



SCOPE OF PRACTICE

Hematology and Medical Oncology Fellowship
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This document pertains to fellow rotations under the auspices of the Hematology/Oncology Fellowship at H Lee Moffitt Cancer Center, Tampa General Hospital and JA Haley VA Hospital. All Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

INTERNAL MEDICINE - HEMATOLOGY/ONCOLOGY- Fellows at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. Fellows are authorized to perform any activity assigned while under direct supervision. This document may be modified by the program director based on additions to the training program.

PGY 4: Fellows shall:

1. do pertinent history & physical examination & develop diagnostic & therapeutic plans for:
 - a. ambulatory
 - b. hospitalized patients with unknown or newly diagnosed hematologic or oncologic problems
2. Provide ongoing care for ambulatory patient with cancer & hematologic disorders
3. Learn proper techniques for performing:
 - a. Blood counts
 - b. Peripheral blood smear interpretation
 - c. Bone marrow aspiration, biopsy & interpretation
 - d. Use & care of long-term vascular access devices & intraventricular access devices
4. Recognize & provide proper management for oncologic & hematologic emergencies;
5. Provide consults to physicians in other specialties, regarding hematologic or oncologic problems of their patients
6. Assure ordering of proper chemotherapy doses
7. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, supportive care, end-of-life issues, and psychosocial issues with patients who have hematologic and oncologic disorders
8. Prepare informal & formal educational seminars for residents, subspecialty fellows & faculty on hematologic & oncologic topics;
9. Develop a plan for a research project.

PGY 5: See PGY4 above. Also the Fellow shall increase the following skills

1. Diagnostic & therapeutic knowledge
2. Procedural skills
3. Consulting
4. Patient care supervisory skills

5. Teaching skills. The fellow will also: 1) work actively on at least one research project 2) develop increasing levels of independence in carrying out clinical & educational responsibilities.

PGY 6: Same as PGY 5

FELLOWSHIP TRAINEE EDUCATIONAL GOALS AND OBJECTIVES:
FELLOWSHIP YEAR 1

Introduction

The first year of medical oncology and hematology fellowship training involves intensive clinical training in these subspecialties. Fellows are expected to take a progressive level of responsibility in providing ambulatory and in-hospital medical care and counseling for patients, providing consultations to other physicians, supervising and teaching residents and medical students, and reading, analyzing and presenting to others the pertinent hematologic and oncologic literature. They also will begin to work on research projects, which will be carried out throughout their training. Initially, faculty physicians, senior fellows, and selected physician extenders will supervise all aspects of their work very closely, but increasing independence will be given to trainees as their skills and knowledge improve.

Patient Care

1. Do pertinent history and physical examination and develop diagnostic and therapeutic plans for outpatients with unknown or newly diagnosed hematologic or oncologic problems.
2. Provide ongoing care for ambulatory patients with cancer and hematologic disorders.
3. Do pertinent history and physical exam and develop diagnostic and therapeutic plans for hospitalized patients with unknown or newly diagnosed hematologic or oncologic problems.
4. Learn proper techniques for performing blood counts; peripheral blood smear interpretation; bone marrow aspiration, biopsy, and interpretation; use and care of long- term vascular access devices; administration of chemotherapy orally, intravenously, subcutaneously, intrathecally and through intraventricular access devices.
5. Recognize and provide proper management for oncologic and hematologic emergencies.
6. Work with interdisciplinary teams of surgical oncologists, radiation oncologists, pathologists, diagnostic radiologists, physician extenders, nurses, social workers, dieticians, physical therapists, etc., to provide comprehensive care for patients with cancer and hematologic disorders.
7. Become familiar with clinical research protocols available for treating various disorders and consider patients for treatment on investigational therapeutic trials whenever indicated.
8. Counsel patients on diagnosis, prognosis, therapeutic choices, coping skills for chronic and life-threatening illnesses, palliative care, living wills, etc.
9. Have ongoing exposure and understanding of medical ethics and the humanistic aspects of medicine.

Medical Knowledge

1. Do pertinent history and physical examination and develop diagnostic and therapeutic plans for outpatients with unknown or newly diagnosed hematologic or oncologic problems.
2. Provide ongoing care for ambulatory patients with cancer and hematologic disorders.

3. Do pertinent history and physical exam and develop diagnostic and therapeutic plans for hospitalized patients with unknown or newly diagnosed hematologic or oncologic problems.
4. Learn proper techniques for performing blood counts; peripheral blood smear interpretation; bone marrow aspiration, biopsy, and interpretation; use and care of long-term vascular access devices; administration of chemotherapy orally, intravenously, subcutaneously, intrathecally and through intraventricular access devices.
5. Recognize and provide proper management for oncologic and hematologic emergencies.
6. Provide concise, thorough, educational consultations to physicians in other specialties, regarding oncologic or hematologic problems of their patients.
7. Complete the Chemotherapy Certification Course and continuously use proper methods and the necessary redundancies to assure accurate calculation, ordering and administration of chemotherapy doses.
8. Work with interdisciplinary teams of surgical oncologists, radiation oncologists, pathologists, diagnostic radiologists, physician extenders, nurses, social workers, dieticians, physical therapists, etc., to provide comprehensive care for patients with cancer and hematologic disorders.
9. Become familiar with clinical research protocols available for treating various disorders and consider patients for treatment on investigational therapeutic trials whenever indicated.
10. Counsel patients on diagnosis, prognosis, therapeutic choices, coping skills for chronic and life-threatening illnesses, palliative care, living wills, etc.
11. Prepare informal and formal educational seminars for students, residents, subspecialty fellows, and faculty on oncologic and hematologic topics.
12. Develop a research project plan and initiate a clinical research project.
13. Have ongoing exposure and understanding of medical ethics and the humanistic aspects of medicine.

Practice-Based Learning and Improvement

1. Do pertinent history and physical examination and develop diagnostic and therapeutic plans for outpatients with unknown or newly diagnosed hematologic or oncologic problems.
2. Provide ongoing care for ambulatory patients with cancer and hematologic disorders.
3. Do pertinent history and physical exam and develop diagnostic and therapeutic plans for hospitalized patients with unknown or newly diagnosed hematologic or oncologic problems.
4. Learn proper techniques for performing blood counts; peripheral blood smear interpretation; bone marrow aspiration, biopsy, and interpretation; use and care of long-term vascular access devices; administration of chemotherapy orally, intravenously, subcutaneously, intrathecally and through intraventricular access devices.
5. Recognize and provide proper management for oncologic and hematologic emergencies.
6. Work with interdisciplinary teams of surgical oncologists, radiation oncologists, pathologists, diagnostic radiologists, physician extenders, nurses, social workers, dieticians, physical therapists, etc., to provide comprehensive care for patients with cancer and hematologic disorders.
7. Complete the Chemotherapy Certification Course and continuously use proper methods and the necessary redundancies to assure accurate calculation, ordering and administration of chemotherapy doses.

8. Prepare informal and formal educational seminars for students, residents, subspecialty fellows, and faculty on oncologic and hematologic topics.
9. Develop a research project plan and initiate a clinical research project.
10. Have ongoing exposure and understanding of medical ethics and the humanistic aspects of medicine.

Interpersonal and Communication Skills

1. Do pertinent history and physical examination and develop diagnostic and therapeutic plans for outpatients with unknown or newly diagnosed hematologic or oncologic problems.
2. Provide ongoing care for ambulatory patients with cancer and hematologic disorders.
3. Do pertinent history and physical exam and develop diagnostic and therapeutic plans for hospitalized patients with unknown or newly diagnosed hematologic or oncologic problems.
4. Recognize and provide proper management for oncologic and hematologic emergencies.
5. Provide concise, thorough, educational consultations to physicians in other specialties, regarding oncologic or hematologic problems of their patients.
6. Work with interdisciplinary teams of surgical oncologists, radiation oncologists, pathologists, diagnostic radiologists, physician extenders, nurses, social workers, dieticians, physical therapists, etc., to provide comprehensive care for patients with cancer and hematologic disorders.
7. Counsel patients on diagnosis, prognosis, therapeutic choices, coping skills for chronic and life-threatening illnesses, palliative care, living wills, etc.
8. Prepare informal and formal educational seminars for students, residents, subspecialty fellows, and faculty on oncologic and hematologic topics.
9. Continue to develop life-long learning habits.
10. Have ongoing exposure and understanding of medical ethics and the humanistic aspects of medicine.
11. Learn and practice quality assurance and performance improvement.
12. Provide concise, thorough, educational consultations to physicians in other specialties, regarding oncologic or hematologic problems of their patients.

Professionalism

1. Provide ongoing care for ambulatory patients with cancer and hematologic disorders.
2. Do pertinent history and physical exam and develop diagnostic and therapeutic plans for hospitalized patients with unknown or newly diagnosed hematologic or oncologic problems.
3. Recognize and provide proper management for oncologic and hematologic emergencies. Provide concise, thorough, educational consultations to physicians in other specialties, regarding oncologic or hematologic problems of their patients. Work with interdisciplinary teams of surgical oncologists, radiation oncologists, pathologists, diagnostic radiologists, physician extenders, nurses, social workers, dieticians, physical therapists, etc., to provide comprehensive care for patients with cancer and hematologic disorders.
4. Counsel patients on diagnosis, prognosis, therapeutic choices, coping skills for chronic and life-threatening illnesses, palliative care, living wills, etc.
5. Prepare informal and formal educational seminars for students, residents, subspecialty fellows, and faculty on oncologic and hematologic topics.
6. Develop a research project plan and initiate a clinical research project.

7. Continue to develop life-long learning habits.
8. Have ongoing exposure and understanding of medical ethics and the humanistic aspects of medicine.
9. Learn and practice quality assurance and performance improvement.
10. Provide concise, thorough, educational consultations to physicians in other specialties, regarding oncologic or hematologic problems of their patients.

System-Based Practice

1. Learn proper techniques for performing blood counts; peripheral blood smear interpretation; bone marrow aspiration, biopsy, and interpretation; use and care of long- term vascular access devices; administration of chemotherapy orally, intravenously, subcutaneously, intrathecally and through intraventricular access devices.
2. Complete the Chemotherapy Certification Course and continuously use proper methods and the necessary redundancies to assure accurate calculation, ordering and administration of chemotherapy doses.
3. Work with interdisciplinary teams of surgical oncologists, radiation oncologists, pathologists, diagnostic radiologists, physician extenders, nurses, social workers, dieticians, physical therapists, etc., to provide comprehensive care for patients with cancer and hematologic disorders.
4. Become familiar with clinical research protocols available for treating various disorders and consider patients for treatment on investigational therapeutic trials whenever indicated.
5. Learn how to utilize social services, palliative care services and hospice in appropriate circumstances.
6. Counsel patients on diagnosis, prognosis, therapeutic choices, coping skills for chronic and life-threatening illnesses, palliative care living wills, etc.
7. Have ongoing exposure and understanding of medical ethics and humanistic aspects of medicine.

FELLOWSHIP TRAINEE EDUCATIONAL GOALS AND OBJECTIVES: FELLOWSHIP YEAR 2

The clinical training for the second year of fellowship is a continuation of the first year. The second year fellow should develop an increasing level of knowledge, judgment, maturity, performance, and independence as a subspecialty consultant and a direct care provider for acutely and chronically ill patients with hematologic and neoplastic and disorders. Second year fellowship objectives vary with career goals of the individual fellows. Fellows progress through their second year of clinical subspecialty training, rotating through selected inpatient and consultation services for the second, third and fourth times, and are expected to take a more active role on rounds and in supervising and teaching junior fellows, residents, and students.

They should require only a modest degree of supervision in providing inpatient and outpatient care for all but the most rare and complicated problems. Second year fellows should present more sophisticated seminars on increasingly complex topics. Research projects should be well under way. Academic career-oriented fellows will devote most of their efforts in the second year to developing and working on their research projects and taking any necessary didactic classroom courses.

Patient Care

1. Increase diagnostic, therapeutic and procedural knowledge and skills.
2. Increase consulting skills.
3. Increase patient care supervisory skills.

Medical Knowledge

1. Increase diagnostic, therapeutic and procedural knowledge and skills.
2. Increase teaching skills.
3. Work actively on at least one research project.
4. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
5. Develop increasing levels of independence in carrying out clinical and educational responsibilities.

Practice-based Learning and Improvement

1. Increase diagnostic, therapeutic and procedural knowledge and skills.
2. Increase consulting skills.
3. Increase patient care supervisory skills.
4. Increase teaching skills.
5. Work actively on at least one research project.
6. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
7. Develop increasing levels of independence in carrying out clinical and educational responsibilities.

Interpersonal and communication skills

1. Increase diagnostic, therapeutic and procedural knowledge and skills.
2. Increase consulting skills.
3. Increase patient care supervisory skills.
4. Increase teaching skills.
5. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
6. Develop increasing levels of independence in carrying out clinical and educational responsibilities.

Professionalism

1. Increase diagnostic, therapeutic and procedural knowledge and skills.
2. Increase consulting skills.
3. Increase patient care supervisory skills.
4. Increase teaching skills.
5. Fellows preparing for an academic career begin research project and course work.
6. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
7. Develop increasing levels of independence in carrying out clinical and educational responsibilities.

Systems-based practice

1. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine-, quality assurance/performance improvement, and working with the changing health care environment.
2. Continue to increase knowledge and skills in end-of-life care, palliative care and dealing with psychosocial aspects of patient management.
3. Increase ability to counsel patients in optimal utilization of health care system resources.

**FELLOWSHIP TRAINEE EDUCATIONAL GOALS AND OBJECTIVES:
FELLOWSHIP YEAR 3**

Introduction

The third year of fellowship training in medical oncology and hematology is required for fellows seeking ABIM board eligibility in both medical oncology and hematology. An additional year of fellowship training junior faculty position, with a research emphasis, is necessary for most fellows who desire to enter an academic career. The third year fellow should be developing an increasing level of knowledge, judgment, maturity, and performance as a subspecialty consultant and direct care provider for acutely and chronically ill patients with hematologic and neoplastic disorders. Although there is continuing supervision by faculty members, third year

Fellows should be capable of nearly independent management of most oncologic and hematologic problems, more supervisory responsibility on inpatient services, and more

Independence in the outpatient setting, Knowledge of basic pathophysiology and clinical skills learned in prior years of training should continue to be honed. The third year fellow should be filling in gaps in knowledge and should concentrate on gaining an increased depth of knowledge about the basic science aspects underlying these clinical disciplines. Third year fellows are expected to take an active role in teaching junior fellows, residents and students. Research project(s) should be completed during this year for clinically oriented fellows, but probably will extend into a 4th year for fellows on an academic career development track.

Patient Care

1. Continue improving skills, knowledge, humanistic qualities, and overall ability to manage and supervise the care of patients with hematologic and oncologic disorders.

Medical Knowledge

1. Continue improving skills, knowledge, humanistic qualities, and overall ability to manage and supervise the care of patients with hematologic and oncologic disorders.
2. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
3. Complete research project(s) and hopefully present an abstract of each research project at a national meeting and publish the work in a peer-reviewed journal.
4. Develop self-study groups and recruit faculty members to assist in preparing for board
5. Certification examinations.

Practice-based Learning and Improvement

1. Continue improving skills, knowledge, humanistic qualities, and overall ability to manage and supervise the care of patients with hematologic and oncologic disorders.
2. Continue developing the life-long learning habits that will be required throughout the physician's career.
3. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
4. Complete research project(s) and hopefully present an abstract of each research project
5. at a national meeting, and publish the work in a peer-reviewed journal.
6. Develop self-study groups and recruit faculty members to assist in preparing for board certification examinations.

Interpersonal Skills

1. Continue improving skills, knowledge, humanistic qualities, and overall ability to manage and supervise the care of patients with hematologic and oncologic disorders.
2. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
3. Complete research project (s) and hopefully present an abstract of each research project at a national meeting, and publish the work in a peer reviewed journal.
4. Develop self-study groups and recruit faculty members to assist in preparing for board certification examinations.

Professionalism

1. Continue improving skills, knowledge, humanistic qualities, and overall ability to manage and supervise the care of patients with hematologic and oncologic disorders.
2. Continue developing the life-long learning habits that will be required throughout the physician's career.
3. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement, and working with the changing health care environment.
4. Complete research project(s) and hopefully present an abstract of each research project
5. at a national meeting, and publish the work in a peer-reviewed journal.
6. Develop self-study groups and recruit faculty members to assist in preparing for board certification examinations.

Systems-based practice

1. Continue developing the life-long learning habits that will be required throughout the physician's career.
2. Continue to increase level of sophistication regarding medical ethics, humanistic aspects of medicine, quality assurance/performance improvement¹ and working with the changing health care environment.
3. Continue to increase knowledge and skills in end-of-life care, palliative care and dealing
4. With psychosocial aspects of patient management.
5. Increase ability to counsel patients in optimal utilization of health care system resources.

The purpose of this policy is to ensure that residents are provided adequate and appropriate levels of supervision during the course of the educational training experience and to ensure that patient care continues to be delivered in a safe manner. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents are responsible for asking for help from the supervising physician under any circumstances that they think it will improve patient care, resident knowledge and will improve their education. Supervision may be provided by more senior residents in addition to attendings. However, all patient care must be provided under a credentialed and privileged attending physician. The attending physician is ultimately responsible for management of the individual patients and the supervision of the residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Hematology/Oncology Program at the University of South Florida compliance guidelines.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

Direct Supervision

The supervising physician is physically present with the resident and patient.

Indirect Supervision

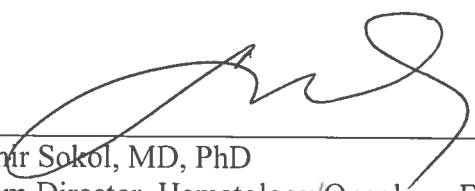
1. With Direct Supervision Immediately Available – The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
2. With Direct Supervision Available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.

Oversight

1. The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The Fellowship program has a curriculum for providing knowledge and performance competence that includes bone marrow training and simulation with three procedures that need to be completed before obtaining indirect supervision. Annual decisions about competence are made by the program's Clinical Competency Committee to ensure a successful transition and preparation for the next PGY level. All Fellows need to maintain current ACLS training.

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending (oversight)			
Designated Levels	1	2	3	4	See below for level of supervision		
CORE PROCEDURES					PGY4	PGY5	PGY6
Perform patient care and procedures in outpatient setting					2	3	3
Admit patients and complete inpatient H&P for Medicine service					2	4	4
Admit patients to ICU and complete H&P for ICU level of care					2	4	4
Treat and manage common medical conditions					2	4	4
Make referrals and request consultations					2	4	4
Provide consultations within the scope of his/her privileges					2	4	4
Render any care in a life-threatening emergency					3	4	4
SEDATION					PGY4	PGY5	PGY6
Local anesthesia					1	2	2
Floor Procedures					PGY4	PGY5	PGY6
Bone marrow aspiration					1	2	2
Bone marrow needle biopsy					1	2	2
Ommaya/ Intrathecal chemotherapy					1	2	2
Apheresis/plasma exchange					1	2	2



 Lubomir Sokol, MD, PhD
 Program Director, Hematology/Oncology Fellowship

 3/1/2019
 Date