

**UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL
EDUCATION**

2017 - 2018

FELLOWSHIP POLICY MANUAL

**Department of
Obstetrics, Gynecology and
Women's Health, Division of
Gynecologic Oncology**

**Gynecologic Oncology
Fellowship Program**

Introduction/Explanation of Manual

(The information contained in this Fellowship Program Manual pertains to all fellows in the department's program.)

Welcome to the University of Minnesota and the Department of Obstetrics, Gynecology and Women's Health. We are committed to meeting your educational needs and working with you to make your fellowship in Gynecologic Oncology a rewarding experience.

The contents of this manual are provided to familiarize Gynecologic Oncology Fellows with information that is pertinent to their training.

We ask for your full cooperation in abiding by the defined policies and procedures. If you have any questions or ideas for improving this manual, please contact the Fellowship Administrator.

Department and Fellowship Program Mission Statements

The Department of Obstetrics, Gynecology and Women's Health is dedicated to solving women's health problems through medical education, research and patient care with the ultimate goal of improving women's lives.

The mission of the Department of Obstetrics, Gynecology and Women's Health is to pursue excellence in teaching and research in an environment of superior clinical care.

The Women's Cancer Center (WCC) is an interdisciplinary program of care, formed by the faculty of the Division of Gynecologic Oncology to meet the tripartite mission of teaching, research and patient care for women with gynecologic cancers.

The Division of Gynecologic Oncology, consisting of board certified/eligible gynecologic oncologists, has full membership in the Gynecologic Oncology Group (GOG). GOG is a cooperative investigation program sponsored by the National Cancer Institute (NCI). The Cancer Center at the University of Minnesota is a Comprehensive Cancer Center as designated by the NCI. The Cancer Center attracts world class faculty to the Medical School. More than 200 Medical School physicians and scientists, representing 26 departments and divisions and dozens of research specialties, collaborate with others within the Cancer Center to find information that can lead to cures.

The University of Minnesota is a Center for Excellence in Women's Health.

The fellowship is a full three year program. Upon completion, the Fellow will be eligible for certification in the subspecialty of Gynecologic Oncology.

DEPARTMENT VISION STATEMENT

Define the standard of care for all women, today and tomorrow.

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Please refer to the Institution Policy Manual located on the GME website at: <http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual> for University of Minnesota GME specific policies. Should the policies in the Program Policy Manual or Fellowship Addendum conflict with the Institution Manual, the Institution Manual takes precedence.

SECTION I - Student Services

E-Mail & Internet Access

The University provides an E-Mail account and internet access for all fellows. Fellows are required to access their E-Mail at least weekly.

A computer is available for fellows to use in the Litzenberg-Lund Library, Room 12-224 Moos Tower. Useful web sites include:

Department: www.med.umn.edu/obgyn
Medical School: www.med.umn.edu
GME: www.med.umn.edu/gme

To set up email account:

Go to the website <https://www.umn.edu/initiate>. Enter your University of Minnesota employee ID number, Social Security number, and Birthdate. You then need to set your Internet Account Password that must be at least eight characters long. Be sure to click on the SUBMIT button when you are finished.

To access your email account:

Any computer with Internet access can be used to access your email. University email is now gmail. You may access email directly by going to www.gmail.com and entering your entire mail address (ie: smith333@umn.edu). This will bring you to the secure University login.

1. Go to <http://www.mail.umn.edu/>
2. Enter your x.500 ID (**NOT** your FULL email address) and password.
Example: If your email address is smith333@umn.edu, your x.500 ID is smith333.
3. Enter Gmail.

Forwarding email and access from mobile devices:

The email account ending in @umn.edu is your official email account and must be used for program business. The program, department, and institution regularly send important communications and announcements via email and we require that you log-on daily or you may miss important or timely information. You are responsible for knowing the information that is communicated to this email account.

Although emailing PHI is discouraged, the UMN and Google have created a business agreement that allows you to email PHI if necessary to accounts ending in @umn.edu, @fairview.org, or @umphysicians.org. If you plan to email PHI, make sure to review the Guidelines for Email and Protected Health Information.

If you plan to access your email on a mobile device, a device passcode is required for security. Additional information to assist in setting this function up is available under these AHC Google Apps FAQs (<http://hub.ahc.umn.edu/ahc-information-systems/google-apps>)

IT @ UMN

Faculty, staff, and students at the University of Minnesota can receive IT help and support for phones, computers, email and software purchases. More information on getting help with your technology questions or devices can be found at <http://it.umn.edu/>

HIPAA Training

The privacy and security training program consists of individual courses that University employees, students, and volunteers complete online. Individuals receive an e-mail notification containing detailed instructions about accessing the assigned training.

Training requirements

There are security courses that are required of all individuals, and privacy and security training courses that are appropriate only for some individuals. The particular training that each individual must complete depends in large part on job duties and responsibilities.

Campus Mail

Each Fellow is assigned a campus mailbox located in the Department of Obstetrics, Gynecology and Women's Health, Room 12-245 Moos Tower, for the purpose of receiving internal and external mail. Important information, memoranda, and other materials will be distributed via your mailbox. Fellows are expected to empty their mailbox weekly. Fellows may place mail for campus delivery in the outgoing mail boxes in this room. The address for receiving mail at UMMC-University campus is:

Department of Obstetrics, Gynecology and Women's Health
MMC 395
420 Delaware Street SE
Minneapolis, MN 55455

Medical School and University of Minnesota Campus Maps

Please refer to the GME Institutional Policy Manual or <http://www1.umn.edu/twincities/maps/>.

Notary Services

Deb Egger-Smith

Phone: 612.626.4939

Office: 12-207 Moos Tower

Trisha Pederson

Phone: 612-301-3417

Office: 4th floor, Professional Bldg. Riverside

Office Location

The fellows' office is located at Room 12-193 Moos Tower. Computers and reference material are available.

Pagers

Pagers are provided at no cost and will be distributed to incoming fellows during orientation. Fellows are required to replace lost beepers at their cost. Fellows are required to have their beeper on with a live battery at all times. If a pager is broken, please bring the pager to the main desk at the University of Minnesota Medical Center, Fairview for repair or replacement.

Protecting Human Subjects

Instruction in protecting human subjects is required by federal assurance with the Department of Health and Human Services for all investigators and research personnel regardless of the source of funding.

The basic level of instruction in protecting human subjects may be met in one of several ways: Review the online materials available through the [Collaborative IRB Training Initiative \(CITI\)](#) hosted by [University of Miami Medical School server](#). After registration, chose either the Biomedical research group or the Social/Behavioral research group and then complete the required modules. Be sure to return to this page and report your completion below.

Review the Office of Human Research Protections' CD-ROM entitled "**Investigator 101**". Request an individual copy of the CD-ROM from the IRB or by emailing rcr@umn.edu. Be sure to return to this page and report your completion below.

If you need to describe your training to a funding agency, please use the following description:

"Instruction in Protecting Human Subjects included the definition of human subjects in research; the responsibilities of the investigator; authority, composition, and procedures of IRBs; ethical principles; risk and benefits; the elements and process of informed consent; how to prepare an application and consent document; inclusion and recruitment of vulnerable populations; adherence to study protocol; and continuing review."

You must report your completion of the instruction either by following one of the links below or by calling the IRB Office at 612.626.5654. The links below require an Internet Login using your University of Minnesota internet ID(x.500). **Please note:** By signing in with your University internet ID (x.500), you will be certifying that you have read and reviewed the web materials thereby completing the electronic course.

1. Report Completion of the CITI - Biomedical Materials
2. Report Completion of the CITI – Social/Behavioral Materials
3. Report Completion of the OHRP Investigator 101 CD-ROM Materials

If you have any problems accessing or reporting any of these materials, would like us to update your record centrally, if you have updated your record incorrectly or need any assistance please contact the IRB Office at 612.626.5654 or email irb@umn.edu.

If you have any questions about IRB requirements or applications, please contact the IRB Office at 612.626.5654 or email irb@umn.edu.

Tuition and Fees (for Resident/Fellow Student Status)

Residents and fellows at the University of Minnesota are enrolled as students. The tuition and fees are being waived at this time. **Please note:** residents and fellows enrolled in Graduate School pay tuition and fees (please refer to Section V – Graduate Courses) for additional information.

SECTION II - Benefits

ACOG Membership

Membership dues for the American College of Obstetrics and Gynecology Junior Fellowship Program are paid for through the fellow's administrative stipend.

Clinic Coats

The fellowship program provides each fellow with three (3) lab coats at orientation during the first year of training.

Department Laptop

The Obstetrics, Gynecology and Women's Health Department will provide a laptop for your use while you are in the fellowship program. Please contact the Gynecologic Oncology Fellowship Administrator, Deborah Egger-Smith, to obtain one at 612.626.3503 or egger016@umn.edu.

Exercise Room

The UMMC/F Medical Executive Committee provides an exercise facility for use by University of Minnesota residents and fellows. The space also includes a small kitchenette area with refrigerator, microwave, coffeemaker and hot/cold water dispenser.

Location: Room C-496 Mayo Memorial Building (Locker rooms/showers are located directly across the hall)

Hours: The facility is open 24 hours a day, 7 days a week

Access Code to Exercise Room and Locker Rooms: 2835

Fellow's Administrative Stipend

When funds are available each fellow will be given \$1,200 per year for costs such as licenses, memberships and other such fees. These will be available July 1 each year. Balances do not carry forward and overdrafts are not allowed.

Health and Dental Insurance

The Office of Student Health Benefits (OSHB) at the University of Minnesota administers health benefits and enrollment for Medical School residents and fellows.

Medical Insurance Provider: HealthPartners

Dental Insurance Provider: Delta Dental of MN

For more information, please visit the OSHB website designated for Medical School Residents and Fellows:

<http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm>

Office of Student Health Benefits
University of Minnesota
410 Church Street SE, N323
Minneapolis, MN 55455

Phone: 612-624-0627 or 1-800-232-9017

Fax: 612-626-5183 or 1-800-624-9881

Email: umshbo@umn.edu

Insurance Coverage Changes

Please refer to the Office of Student Health Benefits (OSHB) website designated for Medical School Residents and Fellows:

<http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm>

Laundry Service

Laundrying of lab coats is provided for fellows. Soiled coats may be placed in the laundry bin across from the Research Lab, Room 12-135 Moos Tower. Make sure that your lab coat is labeled "OB/GYN Department" or the coat is likely to be lost with the laundry service. Please see Anna Krogman in Room 12-207 Moos Tower to have your coats labeled.

Life Insurance and Voluntary Life Insurance

Medical School Residents and Fellows are automatically enrolled in a standard life insurance policy provided by Minnesota Life. Enrollment is no cost to residents and fellows, as it is paid for by your department. In addition to the standard plan, residents and fellows have the option to purchase voluntary life insurance at low group rates through Minnesota Life.

For more information, please visit the OSHB website designated for Medical School Residents and Fellows:

<http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm>

Minnesota Life

Phone: 651-665-3789 or 1-800-392-7295

<http://www.lifeworks.com>

Long Term and Short Term Disability Insurance

Guardian Life Insurance Company provides long and short term disability insurance for Medical School Residents and Fellows. Enrollment is no cost to residents and fellows, as it is paid for by your department. Guardian offers residents and fellows up to \$10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a resident or fellow.

For more information, please visit the OSHB website designated for Medical School Residents and Fellows:

<http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm>

Guardian Life Insurance Company

**With disability insurance questions, please refer to information posted on the OSHB website for specific contact information.*

<http://www.guardiandisabilitymnr.com>

Meals While On Call

Fellows who have been assigned to provide on-call services in the hospital will be provided food service for a specific period of time other than a normal work day. The criteria set by the University of Minnesota Medical Center, Fairview (UMMC-FV) includes: fellows who work 24 consecutive hours on site, are pre-scheduled 5 or more 12 hour night shifts (night float), or are called from home to return to the hospital while on home call. All fellows who are eligible for a meal card will receive one from the Fellowship Administrator at the beginning of the academic year.

Questions and/or issues regarding meal cards at UMMC-FV may be directed to the UMMC-FV GME office at 612-273-7482.

Parking

UMMC-FV clinic/service and research rotations: A parking card for the Oak Street ramp or East River Road Garage is provided at no cost to fellows. Contact Deborah Egger-Smith at 612.626.3503 or egger016@umn.edu.

Park Nicollet Methodist Hospital rotation: You will receive parking information from Rebecca Enstad in the Medical Staff Office. Her contact information – phone: 952-993-0943 or rebecca.enstad@parknicollet.com.

Regions Hospital rotation: You will receive parking information from Devon Yocom in the HealthPartners Institute for Education and Research, room N1060 North Building (first floor). Her contact information – phone: 651-254-1504 or Devon.F.Yocom@healthpartners.com

Personal Leave Policy - Personal Time Off (PTO) Policy

The Gynecologic Oncology Fellowship offers Paid Time Off (PTO) for vacations, illnesses and personal business. Compared to traditional vacations and sick time programs, the PTO program provides fellows more choice in when and how to use time off. However, the program requires fellows to self-manage their time-off balance. The PTO form should be completed and submitted to the Fellowship Director for approval and signature. Once the request for time off is approved, the PTO will be entered into the Residency Management Suite (RMS) duty hour module by the RMS Coordinator. PTO requests must be submitted 6 weeks prior to the block affected by the time off request. Exceptions are illness and family emergencies.

PTO Accrual

Fellows will earn 20 days per academic year (years 1 and 2). Fellows will receive 25 PTO days during their 3rd year to allow for interviews. Fellows will be credited for their PTO on the first day of the academic year.

PTO is a benefit to be used while in the fellowship, therefore, when a fellow leaves the Gynecologic Oncology Fellowship Program, any unused PTO will NOT be paid out.

Per ABOG policy on vacation and leave [please refer to the 2014 General/Special Requirements for Graduate Medical Education in GYN ONC:

<https://www.abog.org/publications/Program%20Requirements-GO-Sept%202014.pdf>

the total of all PTO during the three-year training program must not exceed eight (8) weeks in each of the first two years, six (6) weeks in the third and final year, or a total of fifteen (15) weeks over the entire three years of fellowship. If the fellowship is four (4) years in duration, the total of all PTO must not exceed eight (8) weeks in each of the first three years, six (6) weeks in the fourth and final year, or a total of twenty (20) weeks over the entire four years of fellowship. If a fellow's leaves exceed the required maximums in the three (or four) years of fellowship, then the fellowship must be extended for the duration of time the individual was absent in excess of the maximum.

Using your PTO

Your current PTO balance is available through the Fellowship Administrator. PTO may be used in ½ day increments. In accordance with the ABOG policy on vacation and leave usage, fellows may request to carry forward their PTO balance from one year to the next during the duration of the fellowship training. Any unused PTO will NOT be paid out.

Scheduled PTO

For scheduled time off (e.g., vacations, personal business, conferences, interviews, etc.) fill out a time off request and obtain the necessary signatures. All scheduled PTO must be approved by the site supervisor and then submitted to the Fellowship Administrator for final processing. Forms may be obtained by contacting Deborah Egger-Smith at egger016@umn.edu or 612.626.3503; forms are also available on the Welcome Page of the Residency Management Suite (RMS) and the Gynecologic Oncology fellowship program webpage (see Related Links: 'Resources for Fellows'): <http://www.med.umn.edu/obgyn/education/oncfellowship/>

The following criteria apply to Scheduled PTO:

- No more than one week PTO may be requested from any single block
- PTO weeks will include 2 weekend days per 5 days PTO time.
- No PTO will be granted during the SICU or Radiation Oncology blocks.

- Fellows covering the service must be notified of PTO time taken.
- Contact Anna Krogman at 612-626-2613 or annak@umn.edu regarding changes to the call schedule.
- Conferences must be requested on the PTO form, but will not count against PTO time.

Unscheduled PTO

In the case of unexpected illness, injury or other emergency, fellows may use unscheduled PTO to provide compensation for their absence. Unscheduled PTO should be a rare occurrence and must only be used to cover an unexpected illness, injury or other emergency.

If the fellow's unscheduled absence will extend longer than one day, a note from their physician documenting the illness or injury must be provided upon return. If a fellow has more than two unscheduled PTO absences in one academic year, a physician's note will be required for any future unscheduled PTO absence, even if it is just one day. Extended periods of time requested off due to fellow illness, injury or to care for a dependent child, spouse/significant other or first degree relative are covered under Personal Leave Policy.

Institutional Leave Policies and Procedures

Please see section III – Institution Responsibilities for information on holiday, military, parental or professional leave

Professional Liability Insurance

Professional liability insurance is provided by the Regents of the University of Minnesota. The insurance carrier is RUMINO Limited. Coverage limits are \$1,000,000 each claim/\$3,000,000 each occurrence and form of insurance is claims made. "Tail" coverage is automatically provided. The policy number is RUM-1005-11.

Coverage is in effect only while acting within the scope of your duties as a trainee. Claims arising out of extracurricular professional activities (i.e. internal or external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence.

For more information, please refer to the University of Minnesota Medical School Institutional Policy Manual, Benefits: Professional Liability Insurance:

<http://www.med.umn.edu/gme/instpolicyman/beneproflialins/home.html>

Stipends

Fellow base stipends proposed by Graduate Medical Education for Academic Year 2014/2015 are as follows:

G-5	\$61,466
G-6	\$63,624
G-7	\$65,659

Payroll questions should be addressed to Brett Steger at 612.626-6910 or stege015@umn.edu.

Workers Compensation Program – Policies and Procedures

The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, Medical trainees are considered employees of the University of Minnesota for Workers' Compensation insurance purposes. When a trainee is injured during training, they must take immediate steps to report the injury to the University.

The University cannot pay bills for trainee treatment unless an injury report is on file.

For links to the Office of Risk Management's current policy and procedure regarding reporting Workers' Compensation injuries:

<http://www.policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html>

http://www.policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP_PROC01.html

SECTION III – Institution Responsibilities

The Institution Policy Manual is designed to provide residents/fellows, program directors and administrators with the most up to date information on student services, benefits, disciplinary procedures, policies/procedures and administrative contact information. Any time a policy is created or updated an e-mail notification will be sent out and the Institution Policy Manual will be updated on the web site as well as in PDF. The web-based manual has been broken down by Section which will allow quick access to the specific information you need.

<http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual>

SECTION IV - Disciplinary and Grievance Procedures

The Gynecologic Oncology fellowship program defers to the Institution Policy Manual for Medical School Policies on the following: Discipline/Dismissal/Nonrenewal; Conflict Resolution Process for Student Academic Complaints; University Senate on Sexual Harassment Policy; Sexual Harassment and Discrimination Reporting; Sexual Assault Victim's Rights Policy; Dispute Resolution Policy.

<http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual>

SECTION V - General Policies And Procedures

ABOG Board Certification in Gynecologic Oncology

For information refer to the Annual American Board of Obstetrics and Gynecology annual brochure or consult the ABOG website at www.abog.org.

ACGME Competencies

All University of Minnesota Medical School Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences to ensure its fellows demonstrate the following:

- Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical knowledge about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

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

Autumn Seminar

Over the past 40 years, the Department of Obstetrics and Gynecology has hosted a CME course in Obstetrics and Gynecology. All fellows are invited to attend the conference and they may be asked to present a topic in gynecologic oncology. The Fellowship Administrator will provide more information regarding this event. The next Autumn Seminar is scheduled for 2017.

Benign Gynecology

As the care of benign disease is not considered an important aspect of the gynecologic oncology fellow's training, the fellow is encouraged not to participate in benign gynecology cases unless they have a particular interest in a specific case.

Berlex Courses in Oncology

- Clinical Pharmacology of Anticancer Drugs
- Genetics in Oncology
- Clinical Epidemiology Workshop

Bloodborne Pathogen Exposure

This policy relates to medical students and residents who are infected with one or more of the following blood-borne diseases: Hepatitis C Virus and who are antibody positive, (HCV); Hepatitis B Virus and who are surface antigen positive, (HBV); or Human Immunodeficiency Virus (HIV). It is premised on the understanding that the medical, scientific and legal principles of blood-borne infections are still evolving, and that the University of Minnesota Medical School will respond to the challenges presented by these infections with sensitivity, flexibility, and the best current medical, scientific, and legal information available.

Protocol for Exposure to Blood-Borne Pathogens During Educational Experiences

- Perform basic first aid and wash exposed area.
- Clean the wound, skin or mucous membrane immediately with soap and running water. Allow blood to flow freely from the wound. Do not attempt to squeeze or "milk" blood from the wound.
- If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes.
- Report the needlestick to your supervising preceptor or designated person and proceed to the recommended facility for an assessment of the exposure.
- Secure information about the source patient with the help of your preceptor and/or the recommended facility.
- Use the institution's standard procedures to assess the source patient.
- If assessments indicate a high risk of infectious disease, seek prophylactic medication treatment within two hours of exposure. Your immediate supervisor will suggest a site for initial treatment.
- Whatever the risk assessment, every resident or fellow with a needlestick must complete a follow-up exam within 72 hours of exposure.
- Contact your training program coordinator to file a worker's compensation claim.

If infected with HCV, HBV, or HIV, you must report this infection to the Blood-Borne Infectious Disease Review Panel by contacting the Associate Dean for Graduate Medical Education at 612-626-4009. This report is not only a professional responsibility; in cases of HIV and HBV, it is also required by state law

Please see GME Institution Policy Manual for further information:

<http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual>

Call Responsibility

Fellows participate in general gynecology night and weekend call for the University of Minnesota Medical Center - Fairview Emergency Room approximately 1-4 times a month. Fellows do not participate in the care of obstetrics patients. Fellow responsibilities not directly related to the specialty of gynecologic oncology do not cumulatively exceed the recommended overall ten percent involvement.

Call is limited to weekend call only when on elective rotations (ie: SICU or Rad Onc). Week day call is not assigned during these rotation months.

Call Rooms

Fellows do not use on-call rooms.

Conferences

Department Grand Rounds – Monthly, 3rd Tuesday of the month 7:00 – 8:00 AM

Held monthly and fellows attend Grand Rounds as their interest and time permits.

Educational Conference

This half-day half-day to day-long conference series is held every month. The agenda includes lectures from local and national experts in topics related to gynecologic oncology. These lectures cover a wide range of topics included in the Guide to Learning in Gynecologic Oncology. Other components of the conference include: Chapter Review, Tumor Board/Pathology Review, Fellow Research Presentation, Journal Club, Morbidity/Mortality/Quality Improvement, and the Translational Working Group (TWG) Meeting.

Weekly Gynecologic Oncology Conference

This conference is held every Wednesday morning from 7 to 8:30 in the Litzenburg-Lund library. The first half of the conference is typically allocated to presentations by guest speakers, review of sentinel gynecologic oncology studies, discussion of interesting cases, or teleconference with Radiation Oncology (held every other week—see description below). The remainder of the time is spent presenting the surgical cases on the schedule for the following week and reviewing the SGO database.

Radiation Oncology- Gynecologic Oncology Teleconference

This conference is held every other week during the Weekly Gynecologic Oncology Patient Conference. The first year fellow compiles and presents a list of patients currently being treated or to be considered for treatment by Radiation Oncology and Gynecologic Oncology. Staff from both services discuss patients and develop a treatment plan.

Gynecologic Oncology Division Women’s Cancer Center Research Symposium– Twice per Year

This conference includes members from the Women’s Cancer Center, the hospital Cancer Center, basic scientists, as well as other members of the community and invited speakers. The

Research Symposium is held to outline the service's clinical care and research projects and to discuss ongoing basic science and clinical research projects. Women's Cancer Center investigators present their current work. Fellows are expected to review all in-house protocols and update the faculty on their research progress.

Israel Teleconferences – (please check monthly conference calendar)

Once every other month, we hold a teleconference with physicians at Poriya Government Hospital, Israel. We discuss complicated patient care and management. Fellows are assigned to present our three patients and then act as our first consultant for the three patients they present. This conference stresses evidence-based medicine.

Masonic Cancer Center Seminar Series – Tuesdays, 12 – 1 p.m., 450 Masonic Cancer Research Building (please check webpage for conference schedule)

http://www.cancer.umn.edu/outreach/ccseminar_2012.html

Regions Hospital Gynecologic Pathology Conference – every other Friday

Histopathology review of recent cases with Dr. Stitzel (Pathology) and Dr. Teoh; the focus of the discussion is histopathology; however, clinical correlation and treatment planning is also discussed.

Tumor Board – Monthly, Methodist Hospital (please check monthly conference calendar)

A multidisciplinary conference convened for the discussion of cancer patients.

New Innovations Residency Management Suite (RMS)

RMS is used to track duty hours, complete evaluations and view results, **view a conference calendar, and review/confirm curriculum or goals and objectives for rotations**. The system is Internet based. You will need a UserID and Password to access the system, which is distributed during department orientation. If you need to have your password reset, or have difficulty with access, you may contact the Fellowship Administrator.

You will find the necessary steps below to: 1) Login into RMS, 2) Enter Duty Hours, 3) Complete Evaluations and Review Results, 4) View the Conference Calendar, and 5) View and Confirm Curriculum (Goals and Objectives for Rotations).

Duty Hours

The hours and activities entered by Fellows into RMS are used to document and reconcile Medicare payments with the institutions where the Fellows rotate. Per the University of Minnesota Medical School policy Fellows are required to enter RMS daily to enter their duty hours, excluding PTO which is entered by the Fellowship Administrator. Maintaining your duty hours is not only a GME requirement; it is also a requirement for the completion of your fellowship program.

Hours must be fully entered, and approved if necessary, by the end of every month. The Fellowship Administrator will verify that hours are entered each month by reviewing duty hour entry reports.

Note: Failure to ensure accuracy of your rotation activities will be considered an act of Medicare fraud.

Use of the New Innovations Residency Management Suite (RMS)

Logging into RMS:

- Use your browser to go to www.new-innov.com/login. Note: Internet Explorer is the preferred browser.
- Enter **MMCGME** for the Institution ID.
- Enter your **User Name** and **Password** in the appropriate boxes.
- Make sure that you have arrived at your Welcome Page. You should see your Department name in the upper left section of the screen, and your User Name will be listed just below that.

Duty Hour Exceptions

ABOG may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC and ABOG is required.

Duty Hours/On-Call Schedules

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when fellows are required to be immediately available in the assigned institution.

- In-house call must occur no more frequently than every third night, averaged over four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in research, didactic activities, transfer care for patients, conduct outpatient clinics and maintain continuity of medical and surgical care.
- No new patients may be accepted after 24-hours of continuous duty. At-home (pager) call is defined as call taken from outside the assigned institution.
 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided one (1) day in seven (7) completely free from all educational and clinical responsibilities averaged over a four-week period.
 2. When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 3. The program director and the faculty monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

You may also refer to the GME Institutional Policy Manual which addresses the ACGME duty hour rule changes effective July 1, 2011.

Duty Hours Policy

Please refer to the GME Institutional Policy Manual.

Duty Hours Prioritization of On-Call Rooms

Please refer to the GME Institutional Policy Manual.

Evaluation Process

Step in the Evaluation Process

The process for fellow evaluation consists of the following:

Fellows meet with their advisors in November and April prior to the semi-annual reviews.

Following the advisor/advisee meetings, Fellows will meet with the Program Director for the semi-annual and end of year-end/summative evaluation. Copies of advisory reviews, faculty reviews, and surgical procedure reports will be given to the PD prior to the evaluation by the coordinator and fellow.

Surgical Procedure forms are available on the RMS homepage. Fellows on Gyn Onc service should complete 4 per month; Research Fellow should complete a surgical procedure form for every surgery completed during their research year.

Fellows will be reviewed by faculty every 4 months throughout the year. Fellows on their research year will be reviewed by their research faculty every 4 months.

Fellows will review core faculty yearly.

A complete review of the fellowship program will also be conducted at the end of each academic year in July during the Division meeting. At least one fellow (either the senior or junior) must be present at the program review.

Faculty Advisors

The Fellowship Director assigns a faculty advisor to each incoming first-year fellow with the intention that the fellow will continue with that advisor for the entire length of fellowship training.

An advisor or fellow may request a change of advisor/advisee at any given time. An advisor may need to assume other responsibilities which would not give the advisor enough time to spend with their advisee. The advisor may have a professional area of interest that is different than the fellow's area of interest. Either may find that there is not a good working relationship. Changes in advisor/advisee teams must be approved by the Fellowship Director.

Meeting with Faculty Advisors are on a per need basis but should consist of at least two meetings a year prior to the mid- year and end of year evaluations with the Program Director.

Required Components of Evaluation

Fellow advisors review fellow performance as evaluated by supervising faculty. In addition to reviewing faculty evaluations, advisors review the following with the fellow: ABOG case lists and procedure totals (including chemotherapy totals), experience in diagnostic and therapeutic procedures, medical student and resident feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, humanistic qualities.

The fellow's ABOG case list must be complete at the time of their review.

Possible Outcomes of Fellow Review

After reviewing the fellow's performance, the faculty may recommend that the fellow continue in program, continue in program with promotion to next level of training, graduate from program, continue in program with special mentoring and monitoring, continue in program with probation, or dismissal from program.

Conferences

First year Fellows are responsible for the weekly meeting calendars and tracking lectures, topics, or chapter reviews completed during the year. Weekly email reminders are sent to the list serve. Conference schedules can also be viewed in RMS by logging into the program home page, clicking on Conference tab along the top bar and then calendar.

Fairview University Staff Identification

To obtain a UMMC-F badge you will need to bring a picture ID and a staff identification badge authorization form. IDs will be ready for pick up within 48 hours from the parking customer service representative in the same location the picture was taken. You will be expected to wear your Fairview ID badge at all times during your Fairview rotations.

There are two locations:

1) UMMC-F—Room B 340 Mayo (Security Department's Substation), open Monday through Friday from 8 a.m. to 4 p.m.

2) Riverside Hospital Campus - Room M 141 East Building. This office is open 24 hours a day. A shuttle bus operates every 15 minutes between the Riverside and University campuses from 5:20 a.m. to 8:30 p.m. See the shuttle schedule near the boarding locations on each campus. The shuttle picks up and drops off at the front entrance to Mayo Building connected to the hospital on the University campus and in the West circle entrance outside Subway restaurant on the Riverside campus. Please contact the Fairview Security Dispatch office at 612.273.4544 if you have questions.

Graduate Courses

The fellowship program requires each fellow to take two graduate level courses both of which are offered through the School of Public Health at the University of Minnesota. The Division of Gynecologic Oncology has approved PUBH 6414, Biostatistical Methods I, in fulfillment of the quantitative techniques requirement and either PUBH 6387, Cancer Epidemiology or MICA 8009, Microbiology, Immunology and Cancer Biology for the second graduate course requirement.

PUBH 6414. Biostatistical Methods I (3 semester credits). Descriptive statistics, graphical methods. Use of Excel. Proportions, relative risk, odds ratios. Random sampling. Estimates of mean, medians, measures of variability. Normal distribution, t-/chi-square tests. Confidence intervals. Correlation/regression. Inference/causality.

PUBH 6387. Cancer Epidemiology (2 semester credits). Epidemiologic aspects of cancer. Theories of carcinogenesis, patterns of incidence/mortality, site-specific risk factors. Issues of cancer control/prevention.

MICA 8009. Microbiology, Immunology and Cancer Biology (2 semester credits). Biochemical aspects of normal and abnormal cell growth and cell death.

Registration is coordinated through Emily Gray at 612.624.0410 or elgray@umn.edu. Other courses of interest to the fellow may be taken after approval of the Fellowship Program Director.

The Foundation of Excellence in Women's Health Care which was founded by the American Board of Obstetrics and Gynecology (ABOG) has sponsored a course called Excellence in Faculty Development. The Subspecialty Divisions in Gynecologic Oncology, Maternal-Fetal Medicine and Reproductive Endocrinology and Infertility and

the Committee on Female Pelvic Medicine and Reconstructive Surgery have approved this course as an option for one of the two required courses to be completed by the fellow during a fellowship. For further information, please visit the Foundation's website at www.excellence.org.

Laboratory/Pathology/Radiology Services

Laboratory, pathology, and radiology services are readily available through University of Minnesota Medical Center.

Fairview Diagnostic Laboratories

Mayo Medical Building, Room D-293
420 Delaware Street SE, MMC 198
Minneapolis, MN 55455
Tel: 612.273.7838
Fax: 612.273.0183

Pathology

Pathology Department (also, Pathology Surgical, May Room 422, MMC 76)
Mayo Medical Building, Room C-477
420 Delaware Street SE, MMC 609
Minneapolis, MN 55455
Tel: 612.273.5920
Fax: 612.273.1142

Radiology

Radiology Department (also, Reading Rooms, Registration)
Harvard at East River Road (UH), Room 2-300 (all divisions: MMC 292)
Minneapolis, MN 55455
Tel: 612.273.6004
Fax: 612.273.8954

Interventional CV Radiology, UH-2-300

Tel: 612.273.5040
Fax: 612.273.7500

Radiology Engineering, UH 2-493

Tel: 612.273.6801
Fax: 612.273.6887

Radiology Film Desk Hospital, UH 2-403

Tel: 612.273.5777
Fax: 612.273.7515

Lectures and Presentations

In addition to the lectures to medical students and residents described above, fellows also give bi-monthly presentations to the gynecologic oncology faculty and residents summarizing their research progress. These bi-monthly meetings are meant to give fellows instruction on the development of clinical and basic science research trials. Fellows may be asked to participate in the Department of Obstetrics, Gynecology and Women's Health Annual Autumn Seminar. At this event, the fellow gives a talk geared to the level of a generalist in OB/GYN or to a family practitioner. By the third or fourth year of fellowship training, fellows are required to present a lecture topic at the Department of Obstetrics, Gynecology and Women's Health Grand Rounds. Fellows are also encouraged to participate in the annual Minnesota OB/GYN Society meetings.

Medical Records

Medical records systems that document the course of patients' illnesses and which are adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity are available at all times at all institutions.

Moonlighting Policy

Moonlighting is a privilege, not a right. Fellows must submit a request to the Program Director for approval and acknowledge the moonlighting policy as follows:

- I am not required to engage in moonlighting activities.
- **I will submit a new Moonlighting Request Form to my Program Director at least annually and as changes to my training program requirements or previously approved moonlighting activities occur. My Program Director must approve or deny each request.**
- The University of Minnesota professional liability insurance for trainees does not cover moonlighting or any other activities outside the curricular components of the training program. I must obtain separate professional liability insurance which covers any liability for this moonlighting activity.
- I must have a valid Minnesota Medical License issued prior to the beginning of any moonlighting activity that requires a medical license, and that the license must be renewed prior to the expiration date.
- H-1B visa holders must obtain a separate H-1B visa for each facility where the trainee works outside of the training program
- Moonlighting must not interfere with my ability to achieve the goals and objectives of the training program.
- Moonlighting activities are not part of the educational curriculum in University of Minnesota residency and fellowship programs. This activity (i.e. procedures) will not be credited toward my current training program requirements.
- This moonlighting activity is outside the course and scope of my approved training program. Moonlighting activities are prohibited during regular program duty hours as defined by my Program Director.
- **Time spent moonlighting (internal or external) must be reported as a part of duty hour monitoring in the Residency Management Suite (RMS) and must be included in assessments of compliance with ACGME duty-hour requirements. Moonlighting activities must not interfere with meeting the duty hour requirements.**
- Violating the Moonlighting Policy set forth in the Institution Manual and my Program Manual is grounds for discipline under Section VI of the Residency/Fellowship Agreement.
- My program director has the right to rescind approval of moonlighting at any time.

The institutional policy on moonlighting is available on the University of Minnesota Graduate Medical Education Administration website:

http://www.med.umn.edu/gme/prod/groups/med/@pub/@med/@gme/documents/content/med_content_458572.pdf

Fellows who wish to pursue moonlighting must submit the Standard Moonlighting Request Form to the Program Director for approval.

Please contact the fellowship coordinator for a copy of the Standard Moonlighting Request Form. This form is also available for download on your New Innovations Residency Management Suite home page (under Department Notices).

Monitoring of Fellow Well Being

The Division of Obstetrics Gynecologic Oncology Program is committed to monitoring the well being of the fellows in the training program. Daily contact between faculty and fellows provides opportunities to observe fellows on a regular basis. Faculty observes for signs of fatigue, distraction, tardiness, or other signs that could indicate overwork or personal problems.

The GME office provides an orientation for all incoming residents and fellows which include the topic of Physician Well Being. During this orientation, fellows are made aware of the confidential Resident Assistance Program (RAP) that is available for fellows and their families should they require outside assistance.

- **Resident Assistance Program (RAP)**
 - **Sand Creek, 610 North Main Street, Suite 200, Stillwater, MN 55082**
- Contact numbers for this program are: 651.430.3383 or 1.800.632.7643
- <http://www.med.umn.edu/gme/residents/rap/home.html>

Program Curriculum: University of Minnesota Medical Center - Fairview

Gynecologic Oncology inpatient and outpatient units are located in the Women's Cancer Center (WCC) at the University of Minnesota Medical Center. Junior and senior Gynecologic Oncology fellows run the Gynecologic Oncology Service under the direct supervision of gynecologic oncologists. The WCC is staffed with a nursing service, a psychologist, two social workers, a pharmacist and a nurse practitioner, all dedicated to women with gynecologic malignancies. Two clinical oncology nurse specialists (case managers), 2 research nurses and 2 data managers are also involved in the care of both inpatients and outpatients.

The fellow directs morning rounds during which the problems of the day, resident assignment in the OR and other matters demanding attention are discussed. A staff gynecologic oncologist conducts daily rounds on inpatients. These rounds include discussions of clinical problems and the pathophysiology of cancer. Discussions of complications arising in the care of women with cancer are discussed on both daily rounds and in more depth at the Wednesday morning multidisciplinary morbidity and mortality conference (held in the conference room in Unit 7C).

Full day outpatient clinics are held every day, Monday through Friday. The fellows are scheduled to the outpatient clinic on the last full week of each month. Fellows participate in the care of most new patients; evaluate patients undergoing active treatment and follow up on patients completing therapy. Treatment planning occurs on clinic days and during the Wednesday morning multidisciplinary conference. The fellow or resident takes a history and performs a physical exam on each patient and then presents to the faculty. The faculty then sees the patient with the fellow or resident. The faculty takes a brief history and performs a physical on each patient seen in clinic. Each patient is discussed with the fellow or resident. All complex patient problems are discussed with the fellow on the Gynecologic Oncology Service.

The main operating suites and outpatient surgery are located at University of Minnesota Medical Center -Fairview. The Gynecologic Oncology Service operates daily, Monday through Friday. Gynecologic Oncology faculty also operates at Methodist Hospital and Regions Hospital. The Gynecologic Oncology fellow will coordinate their OR case schedule with the faculty.

The three fellows rotate weekend coverage. The research fellow has no clinic, surgical or ward responsibility except one weekend of call per month.

Fellows participate in night call for Obstetrics and Gynecology as an attending physician. The clinical fellows take 1-2 calls per month and the research fellow takes 1-2 calls per month.

In the area of hospice care, Dr. Kathryn Dusenbery is the Medical Director. Fellows attend health care team rounds which occur weekly. These include the nurses, social workers, pharmacists, chemotherapy nurses, nutritionists, hospice specialists, psychologists and chaplains, all dedicated to women's cancer care.

Pharmacology is taught by the faculty while in clinic and on inpatient rounds. Fellows write chemotherapy orders under the supervision of faculty. We place special emphasis on the teaching of chemotherapy agents and their toxicity. Gynecologic Oncology faculty and nurse oncologists participate in teaching fellows chemotherapy. Any patient experiencing a toxic reaction to chemotherapy agents, antibiotics or other pharmacological agents is discussed at care rounds. Fellows have frequent interactions with pharmacologist Lisa Lohr, Doctor of Pharmacology, who oversees all chemotherapy for 7C. Dr. Lohr is also involved in giving didactic lectures to fellows. A pharmacist is on site in the resident room for consultation and teaching Monday through Friday 7AM – 10 PM. Fellows participate in Pharmacology rounds while in the SICU.

Sue Petzel, Ph.D. serves as a consulting psychologist in the Women's Cancer Center. She has numerous publications, many involving quality of life of cancer patients and coping with chronic illness. She is an integral part of the care team working with residents, fellows and faculty in the management of the psycho-social issues encountered by patients with gynecologic malignancies. She is actively involved with multidisciplinary patient management/educational conferences and clinical research.

Program Goals and Objectives

The goal of our fellowship is to produce highly trained academic gynecologic oncologists. To achieve this goal, we have created a fellowship consisting of clinical rotations, didactics, course work, research and participation in national meetings. Fellows are supervised by eight board certified/eligible gynecologic oncologists who are dedicated to academic medicine and who serve as mentors for fellows in training.

Gynecologic Oncology Rotation

Diagnostic Techniques and Staging

Terminal Objectives: The fellow should acquire sufficient knowledge of diagnostic techniques and staging to diagnose appropriately and stage gynecologic malignancies.

The fellow should be familiar with the assessment and performance of the following techniques:

1. Visual diagnostic techniques including an understanding of the indication, limitation and techniques of:
 - a. colposcopy of vulva, vagina and cervix
 - b. methods of staining with acetic acid, Toluidine blue and Lugol's solution
 - c. hysteroscopy
 - d. cystoscopy
 - e. protosigmoidoscopy
 - f. upper endoscopy and colonoscopy
2. Tissue sampling, including an understanding of:
 - a. open biopsy including the indications for:
 - directed cervical biopsies, endocervical curettage, cone biopsy and LEEP
 - biopsies of the vulva and vagina
 - endometrial biopsies and dilatation and curettage
 - biopsy of the inguinal, pelvic, paraaortic and supraclavicular nodes and
 - biopsy of metastasis sites such as lung, liver and bone

- b. percutaneous biopsy including the indications for:
 - fine-needle aspiration (cytology) or needle biopsies (tissue) of pelvic, abdominal or cutaneous lesions,
 - finer-needle aspiration or needle biopsy of lung, liver and breast lesions, and
 - CT and ultrasound guided biopsies of deep lesions
- 3. Diagnostic imaging including the indications, limitations and principles of interpretation for:
 - a. plain films
 - b. contrast studies (upper and lower GI studies and intravenous pyelography)
 - c. computerized tomography
 - d. magnetic resonance imaging
 - e. ultrasonography and Doppler flow studies
 - f. angiography
 - g. position emission tomography
 - h. radioisotope scanning
- 4. Studies of blood and body fluids
- 5. Cardiopulmonary evaluation including understanding of the indications and limitations of the following system examinations:
 - a. pulmonary function testing
 - b. cardiac evaluation
 - c. evaluation of critical care parameters, such as; but not limited to, electrocardiogram, central venous pressure, pulmonary wedge pressure, mean arterial pressure, cardiac output and systemic vascular resistance
- 6. Nutritional assessment and therapy including an understanding of:
 - a. tests used to assess nutritional status
 - b. the indications, benefits, techniques and complications of nutritional support including and understanding of:
 - Total parenteral nutrition and
 - Enteral nutrition

Pharmacology

Terminal Objectives: The fellow should know the following pharmacologic characteristics of the commonly used agents in each of the subsequent sections:

- Absorption
 - Distribution
 - Biotransformation
 - Excretion
 - Time course of drug effect (pharmacokinetics)
1. Nutrition – the fellow should understand the pharmacology of:
 - a. the use of total parenteral nutrition (TPN)
 - b. gastrointestinal alimentation
 2. Pharmacology of Wound Healing
 3. Hematinics: as applied to treatment of tumor-related and treatment-related anemias
 4. Antimicrobial Agents
 5. Analgesics and Hypnotics
 6. Anesthetic Agents
 7. Anticoagulants
 8. Cardiovascular Drugs
 9. Miscellaneous – the fellow should have general knowledge of the indications and uses of:
 - a. histamine (H₂) receptor antagonists
 - b. anti-depressants

- c. anticonvulsants
- d. insulin and oral hypoglycemics
- e. antiemetics
- f. steroids
- g. drugs that modify gastrointestinal function

Surgical Procedures

Terminal Objectives: The fellow should have sufficient training and experience that a variety of therapeutic and diagnostic procedures may be independently and competently performed by the completion of the fellowship.

1. Surgical anatomy
2. preoperative preparation
3. Primary therapy – the fellow should be able to perform:
 - a. Hysterectomies that are
 - vaginal
 - abdominal
 - radical
 - b. salpingo-oophorectomies
 - c. radical adnexal cytoreductions
 - d. lymphadenectomies
 - inguinal
 - femoral
 - pelvic
 - para-aortic areas
 - e. vaginectomies that are:
 - simple
 - radical
 - f. vulvectomies that are:
 - skinning
 - simple
 - partial
 - radical
 - g. pelvic exenterations that are:
 - anterior
 - posterior
 - total
 - h. omentectomies
 - i. insertions of intracavity radiation application
 - j. intraperitoneal instillations of radiosotopes
 - k. laser therapy
 - l. laparoscopic surgical approaches where applicable
4. Gastrointestinal upper abdominal
5. Urinary tract
6. Incision and drainage of abdominal or perineal abscesses
7. Reconstruction
8. Evaluation procedures including: cystoscopy, laparoscopy, colonoscopy, loop excisions, sigmoidoscopy, fine needle aspiration and needle biopsies
9. Management of operative and postoperative complications
10. Management of postoperative complications

Organ-specific Diseases & Therapeutic Options

Terminal Objectives: The fellow should have sufficient knowledge of general medical and gynecologic oncology principles to permit adequate pre-treatment evaluation and management of the oncology patient and to allow appropriate selection of consultants when indicated.

1. Preoperative evaluation
2. Preoperative preparation
3. Choice of treatment – the fellow should be able to discuss the available methods of evaluation and management of malignant disease in all groups of patients:
 - a. cervix
 - b. vulva
 - c. corpus
 - d. ovary
 - e. fallopian tube
 - f. vagina
 - g. gestational trophoblastic neoplasia
 - h. breast
 - i. cancers in pregnancy
 - j. metastatic cancers to pelvic reproductive organs
 - k. hormonal replacement therapy (HRT)

Radiation Oncology Rotation

Terminal Objectives: The fellow should be familiar with the principles and practices of radiation therapy. This knowledge should be of sufficient depth so that active participation with the Radiation Oncologist in treatment planning can be undertaken (both brachytherapy and teletherapy).

1. Basic parameters of radiotherapy
 - a. brachytherapy
 - b. radioisotopes
 - c. particle beam therapy
2. Radiobiology
3. Radiation measurement and dosimetry
4. Complications (acute and delayed)

SICU Rotation

The fellow should have sufficient knowledge of physiology and pathophysiology to manage women with gynecologic malignancies.

1. Fluid and Electrolyte Management. The fellow should be able to understand the significance of:
 - a. fluid compartments and the toxicities associated with changes
 - b. fluid and electrolyte abnormalities
2. Nutrition. The fellow should understand:
 - a. normal adult daily requirements
 - b. calculation of results of deprivation
 - c. and be able to apply calculations of specific abnormalities to nutritional replacement requirements
3. Blood and Blood Components – *the fellow should know the following about:*
 - a. Transfusions
 - b. composition, indications, risks, and advantages of all transfusion components
 - the risks of transfusions due to infections
 - how to recognize and manage transfusion reactions
 - c. coagulation

4. Ventilation: Pulmonary Physiology in Normal and Disease States. The fellow should be able to:
 - a. understand normal physiology and pulmonary function tests
 - b. diagnose and treat ventilatory failure due to acute or chronic pulmonary disease including adult respiratory distress syndrome and pleural effusions.
 - c. diagnose and treat: pneumonia both acute and chronic obstructive and/or restrictive lung disease
 - d. understand the use of mechanical ventilators
5. Shock: Etiology, Clinical Manifestations and Treatment of Inadequate Organ Perfusion – the fellow should be able to describe:
 - a. normal cardiac status
 - b. etiology, diagnosis and treatment of physiologic alterations in major organs induced by: hypovolemic shock, cardiogenic shock, and septic shock
6. Renal Function and Renal Failure – *the fellows should be able to understand and describe:*
 - a. normal renal function
 - b. abnormal renal function
 - c. bladder changes associated with:
 - chemotherapy
 - radiation therapy
 - tumor formation
 - surgery
7. Digestive Tract: *the fellow should be able to understand and describe:*
 - a. normal physiology
 - b. changes in physiology
 - c. the diagnosis and management of complications
 - d. diagnosis of liver derangements
 - e. the metabolism of calcium, phosphorous, magnesium and trace elements
8. Cardiovascular System: *the fellows should be able to understand and describe:*
 - a. the pathogenesis of thrombophlebitis
 - b. signs, systems, diagnosis and treatment of pulmonary embolus
 - c. management of hemorrhage
 - d. the cardiac toxicities of
 - chemotherapy
 - radiotherapy
9. Neurology and Psychiatry: *the fellow should be able to understand and describe:*
10. central nervous system disorders related to cancer and the treatment of cancer
 - a. peripheral nervous system disorders and/or complications related to: surgery, chemotherapy, radiation; and progression of cancer

Research Rotation

Statistics and Experimental Design

Terminal Objectives: The fellow should demonstrate sufficient knowledge of epidemiology and statistical methods to design and interpret research.

1. The fellow should be able to describe and interpret principles of epidemiology with regards to:
 - a. descriptive epidemiology
 - b. causality of disease
 - c. disease or risk factor screening
 - d. study design
 - e. appropriate conduct of a study

2. The fellow should be able to explain:
 - a. descriptive statistics
 - b. statistical estimates of variability
 - c. inference
3. The fellow should know when to seek statistical consultation for research planning
4. The fellow should know the importance, use and limitations of computers in storage and analysis of data.
5. The fellow should design and implement:
 - a. a retrospective research study
 - b. a prospective clinical trial
 - c. a basic science project

Advanced Gynecologic Oncology Rotation

Carcinogenesis, Invasion and Metastasis (also 1st Year)

Terminal Objectives: The fellow should understand the current theories of carcinogenesis, including the effects of environment, family history and viral factors.

The fellow should understand and be able to describe:

1. the relationship of: hormones, radiation, chemotherapeutic agents, herpes, papillomavirus infections and other viruses, environmental containments, and genetic mutations to carcinogenesis.
2. known familial patterns in the breast, endometrial, ovarian and colon cancer
3. the basic biology of neoplastic cells
4. the cell cycle
5. the patterns of spread of gynecologic cancers
6. the principles of tumor invasion and metastasis

Tumor Immunology

Terminal Objectives: The fellow should know the essential components of the immune system.

1. Definitions – the fellow must be able to define:
 - a. antigen and antibody
 - b. describe the origin and function of “B cells”, macrophages, and natural killer (NK) cells
 - c. five (5) classes of antibodies and describe their manufacture and function
 - d. and describe the origin and function of “T cells”, and the three(3) major subsets of “T cells”
 - e. list cytokines which may have medical application
 - f. complement and describe its origin, function and underlying mechanisms(s) of action
2. Immune Responses – the fellow must be able to define:
 - a. the mechanism of antibody production
 - b. describe the mechanisms of cytotoxic lymphocytes
 - c. list the function(s) of the major cytokines
 - d. the mechanism(s) of immediate and delayed hypersensitivity
 - e. differentiate between humoral-mediated response and cell-mediated response
 - f. describe mechanism of cell-mediated cytotoxicity
 - g. give examples of immunosuppression, enhancement and tolerance
 - h. describe the effect of nutritional depletion on the immune system
3. Tumor Immunology
 - a. distinguish between:
 - tumor-specific transplantation antigen (TSTA)

- tumor-associated antigens (TAA)
 - human leukocyte antigen (HLA)
- b. describe the theory of immunologic surveillance and loss of rejection
 - c. describe the occurrence of neoplasms in immunodeficient and immunosuppressed individuals
 - d. describe the specific antigenicity found in tumors induced by chemical carcinogens
 - e. describe the converse antigenicity found in tumors induced by viral carcinogens
 - f. describe the immunologic evidence for viral oncogenesis
 - g. explain the significance of carcinoembryonic antigen (CEA), alpha-fetoprotein (AFP) and human chorionic gonadotropin (hCG) in patients with malignancies
 - h. describe evidence for tumor associated antigens in gynecologic malignancies
 - i. describe the use of serum tumor markers, e.g. CA-125, CA 19-9, CEA and TA-4, in gynecologic cancer
4. Immunotherapy
 - a. Define and describe the three(3) methods of cellular immunotherapy
 - b. Define and describe the medical uses of cytokines
 - c. Describe how monoclonal antibodies are generated and how they are applied to cancer biology for diagnosis and therapy

Genetics

Terminal Objectives: The fellow should demonstrate an understanding of oncogenes, tumor suppressor genes, DNA repair genes, and oncogenesis and be familiar with the influence of genetics on the clinical practice of gynecologic oncology.

The fellow understands:

1. the molecular genetics of neoplasia
2. the mechanisms of action on oncogenes
3. tumor suppressor genes
4. the nature and extent of chromosome changes in cancer
5. the role of oncogenes
6. the basic principles of clinical cancer genetics and be able to relate the information to the practice of gynecologic oncology
7. the cardinal principles of cancer genetics
8. cancer family syndromes

Medical Oncology/Breast Cancer

1. Pathology

The fellow should be able to identify, on the basis of gross visual and microscopic evaluation, lesions that are premalignant or malignant and distinguish them from benign disorders of the breast. Moreover, the fellow should understand the genesis of malignant tumors, the biologic behavior of premalignant and malignant tumors, and be able to recognize important characteristics and prognostic features of such lesions. Finally the fellow should understand the principles of basic laboratory techniques such as frozen section histochemical staining and immunohistochemical staining:

2. Pharmacology

The fellow should understand the pharmacology of major drugs used in breast cancer and be to use them in a rational manner.

3. Procedures

The fellow should be able to perform fine needle aspirations and needle biopsies of the breast.

4. General

The fellow should have knowledge of breast diseases and should be able to advise patients regarding:

- a. the frequency of breast carcinoma
- b. high-risk sub-populations
- c. benign breast lesions which predispose to subsequent breast carcinoma
- d. mammography and breast self-exam in screening and diagnosis
- e. the significance of estrogen and progesterone receptors in breast carcinoma
- f. staging of breast cancer
- g. the indications for radical mastectomy, modified radical mastectomy, and axillary node dissection in the treatment of breast carcinoma
- h. the role of radiotherapy and chemotherapy in primary treatment
- i. breast reconstructive techniques
- j. the role of tamoxifen therapy
- k. appropriate follow up
- l. the pros and cons of hormone replacement therapy for breast cancer survivors

Chemotherapy of Gynecologic Cancers

The fellow should be able to understand and describe:

- a. Tumor biology
- b. Classes of chemotherapeutic agents
- c. The mechanisms of action of specific agents
- d. The pharmacology of specific agents
- e. Combination chemotherapy
- f. The general guidelines for clinical evaluation
- g. Problems with toxicity/complications
- h. Treatment by organ site, histology and stage of agents of established value within established guidelines for specific tumors
- i. The role of growth factors in prevention of chemotherapy toxicity and in the treatment of malignancies

Colorectal Rotation

The fellow should be able to perform:

1. Gastrointestinal Upper Abdominal
 - a. placements of feeding jejunostomy/gastrostomy
 - b. resections and re-anastomoses of small bowel
 - c. bypass procedures of small bowel
 - d. mucous fistula formation of small bowel
 - e. ileostomies
 - f. repair of fistulas
 - g. resection and re-anastomoses of large bowel (including low anterior resection and re-anastomoses)
 - h. bypass procedures of large bowel
 - i. mucous fistula formations of large bowel

- j. colostomies
- k. splenectomies
- l. liver biopsies

Pathology

The fellow should be able to identify, on the basis of gross visual and microscopic evaluation, lesions that are premalignant or malignant and distinguish them from benign disorders in the sites noted below. Moreover, the fellow should understand the genesis of malignant tumors, the biologic behavior of premalignant and malignant tumors, and be able to recognize important characteristics and prognostic features of such lesions. Finally the fellow should understand the principles of basic laboratory techniques such as frozen section histochemical staining and immunohistochemical staining:

1. Vulva
2. Vagina
3. Cervix
4. Endometrium
5. Fallopian Tube
6. Ovary
7. Trophoblast
8. Lymph Nodes
9. Omentum

Miscellaneous

1. The fellow should be able to:
 - a. insert thoracostomy tubes
 - b. place temporary or permanent central venous access lines.
 - c. perform orotracheal or transcheal intubations
2. The fellow should understand the principles of:
 - a. medicalegal issues
 - b. informed consent
 - c. clinical trials
 - d. quality assurance
 - e. institutional review board approval processes
3. The fellow should understand the principles of:
 - a. medical ethnics including the proper professional conduct concerning the rights and duties of the physician, patients, and fellow practitioners, as well as the physician's actions in the care of patients and in the relations with their families
 - b. advanced directives
4. Palliative care (at home and in the hospital), including:
 - a. medical options (management of pain and intestinal obstructions)
 - b. surgical options (management of pain and intestinal obstructions)
 - c. radiotherapeutic options (management of nerve and bone pain and prevention of fractures)
5. Hospice care
6. Death and dying (counseling for the dying patient and for family members)

Program Oversight

- Each program must have written policies and procedures consistent with ABOG and their own institutional requirements for fellowship duty hours and the working environment. These policies must be distributed to the fellows and faculty. Monitoring of

duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

- Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

Progressive Responsibility

The concept of progressive responsibility in fellowship training is incorporated into the overall goals and objectives of the Women's Cancer Center in patient care, research and administration.

The roles and responsibilities of the clinical fellows on the Gynecologic Oncology Service are divided between a junior and senior fellow. The senior fellow "mentors" the junior fellow in a manner that promotes progressive growth in patient care, teaching and administrative functions.

The responsibilities of the senior fellow are as follows:

- Overall coordination of the ward
- Supervising morning work rounds with the residents and attending patient care rounds
- Developing individual treatment plans with the junior fellow and residents
- Overseeing completeness of new patient work-ups
- Advising and consulting with the junior fellow
- Participating in surgical cases as needed to complete his or her case list
- Overseeing in/outpatient chemotherapy to assure compliance with GOG and intramural protocols. Supervising the Intramural Protocol Book
- Dictating operative reports in cases where the fellow performs a significant portion of the case and assigning other operative dictations to the responsible physician
- Ensuring implementation of patient conferences
- Assuring adequate medical record completeness by junior and senior residents
- Coordinating inpatient and outpatient chemotherapy with the nurse case manager
- Coordinating teaching rounds with the attending of the week
- Adjusting the main OR schedule as necessary
- Attending all didactic and patient care conferences

The responsibilities of the junior fellow are as follows:

- Ensuring timely completion of ward work
- Participating in morning work rounds, and confirming any positive physical findings
- Developing long term treatment plans in conjunction with attending staff physician and senior fellow and documenting these plans in the patient's chart
- Ensuring completeness of the new patient evaluations and discussing new patients with resident, senior fellow and attending physician
- Supervising all chemotherapy, both inpatient and outpatient
- Scheduling adequate resident coverage of surgical cases and clinic
- Dictating operative reports in cases where the fellow performs the significant portion of the case
- Maintaining patient flow in clinic by ensuring adequate resident coverage for attending clinics, consulting with residents on all new patients and/or problem patients and by seeing patients in larger clinics
- Coordinating all admissions with the business office
- Discussing all new admissions with the senior resident. Formulating plans and ensuring note documenting short-term management in chart by the senior resident
- Assisting in management of new admissions and acute emergencies as needed

- Communicating patient status changes and clearing all treatment plan changes with the attending physician
- Ensuring that the Problem List/Treatment Plan is complete and up-to-date on all patients and that there is a copy in the hospital chart and private folder
- Attending all didactic and patient care conferences

Attending physicians have different methods of assigning surgical cases relative to the concept of progressive responsibility. Obviously, this involves an assessment of the fellow's competency, and this is done on a case by case basis. Senior fellows often assist junior fellows in ultra radical cases such as urinary diversion procedures and pelvic exenterations.

Fellows must secure a project advisor for each research project they undertake and this advisor may or may not be the faculty advisor. The project advisor oversees all aspects of manuscript and presentation preparation for their particular project. The Division Director, faculty advisor and project advisor together ensure that the concept of progressive responsibility is followed with respect to the preparation of manuscripts and presentation at meetings. Progressively larger audiences are sought for the fellow's manuscript and/or clinical research such as the Fellowship Research Symposium, Research Day, Consensus Conference, Annual Autumn Seminar, SGO and WAGO.

Research Day

Research Day is held each spring and is attended by approximately 100 academic faculty, clinical faculty, residents and medical students. All fellows provide a presentation on an aspect of their ongoing research.

- The first year fellow will submit a poster. The cost of the poster is charged to the Research Day account.
- The second year fellow provides an oral presentation with PowerPoint of their research.
- The third year fellow will provide an oral presentation with PowerPoint on their thesis project. This is in accordance with ABOG's requirement for a formal thesis defense which is evaluated by the fellow's peers and faculty.
- The fourth year fellow is required to submit a poster or oral presentation at a national conference in lieu of the Research Day presentation.

A visiting lecturer presides over the day and, along with lead faculty, judge presentations. This exercise gives fellows an opportunity to develop their research and presentation skills and demonstrate their expertise to community physicians.

Research Stipend

When funds are available, non-training grant fellows will be awarded \$7,500 towards research activities and travel for the three-year or four-year term they are with the Gynecologic Oncology Fellowship Program. These funds are interchangeable with the yearly administrative stipend. These funds are not renewable; they will be available July 1 of the first year of the fellowship.

Fellowship Program Travel Policy - Gynecologic Oncology Fellowship

Fellows must attend at least one SGO and are encouraged to attend at least one NRG during their fellowship using either their research stipend (\$7500 one-time award for the

3 year fellowship, to be used towards research activities and travel); or their administrative stipend of \$1200 yearly (unused funds do not roll over into next year).

Research or Administrative funds will be used for all expenses associated with travel and presentation at educational conferences until such time as they are exhausted. When the stipends are exhausted:

- i). the division will provide a stipend for papers presented **orally** at SGO or NRG.
- ii). the division will consider a stipend for travel to present **oral papers** at other appropriate national meetings (WAGO, AACR and ASCO).

The division will provide a stipend for international travel only in extraordinary cases. The stipend may or may not cover all the associated costs of attending the meeting.

The division will not provide additional support for poster presentations or strictly educational meetings though research or administrative stipends may be used for these.

Traveling on University Business

Travelers now have up to 60 days after travel completion to substantiate and document travel expenses. Reimbursement requests submitted beyond the 60 days will be denied, except for extraordinary circumstances such as extended international travel. Reimbursement requests for local travel (local business mileage, parking, etc) do not fall under this 60-day time frame. This type of request may now be submitted on a less frequent basis (e.g. quarterly, semi-annually). Please submit all reimbursement requests to Margaret Louters at lout0006@umn.edu, or interoffice mail to MMC 395. Questions regarding reimbursement of travel expenses should be directed to Margaret Louters (phone: 612-625-8071).

The 60 day reimbursement policy also affects any purchase, including but not limited to membership fee, licensure fees, or exam fees, which fellows may submit for reimbursement from research or administrative funds.

Reimbursement Process

The expense reimbursement form is available on the RMS home page. You are responsible for completing the information requested on the form and submitting it within 60 days of travel or purchase. Requests for reimbursement which involve division funding must be signed off by the Program Director. Please submit requests to Margaret Louters at lout0006@umn.edu for processing.

Rotations (On & Off Site)

On Service – Gyn Onc Rotations

The fellow(s) on Gyn Onc service will coordinate their weekly schedules with the faculty attending, so that OR cases are covered at all three sites (Methodist Hospital, Regions Hospital, and University of Minnesota Medical Center-Fairview). Fellows will primarily round and cover OR cases in the first 3-4 weeks of the month. The last full week of each month will be dedicated to fellows seeing patients in clinic at UMMC-FV; during this week, the resident will be assigned to OR cases.

Off Service Rotations

Fellows currently rotate through Radiation Oncology, the Surgical Intensive Care Unit, Interventional Radiology and Colorectal Surgery at the University of Minnesota Medical Center-Fairview. They also gain exposure to Medical Oncology and Pathology cases through consultation and didactic instruction.

Fellows participate in a one month rotation in the Radiation Oncology Service. During this rotation, the fellows spend time with Dr. Jianling Yuan learning principles of radiation oncology. The relationship with therapeutic oncology is ongoing as Radiation Oncology participates in the weekly patient care conference. In addition, Dr. Yuan encourages collaboration on research projects between departments. The fellows participate in the treatment planning and the follow up of patients in active treatment and brachytherapy treatments. Fellows also assist on high dose rate brachytherapy and low dose rate brachytherapy.

Fellows participate in a one month rotation in the Surgical Intensive Care Unit under the direction of Dr. Melissa Brunsvold. This ICU is a training site for fellows in SICU and has a didactic program of lectures and rounds. During the rest of the clinical fellowship, the fellow's relationship with SICU continues, increasing his or her knowledge of this subspecialty.

Fellows participate in one month of Colorectal Surgery (usually scheduled for **April or May**) under the supervision of Dr. David Rothenberger. Emphasis is placed on learning colorectal cases, colonoscopy and pelvic floor reconstruction.

Call Back to Gyn Oncology Service

Fellows on off-service rotations are rarely called back to the Gynecologic Oncology Service. They may attend pelvic exenterations or radical hysterectomy if they desire. Fellows on research are rarely called back to the Gynecologic Oncology Service except if they desire to attend a pelvic exenteration.

Arranging Off-Service Rotations

Radiation Oncology:

Please contact Maria Taracido in the Department of Therapeutic Radiology-Radiation Oncology (mtaracid@umn.edu or office 612-626-6146). Or Karina Lawrence at lawre012@umn.edu
Rotation director: Dr. Jianling Yuan

SICU:

Please contact Debra Luedtke, (luedtke@umn.edu or office 612-301-9433).

Rotation director: Dr. Melissa Brunsvold

Colorectal Surgery:

Please contact Carol Bigalke, Office Supervisor, Division of Colon and Rectal Surgery (bigal001@umn.edu or office 612-625-3288).

Rotation director: Dr. David Rothenberger

Chief, Division of CRS: Dr. Robert Madoff

University of Minnesota
Gynecologic Oncology Fellowship Program
Rotation Schedule

	July	August	September	October	November	December	January	February	March	April	May	June
Year 1	Gyn Onc	Gyn Onc	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research
Year 2	Research	Research	Gyn Onc	Gyn Onc	SICU	Gyn Onc	Gyn Onc	RAD Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc
Year 3	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Gyn Onc	Colorectal	Gyn Onc

Scientific Meetings

Fellows must attend at least one SGO, and are encouraged to attend at least on NRG during their fellowship.

Fellows may attend other scientific meetings upon approval by the Program Director, such as: GOG and WAGO.

Security/Safety

Security and personal safety measures are provided to fellows at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office buildings).

	Escort Services #
University of Minnesota	612-624-WALK
UMMC, University Campus	612-672-4544
Methodist Hospital	763-520-5642
Regions Hospital	651-254-3979

Supervision of Fellows

- All patient care must be supervised by qualified faculty. The program director must ensure, direct and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
- Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
- Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Supervision in Ambulatory Unit and Operating Room: University of Minnesota Medical Center- Fairview

All gynecologic oncology patients are under the supervision of an attending gynecologic oncologist and all cases performed are under the direct supervision of a gynecologic oncologist. In major operative cases, the fellow will function as the surgeon and/or the first assistant depending on the complexity of the case and their experience level. The senior fellow assigns the cases each week. Occasionally a fellow may function as a first assistant to a senior resident for benign cases or less complicated oncology cases. In this case, the attending physician is supervising the surgery as a second assistant.

Minor surgical cases are performed in the operating room. Fellows participate in brachytherapy implants overseen by Dr. Dusenbery, from Therapeutic Radiology. Fellows participate in formal radiation planning and dosimetry calculations when on the Radiation Therapy rotation. A gynecologic oncologist or senior level fellow supervises central line placements

Teaching Residents and Medical Students

The fellow makes morning rounds every day with residents and students. The department is presently in the process of instituting an evidence-based system where management decisions will be based on current literature searches conducted on the floor. Fellows deliver a lecture on various aspects of Gynecologic Oncology to third and fourth year medical students beginning their clerkship in Obstetrics and Gynecology. Informal and formal teaching is performed in the evenings, often focusing on the Prolog educational guides.

Residents/fellows are an essential part of the teaching of medical students. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Therefore, we've included in this manual the clerkship objectives for Obstetrics & Gynecology as well as the overall Educational Program Objectives.

Ob/Gyn – OBST 7500 : Goals & Objectives

During the six-week clerkship in obstetrics and gynecology, third and fourth year medical students learn to provide primary health care for women.

For this course, the department's Curriculum Committee has chosen to use the educational objectives developed by the Association of Professors of Gynecology and Obstetrics. Upon completion of this rotation, all students will be expected to demonstrate that they have achieved these objectives.

[APGO Medical Student Educational Objectives, 9th Edition](#)

The curriculum in the first two years of medical school contains minimal exposure to the practice of obstetrics and gynecology. As a result, students will be expected to cover some of the learning objectives through independent study.

This course will introduce the student to the practice of obstetrics and gynecology and care of the female patient. Graded responsibility will be assigned so that by the end of the externship the student will be familiar with:

- The management and delivery of normal pregnancies;
- The complete gynecologic examination and work-up; and
- Common obstetric and gynecologic problems.

Educational Program Objectives: University of Minnesota Medical School

Graduates of the University of Minnesota Medical School should be able to:

OBJECTIVE	OUTCOME MEASURES	ACGME ESSENTIAL COMPETENCY
1. Demonstrate mastery of key concepts and principles in the basic sciences and clinical disciplines that are the basis of current and future medical practice.	<ul style="list-style-type: none"> • USMLE Steps 1 and 2 • Year 1 and 2 course performance, based on standardized examinations • Clinical rotation performance • Feedback from residency directors 	Medical Knowledge
2. Demonstrate mastery of key concepts and principles of other sciences and	<ul style="list-style-type: none"> • USMLE Steps 1 and 2 • Course performance (esp. 	Medical Knowledge

<p>humanities that apply to current and future medical practice, including epidemiology, biostatistics, healthcare delivery and finance, ethics, human behavior, nutrition, preventive medicine, and the cultural contexts of medical care.</p>	<p>in Physician and Society, Nutrition, and Human Behavior at TC campus; Medical Sociology, Medical Epidemiology and biometrics, Family Medicine I, Medical Ethics, Human Behavioral Development and Problems, and Psycho-Social-Spiritual Aspects of Life-Threatening Illness at DU campus)</p> <ul style="list-style-type: none"> • Clinical rotation performance • Feedback from residency directors 	
<p>3. Competently gather and present in oral and written form relevant patient information through the performance of a complete history and physical examination.</p>	<ul style="list-style-type: none"> • Yr 2 OSCE • Physician and Patient (PAP) course performance at TC campus, assessed by tutors using global rating forms and observed practical exams • Course performance at DU campus in Applied Anatomy, Clinical Rounds & Clerkship (CR & C), Clinical Pathology Conference, and Integrated Clinical Medicine • Clinical rotation performance 	<p>Patient Care; Interpersonal and Communication Skills</p>
<p>4. Competently establish a doctor-patient relationship that facilitates patients' abilities to effectively contribute to the decision making and management of their own health maintenance and disease treatment.</p>	<ul style="list-style-type: none"> • Yr 2 OSCE and Primary Care Clerkship (PCC) OSCE • PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams • Preceptorship and CR & C course performance at DU campus • Clinical rotation performance 	<p>Patient Care; Interpersonal and Communication Skills</p>
<p>5. Competently diagnose and manage common medical problems in patients.</p>	<ul style="list-style-type: none"> • PCC OSCE • Clinical rotation performance 	<p>Medical Knowledge; Patient Care</p>
<p>6. Assist in the diagnosis and management of uncommon medical problems; and, through knowing the limits of her/his own knowledge; adequately determine the need for</p>	<ul style="list-style-type: none"> • Clinical rotation performance • Documented achievement of procedural skills in the Competencies Required for 	<p>Medical Knowledge; Patient Care; Practice-Based Learning and Improvement</p>

referral.	Graduation	
7. Begin to individualize care through integration of knowledge from the basic sciences, clinical disciplines, evidence-based medicine, and population-based medicine with specific information about the patient and patient's life situation.	<ul style="list-style-type: none"> • Clinical rotation performance • Feedback from residency directors 	Patient Care; Medical Knowledge; Interpersonal and Communication Skills; Professionalism
8. Demonstrate competence practicing in ambulatory and hospital settings, effectively working with other health professionals in a team approach toward integrative care.	<ul style="list-style-type: none"> • Yr 2 and PCC OSCE • PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams • Physician and Society (PAS) course performance at TC campus • Preceptorship, CR & C, and Introduction to Rural Primary Care Medicine course performance at DU campus • Clinical rotation performance 	Practice-Based Learning and Improvement; Systems-Based Practice
9. Demonstrate basic understanding of health systems and how physicians can work effectively in health care organizations, including: <ul style="list-style-type: none"> • Use of electronic communication and database management for patient care. • Quality assessment and improvement. • Cost-effectiveness of health interventions. • Assessment of patient satisfaction. • Identification and alleviation of medical errors 	<ul style="list-style-type: none"> • PAS course performance at TC campus • Medical Sociology and CR & C course performance at DU campus • Clinical rotation performance, especially the PCC • Feedback from residency directors • Feedback from local health plans 	Practice-Based Learning and Improvement; Systems-Based Practice
10. Competently evaluate and manage medical information.	<ul style="list-style-type: none"> • Critical reading exercises in PAS and other courses at TC campus • Clinical Pathology Conference performance and exercises in Problem Based Learning Cases at DU campus • Year 2 Health disparities project • PCC EBM project 	Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Systems-Based Practice
11. Uphold and demonstrate in action/practice basic precepts of the medical profession: altruism, respect,	<ul style="list-style-type: none"> • PAS course performance at TC campus • Preceptorship and Cr & C 	Professionalism

compassion, honesty, integrity and confidentiality.	<p>course performance at DU campus</p> <ul style="list-style-type: none"> • Clinical rotation performance • Participation in honor code and student peer assessment program • Participation in anatomy memorial • Participation in volunteer service activities 	
12. Exhibit the beginning of a pattern of continuous learning and self-care through self-directed learning and systematic reflection on their experiences.	<ul style="list-style-type: none"> • PBL cases at DU campus • Yr 2 Health disparities project • Clinical rotation performance • Participation in research 	Professionalism
13. Demonstrate a basic understanding of the healthcare needs of society and a commitment to contribute to society both in the medical field and in the broader contexts of society needs.	<ul style="list-style-type: none"> • Course performance in all years • Introduction to Rural Primary Care Medicine course project at DU campus • Involvement of students in international study • Enrollment in RPAP, RCAM, and UCAM • Yr 2 Health disparities project • Feedback from residency directors • Participation in volunteer service activities 	Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Professionalism; Systems-Based Practice

These objectives are written to reflect the qualities and competencies expected of our graduates. Each objective specifies the expected competency level to be attained by our students, the outcome measures used to evaluate attainment of the objective, and the essential qualities and competencies of a physician (as defined by the six ACGME Essential Competencies) addressed by the objective. The Accreditation Council for Graduate Medical Education (ACGME) has formulated essential competencies felt to be necessary for physicians practicing in the current health care climate. They are:

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **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
- **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
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

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

The objectives for the undergraduate curriculum can be grouped as follows:

Objectives 1-3: Knowledge and skills addressed principally in the first two (preclinical) curricular years;

Objectives 4-9: Knowledge and skills addressed principally in the second two (clinical) curricular years;

Objectives 10-13: Knowledge, attitudes, and skills addressed throughout the curriculum.

The objectives, which relate to the ACGME essential competencies, are designed to be modified for use also by the graduate (GME) programs at the University of Minnesota Medical School. Residency programs can modify the competency level stated in the objectives and the outcome measures to reflect their own programs, while maintaining the overall integration of basic learning objectives across undergraduate and graduate medical education.

One of the primary outcome measures for the objectives is **clinical rotation performance**. To expand on this; clinical rotation performance is assessed by attending physicians and residents using a Web-based global rating form, evaluating the following knowledge, competencies, skills, and attitudes:

- Medical knowledge and the ability to apply knowledge in clinical situations
- Competency in patient care including communication and relationships with patients/families
- Skills in data gathering from the history, physical examination, clinical and academic sources, and diagnostic tests
- Assessment and prioritization of problems
- Management of problems, including knowledge of patient data and progress
- Appropriate decision making
- Communication in written and oral reports
- Professionalism, including: patient care and management in teams (work habits), independent learning, personal characteristics, and commitment to medicine
- Specific procedural skills (see report outlining Competencies Required for Graduation)

SECTION VI - Administration

Department Head

Linda F. Carson, MD 612.626.3347

Fellowship Program Director

Rahel Ghebre, MD, MPH 612.626.5939

Fellowship Assistant Program Director

Sally Mullany, MD 612.626.3702

Administrative Support

Deborah Egger-Smith Fellowship Administrator 612.626-3503

TASK	Contact Name	Phone	Email	Office
Benefits	Office of Student Health Benefits (OSHB)	612.624.0627	umshbo@umn.edu	410 Church Street SE, N323 Minneapolis, MN 55455
Conference Travel Approval	Cavanaugh, Amy	612.626.6283	amyd@umn.edu	12-266 Moos Tower (MT)
Duty Hours (RMS)	Egger-Smith, Deborah Gorman, Lisa	612.626.3503 612-626-43.80	egger016@umn.edu gorma097@umn.edu	12-236 MT 2829 University Ave, Suite 900A
Email	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Evaluation (RMS)	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu or, RMS Help: rmshelp@umn.edu	12-236 MT
Graduate Courses	Gray, Emily	612.624.0410	elgray@umn.edu	Pediatric GME, M667, 6 th Floor East Building Riverside Campus
HIPPA	Privacy and Security Office Lori Ketola	612.624.7447 612.626.5844	privacy@umn.edu ljketola@umn.edu	Academic Health Center (AHC) Office of Occupational Health and Safety 410 Children's Rehabilitation Center 426 Church Street SE Minneapolis

Immunization	Boynton Clinic	612-625-8400	To view your latest immunization information, access the UofM portal: www.myu.umn.edu (log in using your X.500 and your password)	410 Church Street SE Minneapolis, MN 55455
Lab Coats (order)	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Laptop	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Laundry Service	Krogman, Anna	612.626.2613	annak@umn.edu	12-207 MT
Meal Cards	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Moonlighting	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Notary	Egger-Smith, Deb	612.626.4939	egger016@umn.edu	12-207 MT
Office Supplies	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Pager	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Parking Card	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT
Payroll and HR (includes LOA processing)	Steger, Brett	612.626-6910	stege015@umn.edu	353, 717 Delaware Street SE
Reimbursement	Cavanaugh, Amy	612.626.6283	amyd@umn.edu	12-266 MT
Stipend Balance (Administrative and Research Funds)	Pelletier, Le Ann	612.624.2905	berry040@umn.edu	13-106/110 Phillips Wangensteen Building (PWB)
Vacation (PTO Requests and Balance)	Egger-Smith, Deborah	612.626.3503	egger016@umn.edu	12-236 MT

SECTION VII – ABOG Annual Report and Case Lists

ABOG Annual Report Data:

Each fellow is required to log on to www.abog.org using their personal ABOG ID to provide the following data:

- Fellow Clinical Experience Data - If no procedures were performed during the reporting period, simply click 'Save Data' as zeros will be prepopulated.
- Fellow Publications and Presentations - If the fellow has no publications or presentations, then nothing should be entered. (*Note: In this case, the status icon will be red until the fellow confirms the data and then the coordinator approves and locks the data.*)
- Fellow Thesis Summary Statement- All fields are required.

ABOG Case Lists:

Case lists must be compiled on an on-going basis throughout each year of training. All surgical procedures and non-surgical admissions will be recorded in the format on the next pages.

Up to date case lists and complication list will be turned in to the fellow's faculty advisor at the time of quarterly review. These will be reviewed and revised as necessary. In July of each year, these case lists are submitted to the American Board of Obstetrics and Gynecology as a component of our program's annual report.

GO ANNUAL REPORT – FELLOW DATA (Reporting Period: July 1, 2014 – June 30, 2015)
To be Completed Online for Each Currently Enrolled Fellow (at time of Annual Report submission)

Annual Report Due Date – July 15, 2015

Enter the total number of cases performed by the fellow as surgeon* or co-surgeon** at all sites for the reporting period. *The numbers must be accurate; estimates will not be accepted.*

- Multiple operative procedures in one patient covered in a single dictated operative note may be listed here in each major category (e.g., If a patient has ovarian cancer debulking and a bowel resection, both would be listed.)
- Radical hysterectomy categories are for cervical and occasional endometrial cancers. For ovarian cancer with extensive pelvic dissection, use the Radical Hysterectomy category under Ovarian Debulking.
- Rectal resection as part of ovarian debulking should be listed under Intestinal Surgery and not Posterior Exenteration.

*Surgeon: operating surgeon assisted by others

**Co-Surgeon: operating surgeon for a major portion of a procedure (i.e., doing one side or part of a two-team procedure)

PROCEDURE	NUMBER OF CASES as Surgeon or Co-Surgeon
Hysterectomy, Simple	
Abdominal	
Laparoscopic	
Robotic	
Hysterectomy/Trachelectomy, Radical	
Abdominal/Vaginal	
Laparoscopic	
Robotic	
Ovarian Cancer	
Debulking	
Radical Hysterectomy	
Intestinal Surgery	
Colostomy	
Bowel resection and/or anastomosis	
Low rectal resection and/or anastomosis	
Other	
Exenteration	
Anterior	
Posterior	
Total	
Vulvar Resection	
Simple	
Radical	

Vaginal Resection	
Simple	
Radical	
Urinary Diversions	
Continent Conduits	
Other Conduits	
Lymphadenectomy	
Inguinal	
Pelvic- Open	
Pelvic- Laparoscopic	
Pelvic- Robotic	
Para-aortic- Open	
Para-aortic- Laparoscopic	
Para-aortic- Robotic	
Splenectomy	
Diaphragmatic Resection	
IP Port Placement	

CHEMOTHERAPY / BIOLOGIC THERAPY	NUMBER OF CYCLES (Not Patients)	DRUGS UTILIZED
Ovarian Cancer		
Endometrial Cancer		
Cervical Cancer		
Gestational Trophoblastic Disease		
Miscellaneous Malignancies		

CONFIRMATION OF RECEIPT

Confirmation of Receipt of the Policy Manual (see example below) – LCME Requirement: Each resident/fellow must have a signed receipt that they have received the program manual. This receipt should be kept in the resident/fellow's file.

By signing this document you are confirming that you have received and reviewed your Program Policy Manual for this academic year. This policy manual includes policies and procedures pertinent to your training program. This receipt will be kept in your personnel file.

Fellow's Name (Please Print) _____

Fellow's Signature _____

Date _____

Coordinator's Initials _____

Date _____