

**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE**

**HEMATOLOGY/MEDICAL ONCOLOGY FELLOWSHIP
PROGRAM MANUAL
2025 - 2026**



SIU MEDICINE
SIMMONS CANCER
INSTITUTE

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Introduction

Overall program goals

The primary goals of a Hematology and Medical Oncology Fellowship program are twofold: to train fellows who have a strong desire and aptitude for an academic career involving basic science or clinical/translational research, teaching and patient care; and to train outstanding clinical Hematologists and Medical Oncologists to take care of patients in the community with solid and hematologic cancers as well as non-malignant blood diseases.

For those trainees interested in an academic career, the fellowship program will provide comprehensive instruction and opportunities for experience in clinical and basic research designed to provide fellows with the tools needed for a successful career as a medical educator and researcher.

Fellows will be educated in a manner designed to promote a continuing, life-long commitment to reinforcing and updating their knowledge of basic pathophysiology and recent diagnostic and therapeutic advances. Fellows also must participate in fostering advances in knowledge about diagnosis, prevention and treatment of neoplastic and hematologic disorders by conducting and supporting clinical investigation.

This training program will provide extensive supervised clinical training in all of the subspecialties of Medical Oncology and Hematology. The fellowship is designed to complement and supplement prior training in Internal Medicine while enhancing the fellow's basic science and clinical knowledge. It is also dedicated to insuring the highest level of professional competency in direct patient care and consultation in Medical Oncology and Hematology.

This training program will teach fellows to master the knowledge, skills, attitudes, and competencies deemed to be essential to this subspecialty as determined by the American Board of Internal Medicine and Accreditation Council for Graduate Medical.

Program Administration

Program Director: Krishna Rao, MD, PhD

Assistant Program Director: Aziz Khan, MD

Program Coordinators: Andrea Bender & Kissindra Moore, C-TAGME

Hematology/Oncology Division Chief: Aziz Khan, MD

Faculty



Krishna Rao, MD, PhD
Program Director



Aziz Khan, MD
Division Chief



Edem Agamah, MD, MS
Professor



Waqas Azhar, MD
Assistant Professor



Ruchika Goel, MD
Professor



Junaid Hussain, MD
Assistant Professor



Robert Mocharnuk, MD
Locum



Kathy Robinson, PhD
Clinical Trials Director

Rotation Supervisors



Junaid Baqai, MD
Hematopathology



Laurent Brard, MD, PhD
Gynecologic/Oncology



Christy Brewer, RPh
Pharmacy



Prachi Jain, MD
HSHS Radiation Oncology



Megan Stoller, PharmD
Pharmacy

Facilities

Educational, clinical and research activities take place on the SIU School of Medicine campus located in Springfield, Illinois. The fellowship program works with the two main hospitals in central Illinois, Springfield Memorial Hospital and St. John's Hospital. In addition, we have additional resources which include Springfield Clinic, Vitalant, and Washington University's Siteman Cancer Institute located in St. Louis, Missouri.

Fellows

Our fellowship program has Accreditation Council for Graduate Medical Education (ACGME) approval for 3 fellows per year (9 total). All fellows are expected to complete 3 years of training.

Chief Fellow

Development of leadership and administrative skills are consistent with some trainee's career goals. A chief fellow will be annually selected by the Program Administration through thoughtful and deliberate consideration of peer relationships, leadership skill needs, career trajectory, professional development, and administrative organization. Confidential offers will be made by the program administration to individuals during the second half of their second year. Acceptance is voluntary with no penalties for declining the offer.

Responsibilities of this individual include, but are not limited to, the following:

- Liaison between the fellows and the Program administration on all non-confidential matters.
- Full voting member of the FPEC (see Educational Curriculum section).
- Coordinator of senior fellow distribution of on-call, conference, rotation, and social/events.
- Delegation of on-call, conference, rotation, and/or social/event coordination to peers is acceptable, but Chief Fellow is ultimately responsible for review and oversight prior to submission to the Program administration.
- Coordinator of coverage for fellows consistent with the back-up policy. This includes all core clinical rotations, on-call, elective, and clinic responsibilities.
- Sounding board for potential programmatic changes and curriculum modifications.
- Involvement in development or refinement of fellowship programmatic activities.

Benefits of the position include divisional acknowledgement of the position and efforts with limited administrative (non-clinical) elective time available to carry out above duties.

Fellowship Coordinator

The Fellowship Program Coordinator provides comprehensive administrative support to the Program Director(s) and Fellows of the Division of Hematology/Oncology Fellowship Training Program. This individual is a critical component of the program administration and educational programs.


Responsibilities include, but are not limited to scheduling conferences and interviews, maintaining a working knowledge of the requirements set by the ACGME and the Resident

Review Committee (RRC), as well as the American Board of Internal Medicine (ABIM), maintain accurate records for the fellowship program, process all applications, oversee the required credentialing and practice documents are completed for incoming, current, and graduated fellows, keep attendance of fellows at meetings and lectures, record minutes of administrative meetings, monitor procedure and curriculum logs, provide documentation as needed to confirm trainee status in the program, generates, maintains, and monitor all trainee rotations, evaluations, procedures, duty hours, educational conferences, personnel records, examinations, leave requests, professional expense account use, and travel authorizations. The coordinator is the administrator of the New Innovations™ (NI) electronic fellowship administrative tracking system.

Accreditation

The SIU School of Medicine Hematology/Medical Oncology Fellowship Program is fully accredited by the ACGME.


Program Policies

 SIU MEDICINE SIMMONS CANCER INSTITUTE	Dress Code Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

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

Men should wear closed collars and a tie, dress pants and shirts along with comfortable dress shoes.

Women are to be dressed in dress pants or skirts (no minis), dress shirts and comfortable dress shoes.

 SIU MEDICINE SIMMONS CANCER INSTITUTE	Leaves of Absence Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

Our program follows institutional policy. A link to our institutional leave of absence policy may be found at: <https://www.new-innov.com/Login/Home.aspx> in the Policies section.

There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies and parental leave. In these circumstances the fellowship program has two obligations: first, to ensure that the immediate patient care needs are addressed with the supervisor's knowledge and second, to provide a mechanism for the fellow to rest, recover or attend to the personal emergency. To ensure coverage of patient care in the event that a fellow may be unable to perform their patient care responsibilities, the following policies have been developed.

It should be noted that this policy shall be implemented without fear of negative consequences for the fellow who is unable to provide the clinical work. Shaming a fellow for being unable to work is not part of our culture. Similarly, it should not be regarded as a badge of honor to work when one is physically ill, exhausted, or emotionally distracted due to a personal or family emergency. Learning how to balance and compartmentalize one's personal and professional responsibilities is part of one's professional development. Development of one's time management skills and self-care strategies can be helpful in such circumstances. Time management, self-care, proper rest, diet and sleep are essential components of resiliency.

In all circumstances, the fellow must personally inform their faculty supervisor and/or Program Director they are unable to work; fellow shall provide a brief explanation as to why they are unable to perform their work duties. The Program Director or Program Coordinator will log and track all requests for fairness. It is expected the supervising attending will distribute the workload of the absent fellow cognizant of the caps policy for their rotation. Patients above the fellow cap for the rotation fall to the attending physician.

Well-Being

The faculty are given the opportunity to attend IM Stand Down Days and IM Faculty retreats. Fellows are encouraged to attend weekly prayer services during normal business hours without bias or recourse. Simmons Cancer Institute has several events the faculty and fellows can attend at little or no cost. These events provide opportunities for faculty and fellows and their families to engage in social interaction and well-being activities. This includes the Butterfly Release, holiday parties, quarterly staff meetings/retreats and the use of the SCI Side-by-Side Wellness Center activities including Yoga, Reiki, Tai Chi, drumming and Pilates.

Fellows will be given ½ day of personal time each quarter during the academic year and must provide a minimum of 1-months' notice to the program director and program coordinator. This time does not accumulate.

Fellows are allowed to visit the doctor's lounge at Memorial and St. John's for food, snacks and drink if they need such items.

During the fellows meeting with their mentor, the attending will follow up with each fellow regarding their well-being. This will also be discussed during the fellow's semi-annual meeting with the program director.

Faculty and fellows can find additional well-being activities through the Center for Human and Organizational Potential (cHOP), Alliance of Women in Medicine and Sciences (AWIMS) and through the GMEC Wellness Committee. The faculty and fellows are also encouraged to view on New Innovations ACGME tools and resources for wellness.

Fatigued Fellow

If a fellow determines that he/she is too tired to work, they shall notify the immediate supervisor and/or Program Director. It should be noted that fellows are expected to schedule their personal time to allow for adequate sleep. This includes the times before any assigned work shift. The supervisor or Program Director may suggest a nap with a reassessment post-nap to determine if the fellow is able to work. If the fellow misses an entire work day, due to fatigue, it shall be recorded as a sick day. If a fellow is too tired or distracted to drive, cab fare will be reimbursed.

Sick leave

Whenever possible, as illness is developing and progressing, the fellow shall call the Program Director or Program Coordinator, as well as their immediate faculty supervisor, in advance of the actual sick day. When sick for three days or longer, a doctor's note may be required. The Program Director may use their discretion and require a doctor's note for absences less than three days, e.g., in the case of repeated sick days. Fellows may use sick leave to care for an ill child. A total of 14 sick days is granted per academic year.

Parental, Caregiver or Medical Leave

The fellow may be permitted to take up to twelve (12) weeks per year of family and medical leave (includes paid and unpaid leave) in accordance with the Family and Medical Leave Act (FMLA) of 1993, state law, and the policies of the employing Affiliated Hospital. Should the reason for leave meet eligibility under FMLA, paid leave will run concurrently with FML. A year is calculated from the date of first FMLA leave usage measured forward twelve (12) months.

Parental, Caregiver or Medical Leave (PCML) will be granted upon request to all fellows (including birth and non-birth parents) for the birth of a child or placement of a child with the fellow for adoption or foster care ("parental leave"); care of an immediate family member with a serious health condition ("caregiver leave"); or the fellow's own serious health condition ("medical leave"). At least once during the duration of the training program the fellow will be afforded a minimum of six (6) weeks of paid time away from training for purposes of PCML, while preserving at least one (1) week of additional paid time away from training, without extending training, in accordance with the existing policies of the employing Affiliated Hospital and the individual specialty Board requirements. PCML will be available to the fellow on the first day of their employment contract or term of appointment. The PCMLs described below pertain to an initial PCML, and then any subsequent requests during training in the same program.

Initial Parental, Caregiver or Medical Leave: A minimum of six (6) weeks of an initial PCML will be paid by using any combination of eligible sick leave (including that accrued from previous years) and vacation leave (up to two (2) weeks), while preserving at least one (1) week of sick or vacation. A fellow requesting PCML is required to apply this eligible paid leave before entering unpaid leave. If a fellow does not have sufficient sick and vacation leave to total seven (7) weeks (six (6) weeks of paid leave and one (1) additional 3 week preserved), the fellow may borrow against sick leave for future training years. If the fellow does not have sufficient time left in the program to accumulate repayment of the borrowed sick days, the sick leave debt will be forgiven. If a fellow has accumulated sick leave beyond that needed to reach the seven (7) week minimum, this may be applied to extend the paid leave beyond six (6) weeks. Once available sick and vacation leave is exhausted (with one (1) week preserved), the fellow may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per year under the FMLA. Health insurance and other benefits will be continued during a PCML, as long as the fellow continues to pay their portion of the health insurance premium. If on unpaid leave, this could mean that the fellow needs to pay their share of the premium out of pocket (versus payroll deduction).

Subsequent Parental, Caregiver or Medical Leaves: Subsequent PCMLs will be paid by using any combination of eligible available or accumulated sick leave and vacation leave (up to two (2) weeks), preserving one (1) week. Once eligible sick and vacation leave is exhausted (with one (1) week preserved), the fellow may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per year under the FMLA. Health insurance and other benefits will be continued during a PCML, as long as the fellow continues to pay their portion of the health insurance premium. If on unpaid leave, this could mean that the fellow needs to pay their share of the premium out of pocket (versus payroll deduction).

A PCML can be for a continuous or intermittent leave of absence based upon operational needs. Continuous leave is defined as uninterrupted time away from the training program. Intermittent leave is defined as sporadic time away versus full time participation in the training program, this might include participation in the training program with reduced work hours.

The fellow should notify the Program Director as soon as possible regarding the need for PCML. The fellow and Program Director should develop a plan regarding timing and duration of PCML. If PCML is requested for more than twelve (12) weeks, approval for return to the training program will be at the discretion of the Program Director. Fellows will be notified when supporting medical documentation is required and where to present medical documentation for parental, caregiver or medical leave after such leave is requested.

The Program Director will provide the fellow with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a fellow's projected eligibility to participate in examinations by the specialty Board. Decisions regarding the impact of a PCML on projected time of program completion will be based on the length of time away from training, requirements of the individual specialty Board, and the determination of the program's Clinical Competency Committee regarding achievement of Competencies, Milestones, and readiness for autonomous practice. Leave which exceeds

that period of time defined by the fellow's specialty Board as a leave of absence for which time need not be made up, must be made up via an extension of training. Upon return to work the fellow will be reinstated without loss of training status, provided that their return is on the date previously approved by the Program Director. In those cases where a fellow must make up time missed in order to fulfill Board requirements, the fellow will be paid for days worked and the institution will continue benefit coverage during the extension of training. Schedule accommodations will meet the needs of the fellow and the program (including other fellows) so that special requirements of that discipline are met.

Weather-Related Emergency

In the event of a weather-related inability to work, the fellow shall use vacation days, unless the medical school is closed due to the weather-related emergency.

Mechanism of Submission

All planned absences must be submitted in writing (email or paper) at minimum 6-weeks in advance to the Program Coordinator. Final approval rests with the program director.

The absence request form can be found on the New Innovations home page under **Forms** and is titled Fellow LOA 25-26. This PDF document should be filled out and digitally signed. After completing the form, collect the covering fellow's signature, sign, and email to Andrea. She will have Dr. Rao sign and then forward onto Kissindra for the clinic(s) to be cancelled. (see Addendum A for example)

Vacation

The fellow may be permitted to take up to three (3) weeks per year of paid vacation leave. A week of vacation will be defined as 5 weekdays (for example Monday – Friday) and 2 weekend days (for example Saturday – Sunday) and cannot be bridged beyond three weeks between years. First year fellows may take one (1) week at a time during clinic rotation, 2nd year fellows may take up to 3 weeks' vacation but not during a subspecialty rotation and 3rd year fellows may take up to 3 weeks at once unless on subspecialty or inpatient rotation. No vacations will be approved when a fellow is rotating on the inpatient service or an outside rotation. If you are scheduled for weekend call duties and decide to take time off, it is the fellow's responsibility to find coverage.

Use of vacation leave shall be subject to approval in advance by the Program Director. In determining whether to grant the fellow's request for vacation, the Program Director may take into consideration patient care and the operational needs of the training program. The fellow shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by the requested vacation. Delinquent medical records, time records, logs and evaluations must be made current before the fellow begins vacation.

Fellows who leave the country for vacation or other reasons and are then unable to return to the United States are at risk of not having their position held beyond the approved vacation time granted by the Program Director, at the sole discretion of the Program Director and the employing Affiliated Hospital.

Educational Leave

The fellow may be permitted to take up to seven (7) days per contract year of paid educational leave at the discretion of the Program Director. Use of educational leave shall be subject to approval in advance by the Program Director. In determining whether to grant the fellow's request for educational leave, the Program Director may take into consideration patient care, the operational needs of the residency program and the educational value to the fellow of the requested educational leave. The fellow shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by requested educational leave, such arrangements shall be coordinated by the chief fellow and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the fellow begins educational leave.

Bereavement

The fellow may be permitted to take up to three (3) calendar days per contract year of paid bereavement leave for a member of their immediate family, subject to approval in advance by the Program Director. For these purposes, the immediate family is defined as spouse or significant other, child, parent, sibling, grandparent, grandchild, and corresponding in-laws.

Job Search

Successful career placement of the fellow is a goal of the training program. The Program Director may grant up to six (6) calendar days total during the last two years of training for this purpose, using prudent discretion. If approved by the specialty Board, this time may be counted as work days when tabulating days for credit.

Military Leave

All Affiliated Hospitals have current policies regarding military leave for their employees which preserve the employee's position and coordinate benefits, such as health insurance. In the event that it becomes necessary for a fellow to be called into active duty, the policy of the employing hospital will become effective. It will be the responsibility of the fellow to work with the appropriate employing Affiliated Hospital to ensure that the necessary paperwork is completed before the fellow leaves for duty.


Leave (beyond two consecutive weeks)- Requests will be carefully considered. If the PD approves, then:

1. The program will work with the fellow to complete the GME Leave of Absence Request Form. The fellow and program director will sign the form, and the program coordinator will send it electronically to the GME Director.
2. Upon review, if the request is not for Parental, Caregiver, or Medical Leave (PCML), the GME Director will sign the request and email it to the employing hospital and program coordinator.
3. If vacation is previously approved for the academic year and a fellow then requests a planned PCML, absent extenuating or extraordinary circumstances, pre-approved vacation time will be rescheduled to apply to PCML, taking into consideration the fellow's available paid leave time and the operational needs of the program.

4. If the request is for PCML, the GME Director will forward the request to SIU School of Medicine Human Resources to be evaluated for criteria of a leave in accordance with the Family and Medical Leave Act (FMLA) of 1993, state law, and the policies of the employing Affiliated Hospital.
 - a. HR will notify the GME Director if the LOA meets FMLA criteria and email the fellow directly.
 - b. The GME Director will notify the program and fellow that HR will be contacting the fellow and requesting additional documentation.
5. The fellow will be required to submit additional documentation to HR by a deadline.
6. Upon approval from HR, the GME Director will notify the employing hospital and other necessary entities of the fellow leave dates, the time that is paid / unpaid, and whether it meets Family Medical Leave criteria.

Coverage During Leave

- You are required to ask another fellow to cover your patients during any absence.
- The absence request must state which fellow is covering you and be signed by that fellow before the Program Director will approve any time off.
- The covering fellow will be listed on the monthly Supervision/Clinic schedule for staff to reference.

 SIU MEDICINE <small>SIMMONS CANCER INSTITUTE</small>	Duty Hours and Moonlighting Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

The fellowship will follow and comply with all aspects of the SIU GMEC policies on work hours and fellow well-being. Strict adherence to the ACGME required duty hours and days off policy is enforced. Duty hours are closely monitored for compliance with ACGME policies.

Duty Hours:

- Fellows take home call overnight. Infrequently, patient care and educational responsibilities may require return to the hospital or remote management of patients for an extended period of time, thus interfering with rest. In such a situation, fellows will be relieved from duty the following day.
- All Fellows are required to complete duty hour logs in New Innovations weekly. When taking home call calculate the total time spent over that period of time. (see work hour logging tips-Addendum B)
- Fellows are encouraged to voluntarily notify staff and Program Administration of fatigue or personal problems which might interfere with their education or patient care. Additionally, fellows are encouraged to report burdensome or heavy patient care responsibilities overnight, at the beginning of the next morning shift, even if return from home to the hospital did not occur. However, voluntary reporting is not intended to be the primary means of monitoring.
- The program administration regularly reviews compliance and reports of New Innovations duty hours to identify and correct system problems.
- All fellows will be monitored closely for signs or symptoms of fatigue by supervising faculty and Program Administration. Such evidence may be a consequence of night call responsibilities, personal stress, or other issues.
- Any fellow who has exceeded duty hour requirements, show signs of fatigue or undue stress, or has experienced uncharacteristic heavy night-call responsibilities will be immediately relieved from duty by Program Administration. The attending faculty supervisor will be notified.
- The fellow may return to the training environment after adequate rest or upon further discussion with and/or evaluation by the Program Director.
- There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. We will permit an appropriate length of absence for fellows unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. The program will also ensure patient care coverage.

Moonlighting:

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

Fellows are not required to moonlight.

Before engaging in activity outside the scope of the Program, fellows must receive the written approval of the Program Director of the nature, duration and location of the outside activity.

- Email your request to the Program Director and Program Coordinator.
- If approved, Program Director will submit a letter to the GME office.
- GME office will contact the employing hospital requesting approval.
- If employing hospital approves, the GME office will contact you with the notice of approval.
- You must provide the GME office with a Certificate of Insurance showing coverage (current malpractice only covers training activities)

All moonlighting activities must be tracked in New Innovations Software Program.

All internal and external moonlighting must be counted in the 80-hour maximum weekly hour limit.

Fellows must not schedule moonlighting that will cause the 80-hour maximum.

Fellows who schedule moonlighting activities resulting in violation of the 80-hour work rule will be subject to disciplinary action including but not limited to loss of moonlighting privileges.

The fellows' performance will be monitored for the effect of these moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission to continue.

House Officers, while engaged in professional activities outside the scope of the House Officer Program, are not provided professional liability coverage.

Fellows in their first year are not allowed to moonlight.

Fellows in their second year or third year are allowed **EXCEPT:** Bone Marrow Transplant rotation at Siteman Cancer Center.

Backup:


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

- 1st, 2nd and 3rd year fellows will be included in the backup schedule.
- Fellows will be assigned to backup as part of the outpatient clinic rotation.
- Fellows on backup service should plan to be in the Springfield area in the event backup is needed.
- Fellows on backup will be contacted directly by the fellow requesting backup after approval for backup is granted by the Program Director.

Office of Graduate Medical Education Policy:

<https://www.siumed.edu/gme/policies/institutional-clinical-and-work-hour-policy-including-fatigue-mitigation>

<https://www.siumed.edu/gme/policies/moonlighting-policy>

 SIU MEDICINE <small>SIMMONS CANCER INSTITUTE</small>	Promotion Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

The CCC will issue its findings in writing to the PD at the end of each session. The CCC will be asked to judge a fellow's progress at the end of each academic year and advise as to whether or not promotion to the subsequent year is reasonable. If remediation is suggested, the PD will work with the fellow individually to develop a plan for remediation as well as a plan to monitor progress towards goals. If dismissal is advised, the PD will follow the procedures issued by the GMEC and advise the fellow of the decision.

The criteria for advancement shall be based upon the following parameters, all of which need to be judged as competent for each level of advancement:

- A. Medical Knowledge
- B. Clinical Competence in Patient Care
- C. Interpersonal and Communication Skills
- D. Professionalism (includes absence of impairment)
- E. Attitudes
- F. Practice-Based Learning and Improvement
- G. Systems-Based Practice

Specific details of each competency may be found in the fellowship manual. In general, the following will be required for promotion from one training level to the next:

PGY 4 to PGY 5:

1. Acceptable progress in hematology/medical oncology specific competencies and Milestones
2. Acceptable progress in the program goals and objectives and other program-specific criteria and requirements for promotion
3. Ability to meet the Work Hours and Additional Physical Requirements as outlined in Appendix A of the Agreement with Physician, with or without reasonable accommodations
4. Ability to fulfill essential role functions and competency requirements as outlined in Attachment 1: Resident Essential Role Functions, appropriate to level of training, with or without reasonable accommodations
5. Compliance with all contractual requirements
6. Ability to supervise/teach appropriate learners
7. Ability to act with limited autonomy


PGY 5 to PGY 6:

1. Items 1-6 above
2. Ability to act with increasing autonomy
3. Passage of ABIM Internal Medicine Certification examination

PGY 6 to Graduation:

1. Items 1-6 above
2. Ability to act autonomously

Policies with respect to promotion/non-promotion to the subsequent year of training shall comply with all ACGME Institutional, Common and Program Requirements. The decision for promotion or non-promotion shall be made by the Fellowship Program Director with consultation from the Clinical Competence Committee. A decision to withhold advancement or deny reappointment shall be taken only after documented counseling of the fellow apprising him/her of the reason for such potential action, and documentation that the deficiencies have not been sufficiently corrected within a reasonable time. If a fellow believes that he/she has been dealt with unfairly in the above process, redress may be sought through the Due Process and Resident/Fellow Complaint Policy.


 SIU MEDICINE <small>SIMMONS CANCER INSTITUTE</small>	Transition of Care Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

SITUATION	ACTION
Outpatient to inpatient	The fellow admitting the patient will call and discuss the patient with the inpatient fellow. The outpatient fellow will also write admission orders and chemotherapy orders.
Shift to shift	Patient care is not delivered in a shift-to-shift fashion.
Provider to provider	The fellow transferring care to the next fellow will follow accepted practice as per the supervision policy. The handoff will occur in a quiet location with a checklist that is to be followed. The attending physician may supervise the handoff to ensure adequate transfer of knowledge.
Unit to unit	A patient transferred to the ICU or back to the floor will be thoroughly discussed on rounds. The fellow will discuss the patient with the ICU team and may be supervised by the attending physician. ICU patients will be followed by the service. Return of the patients to the floor will likewise be a supervised handoff.
Facility to facility	Patients transferred to another facility or vice versa will be discussed with the referring physician or receiving physician. The handoff will occur in a quiet location with a checklist that is to be followed.
Inpatient to outpatient	The fellow taking care of the patient will call and discuss the patient with the outpatient fellow and outpatient attending. The inpatient fellow will also supervise discharge orders and update the outpatient fellow and attending on upcoming chemotherapy orders.


Handoff will follow practices as outlined in the supervision policy unless otherwise noted.

The following information will be included in each handoff:

- Patient demographics (name, age, room, etc.)
- Attending's name
- Patient's diagnosis/problem list
- Current medications
- Allergies
- Code status (DNR or advance directive)
- Decision Maker Status (POA, Guardian)
- Pending Labs/X-ray, etc.
- Action Plan (If this...then do that)
- Readback (For change of status, pending labs, critically ill patient)
- Follow-up for each provider involved in the care of the patient (Primary IP service plus consultants) – *For IP to OP/Discharge only*
- Social challenges of patient

 SIU MEDICINE <small>SIMMONS CANCER INSTITUTE</small>	IV Chemotherapy Education and Infusion Scheduling Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

1. Education/New Infusion appts for SCI & SMH are scheduled by Infusion nurse. Front desk does not schedule these appts. Infusion Front Desk staff will schedule appointments for established patients at SCI and offsite.
2. ENCOUNTER SHEET: For all NEW infusions, circle chemo education and write in the regimen to be given. Education will be given for the oral drug if a combination regimen is ordered. Do not send the encounter sheet for scheduling until ALL testing is complete and the regimen has been determined. Every patient is scheduled ASAP with timing dependent on insurance authorization, scheduling availability and non-formulary review. Pharmacists are able to do oral chemo education and get a signed consent as a stand-alone regimen if the medication is successfully filled at SCI Specialty Pharmacy.
3. Pharmacists do not do bladder irrigation chemo consents (BCG, Gemzar, mitomycin, etc.)
4. Enter lab tests in TW CBC/CMP under “as needed order” with instruction “to be drawn prior to every treatment”. Enter at home meds, antiemetics, dexamethasone.
5. Chemo order and consent need placed prior to scheduling patients. Attending /fellows are responsible for entering a complete order including supportive medications (antiemetics, fluids, WBC stimulating agents). IF there is a delay in entering orders or they are not complete, this delays insurance authorization and scheduling.
6. Telehealth/Phone educations are discouraged. Patients new to infusion treatment will be given an in-person education appt.
7. Telehealth/Phone Educations can be given if the patient has been receiving infusions and is changing regimens. The provider/clinic nurse will be responsible for giving the appropriate handouts and consent form to the patient at their clinic visit to take home with them.
8. Patients transferring from another facility who will continue treatment with SCI should be given handout info for their drug and the consent should be signed at the office visit. They do not need scheduled for education.
9. Patients who will receive treatment in Jacksonville/Staunton are coordinated with staff who attend these clinics.
10. The Provider/Fellow/NP/Pharmacist please discuss in lay terms with the patient the expected GOAL of the treatment. It is something the patient should have a clear understanding of before the chemo education.
11. When calling the infusion nurse from the patient room PLEASE do not call using speaker phone.

 SIU MEDICINE <small>SIMMONS CANCER INSTITUTE</small>	Hospital Admissions and Consults Policy
	SIU Hematology/Oncology
	Effective: July 1, 2023

Hospital Admissions

Admissions: The on-call fellow sees the inpatient admission after the resident has seen the patient. He or she will supplement the resident's note with a brief note confirming management strategies. Patients must be staffed by the next day morning at the latest.

Inpatient calls (5pm – 8am): The on-call fellow is responsible for initial fielding of all calls from the residents regarding inpatients. Significant issues should be discussed with the attending physician immediately.

Transfer requests from outside facilities: While the initial call will be taken by the on-call fellow, only the supervising attending can make the decision whether or not to accept a patient for transfer.

Consultations


- The fellow assigned to the clinical inpatient rotations will cover follow-up and new consults.
- All new consultations require a full H&P, although it should be problem-focused and not a duplication of the extensive medical H&P that is already part of the medical record as recorded by the resident.
- The consultation must be seen and staffed within 24-hours of initial request for assistance.
- Communication with the primary service should ensure that they know the consultative process has been activated and who the consult team members are to contact in the event of further questions.
- Emergent consults should be seen immediately.

Weeknight On-Call Responsibilities (5pm – 8am):

- Outpatient calls (5pm – 8am): The on-call fellow is responsible for all outpatient calls (including calls from ancillary services relating to outpatient) received from patients known to the Division of Hematology/Oncology, as well as, ER calls.
- Contact on-call attending with any questions or concerns regarding recommendation verbalized to the patient.
- If the primary attending is not the on-call attending, communication should be relayed by 8am the following morning regarding nature of call and recommendations given.

Weekend and Holiday On-Call Responsibilities:

Weekend coverage begins on Friday at 5pm (or the night before the holiday) and ends after morning rounds on Saturday. Fellows are off for the rest of the weekend until Monday morning at 8am.

 SIU MEDICINE <small>SIMMONS CANCER INSTITUTE</small>	Supervision of Fellows Policy
	SIU Hematology/Oncology
	Effective: July 1, 2025

*The following policy is meant to supplement, but not replace, guidelines enumerated in the Southern Illinois University and Affiliate Hospital Policy on Patient Care Activities and Supervision Responsibilities for Graduate Medical Education Trainees and Attending Physicians.

<https://www.siumed.edu/gme/policies/supervision-policy>

Year 1 and Year 2 – Fellows will work to progress towards independent practice

Year 3 – Fellows will have gained the competence to practice independently.

Fellows are appropriately supervised at all times and in all settings with both direct and indirect supervision. This includes both inpatient and outpatient settings and in all rotations both within and away from the primary institution. The attending physician remains ultimately responsible for the care of the patients at all times.

On-call and rotation assignments for both fellows and faculty are published monthly and maintained in real-time in Halo which is available 24 hours/day and 7 days/week.

The faculty attending assigned to each inpatient rotation/service will serve as the supervising attending for the respective fellow(s) on each inpatient rotation during working hours.

The faculty attending assigned to the fellow's elective rotation (determined in advance by the Program Director) will serve as the supervising attending for the respective fellow(s) during working hours.

At the beginning of each rotation block, fellows are required to verify through direct contact that the attending assigned on the schedule is their supervisor. Means of preferred communication, as well as, backup options are to be established between the fellow and faculty at that time.

During on-call or holiday/weekend duties, the supervising faculty will vary dependent upon the schedule.

The Program Director ultimately retains the final degree of educational, clinical, and professional supervision for the fellows, consistent with ACGME policy, and serves in a supervisory back-up position.

Research and other faculty members also assist in the supervision of fellows in non-clinical activities consistent with personalized career development priorities.

Degree of supervision is dependent upon level of training and prior demonstration of adequacy in patient management and decision making. These determinations are described in detail in the policies on Evaluation and Promotion and Job Description. Graduated levels of responsibility and increasing autonomy in patient care and medical decision making are critical

training elements of this program. The Program Director and program administration will closely monitor fellow progress to verify demonstration of skills is consistent with level of afforded responsibility.

Faculty members functioning as supervising physicians are expected to delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.

Senior fellows will serve in a supervisory role of junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.

Each fellow will know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence by being provided with the supervision policy.

Each fellow must notify an appropriate supervising physician when he/she is unable to carry out clinical responsibility in a timely fashion for any reason (illness, fatigue, lack of knowledge or experience, and/or clinical workload). See **SIU Hematology/Oncology Leaves of Absence Policy** for additional information.

The fellow is responsible for notifying the supervising physician of any of the following circumstances.

- Patient admission to the hospital
- Patient death
- Patient signs out AMA or other unplanned discharge
- Transfer of patient (floor to floor, ICU, other hospital)
- Medication/treatment error requiring intervention
- Patient experiences an adverse outcome regardless of cause
- End of life decisions or DNR orders
- Significant change to clinical status
- When patient requests a second opinion
- Family, legal or systems issues
- Any fellow's uncertainty about the patient's care plans or goals

Supervision of Procedures

Assessment and interpretation of complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control instruction provided?

Instruction will be provided to the fellows through a lecture provided by a faculty member. We will evaluate the fellows as they review the CBC's of patients. Successful evaluation and interpretation of ten CBC's must be performed to be considered proficient.

Bone marrow aspiration and biopsy documented?

We will evaluate the fellows on ten bone marrow biopsies. Successful evaluation and interpretation of those ten must be performed to be considered proficient.

Bone marrow aspiration and biopsy instruction provided?

An instructional video will be provided to the fellows. They will be expected to see the video and may ask questions to clarify any doubts. They will be required to view the video prior to the scheduling of the first bone marrow biopsy.

Performance of lumbar puncture and interpretation of cerebrospinal fluid evaluation instruction provided?

A video will be provided to instruct the fellows on how to perform a lumbar puncture and deliver intrathecal chemotherapy. They will be required to view the video prior to the scheduling of the first lumbar puncture with intrathecal chemotherapy.

Performance of lumbar puncture and interpretation of cerebrospinal fluid evaluation proficiency document?

We will evaluate the fellows using an evaluation form. After successful evaluation and interpretation of five intrathecal chemo's are performed, the fellow may be considered proficient.

Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies instruction provided?

The topics will be taught and discussed when the fellows rotate through the hematopathology rotation during their second year.

Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies documented?

The fellows will be evaluated by the faculty on the hematopathology rotation.

Use of chemotherapeutic agents and biological products through all therapeutic route and instruction provided?

Our pharmacist provides a lecture to the fellows during the first month of their first year of fellowship.

Use of chemotherapeutic agents and biological products through all therapeutic routes documented?

Fellows will be evaluated using an evaluation form. Successful evaluation and interpretation of ten chemo orders written will be considered proficient.

Telemedicine Supervision Policy

Under appropriate circumstances, telemedicine may be employed to provide direct supervision of fellows. In these circumstances, the supervising physician and/or patient is not physically present with the fellow, but the supervising physician is concurrently monitoring patient care through appropriate telecommunication technology. Fellows who are capable of providing this service (telemedicine) with indirect supervision available or immediately available are covered under the indirect supervision requirements.

Hematology/Oncology Fellow Expectations

Clinical Rotation

1. Fellows are expected to look over attending schedule at least 24 to 48 hours before and discussed with attending which patients they will be seeing
2. Fellows are expected to see 1-3 new consults on a given day along with few follow-up patients.
3. Since fellow is assigned to the attending, all the attending patients will be considered your patients. During the period if you were called for those patients, you should be able to triage and answer all the calls and take corrective actions. Document all the calls and notify attending. If not immediately, at least at the end of the day.
4. Review chart day before clinic in triage and make plans after discussion with attending. *You are expected to review notes from previous hematology oncology visits, primary care physician and other consultants.*
5. Review imaging, labs and recent pathological results and discuss with attending and present results with the patients.
6. After clinic visit, follow up on lab results pathology results, and imaging to make sure corrective actions are taken on abnormal labs and imaging studies. Notify patient about abnormal lab results and imaging studies.
7. If an appointment generates procedures (bone marrow biopsies/intrathecal chemo), discuss with nursing staff and fellowship coordinator to arrange an in-office procedure and notify attending.
8. Call, secure message, or task other sub-specialty consultants for urgent or quick patient follow-up needs.
9. Call primary care physician or other consultant to notify them of any major changes in the plan and prognosis.
10. For those appointments which generates new outpatient chemo orders or immunotherapy, place chemo orders in Intellidose and consent in TouchWorks as soon as possible. Queue your chemo orders for attending cosign and task the infusion staff for precertification.
11. If patient needs concurrent chemo-radiation, coordinate and notified the radiation oncology attending.
12. If patient is on oral chemo, enter the consent and oral chemo form.

13. Type your plan in TouchWorks at the end of the encounter and communicate with your nurse prior to discharge.
14. If your assigned patient comes for chemo and/or your attending's patient is receiving chemo in the infusion area, visit the infusion bay and make sure patients are fine. Be ready to answer any questions.
15. Follow-up on pre-chemotherapy labs and make changes as necessary in the chemo schedule or doses.
16. If you know any of your scheduled patients are admitted in hospital and will not be coming for chemo, notify the attending's nurse so they can follow up and change chemo appointment and pre-chemo labs.
17. Be ready to address changes in the chemo orders and communicate with pharmacist/infusion nurses about the changes.
18. Continuity clinic for all fellows will take place on Fridays. Second year fellows will have one additional clinic day and third year fellows will have 1.5 – 2 additional days.
19. First and second year fellow's appointments for continuity clinics are scheduled at 30-minute intervals and third year fellows are 20-minute intervals.
20. Fellows are **not permitted** to schedule their patients on another fellow's schedule due to lack of availability on their own schedule.
 - If an urgent patient or chemotherapy clearance must be seen promptly and there are no available appointments, fellows may request to add the patient to an attending physician's schedule.
 - To do so, the fellow must send a Halo message to both:
 - SIU SCI Front Desk Team
 - The attending physician from whom they are requesting approval
 - If the attending physician approves, the SIU SCI Front Desk Team will schedule the patient accordingly.
 - No patient should be added to an attending's schedule without explicit approval from that attending.
21. Patients will only be added to your schedule if you are the designated covering fellow or following the graduation of the third-year fellows.

Inpatient Rounding Fellow:

1. If a patient is receiving first cycle of chemo inpatient but will receive the following cycle in an outpatient setting, task SIU SCI Infusion Center through TouchWorks.
2. If a patient was scheduled to receive chemo but was admitted to the hospital, task in TouchWorks the SIU SCI Infusion Center and SIU SCI Hem/Onc Nurse and put in the subject "patient on inpatient service."

3. Communicate all discharges at the end of the day to respective attending's nurse as they receive phone calls and arrange follow ups. Nurses and the Infusion Center need to be knowledgeable about what is happening to our patients in the hospital. You can task them in TouchWorks using the appropriate task boxes.
4. Notify respective attending's nurse if patient has any complication like neutropenic fever or any other illness that will delay chemo, so they can notify infusion and change appointment. This is important as infusion appointments are limited and will allow other patients to fill in the open spot.

Infusion Supervisor Fellow:

1. First-year fellows will rotate with second- and third-year fellows during the final quarter of the academic year.
2. Fellows are expected to cover supervisor duties during all rotations, with the exception of Siteman, Palliative Care, Radiation Oncology, and Hematopathology rotations.
3. At the beginning of the month, visit the Memorial Infusion and SCI Infusion units. Introduce yourself to the nursing staff and let them know how to get in contact with you.
4. All secure messages/calls from either infusion unit should be answered within 5 minutes.
Emergent calls are to be answered immediately.
5. If you are ill or have an emergency, reach out to coordinator for coverage to be assigned.

Patient Follow-up Care Expectations

All patient referrals to SIU-Hematology/Oncology are the responsibility of our SIU Team. There is no room for a “not my patient attitude.” They are all our patients.

- Provider assigns patients – Please see provider the day before clinic for the list of patients.
- After seeing patients with attending in clinic, fellows are to follow up on routine same day laboratory results and discuss the management of abnormal results with the attending before completing the notes and sending them to the attending for signature.
- If data is not completed, bring to the attention of the provider before seeing patient.
- Fellow follows through with management after patient is seen which includes any biopsies performed, labs, and scans.
- Fellow advocates for patient (calling other provides to have patients seen if it benefits the patient).
- Communication – clearly write plans for the nursing staff and patient (no mixed instructions).
- Chemotherapy orders need to be written if you saw the patient with an attending.
- If patient is starting chemotherapy, stop by infusion center front desk to make sure patient is scheduled.

Chemo Clearance Guidelines for Scheduling

- Breast Cancers who are getting AC-T, dose dense AC q-2 weeks.
 - Chemo clearance appointment needed prior to each treatment (every 2 weeks).

- Taxol weekly
 - Chemo clearance appointment needed every 2-3 weeks.
 - In between cycles can be evaluated by Infusion Nurse for neuropathy.

- Colon Cancers – Folfox | Folfiri | Folforonox | mFolfox | Degramont q-2 weeks
 - Chemo clearance appointment needs to be once a month.

- Lung Cancers – Durvalumab | Imfinizi
 - Chemo clearance appointment needs to be once a month.

- Pembro – q-3 weeks
 - Chemo clearance appointment every 6 weeks.
 - In between cycles can be evaluated by Infusion Nurse.

Education/Curriculum

Goals and Objectives

The primary goals of a Hematology and Medical Oncology Fellowship program are twofold: to train fellows who have a strong desire and aptitude for an academic career involving basic science or clinical/translational research, teaching and patient care; and to train outstanding clinical Hematologists and Medical Oncologists to take care of patients in the community with solid and hematologic cancers as well as non-malignant blood diseases.

For those trainees interested in an academic career, the fellowship program will provide comprehensive instruction and opportunities for experience in clinical and basic research designed to provide fellows with the tools needed for a successful career as a medical educator and researcher.

Fellows will be educated in a manner designed to promote a continuing, life-long commitment to reinforcing and updating their knowledge of basic pathophysiology and recent diagnostic and therapeutic advances. Fellows also must participate in fostering advances in knowledge about diagnosis, prevention and treatment of neoplastic and hematologic disorders by conducting and supporting clinical investigation.

This training program will provide extensive supervised clinical training in all of the subspecialties of Medical Oncology and Hematology. The fellowship is designed to complement and supplement prior training in Internal Medicine while enhancing the fellow's basic science and clinical knowledge. It is also dedicated to insuring the highest level of professional competency in direct patient care and consultation in Medical Oncology and Hematology.

This training program will teach fellows to master the knowledge, skills, attitudes, and competencies deemed to be essential to this subspecialty as determined by the American Board of Internal Medicine and Accreditation Council for Graduate Medical.

Years 1 and 2: Progress toward independent practice

Year 3: Competence to practice independently

1st Year Fellow (PGY4 – Year 1)

- develop primary care skills in the care of cancer and hematology patients in the outpatient setting as well as in the inpatient/consult environment (PC)
- develop an understanding of the multidisciplinary nature of cancer care (MK)
- polish those interpersonal skills which optimize a compassionate and humanistic interaction with patients, families, and colleagues (ICS, P)
- develop an understanding of cost containment issues (SBP)
- become competent in the technical skills in hematology and oncology procedures, i.e. bone marrow aspirate and biopsy. (PC)
- attend and participate in educational activities - journal clubs, hematology/oncology didactics, multidisciplinary tumor boards, and hematopathology conference (PBL)
- demonstrate teaching skills through supervision of residents and medical students (ICS)
- learn to critically analyze medical literature (MK)

- be aware of ethical issues which arise in end-of-life care (PC)
- obtain state licensure (SBP)

Qualifications: Fellow must have completed training in Internal Medicine at an accredited school in the U.S. and be board-eligible in Internal Medicine.

2nd Year Fellow (PGY5 - Year 2)

- demonstrate primary care skills in the care of cancer patients and patients with hematologic disorders in the outpatient setting as well as in the inpatient/consult environment (PC)
- demonstrate an understanding of the multidisciplinary nature of cancer care (MK)
- perfect those interpersonal skills which optimize a compassionate and humanistic interaction with patients, families, and colleagues (ICS, P)
- practice effective medicine considering cost containment issues (SBP)
- identify areas of research interest (MK)
- perfect technical skills in hematology and oncology procedures (PC)
- attend and participate in educational activities - journal clubs, hematology/oncology didactics, multidisciplinary tumor boards, and hematopathology conference (PBL)
- perfect teaching skills through supervision of residents and medical students (ICS)
- demonstrate skills in pain management and palliative care (PC)
- perfect the ability to critically analyze medical literature (MK)
- learn the basics of radiation oncology, palliative care, blood banking, and hematopathology (MK)
- maintain state licensure (SBP)

Qualifications: Fellow must have satisfactorily completed first year of training in the Hematology/Oncology fellowship program.

3rd Year Fellow (PGY6 - Year 3)

- learn the basics of stem cell transplantation (MK)
- perfect primary care skills in the care of cancer patients and patients with hematologic disorders in the outpatient setting as well as in the inpatient/consult environment (PC)
- practice cancer care effectively in a multidisciplinary setting (MK, PBL, SBP)
- teach those perfected interpersonal skills which optimize a compassionate and humanistic interaction with patients, families and colleagues (ICS, P)
- document and present research project efforts -clinical or laboratory (MK)
- attend and participate in educational activities - journal clubs, hematology/oncology didactics, multidisciplinary tumor boards, and hematopathology conference (PBL)
- become a team leader through supervision of residents and medical students (ICS)
- perfect skills in pain management and palliative care (PC)
- hone career goals (SBP, ICS)
- maintain current state licensure (SBP)

Qualifications: Fellow must have satisfactorily completed the first and second year of training in the Hematology/Oncology fellowship program.

Competency based goals and objectives by rotation

Blood Banking Rotation

This rotation is the combination of two separate laboratory-based rotations which are critical components of fellowship training in Hematology & Medical Oncology. This rotation will be spent with Dr. Goel with Vitalant (virtually).

Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- To understand tests of blood banking including Coombs tests, antibody determination, etc.
- To understand the lab evaluation of transfusion reaction.

Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

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

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

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

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

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

Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

- To understand the practice of pathology as it relates to the multi-disciplinary care of patients.
- Also, to appreciate the costs associated with transfusion.

GyneOnc

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

- To provide outpatient management of patients with gynecologic malignancies addressing diagnosis, staging and follow-up.
- To treat patients over time and deal with issues related to care
- To evaluate and treat uncommon malignancies.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To manage cancer pain optimally through the outpatient setting and to understand the indications for inpatient management of these conditions.
- To learn the skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To learn when referral for genetic counseling for various conditions is indicated.

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

- To understand outpatient management of patients with gyn malignancies addressing diagnosis, staging and follow-up.
- To understand the course of patients with gyn malignancies.
- To understand uncommon malignancies.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn when referral for genetic counseling for various conditions is indicated.

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

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

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

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

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

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

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

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

Hematopathology

This rotation is the combination of two separate laboratory-based rotations which are critical components of fellowship training in Hematology & Medical Oncology. This rotation will be spent at Memorial Medical Center.

Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

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

Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

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

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

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

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

- To appreciate the role of pathology in delivering services that keep optimal patient care

as the primary goal while performing these duties in a professional and courteous manner.

- To develop effective communication skills with other medical professionals and technicians.

Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

- To understand the general practice of laboratory-based medicine as it relates to cost-effective management.
- To understand pathologic diagnosis as it relates to the multi-disciplinary care of patients.

Inpatient Service and Consult Rotation

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

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

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

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

- To evaluate and treat patients with disorders of hemostasis, either bleeding or clotting.
- To apply knowledge of various pro- and anti-coagulants to the treatment of patients.

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

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

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

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

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

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

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

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

Outpatient Clinical Rotation

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

Year 1

- To provide outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To treat cancer pain and to understand the indications for inpatient management of this condition.
- To evaluate and treat cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc., and perform tumor measurements when appropriate.
- To manage the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To learn the skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.

- To evaluate and treat patients with disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Year 2

- To treat patients over the course of several months to years and deal with issues related to care in a longitudinal fashion.
- To use palliative chemo-, biologic, and hormonal therapies in an appropriate way for the treatment of malignancies.
- To learn the indications for and management of outpatient anti-coagulation.

Year 3

- To evaluate and treat uncommon malignancies.

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

Year 1

- To understand cancers of the prostate, colon, lung, breast, bladder, head & neck cancer, etc., and perform tumor measurements when appropriate.
- To know the indications for palliative chemo-, biologic, and hormonal therapies in the treatment of malignancies.
- To understand the complications of these therapies including chemotherapy extravasations, allergic reactions, myelosuppression, nausea, vomiting, etc.
- To understand cancer pain and to understand the indications for inpatient management of this condition.
- To understand the relevant skills required to order outpatient cytotoxic and biologic agents for treatment of malignant conditions.
- To learn the process on follow-up required for clinical trial enrollment.
- To learn when referral for genetic counseling for various hematologic and oncologic conditions is indicated.

Year 2

- To understand outpatient management of patients with hematologic and oncologic disorders addressing diagnosis, staging and follow-up.
- To understand the course of patients with malignant and hematologic conditions treated over several months to years.
- To understand disorders of hemostasis and myelo- and lymphoproliferative disorders.
- To learn the indications for and management of outpatient anti-coagulation.

Year 3

- To understand uncommon malignancies.

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

Year 1

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

Year 2

- To identify deficiencies in knowledge and actively seek improvements.

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

Year 1

- To understand the role of the consultant in assisting a primary team with patient care

Year 2

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

Year 3

- Provide education to peers, faculty, and residents.

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

Year 1

- To keep the patient's interest as the primary goal, while acting in a professional and courteous manner.

Year 2

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

Year 3

- To develop skills that demonstrate competence, compassion and professionalism.

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

Year 1

- To understand the health-care delivery system both during hospitalization and optimal transfer of inpatient care to the outpatient setting.

Year 2

- To refine optimal transfer of inpatient care to the outpatient setting
- To understand cost effectiveness

Year 3

- To develop leadership skills for the outpatient health care team.
- To appreciate the business aspect of caring for patients in the outpatient setting.
- To learn how to care for patients in the outpatient setting in a cost-effective manner.

Palliative Care Rotation

Patient Care - Hospice and palliative medicine is comprehensive, interdisciplinary care for patients with advanced, life-threatening illnesses and their families. By the end of this rotation, fellows will be able to:

- To complete a whole patient palliative care assessment focusing on values and goals, psychosocial-spiritual well-being, and physical symptoms.
- To identify therapies to alleviate common symptoms at the end of life, including pain, dyspnea, nausea/vomiting, constipation, and depression.
- To be able to identify goals of care and work towards a plan of care consistent with patient goals.

Fellows will obtain a comprehensive palliative care history and physical exam, including:

- Patient understanding of illness and prognosis
- Goals of care/advance care planning
- Spirituality
- Detailed symptom history (including use of scales)
- Psychosocial and coping history including loss history
- Functional assessment
- Detailed neurological exam, including mental status exam
- Observed pain behavior
- Other areas of major concern (e.g. stressors)
- Attitude toward, and use of, complementary and alternative medicine

They will:

- Perform appropriate diagnostic workup and make use of diagnostic workup information already completed.
- Utilize information technology, by accessing on-line evidence-based medicine resources, electronic repositories of information, and medical records.
- Synthesize and apply information in the clinical setting.
- Develop a prioritized differential diagnosis and problem list, based on patient and family values.
- Obtain additional clinical input (from other physicians, nurses, social workers, case managers, chaplains) when appropriate.
- Base care on patient and family preferences and goals of care; best evidence, clinical judgment, and input from the interdisciplinary team (IDT).

Medical Knowledge

Fellows will:

- Understand the scope and practice of palliative care and hospice care.
- Understands the management of common cancers, their presentation, and patterns of metastatic disease, common complications, and symptomatic treatment.
- Understands basic principles of pain assessment.
- Know the concept of “total pain”.

- Know the relevant basic science, pathophysiology, symptoms, and signs necessary to differentiate among different types of pain as the etiology of discomfort.
- Know how to use tools and strategies for pain diagnosis and assessment.
- Know the critical role of functional assessment in pain management.
- Understand common approaches to treating each type of pain.
- Know the indications, relevant clinical pharmacology, alternate routes, equianalgesic conversions, and management of common side effects for opioids.
- Know the concepts of addiction, pseudo addiction, dependence and tolerance, their importance in pain management, and the complexities of managing pain in patients with current or prior substance abuse.
- Understand how to approach common and urgent non-pain symptoms, and clinical problems encountered in palliative care practice.
- Understand how to manage the syndrome of imminent death.
- Understand how to recognize, evaluate, and support cultural values and customs, particularly in minority populations, with regard to information sharing, decision making, expression of physical and emotional distress, and preferences for site of care and death.

Practice based Learning and Environment

The fellow should be able to reflect and incorporate self-evaluation and continuous learning into their practice. He/she will:

- Maintain safe and competent practice, including self-evaluation and continuous learning
- Accesses, analyzes and apply the evidence base to clinical practice in palliative care

Interpersonal and Communication Skills

The fellow should be able to demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making, and teaming with patients, their patients' families, and professional associates.

Fellows will:

- Demonstrate empathy and compassion.
- Demonstrate the ability to effectively recognize and respond to their emotions.
- Demonstrate the ability to educate patients/families about the medical, social, and psychological issues associated with life-limiting illness.
- Use age- and culturally-appropriate concepts and language when communicating with families and patients.

Professionalism

The fellow should be able to demonstrate a commitment to carrying out professional responsibilities.

The fellow will:

- Responds in a timely manner to requests from patients and families for medical information.
- Respond appropriately to requests for help from colleagues.
- Demonstrate accountability for personal actions and plans.
- Fulfill professional responsibilities and work effectively as a team member.
- Appropriately address concerns about quality of care and impaired performance among colleagues.

- Treat co-workers with respect, dignity, and compassion.
- Demonstrates knowledge of ethics and law that should guide care of patients.

System Based Practice

The fellow should be able to demonstrate an awareness of and responsiveness to the larger context and system of health care, including hospice and other community-based services for patients. The fellow will integrate knowledge of health care system in developing plan of care by:

- Understanding policies and procedures of pertinent health care systems.
- Understanding the philosophy, admissions criteria, and services, and structure of various settings such as skilled-nursing and assisted-living facilities, acute/sub-acute rehab facilities, and long-term acute care settings as well as hospice.

Pharmacy & Infusion Rotation

1st Year Fellow Orientation – Pharmacy and Infusion Workflow – one week

First-year fellows will spend dedicated one-on-one time with a Clinical Pharmacist to learn the foundational functions of Intellidose. This includes order manipulation, managing verbal orders, and acquiring other essential skills. During this time, fellows will also review the fundamentals of prescription writing for oral medications and the education process for chemotherapy regimens, including both intravenous (IV) and oral therapies.

Additionally, fellows will work with Pharmacy Technicians to learn IV compounding techniques using closed system transfer devices and to review compounding calculations. Time will also be spent with the Infusion Charge Nurse and Infusion Nurses to understand the nursing workflow of patients in the infusion center. During this portion of the training, infusion reaction protocols, rapid response procedures, and related expectations will be discussed and reviewed.

2nd Year Fellow Orientation – Pharmacy and Infusion Rotation – one month

During this rotation, second-year fellows will deepen their understanding of Intellidose and further develop proficiency in navigating the Electronic Medical Record (EMR), creating chemotherapy order templates, and understanding the insurance authorization workflow.

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

Year 1

- Work with a Clinical Pharmacist to learn the foundational functions of Intellidose
- Learn infusion reaction protocols and rapid response procedures. Related expectations will be discussed and reviewed.

Year 2

- Learn the processes required to educate patients on chemotherapy regimens while ensuring adherence to regulatory standards.

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

Year 1

- Review the fundamentals of prescription writing for oral medications and the education process for chemotherapy regimens, including both intravenous (IV) and oral therapies.

Year 2

• Learn patient counseling and medication reconciliation
Practice Based Learning Improvement that involves evaluation of fellow's own deficiencies in optimal patient care with appropriate improvements undertaken.

Year 1

- Work with Pharmacy Technicians to learn IV compounding techniques using closed system transfer devices and to review compounding calculations.

Year 2

- Review and verify chemotherapy orders for accuracy.
- Participate in chemotherapy compounding.
- Assist in managing pharmaceutical inventory.
- Learn about the financial impacts of inventory, Group Purchasing Organizations, and rebate opportunities.
- Learn about specialty retail pharmacy workflow, requirements, processes, and barriers.

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

Year 1

- Understand the methods to effectively communicate chemotherapy side effects to patients and caregivers.

Year 2

- Apply counseling skills to effectively educate patients and caregivers on the expected side effects of chemotherapy.

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

Year 1

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

Year 2

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

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

Year 1

- Use Intellidose to write chemotherapy orders

Year 2

- Deepen understanding of Intellidose and further develop proficiency in navigating the electronic Medical Record (EMR)
- Create chemotherapy order templates
- Understand the insurance authorization workflow.

Radiation Oncology Rotation

Patient Care – The Radiation Oncology Service provides the fellow with a focused opportunity to learn the role of radiation in the care of cancer patients. During this rotation, the fellows will see a broad variety of oncologic problems leading to greater acumen in their patient care skills. In addition, the wide variety of social and cultural backgrounds of the clinic patient population facilitates the fellows' ability to be sensitive to these differences.

- Fellows will be expected to participate in the initial evaluation and workup of patients.
- Fellows will be expected to help design specific therapies for patients in addition to participating in the initial work-up.

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

- Specifically, the fellow will learn about the use of radiation as a modality for the curative and palliative treatment of cancer.
- Fellows will be expected to learn the basic principles of radiation therapy so that they may design specific therapies for patients in addition to participating in the initial work-up.

Practice- Based Learning and Improvement – Fellows will be expected to participate in the coordination of care needs for patients receiving radiotherapy and participate in a multidisciplinary fashion among the subspecialties caring for patients with cancer.

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

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

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

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

The Radiation Oncology attending will also serve as a role model for the fellow in regards to appropriate interactions with patients, their families, and other health care providers. Fellows will develop skills that demonstrate competence, compassion and professionalism.

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

- The fellow will work together with all members of the Radiation Oncology team including attending physician, radiation oncology nurses, physicist, and social workers and learn to manage the patients within care team setting.
- This experience will help fellows to develop an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value to the patient.
- Fellows will understand system limitations and barriers to care for patients requiring radiotherapy, will assist in coordination of patient, and will develop the ability to navigate systems with the efficiency expected of an independent practitioner.

Research Rotation

Patient Care will have minimal bearing on this rotation except as it relates to the Fellows' ongoing clinical duties. If research projects directly involve patients, the care delivered should be compassionate and effective.

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

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

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

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

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

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

- To develop skills needed for patient interaction in a way that demonstrates compassion, professionalism and competence.
- Develop skills needed to collaborate with members of a research team.
- Provide education to peers, faculty and residents participating in research endeavors.
- To participate in the supervision of physician extenders and nurses as it relates to clinical trials research.

- To demonstrate skills for disseminating research, in both oral and written forms, of data gained from research projects.

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

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

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

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

Stem Cell Transplantation and CAR-T cell therapy Rotation

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

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

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

- To learn the indications for providing the appropriate use of stem cell transplantation as

part of the management of patients with hematologic malignancies.

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

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

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

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

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

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

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

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

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

Institutional Rotations and Locations

Simmons Cancer Institute
315 West Carpenter Street
Springfield, IL 62702

Gyne/Onc – Call Dr. Laurent Brard's cell phone (401.952.6048) the Friday before the start of your rotation.

Pharmacy – Halo Megan Stoller & Christy Brewer 1 month before your rotation

Springfield Memorial Hospital
701 North First Street
Springfield, IL 62781

Inpatient Service and Consult rotation

Hematopathology rotation – email Dr. Baqai Baqai.junaid@mhsil.com 4 weeks prior to start date.

Palliative Care – Call Nicole Greer's cell phone (217.862.0327) 2-3 weeks before the rotation starts.

Radiation Oncology rotation

Springfield Memorial Hospital (SMH) represents one of the two core admitting hospitals for the Simmons Cancer Institute. Although the fellows IP/Consultation experience entails both SMH and SJH, the overwhelming majority of patients (estimated 95%) are admitted to SMH. Faculty are constantly present for rounds at SMH and will conduct morning rounds. They will also see patients on an urgent or emergent basis and work with faculty and residents on the patient care team. A full spectrum of disorders is seen at SMH. All required ancillary services are present at SMH, and the site houses a dedicated oncology unit and radiation oncology facilities.

St. John's Hospital
800 East Carpenter Street
Springfield, IL 62769

Inpatient Service and Consult rotation

Radiation Oncology rotation – Halo Dr. Prachi Jain one week prior to your rotation.

St. John's Hospital (SJH) is another core admitting hospital for the Simmons Cancer Institute. Faculty are constantly present for rounds and morning rounds are conducted, if necessary. They will also see patients on an urgent or emergent basis and work with faculty and residents on the patient care team. A full spectrum of disorders is seen at SJH and the fellows will also gain experience managing hematology/oncology complications associated with pregnancy. All required ancillary services are present at SJH and the site houses a dedicated oncology unit and radiation oncology facilities.

Vitalant (virtually)
9305 East Via de Ventura
Scottsdale, AZ 85258

Blood Bank rotation – Halo Dr. Ruchika Goel or send an email to **both** email addresses, rgoel71@siu.edu and ruchikagoel1@gmail.com at the beginning of March.

Vitalant will introduce blood banking for the fellows. All aspects of blood banking, as well as, the lab-based tests required will be experienced by the fellows. This is considered a critical aspect of fellowship education and the blood center is conveniently located in Springfield.

Washington University – Division of Oncology
4921 Parkview Place
St. Louis, MO 63110

Transplant/CAR-T Cell Therapy rotation – a Missouri physician and controlled substance license is required (paid by SIU). Begin the process 9-12 months before your third year.

The rotation in the stem cell transplant unit at Siteman Cancer Center will expose fellows to auto and allo transplants, as well as, CAR-T cell therapy. Although Siteman Cancer Center is located in St. Louis, fellows will be provided housing in St. Louis, and this experience is considered critical to fellowship training.

Springfield Clinic
700 North First Street
Springfield, IL 62781

Hematology/Oncology Clinic rotation

The hematology/medical oncology clinics at Springfield Clinic will provide the fellows with an outpatient experience in a private practice setting. Fellows will be supervised by the site director, Dr. Preet Singh. The rotation will provide access to a good mix of patients with a variety of hematology/oncology conditions.

Core Curriculum Block Chart

Year 1 (PGY4)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Service	Clinic	Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic	Inpatient & Clinic
Institution	Site 1	Site 1	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3	Site 1, 2 & 3
% Outpatient	100	100	50	50	50	50	50	50	50	50	50	50
% Research	0	0	0	0	0	0	0	0	0	0	0	0

Year 2 (PGY 5)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Service	Clinic or Research	Inpatient	Pharmacy	Palliative Care	Clinic or Research	Heme Path	Clinic or Research	Radiation Oncology	Clinic or Research	Gynecologic Oncology	Clinic or Research	Blood Bank
Institution	Site 1	Site 1	Site 1	Site 2	Site 1	Site 2	Site 1	Site 2 or 3	Site 1	Site 1	Site 1	Site 4
% Outpatient	100	100	100*	100*	100	100*	100	100*	100	100*	100	100*
% Research	0	0	0	0	0	0	0	0	0	0	0	0

* Fellows will maintain a continuity clinic 2 days per week at Simmons Cancer Institute while they are rotating on an outside rotation.

Year 3 (PGY 6)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Service	Inpatient	Clinic or Research	Clinic or Research	Clinic or Research	Transplant	Clinic or Research	Clinic or Research	Clinic or Research	Clinic or Research	Clinic or Research	Clinic or Research	Clinic or Research
Institution	Site 1 & 6	Site 1 & 6	Site 1 & 6	Site 1 & 6	Site 5	Site 1 & 6	Site 1 & 6	Site 1 & 6	Site 1 & 6	Site 1 & 6	Site 1 & 6	Site 1 & 6
% Outpatient	60	60	60	60	20**	60	60	60	60	60	60	60
% Research	40	40	40	40	0	40	40	40	40	40	40	40

- Fellows will maintain a continuity clinic 2-3 days per week except while at Siteman.
- 2nd & 3rd year fellows may be required to be on inpatient service in July/August due to incoming first-year fellows preparing for the IM boards.
- **Fellows will have an outpatient clinic at Siteman Cancer Center during their 1-month rotation.

Site Number	Site Name	Service
1	Southern Illinois University School of Medicine [160512]	Clinic, Gynecologic Oncology, Pharmacy and Research
2	Springfield Memorial Hospital [160509]	Inpatient, Hematopathology, Radiation Oncology and Palliative Care
3	St. John's Hospital [160503]	Inpatient, Radiation Oncology
4	Vitalant [160010]	Blood Banking
5	BJC Corporate Health Services/Siteman Cancer Center [289571]	Transplant
6	Springfield Clinic [168077]	Clinic

Notes:

- Fellows will maintain their continuity clinic during their 3 years of training 1/2 - 3 days per week with the exception of the Transplant rotation.
- Our program offers a Research track during the 2nd year and 3rd year.
- Vacation – fellows are given 3 weeks of vacation per academic year. A week of vacation consists of 5 weekdays (Monday-Friday) and 2 weekend days (Saturday-Sunday). Prior approval from Program Director and clinic changes must be completed no earlier than 6 weeks before the start of the vacation.
- Education/conferences – fellows are given 1 week of educational leave per academic year consisting of 7 days. Prior approval from Program Director and clinic changes must be completed no earlier than 6 weeks before the start of the conference.

 SIU MEDICINE SIMMONS CANCER INSTITUTE	Simmons Cancer Institute Infusion Center Hypersensitivity Reaction Protocol
	Effective: July 1, 2023

PHYSICIANS ORDERS Treatment for Hypersensitivity Reactions

Grade	Description
1	Transient flushing or rash; drug fever less than 38 degrees C
2	Rash; flushing; urticaria; dyspnea; drug fever greater than or equal to 38 C
3	Symptomatic bronchospasm, with or without urticaria; parenteral medications indicated; allergy-related edema/angioedema; hypotension
4	Anaphylaxis
5	Death

CHECK OFF WHICH PROTOCOL IS INDICATED

- ☐ Mild Hypersensitivity (grade 1)
- ☐ Moderate Hypersensitivity (grade 2)
- ☐ Severe Hypersensitivity (grade 3 and above)



NOTE: Anaphylactic kit in the Infusion Center contain the following:

- Aspirin 81mg/Tylenol 325mg
- Epinephrine 0.3mg autoinjector IM (2)
- Diphenhydramine 50mg/ml Vial (3)
- Methylprednisolone 40 mg (3)
- Hydrocortisone 100 mg (3)
- Albuterol 2.5mg/3 ml Nebs
- Levalbuterol 1.25mg/3ml Nebs
- Syringes: 10 ml (3); 5ml (3); 3ml (3)
- Normal Saline

Procedures for Hematology/Oncology Fellows

1. Bone marrow biopsy and aspiration – 10 procedures
2. Intrathecal administration of chemotherapeutic agents – 5 procedures
3. Ordering and administration of chemotherapeutic agents – 10 orders
4. Telemedicine visits – 5 visits
5. Peripheral Blood Smears – 10 slides reviewed

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

After you have completed the procedure, log the procedure in New Innovations and create an evaluation for the supervisor to evaluate you using the OnDemand evaluation option in New Innovations.

Multi-disciplinary Conference Schedule

Monthly calendars and links are provided, failure to attend because it is not on your “digital” calendar is not an excuse and will be marked unexcused.

Conference	Day	Time	Location
Breast Conference	Every Wednesday	12:00 – 1:00 p.m.	SCI – Room 1012
Colorectal	2 nd & 4 th Thursdays	12:00 – 1:00 p.m.	MS Teams
HANOT (head & neck otolaryngology)	Every Tuesday	12:00 – 1:00 p.m.	Webex
Heme/Path	1 st Friday of the month	8:00 – 9:00 a.m.	MLC 2A
Leukemia Conference	The week of Heme/Path	Varies	SCI 1012
Melanoma	4 th Wednesday of the month	4:30 – 5:30 p.m.	Webex
Neurologic Oncology	1 st Friday of the month	7:00 – 8:00 a.m.	Webex
Thoracic Oncology	Every Friday	12:00 – 1:00 p.m.	MLC
Upper GI and Hepatobiliary	Every Wednesday	7:00 – 8:00 a.m.	MLC
Urologic Oncology	4 th Wednesday of the month	8:00 – 9:00 a.m.	Webex

Fellow participation at multidisciplinary tumor boards is consistent with the development of skills related to communication, systems-based practice, patient care and medical knowledge. Fellows are expected to actively participate in these conferences as it relates to the delivery of patient care and/or career development.

Journal Club

Fellows will rotate presenting at Journal Club and rotate each month. Journal Club will take place on the 3rd Thursday of each month from 8:00 – 9:00 a.m. in room 1012 at the Simmons Cancer Institute. Materials to be presented at Journal Club should be provided to coordinator 1-week prior.

Case of the Month/M&M Conference

Fellows will rotate presenting at the monthly Case of the Month and quarterly M&M conference. The conference will take place generally the 2nd Monday of the month at 8:30 a.m. in room 1012 at the Simmons Cancer Institute.

SIU Breast Conference

Fellows will present on the 1st and 3rd Wednesdays of the month on a rotational basis. If the conference is cancelled, we will move on to the next presenter. Articles should be provided the conference coordinator by the Friday before the conference.

Committees

Clinical Competency Committee (CCC)

Clinical Competency Committee meetings will take place quarterly to discuss and make recommendations to the program director for fellow progress. These meetings will take place during each quarter of the academic year (July 1 – June 30).

The CCC will review the progress for each milestone at every quarterly meeting. Based upon the discussions in the meeting, the CCC will make recommendations to the Program Director.

The Program Director will take the information gathered and meet with each fellow mid-year and for their annual review to provide feedback. In addition, mentors will meet with mentees every other month to discuss performance and progress.

Committee Members will have the following tasks:

- Make recommendations to the Program Director for fellow progress including promotion, remediation and dismissal
- Assist the Program Director in the semi-annual reporting of fellow milestones to the ACGME
- Serve as the Fellow Adviser
- Serve as an early warning system and first intervention line for fellows failing to progress
- Advocacy of fellows before the CCC
- Assist the Program Director in the development and implementation of competency-based curriculum goals and objectives
- Annual review of the program using evaluations from fellows, faculty and other members of the health care team
- Assist the Program Director in the preparation of the Annual Program Evaluation report

Attendance:

Members are expected to attend all monthly meetings. If a member is not able to attend, he/she should contact the Chair of the committee to provide input regarding fellow's performance.

Program Evaluation Committee (PEC)

The Program Evaluation Committee will be appointed by the Program Director. The committee will consist of at least two program faculty and at least one fellow. They will assist in developing, planning, implementing and evaluating the educational activities of the program. Review and make recommendations for revision of competency-based curriculum goals and objectives. Address any areas of non-compliance with ACGME standards. The committee will review the program annually using evaluations of faculty, fellows and others. The PEC will evaluate the previous year's action plan(s) and create a new action plan to document initiatives to improve performance within the program.

Evaluations

Faculty Evaluation by Fellows

Faculty evaluations by fellows are confidential and completed quarterly online through New Innovations. The Program administration is provided with annual faculty reports. Copies are also made available to the individual faculty annually, provided enough evaluations have been recorded to assure confidentiality. Faculty are responsible to review and improve educational performance in accordance with the results. The PD and Division Chief reserve the right to reassign teaching responsibilities for individual faculty who consistently have poor evaluations.

Evaluation of the Fellowship Program

- Formal evaluation of the fellowship program is conducted annually within the division and by the ACGME. To ensure confidentiality, fellow evaluations are tabulated prior to review. Results are used for program improvement.
- Former graduates of the program are evaluated at 1-, 3- and 5-year post-graduation for feedback on changes needed within the curriculum to better prepare fellows for a diversity of practice environments.
- Review of the rotation goals and objectives, curriculum, and effectiveness of the training program will be undertaken annually by the Clinical Competency Committee. This group is comprised of key clinical faculty and fellow representatives who make their recommendations directly to the Program Director and Division Chief.
- Results of in-training exams and graduate board examination scores are incorporated into fellowship program curriculum development.

Fellow Evaluation by Faculty

Through the New Innovations website, faculty will evaluate the fellows in several key areas including: knowledge, clinical performance, reasoning, systems-based practice, self-improvement, team work skills, and humanistic qualities.

Other Evaluations

Fellows will also have the opportunity to evaluate each rotation and those evaluations will be shared with the program director of each rotation. There will be program specific evaluations for faculty to evaluate fellows when performing bone marrow aspiration and biopsies, intrathecal chemotherapy administration, Telehealth and the ordering and administering of chemotherapeutic agents.

The program director will also ensure semiannual and summative evaluations are completed for each fellow.

Resources

[SIU Office of Graduate Medical Education](#)

[General Resident/Fellow Well-Being Resources](#)

[Mental Health and Addiction Resources](#)

[Self-Assessment Tools for Well Being and Depression](#)

[ACGME Physician Well-Being Initiative](#)

[AMA STEPSforward: Professional Well-Being](#)