



Pediatric Hematology-Oncology

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

Program Description and Policies and Procedures Manual

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Table of Contents

I.	Introduction	5
II.	Fellowship Program Goals and Objectives	5
III.	Employment Policies and Procedures	7
A.	<i>Policy and Procedure for Fellowship Recruitment and Selection</i>	7
	<i>Fellow Selection</i>	7
1.	First Year Appointments	7
2.	Second- and Third-Year Appointments	8
B.	<i>Letter of Appointment</i>	8
C.	<i>Clinical Schedules</i>	9
	<i>Yearly Tracks</i>	9
	<i>Monthly Call Schedules</i>	9
	<i>Schedule Changes</i>	9
	<i>Clinical schedule</i>	9
D.	<i>Fellowship Duty Hours</i>	10
1.	General	10
a.	<i>Supervision of Fellows</i>	10
2.	Duty Hours	10
3.	On call Activities	11
E.	<i>Monitoring</i>	12
1.	Policy Ensuring Fellows Have Adequate Rest	13
F.	<i>Policy and Procedures</i>	14
1.	Professionalism and Learning Environment	14
2.	Policy on Effective Transitions	16
3.	Policy on Alertness Management/Fatigue Mitigation Strategies	17
4.	Supervision and Progressive Responsibility Policy	18
G.	<i>Moonlighting</i>	21
H.	<i>Vacation/Sick Leave/Educational Leave</i>	23
I.	<i>Educational Leave and Expenses</i>	23
J.	<i>Parking</i>	24
K.	<i>Office Space</i>	24

IV. Overview of the Program	25
A. Program Demographics:.....	25
B. Duration of the training program:.....	26
C. First Year of Training.....	26
D. Second Year of Training	27
E. Third Year of Training.....	28
F. Participation of Residents and Medical Students in Sub-specialty.....	28
G. Trainee Responsibility for Teaching.....	28
H. Tumor Board (Cancer Conference) Participation	29
I. Administrative Participation	29
J. Interpreting Blood and Bone Marrow Smears.....	29
K. Further Laboratory Opportunities	29
L. Supporting Staff and Interprofessional Experience	30
M. Supervision of the Fellow during Training	30
N. Management of Infectious Diseases	30
O. Evaluation of Trainees Performance	30
P. Faculty Evaluations	31
Q. Advancement/Promotion.....	31
R. Disciplinary Action, Suspension or Termination	32
1. Informal Procedures	32
2. Formal Disciplinary Action.....	32
3. Specific Procedures	32
4. Complaints by Hospital.....	33
S. Harassment Policy.....	33
T. Program Goals and Objectives	33
U. Program Certification.....	33
V. Resources	33
1. Teaching/Clinical Faculty.....	33
2. Associated Faculty	34
3. Research Faculty	35
V. Teaching Conferences Schedule	35
1. Teaching Conference Schedule	38
VI. Competency Based Learning Goals and Objectives	39
A. Goals and Objectives by Competency.....	40

B.	General.....	43
1.	Clinical Responsibilities and Assessment	43
2.	Informed Consent.....	43
3.	Procedural Competencies.....	44
4.	Primary Patient and Procedure Logs.....	45
5.	Night/Weekend/Holiday Call and Sign-out	46
C.	Rotation Specific	48
1.	Inpatient.....	48
2.	Outpatient	51
3.	Scholarly Activity.....	55
1.	<i>The fellow will write a case report to be presented at a local or regional meeting.....</i>	56
2.	<i>The fellow will identify and develop a Quality Improvement Project by their first SOC</i>	56
3.	<i>The fellow will develop a teaching portfolio based on the teaching material and lectures given to the residents, medical students, and PHO core lectures</i>	56
4.	<i>The fellow identifies a clinical mentor, who will give the fellow during the years of training and helps with the research project when needed.</i>	56
4.	Pathology Rotation	58
5.	Transfusion Medicine (Blood Bank)	59
6.	Radiation Oncology	60
7.	Hematopoietic Stem Cell Transplantation (HSCT) Elective	61
8.	Junior Attending Rotation	62
9.	Palliative Care Elective Rotation	63
10.	EQUIP Elective	64
11.	CLINIC OBJECTIVES	65
1.	Clinical Objectives for Sickle Cell Clinic	65
2.	Clinical Objectives for BMT/HSCT Clinic	65
3.	Clinical Objectives for Late Effects Clinic	66
4.	Clinical Objectives for Hemophilia Clinic	66
VII.	Appendix I: Clinical Competency Committee (CCC)	64
VIII.	Appendix II: Scholarly Oversight Committee (SOC)	67
IX.	Appendix III: Program Evaluation Committee (PEC)	69

I. Introduction

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

II. Fellowship Program Goals and Objectives

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

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

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

- To teach professionalism by mentorship, validating the critical roles of personal ethics, responsibility, respect, compassion, communication, and self-awareness.
- To educate our fellows on current national guidelines and evidence-based recommendations.
- To train in aspects of quality care and understand microsystems and continuous processes, evaluate and determine changes/needs to enact, and monitor outcomes.
- To provide our training in an environment of respect and support, recognizing that fellowship is a difficult and challenging time in one's life.

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

The 36-month curriculum consists of 24 weeks (6 months) of inpatient rotations, 24 weeks (6 months) of outpatient clinics and weekly continuity clinics, 3 months of rotations and electives, and 21 months of research. Fellows have three months of vacation (one per year of training). During the rotations/elective months, fellows may receive additional training and experience in histopathology, radiation oncology, and blood bank. There are opportunities to participate in additional electives in Stem Cell Transplant and Cellular therapy, Palliative Care, and Quality Improvement.

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

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

III. Employment Policies and Procedures

A. Policy and Procedure for Fellowship Recruitment and Selection

Fellow Selection

1. First Year Appointments

- a. Eligible applicants shall be selected based on their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- b. The Pediatric Hematology Oncology fellowship program participates in the National Resident Matching Program (NRMP). Applications are submitted via the Electronic Residency Application Service (ERAS) one year before the starting date (summer before the July 1 start date of the following year). After the Fall match, late applications will be considered for any unfilled position. One to two accredited positions will be available annually for four to six fellows for the entire program.
- c. The Fellowship Director and Associate Program Directors oversee the selection of first-year fellows with the assistance of the faculty and fellows.
 - 1) The Fellowship Director and Associate Directors, with the assistance of selected faculty and the fellowship coordinator, evaluate the initial applications, letters of recommendation, and personal statements. After review of completed applications, all acceptable applicants are offered interviews.
 - 2) In-person interviews (as permitted by the program): Fellowship candidates invited for an interview spend an entire day at the facility meeting with faculty and fellows. The Fellowship Director and Associate Directors oversee this interview process. Between one to three applicants may be interviewed on the same day.
 - 3) Virtual Interviews: Fellowship candidates invited for an interview will have virtual interviews and spend ½ a day meeting with faculty and fellows. The Fellowship Director and Associate Directors oversee this interview process. Between one to three applicants may be interviewed on the same day.
 - 4) Multiple faculty members, including the Fellowship Director, Associate Fellowship Directors, other Pediatric Hematology Oncology faculty, and fellows, interview the applicant. Fellows are critical in the interview and evaluation process and spend time with the applicants over lunch, with further discussion and a tour of the facility.
 - 5) All interviewees submit the applicant's written evaluations and scores to the Fellowship Director. These evaluations are reviewed and tallied for the final selection process.
 - 6) After completing all interviews for the fellowship year, the selection committee of fellows and faculty and the selected faculty participate in a final review of each applicant. Evaluations of the applications and interview summaries are reviewed. Acceptable applicants are ranked and submitted per the guidelines of

the NRMP.

- 7) The fellowship program participates in the National Resident Matching Program (NRMP) and, as such, adheres strictly to the guidelines for enrollment, dates for rank list certification, confidentiality, and integrity.
 - 8) After the NRMP rank has been completed, all matched residents are sent letters of confirmation and contracts by the dates stipulated by the NRMP.
- d. Deferment of appointment is at the discretion of the Fellowship Director.

2. Second- and Third-Year Appointments

- a. Fellows accepted into the Pediatric Hematology/Oncology fellowship program will be provided training sufficient to meet the American Board of Pediatric requirements for certification in Pediatric Hematology and Oncology unless their performance proves unsatisfactory. Likewise, fellows accepting a position in the training program are expected to stay until completion, though the training program has no obligation to allow continuation from year to year of a fellow judged unsatisfactory.
- b. All fellows must give formal notice of their intention not to continue in the program at least three months before the start of the next academic year. It is otherwise assumed that fellows will continue their training if their performance has not been judged unsatisfactory, and each shall receive individually written letters of appointment two months before the end of the academic year.
- c. In July, each returning fellow will receive an updated copy of the Fellowship Employment Agreement/Manual. This letter shall include the current salary scale for their level of training and set forth the general terms and conditions of employment at Louisiana State University Health Sciences Center.
- d. Deferment of appointment is at the discretion of the Fellowship Director.

B. Letter of Appointment

Fellows matched/accepted into the program will be provided a length of training sufficient to meet the American Board of Pediatric requirements for certification in their subspecialty unless their performance proves unsatisfactory. Likewise, fellows accepting a position in the training program are expected to stay in the program until completion. The training program is not obligated to allow continuation from year to year of a fellow judged unsatisfactory.

- 1) Following the completion of all interviews for the fellowship year, the selection committee of fellows and faculty, in addition to the selected faculty, participate in a final review of each applicant. Evaluations of the applications and interview summaries are reviewed. Acceptable applicants are ranked and submitted per the guidelines of the NRMP.
- 2) The fellowship program participates in the National Resident Matching Program (NRMP) and as such adheres strictly to the guidelines for

enrollment, dates for rank list certification, confidentiality, and integrity.

- 3) After the NRMP rank has been completed, all matched residents are sent letters of confirmation and contracts by the dates stipulated by the NRMP.

C. Clinical Schedules

Yearly Tracks

The Program Director, Associate Program Directors, and senior fellow create the clinical year schedules for each first-year clinical fellow at the start of the new academic year. Fellows' input regarding vacations or other personal preferences (boards) is considered. The program overview discusses the components of the yearly track. The Program Director and the Associate Program Director also create the second and third-year schedules.

Monthly Call Schedules

The senior fellows will be responsible for creating and maintaining the fellows' call schedule. Specific scheduling requests made in advance will be considered and accommodated whenever possible. Requirements for coverage with respect to nights, weekends, and holidays are determined by the Program/Associate Program Director and are generally distributed evenly among all fellows. Any changes or requests after posting are subject to the discretion of the Program Director.

Schedule Changes

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

Clinical schedule

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

D. Fellowship Duty Hours

1. General

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

a. Supervision of Fellows

- All patient care must be supervised by qualified faculty. The Program Director must always ensure, direct, and document adequate supervision of fellows. In addition to direct supervision, the attending staff serves as a direct backup for clinical duties and medical decision-making. Fellows must be provided with rapid, reliable communication systems with supervising faculty.
- Faculty schedules must be structured to provide fellows with continuous supervision and consultation. This clinical schedule is available on the Shared OneDrive and posted in the departmental office. There is always an assigned attending for each fellow clinical assignment (inpatient service, consult service, outpatient clinic, night and weekend call).
- Faculty and fellows must assume a joint responsibility to recognize signs of fatigue. The Program Director should be immediately notified if the fellow or faculty expresses a concern that the fellow cannot provide competent and safe clinical care or take calls due to fatigue. The Program Director will excuse the fellow until he or she is rested, for at least one day, and re-evaluate the situation, in addition to any extenuating circumstances leading to excessive fatigue (prolonged night call, emotional exhaustion, moonlighting, etc.). The fellow and Program Director will create a plan to prevent such extreme fatigue and interference with clinical duties.

2. Duty Hours

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

- Duty hours are defined as all clinical and academic activities related to the fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, research, and

scheduled academic activities such as conferences. Duty hours do *not* include reading and preparation time away from the duty site.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house **and at-home** call activities. Hematology Oncology fellows are asked to keep track of their hours and alert the Program Director if this limit is exceeded (or preferably in advance of such), as well as observe the spirit of the requirement, which is to ensure no fellows too tired is to be taking care of patients.
- Fellows will be provided at least 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, including calls. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative activities. However, fellows may stay an additional 6 hours beyond this time for certain specified circumstances (e.g., providing continuity of patient care or taking advantage of educational opportunities).
- Hematology Oncology fellows work an average of one weekend per 3-4 weeks. This schedule provides each fellow a minimum of 4 days (two weekends) off every 4-5 weeks, or 1-2 days in 7 free from all educational and clinical responsibilities when averaged over a 4-week period. If more than 4 fellows are in the program, the call continues to be shared equally and may be less frequent than every 4th night and weekend. If there are less than 4 fellows in the program, attendings will take calls without a fellow on a dedicated weekday. Fellows will continue to help cover weekend calls.
- Adequate time for rest and personal activities will always be provided. This will consist of a minimum 10-hour period between all daily duty periods and after in-house calls.

3. On call Activities

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

- Fellows in the Hematology Oncology program are **not** assigned in-house overnight call responsibilities.
- An at-home call (pager call) is defined as a call taken from outside Children's Hospital of New Orleans and any participating institutions.
- An attending is also assigned on-call and serves as a backup for the fellow. Fellows are encouraged to call the attending for any call or situation in which the fellow is uncertain of the advice. Fellows are asked to call the backup attending for new patients, transfer patients to the ICU, death of a patient, or if the fellows deem it necessary to come into the hospital after hours to see a patient.
- Hematology Oncology fellows take at-home calls (pager calls) approximately every 3rd-4th week (including nights and weekends (equally shared between fellows). Fellows are taking calls following a 4:3 distribution. One fellow takes call

from Monday through Thursday. Fellows rotate taking weekend calls (Friday – Monday at 8 am). If a fellow is ill or unable to participate in the call schedule, the Program Director, Associate Program Director, and the Senior Fellow will decide how this call will be covered. Call responsibilities include answering evening phone consultations from home and evaluating new and follow-up consultations in the hospital during the daytime (weekend and holiday) or overnight. Fellows are asked to keep track of the number of phone calls they receive and the number of consults they see. The Program Director works with the fellows to monitor the demands of at-home calls and makes schedule adjustments to mitigate excessive service demands and/or fatigue.

- When fellows are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit. The faculty and program director must ensure that if one of the pediatric hematology-oncology fellows spends most of the evening and night in the hospital caring for a sick patient, the 24-hour work rule goes into effect. Fellows must also assume responsibility for monitoring these hours and alert their respective attending if the duty hour limit is met or surpassed. As soon as the fellow finishes basic patient care duty and/or an essential lecture, they are released to go home for the remainder of the day. This close interaction between the attending physicians and fellows to monitor night and weekend calls has worked well and requires continual scrutiny and participation by all involved. Additionally, the Program Director monitors the workload with the fellows by periodically checking in personally, especially those on the inpatient service and those whose night call sign-out appears particularly complex with documentation of long hours in-house or by phone.
- On the Monday following a weekend call, the on-call fellow is responsible for emailing the Pediatric Hematology Group (attendings, fellows, clinic supervisor, and nurse coordinator) highlighting discharges, admissions, consults, and items that must be followed up during the following week. Monday emails are to be sent before 9 am.

E. Monitoring

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

- A preliminary on-call schedule will be developed, considering fellows' scheduling requests. Depending on the number of fellows in the program (or if a fellow is unable to participate in the call system), fellows will be assigned to take calls every third or fourth week. This schedule must be reviewed and approved by the Program Director.
- Fellows may request changes to the call schedule, such as trading on-call weekends, but such changes must be reviewed and approved by the Program Director prior to implementation to ensure that duty hour limitations are not violated. Fellows must consider the duty hour limitation when making changes in the call schedule and ensure compliance with these policies.
- Before finalizing and distributing the on-call schedule each month, the Program

or Associate Director will make a final review and approve the schedule to ensure there are no potential violations.

- If scheduling conflicts are such that the fellow is put in a situation that may violate duty hour limitations, then the Program or Associate Program Director or faculty must utilize one of the following options:
 - Instruct the fellow to take mandatory time off during the week to ensure that there is at least 1 day off in 7 days (averaged over a 4-week period) or,
 - Relieve the fellow of on-call duties for the night, holiday, or weekend in question so that a violation does not occur. The on-call attending will then assume all call responsibilities without the fellow, or an alternate fellow may assume the first call.

1. Policy Ensuring Fellows Have Adequate Rest

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

1. Our Duty Hours Policy contains the following relevant language:
 - a. First-year fellows should have 10 hours and must have eight hours free of duty between scheduled duty periods.
 - b. Fellows in the final years of education (second and third-year fellows) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the 80-hour, maximum duty period length, and one-day-off-in seven standards. While fellows in their final years of education should have eight hours free of duty between scheduled duty periods, there may be circumstances [newly diagnosed patients, critically ill patients, end-of-life or death of a patient] when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
 - c. The program director must monitor circumstances or return-to-hospital activities within fewer than eight hours of the hospital by fellows in their final years of education.

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

2. All employees of LSUHSC are under **Chancellor's Memorandum 37**, which is the LSHSC Fitness for Duty Policy. This describes the expectations for employees to report to work fit and safe to work. It further defines what are considered unsafe/impaired behaviors, the requirement for self or supervisor referral to the Campus Assistance Program, and what steps are taken thereafter.
3. The institutional Policy of Professionalism and Learning Environment further amplifies the expectations for fellows to be fit for duty and to take it upon themselves to be well-rested with the following language:
 - a. Fellows must take personal responsibility for, and faculty must model behaviors that promote:
 1. Assurance for fitness of duty.
 2. Assurance of the safety and welfare of patients entrusted in their care.
 3. Management of their time before, during and after clinical assignments.

- b. Recognition of impairment (e.g., illness or fatigue) in self and peers.
 - c. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
4. The moonlighting policy anticipates potential trouble areas and describes a method for monitoring the effects of moonlighting on fellows.
 5. Our alertness management/fatigue mitigation policy and process encourage good sleep hygiene as well as recommending such strategies and pre-call strategies, strategic napping and post-call naps.
 6. Foremost our Professionalism and Learning Environment Policy requires faculty to model behaviors that encourage fitness for duty as noted above and our Supervision Policy requires faculty to observe for signs of fatigue especially during transitions.

F. Policy and Procedures

1. Professionalism and Learning Environment

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

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

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

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

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

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

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

1. Providing and monitoring a standard *Transitions Policy* as defined in our Pediatric Hematology-Oncology Fellowship Program Policy and Procedure Manual.
2. Providing and monitoring a standard policy for *Duty Hours* as defined in our Pediatric Hematology-Oncology Fellowship Program Policy and Procedure Manual.
3. Providing and monitoring a standard *Supervision Policy* as defined in our Pediatric Hematology-Oncology Fellowship Program Policy and Procedure Manual.

4. Providing and monitoring a standard master scheduling policy and process in **New Innovations (NI)**.
5. Adopting and institution wide policy that all fellows and faculty must inform patients of their role in the patient's care.
6. Providing and monitoring a policy on *Alertness Management and Fatigue Mitigation* that includes:
 - a. Online modules for faculty and fellows on signs of fatigue.
 - b. Fatigue mitigation, and alertness management including back up call schedules and promotion of strategic napping.
7. Requiring that programs define what situations or conditions require communication with the attending physician.

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

Process for Implementing Professionalism Policy

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

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

Monitoring Implementation of the Policy on Professionalism

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

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

2. Policy on Effective Transitions

Programs must design clinical assignments to optimize transitions in patient care, including patient safety, frequency, and structure. Programs in partnership with the School of Medicine and participating institutions must ensure and monitor effective, structured hand-over processes to facilitate continuity of care and patient safety. Programs must ensure that House Officers communicate with team members in the handover process. Programs and clinical sites must maintain and communicate the schedules of attending physicians and House Officers currently responsible for care. Programs will ensure continuity of patient care if a House Officer cannot perform their patient care responsibilities due to excessive fatigue or illness.

This transition policy is created with the recognition that multiple studies have shown that transitions of care create the most risk of medical errors. In addition to the below specific policies, promotion of patient safety is further ensured by:

- Provision of complete and accurate rotational schedules in New Innovations
- Presence of a backup call schedule for those cases where a House Officer cannot complete their duties.
- The ability of any House Officers to be able to freely and without fear of retribution report their inability to carry out their clinical responsibilities due to fatigue or other causes.

House Officers receive educational material on Transitions at Orientation and as a core module.

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

- Demographics: Name, medical record number, unit/room number, age, weight, gender, allergies attending physician phone numbers
- History and Problem List: Primary diagnosis(es), chronic problems (pertinent admission/shift) to this
- Current condition status
- System based list: Pertinent medications and treatments, oral and IV medications, IV fluids, blood products, oxygen, respiratory therapy interventions.
- Pertinent lab data
- To do list: Check x-ray, labs, wean treatments, etc. - rationale
- Contingency planning: what may go wrong and what to do
- Anticipate what will happen to your patient: this ...than that....
- Code status/family situation
- Difficult family or psychosocial situations

Programs will periodically sample transitions including a sample of a patients chart and interview of incoming team to ensure that key elements are transmitted and have been understood.

Faculty must answer a question on the effectiveness of witnessed transitions on evaluations. Periodic sampling will occur by the Graduate Medical Education Office.

This information is reviewed with the fellows and put into practice during on-call patients' transfer of care. This information is distributed via Core Modules and Orientation presentations to fellows and a Compliance Module and discussions in faculty/ Fellowship meetings and lectures for faculty. In addition, this information is presented in

program/departmental meetings. A template of the patients' list is available to review upon request.

How monitored:

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

3. **Policy on Alertness Management/Fatigue Mitigation Strategies**

Policy and Process

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

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

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

How Monitored

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

4. Supervision and Progressive Responsibility Policy

Policy and Process:

Supervision and Accountability

In the learning and working environment, each patient must have an identifiable and appropriately credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to all House Officers, faculty members, other members of the health care team, and patients. The contact information (pager, home phone, cell phone numbers, and/or answering service) and call schedule for every attending is available at the Children's Hospital Information/Operator Desk 24/7. House Officers and faculty members must inform each patient of their respective roles in that patient's care. The specific policies for supervision are as follows.

Faculty Responsibilities for Supervision and Graded Responsibility

The attending physicians are ultimately responsible for all patient care. They must examine and oversee all aspects of the patient's care daily. The attending physician must authenticate all admission history and physicals, daily progress notes, and discharge summaries. Attending physicians must always be available (in-house or via phone call) 24 hours a day, 7 days a week, for fellow supervision.

Fellows must be supervised to assume progressive responsibility as they progress in their educational Program. Progressive responsibility is determined in several ways, including:

- GME faculty on each service determine the level of autonomy each fellow may have, which ensures the fellow's growth and patient safety.
- Frequent personal observation by all Pediatric Hematology Oncology faculty when they work with the fellow's inpatient, during the fellow's continuity clinic, and in procedures (spinal taps with intrathecal chemotherapy, diagnostic spinal taps, bone marrow aspirates and biopsies and bone marrow harvests).
- The CCC and the Program Director assess each fellow's level of competence in the semi-annual review of each fellow. The Program Director discusses this assessment with each fellow individually and semi-annually.
- Where applicable, progressive responsibility is based on specific milestones.

The expected components of supervision include:

- Defining educational objectives.
- The faculty assesses the skill level of the fellow by direct observation.
- The faculty defines the course of progressive responsibility as starting with close supervision and progressing to independence as the skill is mastered.
- Documentation of supervision by the involved supervising faculty must be customized to the settings based on guidelines for best practices and regulations from the ACGME, JCAHO, and other regulatory bodies. Documentation should generally include but not be limited to:
 - Progress notes in the chart written by or signed by the faculty.
 - Addendum to fellow's notes where needed.
 - Countersignature of notes by faculty.

- A medical record entry indicating the name of the supervisory faculty.

In addition to close observation, faculty are encouraged to give frequent formative feedback and required to give formal summative written feedback that is competency-based and includes evaluation of professionalism and effectiveness of transitions.

The levels of supervision are defined as follows:

Direct Supervision by Faculty: Faculty is physically present with the House Officer during the key portions of the patient interaction, or the supervising physician and/or patient are not physically present with the resident, and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect with Direct Supervision - by Faculty IMMEDIATELY Available – the supervising physician is physically present within the hospital or other site of patient care and is immediately available to provide direct supervision

Indirect with Direct Supervision by Faculty Available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available via telephone, text, or pager and can provide direct supervision.

Oversight – The supervising physician is available to review procedures/encounters with feedback provided after delivering care.

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

PGY (4, 5, 6) for Pediatric Hematology Oncology Fellows

1. All fellows must be supervised by the attending physician.
2. All progress notes and History and Physicals are to be reviewed and signed by the attending physician.
3. For all new patients, the fellows must discuss the patient's condition, diagnosis, and treatment plan with the attending physician. This may be done by directly speaking with the faculty when in-house or via phone.
4. First-year fellows (PGY4) will be directly supervised by an attending for the first 10 Lumbar Punctures with or without intrathecal chemotherapy administration and the first 10 Bone marrow aspirates and biopsies. Attending physicians will be available (in house) for all procedures if the fellow requests they be present. The level of autonomy during the procedure depends on the fellow's skills after the first year. It is expected by the end of 3rd year of fellowship for all fellows to be able to see patients in the outpatient and inpatient settings and perform lumbar punctures and bone marrow biopsies and aspirates independently without the assistance of an attending physician. Fellows are taught lumbar punctures and bone marrow biopsies and aspirates under the direct supervision of attending physicians so they can learn the steps necessary to safely complete their procedures.
5. Fellows, under the direction of the supervising attending, may respond and direct the care of patients, but the attending must be kept abreast of any critical situations where the potential for an unexpected outcome is possible. Fellows should contact the attending physician when uncomfortable with the patient's status or management plan. Fellows must notify the

attending physician when a patient develops an unexpected problem, if a patient's status or condition worsens, if a PACT team is called, or if a patient is transferred to the intensive care unit. Documentation of this process on admit history and physicals, in the progress note section of the chart, or as a Plan of Care note is required and provides a mechanism for monitoring.

Inpatient Services

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

Ambulatory Settings

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

Consult Services

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

Procedures

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

How Monitored:

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

Policy on Mandatory Notification of Faculty**Policy and Process**

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

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

How monitored:

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

G. Moonlighting**Policy**

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

It is at the sole discretion of each department head and/or program director to determine whether outside activities interfere with the fellowship program's responsibilities, duties, and assignments. Fellows must not be required to moonlight. Before engaging in activity outside the scope of the Fellowship Program, Fellows must receive the written approval of the Department Head and/or Program Director of the nature, duration and location of the outside activity (Revised 4/2001). All moonlighting activities must be tracked in **New Innovations Software Program**. First-year fellows may not moonlight. All internal and external moonlighting must be counted in the 80-hour maximum weekly hour limit. Fellows must not

schedule moonlighting that will cause the 80-hour maximum. Fellows who schedule moonlighting activities resulting in violation of the 80-hour work rule will be subject to disciplinary action including loss of moonlighting privileges (Revised 2/17/2011). The fellow's performance will be monitored for the effect of these moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission to continue. All documentation will be kept in the fellow's program file (Revised 7/1/2005).

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

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

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

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

H. Vacation/Sick Leave/Educational Leave

Policy on Vacation and Leave

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

Vacation leave

Fellows are entitled to twenty-eight days, including weekends, per year. For example, requesting a Friday and the following Monday off = 4 vacation days. Vacation leave must be used during the calendar year. Vacation requests must be made at least two weeks in advance and communicated to the clinical mentor. Vacation can be taken in one—or two-week blocks. Vacation cannot be taken during inpatient or HSCT blocks. Vacations should be scheduled during outpatient, specialty, or elective blocks. Longer vacation blocks will need to be approved by the Program Director.

Job Interviews

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

Sick Leave

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

Educational Leave

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

Absence/Coverage

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

I. Educational Leave and Expenses

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

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

Approved medical education expenses include conference expenses (registration fee, travel costs, lodging, per diem meal allowance, poster/material costs and fee for the submission of presentations, etc.), review courses, research training courses, in-training exam, travel expenses between campuses, medical textbooks, medical journals, and medically related software expenses. If in doubt, contact the Program Director prior to incurring the expense.

J. Parking

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

K. Office Space

Shared office space is provided for fellows in the Pediatric Hematology Oncology Office, 4th floor in the State Street Building. This office provides ample space for books, files, and personal belongings. Computers, EPIC terminals, and phones are available for each fellow in the office. Mailboxes are in the main departmental office.

IV. Overview of the Program

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

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

A. Program Demographics:

1. **Host Institution:** Louisiana State University Health Sciences Center (LSUHSC) and Children's Hospital, New Orleans
2. **Program Address:** Children's Hospital
Pediatric Hematology/Oncology
200 Henry Clay Ave., Suite 4109
LSU Health Sciences Center
New Orleans, LA 70118
3. **Program Phone Number:** (504) 896-9800 or (504) 896-9740
4. **Program Fax Number:** (504) 896-2720 or (504) 896-9758
5. **Program E-mail:** trogge@lsuhsc.edu or pprasa@lsuhsc.edu
6. **Program Director:**
Pinki K. Prasad, MD, MPH
Associate Professor of Pediatrics
Department of Pediatric Hematology-Oncology

Associate Program Director:
Zachary LeBlanc, MD
Assistant Professor of Pediatrics
Department of Pediatric Hematology-Oncology
7. **Fellowship Program Coordinator:**
Ms. Taylor Rogge
LSUHSC/Children's Hospital

B. Duration of the training program:

The duration of the training program is 3 years.

Prerequisite Training/Selection Criteria:

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

C. First Year of Training

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

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

First-year fellows will also attend the **bone marrow transplant and cellular therapies rotation**. The trainee is responsible for organizing patient care under the direct supervision of the bone marrow transplant attending and making daily rounds with the bone marrow transplant team. The fellow will serve as the primary physician and write notes on all the active inpatient transplant patients while on the rotation. The fellow will organize and supervise various aspects of managing children with bone marrow transplants in close collaboration with the nurse coordinators and supportive team. During this rotation, fellows will also see bone marrow transplant patients daily in outpatient clinics. The first-year fellow spends 8 weeks on the bone marrow transplant rotation.

During the **subspecialty outpatient rotation**, the fellow attends the Hematology-Oncology subspecialty Clinics during the first year of training. These include the Hematology-Oncology Clinics and Subspecialty clinics: Sick Cell; Hemophilia, Bleeding Disorders, and Thrombophilia (HTC Clinic); Late Effects and Survivorship; Girls with Bleeding Disorders Clinic (GABS); and Stem Cell Transplantation. During this rotation, first-year fellows will also be the first call for consults from Monday – Friday, 8 am – 5 pm. The first-year fellow will spend 8-12 weeks on the subspecialty outpatient rotation.

The **continuity clinic** is scheduled once a week, and the fellow has his/her clinic throughout the year. In the continuity clinic, the fellow follows the patients who are diagnosed during their inpatient rotation or seen as a consultation (inpatient and outpatient), as well as new patients seen and diagnosed in the clinic. The clinical mentor is one of the faculty members with whom the fellow will work in the continuity clinic for the three years of training.

The **Pathology** rotation is scheduled during the first year. This rotation lasts 4 weeks and is divided into 2-week blocks (during the outpatient rotation). It is located at Children's Hospital in the Department of Pathology and Laboratory Medicine under the supervision of Drs. Randall Craver, Matthew Stark, Stephanie Guidry, and Estelle Oertling. Specific goals and objectives are available for this rotation. **Other Hematology/Oncology laboratory training** is available through our laboratory located in Children's Hospital under the medical direction of Dr. Randall Craver. The trainee becomes familiar with the techniques unique to a Hematology-Oncology laboratory (hemoglobin electrophoresis, auto hemolysis, osmotic fragility).

The **Research** rotation during the first year allows time to develop clinical research projects, including retrospective data analysis, case reports, quality improvement projects, and studies, and start exploring areas of interest for their future scholarly/research project.

D. Second Year of Training

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

The required rotations include blood bank, coagulation laboratory, and radiation oncology. Other available electives include Hematologic Stem Cell Transplant (HSCT), Allergy/Immunology, Genetics, Infectious Diseases, Nephrology, Neurology, Radiology, Palliative Care and Critical Care, and EQUIP rotation. The length of the elective may vary from one to 4 weeks depending on the individual interest of the trainee. During this year, there are 2 to 4 weeks of clinical service in which they function as supervisors for the residents and junior fellows. They continue to have a once-a-week continuity clinic to follow their patients and acquire new ones.

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

The **Radiation Oncology** rotation is also scheduled during the second year. The Radiation Oncology rotation is under the supervision of Dr. Ellen Zakris. The fellow participates in the simulation and planning of our patients' treatment. This is done at Touro Infirmary (Hospital), our design-designated (and COG-approved) Radiation Oncology site.

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

E. Third Year of Training

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

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

At the LSUHSC/Children's Hospital program, one- two upper-level residents (second year) and two interns are assigned to the Hematology-Oncology ward. These residents share the primary clinical responsibilities and, along with the Pediatric Hematology/Oncology fellow, participate in patient care. The Pediatric Hematology/Oncology fellow supervises patient care. Medical students (third and fourth year) from LSUHSC SoM and Tulane University SoM do part of their in-patient rotations in the program. Pediatric nurse practitioners and physician assistants/associates are integral to the inpatient care team and function as upper-level residents. Medical students, PL-1, PL-2/3, social workers, oncology nurses (nursing staff, nurse coordinators, clinical pharmacists, and nurse practitioners), and the trainee constitute the hematology/oncology team based at the institution.

G. Trainee Responsibility for Teaching

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

H. Tumor Board (Cancer Conference) Participation

General Tumor Board

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

Leukemia/Lymphoma Tumor Board

The Leukemia/Lymphoma Tumor Board takes place monthly and is organized by the Chief Fellow. L/L tumor board is a multidisciplinary meeting where the members of the different specialties (oncology and pathology) discuss new and challenging leukemia cases. Fellows are **required** to attend. Fellows may be asked to present literature about a patient being presented.

Adolescent Young Adult Tumor Board (Multi-institution)

Fellows are responsible for presenting new and interesting adolescent and young adult oncology cases at the AYA tumor board and preparing a brief didactic synopsis of the cases with a literature review and comments presented by him/her. The AYA tumor board, scheduled monthly, is a multidisciplinary meeting where the members of the different specialties (oncology, radiology, pathology, radiation oncology, and surgical specialties) from different institutions discuss new and challenging oncological cases. The Tumor Board takes place the second Thursday at 4 p.m. First-year fellows **required** to attend.

I. Administrative Participation

Fellows are also exposed to division or program development, including outreach development, program organization and maintenance, and development of necessary collaborations within the institution (such as with other sub-specialty groups or administration) and beyond the institution (e.g., participation in national cooperative care groups, multi-center research collaborative). Exposure to administrative aspects of the delivery of care appropriate for the discipline affords new opportunities for fellows to actively participate in creating new learning endeavors, quality assessments, and acquiring administrative and leadership skills. The 3rd year fellow serves as the Chief fellow and will be responsible for developing call schedules and didactic curriculum.

J. Interpreting Blood and Bone Marrow Smears

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

K. Further Laboratory Opportunities

Histological diagnosis is learned throughout the three years of training under the supervision of Drs. Randall Craver, Matthew Stark, Stephanie Guidry, and Estelle Oertling at Children's Hospital of New Orleans. As part of the core curriculum, teaching sessions have been

developed to provide the trainee with the experience of learning and reviewing the various histological diagnoses of the most common malignancies.

L. Supporting Staff and Interprofessional Experience

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

M. Supervision of the Fellow during Training

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

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

N. Management of Infectious Diseases

Since LSUHSC and Tulane University SoM have a strong infectious disease section, the trainee learns most of the clinical management in direct contact with fellows and faculty from this division. A Pharmacy Doctorate contributes to inpatient rounds and is available to help with antibiotic changes as needed. This includes detailed exposure to viral diagnostic procedures and overall management of infections in the neutropenic and/or immunocompromised child. The trainee is expected to update and improve the existing protocols for managing such patients, considering new progress as it develops. The Infectious Control Team/Nurse is also directly involved in managing complicated infectious problems if needed.

O. Evaluation of Trainees Performance

The evaluation methods must accurately assess the fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The evaluation process utilizes tools created in concert with the Training Committee at ASPHO (American Society of Pediatric Hematology Oncology). These evaluations are designed to assess fellows using a competency-based system in meeting the new NAS (Next Accreditation System) requirements for achieving milestones commensurate with level of training. Evaluation of

faculty and fellow performance, in addition to program assessment, will be completed in a confidential manner and will be generated following each rotation.

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

See Appendix I for the CCC description

Faculty Evaluations

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

P. Advancement/Promotion

The decision to advance a fellow through the program is made by the Clinical Competency Committee (CCC); the Program Director follows the recommendations of the CCC. Without the need for disciplinary action, this assessment is made biannually. Graduation from the program necessitates that the fellow must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the fellowship program:

1. Demonstrate a level of clinical and procedural competence to the satisfaction of the CCC.
2. Fulfill the requirements of the applicable American Board of Pediatrics (ABP) to complete approved training in the fellow's specialty.
3. Demonstrate an attitude, demeanor, and behavior appropriate for the fellow's specialty about relationships with patients, other health care professionals, and colleagues.

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

Q. Disciplinary Action, Suspension or Termination

Refer to LSUHSC House Officer Manual for more information.
https://www.medschool.lsuhs.edu/medical_education/graduate/houseofficermanual.aspx

1. Informal Procedures

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

2. Formal Disciplinary Action

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

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

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

3. Specific Procedures

Formal disciplinary action includes:

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

The Program Director shall notify the fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Associate Dean for Medical Education (Graduate Medical Education). The notification should advise the fellow of his or her right to request a review of the action in accordance with the Procedure for Review of Academic and

Disciplinary Decisions Relating to Resident's and Clinical Fellow's outlined in the GME Consortium Operating Principles. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Program Director determines in good faith that the continued appointment of the fellow places the safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

4. Complaints by Hospital

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

R. Harassment Policy

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

Refer to LSUHSC House Officer Manual for more information.
https://www.medschool.lsuhs.edu/medical_education/graduate/houseofficermanual.aspx

S. Program Goals and Objectives

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

See Appendix III for Program Evaluation Committee (PEC) policy

T. Program Certification

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

U. Resources

(a) Teaching/Clinical Faculty

Pinki Prasad, MD, MPH

Associate Professor of Pediatrics

Director of Pediatric Hematology Oncology Fellowship

Director of AYA and Oncofertility Program

Director, Survivorship Program

Zachary LeBlanc, MD

Assistant Professor of Pediatrics

Associate Program Director of Pediatric Hematology Oncology Fellowship

Charles Hemenway, MD, PhD

Professor of Pediatrics
Head of Division of Pediatric Hematology Oncology
Service Line Chief of Pediatric Hematology Oncology

Maria C. Velez, MD

Professor of Pediatrics
Medical Director, Hemophilia, Bleeding Disorders, and Thrombophilia Center

Lolie C. Yu, MD

Professor of Pediatrics
Director, Hematology Stem Cell/Bone Marrow Transplant Program

Cori A. Morrison, MD

Associate Professor of Pediatrics

Dana M. LeBlanc, MD

Associate Professor of Pediatrics
Co-Director, Sickle Cell Center at Children's Hospital

Molly Sonenklar, MD

Assistant Professor of Pediatrics

Justin Farge, MD

Assistant Professor of Pediatrics at Tulane University

Ben Watkins, MD

Associate Professor of Pediatrics at Tulane University
Division Director of Pediatric Hematology Oncology at Tulane University

(b) Associated Faculty

Randall D. Craver, MD

Professor of Pathology
Director, Clinical Laboratory, Children's Hospital

Matthew Stark, MD

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

Stephanie Guidry, MD

Assistant Professor of Pathology and Hematopathology

Estelle Oertling, MD

Assistant Professor of Pathology and Hematopathology

Ellen Zakris, MD

Radiation Oncology
Touro Infirmary/Hospital
Assistant Professor, LSUHSC

Brian Boulmay, MD

Associate Professor of Internal Medicine
Adult Hematology Oncology Fellowship Director

(c) Research Faculty

Jovanny Zabaleta, PhD
Associate Professor
LSUHSC Department of Immunology

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

Fern Tsien, PhD
Assistant Dean of Medical Student Research
Associate Professor

V. Teaching Conferences Schedule

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

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

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

- **Grand Rounds** are held every Wednesday from noon to 1 p.m. in the auditorium and via Zoom. Attendance by all fellows is encouraged.
- **PHO Core Lecture Series** will be held every Friday starting at 1 pm. The senior fellows assume responsibility for creating the didactic schedule. This structured educational program in the basic sciences and pathophysiology of disease is a comprehensive board preparation course. The course should extend over a 3-year period to cover all these topics. Fellows should prepare and read in advance of each didactic to maximize the educational experience. These didactics are given primarily by fellows but also by faculty and visiting/invited professors. Additionally, some of the sessions will address topics relevant to research (clinical and laboratory research methodology and study design, grant preparation, statistics, conduct of ethical research, critical review of literature, manuscript preparation), and senior fellows will be asked to present their research yearly at this conference. Fellow attendance is **required**.
- The **FELLOWSHIP series** will be held on select Tuesday mornings at 7:30 am. The PD and the APD will meet with the fellows and have case-based discussions about different disease processes. Fellows are expected to bring cases for discussion.
- In addition to the core lecture series, approximately 4 conferences a year will focus on issues relevant

to all post-graduate pediatric trainees such as professionalism, ethics, legal issues, wellness, and sleep hygiene. Fellows will be expected to attend this series of **Core Curriculum** lectures. The Program Director will post a list of these special conferences and send e-mail reminders to the fellows and staff.

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The following are the Hematology-Oncology department-specific teaching and clinical care conferences: Attendance sheets are kept for all required conferences.

- **Friday morning sign-out** rounds provide a review and discussion of patients on the inpatient service, in addition to consultations and advice calls. The sign-out is given by the fellow on the inpatient service and demonstrates the transition of care and handoffs. The fellow and attending on-service prior to the weekend are responsible for presenting patients. The conference is held every Friday from 8:15 to 9:00 a.m. All fellows are **required** to attend.
- **General Tumor Board** is held weekly on Wednesdays from 4 to 5 p.m. All new solid tumor oncology patients and those with new problems or recurrences are presented and discussed in this venue. Fellows are asked to assume responsibility for their primary patients and present them to the Tumor Board as needed. The conference provides a forum amongst many disciplines involved in the complex care of these patients and includes surgery, pathology, hematology/oncology, bone marrow transplant, neurosurgery, radiation oncology, and nursing. Attendance by clinical fellows is **required**. Attendance by research fellows is encouraged.
- **The Leukemia Lymphoma Tumor Board** is held monthly from 4 to 5 pm on the first Tuesday. All new and relapsed leukemias and lymphoma are presented and discussed in this venue. Fellows are asked to assume responsibility for their primary patients and present them to the Tumor Board as needed. The conference provides a forum for oncologists and hematopathologists. Attendance by clinical fellows is **required**. Attendance by research fellows is encouraged.
- **AYA NCORP Tumor Board** is held monthly on the second Thursday from 4 to 5 pm. Patients aged 15-39 are encouraged to be presented in a multi-center, multi-disciplinary tumor board. Fellows are asked to assume responsibility for their primary patients and present them to the Tumor Board as needed. The conference provides a forum amongst many disciplines involved in the complex care of these patients and includes surgery, pathology, hematology/oncology, bone marrow transplant, neurosurgery, radiation oncology, and nursing. Attendance by clinical fellows is **required**. Attendance by research fellows is encouraged.
- **Journal Club** is held monthly. Journal Club is organized by the senior fellows. Topics for discussion and articles are chosen by the fellow and approved by the attending responsible for the Journal Club and distributed beforehand. A formal method for Journal Club presentation has been created and will be taught at the beginning of each year in a didactic session. This Didactic is available on the Shared One Drive. Fellows are expected to demonstrate the ability to use technology to access scientific evidence, interpret what is uncovered, and apply it to the care of patients. Evaluation of these skills is documented via the written evaluation process. Attendance at the Journal Club is **required** for all fellows.
- **Scholarship Oversight Committee (SOC)** sessions are held quarterly. These sessions occur on Fridays from 1 – 3 pm. Each fellow can present their research to the group every 6 to 9 months. Clinicians and laboratory-based scientists critically review the concepts and quality of scholarly activity and provide feedback to the fellows, mentors, and Program Directors. Presentation and review at this committee is a requirement by the ABP to document participation and completion of a scholarly work product. See Research Competence/Scholarship Appendix II. for full details and requirements.

Hematology Oncology fellows **required** to attend the sessions, even if not presenting their research.

1. Teaching Conference Schedule

Activities during Pediatric Hematology Oncology Fellowship 2024-2025

TIME	ACTIVITY	ATTENDANCE	ROOM
MONDAY			
8 am – noon	Girls with Bleeding Disorder Clinic (GABS) (1 st Monday of the month)	Subspecialty Rotation Fellow	Heme Onc Clinic
1-5 pm	Multi-Disciplinary Vascular Anomalies Clinic	Subspecialty Rotation Fellow	3 rd Floor ACC
TUESDAY			
7:30 am (dates to follow)	FELLOWSHIP	All fellows - MANDATORY	Hales Cottage
8 – 3pm	Comprehensive Sickle Cell Clinic (1 st Tuesday of month)	Subspecialty Rotation Fellow	Heme Onc Clinic
	Leukemia Lymphoma Tumor Board monthly	All fellows - MANDATORY	TBD; Zoom
1-5 pm	Hemophilia Clinic (2 nd & 4 th Tuesday)	Subspecialty Rotation Fellow	Heme Onc Clinic
WEDNESDAY			
7:30 am – noon	Multi-Disciplinary Thyroid Clinic (3 rd Wednesday of month)	Subspecialty Rotation Fellow	3 rd Floor ACC
12-1pm	Pediatrics Grand Rounds	All fellows – MANDATORY	Zoom; 1 st floor conference room
4-5 pm	General Tumor Board (Solid and CNS tumors)	All fellows - MANDATORY	1 st floor CHNOLA conference room Zoom
When scheduled	BMT Task Force	HSCT Fellow	Check with Laura S.
THURSDAY			
8-9 am	Benign Hematopathology (2 nd Thursday-even month)	All fellows - MANDATORY	RIC 4 th floor, conference rm
8-9 am	Pathology Lecture Series	All fellows-required if PHO topic discussed	RIC 4 th floor, conference rm
8:30-12:00/12:30 – 4pm	Survivorship Clinic (2 nd Thursday of month in am 3 rd Friday of month in am and 4 th Thursday in pm)	All fellows - MANDATORY	Heme Onc Clinic
4 – 5pm	AYA Tumor Board (2 nd Thursday of month)	All fellows - MANDATORY	Zoom
FRIDAY			
1 – 3 pm	PHO Core Lecture Series	All fellows - MANDATORY	Room TBD; Zoom

VI. Competency-Based Learning Goals and Objectives

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

1. **Patient care** that is compassionate, appropriate, and effective for treating health problems and promoting health.
2. **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and applying this knowledge to patient care.
3. **Practice-based learning and improvement** involves investigating and evaluating their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. **Professionalism** manifests itself through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.
6. **Systems-based practice** is 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 of optimal value.

General Overview:

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

First-Year PHO Fellows:

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

Second & 3rd Year PHO Fellows:

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

A. Goals and Objectives by Competency

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

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

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

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

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

3.5.2. Communicate with referral physicians within 72 hours of the admission of a new hematology-oncology patient, again upon 1st discharge, and if seen in continuity clinic, at a minimum of every 3 months.

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

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

4.1. Present new cases at tumor boards and clinical conferences with a detailed literature review to defend the patient's recommended treatment strategy. At least 2 tumor boards will be presented during the 1st fellowship year.

4.2. Critique one's practice experience to recognize strengths, deficiencies, and limits in knowledge and expertise, then identify and utilize the appropriate resources to remedy those deficiencies. This can be easily done twice yearly in the written report **REQUIRED** for 2nd and 3rd year fellows for each Scholarship Oversight Committee (SOC) meeting. The fellows will develop a quality improvement project where they objectively analyze areas to be improved.

4.3. Meet individually with an attending physician bimonthly to review performance during clinical rotations, meet at minimum twice yearly during the second and third years with the SOC and meet the program director every 6 months to review performance, and incorporate this feedback into a plan for professional development (ILP).

4.4. Actively seek out and listen to constructive feedback from other members of the care team as well as patients and families and incorporate this feedback, when appropriate, into a plan for professional development (ILP).

4.5. Actively participate in the education of patients, families, students, residents, and other health professionals

4.5.1. Provide daily updates to patients and their families regarding the care plan.

4.5.2. Participate in educating medical students and residents on inpatient service and in clinics.

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

5.1. Consistently maintain respect, compassion, integrity, honesty and responsiveness to the needs of patients and the health care team in a way that supersedes self-interest.

5.2. Continually demonstrate accountability to all patients (even if other physicians are primarily responsible for their care) and the health care team.

5.3. Demonstrate a commitment to excellence and ongoing professional development by being prepared, on time, in appropriate attire, and contributing to rounds, teaching conferences, and didactic lectures.

5.4. Exercise sensitivity to the needs of the patient and the parent/guardian by applying cultural awareness, negotiation, compromise, and mutual respect in the daily care of inpatients.

5.5. Recognize and demonstrate an understanding of the ethical, cultural, religious, or spiritual values that are important to patients and families during communications and care decisions.

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

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

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

B. General

1. Clinical Responsibilities and Assessment

a) *Activities and Charting Requirements*

- Fellows are required to complete charting within 24 hours of seeing a patient in the clinic or consult.
- Fellows are required to place orders on their clinic patients 24 hours before the patient is to be seen in the clinic (lab orders, imaging orders)
- Fellows are required to update treatment plans in EPIC for their patients (Central line orders, chemotherapy orders, procedure orders, admissions orders) 24 hours before the patient is to be seen in the clinic
- Fellows are expected to perform procedures on their clinic patients and their clinic days unless there are conflicts such as a family conference during the time of procedure, emergency in the clinic requiring fellow supervision

2. Informed Consent

Informed consent is an integral component of practicing clinical Hematology and Oncology. Consent is required before enrollment in clinical trials, transfusion support, procedures, and major changes in therapeutic plans, including end-of-life care and transition. The process of Informed Consent is taught in both a didactic fashion and by direct observation. A curriculum for enrollment of patients in clinical trials has been developed (see Section, The Educational Program). Didactics will be given in the context of the first month's Orientation Lecture, Professionalism Noon Conferences, inpatient resident didactics, or weekly Fellow's Hematology Oncology Educational Conferences. Fellows can observe informed consent conferences with faculty while in the inpatient service and in the outpatient setting. During the first year, fellows should begin leading such conferences in the presence of the attending after a period of observation. During the course of the training program, fellows will assume a graduated responsibility for conducting the Informed Consent process in a mentored environment. Fellows should expect valuable, constructive feedback from team members, including the attending physicians, social workers, nurses, and interpretive staff.

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

Documentation consists of:

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

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

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

3. Procedural Competencies

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

The procedure competency system in use at LSUHSC and Children's Hospital of New Orleans includes initial supervision, certification of a successful procedure attempt, and documentation of all subsequent successful procedures performed. The fellow must perform 10 successful LPs and 5 successful marrows under direct supervision with an attending before they can perform procedures independently. Supervision and documentation of skills must be done by the faculty. Fellows place procedure notes in the EMR, documenting the indication, consent process, procedure, and outcome details, and supervise faculty identification. Attending physicians are available for all procedures as backup and will be present for the key portions of all procedures.

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

Fellows will receive training in performing procedures necessary to practice independently as pediatric hematologist oncologists. They will become proficient in the indications for the procedures, associated risks, and diagnostic interpretation. The technical skills deemed required are:

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

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

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

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

4. Primary Patient and Procedure Logs

All fellows must maintain accurate patient and procedure logs for the duration of the fellowship and are asked to submit them semi-annually before the CCC reviews. The patient logs should include patient identifiers (Medical Record number, initials) in addition to diagnosis, the date the fellow assumed care, and the name of the supervising faculty member. Fellows can acquire new patients during diagnosis and initial evaluation/management, consultation, or routine care in the clinic or hospital. Fellows should gain experience in the primary care of patients with hematologic and oncologic disease at all stages of diagnosis and therapy (including off-therapy). A minimum of 25 primary patients is required by the end of the first year of fellowship.

Procedure logs should document patients by common identifiers (Medical Record number, initials) in addition to the type of procedure performed, attainment of Informed Consent, date of service, and name of the supervising attending. Procedure logs should be entered in New Innovations. Though there is not a standard number of procedures that need to be documented for graduation, the expectation is that fellows are proficient in diagnostic lumbar punctures, lumbar punctures with intrathecal chemotherapy, bone marrow aspirates, and biopsies. There will be opportunities to participate in bone marrow harvests.

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

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

Fellows are asked to keep a log of their calls, patient names, diagnoses, reasons for calls, and recommendations. This can be documented in EPIC as a telephone encounter in the patient's chart. During the weekday, patients are signed out in the morning via phone call or text to the inpatient attending, fellow, and Advanced level practitioners. Fellows must also document time spent taking the calls and time spent in the hospital. Any unusual circumstances warranting immediate attention, such as admissions, new patients, and critically ill patients, should also be communicated verbally to the responsible fellow, nurse(s), and/or attending(s).

On-call sign-out occurs via Zoom or in person on Friday mornings. The on-call fellow (and attending) verbally presents all new admissions and the current diagnostic and management issues on all hospitalized patients, including consultations.

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

a) Sign-out template for fellows:

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

New or ongoing active consults

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

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

C. Rotation Specific

(a) Inpatient

Competency-Based Learning Goals and Objectives for Pediatric Hematology-Oncology Inpatient Rotation (including Bone marrow transplant)

Team Structure and Responsibilities:

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

Attending Physician:

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

Fellow:

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

Overall Goals:

1. They are competent in the comprehensive care of chronically and acutely ill patients with hematologic and solid organ malignancies and benign hematologic disorders. (*Patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, systems-based practice*)
2. To learn about the pathophysiology, diagnosis, and basic principles of management of common pediatric malignancies including but not limited to acute leukemias, lymphomas, brain tumors and sarcomas, hematopoietic stem cell transplant patients as well as benign hematologic disorders such as hemoglobinopathies (sickle cell anemia, thalassemia syndromes), hemolytic anemias, disorders of hemostasis, disorders of WBC's and immune function. (*Patient care, medical knowledge, practice-based learning and improvement*)
3. To be competent in the medical management of chronically and acutely ill patients with a broad range of hematologic and solid organ tumors. This includes
 - a. Understanding general goals of therapy (i.e., curative, neoadjuvant, adjuvant, or palliative)
 - b. Recognizing and managing complications of chemotherapy:

- i. Neutropenic fever and infection
 - ii. Anemia
 - iii. Thrombocytopenia
 - iv. DIC
 - v. Transfusion-acquired graft versus host disease
 - vi. Metabolic and electrolyte derangements
 - C. Recognize when patients require immediate hospitalization and know how to implement prompt care for the acutely ill patient. (*Patient care, medical knowledge, systems-based practice*)
4. Understand the basic principles in managing patients undergoing chemotherapy, radiation therapy and bone marrow transplantation. (*Medical knowledge*).
 5. To develop a rational approach to pain management in cancer patients. (*Patient care, medical knowledge*)
 6. To learn how to function as a member of an outpatient multidisciplinary team caring for patients with hematologic malignancies, solid tumors, and chronic benign hematologic disorders. (*Patient care, professionalism, interpersonal and communication skills, systems-based practice*).
 7. To learn to provide prompt evidenced-based consultation on various hematologic and oncologic conditions and to communicate those findings and recommendations to professionally referring physicians. (*Patient care, professionalism, interpersonal and communication skills, systems-based practice*).
 8. To participate in family meetings and be an effective communicator. (*Professionalism, interpersonal and communication skills*).
 9. To learn how to address end-of-life issues with patients and family members. This includes an understanding of effective pain management and palliative care. (*Medical knowledge, professionalism, interpersonal and communication skills, systems-based practice*)

After this rotation, will be able to:

First-Year Fellow:

1. Formulate a differential diagnosis and outline a plan for evaluating and managing patients referred as a consultation. (*Patient care, medical knowledge*)
2. Demonstrate organizational skills necessary for the care of in-patients, including prioritization of patient problems and the use of information technology. (*Practice-based learning and improvement, Systems-based practice*)
3. Demonstrate baseline competency and improvement in medical interviewing and physical diagnosis. (*Patient care, Interpersonal and communication skills*)
4. Discuss the differential diagnosis and direct the evaluation and management of inpatients. (*Patient care, medical knowledge, Professionalism, Interpersonal and communication skills*)
5. Participate in family meetings and communicate effectively with patients and their families. (*Professionalism, Interpersonal and communication skills*)
6. Demonstrate ability to supervise admission planning and appropriate level of care. (*Patient care, medical knowledge, Systems-based practice*)

7. Promptly document all patient interactions in a concise, thorough manner. (*Professionalism, Systems-based practice, Interpersonal and communication skills*)
8. Demonstrate organizational skills necessary for supervising the care of inpatients. (*Patient care, Practice-based learning and improvement, Systems-based practice*)
9. Understand the indications for and risks of and become competent in performing procedures such as bone marrow aspiration, biopsy, and lumbar puncture. (*Patient care, Medical knowledge*)

Second Year Fellow:

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

Third Year Fellow/Jr. Attending:

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

improvement, systems-based practice)

7. Lead family meetings and communicate effectively concerning explaining the diagnosis, prognosis, plan of therapy, and any research issues. *(Patient care, medical knowledge)*

(b) Outpatient

Outpatient Rotation (includes Continuity Clinic and Subspecialty Clinic rotations)

Team Structure and Responsibilities:

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

Attending Physician:

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

Fellow:

- Oversees the care of all patients seen in the outpatient setting.
- Responsible for communicating test results to patients and family members and providing information to the referring physician.
- Reviews all lab orders in EPIC 24 hours before clinic
- Updates treatment plans and first signs all chemotherapy orders in EPIC 24 hours before clinic
- Performs procedures of the patients (patients on their templates)
- Completes documentation in EPIC post-clinic within 24 hours of clinic completion

Overall Goals:

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

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

Objectives (Competencies addressed)

After this rotation, the fellow will be able to:

First-Year Fellow:

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

Second-Year Fellow

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

Third-Year Fellow

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

3. Scholarly Activity

Scholarly Activity

This policy outlines the requirements for scholarly activity for fellows in pediatric subspecialty programs, ensuring alignment with the American Board of Pediatrics (ABP) guidelines. Scholarly activity is essential for the development of academic physicians and for advancing medical knowledge and patient care.

Objectives

1. Promote High-Quality Research: Encourage rigorous, ethical, and impactful research.
2. Develop Research Skills: Provide fellows with the necessary tools and mentorship to conduct independent research.
3. Foster Academic Growth: Support fellows in disseminating research findings through publications and presentations.

Definitions

- **Scholarly Activity:** Encompasses research, quality improvement projects, systematic reviews, case reports, and other academic work contributing to medical knowledge.
- **Mentor:** An experienced faculty member who guides the fellow's scholarly activities.

Requirements

1. Research Project:

- Each fellow must complete at least one scholarly project during their fellowship.
- The project should result in a manuscript suitable for publication in a peer-reviewed journal or a presentation at a national or international conference.

2. Types of Scholarly Activity:

- Original Research: Includes clinical, translational, or basic science research.
- Quality Improvement Projects: Systematic efforts to improve patient care processes.
- Systematic Reviews: Comprehensive reviews of the literature on a specific topic.
- Case Reports and Series: Detailed reports of individual or series of clinical cases that contribute to medical knowledge.

3. Mentorship and Supervision:

- Each fellow will be assigned a primary mentor who will oversee the fellow's scholarly activity.
- Regular meetings between the fellow and mentor should be scheduled to ensure progress.

4. Education and Training:

- Fellows must participate in research methodology and ethics training.
- Workshops and seminars on biostatistics, data analysis, and manuscript writing will be provided.

5. Progress Evaluation:

- Fellows must present their research progress biannually to a Scholarship Oversight Committee (SOC).
- The SOC will provide feedback and assess the fellow's progress towards completing their scholarly activity requirements.

6. Documentation and Reporting:

- Fellows must maintain a portfolio documenting their scholarly activities, including research proposals, Institutional Review Board (IRB) approvals, data collection, analysis, and dissemination efforts.
- The final project must be submitted to the SOC for approval.

Oversight and Governance

1. Scholarship Oversight Committee (SOC):

- Composed of faculty members with expertise in various areas of pediatric subspecialty research.
- Responsible for approving the fellow's research proposals, providing guidance, and evaluating the progress and final output.

2. Annual Review:

- The SOC will conduct an annual review of the scholarly activity policy to ensure compliance with ABP guidelines and to incorporate any updates or changes.

Compliance with ABP Guidelines

- This policy adheres to the ABP's requirements for scholarly activity in pediatric subspecialties.
- The fellowship program director is responsible for ensuring that all fellows meet these requirements before completing their training.

Fellowship advisory

In the 2023-2024 academic year, the Department of Pediatrics rolled out a research roadmap for pediatric fellows with timelines for meeting project milestones in anticipation of having a manuscript completed for submission by the last semester of their third year. To ensure our fellows' continued research productivity, we chose a research advisory panel of experienced clinician scientists who meet with the fellows several times yearly to hear about and critique their projects and help shape them into meaningful scholarly works.

Scholarly Academy

In the 2024-2025 academic year, we plan to create a week-long Scholarly Academy with didactics and workshops geared toward first-year fellows as they begin their academic pursuits.

First-Year Fellow

1. The fellow will write a case report to be presented at a local or regional meeting
2. The fellow will identify and develop a Quality Improvement Project by their first SOC
3. The fellow will develop a teaching portfolio based on the teaching material and lectures given to the residents, medical students, and PHO core lectures
4. The fellow identifies a clinical mentor who will give the fellow during the years of training and help with the research project when needed.
5. The fellow will identify a research project idea of interest. The fellow will identify a project to pursue during the second half of this year and the third year of training.
6. The fellow will present their research idea at the Research advisory meeting after meeting with a member of the Research advisory council

Second-Year Fellow:

1. The fellow will identify a project to pursue during the second half of this year and the third year of training.
2. The fellow will identify at least three members for his/her Scholarly Oversight Committee (SOC) with the assistance of the research/clinical mentor and the PD. At least one member of the SOC must be from outside the Division of Pediatric Hematology/Oncology.
3. The fellow is encouraged to write at least one grant proposal while pursuing the project. This may be directed toward one of the internal training grants.
4. Pursue scholarly activity at least 80% of the time.
5. Schedule SOC meetings no less often than every six months. The first meeting must be before the beginning of the research project.
6. Get satisfactory progress reports from the research mentor and the SOC
7. If enough data is available, prepare and present a poster reporting progress on the project at SOC and Research Day.
8. Submit QI project to EQUIP Seminar
9. Submit an abstract to SSPR and at least 1 national meeting
10. Publish a case report

Third-Year Fellow:

1. Continue research project 80% time
2. SOC is to meet no less often than every 6 months. The last meeting in June of the third year must independently conclude that the fellow has made satisfactory progress.
3. Submit a written report of scholarly activity to the Program Director. Preferably, this would be in the form of a first-author publication suitable for submission to a peer-reviewed journal. If the project is

incomplete, a summary progress report will be considered, but only if the SOC report from June of the third year has documented satisfactory progress.

4. It is desirable that, in addition to a report of the fellow's scholarly activity, the fellow also publishes reviews and case reports. The goal is to submit have a manuscript in development for publication
5. To present results of scholarly activity at regional or national meetings.
6. Submit QI project to EQUIP seminar

Conclusion

This policy aims to foster an environment of academic excellence and innovation. By adhering to these guidelines, we ensure that our fellows are well-prepared for careers as leaders in pediatric subspecialties.

References

- American Board of Pediatrics. Guidelines for Subspecialty Training Programs. [Link to ABP guidelines]
- Institutional policies on research and scholarly activities.

This policy should be regularly reviewed and updated to remain in compliance with ABP guidelines and to reflect best practices in pediatric subspecialty education.

4. Pathology Rotation

PATHOLOGY ROTATION GOALS AND OBJECTIVES

1st Year Pediatric Hematology Oncology Fellow (4 weeks)

Goals:

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

Objectives:

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

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Last revision: June 2023

5. Transfusion Medicine (Blood Bank)

TRANSFUSION MEDICINE ROTATION (Blood Bank) (2 weeks)

2nd YEAR FELLOW

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

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

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

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

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

TBC = The Blood Center

6. Radiation Oncology

RADIATION ONCOLOGY ROTATION

2nd Year Fellow Pediatric Hematology-Oncology (2 weeks)

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

Goals:

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

Objectives:

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

7. Hematopoietic Stem Cell Transplantation (HSCT) Elective

Hematopoietic Stem Cell Transplantation ELECTIVE

for 2ND Year Pediatric Hematology-Oncology Fellow (2-4 weeks)

Supervision: Dr. Zachary LeBlanc

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

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

Specific Objectives for this Elective are: *(Medical Knowledge, Patient Care, Practice-based, and System-based Competencies):*

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

8. Junior Attending Rotation

JUNIOR ATTENDING ROTATION FOR THIRD YEAR (4 weeks)

Pediatric Hematology-Oncology Fellow

Goal:

The third-year fellow will function independently (as a junior attending) in the management of the common and daily activities in the Pediatric Hematology-Oncology unit under the supervision of the faculty attending. This rotation is a total of 4-week rotation divided in 1-week blocks.

Objectives:

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

Duties and responsibilities:

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

9. Palliative Care Elective Rotation

Palliative Care Rotation (2 weeks) **Pediatric Hematology-Oncology Fellow**

Goal:

The second- or third-year fellow will learn about the management of the common and daily activities in Palliative care under the supervision of the Pelican Krewe faculty attending. This rotation is a total of 2-week rotation.

Objectives:

- 1) The fellow will conduct daily rounds with the Pelican Krewe discussing the acute care and management of the in-patients with a palliative care consult
- 2) The fellow will be exposed to pertinent topics related to Pediatric Hematology-Oncology palliative.

Duties and responsibilities:

- 1) Daily rounds with the Pelican Krewe. (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*)
- 2) Answer consults. (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 3) Teaching and lecturing the residents and medical students in the topics related to the rotation. (*Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 4) Lead the team in the diagnosis and management of hematology-oncology patients. (*Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).
- 5) Perform family conferences with the patients and the families as needed. (*Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning, System-based Learning*).

10. EQUIP Elective

The Enhancing Quality Improvement for Patients (EQUIP) Program at the LSU School of Medicine is an institution-wide initiative to engage residents and fellows in systems-based quality improvement programs. In cooperation with faculty supervisors and mentors, the EQUIP program will empower the House Officers of the LSU School of Medicine to contribute to scholarly activity and the implementation of clinical quality improvement initiatives at our affiliated training institutions, with the goal of improving outcomes for patients and inculcating a culture of quality improvement and patient safety.

The below listed elements of the EQUIP Rotation were approved on August 6, 2018 by the EQUIP Steering Committee.

- **Attendance at all didactic presentations**
 - Process Improvement: The EQUIP Rotation
 - Institutional Quality Improvement and Patient Safety
 - Quality, Safety, Risk and Accreditation: University Medical Center New Orleans

- **Completion of all required Institute for Healthcare Improvement (IHI) online modules**
 - QI 101: Intro to Health Care Improvement
 - QI 102: How to Improve with the Model for Improvement
 - QI 103: Testing and Measuring Changes with the PDSA Cycle
 - QI 104: Interpreting Data: Run Charts, Control Charts and Other Tools
 - PS 101: Intro to Patient Safety
 - PS 102: From Error to Harm
 - PS 105: Responding to Adverse Events
 - PS 201: Root Cause and System Analysis
 - Details on how to access the IHI Subscription is available [here](#).

- Attendance at two or more UMCNO Medical Staff or Other UMCNO Committee Meetings
- Submit QI Project Proposal Form for IRB determination. This same form is sent to UMCNO's Research Office for their record. All steps included on the project proposal form will be followed to ensure the project is quality improvement/process improvement focused.

- **An oral presentation including:**
 - An in depth concept idea for a viable QI/PS project (either an original project or enhancement of an existing QI/PS project)
 - Some of the details included with the presentation should be the case for change, data collected to support the case for change, plan to fully execute the project, team members and the plan to continuously develop the project.
 - A copy of the UMCNO Project Charter and the PowerPoint presentation should be given to the EQUIP office, Rotation Director and the resident's Program Director

- Completion of the rotation pre-test and post-test
- Periodic status reports until completion of the QI/PS project
- Submission of project abstract to the LSUSOM EQUIP office for presentation at the annual Spring Quality Forum with the intent that the abstract will eventually be submitted for publication in a peer reviewed journal.

11. CLINIC OBJECTIVES

All clinic rotations will be evaluated on: (*Medical Knowledge, Patient Care, Practice-based, Professionalism and System-based Competencies*)

1. Clinical Objectives for Sickle Cell Clinic

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

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

2. Clinical Objectives for BMT/HSCT Clinic

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

- Understand the indications for stem cell transplantation in malignant and non-malignant disorders
- Understand the basic principles of donor selection, including:
 - HLA testing and interpretation
 - Differences between stem cell sources:
 - Bone marrow
 - Umbilical cord blood
 - Peripheral blood
- Process of unrelated donor identification through registries
- Understand factors affecting the choice of preparative regimen for transplantation
- Understand the timeframe and assessment of immune reconstitution

- Understand the risks of infectious complications during different time periods after transplantation
- Understand the assessment and management of acute graft-versus-host disease
- Understand the assessment and management of chronic graft-versus-host disease
- Recognize the potential late toxicities of stem cell transplantation

3. Clinical Objectives for Late Effects Clinic

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

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

4. Clinical Objectives for Hemophilia Clinic

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

- Understand the elements of a multidisciplinary approach to management of hemophilia
- Understand the components of routine health maintenance and surveillance for children with hemophilia and other bleeding disorders
- Develop a rational approach to diagnosis of patients with suspected bleeding tendency
- Understand the approach to managing joint disease in hemophilia
- Recognize the differences between recombinant and plasma-derived factor products for hemophilia and gain a working knowledge of new products in development
- Understand the indications and options for prophylaxis in hemophilia
- Understand the management of hemophilia patients with inhibitors:
 - Diagnosis, interpretation of laboratory studies

- Low-titer vs. high-titer management
- Strategies for immune tolerance induction
- Use of bypassing agents
- Understand the approach to diagnosis of von Willebrand disease
- Understand the options for management of gynecologic bleeding in hemophilia and von Willebrand disease
- Understand the options for management of minor bleeding complications in hemophilia and von Willebrand disease
- Understand the options for prophylaxis of minor surgical/dental procedures in hemophilia and von Willebrand disease
- Understand the options for management of major surgical procedures in hemophilia and von Willebrand disease
- Understand the management of patients receiving chronic anticoagulation

VII. Appendix I: Clinical Competency Committee (CCC)

CLINICAL COMPETENCY COMMITTEE (CCC)

Purpose:

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

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

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

Fellow Enhancement and Corrective Action Plans:

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

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

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

- The committee will determine a course of action for corrective action.
- The plan will include specific recommendations and a timeline for the fellow to demonstrate progression. It will be kept with the Program Coordinator as part of the fellow’s file.
- The Program Director and Associate Program Director will help develop and discuss a performance improvement plan with CCC members. Once approved, the plan will also be shared with the fellow’s faculty advisor.
- The assigned faculty advisor and the CCC member will meet with the fellow to review and enact the action plan. If the faculty member and CCC member assigned to the fellow are the same, then one of the alternate CCC members assigned to that year will serve as the co-advisor for the action plan.

The fellow’s progression will again be reassessed at the semi-annual CCC meeting or sooner if needed. If the fellow continues to fail to progress in the same area, the Committee Chair and Program Director will meet to determine the next step in corrective action. Corrective actions include performance improvement plans, remediation, non-promotion, probation and termination.

Members:

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

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

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

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

Committee Members:

1. Pinki K. Prasad, MD, MPH and PD
2. Zachary LeBlanc, MD and APD
3. Charles Hemenway, MD, PhD (Division Chief)
4. Lolie Yu, MD
5. Maria Velez, MD
6. Cori Morrison, MD (Chair)
7. Dana LeBlanc, MD
8. Molly Sonenklar, MD
9. Justin Farge, MD (Adjunct Faculty)
10. Benjamin Watkins, MD (Adjunct Faculty)

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

Last update: June 4, 2024
PKP

VIII. Appendix II: Scholarly Oversight Committee (SOC)

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

This policy outlines the structure, responsibilities, and operations of the Scholarly Oversight Committee (SOC) for pediatric subspecialty fellows, ensuring alignment with the American Board of Pediatrics (ABP) guidelines. The SOC is integral to fostering rigorous scholarly activity and ensuring fellows meet the required standards of academic and research excellence.

Objectives

1. **Ensure Quality of Scholarly Work:** Provide structured oversight to ensure high standards in fellows' research and scholarly activities.
2. **Support Fellow Development:** Offer guidance and feedback to assist fellows in achieving their research goals and fulfilling ABP requirements.
3. **Maintain Program Integrity:** Ensure the fellowship program adheres to ABP guidelines and promotes a culture of academic rigor.
4. **Definitions**
 - **Scholarly Activity:** Includes research projects, quality improvement initiatives, systematic reviews, and case reports that contribute to medical knowledge.
 - **Fellow:** A physician in training in a pediatric subspecialty program.
 - **Mentor:** A faculty member providing direct guidance on a fellow's scholarly activity.

Structure of the Scholarly Oversight Committee

Composition:

- The SOC will consist of at least three faculty members with expertise in pediatric subspecialty research.
- Members should have a track record of successful research and publication.
- At least one member should be from a different department or subspecialty to provide diverse perspectives.

Appointment:

- Members are appointed by the fellow with approval by the program director
- Terms of service will typically last three years, with the possibility of renewal.

Responsibilities

1. **Review and Approval:**
 - Review and approve each fellow's proposed scholarly activity to ensure it meets ABP standards.
 - Provide feedback on the feasibility, relevance, and scientific rigor of proposed projects.
2. **Guidance and Support:**
 - Offer ongoing guidance and support to fellows throughout their projects.
 - Facilitate access to resources, including methodological and statistical support.

3. **Progress Monitoring:**
 - Conduct biannual reviews of each fellow’s progress.
 - Provide constructive feedback and recommend any necessary modifications to ensure successful project completion.
4. **Final Evaluation:**
 - Evaluate the final scholarly activity for each fellow to ensure it meets the program’s standards and ABP requirements.
 - Approve the final submission of the scholarly activity before the fellow completes their training.
5. **Documentation and Reporting:**
 - Maintain detailed records of all meetings, reviews, and decisions.
 - Report to the fellowship program director on the status of fellows' scholarly activities and any issues or concerns.

Meetings

1. **Frequency:**
 - The SOC will meet at least biannually to review fellows' progress and as needed for additional reviews or urgent matters.
 - Additional meetings can be convened at the discretion of the chairperson.
 -

Compliance and Accountability

1. **Alignment with ABP Guidelines:**
 - Ensure all activities and evaluations are consistent with ABP guidelines for pediatric subspecialty training.
 - Review ABP updates regularly to stay current with requirements and best practices.
2. **Annual Review:**
 - Conduct an annual review of the SOC’s operations and effectiveness.
 - Make necessary adjustments to policies and procedures to enhance oversight and support.
3. **Conflict of Interest:**
 - Members must disclose any potential conflicts of interest related to their oversight responsibilities.
 - Steps must be taken to mitigate any conflicts to ensure objective and fair evaluation of fellows' work.

Conclusion

The Scholarly Oversight Committee is vital to maintaining the integrity and quality of scholarly activities within the pediatric subspecialty fellowship program. By adhering to these guidelines, the SOC will support the development of fellows into competent and innovative academic physicians.

References

- American Board of Pediatrics. Guidelines for Subspecialty Training Programs <https://www.abp.org/content/scholarly-activity>.

This policy should be regularly reviewed and updated to ensure continued compliance with ABP guidelines and to reflect evolving best practices in academic oversight.

Last update June 20, 2024
PKP

IX. Appendix III: Program Evaluation Committee (PEC)

Purpose

The Program Evaluation Committee (PEC) is established to monitor and ensure the continuous improvement of the fellowship program in compliance with ACGME 2024 guidelines. The PEC is responsible for planning, developing, implementing, and evaluating all significant activities of the fellowship program.

Composition

The PEC will consist of:

- Program Director (Chair)
- At least two key faculty members involved in the fellowship program; all faculty members are invited and encouraged to attend the meeting
- One or more fellows currently enrolled in the program; all fellows are invited and encouraged to attend the meeting
- Program Coordinator (required) and other administrative support as needed
-

Selection of Members

Members of the PEC are appointed by the Program Director based on their expertise, experience, and involvement in the fellowship program. The term of service for PEC members is typically two years, with the possibility of renewal.

Responsibilities

The PEC is responsible for:

1. **Annual Program Evaluation (APE):**
 - Conducting an annual self-evaluation of the fellowship program.
 - Reviewing and analyzing program goals and objectives.
 - Assessing outcomes of the program and identifying areas for improvement.
 - Preparing an Annual Program Evaluation (APE) report.
- 2.
3. **Review of Program Goals and Objectives:**
 - Ensuring that the program's goals and objectives are aligned with ACGME core competencies.
 - Reviewing and updating the curriculum to meet the evolving needs of the fellowship.
4. **Monitoring Compliance:**
 - Ensuring compliance with ACGME requirements and other relevant regulations.
 - Overseeing the collection and analysis of program and trainee performance data.
5. **Action Plans:**
 - Developing and implementing action plans to address areas of improvement identified during evaluations.
 - Tracking the progress of these action plans and adjusting as necessary.
6. **Feedback and Recommendations:**
 - Gathering feedback from fellows and faculty to improve the program.
 - Providing recommendations to the Program Director for enhancing the fellowship experience.

Meetings

- The PEC will meet at least annually, with additional meetings scheduled as necessary.
- Minutes of each meeting will be recorded and maintained.

- The agenda for each meeting will include, but is not limited to, reviewing trainee performance, curriculum effectiveness, and progress on action plans.

Reporting

- The PEC will submit an annual report summarizing its findings, actions taken, and outcomes to the Graduate Medical Education Committee (GMEC) and the sponsoring institution's Designated Institutional Official (DIO).
- The PEC will present findings to the faculty during a faculty division meeting if the faculty are not present during the actual PEC meeting. Due to the small number of faculty members, most faculty members are present for the PEC. In addition, the annual report will be accessible to faculty members.
- The report will include recommendations for program improvements and compliance status with ACGME requirements.

Confidentiality

All discussions, evaluations, and reports generated by the PEC are confidential and intended for internal use to enhance the quality of the fellowship program.

Amendments

This policy may be amended by a majority vote of the PEC, subject to approval by the Program Director and the GMEC.

This policy ensures that the fellowship program adheres to ACGME guidelines, continuously improves, and provides a high-quality educational experience for fellows.

Last updated: May 28, 2024

PKP