LSU Health– New Orleans

Hematology/ Oncology Fellowship Manual

Program Administration

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Section History:

The Section of Hematology/Oncology was founded in the 1960s by Dr. Edgar Hull, Sr, then serving as the Chairman of the Department of Medicine. Dr. Hull recruited John Bickers, MD from the VA Medical Center in New Orleans to be the founding Section chief. Like many first-generation medical oncologists, Dr. Bickers came to be an oncologist from a separate subspecialty of internal medicine. Having started his career as a pulmonologist, he had developed expertise in the diagnosis and treatment of his lung cancer patient population and was poised to lead the new section.

The early 1970s were a promising time in cancer research. The funding that came after passage of the National Cancer Initiative in 1971 allowed for the oncology program at LSU and Charity Hospital to grow. Training of oncology fellows at LSU began in 1976. The first class of fellows included Donna Ryan, who went on to lead the Pennington Research Institute in Baton Rouge and Richard Vial, who became Professor of Medicine in the Section. In the 1970s, LSU established a bone marrow transplant unit at Charity Hospital. This effort was led by Dr. Bickers with the assistance of Governor John McKeithen, who had a personal interest in therapies for leukemia. A combined hematology and oncology fellowship training program was developed under the direction of Drs. Perry Rigby and Robert Veith in the mid-1990s. The Section has been responsible for coverage of cancer services at Lallie Kemp Medical Center in Independence, Louisiana since the 1970s.

Dr. Bickers retired from leadership in 1998 and was recognized by his colleagues as being an incredibly intelligent and inquisitive teacher. But, more importantly, he was universally praised for being a principled, selfless mentor. Dr. Oliver Sartor was recruited from the LSU Medical School in Shreveport in 1998 to be the Patricia Powers Strong Professor of Oncology, Stanley S. Scott Cancer Center Director, and Hematology/Oncology Section Chief, positions he held until early 2006.

After Hurricane Katrina struck New Orleans on August 29, 2005, Charity Hospital was retired from service, the HemOnc Section was reduced to a handful of faculty and fellowship training was suspended for several years. Starting in 2007, under the leadership of Dr. Charles Sanders, Dr. John Cole and Dean Steve Nelson, the Section was re-invigorated with the recruitment of new faculty and in 2010 HemOnc Fellows rejoined LSU. University Medical Center was opened in 2015 to replace Charity Hospital and the new VA Medical Center opened one year later.

In 2016, Dr. Agustin Garcia joined LSU from the University of Southern California to lead the Section, which now consists of eight fellows and nine faculty.

Fellow Graduates:

2013:
Saad Jahangir, MD
Shibu Varughese, MD

2014:
Genevieve Maronge, MD
Shravan Narmala, MD

2015:
Navjot Dhillon, MD
Edgar Castillo, MD

2016:
Marco Ruiz, MD
Anusha Vallurupalli, MD

2017:
Palak Desai, MD
Jennifer Slim, DO

2018:
Ernest Quintin, MD
Sobia Ozair, MD

2019:
Scott Hebert, MD
Alejandra Fuentes, MD

2020:
Elizabeth Ellent, MD
Deepak Chander, MD

2021:
Paul Zito, MD
Katie McQueen, MD (Combined Med/Ped HemOnc Fellow)

2022:
Dat Tran, MD
Erin Dauchy, DO
Katharine Thomas, MD

2023:
Aneesha Ananthula, MD
Anh Nguyen, DO
Shyam Mani, MD

2024:
Monique Germain, DO

2025:
William Gibson, DO
Richa Goel, MD
Deanna Huffman, DO

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I. Program Policies

1. FELLOW SELECTION AND EVALUATION

The criteria for choosing fellows will be based on their academic credibility as defined by the following:
1. Successfully completing an Internal Medicine program certified by the ACGME.
2. Graduation from an accredited US or Canadian medical college, or an appropriate certification from the ECFMG.
3. United States Citizenship, green card, or J1 visa.
4. Academic productivity and clinical competence as defined by publications/ grants and letters of evaluation from faculty mentors.

Acceptance of fellows transferring from other programs will routinely not be permitted. After review of a completed ERAS application, applicants are invited for an interview, a required component of the application process. Applicants will receive, upon their interview, written notice of the terms of employment. Faculty and fellows will have the opportunity to interact and evaluate all applicants and their credentials. The Section faculty will review the evaluations of each applicant and generate a list of candidates based on their levels of acceptability. The Program Director will finalize and submit the Rank List. All applicants will be selected through the NRMP Match process.

2. LIAISON AND OVERSIGHT

The Program Director will oversee the rotation conduct and experience of each Hematology/Oncology fellow, each month. The Program Director will delegate supervisory and educational supervision activity to Dr Hana Safah, a physician section member at Tulane for the BMT rotation and Dr Elizabeth Ellent for the West Jefferson General Hospital rotation. The respective faculty for a participating rotation will communicate with the Program Director as to Fellow performance via monthly evaluations. Unless interim problems arise, the beginning and end of rotations will be the usual time for oversight activity. Evaluations for each Fellow will be readily accessible for the fellows to review. Written records are maintained in the program files to substantiate future judgments in hospital credentialing, board certification, agency licensing, and in other bodies of actions.

The Subspecialty Program Director will meet with each fellow at least twice a year to review their performance and the program will meet in the Clinical Competency Committee to determine the adequacy of the progress of each fellow.

The Supervising Teaching Attending will review the performance of the fellow with him or her at the completion of each rotation in both written and verbal forms. At the end of the three year fellowship, the Program Director will prepare a final evaluation for each Fellow which includes a review of the Fellow's performance and verifies that the Fellow has demonstrated sufficient professional ability to practice competently and independently.

As part of patient evaluations, patients will be informed by the fellow and attending of each physicians' respective roles in the care of patients. This process will be evaluated by individual

patient surveys. Through these evaluations patient understanding of the roles of attendings/fellows will be quantified. The evaluations will be reviewed as part of the 6 month fellow evaluation with the Program Director.

Appropriate levels of supervision of the fellows by attendings are assured by fellow evaluations of attendings, primarily. In addition, the expectations of attending oversight are outlined specifically in the individual rotation goals and objectives and generally in Policy "Guidelines on Communication With Attendings" in the HemOnc Fellowship Handbook (below). Adherence to the general and specific guidelines will be reviewed with the fellow as part of the 6 month fellow evaluation with the Program Director.

3. HEMATOLOGY/ONCOLOGY FELLOWSHIP MOONLIGHTING POLICY

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

***It is within the sole discretion of the Program Director to determine whether outside activities interfere with the responsibilities, duties and assignments of the House Officer Program*.**

Fellows are not required to moonlight. Before engaging in activity outside the scope of the Program, fellows must receive the written approval of the Program Director of the nature, duration and location of the outside activity. All moonlighting activities must be tracked in New Innovations. 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. The fellows' 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.

House Officers, while engaged in professional activities outside the scope of the House Officer 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 House Officer 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.

House Officers 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 fellow and the other state agency.

Should a fellow 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 fellow's services, and the fellow will receive additional compensation through the LSU payroll system. Fellows should speak with the Departmental Business Administrator of the Program to arrange such a contract.

House Officers 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 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, residents on J-1 visas may not moonlight.

The LA State Board and the DEA will independently investigate and prosecute individual residents regarding the following:

- To moonlight all house officers 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 University Medical Center (UMC) prescription authority outside UMC is prohibited.

4. HEMATOLOGY/ONCOLOGY FELLOWSHIP PROGRAM POLICY ON FATIGUE, DUTY HOURS AND ALERTNESS STRATEGIES

- Fellows are required to log duty hours in New Innovations Software Program or its replacement as designated by the LSUHSC GME office.
- Hour logs will be monitored for completion and the Program Director will ensure compliance with the ACGME policies.
- Fellows will take home call overnight. Patient care may require return to the hospital for management of patients for an extended period of time, which can interfere with rest. Fellows will be relieved from duty the following day if significant interruption of rest-time occurs.
- Fellows are encouraged to notify staff and the Program Director of fatigue or other issues which might interfere with their education or patient care.
- Fellows are required to report heavy patient care responsibilities overnight even if a return to the hospital did not occur. There will be no repercussions to the Fellow for reporting fatigue related to duty hours.
- At the beginning of each academic year the fellows will be given a lecture by one Heme/Onc Faculty as part of the orientation process on the role of alertness management and strategic napping in the mitigation of fatigue. In the event a shift exceeds 16 hours, the fellow will be encouraged to take strategic naps especially between the hours of 10pm through 8am; napping is not be scheduled but should be based on patient needs and resident fatigue. Adequate facilities for sleep during day and night periods are available fellows are required to notify program administration if those facilities are not available as needed or properly maintained. However, as noted in item 5 above, a fellow that has exceeded duty hour requirements, shows signs of fatigue or has experienced heavy night-

call responsibilities will be immediately relieved from duty by the Program Director. The attending faculty supervisor will be notified and will fulfill the Fellow's clinical obligations as needed. The alertness and strategic napping policy will be monitored in written form monthly as part of the fellow evaluation of the rotation. The policy will be also enforced via immediate fellow feedback in the event of excessive patient care duties.

Inpatient consult services and the BMT rotation do not typically result in a fellow needing to stay overnight or violate the 24+4 hour work rule. In the event of a fellow working continuously for 24 hours, the fellow will inform the inpatient attending and program director of the excess overnight duty and the inpatient fellow will be relieved of duty for 24 hours. The fellow on the clinic rotation will be pulled to cover inpatient responsibilities for 24 hours. This policy will be monitored as part of the duty work hours and monthly as part of the Fellow Evaluation of Rotation.

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Institutional Clinical and Educational Work Hours Policy (Effective 7/1/2017)

The institution adopted the ACGME Clinical and Educational Work Hours that may be summarized as:

Maximum Hours of Clinical and Educational Work Per Week

Clinical and educational hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

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

Maximum Clinical and Educational Period Length

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Programs must encourage residents 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 resident education that effective transitions in care occur. Residents 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.

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

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of work to continue to provide care to a single patient. Justifications for such extensions of work 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 resident must:

Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

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 resident and program-wide episodes of additional duty.

These additional hours of care or education are counted towards the 80-hour weekly limit.

Minimum Time Off between Scheduled Work and Education Periods

Resident should have eight hours free of clinical and educational activities between scheduled work periods.

Residents must have at least 14 hours free of clinical work and educational activities after 24 hours of in-house call.

Residents must be scheduled for a minimum of one-day-in seven free of clinical work and required education (when averaged over four weeks).

At-home call cannot be assigned on these free days.

Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents must be monitored by the program director. This must occur within the context of the 80-hour and the one day in seven off requirement.

Maximum Frequency of In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirement. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents 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 one-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 resident.

Residents 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".

Residents are required to log all clinical and educational hours in New Innovations Software Program or its replacement program. Those who fail to log hours or log erroneous hours are subject to disciplinary action. (GMEC Feb 2011)

The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. To accomplish this, the institution will implement the following policies and procedures:

1. Each program will need to sign a statement attesting to compliance with these requirements at all sites.
2. Each program will develop their own written clinical and educational work hours policy that is in keeping with the ACGME and Institutional policy. This policy will be distributed to all trainees and faculty with a copy provided to the GME Office. The policy must delineate specifically how compliance will be monitored and what actions will be taken to remedy problems. Yearly changes or revisions to policies must be forwarded to the GME Office.
3. Programs must monitor residents for fatigue. The institution will develop resources to educate faculty and residents about sleep deprivation and fatigue.
4. The institution will ask each participating institution to advise it where legally permissible of incidents or trends suggesting fatigue as a component of the problem.
5. If the program has developed and instituted a method to monitor for individual resident clinical and educational work hour compliance (eg work hour logs) it will regularly share this data with the institution.

6. The institution encourages programs to add questions on the clinical and educational work hour requirements to their monthly rotation evaluations in addition to other monitoring.
7. The institution will make it clear to residents that our Ombudsman is available to field questions or complaints about clinical and educational work hours and those such complaints will remain anonymous.
8. The resident agreement of appointment/contract includes a reference to clinical and educational work hours policy and an agreement to participate in institutional monitoring of clinical and educational work hours.
9. Special Focused Reviews may include detailed sections on clinical and educational work hours.
10. An annual web-based questionnaire will be administered to residents regarding clinical and educational work hours by the GME Office. Responses will be anonymous.
11. The GME Office will randomly audit programs.
12. Program specific data will be presented annually in the End of Year Program Review Minutes submitted to the GME Office for review.
13. Violations of clinical and educational work hours requirements by participating institutions may result in removal of residents from that institution.
14. Programs with violations will be subject to close, regular monitoring by GMEC.
15. Programs cited by the ACGME for clinical and educational work hour violations will have special monitoring programs implemented.
16. Moonlighting must be strictly approved in writing and monitored to assure resident fatigue does not become a problem.
17. Clinical and Educational Work Hours Hotline is established to monitor residents complaints.

Granting Clinical and Educational Hour Exceptions

If a ACGME Review Committee considers requests for exceptions, the LSU Graduate Medical Education Committee (GMEC) will accept, review, and act on individual program requests to increase resident clinical and educational work hours up to a maximum of 88 hours per week when averaged over a four week period.

Applications for such increases shall be based on a sound educational rationale. Only programs in good standing with their RRC may apply for increases.

Process:

1. Programs will submit a written request as described below.
2. After screening by the Graduate Medical Education Office to be sure the application is complete, it will be presented for consideration at the next regularly scheduled GMEC.
3. GMEC will vote to endorse or not endorse the request based on the merits of the application. The decision is not appealable.
4. If approved the Designated Institutional Official/Chair of GMEC will prepare a letter of endorsement to be included in the programs application to their RRC along with a copy of the Institutions Policies and Procedures for Granting Clinical and Educational Work Hour Exceptions.
5. The institution will reevaluate the continued necessity and appropriations of the increase and patient safety aspects of the increased hours at each annual program review.

Application Format:

The program must supply information on each of the areas below sufficiently detailed for GMEC to make an informed decision.

1. Patient Safety: Describe how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
2. Educational Rationale: Provide a sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and levels of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. Moonlighting Policy: Include specific information regarding the program's moonlighting policies for the periods in questions.
4. Call Schedules: Provided specific information regarding the resident call schedules during the times specified for the exception. Explain how this will be monitored.
5. Faculty Monitoring: Provide evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation.

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5. POLICY ON ROTATIONAL SCHEDULES

All rotation schedules with corresponding attendings and fellows will be listed in New Innovations. The fellows will be responsible for evaluating the attending monthly. Similarly, the attending will evaluate the fellow whom they are supervising. These evaluations will be reviewed bi-annually with the fellow and yearly with the attending, with the Section Chief. Issues discovered in the evaluation process will be addressed as necessary by the Program Director or Section Chief.

6. HEMATOLOGY/ONCOLOGY FELLOWSHIP PARENTAL LEAVE POLICY

- All requests for parental leave must be submitted in advance and approved by the Program Director, with as much notice as is possible.
- Only one application for parental leave per academic year will be reviewed.
- To be eligible, the fellow must be in good standing with the program and be without deficiencies including medical record completion, evaluation logs, or other such obligations.
- Unauthorized leave in excess of the following policy, except with the written approval by the Program Director, can interfere with board eligibility. The policy provides for paid leave without loss of benefits or extension of fellowship training. Leave time exceeding the policy may be unpaid resulting in potential loss of benefits and extension of fellowship training.
- This parental leave (maternity or paternity) policy is in compliance with the College of Medicine and Department of Medicine trainee leave policies and incorporates requirements from the ABIM and ACGME.

- Up to six (6) weeks of maternity leave per year may be granted through this policy without extension of fellowship training. Twenty-eight (28) days must come from vacation time and ten (10) days from unused sick leave, equaling six (6) weeks of eligible leave time. Paternity leave may be used from accrued vacation time. Vacation and sick leave do not carry over from one year to the next and must be used in their entirety as part of this policy. Two (2) weeks of elective time will be granted with a pre-approved plan by the Program Director for scholarly activity.

7. EVALUATION AND PROMOTION OF FELLOWS

Fellows must successfully complete the Hematology/Oncology Fellowship requirements to graduate and become board-eligible for Hematology and Oncology. Competency based evaluations are performed by faculty, peers, patients, and nursing staff through the computer based evaluation system New Innovations. All Fellows' evaluations are available in the Fellows' portfolio, which may be accessed anytime throughout the Fellows' training. Fellows may view their completed on-line evaluations to assess their strengths and areas for improvement. The Program Director will use the evaluations to guide promotions and the need for remediation.

1) At the end of each monthly rotation all faculty must log onto New Innovations and complete a competency-based evaluation for each fellow on his/her service. The faculty must meet with each fellow on the service to evaluate them in each of the following categories: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-based Practice. In the event of unsatisfactory evaluations, the fellow will meet with the Program Director.

2) Fellows are evaluated by faculty, nurses, peers and themselves throughout the year. Peer evaluations are anonymous.

3) Peer and self-evaluations will be done annually.

4) Clinical and research faculty will evaluate fellows on all rotations

5) The Fellow Evaluation Committee will periodically evaluate each fellow's progress each year. Using the ACGME's educational milestones, the committee will make decisions regarding fellow promotion, remediation, and/or termination.

6) There will be a biannual review of each fellow.

- Performed twice a year with the Fellowship Program Director before a meeting of the Clinical Competency Committee.
- End of year annual self-assessments will include compliance and incorporation of the six core competencies.
- Review of all evaluations and any in-training exams.
- Discuss individual and long-term goals.
- Discuss scholarly activities.

Evaluations are reviewed by the Fellowship Program Director with each individual fellow twice annually (or sooner in the event of identified difficulties). Promotion of fellows is

done on a yearly basis. Promotion is dependent upon satisfactory demonstration of: 1) Completion of all clinical and elective rotations. 2) No evidence of un-remediated unsatisfactory evaluation(s). 3) Completion of all administrative requirements including, but not limited to, medical record, institutional, and programmatic duties. 4) Evidence of continued procedural skill development. 4) Professionalism, interpersonal skills/teamwork, and ethical conduct consistent with the practice of medicine (as referenced in the AMA Code of Ethics). 5) Final determination made by the Clinical Competency Committee.

7) Fellows will be board-eligible for Hematology and Oncology ABIM Board Certification after completion of at least 18 months of clinical rotations in a 36 month fellowship: At least 6 months will be non-neoplastic hematology, and 12 months will be both solid tumor and malignant hematology rotations.

8) To graduate the program, fellows will be expected to complete the 36 month fellowship and be board-eligible for both Hematology and Oncology. Deviations from this policy are up to the discretion of the Program Director, in cases of, for example a fellow wishes to complete board eligibility for one board only in two years.

8. GRIEVANCE AND DUE PROCESS POLICY

Unsatisfactory evaluations will be investigated by the Program Director; discussion of reasons for the poor evaluation will take place between the affected fellow and evaluating attending. Based on the results of the Program Director's inquiries, the Director will determine whether remediation is required. If so, a written action plan will be devised; the fellow must follow and complete this action plan in a satisfactory manner. Failure to comply with the action plan or failure to improve in the area of concern may warrant repeating *the rotation or implementation of a probation process in conjunction with the LSU GME office*. The fellow has a right to appeal the decision in accordance with grievance and due process as outlined in the House Officer Manual.

9. HEMATOLOGY/ONCOLOGY FELLOWSHIP BACKUP SCHEDULE POLICY AND CONTINUITY POLICY

Back-up is to be called in for acute personal illness, family emergencies, to avoid potential work hour violations, and in the event of excess fatigue of a fellow. Back-up is not to be used for pre-planned conferences, vacations, or other more predictable life events.

- 1st, 2nd, and 3rd year fellows will be included in the backup schedule.
- Fellows will be assigned to back-up as part of the outpatient clinic rotation, should no fellow be on the outpatient clinic rotation, the fellow on the chemotherapy infusion rotation is then responsible.
- Back-up will not be provided to cover UMC Clinics.
- Fellows on back-up service should plan to be in the New Orleans area in the event that back-up is needed.
- Fellows on back-up will be contacted directly by the fellow requesting back-up after approval for backup is granted by the Program Director.
- Continuity of Care is ensured on the inpatient consult service by the back-up fellow receiving a verbal and written transition of care form from the fellow requiring back-up

coverage. The effectiveness of this process will be monitored and evaluated by the inpatient attending. The Fellow outpatient continuity clinic will be cancelled in the event of fellow absence with patients rescheduled to a later date. Any urgent issues, such as need for chemotherapy follow-up will be managed by the chemotherapy infusion fellow. Outpatient continuity of care issues will be evaluated as part of the Fellow Evaluation of Fellow process and by the evaluating attending.

10. HEMONC FELLOWSHIP POLICY ON ORDER WRITING

For all rotation locations, the fellows on inpatient consults are responsible for making recommendations generally. General order writing on inpatient consultation should be performed only with the express permission of the consulting service. Order writing in the inpatient and outpatient setting for chemotherapy will be primarily performed by the fellow with attending co-signature. Patient care notes are co-signed by faculty on daily rounds on inpatient services.

11. TRANSITION OF CARE POLICY

Transitions of care will take place on both the inpatient consultation service and outpatient settings. Fellows who are transitioning care to another fellow will be expected to discuss individual patient management issues at the checkout and provide the fellow with a written checkout form outlining pertinent patient issues. Attendings will monitor the transition process at least twice each evaluation period. Faculty are required to answer a question on effectiveness of witnessed transitions as part of each rotation evaluation. The attending will be expected to ensure that critical clinical and management information is conveyed to the receiving fellow. The process will be evaluated as a component of the rotation evaluations on inpatient consultations. Both written and verbal feedback will be provided to the fellow by the attending. Fellows will evaluate their peers as a component of the Chemotherapy Infusion rotation. The effectiveness of the process will be monitored by the program director based on written faculty and fellow-to-fellow evaluations, which are reviewed bi-annually during the fellow evaluations.

12. MONITORING OF HOUSE CALL EVENTS

Fellows on call for inpatient consultations will take at home call at night; there is no in house call. Frequency of at home call and number of times the fellow was required to return at night will be monitored as part of the work hour log monitoring process, which is required to be completed monthly. Fellows will be required to report violation of duty hours or if there is excess fatigue in the event of multiple overnight calls or need to report in house. The fellow on the outpatient clinic rotation will provide inpatient consult service in the event of excess fatigue.

13. GUIDELINES ON SUPERVISION, GRADUATED RESPONSIBILITY AND COMMUNICATION WITH ATTENDING

Fellows are expected to be supervised directly with their attending:

a. At the time of bone marrow biopsy/aspiration, until the fellow is judged to competent to perform the procedure by the Program Director.

b. Fellow administration of intrathecal chemotherapy, until judged competent.

c. Fellows must have all chemotherapy co-signed by the supervising physician.

Fellows are expected to communicate directly with their attending:

a. If fellows are directly responsible for transfer of care to the ICU.

b. In the event a fellow is directly responsible for a patient for whom withdrawal of supportive measures are requested.

c. Fellows at the PGY IV level will be expected to have direct supervision by faculty in the first 6 months of the year transitioning to indirect supervision by faculty as felt appropriate by supervising faculty and in consultation with the program director. Senior fellows will provide indirect supervision of PGY IV level fellows. Fellows at the PGY V and VI will have increasingly less direct supervision by the faculty (as outlined in Rotation Goals and Objectives by PGY section.)

d. This process is monitored as part of the Fellow Evaluation of Attending and also Attending Evaluation of Fellow. The process will be monitored by the Program Director as part of the Fellow evaluation process.

The faculty attending assigned to each rotation will serve as the supervising attending for the respective fellow on each rotation during working hours. The attending assigned to the fellow's elective rotation will serve as the supervising attending for the respective fellow during working hours. And, at the beginning of each rotation block, fellows will verify with the attending assigned on the schedule that the attending is their supervisor. Communication methods (email, texting, cell phone contact and rounding times) during the rotation and backup options will be established by fellow and faculty.

INPATIENT AND AMBULATORY SETTINGS

PGY Level	Direct supervision by faculty	Direct supervision by senior fellows	Indirect but immediately supervision available by faculty	Indirect supervision but immediately available by senior fellow	Indirect supervision but available by faculty or senior fellow	Oversight
IV	X		X	X	X	
V			X	X	X	X
VI			X		X	X

14. SUPERVISION BY FACULTY AND LINES OF FELLOW RESPONSIBILITY

Supervision: A call schedule for the Section is developed with the attending physician assigned to each clinical rotation, including cell phone or pager numbers of the attending physician. Supervision for the inpatient HemOnc Consult Service at UMCNO and the Outpatient Chemotherapy Infusion rotation at UMC is provided by the same faculty member in rotating two week blocks. The supervising attending will be available at any time for assistance with patient care and supervision of the on call fellow. If the attending cannot be reached, the Program Director is contacted. Fellow coverage for these rotations is scheduled in monthly blocks. Supervision for the Outpatient HemOnc Clinics at UMC is provided by the various members of the Section of HemOnc.

Supervision of fellows at Tulane Medical Center is provided by staff oncologists in the Tulane Section of HemOnc. Supervision of fellows at WJGH is provided by LSU faculty at WJGH.

General Overview of Consultation and Call at UMC:

- Request for assistance in clinical care by a primary service is justification for a consultation.
- All call is taken at home. Return to inpatient facilities may be needed in certain instances for patient management and other clinical responsibilities.
- Home call responsibilities are not intended to replace in-facility management. Volume and intensity of clinical care is monitored by the PD consistent with ACGME policies.
- All fellows participate in weeknight home-call responsibilities, with varying levels of supervision consistent with their abilities and level of training. For first year fellows, the call responsibility includes continuity coverage of patients on the HemOnc Consult Service at UMCNO, outpatient calls from patients cared for at the UMCNO Outpatient Clinic including calls related to questions from the inpatient services with close attending supervision of calls. For, second and third year fellows it is expected that supervision will continue by the attending of record, with the fellow able to formulate a complete plan with minimal input from the attending.

Responsibilities by Site:

HemOnc Consults at UMC (Weekdays Monday 7AM- Friday 5PM): The fellow assigned this rotation will cover follow-up and new consults. Calls received on the on-call pager relating to inpatient issues by the weekend on-call fellow from Friday 5PM-Monday 7AM will be cared for by the weekend fellow. All new consultations require a full H&P and be problem-focused to the Heme or Onc question. Consultations must be seen and staffed within 24 hours of initial request and communication with the primary service should ensure that they know the consultation has been completed. Weeknight On-Call Responsibilities (5PM-7AM) include fielding outpatient calls received from patients known to the HemOnc Section from 5PM-7AM.

Documentation of any phone contact with a patient in EPIC is expected and fellows of any year of training are expected to contact the on-call attending with any questions or concerns regarding recommendation verbalized to the patient. Admissions: The on-call fellow does not have the ability to directly admit a patient from the outpatient setting and is never the primary physician admitting patients overnight. Transfer requests from outside facilities: While the initial call will be taken by the on call fellow, only the supervising attending for a primary medicine or surgical service may be the accepting physician.

The Chemotherapy Infusion Rotation at UMC is staffed by first, second and third year fellows. Specific Goals and Objectives of the Rotation may be found below. Clinical encounters with patients in Chemotherapy Infusion requiring intervention by the fellow will be documented in EPIC.

The Bone Marrow Transplant Service at the Tulane Medical Center will be staffed by the first, second or third year fellows from 7AM-7PM Monday-Friday with at home overnight call. Fellows will be expected to care for patients in the Bone Marrow Transplant Unit and also participate in the outpatient clinic, as time allows. Specific Goals and Objectives may be found below.

15. DRESS CODE

Fellows are expected to dress professionally. Scrubs, tennis shoes, T-shirts, and other casual wear are not considered professional dress appropriate for interaction with patients.

16. POLICY ON PROGRAM SUPPORT FOR EDUCATIONAL EXPENSES

The fellowship program shall not support individual requests for personal educational materials, including but not limited to books, personal subscriptions, individual memberships, and board review materials or courses. The Program Director will only consider funding the purchase of such materials which are purchased as property of the LSUHSC Hematology/Oncology fellowship and will be available for use by all fellows in the program.

Fellows who wish to travel to ASCO or ASH meetings should work in conjunction with the Fellowship Coordinator to apply for at least one travel grant. Fellows are strongly encouraged to meet with the Fellowship Coordinator several months in advance to identify funding opportunities, prepare the proposal, route paperwork through the proper channels at LSUHSC, apply, and receive a decision from the grant sponsor. If a fellow does not submit a travel grant application and does not have an abstract accepted to the respective meeting, the program may not award travel funds to the fellow.

Fellows who submit successful abstracts to ASCO or ASH will receive support for travel expenses, contingent upon the program's available funds. Because the program will likely not be able to fund the entire cost of travel, fellows with successful abstracts must plan to work with the Fellowship Coordinator to apply for external grants to supplement the program's support, or pay for the remainder of travel expenses out-of-pocket.

The program encourages fellows to submit abstracts to ASCO and/or ASH and will reimburse fellows for abstract submission fees.

The fellowship program will pay registration fees for fellows to attend the annual Southern Society of Clinical Investigation Southern Regional Meeting in New Orleans for fellows who submit successful abstracts and present the abstract at SSCI.

17. MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

While the program strongly encourages membership in professional organizations such as ASCO and ASH, fellows are responsible for all fees associated with individual memberships. Membership in ASCO and ASH provides many educational benefits as well as reduced registration fees for meetings. If a fellow is attending the ASCO or ASH meeting with travel funding support from the fellowship, he/she must be a member of the corresponding organization.

18. MENTORS

All fellows will be expected to identify a mentor within the first 6 months of training with the assistance of the Associate Program Director. The mentor may be a member of the section faculty, or may be a faculty member from outside of the section. If a fellow does not choose a mentor within the first 6 months of fellowship, a mentor will be assigned to him/her.

The mentor will provide regular feedback to the Program Director via New Innovations. In particular, the mentor should guide fellows in the area of research / production of scholarly activity.

19. BOARD CERTIFICATION REQUIREMENTS- effective for fellows starting July, 2025

a. Registration and fees for ABIM certification examination are the responsibility of the trainee. Deadline and fee schedules are available online at http://www.abim.org/. All Fellows are required to pass ABIM Internal Medicine certification examination during the fall of their F1 year, if not already Board Certified prior to entry into the Fellowship Program.

b. Fellows who do not achieve Internal Medicine (IM) Board certification during their F1 year will remain in the three-year Hematology/Oncology training program, and will be eligible for one board (Medical Oncology or Hematology). The specific board will be determined by the Clinical Competency Committee (CCC) with input from the affected Fellow.

If extenuating circumstances contributed to failure to pass the ABIM exam during the F1 year, the fellow may appeal to the CCC to consider allowing dual Medical Oncology and Hematology certification after passage of the Internal Medicine certification exam during the F2 year.

c. Fellows who do not pass the IM Board by their F2 year will not be eligible to complete the fellowship program. The timing of dismissal from the program will be determined by the CCC with input from the affected fellow.

d. All fellows who successfully complete LSU's Hematology/Oncology Medical Program are expected to become sub-specialty Board Certified within 2 years of graduation. Requirements for board certification can be found on the American Board of Internal Medicine (ABIM) website.

II. Overall Program Goals and Objectives:

GENERAL GOALS AND OBJECTIVES:

Objective: The Section of Hematology & Oncology and the Department of Medicine will provide necessary resources for Fellows to master the art and science of treating and caring for patients with blood disorders and malignant conditions and helping advance our knowledge of these disciplines through clinical and basic research.

Core Competencies: Six areas of competence have been identified by the ACGME as critical to the training of physicians. They are listed below. Each of these areas is addressed in the specific learning objectives for each rotation of the fellowship.

1. **Patient Care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

This competency is a key component in our overall objectives. This competency is evaluated from cognitive and interpersonal perspectives for the duration of a fellows' training both written and verbally. Board certification exams and procedural logs will also be used as part of patient care competence evaluation.

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.

Fellows' presentations will demonstrate their understanding of state of the art knowledge in the disciplines of oncology and hematology. These conferences are attended by the program director and faculty. Board certification exams are also a critical component of this evaluation.

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.

This competency is evaluated through the mechanisms described above. Fellows will review individual cases in group discussion sessions and present scientific data relevant to the care of their patients. Self-assessments of strengths and weaknesses are undertaken at the bi-annual Fellows' evaluations

4. **Interpersonal and Communication Skills** that result in effective information exchange and learning with patients, their families, and other health professionals.

Evaluation of this competency occurs as faculty and Fellows evaluate patients in both the inpatient and outpatient settings. This is part of our written and verbal feedback/evaluation process. Furthermore, a 360 evaluation process is in place in order to garner input from members of the healthcare team regarding Fellows' performance.

5. **Professionalism,** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Evaluation of this competency occurs by direct observation, and as part of the 360 degree evaluation process involving nurses, pharmacists, and other members of the healthcare team.

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.

Fellows interact with a number of differing practice settings including an academic medical center, a private practice setting, and a free standing outpatient clinic with exposure to numerous payer types. As the care of patients with cancer often requires Hospice services, this serves as an additional system with which Fellows become familiar. These issues will be a regular part of our discussions and evaluations of patients in the inpatient and outpatient settings. Consideration of the overall cost of care for patients and for the entire medical system will also be considered.

Methods to achieve education goals:

1. Didactic conferences: The section will sponsor a variety of educational conferences geared for fellows as well as the faculty. These conferences feature faculty from the section, guest faculty, basic science faculty and other appropriate health-care providers. The topics range from reviews of specific diseases or pharmacology of antineoplastic agents, to correlation of basic science with clinical oncology and hematology.

2. Ward Rotations: A significant portion of effective learning takes place around the care of patients. The educational methods must merge with these clinical experiences. Fellows will be expected to read about the patients they see as consults, during direct inpatient care and in the outpatient department. The topics addressed are related to the specific rotation and are addressed as learning objectives for each rotation. Ward attending physicians are expected to review these objectives and the fellow's performance as part of each rotation. Teaching rounds for fellows and

other trainees are an expected part of the attending physician's responsibilities. These may be performed as part of the patient care experience and/or as separate sessions with education as the primary focus. Educational resources available for the fellows include, but are not limited to, computer access for Medline and similar searches, ease of access to all major journals in our area, texts in hematology and oncology and faculty. Using these resources, fellows can combine their role as caregiver, learner and teacher and develop ideas for clinical or basic investigation.

3. Outpatient Rotations: Fellows will maintain a least one half day per week of their own outpatient continuity clinic. The majority of hematology/oncology practice occurs in the outpatient setting; this experience provides a core educational component to fellow education. During these rotations, fellows see new and return patients receiving treatment and participate in the care of patients at all stages of their disease therapy. When appropriate, fellows are paired with their mentor(s) to facilitate integrating their research into the care of patients.

4. National and regional conferences: Fellows will be encouraged to attend at least one national meeting per year. These conferences include presentation of new data relevant to the practice of hematology/oncology and each fellow are also permitted to attend meetings relevant to their specific area of clinical or basic research when appropriate.

5. Disease Specific Tumor Boards: LSUHSC has several multidisciplinary conferences which includes pathology, radiology, surgery, radiation oncology, and medical oncology. Diseases discussed include breast, lung, GI, GYN, GU, and head & neck cancer, sarcomas, brain tumors, lymphomas, and leukemias. Fellows will attend this conference as appropriate.

6. Research Rotations with Mentors: Each fellow will be expected to choose a mentor or mentors for his/her academic component of their training. The mentor and Program Director are responsible to ensure that academic and educational goals are being met with regard to this portion of the fellow's research experience.

7. Individual Study: Much of the learning of a discipline is done by the trainee in view of the vast body of knowledge required in one's clinical practice. Understanding acquisition and modification of one's knowledge base is a critical part of a fellow's intellectual development.

8. Rotations on other services: Fellows will rotate on certain services such as blood banking and pathology. These will provide a critical component of our educational objectives with supervision and expertise provided by reliable and knowledgeable faculty and staff. At the discretion of the Program Director, individual fellows may be exempt from these rotations. In such a situation, education and exposure to these disciplines is provided through multidisciplinary conferences, one on one interaction with treating physicians from these disciplines, seeing patients on the inpatient or outpatient rotations and self-study.

9. Formal Testing: All Board Eligible graduates are expected to pass Hematology and Oncology Boards at the completion of fellowship. During the first, second and third year of fellowship, fellows will take the Oncology and Hematology in-training examinations.

Training Sites and Expectations:

Training sites include UMC, West Jefferson General Hospital, VA Medical Center and Tulane Medical Center. These training sites will include inpatient and/or outpatient experiences. Fellows rotate in each institutional service with the expectation of attending regularly scheduled conferences.

III. Section Relationships with Internal Medicine and other Departments

The LSUHSC-New Orleans Section of Hematology and Oncology has a close relationship with the Department of Internal Medicine. This relationship will be maintained by Section fellow and faculty presence at LSUHSC training sites. Teaching and clinical management by faculty will be conducted as a team with emphasis on evidence based medicine. Faculty currently participate in the Internal Medicine lecture series with several didactic conferences provided monthly. Internal medicine residents and students are encouraged to attend the bi-monthly conference day.

Fellows at the various training sites will work closely with staff and residents of other Departments and Sections. The relationship between the Department of Surgery and the Section has a particularly strong relationship from the shared duty of caring for cancer patients. Close working relationships are in place with the Departments of Radiology, Surgery, and Pathology.

IV. Conferences/Didactic Sessions

Fellows will review the following list of topics during the course of their fellowship during journal club reviews, didactic lectures, and/or independent study. Each fellow will present several conferences each year to allow for every individual fellow to perform systematic literature reviews; this will allow each fellow's ability to synthesize data and teach peers. As part of the yearly conference schedule, the following subjects will be reviewed as part of journal club and core lecture series during the three year fellowship.

Principals of surgical oncology
Principals of radiation oncology
Principles of chemotherapy, hormonal and biologic therapy
Clinical trial design
Disorders of the hematopoietic system
Normal and pathologic hemostasis
Hematologic malignancies
Lymphoid malignancies
Site specific solid tumors (colon, breast, etc)
Hematologic and oncologic emergencies
Local therapies for metastatic tumors
Paraneoplastic syndromes
Stem cell transplantation
Cancer in pregnancy
Complications of treatment of chemotherapy
Supportive care
Geriatric oncology
Survivorship issues
Psychosocial aspects of cancer care
Communication skills
Basic hematology and pathology concepts and techniques

1. Journal Club:
Journal Club will be held once per month on Friday at 12N. During this conference, at least one article from peer-reviewed journals are presented by fellows and discussed with Section faculty and fellows. Articles reviewed include important current literature in Oncology and Hematology.

Goals are to keep fellows and faculty current on important literature in the fields of both Hematology and Oncology. Further, journal club allows for fellow education in the review of epidemiology and biostatistics techniques, and for critical review of methods, results, and conclusions of individual articles. The impact of the reviewed article on the practice of Hematology and Oncology will be discussed.

2. Tumor Board:
Tumor Boards are a multi-disciplinary conferences throughout the week. These conferences includes the Departments of Pathology, Radiology, Radiation Oncology, and Surgery. Tumor board exposes fellows to the multidisciplinary management of cancer care. A patient's pertinent clinical, radiographic, and pathologic findings are reviewed; consensus for therapeutic plans is reached amongst the various disciplines.

Goals include facilitating patient care, education in use of pathologic specimens for patient evaluation, working knowledge of radiologic techniques used in diagnosis and therapy.

LCMC/LSU/VA Tumor Conference listing and contacts, as of 7/1/2025

Monday 7:30AM: H+N Tumor Conference (twice per month), contact: Macy Dayoc, Macy.Dayoc@lcmchealth.org

Monday 12:00N: VA Tumor Conference (weekly), contact: Nicole McInnis, Nicole.McInnis@va.gov

Tuesday 7:00AM: General Tumor Board (weekly), contact: mercedes.hollingsworth@lcmchealth.org

Tuesday 12:00N: Rectal Tumor Conference

Wednesday: Breast Tumor Conference, contact Melissa Bean-Tanner, Melissa.bean-tanner@lcmchealth.org

Thursday 7AM: Gyn Tumor Board, contact Eileen Mederos, RN, emede1@lsuhsc.edu

Friday 7AM: Thoracic Tumor Board (twice per month), contact Kelly Moret, RN; Kelly.moret@lcmchealth.org

Friday 7AM: Hepatobiliary Tumor Board (twice per month)

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3. Oncology and Hematology Didactic Sessions:
Fellow Core Curriculum Lectures are held weekly on Monday, Wednesday and Friday at 12N. Oncology topics will be discussed weekly and benign hematology twice monthly. These sessions include faculty speakers, fellow and guest speaker presentations on topics specific to Hematology and Oncology.

4. Case Conferences:
The clinical case conference is held Friday at 1PM. This conference serves as a detailed case review of patient cases from the inpatient service. Fellows are expected to present the case; discussion will center on the medical literature used to justify therapeutic decisions. This conference serves as a method for assessing transitions of care from the inpatient fellow to the weekend on call fellow.

Attendance
Over the course of the three-year fellowship, fellows are expected to attend at least 80% of conferences/didactic sessions. **Unless excused for vacation or illness, fellows training at UMC are expected to attend all conferences.** Copies of PowerPoint slides will be available on the fellowship webpage and should be reviewed by fellows who miss any sessions.

Example of Monthly Conference Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
		7/1 **12-1PM: Oncology Lecture**	**7/2**	**7/3** **Tumor Bord 7AM** **12-1 Journal Club** **1-2PM: Check-out**
7/5 **CLOSED FOR JULY 4TH**	**7/6** **7-8 AM: Tumor Board**	**7/7** **12-1PM: Oncology Lecture**	**7/8** **12-1PM Hematopathology**	**7/9** **Tumor Board 7AM** **12-1 Hematology Lecture** **1-2: Check-out**
7/12 **12N: Oncology Lecture**	**7/13** **7-8 AM: Tumor Board**	**7/14** **12-1PM: Oncology Lecture**	**7/15**	**7/16** **Tumor Board 7AM** **12-1 Journal Club** **1-2PM: Check-out**
7/19 **12N: Oncology Lecture**	**7/20** **7-8 AM: Tumor Board**	**7/21** **12-1PM: Oncology Lecture**	**7/22** **12-1PM Hematopathology**	**7/23** **Tumor Board 7AM** **12-1 M+M** **1-2: Check-out**
7/26 **12N: Oncology Lecture**	**7/27** **7-8 AM: Tumor Board**	**7/28** **12-1PM: Oncology Lecture**	**7/29**	**7/30** **Tumor Board 7AM** **12-1 Journal Club** **1-2PM: Check-out**

V. Institutional Rotations and Rotation Locations:

University Medical Center
2000 Canal Street
New Orleans, La 70112

Our Lady of the Lake-Baton Rouge
5000 Hennessy Blvd.
Baton Rouge, LA

VA Medical Center
2400 Canal Street
New Orleans, La 70119

West Jefferson Medical Center
1101 Medical Center Blvd
Marrero, La 70072

1. University Medical Center- Hematology and Oncology Inpatient Consult Rotation

General Description:
UMC is the main teaching hospital of the Hematology and Oncology training program. Patients seen during this rotation have a wide variety of common and uncommon malignancies including lung cancer, colon cancer, leukemia/lymphoma, sarcomas and other tumor types.

Overall Expectations:
As a consultant the fellows will assist with managing complications of therapy, making recommendations for adjuvant, curative, neoadjuvant or palliative treatments. In addition to performing consults, the fellow with assist the inpatient HemOnc residents and interns on issues specific to hematology and oncology issues. Fellows will be available to assist in the work-up of patients with a suspected malignancy, assist in the transition of patients from the inpatient to outpatient setting and confer with the patients' primary oncologist in the event of a patient admission.
Any request from a consulting subspecialty is to be honored and no consultations will be refused unless discussed with the attending HemOnc physician. Fellows are expected to have a detailed understanding of each patient's oncologic diagnosis and treatment history. Fellows will serve as the primary contact on transfers of patients from the inpatient to outpatient setting. Fellows will communicate with the patients' outpatient oncologist for any issues addressed as an inpatient either through verbal or written form. Fellows are responsible for writing a chemotherapy administration note in EPIC for all inpatient chemotherapy. Scheduled admissions must be discussed in advance with the inpatient fellow.
Duration: 4 week blocks
Location: UMC

Policy on non-teaching patients:
Non-teaching patients are defined as patients cared for independent of a LSUHSC Core Training Program or its associated subspecialties, usually by private practice physicians. Fellows will not be responsible for providing ongoing care for patients already under the care of private practice physicians not associated with the LSUHSC training programs
Fellows may participate in the care of non-teaching patients in the following circumstance:
Emergency evaluations of patients in need of emergent physician evaluation and a patient's private physician is not immediately available. In these emergent situations, after the patient has been stabilized, the fellow and his/her attending will be responsible for alerting the patient's private physician to further evaluate and manage the patient.
A physician can request a LSUHSC Hematology & Oncology sub-specialty consultation. Thereby, the patient for whom the consult was requested will then become part of the teaching experience and no longer be defined as a "non-teaching" patient.
Evaluations for Inpatient Consultations:
Monthly faculty reviews of fellows use the 6 core competencies as the foundation for the evaluation process. Any necessary changes or improvements will be directly discussed with the fellows during biannual meetings with the Program Director, or more frequently if necessary. The fellows are evaluated on a number scale for the following competencies:

Core Competencies by Year:

First year fellows will be expected to supervise the day-to-day care of inpatient consultations and inpatients on the dedicated HemOnc team. The primary goal will be learning the natural history and clinical presentation of hematologic and oncologic disorders and to begin to understand appropriate therapeutic interventions. The attending will be expected to guide the fellow to appropriate therapeutic decisions.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To evaluate and treat patients with prostate, lung, colon, breast, head & neck, bladder and other cancers and perform tumor measurements.
- To evaluate and treat patients with less common malignancies.
- To learn apply chemotherapy for curative and palliative intent.
- To manage common complications of cancer treatment: neutropenic fever, chemotherapy extravasation, brain metastasis, bone pain, etc.
- To understand supportive care therapies in cancer care.
- To learn the skills of ordering and administering chemotherapy/ biologic therapy/ hormonal therapy.
- Learn effective use of radiation and surgical oncology consultation.
- Learn the process of clinical trial enrollment and patient monitoring.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To evaluate and treat patients with prostate, lung, colon, breast, head & neck, bladder and other cancers and perform tumor measurements.
- To evaluate and treat patients with less common malignancies.
- To apply chemotherapy for curative and palliative intent.
- To manage common complications of cancer treatment: neutropenic fever, chemotherapy extravasation, brain metastasis, bone pain, etc.
- To understand supportive care therapies in cancer care.
- To learn the skills of ordering and administering chemotherapy/ biologic therapy/ hormonal therapy.
- Learn effective use of radiation and surgical oncology consultation.
- To understand the mechanisms which underlie normal bone marrow function.
- To understand the appropriate use and indications of transfused blood products such as cryoprecipitate, fresh-frozen plasma, packed red blood cells, and platelets.
- To understand the evaluation and therapy of patients with thrombocytopenia, thrombocytosis, leukopenia, leukocytosis, polycythemia, and anemia.
- To understand the diagnosis and management of patients with myelo- or lymphoproliferative disorders.
- To gain the ability to make and interpret blood smears and marrow aspirations.
- To understand the mechanisms of apheresis of the treatment of disorders such as TTP.
- To understand the need for hematologic consultation for patients with benign blood disorders undergoing surgery.
- To learn and be able to treat hematologic disorders complicating pregnancy.
- To apply the mechanisms of normal marrow function, hemostasis to patient care.

- To evaluate and treat patients with disorders of hemostasis, either bleeding or clotting.
- To apply knowledge of various pro- and anti-coagulants to the treatment of patients.
- Learn the process of clinical trial enrollment and patient monitoring.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism, and competence
- Provide education to peers, faculty, and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients for reasons of continuity and safety.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual, and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting.
- To develop leadership skills for the health care team.

Second year fellows will be expected to perform the same duties as first year fellows with the added expectation of being able to formulate treatment plans for patients. The attending will allow the Fellow to have most input regarding diagnostic and therapeutic decisions appropriate to the Fellow's level of competence.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To evaluate and treat patients with prostate, lung, colon, breast, head & neck, bladder and other cancers with at the current standard of care.
- To evaluate and treat patients with less common malignancies based on independently developed treatment plan.
- To learn apply chemotherapy for curative and palliative with increasing independence from faculty.
- To manage common complications of cancer treatment: neutropenic fever, chemotherapy extravasation, brain metastasis, bone pain, etc with increasing independence from attending oversight.

- To understand supportive care therapies in cancer care.
- To learn the skills of ordering and administering chemotherapy/ biologic therapy/ hormonal therapy.
- To work closely with radiation and surgical oncology consultants to develop treatment plans.
- Effectively manage clinical trial enrollment and patient monitoring.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To evaluate and treat patients with prostate, lung, colon, breast, head & neck, bladder and other cancers and perform tumor measurements with increasing independence.
- To evaluate and treat patients with less common malignancies and understand the research resources available to formulate a treatment plan.
- To apply chemotherapy for curative and palliative intent.
- To manage common complications of cancer treatment: neutropenic fever, chemotherapy extravasation, brain metastasis, bone pain, etc with increasing independence.
- To learn the skills of ordering and administering chemotherapy/ biologic therapy/ hormonal therapy.
- Learn effective use of radiation and surgical oncology consultation in a multidisciplinary manner.
- To understand the mechanisms which underlie normal bone marrow function.
- To understand the appropriate use and indications of transfused blood products such as cryoprecipitate, fresh-frozen plasma, packed red blood cells, and platelets.
- To understand the evaluation and therapy of patients with thrombocytopenia, thrombocytosis, leukopenia, leukocytosis, polycythemia and anemia.
- To understand the diagnosis and management of patients with myelo- or lymphoproliferative disorders.
- To make and interpret blood smears and marrow aspirations.
- To understand the mechanisms of apheresis of the treatment of disorders such as TTP.
- To understand the need for hematologic consultation for patients with benign blood disorders undergoing surgery.
- To learn and be able to treat hematologic disorders complicating pregnancy.
- To apply the mechanisms of normal marrow function, hemostasis to patient care.
- To evaluate and treat patients with disorders of hemostasis, either bleeding or clotting.
- To apply knowledge of various pro- and anti-coagulants to the treatment of patients.
- Learn the process of clinical trial enrollment and patient monitoring.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions with increasing independence from attending physicians.
- To continue identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care and apply lessons learned from 1st year of fellowship.

- To hone skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses more independently from the attending physician.
- To enhance peer-to-peer interactions as it relates to the mutual care of patients for reasons of continuity and safety.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To hone skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting.
- To develop leadership skills for the health care team.

Third year fellows will be expected to function with near autonomy with minimal, but appropriate, input from the attending physician.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To evaluate and treat patients with prostate, lung, colon, breast, head & neck, bladder and other cancers with at the current standard of care with significant independence..
- To evaluate and treat patients with less common malignancies and formulate independently developed treatment plan.
- To apply chemotherapy for curative and palliative with significant independence from faculty.
- To manage common complications of cancer treatment: neutropenic fever, chemotherapy extravasation, brain metastasis, bone pain, etc with significant independence from attending oversight.
- To apply supportive care therapies in cancer care.
- To order and administering chemotherapy/ biologic therapy/ hormonal therapy with increasing independence.
- To work closely with radiation and surgical oncology consultants to develop treatment plans.
- Effectively manage clinical trial enrollment and patient monitoring.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To evaluate and treat patients with prostate, lung, colon, breast, head & neck, bladder and other cancers and perform tumor measurements with increasing independence.
- To evaluate and treat patients with less common malignancies and understand the research resources available to formulate a treatment plan.

- To apply chemotherapy for curative and palliative intent.
- To manage common complications of cancer treatment: neutropenic fever, chemotherapy extravasation, brain metastasis, bone pain, etc with increasing independence.
- To hone the skills of ordering and administering chemotherapy/ biologic therapy/ hormonal therapy.
- Learn effective use of radiation and surgical oncology consultation in a multidisciplinary manner.
- To understand the mechanisms that underlie normal bone marrow function.
- To understand the appropriate use and indications of transfused blood products such as cryoprecipitate, fresh-frozen plasma, packed red blood cells, and platelets.
- To understand the evaluation and therapy of patients with thrombocytopenia, thrombocytosis, leukopenia, leukocytosis, polycythemia and anemia.
- To understand the diagnosis and management of patients with myelo- or lymphoproliferative disorders.
- To make and interpret blood smears and marrow aspirations.
- To understand the mechanisms of apheresis of the treatment of disorders such as TTP.
- To understand the need for hematologic consultation for patients with benign blood disorders undergoing surgery.
- To learn and be able to treat hematologic disorders complicating pregnancy.
- To apply the mechanisms of normal marrow function, hemostasis to patient care.
- To evaluate and treat patients with disorders of hemostasis, either bleeding or clotting.
- To apply knowledge of various pro- and anti-coagulants to the treatment of patients.
- Learn the process of clinical trial enrollment and patient monitoring.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions with independence from attending physicians.
- To continue identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care and apply lessons learned from 1st and 2nd year of fellowship.
- To hone skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses with continued independence from the attending physician.
- To enhance peer-to-peer interactions as it relates to the mutual care of patients for reasons of continuity and safety.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To hone skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.

- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting.
- To develop leadership skills for the health care team.

2. Outpatient Clinical Rotation

General Description:
Fellows will rotate through the outpatient clinics at the UMC Hematology/Oncology Clinic. Patients will be evaluated at all disease stages with management to include diagnosis, staging, treatment, follow-up, and management of treatment complications.
The UMC Clinic also serves as the fellows' continuity clinic, wherein fellows will have ownership over a panel of patients with hematologic and oncologic disorders. Fellows will be identified by the patient as their primary oncologist. Attending oversight in the clinic will be provided, but emphasis will be placed on fellow autonomy and long-term patient care.
Duration: One month block
Location: UMC

Policy on non-teaching patients:
Fellows will not be responsible for providing ongoing care for patients already under the care of private practice physicians not associated with the LSUHSC training programs
Fellows may participate in the care of non-teaching patients in the following circumstance:
Emergency evaluations of patients in need of emergent physician evaluation and a patient's private physician is not immediately available. In these emergent situations, after the patient has been stabilized, the Fellow and his/her attending will be responsible for alerting the patient's private physician to further evaluate and manage the patient.
A private practice physician can request a LSUHSC Hematology & Oncology sub-specialty consultation. Thereby, the patient for whom the consult was requested will then become part of the teaching experience and no longer be defined as a "non-teaching" patient.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	**UMC Oncology Clinic**	**Fellows' Continuity Clinics (AM and PM)**	**VA Clinic**	**UMC Oncology Clinic**	**UMC Oncology Clinic**
PM	**UMC Oncology Clinic**	**Fellows' Continuity Clinics (AM and PM)**	**VA Clinic** **UMC Oncology Clinic**	**UMC Oncology Clinic**	

Core Competencies by Year:

First Year Fellows will be expected to learn the principles of outpatient management of hematologic and oncologic conditions. The primary goal will be learning the natural history and clinical presentation of hematologic and oncologic disorders and to begin to understand appropriate therapeutic interventions. The attending will be expected to guide the fellow to appropriate therapeutic decisions

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.
- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To evaluate and treat less common malignancies.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To manage brain metastasis, cord compression and cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn the skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To evaluate and treat patients with disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To understand less common malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the complications associated with brain metastasis, cord compression and cancer pain and to understand the indications for inpatient management of these conditions.

- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.
- To develop leadership skills for the outpatient health care team.
- To appreciate the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost effective manner.

Second Year Fellows will be expected to apply principles learned in first year to the outpatient management of hematologic and oncologic conditions. The attending will be expected to guide the fellow to appropriate therapeutic decisions with appropriate oversight while allowing for fellow driven management decisions.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up in an independent manner.
- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.

- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate with proficiency.
- To evaluate and treat less common malignancies.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To manage brain metastasis, cord compression and cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn apply the skills learned in 1st year required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To evaluate and treat patients with disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To understand less common malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the complications associated with brain metastasis, cord compression and cancer pain and to understand the indications for inpatient management of these conditions.
- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.

- To identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.
- To develop leadership skills for the outpatient health care team.
- To appreciate the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost effective manner.

Third Year Fellows will be expected to apply principles learned in the first and second years to the principles of outpatient management of hematologic and oncologic conditions. The attending will be expected to guide the fellow to appropriate therapeutic decisions with appropriate oversight but allow for maximum fellow independence.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up with minimal attending input into management.
- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.
- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate with independence expected of an independent practitioner.
- To evaluate and treat less common malignancies.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.

- To manage brain metastasis, cord compression and cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn the skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To evaluate and treat patients with disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up to allow for independent care of patients.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To understand less common malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the complications associated with brain metastasis, cord compression and cancer pain and to understand the indications for inpatient management of these conditions.
- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions with minimal attending input.
- To continually identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.

- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.
- To develop leadership skills for the outpatient health care team.
- To fully understand the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost effective manner.

3. Academic Rotation- UMC based

General Description:
This rotation will allow for 1st, 2nd and 3rd year fellows to enhance their academic progress.

Academic Fellow Rotation
Supervising faculty: HemOnc Fellowship Program Director.
The Academic Fellow Rotation is designed to provide participating fellows with protected academic time to enhance their proficiency in critically appraising scientific literature, refining communication and presentation skills, and meaningfully contributing to the educational mission of the Hematology/Oncology Fellowship Program. During this rotation, the Academic Fellow will assume the following duties:

1. Assume Some Former Responsibilities of the UMC Clinic Fellow
    - Presenting relevant quality journal data and NCCN guidelines during the weekly general tumor board meetings.
    - Documenting and maintaining accurate tumor board notes for the breast cancer multidisciplinary conferences.
2. Educational Content Development and Presentation:
    - The fellow should present a deeply focused review lasting ~45 minutes on a topic of academic interest with a review of high quality medical literature integrated into the talk.
    - Alternatively, the fellow can develop and deliver a structured lecture that comprehensively addresses a topic derived from NCCN guidelines, encompassing diagnosis, staging, and treatment.
    - All presentations are to be uploaded to the designated shared institutional drive and will be housed in the archived Zoom lectures for up to one year.. These materials will serve as part of a cumulative educational archive and may be reviewed or re-presented with updated data in subsequent years.
3. Journal Club Facilitation:
    - Prepare and lead at least one journal club session, selecting a peer-reviewed publication of relevance to hematology/oncology practice.
4. Tumor Board Participation:
    - Attending all available UMC-based multi-disciplinary case conferences as schedule allows (H&N, General Tumor Board, Gyn Onc, Breast, Colorectal, Lung).
    - Coordinate Heme Path conference with Pathology.
5. Lecture Schedule Oversight:
    - The Academic Fellow will oversee and maintain the fellowship lecture schedule.
        - In the event that faculty-led lectures are not scheduled, the fellow shall evaluate and assign appropriate alternative educational content (e.g., ASH Highlights, George Washington University lectures, MD Anderson Grand Rounds).
        - 30-45 minute question bank review from ASH-SAP and ASCO-SEP should take place at least every two weeks as part of dedicated lecture time.
    - This responsibility may be executed in collaboration with senior fellows.

Ensuring Clinical Case Conference (‘weekend checkout”) is coordinated to start at 1PM on Friday

4. Our Lady of the Lake- Baton Rouge (OLOL)- Bone Marrow Transplant and Leukemia Rotation

General Description:
The OLOL BMT and Leukemia service will serve as the inpatient stem cell transplant experience for the LSUHSC Hematology and Oncology Fellows. Trainees will be part of a team caring for patients with hematologic malignancies and other diseases requiring intensive chemotherapy, high-dose chemotherapy and stem cell rescue from self or allogeneic transplant from sibling or matched unrelated donors. The disorders seen during this rotation will include acute and chronic leukemias, non-Hodgkin's lymphoma, Hodgkin lymphoma, myelodysplastic, multiple myeloma and marrow failure conditions.
Duration: 4 weeks total per academic year
Location: OLOL
Site Director- Nakhle Saba, MD

Policy on non-teaching patients:
Non-teaching patients are defined as patients cared for independent of an OLOL staff member. Fellows will not be responsible for providing ongoing care for patients under the care of private practice physicians not associated with Tulane.

BMT/Leukemia rotation consists of:

1. **Inpatient service that carries an average of 8 patients admitted for the following:**
    a. Patients presenting for allogenic and autologous stem cell transplantation for Hematologic malignancies.
    b. Patients presenting with the diagnosis of AML, ALL, Aplastic anemia, MDS, NHL, CML, CLL, MM and Hodgkin's Lymphoma
    c. Patients admitted for the management and treatment of complications post allo/auto SCT and Induction/consolidation of Leukemia treatment, such as aGVHD, cGVHD, Neutropenia/fever.
    d. Patients admitted for treatment of complications of stem cell transplant.
2. **Outpatient clinic 2 days/week. The following care is provided:**
    a. Follow up post allo/auto transplant and assessing patients for possible complications.
    b. Evaluation of patients with Hematologic malignancies for SCT.
    c. Evaluation and follow up of patient with Hematologic malignancies receiving standard therapy.

Core Competencies by Year:

First year fellows will be expected to help supervise the day-to-day care of inpatient bone marrow transplantation. The primary goal will be learning the natural history and clinical presentation of hematologic and oncologic disorders and to begin to understand role of stem cell transplantation.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide the daily management of patients undergoing transplant with either an autologous of allogeneic source of stem cells.
- To develop strategies for the therapy of leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome, myeloproliferative disorders and marrow failure conditions.
- To manage the short and long term complications of high dose chemotherapy.
- To understand supportive care therapies in cancer care such as prophylactic antibiotics, growth factors, anti-emetics, etc.
- To learn the skills of ordering and administering chemotherapy and/or biologic therapy for the treatment of hematologic malignancies.
- Learn effective use of radiation in treatment of leukemias, lymphomas, multiple myeloma and marrow failure disorders.
- Learn the process of clinical trial enrollment and patient monitoring.
- To manage post-chemotherapy infectious complications and understand the opportunistic infections that are particular to transplant patients.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To learn the indications for providing the appropriate use of stem cell transplantation as part of the management of patients with hematologic malignancies.
- To learn the daily management of patients undergoing transplantation with myeloablative and non-myeloablative conditioning regimens.
- To apply chemotherapy for curative and palliative intent.
- To understand the treatment strategies and protocols for leukemias, lymphomas, multiple myeloma, myelodysplastic syndromes, myeloproliferative disorders and marrow failure conditions.
- To understand supportive care therapies in cancer care.
- To learn the skills of ordering and administering chemotherapy and biologic therapy.
- To learn the skills of ordering chemotherapy for myeloablation.
- To learn the practices of transfusion medicine in patients undergoing stem cell transplantation.
- To learn the skill of marrow harvesting and cellular apheresis as well as the techniques of storage, processing and reinfusion.
- To understand the risks and therapies of acute and chronic graft-versus-host-disease.
- To understand the immunologic background behind graft-versus-disease.
- Learn the process of clinical trial enrollment and patient monitoring.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek resources for improvement.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism, and competence.
- To understand the role of the transplant physician in assisting a primary oncologist in the care of a patient who will be or who has undergone stem cell transplantation.
- Provide education to peers, faculty, and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients for reasons of continuity and safety.
- To participate in the supervision of physician extenders and nurses.
- To participate in a multi-disciplinary team responsible for the care of patients with complicated medical problems.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy, and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting.
- To develop leadership skills for the health care team.

Second Year Fellows will be expected to help supervise the day-to-day care of inpatient bone marrow transplantation. The goal will be mastering the natural history and management of hematologic and oncologic disorders and to understand the role of stem cell transplantation.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide the daily management of patients undergoing transplant with either an autologous or allogeneic source of stem cells with increasing independence.
- To develop strategies for the therapy of leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome, myeloproliferative disorders and marrow failure conditions.
- To manage the short and long term complications of high dose chemotherapy.
- To understand supportive care therapies in cancer care such as prophylactic antibiotics, growth factors, anti-emetics, etc.
- To learn the skills of ordering and administering chemotherapy and/or biologic therapy for the treatment of hematologic malignancies.
- Learn effective use of radiation in treatment of leukemias, lymphomas, multiple myeloma and marrow failure disorders.
- Learn the process of clinical trial enrollment and patient monitoring.
- To manage post-chemotherapy infectious complications and understand the opportunistic infections that are particular to transplant patients.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To learn the indications for providing the appropriate use of stem cell transplantation as part of the management of patients with hematologic malignancies.
- To learn the daily management of patients undergoing transplantation with myeloablative and non-myeloablative conditioning regimens.
- To apply chemotherapy for curative and palliative intent.
- To understand the treatment strategies and protocols for leukemias, lymphomas, multiple myeloma, myelodysplastic syndromes, myeloproliferative disorders and marrow failure conditions.
- To understand supportive care therapies in cancer care.
- To learn the skills of ordering and administering chemotherapy and biologic therapy.
- To learn the skills of ordering chemotherapy for myeloablation.
- To learn the practices of transfusion medicine in patients undergoing stem cell transplantation.
- To learn the skill of marrow harvesting and cellular apheresis as well as the techniques of storage, processing and reinfusion.
- To understand the risks and therapies of acute and chronic graft-versus-host-disease.
- To understand the immunologic background behind graft-versus-disease.
- Learn the process of clinical trial enrollment and patient monitoring.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek resources for improvement.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- To understand the role of the transplant physician in assisting a primary oncologist in the care of a patient who will be or who has undergone stem cell transplantation.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients for reasons of continuity and safety.
- To participate in the supervision of physician extenders and nurses.
- To participate in a multi-disciplinary team responsible for the care of patients with complicated medical problems.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting.
- To develop leadership skills for the health care team.

Third Year Fellows will be expected to help supervise the day-to-day care of patients. The goal will be near independent management of hematologic and oncologic disorders requiring stem cell transplantation.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide the daily management of patients undergoing transplant with either an autologous or allogeneic source of stem cells with increasing independence.
- To develop strategies for the therapy of leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome, myeloproliferative disorders and marrow failure conditions.
- To manage the short and long term complications of high dose chemotherapy.
- To understand supportive care therapies in cancer care such as prophylactic antibiotics, growth factors, anti-emetics, etc.
- To learn the skills of ordering and administering chemotherapy and/or biologic therapy for the treatment of hematologic malignancies.
- Learn effective use of radiation in treatment of leukemias, lymphomas, multiple myeloma and marrow failure disorders.
- Learn the process of clinical trial enrollment and patient monitoring.
- To manage post-chemotherapy infectious complications and understand the opportunistic infections that are particular to transplant patients.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To learn the indications for providing the appropriate use of stem cell transplantation as part of the management of patients with hematologic malignancies.
- To learn the daily management of patients undergoing transplantation with myeloablative and non-myeloablative conditioning regimens.
- To apply chemotherapy for curative and palliative intent.
- To understand the treatment strategies and protocols for leukemias, lymphomas, multiple myeloma, myelodysplastic syndromes, myeloproliferative disorders and marrow failure conditions.
- To understand supportive care therapies in cancer care.
- To learn the skills of ordering and administering chemotherapy and biologic therapy.
- To learn the skills of ordering chemotherapy for myeloablation.
- To learn the practices of transfusion medicine in patients undergoing stem cell transplantation.
- To learn the skill of marrow harvesting and cellular apheresis as well as the techniques of storage, processing and reinfusion.
- To understand the risks and therapies of acute and chronic graft-versus-host-disease.
- To understand the immunologic background behind graft-versus-disease.
- Learn the process of clinical trial enrollment and patient monitoring.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek resources for improvement.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- To understand the role of the transplant physician in assisting a primary oncologist in the care of a patient who will be or who has undergone stem cell transplantation.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients for reasons of continuity and safety.
- To participate in the supervision of physician extenders and nurses.
- To participate in a multi-disciplinary team responsible for the care of patients with complicated medical problems.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting.
- To develop leadership skills for the health care team.

5. Research Rotation at LSU Health Sciences Center

General Description:
All Fellows will be expected to participate in scholarly activity for the duration of their training as per ACGME requirements to advance to the next year of training and successfully complete their fellowship training program. The Research Rotation will allow for protected time (excepting mandatory outpatient clinical rotations). The project that the Fellow will work on is negotiable between the Fellow and his/her faculty mentor. The planning for the goals of the research time should be outlined between the Fellow and mentor. Resources that will be made available to the Fellow will include mentorship and laboratories of Cancer Center investigators, institutional research support, the Cancer Center Clinical Trials Office and Institutional Review Board. There will be collaboration with individuals in biostatistics, surgical oncology, radiation oncology, pharmacy, the School of Public Health, etc. The Fellow will have oversight from faculty mentors, but the expectation is that the trainee will have self-directed goals for the rotations. Continued conference attendance will be expected during the research rotation.

Productivity and outcomes of the research rotation will be evaluated by the faculty research mentor, the Program Director, and the Associate Program Director for Research. The research mentor will be responsible for providing a written evaluation at the end of the rotation and every 3 months. Ideally, the research projects will result in publication of data in a peer-reviewed journal or abstract presentation at a national meeting. However, other goals of the research endeavor should be learning the methods of developing a research project, applying scientific methods to research, and actively engaging in the clinical trials process.

Duration of rotation: 4 week blocks

Location: LSU Health Sciences Center

Core Competencies by Year:

First year fellows will be assigned a research mentor for the first year of fellowship training and begin work on a scholarly project. Expectations include presenting a poster at LSU Department of Medicine Research Day and fully developing a concept and action plan for quality-improvement project by the end of the first year. He/she will also be required to identify a more permanent research mentor by the end of the first year. Additional goals include enrolling patients into clinical trials.

Second year fellows will continue progress with quality-improvement project, present a poster at LSU Department of Medicine Research Day, and submit a research abstract to a regional or national meeting. The program will coordinate with fellows the amount of required elective time for research depending on a fellow's individual career goals.

Third year fellows will participate in a quality-improvement project (carry over from FY1/FY2 or a new project), present a poster at LSU Department of Medicine Research Day,

submit a research abstract to a national meeting, and publish a manuscript in a peer-reviewed journal.

Evaluations for Research Rotation:
To be performed by research mentor on a quarterly basis, with evaluations grounded in the six Core Competencies:
Patient Care will have minimal bearing on this rotation except as it relates to the Fellows' ongoing clinical duties and involvement of patients in clinical trials research. If research projects directly involve patients, the care delivered should be compassionate and effective.

- To participate in the process of adverse event monitoring for clinical trials.
- To participate in study consent.
- To participate in the care of patients enrolled onto clinical trials.

Medical Knowledge about biomedical and clinical sciences and the application of this knowledge to patient care in terms of the scientific method.

- To understand the need for observed medical care of the patient enrolled on clinical trials.
- To understand the process of adverse event monitoring.
- To understand the pre-clinical data underpinning the development and implementation of clinically relevant research.
- To understand the general principles of clinical trial design and statistical methods useful in developing meaningful outcomes data.
- Apply the scientific method to questions relevant to oncology and hematology.
- To understand the need for excellent medical documentation which can permit medical record review for retrospective, chart-based research.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational resources and literature to obtain answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek resources for improvement.
- To transition from mentor-directed to self-directed research

Interpersonal and Communication Skills that result in effective information exchange with patients, families, other care givers and researchers.

- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Develop skills needed to collaborate and work effectively with members of a research team.
- Provide education to peers, faculty and residents participating in research endeavors.
- To participate in the supervision of physician extenders and nurses as it relates to clinical trials research.
- To demonstrate skills for disseminating research, in both oral and written forms, of data gained from research projects

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To demonstrate ethical practices required in the process of scientific research and Good Clinical Practice.
- To protect patient information consistent with institutional policy.
- To apply the principles of clinical research including: patient autonomy, beneficence and justice.
- To take responsibility for initiating encounters with research mentor(s) and demonstrate commitment and reliability

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the health-care delivery system both during hospitalization and in the outpatient setting and enrollment on clinical trial in these locations.
- To develop leadership skills for a research team.
- To understand the roles of the CTO, Data Safety Monitoring Board, and the Institutional Review Board.
- To understand potential conflicts of interest when participating in industry sponsored clinical trials.
- To understand when chemotherapy protocols require an FDA IND.
- To understand the available resources for and how to apply for research funding

6. Hematopathology and Blood Banking at LSUHSC

General Description:
This rotation is the combination of two separate laboratory-based rotations which are critical components of Fellowship training in Hematology & Oncology. This rotation will be spent at the LSUHSC Blood Bank and LSUHSC Pathology Laboratories. This rotation is an elective and consequently, the Fellow will be responsible for continued attendance in his/her UMC Continuity Clinic and attendance at Fellow conferences.
The Hematopathology Lab and Blood Bank component of the rotation will be based in the LSUHSC Department. The Fellow will focus attention in the lab to activities concerning diagnosis of malignant hematologic conditions and the procedures necessary to effective blood banking. Blood banking activities will include hemoglobin electrophoresis, type and screening, cross-matching, interpretation of antibody screens, transfusion reaction analysis and apheresis. Training will be facilitated through a mix of didactic lectures, laboratory exercises, conference participation, and self-directed learning.

Duration: 2-4 weeks

Location: LSUHSC Department of Pathology

Evaluations for the Hematopathology & Blood Banking Rotation:

First Year Fellows will be expected to learn the principles of blood bank and hematopathology as it relates to clinical care of patients.
Direct face-to-face **Patient Care** will not be an expected relevant competency of this laboratory-based rotation. However, the clinical application of apheresis technology will be employed as the opportunity arises.
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.

- To understand the basic mechanisms which underlie the normal function of the bone marrow, blood, coagulation system, and related components.
- To understand the laboratory evaluation and pathologic considerations of patients with anemia, thrombocytopenia, leukopenia.
- To understand the laboratory evaluation and pathologic considerations of patients with thrombocytosis, erythrocytosis and/or leukocytosis.
- To gain skills needed to interpret peripheral blood smears, hemoglobin electrophoreses, and automated CBCs.
- To understand tests of blood banking including Coombs tests, antibody determination, etc.
- To understand the lab evaluation of transfusion reaction.

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.

- To utilize evidence-based resources to seek answers to scientific and clinical questions.
- To identify deficiencies in knowledge and/or experience and seek opportunities for correction.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- To understand the role of a pathologic diagnosis or routine blood banking procedures in assisting a primary team with patient care.
- To participate in caring for patients and be able to provide and communicate data and test interpretation relevant to patient care and diagnosis.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- To appreciate the role of pathology in delivering services that keep optimal patient care as the primary goal while performing these duties in a professional and courteous manner.
- To develop effective communication skills with other medical professionals and technicians

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

- To understand the general practice of laboratory-based medicine as it relates to cost-effective management.
- To understand the practice of blood banking and pathologic diagnosis as it relates to the multi-disciplinary care of patients. Also, to appreciate the costs associated with transfusion and pathologic diagnosis.

Second Year Fellows will be expected to master the principles of blood bank and hematopathology as it relates to clinical care of patients.

Direct face-to-face **Patient Care** will not be an expected relevant competency of this laboratory-based rotation. However, the clinical application of apheresis technology will be employed as the opportunity arises.

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.

- To begin to master the basic mechanisms which underlie the normal function of the bone marrow, blood, coagulation system, and related components.
- To understand the laboratory evaluation and pathologic considerations of patients with anemia, thrombocytopenia, leukopenia.
- To understand the laboratory evaluation and pathologic considerations of patients with thrombocytosis, erythrocytosis and/or leukocytosis.
- To gain skills needed to interpret peripheral blood smears, hemoglobin electrophoreses, and automated CBCs.
- To understand tests of blood banking including Coombs tests, antibody determination, etc.
- To understand the lab evaluation of transfusion reaction.

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.

• To utilize evidence-based resources to seek answers to scientific and clinical questions.

• To identify deficiencies in knowledge and/or experience and seek opportunities for correction.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- To understand the role of a pathologic diagnosis or routine blood banking procedures in assisting a primary team with patient care.
- To participate in caring for patients and be able to provide and communicate data and test interpretation relevant to patient care and diagnosis.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- To appreciate the role of pathology in delivering services that keep optimal patient care as the primary goal while performing these duties in a professional and courteous manner.
- To develop effective communication skills with other medical professionals and technicians

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

- To understand the general practice of laboratory-based medicine as it relates to cost-effective management.
- To understand the practice of blood banking and pathologic diagnosis as it relates to the multi-disciplinary care of patients. Also, to appreciate the costs associated with transfusion and pathologic diagnosis.

Third Year Fellows will be expected to have sufficient mastery of the principles of blood bank and hematopathology for the independent clinical care of patients.

Direct face-to-face **Patient Care** will not be an expected relevant competency of this laboratory-based rotation. However, the clinical application of apheresis technology will be employed as the opportunity arises.

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.

• To understand the basic mechanisms which underlie the normal function of the bone marrow, blood, coagulation system, and related components.

• To understand the laboratory evaluation and pathologic considerations of patients with anemia, thrombocytopenia, leukopenia.

• To understand the laboratory evaluation and pathologic considerations of patients with thrombocytosis, erythrocytosis and/or leukocytosis.

• To gain skills needed to interpret peripheral blood smears, hemoglobin electrophoreses, and automated CBCs.

• To understand tests of blood banking including Coombs tests, antibody determination, etc.

• To understand the lab evaluation of transfusion reaction.

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.

- To utilize evidence-based resources to seek answers to scientific and clinical questions.
- To identify deficiencies in knowledge and/or experience and seek opportunities for correction.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- To understand the role of a pathologic diagnosis or routine blood banking procedures in assisting a primary team with patient care.
- To participate in caring for patients and be able to provide and communicate data and test interpretation relevant to patient care and diagnosis.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- To appreciate the role of pathology in delivering services that keep optimal patient care as the primary goal while performing these duties in a professional and courteous manner.
- To develop effective communication skills with other medical professionals and technicians

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

- To understand the general practice of laboratory-based medicine as it relates to cost-effective management.
- To understand the practice of blood banking and pathologic diagnosis as it relates to the multi-disciplinary care of patients. Also, to appreciate the costs associated with transfusion and pathologic diagnosis.

7. Radiation Oncology Rotation- UMC

General Description:

The Radiation Oncology Department at the UMC maintains an active service, with three full time radiation oncologists who staff the outpatient facility and the inpatient consultation service.

General Goals of this rotation

To learn the appropriate use of radiation in the therapy of neoplastic diseases both as a single modality and as an integral part of multi-modality therapy.

To learn basic principles of radiation biology. To obtain expertise in radiation-induced complications and their management. To learn the role of radiation therapy in oncologic emergencies such as spinal cord compression and increased intracranial pressure from brain metastases.

At the end of this rotation fellows will have developed an understanding of the use of radiation in the therapy of patients with neoplastic diseases. Fellows will know the indications for radiation treatment and also become familiar with the contraindications for its use. Fellows will become familiar with the toxicities of both acute and chronic of radiation therapy. Fellows will learn how radiation oncology is integrated into the multidisciplinary care of oncology patients.

The fellow will be expected to see inpatient and outpatient consults. Prior to presenting the case to the attending physician, the fellow should obtain all pertinent studies and pathology and then formulate a treatment plan. The fellow should have a general idea of the radiation fields and doses to be employed and should assist in the simulation of the patient whenever possible. The fellow should be prepared to explain the expected side effects associated with a given course of therapy and the expected outcome of therapy. The fellow will spend time with the physicists, dosimetrists, and technologists to understand the technical aspects involved in the delivery of radiation. The fellow will be expected to accompany the attending physician to the operating room for brachytherapy procedures.

The Radiation Oncology rotation is a carefully structured and guided apprenticeship. Specific topics that will be formally discussed include:

- Radiation energy - indications for using photons as opposed to electrons
- Understanding of tolerance doses of normal tissues
- Acute versus late effects of radiation
- Fractionation and daily doses of radiation
- Simulation
- 3-dimensional planning
- Brachytherapy
- Intensity modulated radiation therapy

Fellows will actively participate in treatment decisions and the care of patients. They will see new patients and formally present them to the radiation oncology attending, with emphasis placed in the role of the radiation therapy both as a curative and as a palliative modality. Appropriate reading materials will be suggested and provided, and landmark papers and articles will be recommended for reading in the area of each solid tumor. Computer terminals

are readily available in the radiation oncology unit, so that fellows can access the Internet and Medline and learn medical literature research skills.

At the end of the rotation each fellow will be evaluated by the attending radiation oncologist who provided training during the rotation. The evaluation will be discussed with the fellow and a written evaluation submitted to the Oncology Program Director. The attending physician will be responsible for emphasizing strengths and relaying concerns about areas which need improvement to the fellow and the Program Director, if indicated.

Patient Care – The Radiation Oncology Service provides the fellow with a focused opportunity to learn the role of radiation in the care of cancer patients. This is a critical need in the current environment where multi-modal care is the standard for many therapeutic care plans. The multi-specialty group practice model at UMC is specifically oriented toward supporting this type of coordinated patient care. The outpatient clinic supports the development of this competency by providing an excellent environment for the fellow to learn the appropriate ways to deliver, timely, cost efficient and effective radiation care to patients in the outpatient setting.

During this rotation, the fellows will see a broad variety of oncologic problems leading to greater acumen in their patient care skills. In addition, the wide variety of social and cultural backgrounds of the clinic patient population facilitates the fellows' ability to be sensitive to these differences.

First year fellows will be expected to participate in the initial evaluation and workup of patients.

Second year fellows will be expected to help design specific therapies for patients in addition to participating in the initial work-up.

Third year fellows will have a substantial working knowledge of radiation therapy principles and the application of those principles to management of patients.

Medical Knowledge – The broad array of neoplastic disorders seen in the Radiation Oncology rotation supports the ability of the fellow to expand their knowledge.

Specifically the fellow will learn about the use of radiation as a modality for the curative and palliative treatment of cancer. The evaluation of patients for radiation treatment and the management of patients receiving radiation will provide the fellow a solid base on which to built their future care plans by allowing them to know the indications for and complications of radiation.

This rotation will stimulate the fellow to access appropriate resources to learn about radiation and its role in the care of Oncology patients.

First year fellows will be expected to learn the basic principles of radiation therapy.

Second year fellows will understand the design of specific therapies for patients in addition to participating in the initial work-up.

Third year fellows will have a substantial working knowledge of radiation therapy principles for near independent practice for a medical oncologist.

Practice- Based Learning and Improvement – The Radiation Oncology rotation provides an excellent platform for the fellows to explore practice based learning.

The development of a body of knowledge on each patient which allows for the formulation of an appropriate diagnostic and therapeutic plan requires that the fellow access multiple resources and work within the system to develop the most effective care plan possible. This requires a critical appraisal of the available data, in this case data specific to radiation oncology.

The emphasis on safe, timely and high quality care will allow the fellow to become familiar with this approach to patient care and will enhance their ability incorporate this therapeutic modality into the care plan for their patients.

First year fellows will be expected to participate in the coordination of care needs for patients receiving radiotherapy.

Second year fellows will be expected to help design specific therapies in a multidisciplinary fashion among the subspecialties caring for patients with cancer.

Third year fellows will have a substantial working knowledge and the ability to serve as a team leader in the context of radiation oncology care.

Interpersonal and Communication Skills – By discussing the evaluation and management plan with the Radiation Oncology attending, the fellow will learn the elements needed to communicate concisely and accurately with other health care professionals regarding radiation and its use and expected outcomes.

The communication of the evaluation and care plan to the patient and their family will help the fellow develop the specific ability to discuss the use of radiation in a broad array of disease states and with patients who have a variety of social, cultural, and ethnic backgrounds. This will be an important learning opportunity for the fellow on this rotation.

First year fellows will be expected to participate in the coordination of care needs for patients receiving radiotherapy and communicate these needs to the care team.

Second year fellows will design specific therapies in an efficient manner in coordination with other subspecialties.

Third year fellows will have ability to serve as a team leader in the context of radiation oncology care.

Professionalism – This rotation supports professionalism by having the fellow work in a coordinated fashion with the Radiation Oncology attending, while assuming some direct responsibility for communication with patients and direction of patient care.

Fellows will be responsible for the creation of an accurate and inclusive documentation of the patient encounter in a timely fashion further supporting the learning of professionalism.

The Radiation Oncology attending will also serve as a role model for the fellow in regards to appropriate interactions with patients, their families, and other health care providers.

First year fellows will to develop skills that demonstrate competence, compassion and professionalism.

Second year fellows will keep the patient's interest as the primary goal, while acting in a professional and courteous manner.

Third year fellows will master communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

Systems Based Practice- This rotation will assist fellows as they develop skills necessary to guide patients through care plans that will often involve other physicians as well as nurses and social workers in the context of an integrated model of patient care and in the setting of a multi-specialty group practice.

The fellow will work together with all members of the Radiation Oncology team including attending physician, radiation oncology nurses, physicist, and social workers and learn to manage the patients within care team setting.

This experience will help fellows to develop 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 to the patient.

This competency is also supported by the need for Fellows to communicate and partner with referring physicians within and outside UMC, and work with community health agencies to ensure safe and effective transitions of care for the patients referred to Home Health or Hospice care.

First year fellows will understand system limitations and barriers to care for patients requiring radiotherapy

Second year fellows will assist in coordination of patient care in the UMC system.

Third year fellows will have ability to navigate systems with the efficiency expected of an independent practitioner.

8. Palliative Medicine Rotation- VA

General Description

Palliative medicine relieves the pain and other symptoms patients suffer due to cancer related illness as well as other serious illnesses, including cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS, and MS. The goals of palliative care are to reduce suffering, improve the quality of a seriously ill person's life, and support that person and their family during and after treatment. Palliative care extends from compassionate discussion of advance care planning with the patients and their families at appropriate times during their medical care to the effective management of the dying process and its associated symptoms. Palliative care aims to improve the quality of living and dying and to relieve suffering. Palliative care should be available to any patient and/or family living with, or at risk of developing a life-threatening illness. Palliative care aims to address physical, psychological, social, spiritual and practical expectations and needs, loss, grief and bereavement and preparation for and management of self-determined life closure, and the dying process.

Duration: Two weeks

Location: UMC or VA

Learning Objectives

Patient Care: Demonstrate knowledge and proficiency in evaluation of (a) patients near/at the end of life, and (b) patients with specific symptom management needs

- Perform a careful and complete history and physical, with emphasis on communication with the patient and/or his/her family about end-of-life issues such as advance directives and prognosis
- Develop a basic treatment plan for patients with common symptoms associated with life-limiting illnesses
- Demonstrate knowledge of hospice, including the interdisciplinary meeting, and proficiency at determining patients' eligibility and appropriateness for hospice referral

First year fellows will be expected to participate in the initial evaluation and workup of patients.
Second year fellows will be expected to help design specific therapies for patients in addition to participating in the initial work-up.
Third year fellows will have a substantial working knowledge of palliative care principles and the application of those principles to management of patients.

Medical Knowledge: Acquire basic knowledge of the following topics:

- Symptom evaluation and management:
    - Pain: The trainee should demonstrate advanced and sophisticated knowledge of pain evaluation and management, including knowledge of pharmacologic, complementary and anesthetic measures to manage pain
    - Dyspnea
    - Constipation and diarrhea
    - Nausea and vomiting

    - Anorexia and weight loss
    - Delirium and agitation, including terminal delirium
    - Anxiety and depression
- End of life issues: ethics and communication
    - Breaking bad news
    - Advance directives
    - Resuscitation status
    - Artificial nutrition and hydration
    - Surrogate decision making
    - The family meeting
    - Prognosis
    - Chronic medical conditions
    - Patients near the end of life

First year fellows will be expected to learn the basic principles of palliative care.
Second year fellows will understand the design of specific therapies for patients in addition to participating in the initial work-up.
Third year fellows will have a substantial working knowledge of palliative care principles for near independent practice for a medical oncologist.
Practice-Based Learning and Improvement: Utilize available resources to make both timely and appropriate diagnostic and management decisions during palliative care consults

- Discuss outcomes of patient management plans with attending
- Evaluate and target areas for self-improvement

First year fellows will be expected to participate in the coordination of care needs for patients receiving palliative care.
Second year fellows will be expected to help design specific therapies in a multidisciplinary fashion among the subspecialties caring for patients with cancer.
Third year fellows will have a substantial working knowledge and the ability to serve as a team leader in the context of palliative medicine.
Interpersonal and Communication Skills:

- Demonstrate the qualities of a good consultant, incorporating professionalism into the process. Such qualities include courtesy, efficiency, and respect for colleagues. The trainee should demonstrate excellent communication skills, and the ability to correspond effectively with consulting clinicians and outside physicians
- Demonstrate sensitivity, respect and kindness when interacting with palliative care colleagues, staff, patients and families
- Demonstrate consciousness of and respect for cultural differences in response to severe illness and death
- Demonstrate consciousness of and respect for spiritual values held by patients and families
- Demonstrate awareness of his/her reactions to grief and stress and discuss ways to deal with them

- Understand the value of and how to conduct a family meeting for discussion of goals of care and demonstrate proficiency in conducting a family meeting to negotiate goals of care

First year fellows will be expected to participate in the coordination of care needs for patients receiving radiotherapy and communicate these needs to the care team.
Second year fellows will design specific therapies in an efficient manner in coordination with other subspecialties.
Third year fellows will have ability to serve as a team leader in the context of radiation oncology care.

Professionalism:

- Demonstrate respect for patients, families, palliative care staff
- Professional appearance
- Punctuality

First year fellows will develop skills that demonstrate competence, compassion and professionalism.
Second year fellows will keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
Third year fellows will master communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

Systems-Based Practice:

- Practice cost-effective, evidence-based medicine when treating palliative care patients
- Access appropriate interdisciplinary consultants for patient care
- Demonstrate proficiency at operating within the context of an interdisciplinary group managing patients
- Demonstrate cost efficiency in ordering tests and in discharge planning, and a fundamental knowledge of hospice and case management

First year fellows will understand system limitations and barriers to care for patients requiring palliative care
Second year fellows will assist in coordination of patient care in the UMC Clinic system.
Third year fellows will have ability to navigate palliative care systems with the efficiency expected of an independent practitioner.

Fellow Expectations (i.e., how Learning Objectives are met)

- Work-up one new palliative care consult and follow 2-3 patients daily
- Daily rounds with attending and on the Inpatient Consultation Service
- Attending scheduled Medical Oncology and Palliative Medicine didactics
- Attend weekly interdisciplinary team meeting
- Attend scheduled hospice visits with faculty
- Reading on assigned topics
- Assuming primary consultative role for pain and palliative care inpatient consults (under supervision of faculty)
- Participation in family meetings under supervision of faculty

9. West Jefferson Medical Center - Clinic Rotation

General Description:
The West Jefferson Medical Center (WJMC) clinic service will serve as an outpatient community oncology experience for the LSUHSC Hematology and Oncology Fellows. Trainees will be part of a team caring for patients with hematologic and solid tumor malignancies and other diseases requiring intensive chemotherapy. The disorders seen during this rotation will include: solid tumors of various types, including, but not limited to colon, prostate, lung cancers; lymphoma and leukemias; and benign hematologic conditions.

Site Director: Elizabeth Ellent, MD

Expectations:
-Fellows are expected to attend clinic and rotate with the physicians assigned to them in consultation with the site director.
-The fellow will have protected learning time from 12-1 PM daily.
-Fellows will attend WJMC tumor board every Wednesday at 7AM, either in person or virtually
-Fellows will also meet regularly with Dr. Ellent to discuss career planning, with a special focus on second and third years.

Duration: 2 to 4 weeks
Location: West Jefferson Medical Center

10. West Jefferson Medical Center- Inpatient Rotation

General Description:
. Patients seen during this rotation have a wide variety of common and uncommon malignancies including lung cancer, colon cancer, leukemia/lymphoma, sarcomas and other tumor types. Fellows will also be consulted on benign hematologic conditions

Overall Expectations:
As a consultant the fellows will assist with managing complications of therapy, making recommendations for adjuvant, curative, neoadjuvant or palliative treatments. Fellows will be available to assist in the work-up of patients with a suspected malignancy, assist in the transition of patients from the inpatient to outpatient setting and confer with the patients' primary oncologist in the event of a patient admission.
Fellows are expected to have a detailed understanding of each patient's oncologic diagnosis and treatment history. They will determine and present a plan to demonstrate their understanding. Fellows will serve as the primary contact on transfers of patients from the inpatient to outpatient setting. Fellows will communicate with the patients' outpatient oncologist for any issues addressed as an inpatient either through verbal or written form. Fellows will have ownership over the inpatients and communicate with the primary attending/house staff with any recommendations. Fellows will round daily with the attending on call. If the fellow is unavailable due to unforeseen circumstances, then coverage will be found by the fellow. Vacation should not be taken during this rotation. Fellows will be on call via phone or pager in house or home call from Monday 7 AM until Friday 5 PM.

Duration: 2-4 week blocks
Location: WJMC

Core Competencies by Year:

First Year Fellows will be expected to learn the principles of outpatient management of hematologic and oncologic conditions. The primary goal will be learning the natural history and clinical presentation of hematologic and oncologic disorders and to begin to understand appropriate therapeutic interventions. The attending will be expected to guide the fellow to appropriate therapeutic decisions

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.
- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.

- To evaluate and treat less common malignancies.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To manage brain metastasis, cord compression and cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn the skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To evaluate and treat patients with disorders of hemostasis and myelo-, and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.
- To manage patients referred to the high-risk breast clinic, specifically when to and not order genetic testing, increase breast cancer screening, and counsel patients.

Medical Knowledge of accepted and developing clinical, biomedical, and psychological sciences and the application of this data to patient care.

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To understand less common malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the complications associated with brain metastasis, cord compression and cancer pain and to understand the indications for inpatient management of these conditions.
- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo-, and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients.
- To discuss advanced care planning with every patient

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the healthcare delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.
- To develop leadership skills for the outpatient health care team.
- To appreciate the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost effective manner.
- To learn about starting a clinical trial in a community setting

Second Year Fellows will be expected to apply principles learned in first year to the outpatient management of hematologic and oncologic conditions. The attending will be expected to guide the fellow to appropriate therapeutic decisions with appropriate oversight while allowing for fellow driven management decisions.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up in an independent manner.
- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.

- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate with proficiency.
- To evaluate and treat less common malignancies.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To manage brain metastasis, cord compression and cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn apply the skills learned in 1st year required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To evaluate and treat patients with disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.
- To manage patients referred to the high-risk breast clinic, specifically when to and not order genetic testing, increase breast cancer screening, and counsel patients.

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To understand less common malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the complications associated with brain metastasis, cord compression and cancer pain and to understand the indications for inpatient management of these conditions.
- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions.
- To identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients.
- To discuss advanced care planning with every patient
- **Professionalism** as demonstrated by a commitment to ethical principles

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the healthcare delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.
- To develop leadership skills for the outpatient health care team.
- To appreciate the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost effective manner.
- To learn about starting a clinical trial in a community setting

Third Year Fellows will be expected to apply principles learned in the first and second years to the principles of outpatient management of hematologic and oncologic conditions. The attending will be expected to guide the fellow to appropriate therapeutic decisions with appropriate oversight but allow for maximum fellow independence.

Patient Care that is compassionate and effective for the treatment of health problems and the promotion of health.

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up with minimal attending input into management.
- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.
- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate with independence expected of an independent practitioner.
- To evaluate and treat less common malignancies.
- To use palliative chemo, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To manage brain metastasis, cord compression and cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn the skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To evaluate and treat patients with disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anticoagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.
- To manage patients referred to the high-risk breast clinic, specifically when to and not order genetic testing, increase breast cancer screening, and counsel patients.
-

Medical Knowledge of accepted and developing clinical, biomedical and psychological sciences and the application of this data to patient care.

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up to allow for independent care of patients.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc, and perform tumor measurements when appropriate.
- To understand less common malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the complications associated with brain metastasis, cord compression and cancer pain and to understand the indications for inpatient management of these conditions.

- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anticoagulation.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

- To utilize educational and literature to seek answers to clinical and scientific questions with minimal attending input.
- To continually identify deficiencies in knowledge and actively seek improvements.

Interpersonal and Communication Skills that result in effective information exchange with patients, families and other care givers.

- To understand the role of the consultant in assisting a primary team with patient care.
- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Provide education to peers, faculty and residents.
- To initiate end of life discussions in patients with incurable illnesses.
- To become skilled in peer-to-peer interactions as it relates to the mutual care of patients.

Professionalism as demonstrated by a commitment to ethical principles, patient advocacy and constant attention to self-improvement.

- To develop skills that demonstrate competence, compassion and professionalism.
- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.
- To develop communication skills with patients, families as it relates not only to medical therapy, but also social, spiritual and psychological concerns.

System Based Practice as demonstrated by actions that recognize the resources available for patient care and the ability to most effectively utilize these resources for optimal patient management.

- To understand the healthcare delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.
- To develop leadership skills for the outpatient health care team.
- To fully understand the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost-effective manner.
- To learn about starting a clinical trial in a community setting

10. Elective

Additional rotations can be designed to the meet the educational needs of individual Fellows. This can be done in conjunction with the Program Director.

VI. Procedures for Hematology/Oncology Fellows

1. Bone marrow biopsy and aspiration
2. Intrathecal administration of chemotherapeutic agents
3. Ordering and administration of chemotherapeutic agents

All procedures will be supervised by the attending physician. The fellow will become proficient in performing bone marrow biopsies and aspirations by first viewing the procedure as performed by an attending. The fellow will then perform the procedure while being supervised by either attending faculty, until both the fellow and the supervisor are comfortable that the fellow has mastered the procedure.
Procedures performed by the fellow will be documented in New Innovations along with indications, outcomes, diagnoses and supervisor documented. Assessment of procedural competence will not be based solely on number of procedures performed. Instead, proficiency will be determined and documented by the program director in the fellows' biannual and summative evaluations based on formal objective evaluations by the supervising physicians.

Appendix 1: Guidelines on Journal Club: Evaluation of an Article

I. The Journal

Peer reviewed?
Professional society affiliation
Impact factor - Journal Citation Reports

II. The Article

A. General Comments

Author expertise and qualifications
Financial support - independent vs. industry (who really wrote the article?)
Other conflicts of interest

B. Title

Descriptive
Reflects objectives

C. Abstract

Objectives, methods, results, conclusions - not just favorable findings

D. Introduction

Discuss the background, study rationale, purpose and objectives

Study rationale
Study purpose and objectives

E. Methods

Discuss the study methods, step-by-step (as written in the article)

Methods

Logical
Sufficient detail- is the chemotherapy regimen discussed in enough detail to apply to practice?

Patient selection methods

Inclusion and exclusion criteria

Study design

Supports objectives
Study location - single center vs. multicenter
Appropriate controls used
Placebo
Gold-standard treatment
Blinding (e.g., placebo)
Randomization procedure used
Washout, if necessary
Appropriate doses and duration of therapy
Sufficient follow-up
Adherence assessment
Methods to assess adverse reactions
What were the study endpoints or outcomes?

F. Statistical Tests

Discuss the statistical methods used
What (%) change was expected?
What was the study power?
What statistical tests were used? Were they appropriate for the particular trial questions?

G. Results

Discuss the study results
Review the patient demographics
Did they enroll the desired types of patients according to inclusion/exclusion criteria?
Adverse effect on sample size
Intention to treat data
Describe all results listed
Are all the study measurements reported?
Logical, unbiased interpretations
Check graphic representations closely
Adverse reactions
Relevance of data

H. Discussion

Objectives met; If not, why?
Results put in perspective to available information
References to unpublished work
Speculation; adequate data interpretation
Are conclusions supported by data
Do authors try to extrapolate results to other populations?
Study limitations should be discussed

Applications

Impact on practice, and your practice specifically
Clinical vs. statistical significance

Appendix 2: Social Media Guidelines

LSUHSC School of Medicine in New Orleans
Employees and Students

At LSUHSC School of Medicine – New Orleans (SOM), social networking (both on LSUHSC-provided services and on commercially available services) can help support our mission of medical education, research, and service to the community. The SOM is committed to facilitating a successful social media strategy for its faculty, staff, and students.

The following guidelines are for all individuals affiliated with the SOM including but not limited to faculty members, residents, students, and staff employees who participate in social media. Social media includes personal blogs and other websites, including but not limited to WordPress, Facebook, LinkedIn, Twitter, Instagram, and YouTube. These guidelines apply to anyone posting to his or her own sites, university sponsored sites, or commenting on other sites.

General Principles:

1. Follow all applicable LSUHSC policies. For example, you must not share confidential or proprietary information about LSUHSC and you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning patient confidentiality; computer, e-mail and internet use; HIPAA and FERPA; photography and video; and release of patient or student information to media.
2. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions, or unprofessional language or behavior reflect poorly on LSUHSC, and may result in liability for you or LSUHSC. Be respectful and professional to fellow employees, business partners, competitors, faculty, students, and patients.
3. Social media is "real life." Behavior in social media is no different from e-mail, public speech, classroom lecture, conversation with friends, or a poster on a wall, with the exception that it is always available in cyberspace. Anything considered inappropriate offline is likely also inappropriate online. When in doubt, it is better not to share.
4. If you are a member of the SOM community, but acting in social media as an individual, make it clear that you are expressing your own opinion and not that of the SOM or LSUHSC.
5. Ensure that your social media activity does not interfere with your work commitments.

Responsibility to Patients and Trainees:

1. The SOM strongly discourages "friending" of patients on social media websites. Providers (faculty, house staff, or other staff) in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
2. The SOM strongly discourages personnel in management or supervisory roles from initiating personal "friend" requests with trainees they manage. "Friend" requests may be accepted if initiated by the trainee, and if the supervising personnel do not believe such contact will negatively impact the work relationship or pose potential bias regarding the trainee.

Responsibility to Institution:

1. Write in the first person. Where your connection to the SOM and LSUHSC is apparent, make it clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC. In those circumstances, you should include a disclaimer such as: “The views expressed on this [blog; website] are my own and do not reflect the views of the SOM or LSUHSC.” Consider adding this language in an “About me” section of your blog or social media profile.
2. If you identify your affiliation to the SOM or LSUHSC, your social media activities should be consistent with our high standards of professional conduct.
3. If you communicate in public about the SOM or LSUHSC or the SOM- or LSUHSC-related matters, you must disclose your connection with SOM and/or LSUHSC and your role at the institution. When acting as a representative of the SOM clearly identify you or your group’s relationship to the SOM and link back to the appropriate SOM or LSUHSC web page to reinforce the connection to the SOM or LSUHSC.
4. The SOM does not endorse people, products, services and organizations. On social media websites where your affiliation to the SOM is known, it should be made clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC when personal recommendations are made.
5. Unless approved, your social media name, handle and URL should not include the SOM or LSUHSC’s name or logo.
6. Represent yourself accurately and be transparent about your role at the SOM or LSUHSC. Consider that you are in an academic environment and the implications of utilizing a LSUHSC-provided platform that automatically identifies you in your role at the SOM or LSUHSC. If you present inaccurate information, correct it immediately.
7. When creating or managing a social media account for a SOM entity (such as a training program social network), ensure access credentials are shared by at least two people in case one team member is unreachable or no longer at the University.
8. When representing the SOM or LSUHSC, follow relevant style guidelines when creating profile/avatar

Responsibility to Institution:

1. Write in the first person. Where your connection to the SOM and LSUHSC is apparent, make it clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC. In those circumstances, you should include a disclaimer such as: “The views expressed on this [blog; website] are my own and do not reflect the views of the SOM or LSUHSC.” Consider adding this language in an “About me” section of your blog or social media profile.
2. If you identify your affiliation to the SOM or LSUHSC, your social media activities should be consistent with our high standards of professional conduct.
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8. When representing the SOM or LSUHSC, follow relevant style guidelines when creating profile/avatar images, graphics, or written content. Speak in accordance with your role at the university. If you have questions, contact the appropriate public affairs personnel.