This document pertains to surgical oncology fellow rotations at Moffitt Cancer Center. This program is part of the fellowship training program in Complex General Surgical Oncology at the University of South Florida Morsani College of Medicine, and is accredited by ACGME. In keeping with the policies of the University of South Florida Morsani College of Medicine, this fellowship conforms to ACGME and JCAHO requirements pertaining to graduate medical education. The faculty and program director are responsible for providing fellows with direct experience in and progressive responsibility for patient management. All patient care at Moffitt Cancer Center provided by fellows will be provided under direct or indirect faculty supervision. Supervision will be documented as appropriate in the medical record in accordance with Moffitt Cancer Center compliance guidelines. Activities performed without direct supervision require access to the supervising physician for communication, and physical access to an attending physician within 30 minutes. Activities performed with direct supervision require on-site presence of the supervising physician. Fellows are authorized to perform any assigned activity while under direct supervision. Final interpretation of all diagnostic and therapeutic studies requires direct supervision.

Fellows will have completed an accredited residency in General Surgery, and are expected to be able to perform all the duties within the scope of practice of a general surgery resident (as outlined in the Policy on Resident Supervision: Scope of Practice document of the University of South Florida College of Medicine General Surgery Residency). Fellows are expected to complete a minimum of 18 months of required clinical rotations as well as elective time in clinical care and/or research. Because the rotation structure is such that fellows may take required rotations either during their first or second year of fellowship (PGY6 or PGY7), there is no expectation that PGY6 and PGY7 fellows have inherently different scope of practice, but rather that as their training progresses, the fellow will gradually assume more progressive responsibility for patient management while remaining under supervision. Fellows may be involved in the education and supervision of more junior fellows and of residents and students.

In emergency situations in which immediate care is necessary to preserve the life of a patient or prevent serious deterioration of a patient, any fellow shall be permitted to carry out any medically necessary treatment that is within the scope of her/his self-assessed capability. The attending physician will be contacted and apprised of the situation as soon as possible. The fellow will be responsible for documenting in the patient’s medical record the nature of the emergency and any interventions performed, and for notification of the attending physician.

Fellow Evaluation: The Program Director, with the advice of members of the faculty and the duly constituted Clinical Competency Committee, is responsible for evaluating the fellow and determining that the criteria have been met to progress to the next PGY level and to graduate. The Program Director will make such determination based on written performance evaluations, formal faculty discussions, and personal observations regarding each fellow. The Program Director will share such evaluations with each fellow no less frequently than every six months and document same in the file of the fellow. The manner in which corrective actions against trainees are implemented is stated in the University of South Florida Graduate Medical Education Policies and Procedures handbook. It is also expected that each attending physician will closely monitor the actions of each fellow involved in the care of patients assigned to her/him and to inform the Program Director in an accurate and timely fashion of the capabilities of such fellows.

This document may be modified by the program director as necessary to reflect changes in the training program or to the accrediting organization for surgical oncology fellowships.
PGY 6 or 7
Under Indirect or Direct Supervision

Fellows Shall:

1) Perform history and physical examinations (H&Ps) and develop diagnostic and therapeutic plans for outpatients and inpatients
2) Discuss diagnosis, prognosis, results of diagnostic tests and surgical procedures, therapeutic considerations and alternatives, and the risks, benefits and rationale for surgical and nonsurgical treatment with patients, their families and their caregivers
3) Dictate H&Ps, consultation notes and discharge summaries
4) Provide ongoing care for outpatients and inpatients, including patients in the critical care unit and in the operating room and pre- and post-anesthesia care areas
5) Write prescriptions
6) Complete medical records information
7) Prepare patients’ paperwork for surgeries
8) Mark patients preoperatively for surgery
9) Provide emergency medical procedures
10) Make incisions, complete wound closures and perform other specified aspects of surgical procedures at the direction of the attending surgeon as part of an operation otherwise performed by or under the direct supervision of the attending surgeon.
11) Prepare informal and formal educational seminars on surgical oncology and general surgery topics
12) Develop a plan for a research project and carry out record reviews, literature searches and preparation of regulatory forms and manuscripts relating to research

PGY 6 or 7
Under Direct Supervision

Fellows Shall:

1) Perform operations
2) Evaluate new and existing patients in the outpatient clinic

Signature: Director of Program

Approved and Reviewed 10/28/10
Revised 5/9/15