those unusual circumstances when the attending writes an order, he/she must communicate this to the fellow in a timely manner.
- Responsible for providing verbal feedback and written evaluation of all members of the team.

Fellow:

- Oversees the care of all patients seen in the outpatient setting.
- Responsible for communicating test results to patients and family members and provide information to the referring physician.
- Writes all chemotherapy orders.
- Performs procedures of the patients taken care for

Overall Goals:

1. To be competent in the comprehensive care of chronically and acutely ill patients with hematologic and solid organ malignancies and benign hematologic disorders. (Patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, systems-based practice)
2. To learn about the pathophysiology, diagnosis and basic principles of management of common pediatric malignancies including, but not limited to, acute leukemias, lymphomas, brain tumors and sarcomas, as well as benign hematologic disorders such as hemoglobinopathies (sickle cell anemia, thalassemia syndromes), hemolytic anemias, disorders of hemostasis, disorders of WBC's, and immune function. (Patient care, medical knowledge, practice-based learning and improvement)
3. To be competent in the medical management of chronically and acutely ill patients with a broad range of hematologic and solid organ tumors. This includes: (Patient care, medical knowledge, systems-based practice)
 - a. Understanding general goals of therapy (i.e., curative, neoadjuvant, adjuvant, or palliative)
 - b. Recognizing and managing complications of chemotherapy:
 - i. Neutropenic fever and infection
 - ii. Anemia
 - iii. Thrombocytopenia
 - iv. DIC
 - v. Transfusion-acquired graft versus host disease
 - vi. Metabolic and electrolyte derangements
 - c. Recognize when patients require immediate hospitalization and know how to implement prompt care for the acutely ill patient.

4. To understand the basic principles in managing patients who are undergoing chemotherapy, radiation therapy and bone marrow transplantation. (Medical knowledge).
5. To develop a rational approach to pain management in the cancer patient. (Patient care, medical knowledge)
6. To learn how to function as a member of an outpatient multidisciplinary team caring for patients with hematologic malignancies and solid tumors, as well as chronic benign hematologic disorders. (Patient care, professionalism, interpersonal and communication skills, systems-based practice).
7. To learn to provide prompt evidenced-based consultation on a wide variety of hematologic and oncologic conditions, and to communicate those findings and recommendations to referring physicians in a professional manner. (Patient care, professionalism, interpersonal and communication skills, systems-based practice).
8. To be able to participate in family meetings and be an effective communicator. (Professionalism, interpersonal and communication skills).
9. To learn how to address end of life issues with patients and family members. This includes an understanding of effective pain management and palliative care. (Medical knowledge, professionalism, interpersonal and communication skills, systems-based practice)

Objectives (Competencies addressed)

At the completion of this rotation, the fellow will be able to:

First-Year Fellow:

1. Formulate a differential diagnosis and outline a plan for evaluating and managing patients referred as a consultation. (Patient care, medical knowledge)
2. Demonstrate organizational skills necessary for the care of out-patients, including prioritization of patient problems and the use of information technology. (Practice-based learning and improvement, Systems-based practice)
3. Demonstrate baseline competency and improvement in medical interviewing and physical diagnosis. (Patient care, Interpersonal and communication skills)
4. Discuss the differential diagnosis and direct the evaluation and management of out-patients. (Patient care, medical knowledge, Professionalism, Interpersonal and communication skills)
5. Participate in family meetings and communicate effectively with patients and their families. (Professionalism, Interpersonal and communication skills)
6. Demonstrate ability to supervise admission planning and appropriate level of care. (Patient care, medical knowledge, Systems-based practice)
7. Promptly document all patient interactions in a concise, thorough manner. (Professionalism, Systems-based practice, Interpersonal and communication skills)
8. Demonstrate organizational skills necessary for supervising the care of community-based patients. (Patient care, Practice-based learning and improvement, Systems-based practice)
9. Understand the indications for, risks of, and become competent in the performance of procedures such as bone marrow aspiration, bone marrow biopsy, and lumbar puncture. (Patient care, Medical knowledge)

Second-Year Fellow

1. Demonstrate an understanding of the appropriate utilization of consult services and diagnostic testing. (Medical knowledge, Practice-based learning and Improvement, Systems-based practice)
2. Understand the indications for, risks of and be able to supervise house staff in the performance of procedures such as bone marrow aspiration, bone marrow biopsy, and lumbar puncture. (Patient care, Medical knowledge)

Third-Year Fellow

1. Demonstrate competency in the diagnosis and management of patients with hematologic and solid organ malignancies, as well as benign hematologic disorders as outlined above. Understand the natural history of hematologic and oncologic disorders through longitudinal experience with outpatients. The fellow should be able to perform independently with indirect or minimal supervision of the attending physician in the outpatient setting. (Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-based learning and improvement, Systems-based practice).
2. Function effectively as the head of an outpatient multi-disciplinary team to ensure proper care and welfare of patients. (Patient care, Professionalism, Interpersonal and communication skills, Systems-based practice)
3. Function as an effective team manager, leader and teacher. (Patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, systems-based practice)
4. Lead family meetings and communicate effectively with respect to explaining the diagnosis, prognosis, plan of therapy, and any research issues. (Patient care, medical knowledge)

3. Scholarly Activity

Scholarly Activity

First-Year Fellow:

1. The fellow will write a case report to be presented at a local or regional meeting
2. The fellow will develop a teaching portfolio based on the teaching material and lectures given to the residents, medical students, and PHO core lectures
3. The fellow identifies a clinical mentor, who will give the fellow during the years of training and helps with the research project when needed.

Second-Year Fellow:

1. The fellow will identify a project that will be pursued during the second half of this year and third years of training.
2. The fellow will identify a research mentor for the project, with approval by the Program Director (PD), Division Chief, and SOC when needed.
3. The fellow will identify at least three members for his/her Scholarly Oversight Committee (SOC) with the assistance of the research/clinical mentor and the PD. At least one member of the SOC must be from outside the Division of Pediatric Hematology/Oncology.
4. The fellow is encouraged to write at least one grant proposal while the fellow is pursuing the project. This may be directed toward one of the internal training grants.
5. Pursue scholarly activity at least 80% time.
6. Schedule SOC meeting no less often than every 6 months. First meeting must be before the beginning of the research project.
7. Get satisfactory progress reports from the research mentor and the SOC
8. Prepare and present poster reporting progress on project at SOC and Research Day if enough data available.

Third-Year Fellow:

1. Continue to pursue project 80% time
2. SOC to meet no less often than every 6 months. Last meeting in June of third year must independently conclude that fellow has made satisfactory progress.
3. The fellow will present his/her project at Grand Rounds for the Department of Pediatrics.
4. Submit written report of scholarly activity to Program Director. Preferably this would be in the form of a first author publication, suitable for submission to a peer-reviewed journal. If the project is incomplete, a summary progress report will be considered, but only if the SOC report from June of the third year has documented satisfactory progress.
5. It is desirable that, in addition to a report of the fellow's scholarly activity, that the fellow also publishes reviews and case reports.
6. To present results of scholarly activity at regional or national meeting.

4. Pathology Rotation

PATHOLOGY ROTATION GOALS AND OBJECTIVES

1st Year Pediatric Hematology Oncology Fellow

Goals:

1. Discuss different methods used in the laboratory to support the hematology/oncology service. (*Medical Knowledge, Practice-based, and System-based Competencies*)
2. Discuss the advantages and limitations to techniques used in the laboratory. (*Medical Knowledge, Practice-based, and System-based Competencies*)
3. Recognize normal hematopoietic cells, abnormal hematopoietic cells, tumor cells, and common childhood tumor histologies [Cell Morphology]. (*Medical Knowledge, Practice-based, and System-based Competencies*).
4. Learn the correct technique to prepare bone marrow and peripheral smears. (*Medical Knowledge, Practice-based, and System-based Competencies*).

Objectives:

1. Review slides daily with pathologist of bone marrow (BM) aspirates, clot sections, and special stains. (*Patient Care, Medical Knowledge, Practice-based, and System-based Competencies*).
2. Correlate histology with clinical and laboratory findings [i.e. flow cytometry, cytogenetics]. (*Patient Care, Medical Knowledge, Practice-based, and System-based Competencies*).
3. Review all flow cytometry workups, results, and participate in the interpretation of those results. (*Patient Care, Medical Knowledge, Practice-based, and System-based Competencies*).
4. Observe techniques in the laboratory, including automated CBC's, coagulation procedures, hemoglobin variant analysis and correlate clinically. (*Patient Care, Medical Knowledge, Practice-based, and System-based Competencies*).
5. Perform peripheral blood and bone marrow differentials and determine differential diagnosis. (*Patient Care, Medical Knowledge, Practice-based, and System-based Competencies*).
6. Present a 1 hour conference to the pathologists regarding a hematology/oncology/ pathology topic. (*Medical Knowledge, Practice-based, and System-based Competencies*).
7. Observe the preparation of frozen sections and the relevance in the preliminary diagnosis of potential malignant solid tumors. (*Medical Knowledge, Practice-based, and System-based Competencies*).
8. Record all activities performed and observed during the rotation (BMA smears differential performed, laboratory procedures observed, BMA & Bx reviewed with pathologists). (*Medical Knowledge, Practice-based, and System-based Competencies*).
9. Assist the hematology technologists on BM procedures preparing bone marrow aspiration slides and assessing the adequacy of BM biopsies. (*Medical Knowledge, Practice-based, and System-based Competencies*).

Randall Craver, MD
Director, Department of Pathology
LSUHSC/Children's Hospital
Last revision: June 2020

5. Transfusion Medicine (Blood Bank)

TRANSFUSION MEDICINE ROTATION 2nd YEAR FELLOW

This 2-week rotation is designed to give the Hematology Oncology Fellow an overview of Transfusion Medicine from donor qualification, through processing and compatibility testing/ immunohematology. In order to provide a complete overview this rotation is carried out in The Blood Center and Children's Hospital. The Blood Center is a free-standing donor center which collects whole blood donors, plateletpheresis donors, produces components and has an AABB accredited Immunohematology Reference Laboratory. Children's Hospital Transfusion Service performs compatibility testing, component modification, and irradiation of blood products.

By the end of this rotation the Hematology Oncology Fellow will:

1. Outline the process for allogeneic whole blood donor qualification and collection and processing (testing)
2. Understand methods of donor recruitment, collection and storage, safety and testing
3. Understanding of blood component modification including volume reduction, washing, irradiation
4. Describe platelet apheresis including donor requirements and testing
5. Outline the process for production of components from Whole Blood (Red Cells, Fresh Frozen Plasma, Platelets and Cryoprecipitated AHF)
6. Discuss Quality Program and Regulation of The Blood Center
7. Discuss the following serologic problems/ processes
 - a. Routine antibody screening and compatibility testing
 - b. ABO Discrepancies
 - c. Anti body identification
 - d. Indications for elution
 - e. Absorptions- warm, cold
 - f. Direct Antiglobulin Testing
 - g. Neonatal immunohematologic testing
8. Therapeutic apheresis in pediatrics
9. Be able to recognize and manage platelet transfusion refractoriness, transfusion reactions, and transfusion acquired infections

The attached schedule is designed to provide the rotation in Transfusion Medicine and permit the Fellows to participate in their continuity clinics and other required activities. The schedule may be modified on an individual basis.

DAY	DURATION	LOCATION	SUBJECT
Day 1	Full day	TBC	Donor qualification and collection, platelet apheresis, component production
Day 2	Full day	TBC-Hammond	Donor testing, labeling
Day 3	Half day	TBC	Quality Program/ Regulation
Day 4	Half day	TBC	Medical Affairs
Day 5	Full day	TBC	Immunohematology
Day 6	Full day	TBC	Immunohematology
Day 7	Half day	Children's	Therapeutic apheresis
Day 8	Half day	Children's	Immunohematology (Neonatal)

6. Radiation Oncology

RADIATION ONCOLOGY ROTATION **2nd Year Fellow Pediatric Hematology-Oncology**

Length: 2 weeks

Location: Touro Infirmary; supervision from Dr. Ellen Zakris and colleagues

Goals:

- 1) The fellow will get familiar with modern radiation oncology practice and procedures: (*Medical Knowledge, Patient Care, Practice-based, and System-based Competencies*)
 - a. Consultation
 - b. Simulation
 - c. Treatment planning
 - d. Treatment management
 - e. Post-treatment follow-up of diverse patient population, including adult and pediatric patients.
- 2) Understanding of evidence-based indications for radiation treatment in adult and pediatric oncology patients. (*Patient Care, Medical Knowledge Competencies*)
- 3) Understand external beam and implant radiation techniques. (*Medical Knowledge, Patient Care, Practice-based, and System-based Competencies*)
- 4) Understand expected toxicities and side effects of radiation treatment and their appropriate management. (*Medical Knowledge, Patient Care, Practice-based, and System-based Competencies*)

Objectives:

- 1) Understand interaction of multimodality therapies including surgery, chemotherapy, and radiation therapy with emphasis on multidisciplinary communication and coordination to improve patient care. (*Medical Knowledge, Patient Care, Practice-based, and System-based, Interpersonal and Communication Skills Competencies*)
- 2) Understand the benefits of sophisticated planning techniques (i.e. IMRT) with particular emphasis on the unique clinical considerations of pediatric radiation oncology patients. The fellow also has the opportunity to observe intracranial radiosurgery procedures with Gamma (γ) Knife and extracranial radiosurgery procedures with Cyber Knife. (*Medical Knowledge, Patient Care, Practice-based, and System-based Competencies*)
- 3) Evaluate and participate in the care of patients in clinic under direct supervision of attending staff. (*Medical Knowledge, Patient Care, Practice-based, and System-based, Interpersonal and Communication Skills Competencies*)

7. Hematopoietic Stem Cell Transplantation (HSCT) Elective

Hematopoietic Stem Cell Transplantation ELECTIVE **for 2ND Year Pediatric Hematology-Oncology Fellow** **Supervision: Dr. Zachary LeBlanc and Dr. Lolie Yu**

This rotation will provide the clinical fellow with a comprehensive overview of the application of hematopoietic stem cell transplant (HSCT) as treatment for both malignant and nonmalignant conditions, understand the pathophysiology of disease processes such as GVHD, GVL, VOD, and Engraftment syndrome and learn the histocompatibility testing with matching strategies between donor and recipient .

The rotation is built around HSCT inpatient rounds, HSCT clinics, didactic sessions with the transplant physician, interactions with the HSCT team, and observations in the HSCT laboratory.

Specific Objectives for this Elective are:

1. Learn the pathophysiology & treatment of different diseases & complications peculiar to HSCT:
 - a. Graft versus Host Disease (GVHD)
 - b. Veno-Occlusive Disease of the Liver (VOD)
 - c. Infections
 - d. Engraftment/graft failure
2. Understand the process of matching between donor & recipient
 - a. HLA matching by molecular typing
 - b. Clinical factors: gender, age, CMV status
 - c. What constitute “best donor”
3. Identify the required process to provide stem cell donor clearance
4. Know different sources of stem cell available for transplantation:
 - a. Bone Marrow (BM) vs. Peripheral Blood Stem Cells (PBSC) vs. Cord Blood (CB)
 - b. Composition, cell yield, outcome
 - c. Requirements for successful engraftment
5. Learn the different forms of conditioning given to patients
 - a. Ablative vs. non-ablative
 - b. Reduced intensity conditioning (RIC)
6. Participate in donor the harvest of bone marrow stem cells and/or apheresis procedures.

8. Junior Attending Rotation

JUNIOR ATTENDING ROTATION FOR THIRD YEAR **Pediatric Hematology-Oncology Fellow**

Goal:

The third-year fellow will function independently (as a junior attending) in the management of the common and daily activities in the Pediatric Hematology-Oncology unit under the supervision of the faculty attending. This rotation is a total of 4-week rotation divided in 2-week blocks.

Objectives:

- 1) The fellow will conduct daily rounds with the residents and medical students discussing the acute care and management of the in-patients. The fellow will write the daily notes under the supervision of the attending physician.
- 2) The fellow will teach the pertinent topics related to Pediatric Hematology-Oncology to the residents and medical students during rounds and in lecture format. The goals and objectives for the resident's rotation are distributed to the fellow to facilitate these teaching activities.
- 3) The fellow will make the diagnostic and management decisions of newly diagnosed patients. The fellow will be in charge of family conference, convey bad news to the family when indicated, and lead the team in the appropriate tests and procedures to enroll patients in protocol.

Duties and responsibilities:

- 1) Daily rounds with the residents and medical students. (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*)
- 2) Write the notes describing physical exam, assessment, decision making and plan and discuss these with the team (Medical records and documentation appropriately kept). (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 3) Answer consults. (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 4) Teaching and lecturing the residents and medical students in the topics related to the rotation. (*Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 5) Lead the team in the diagnosis and management of new hematology-oncology patients. (*Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 6) Perform family conferences with the patients and the families as needed. (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).

1. Clinical Objectives for Sickle Cell Clinic

First year fellows will participate in the Sickle Cell Clinic during their outpatient clinic rotation. This clinic meets twice monthly for a half day, preceded by a multi-disciplinary review and discussion of the patients. The primary mentors are Dr. Renee Gardner and Dr. Dana LeBlanc. The following objectives have been developed for this clinical experience:

- Understand the components of a multidisciplinary approach to care of sickle cell disease patients
- Understand the components of routine health maintenance and surveillance for children, adolescents, and adults with sickle cell disease
- Gain knowledge of transition of care from pediatric to adult services
- Understand the monitoring and management of chronic complications of sickle cell disease
 - Cerebrovascular disease
 - Avascular necrosis
 - Pulmonary hypertension
 - Leg ulcers
 - Chronic pain
- Understand the outpatient management of vaso-occlusive pain crises
- Understand the use of hydroxyurea in sickle cell disease: indications, toxicity, monitoring, dose adjustment
- Understand the use of transcranial Doppler ultrasound in sickle cell disease
- Gain knowledge of emerging therapies in SCD including gene therapy and bone marrow transplantation
- Understand the use of chronic transfusion therapy in sickle cell disease
 - Indications for chronic transfusion
 - Management of complications
 - Differences between exchange and straight transfusion regimens

2. Clinical Objectives for BMT/HSCT Clinic

First year fellows will participate in the BMT/HSCT during their outpatient clinic rotation. The primary mentors are Dr. Zachary LeBlanc and Dr. Lolie Yu. The following objectives have been developed for this clinical experience:

- Understand the indications for stem cell transplantation in malignant and non- malignant disorders
- Understand the basic principles of donor selection, including:
 - HLA testing and interpretation
 - Differences between stem cell sources:
 - Bone marrow
 - Umbilical cord blood
 - Peripheral blood
- Process of unrelated donor identification through registries
- Understand factors affecting the choice of preparative regimen for transplantation
- Understand the timeframe and assessment of immune reconstitution
- Understand the risks of infectious complications during different time periods after transplantation
- Understand the assessment and management of acute graft-versus-host disease
- Understand the assessment and management of chronic graft-versus-host disease
- Recognize the potential late toxicities of stem cell transplantation

3. Clinical Objectives for Late Effects Clinic

First year fellows will participate in the LTFU clinic for survivors of childhood cancer during their outpatient clinic rotation. This clinic meets twice monthly for a half day, preceded by a multi-disciplinary review and discussion of the patients. The primary mentors are Dr. Pinki Prasad. The following objectives have been developed for this clinical experience:

- Identify the potential late effects of common treatment modalities in pediatric oncology, including:
 - Specific chemotherapeutic agents
 - Radiation
 - Surgery
 - Bone marrow transplantation
- Participate actively in a multidisciplinary team approach to pediatric cancer survivorship
- Become familiar with LTFU recommendations and guidelines from the Children's Oncology Group and other organizations
- Use existing guidelines to create individualized plans and recommendations for off-therapy surveillance of late effects and general health maintenance
- Efficiently review, summarize and present the relevant history of complex pediatric oncology patients
- Understand the process of transitioning care of young adult survivors of childhood cancer from pediatric to adult health care providers
- Recognize the importance of a comprehensive LTFU approach for all survivors of childhood cancer

4. Clinical Objectives for Hemophilia Clinic

First year fellows will participate in the Hemophilia Clinic during their outpatient clinic rotation. This clinic meets twice monthly for a half day, preceded by a multi-disciplinary review and discussion of the patients. The primary mentor is Dr. Maria Velez. The following objectives have been developed for this clinical experience:

- Understand the elements of a multidisciplinary approach to management of hemophilia
- Understand the components of routine health maintenance and surveillance for children with hemophilia and other bleeding disorders
- Develop a rational approach to diagnosis of patients with suspected bleeding tendency
- Understand the approach to managing joint disease in hemophilia
- Recognize the differences between recombinant and plasma-derived factor products for hemophilia and gain a working knowledge of new products in development
- Understand the indications and options for prophylaxis in hemophilia
- Understand the management of hemophilia patients with inhibitors:
 - Diagnosis, interpretation of laboratory studies
 - Low-titer vs. high-titer management
 - Strategies for immune tolerance induction
 - Use of bypassing agents
- Understand the approach to diagnosis of von Willebrand disease
- Understand the options for management of gynecologic bleeding in hemophilia and von Willebrand disease

- Understand the options for management of minor bleeding complications in hemophilia and von Willebrand disease
- Understand the options for prophylaxis of minor surgical/dental procedures in hemophilia and von Willebrand disease
- Understand the options for management of major surgical procedures in hemophilia and von Willebrand disease
- Understand the management of patients receiving chronic anticoagulation

MILESTONE EVALUATIONS

1st Year

Upper-Level Fellow Evaluation Form – Inpatient/Outpatient/Consult

Fellow: _____ Rotation: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC1 (PC3) Provides transfer of care that insures seamless transitions.

Shows frequent errors of both omission and commission in the transfer of care.	Shows less frequent errors. Neither anticipates nor attends to the needs of the receiver of information.	Shows minimal errors. Begins to anticipate potential issues for the receiver.	Adapts transfer of care to increasingly complex situations and ensures open communication.	Provides appropriate transfer of information and communication with patients, families and health care team.
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(PC8) Prescribes and performs all medical procedures

Is unclear about appropriate indications or procedure technique. Shows limited technical ability. Does not seek informed consent. Does not appropriately coordinate care or preparation.	Shows some understanding of indications. Is able to perform parts of the procedure. Has limited ability to troubleshoot. Is able to get informed consent.	With few exceptions, chooses correct procedure. Is able to completely perform procedures under most circumstances and to overcome most challenges.	Always chooses correct procedures. Has complete understanding of indications. Obtains appropriate informed consent. Performs technically correct procedure under most circumstances.	Is able to troubleshoot, teach skills and supervise others.
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ICS2 (ICS4) Works effectively as a member or leader of a health care team or other professional group

Passively follows the lead of others. Shows little initiative within team.	Puts self before team but attempts to integrate.	Sees self as an integral part of the team. Recognizes team roles but does not seek leadership.	Seeks out and takes on a leadership role. Initiates problem solving.	Creates a high-functioning team or joins a poorly functioning team and facilitates improvement.
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ICS3 (ICS5) Acts in consultative role to other physicians and health professionals

Performs an accurate H&P. Limited knowledge makes it difficult to focus on question asked.	Differential diagnosis and recommendations are focused on question but not comprehensive. Takes some ownership of patient outcomes.	Shows advanced knowledge in area. Recognizes limitations. Recommendations are consistent with best practice. Shares good relationship with referring physician.	Is a content expert. Vast experience and clinical judgment allow for succinct answers to questions asked. Shares a collaborative relationship with referring physician.	Is a master clinician. Lends practical wisdom to consultation.
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Please provide specific examples to support your choices along with any additional comments:

First-Year Fellow Evaluation Form – Continuity Clinic Form A

Fellow: _____

Evaluator: _____

Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

MK1 (MK2/PBL16) Locates, appraises, and assimilates evidence from scientific studies related to their patient's health problems

Doesn't apply EBM to clinical situations.	Utilizes EBM when asked but is not efficient at searching literature.	Begins to independently seek and apply EBM when needed.	Is self motivated to practice EBM and teaches it to others.	Is a role model for practicing EBM and teaching it to others.
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ICS1 (ICS1) Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

Uses standard medical interview template. Is uncomfortable asking personal questions.	Uses interview to establish rapport and focus on information exchange. Identifies but cannot manage barriers to communication.	Begins to develop a standard approach to difficult scenarios. Is able to mitigate barriers.	Establishes a therapeutic alliance. Tailors communication and approach to the individual. Handles majority of difficult situations.	Fosters trusting and loyal relationships. Educates patients and families. Intuitively handles difficult situations.
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(ICS3old) Communicates effectively with physicians, other health professionals, and health related agencies

Does not take context or audience into account when communicating.	Begins to adjust to context though still includes excess detail.	Usually chooses appropriate modality and strategy for communication. Begins to improvise in unfamiliar situations.	Distills complex information succinctly for any audience. Improvises in difficult communication scenarios.	Is a master of improvisation. Is recognized as an effective public speaker. Is a role model for difficult conversations.
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PROF1 (P-Con) High standards of ethical behavior which includes maintaining appropriate professional boundaries

Shows repeated lapses in professional conduct.	Shows periodic lapses in professional conduct under conditions of stress or fatigue.	Shows professional behavior in most circumstances. Shows insight into actions.	Shows professional behavior in nearly all circumstances. Helps others with issues of professionalism.	Serves as a model of professional conduct. Exhibits excellent emotional intelligence. Maintains high ethical standards.
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Please provide specific examples to support your choices along with any additional comments:

First-Year Fellow Evaluation Form – Continuity Clinic

Fellow: _____

Evaluator: _____

Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

MK1 (MK2/PBL16) Locates, appraises, and assimilates evidence from scientific studies related to their patient’s health problems

Doesn’t apply EBM to clinical situations.	Utilizes EBM when asked but is not efficient at searching literature.	Begins to independently seek and apply EBM when needed.	Is self motivated to practice EBM and teaches it to others.	Is a role model for practicing EBM and teaching it to others.
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PBL11 (PBL1) Identifies strengths, deficiencies, and limits in one’s knowledge and expertise

Has limited self-awareness of knowledge or skills.	Analysis of self performance is limited to completion of tasks.	Seeks elaboration, clarification or expansion on patient care related tasks.	Self-identifies gaps in knowledge and skills. Seeks to broaden knowledge beyond task.	Is a self-directed life-long learner, independent of patient care.
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PBL14 (PBL1 9) Participates in the education of patients, families, students, residents, and other health professionals

Knowledge gaps result in rigid education that does not meet patient needs. Doctor-centered.	Begins to meet needs of patients. Does not check for patient understanding.	Individualizes teaching to meet needs of patient. Checks for patient understanding inconsistently.	Is a flexible educator. Is typically patient-centered. Empowers and motivates patients.	Is habitually patient-centered. Empowers and motivates to make healthy changes. Always checks patient understanding.
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(P-Hum) Professionalism: Humanism

Is detached. Is not sensitive to the needs of the patient.	Has a general pattern of lack of sensitivity but shows compassion at times.	Consistently responds with kindness and compassion to needs of families.	Anticipates non-medical needs and shows altruism.	Is a proactive advocate on behalf of those in need in our society.
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Please provide specific examples to support your choices along with any additional comments (use back of page as needed):

First-Year Fellow Evaluation Form – Continuity Clinic

Fellow: _____

Evaluator: _____

Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

MK1 (MK2/PBL16) Locates, appraises, and assimilates evidence from scientific studies related to their patient’s health problems

Doesn't apply EBM to clinical situations.	Utilizes EBM when asked but is not efficient at searching literature.	Begins to independently seek and apply EBM when needed.	Is self motivated to practice EBM and teaches it to others.	Is a role model for practicing EBM and teaching it to others.
-------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------------	--------------------------------------------------------------------	---------------------------------------------------------------

ICS1 (ICS1) Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

Uses standard medical interview template. Is uncomfortable asking personal questions.	Uses interview to establish rapport and focus on information exchange. Identifies but cannot manage barriers to communication.	Begins to develop a standard approach to difficult scenarios. Is able to mitigate barriers.	Establishes a therapeutic alliance. Tailors communication and approach to the individual. Handles majority of difficult situations.	Fosters trusting and loyal relationships. Educates patients and families. Intuitively handles difficult situations.
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(ICS3old) Communicates effectively with physicians, other health professionals, and health related agencies

Does not take context or audience into account when communicating.	Begins to adjust to context though still includes excess detail.	Usually chooses appropriate modality and strategy for communication. Begins to improvise in unfamiliar situations.	Distills complex information succinctly for any audience. Improvises in difficult communication scenarios.	Is a master of improvisation. Is recognized as an effective public speaker. Is a role model for difficult conversations.
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PROF1 (P-Con) High standards of ethical behavior which includes maintaining appropriate professional boundaries

Shows repeated lapses in professional conduct.	Shows periodic lapses in professional conduct under conditions of stress or fatigue.	Shows professional behavior in most circumstances. Shows insight into actions.	Shows professional behavior in nearly all circumstances. Helps others with issues of professionalism.	Serves as a model of professional conduct. Exhibits excellent emotional intelligence. Maintains high ethical standards.
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SBP3 (SBP 3) Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

Has difficulty processing cost and risk benefit information.	Uses cost containment analysis only when prompted to do so.	Integrates cost analysis while optimizing risk/benefit for individual patients.	Understands risk/benefit in context of systems.	Integrates cost analysis into one’s practice while minimizing risk and optimizing benefits for whole systems.
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Please provide specific examples to support your choices along with any additional comments:

First-Year Fellow Evaluation Form – Inpatient

Fellow: _____ Rotation: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC1 (PC3) Provides transfer of care that insures seamless transitions.

Shows frequent errors of both omission and commission in the transfer of care.	Shows less frequent errors. Neither anticipates nor attends to the needs of the receiver of information.	Shows minimal errors. Begins to anticipate potential issues for the receiver.	Adapts transfer of care to increasingly complex situations and ensures open communication.	Provides appropriate transfer of information and communication with patients, families and health care team.
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PC2 (PC6) Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment

Presents clinical facts without filtering, reorganization, or synthesis.	Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.	Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.	Shows well established pattern recognition leading to effective and efficient work up and plan.
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PC3 (PC7) Develops and carries out management plans

Carries out directed plan from others.	Begins to form plan based on own knowledge but shows lack of prioritization.	Begins to incorporate patient values and draws on some experience when developing plan.	Develops and carries out plans for moderately complex patients. Incorporates patient and family values.	Develops and carries out plans for complex and rare patients. Incorporates patient and family values while excluding personal biases.
----------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

ICS1 (ICS1) Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

Uses standard medical interview template. Is uncomfortable asking personal questions.	Uses interview to establish rapport and focus on information exchange. Identifies but cannot manage barriers to communication.	Begins to develop a standard approach to difficult scenarios. Is able to mitigate barriers.	Establishes a therapeutic alliance. Tailors communication and approach to the individual. Handles majority of difficult situations.	Fosters trusting and loyal relationships. Educates patients and families. Intuitively handles difficult situations.
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Please provide specific examples to support your choices along with any additional comments (use back of page as needed):

First-Year Fellow Evaluation Form – Inpatient

Fellow: _____ Rotation: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC2 (PC6) Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment

Presents clinical facts without filtering, reorganization, or synthesis.	Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.	Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.	Shows well established pattern recognition leading to effective and efficient work up and plan.
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PC3 (PC7) Develops and carries out management plans

Carries out directed plan from others.	Begins to form plan based on own knowledge but shows lack of prioritization.	Begins to incorporate patient values and draws on some experience when developing plan.	Develops and carries out plans for moderately complex patients. Incorporates patient and family values.	Develops and carries out plans for complex and rare patients. Incorporates patient and family values while excluding personal biases.
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MK1 (MK2/PBLI6) Locates, appraises, and assimilates evidence from scientific studies related to their patient’s health problems

Doesn't apply EBM to clinical situations.	Utilizes EBM when asked but is not efficient at searching literature.	Begins to independently seek and apply EBM when needed.	Is self motivated to practice EBM and teaches it to others.	Is a role model for practicing EBM and teaching it to others.
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PBLI1 (PBLI 1) Identifies strengths, deficiencies, and limits in one's knowledge and expertise

Has limited self-awareness of knowledge or skills.	Analysis of self performance is limited to completion of tasks.	Seeks elaboration, clarification or expansion on patient care related tasks.	Self-identifies gaps in knowledge and skills. Seeks to broaden knowledge beyond task.	Is a self-directed life-long learner, independent of patient care.
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Please provide specific examples to support your choices along with any additional comments:

First-Year Fellow Evaluation Form – Inpatient

Fellow: _____ Rotation: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC2 (PC6) Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment

Presents clinical facts without filtering, reorganization, or synthesis.	Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.	Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.	Shows well established pattern recognition leading to effective and efficient work up and plan.
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PC3 (PC7) Develops and carries out management plans

Carries out directed plan from others.	Begins to form plan based on own knowledge but shows lack of prioritization.	Begins to incorporate patient values and draws on some experience when developing plan.	Develops and carries out plans for moderately complex patients. Incorporates patient and family values.	Develops and carries out plans for complex and rare patients. Incorporates patient and family values while excluding personal biases.
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PC4 (PC12) Provides appropriate role modeling

Works in isolation. Has no awareness of impact on others. Shows no reflection on actions.	Sometimes teaches by example. Occasionally reflects on events as they occur.	Is conscious of being a role model some of the time. Teaches by example at times. Reflects privately.	Is a more consistent role model. Routinely teaches by example. Frequently reflects on actions. Shares reflections.	Is a role model and teaches by example. Routinely reflects on actions to teach others.
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(PC13) Provides appropriate supervision

Finds it difficult to step back from direct care.	Is unable to delegate appropriately based on level of competence of supervisee.	Micromanages.	Is able to delegate, especially when prompted by supervisee. Sometimes recognizes teaching opportunities for others.	Delegates optimally. Recognizes professional growth of others.
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Please provide specific examples to support your choices along with any additional comments:

First-Year Fellow Evaluation Form – Inpatient

Fellow: _____ Rotation: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC2 (PC6) Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment

Presents clinical facts without filtering, reorganization, or synthesis.	Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.	Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.	Shows well established pattern recognition leading to effective and efficient work up and plan.
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PC3 (PC7) Develops and carries out management plans

Carries out directed plan from others.	Begins to form plan based on own knowledge but shows lack of prioritization.	Begins to incorporate patient values and draws on some experience when developing plan.	Develops and carries out plans for moderately complex patients. Incorporates patient and family values.	Develops and carries out plans for complex and rare patients. Incorporates patient and family values while excluding personal biases.
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PC4 (PC12) Provides appropriate role modeling

Works in isolation. Has no awareness of impact on others. Shows no reflection on actions.	Sometimes teaches by example. Occasionally reflects on events as they occur.	Is conscious of being a role model some of the time. Teaches by example at times. Reflects privately.	Is a more consistent role model. Routinely teaches by example. Frequently reflects on actions. Shares reflections.	Is a role model and teaches by example. Routinely reflects on actions to teach others.
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ICS2 (ICS4) Works effectively as a member or leader of a health care team or other professional group

Passively follows the lead of others. Shows little initiative within team.	Puts self before team but attempts to integrate.	Sees self as an integral part of the team. Recognizes team roles but does not seek leadership.	Seeks out and takes on a leadership role. Initiates problem solving.	Creates a high-functioning team or joins a poorly functioning team and facilitates improvement.
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PROF3 (PPD 6) Provides leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients

Is disorganized and inefficient in team management. Manages by mandate.	Is somewhat organized but is indecisive. Sometimes engages team members in decision making.	Manages in an organized manner. Is focused and decisive. Advocates somewhat effectively for team.	Is organized and efficient. Encourages team members to take ownership. Advocates effectively for team.	Shows inspirational, strong and consistent organization and team leadership skills. Advocates proactively.
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Please provide specific examples to support your choices along with any additional comments:

First-Year Fellow 360° Evaluation Form

Fellow: _____ Date: _____

Evaluator: _____ Evaluator's role: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

SBP1 (SBP 1) Works effectively in various health care delivery settings and systems relevant to their clinical specialty

Is frequently frustrated by system processes but makes no effort to change them due to limited understanding of systems.	Develops workarounds for individual situations. Does not improve systems.	Fixes system problems in one setting but cannot apply to other settings.	Adapts learning from one system to problems in other systems.	Leads system changes.
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SBP4 (SBP5) Works in interprofessional teams to enhance patient safety and improve patient care quality

Responds only to physician colleagues. Dismisses input from other professionals.	Begins to understand input from other professionals but is unlikely to seek out their opinion.	Is aware of unique contributions of other professionals and seeks out their opinion. Is an excellent team player.	Is a role model for interdisciplinary work.
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SBP5 (SBP6) Participates in identifying system errors and implementing potential system solutions

Is defensive or blaming. Has no perception of personal responsibility.	Is occasionally open to discussion of both individual and system error correction. Has some awareness of personal responsibility.	Is usually open to discussion of error. Takes an analytical approach, including identification of personal responsibility.	Takes responsibility for both individual and system error correction. Begins to adopt a systemic approach.	Takes an individual and systems approach to all error analysis. Engages other team members for system correction and improvement.
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(PPD2) Uses healthy coping mechanisms to respond to stress

Stressors lead to significant impairment in performance.	Has limited coping mechanisms with emotional outbursts or blaming of others.	Coping mechanisms more developed but behavior occasionally is compromised under significant stressors.	Reflects on prior experiences to develop healthy strategies to respond to stress.	Anticipates one's own stressors. Helps to alleviate stress for others.
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PROF2 (PPD5) Demonstrates trustworthiness in the care of patients

Shows lapses in data-gathering and follow-through. Occasionally misrepresents data.	Shows occasional lapses in follow-up. Does not recognize limits.	Takes ownership for focused needs of patient care. Is reliable. Is able to prioritize. Recognizes limits.	Assumes full responsibility for all aspects of patient care. Anticipates problems.	Is a master clinician.
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First Year Procedure Evaluation

First-Year Fellow Evaluation Form – Procedures

Fellow: _____ Procedure(s): _____

Evaluator: _____ Date/Date range: _____

Please assess fellow performance for procedure(s) by checking the box below the best description:

(PC8) Prescribes and performs all medical procedures

Is unclear about appropriate indications or procedure technique. Shows limited technical ability. Does not seek informed consent. Does not appropriately coordinate care or preparation.	Shows some understanding of indications. Is able to perform parts of the procedure. Has limited ability to troubleshoot. Is able to get informed consent.	With few exceptions, chooses correct procedure. Is able to completely perform procedures adequately under most circumstances and to overcome most challenges.	Always chooses correct procedures. Has complete understanding of indications. Obtains appropriate informed consent. Performs technically correct procedure under most circumstances. Orders correct tests.	Is able to troubleshoot, teach skills and supervise others.	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please provide comments to support your choice:

Suggestions for improvement:

If evaluating a single procedure, please note the level of supervision that was required:

Performed procedure for fellow.	Provided physical assistance	Provided verbal assistance	Fellow performed procedure without assistance	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Fellow Evaluation Form – Conferences

Fellow: _____ Conference: _____

Title of Talk: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

MK1 (MK2/PBL16) Locates, appraises, and assimilates evidence from scientific studies related to their patient's health problems

Doesn't apply EBM to clinical situations.	Utilizes EBM when asked but is not efficient at searching literature.	Begins to independently seek and apply EBM when needed.	Is self motivated to practice EBM and teaches it to others.	Is a role model for practicing EBM and teaching it to others.
-------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------------	--------------------------------------------------------------------	---------------------------------------------------------------

PBL14 (PBL1 9) Participates in the education of patients, families, students, residents, and other health professionals

Knowledge gaps result in rigid education that does not meet patient needs. Doctor-centered.	Begins to meet needs of patients. Does not check for patient understanding.	Individualizes teaching to meet needs of patient. Checks for patient understanding inconsistently.	Is a flexible educator. Is typically patient-centered. Empowers and motivates patients.	Is habitually patient-centered. Empowers and motivates to make healthy changes. Always checks patient understanding.
---------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

(ICS3old) Communicates effectively with physicians, other health professionals, and health related agencies

Does not take context or audience into account when communicating.	Begins to adjust to context though still includes excess detail.	Usually chooses appropriate modality and strategy for communication. Begins to improvise in unfamiliar situations.	Distills complex information succinctly for any audience. Improvises in difficult communication scenarios.	Is a master of improvisation. Is recognized as an effective public speaker. Is a role model for difficult conversations.
--------------------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

PBL12 (PBL14) Systematically analyzes practice using quality improvement methods with the goal of practice improvement

Lacks reflection on practice. Is defensive when provided feedback on performance. Does not understand QI methodology.	Uses improvement strategies at individual patient but not systems level. Depends on external prompts to define QI opportunities.	Expands QI opportunities from individuals to populations. Understands QI methodologies.	Analyzes own data on a continuous basis. Uses PDSA process for improvement. Is able to lead a team in improvement.	Extends QI to systems beyond one's own practice and implements change.
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

Please comment on any praiseworthy points regarding topic choice, organization, speaking manner, audiovisuals, time management, and involvement of the audience by the speaker for this presentation:

Please indicate any aspects of the presentation that could be improved. Provide specific examples when possible:

MILESTONE EVALUATIONS

Upper Level

Continuity Clinic Form A

Upper-Level Fellow Evaluation Form – Continuity Clinic

Fellow: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC2 (PC6) Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment

Presents clinical facts without filtering, reorganization, or synthesis.	Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.	Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.	Shows well established pattern recognition leading to effective and efficient work up and plan.
--------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

PC3 (PC7) Develops and carries out management plans

Carries out directed plan from others.	Begins to form plan based on own knowledge but shows lack of prioritization.	Begins to incorporate patient values and draws on some experience when developing plan.	Develops and carries out plans for moderately complex patients. Incorporates patient and family values.	Develops and carries out plans for complex and rare patients. Incorporates patient and family values while excluding personal biases.
----------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

(PC13) Provides appropriate supervision

Finds it difficult to step back from direct care.	Is unable to delegate appropriately based on level of competence of supervisee.	Micromanages.	Is able to delegate, especially when prompted by supervisee. Sometimes recognizes teaching opportunities for others.	Delegates optimally. Recognizes professional growth of others.
---------------------------------------------------	---------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

PROF1 (P-Con) High standards of ethical behavior which includes maintaining appropriate professional boundaries

Shows repeated lapses in professional conduct.	Shows periodic lapses in professional conduct under conditions of stress or fatigue.	Shows professional behavior in most circumstances. Shows insight into actions.	Shows professional behavior in nearly all circumstances. Helps others with issues of professionalism.	Serves as a model of professional conduct. Exhibits excellent emotional intelligence. Maintains high ethical standards.
------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

SBP2 (SBP2) Coordinates patient care within the health system relevant to their clinical specialty

Does not communicate care plans or coordinate with the medical team. Informs family of plans but does not involve them in discussion.	Involves family with care plans but communicates poorly with medical team members.	Coordinates care with medical team. Assists and involves families in decision making with few omissions.	Effectively serves as the medical care coordinator. Participates in shared decision making leading to culturally appropriate care.
---------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

Form A

Upper Level Continuity Clinic
Form B

Upper-Level Fellow Evaluation Form – Continuity Clinic

Fellow: _____

Evaluator: _____

Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC2 (PC6) Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment

Presents clinical facts without filtering, reorganization, or synthesis.	Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.	Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.	Shows well established pattern recognition leading to effective and efficient work up and plan.
--------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

PC4 (PC12) Provides appropriate role modeling

Works in isolation. Has no awareness of impact on others. Shows no reflection on actions.	Sometimes teaches by example. Occasionally reflects on events as they occur.	Is conscious of being a role model some of the time. Teaches by example at times. Reflects privately.	Is a more consistent role model. Routinely teaches by example. Frequently reflects on actions. Shares reflections.	Is a role model and teaches by example. Routinely reflects on actions to teach others.
-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

MK1 (MK2/PBL16) Locates, appraises, and assimilates evidence from scientific studies related to their patient's health problems

Doesn't apply EBM to clinical situations.	Utilizes EBM when asked but is not efficient at searching literature.	Begins to independently seek and apply EBM when needed.	Is self motivated to practice EBM and teaches it to others.	Is a role model for practicing EBM and teaching it to others.
-------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------------	--------------------------------------------------------------------	---------------------------------------------------------------

(P-Hum) Professionalism: Humanism

Is detached. Is not sensitive to the needs of the patient.	Has a general pattern of lack of sensitivity but shows compassion at times.	Consistently responds with kindness and compassion to needs of families.	Anticipates non-medical needs and shows altruism.	Is a proactive advocate on behalf of those in need in our society.
------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------------------------------------------------	----------------------------------------------------------	--------------------------------------------------------------------

SBP3 (SBP 3) Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

Has difficulty processing cost and risk benefit information.	Uses cost containment analysis only when prompted to do so.	Integrates cost analysis while optimizing risk/benefit for individual patients.	Understands risk/benefit in context of systems.	Integrates cost analysis into one's practice while minimizing risk and optimizing benefits for whole systems.
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Upper Level
Inpatient Consults

Upper-Level Fellow Evaluation Form – Inpatient/Outpatient/Consult

Fellow: _____ Rotation: _____

Evaluator: _____ Date: _____

Please assess fellow performance for the following competencies by checking the box below the best description:

PC1 (PC3) Provides transfer of care that insures seamless transitions.

Shows frequent errors of both omission and commission in the transfer of care.	Shows less frequent errors. Neither anticipates nor attends to the needs of the receiver of information.	Shows minimal errors. Begins to anticipate potential issues for the receiver.	Adapts transfer of care to increasingly complex situations and ensures open communication.	Provides appropriate transfer of information and communication with patients, families and health care team.
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

(PC8) Prescribes and performs all medical procedures

Is unclear about appropriate indications or procedure technique. Shows limited technical ability. Does not seek informed consent. Does not appropriately coordinate care or preparation.	Shows some understanding of indications. Is able to perform parts of the procedure. Has limited ability to troubleshoot. Is able to get informed consent.	With few exceptions, chooses correct procedure. Is able to completely perform procedures under most circumstances and to overcome most challenges.	Always chooses correct procedures. Has complete understanding of indications. Obtains appropriate informed consent. Performs technically correct procedure under most circumstances.	Is able to troubleshoot, teach skills and supervise others.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

ICS2 (ICS4) Works effectively as a member or leader of a health care team or other professional group

Passively follows the lead of others. Shows little initiative within team.	Puts self before team but attempts to integrate.	Sees self as an integral part of the team. Recognizes team roles but does not seek leadership.	Seeks out and takes on a leadership role. Initiates problem solving.	Creates a high-functioning team or joins a poorly functioning team and facilitates improvement.
----------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

ICS3 (ICS5) Acts in consultative role to other physicians and health professionals

Performs an accurate H&P. Limited knowledge makes it difficult to focus on question asked.	Differential diagnosis and recommendations are focused on question but not comprehensive. Takes some ownership of patient outcomes.	Shows advanced knowledge in area. Recognizes limitations. Recommendations are consistent with best practice. Shares good relationship with referring physician.	Is a content expert. Vast experience and clinical judgment allow for succinct answers to questions asked. Shares a collaborative relationship with referring physician.	Is a master clinician. Lends practical wisdom to consultation.
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

Please provide specific examples to support your choices along with any additional comments:

VII. Appendix I: Clinical Competency Committee (CCC)

CLINICAL COMPETENCY COMMITTEE (CCC)

Purpose:

A Clinical Competency Committee (CCC) has been created per the ACGME Next Accreditation System (NAS) to provide broad input to the Program Director about each fellow's clinical performance using standardized measurements through the milestone and entrustable professional activities (EPA). The purpose of the CCC will be to rate a fellow's clinical competency based on standardized, transparent criteria. The CCC functions in an advisory role and reviews all completed written evaluations for each fellow and generates a summary and recommendations with respect to the performance and promotion of each fellow. The CCC meets semi-annually and assures reporting of the Milestones evaluations, prepares a summary report of the committee's recommendations and rationale, specifically gives recommendations for promotion, remediation or dismissal, and advises the **Program Evaluation Committee (PEC)** about any specific relevant issue. The committee will review all fellow evaluations semi-annually and make recommendations to the Program Director (PD) relative to fellow progress, including promotion, remediation, and dismissal. The committee will also prepare and ensure accurate reporting of milestone evaluations of each fellow semi-annually to the ACGME.

Until more detailed Milestones/EPAs are available for the Pediatric Hematology-Oncology and Hematopoietic Stem Cell Transplant Fellowship training programs, the committee will utilize current evaluation tools, especially the fellows' portfolios. Documents to be reviewed include:

1. 360° evaluations (faculty, peers and fellows, nurses, other healthcare providers)
2. Completion of Core Curriculum modules and attendance to lectures
3. Review of:
 - a. Duty hours/moonlighting
 - b. Procedure logs
 - c. In-service scores
 - d. Scholarly activity including research project (mentor, SOC members and meetings, project status)
 - e. Academic presentations
 - f. Grant applications
 - g. Participation in QI/QA project with review of goal and outcome
4. Individual learning plan (ILP)
5. Fellow's review of the program
6. Fellow's competency based self-assessment.

Fellow Enhancement and Corrective Action Plans:

As above, CCC members will review individual fellow performances using the monthly evaluation form. If the fellow is on target or ahead of projected performance, recommendations can be made to provide the fellow with a guide to further enhance his or her development. Areas for improvement or fellow deficiencies will result in a more involved and documented corrective action plan. If during the evaluation process a CCC member notes a fellow falls under the “Critical Deficiencies” category of the milestones evaluation form or identifies characteristics that may threaten the health and well-being of patients or the fellow, that member will immediately notify the Committee Chair and Program Director so that swift action can be taken to intervene and mitigate any harm. The events and course of action will also be shared with the committee members at the time of the quarterly meetings. Fellows will otherwise be considered to have adequate progression based on the following scale (scale based on 1-5 rating):

- PGY4: Rating of 2-3 (or greater) on the milestones evaluation form
- PGY5: Rating of 3-4 (or greater) on the milestones evaluation form
- PGY6: Rating of 4-5 on the milestones evaluation form

Each fellow’s progression will be noted during each CCC meeting. The final rating for each of the 22 ACGME milestones will be determined by the committee as a whole, with the majority vote (over 50%) determining the rating. If there is a tie, the Committee Chair will serve as the tiebreaker. If failure to progress through the milestones, or if a separate fellow issue is identified, a formal action plan will occur as follows:

- The committee will determine a course of action for corrective action.
- The plan will be written out with specific recommendations and a timeline for the fellow to demonstrate progression. This will be kept with the Program Coordinator as part of the fellow’s file.
- The CCC member assigned to that fellow will then share the action plan with the Committee Chair and Program Director for approval. Once approved, the plan will also be shared with the fellow’s faculty advisor.
- Working together the assigned faculty advisor and the CCC member will meet with the fellow to review and enact the action plan. If the faculty member and CCC member assigned to the fellow is the same individual, then one of the alternate CCC members assigned to that year will serve as the co-advisor for the action plan.

The fellow’s progression will again be reassessed at the semi-annual CCC meeting or sooner if needed. If the fellow continues to show failure of progression in the same area, the Committee Chair and Program Director will meet to determine the next step in corrective action.

Members:

Composition: Given the small size of the program, the frequent and close faculty-fellow interaction, and the dedication of all PHO faculty to medical education, all PHO division members will participate in the CCC. As a group, they possess a reliable working knowledge of evaluation and assessment and many years experience in its application.

Committee Chair and Responsibilities: The PD will appoint a committee chair from among the board-certified faculty with at least 5 years of experience and participate in committee meetings as a division member. The chair will be responsible for scheduling and directing meetings as well as preparing reports for submission to the PD. The chair appointment will be for a two-year term at a time with option for two consecutive terms.

- The committee chair will review fellows' files and present a summary of their evaluations and assessment of clinical skills.
- Committee members will provide additional information for clarification of fellow evaluations.
- The committee will collectively decide each fellow's milestone assessment as well as recommendation for promotion, remediation, and termination.
- Decisions will require a quorum of 4 committee members.

Program Coordinator's Role: We encourage the PC to attend committee meetings; PCs may also assist in gathering needed evaluation summaries and other data elements for the committees; PCs often also maintain documentation of committee meetings, including meeting minutes.

Committee Members:

1. Pinki K. Prasad, MD, MPH and PD
2. Maria C. Velez, MD and APD
3. Lolie Yu, MD (Division Chief)
4. Renee Gardner, MD
5. Cori Morrison, MD (Chair)
6. Dana LeBlanc, MD
7. Zachary LeBlanc, MD

Frequency of Meetings: Meetings will be held twice a year (November and May of each academic year). Ad hoc meetings may be needed for any urgent intervention, assessments.

Last update: June 17, 2020

PKP

VIII. Appendix II: Scholarly Oversight Committee (SOC)

The ABP (American Board of Pediatrics) requires all sub-specialty Pediatric residents (fellows) to participate in scholarly activities during fellowship training. These activities include participation in a core curriculum, scholarly activities resulting in a work product, and periodic review by the scholarship oversight committee (SOC). The ABP requests that ensuring such activity be the responsibility of the program directors and be reviewed by the RRC (Residency Review Committee) of the ACGME (Accreditation Council for Graduate Medical Education). Please see ABP requirements for scholarly activity at: <https://www.abp.org/content/scholarly-activity>. Fellowship trainees will be required to submit documentation of this training and review at the time of application for the sub- specialty certifying examination.

Fellowship trainees are required to demonstrate a meaningful accomplishment in research. The duration of fellowship training is currently 3 years, with 2 years typically being devoted to this endeavor. Fellows are required to present their research periodically over the course of their training. Hematology Oncology fellows present to the SOC on at least 4 occasions during the course of their training, consisting of an initial presentation in the fall of the second year, followed by 2 interim presentations of their on-going work and a final presentation in June of their graduating year.

Scholarly Oversight Committee will consist of at least 3 members of the fellow's choosing. The members will include the clinical mentor, one other member of the Pediatric Hematology Oncology Division and a member outside of the division (Research Mentor). Fellows should have at least 2 members chosen by the second half of their 1st year. All members should be chosen by the 2nd year.