

Hematology/Oncology Fellowship Program

SCOPE OF PRACTICE

Fellows are to follow one of the basic fellowship pathways. There are differences in the Scope of Practice and expectations depending upon which pathway is taken. The three pathways are:

Physician - Clinical Investigator

Candidate: Interested in clinical trial/translational research; anticipates junior academic faculty position after fellowship.

Clinical Training: Required 18 months, with nine months of hematology (including six months non-malignant hematology) and nine months of oncology, half of which is outpatient. Up to an additional six months may be spent as a second or third year fellow in clinical rotations on consultation service and/or rotations in malignancy/condition of interest.

Continuity Clinics: All three years.

Additional Training Provided (By Mentor and/or Program): How to write, fund and manage clinical trials; how to collaborate with basic science laboratories; grant application training; publication writing training.

Physician - Laboratory Scientist

Candidate: Interested/experienced in laboratory research; anticipates research fellowship and/or junior academic faculty position after fellowship.

Clinical Training: Required 18 months, with nine months of hematology (including six months non-malignant hematology) and nine months of oncology, half of which is outpatient.

Continuity Clinics: All three years.

Additional Training Provided (By Mentor and/or Program): How to establish laboratory research program; grant application training; publication writing training.

Physician - Clinical Educator

Candidate: Interested in clinical expertise and educator training; willing to consider time as junior academic faculty.

Clinical Training: Required 18 months, with nine months of hematology (including six months' non-malignant hematology) and nine months of oncology, half of which is outpatient. Up to an additional nine months may be spent as second or third year fellow in clinical rotations on consultation service and/or rotations in oncology and hematology.

Continuity Clinics: All three years.

Additional Training Provided (By Mentor and/or Program): Teaching techniques; how to manage patients on clinical trials; maintaining academic interest/expertise after training.

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PGY-4

During the PGY-4 year, fellows are to gain a base experience with all phases of hematology and oncology including: non-neoplastic hematology, hematologic malignancies, bone marrow transplantation and solid tumor oncology. This year is primarily clinical, although may be modified to fit individual needs.

- Fellows spend up to four months on non-neoplastic hematology rotations, which include the Benign Hematology Consultation Service and/or rotations including activities in transfusion medicine, coagulation, hematologic pathology or apheresis. On the Benign Hematology Consultation Service, first year fellows are responsible for the evaluation of the inpatients for which hematology consultation has been requested. In collaboration with the supervising attending physician, the consult report is prepared and the fellow communicates with the requesting physician(s) as appropriate. For the consult patient who requires a specialty procedure, such as a bone marrow aspirate and biopsy, the consult fellow is responsible for coordination and performing the procedure and communicating the results (all is supervised by the attending physician).
- Fellows spend two - three months on the Hematologic Malignancies Service. Fellows make decisions regarding diagnostic and therapeutic management as his or her knowledge and experience permit, with the help and guidance of the attending physician. Fellows also work in collaboration with nurse practitioners and physician assistants and supervise PGY 1 – 3 residents. Care of the patients include:
 - Preparation, or supervision, of a written admission history and physical examination and daily progress notes for all patients on the inpatient services.
 - Entering patients into clinical trials, obtaining informed consent for treatment, and writing chemotherapy orders in keeping with training and as supervised by attending physicians, as well as discussing them with the house staff and nurses.
 - Fellows round every morning with the attending physician and the house staff team.
- Fellows spend two to three months on the Solid Tumor Oncology Service, which is comprised of patients specifically admitted to the Hospitalist/Oncology Co-Management Service, as well as patients admitted to other services for which oncology consultation has been requested. Typically, patients on the Hospitalist/Oncology Co-Management Service are established patients of the Division of Hematology/Oncology who are admitted for chemotherapy administration, or for management of complications of cancer or cancer therapy. In contrast, cancer patients on other services have not yet

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established care within the Division, or have been admitted for a chief complaint unrelated to their malignancy. Whether the patient is admitted to the Co-Management Service or another service, fellows make decisions regarding diagnostic and therapeutic management as his or her knowledge and experience permit, with the help and guidance of the attending physician. Care of the patients include:

- Preparation of a written consult report, and communication with the primary team as appropriate. Daily progress notes are required on Co-Management patients, whereas progress notes are entered as needed for patients on other services.
- Entering patients into clinical trials, obtaining informed consent for treatment, writing chemotherapy orders in keeping with training and as supervised by attending physicians, as well communicating with the primary team and nurses.
- Fellows round daily with the attending physician.

Fellows spend up to four months in solid tumor oncology clinics, covering the major tumor types, including: Genitourinary Malignancies, Lung Cancer, Breast Cancer, and Gastrointestinal malignancies. Responsibilities for outpatient care include initial and follow-up evaluations, development of treatment recommendations, and documentation in a timely fashion in the electronic medical record. Fellows implement diagnostic and treatment plans, after discussion with and approval by the attending physicians. On average, four patients are initially seen in each half day clinic, with seven half day clinics per week. As time progresses, patient numbers increase.

- First year fellows have at least one continuity clinic weekly. Duration of this clinic is for a minimum of six months and may include non-neoplastic hematology, malignant hematology, and/or solid tumor oncology. Fellows have continuing responsibility for patients in their longitudinal clinics and serve as the primary physician whenever possible. Fellows' responsibilities for outpatient care include initial and follow-up evaluations, and development of treatment recommendations. Fellows implement diagnostic and treatment plans, after discussion with and approval by the attending physicians. On average, at least four patients are seen in each half day clinic initially. As time progresses, patient numbers increase.
- An elective month may be provided. During this month, fellows will be encouraged to spend time in research laboratories or working on clinical trials.
- Night, weekend, and holiday on-call coverage for Division patients and for emergency consultations are the responsibility of an attending physician, inpatient services, and fellows covering the Benign Hematology Consultation Service, the Hematologic Malignancies Service, the Solid Tumor Oncology Service, and the VA General Hematology/Oncology Service.
- Responsibilities may change as determined by fellow needs and educational opportunities.
- Research projects are to be initiated/completed as supervised and assisted by the Mentor and Fellowship



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PGY-5

During the PGY-5 year, fellows should expect to complete the required clinical rotations to meet board eligibility and to function with less guidance from attending physicians. Fellows pursuing a laboratory investigator track begin their laboratory work and fellows pursuing the clinical trial investigator track will finish the clinical trial preparation and initiate it, along with continuing to gain purposeful clinical experiences. Fellows pursuing a career track of clinical educator will continue with a year that is primarily clinical.

- Each second year fellow in the Division of Hematology/ Oncology spends two months on the General Hematology/Oncology service at the Ralph H. Johnson VA Medical Center with responsibilities similar to those of the first year fellow assigned to the inpatient and consult services at MUSC, except for progression in independence.
 - Rounds are made daily with the subspecialty attending physician, and supervised care is provided for inpatients and for inpatient consultation patients.
 - There is participation in the weekly non-longitudinal VA Hematology & Oncology Clinics. Fellows' responsibilities are essentially the same as in the longitudinal clinics except that the VA fellow is expected to handle matters of post-encounter care (e.g., following up on diagnostic tests).
- Each second year fellow will also have up to three months on the inpatient service, including one month on the Bone Marrow Transplant Service, one month on the Solid Tumor Oncology Service, and one month on the Hematologic Malignancies Service.
- Each second year fellow has at least one month of solid tumor oncology clinic rotations in order to complete their board requirements. Responsibility level is to increase and, on average, six to eight patients will be seen per half day clinic, with at least six half-day clinics per week.
- An additional month may be spent on the Solid Tumor Oncology Service or the Benign Hematology Service.
- Training in the management of ambulatory cancer patients continues throughout the second fellowship year with continued participation in weekly longitudinal clinics with increasing levels of independence.

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On average, at least six patients will be seen per half day clinic.

- Fellows pursuing the clinical investigator track and the clinical educator track will select elective clinical rotations in conjunction with the advice of their mentors, the program director and the assistant program director(s). These may include any of the above noted rotations, the outpatient BMT clinic, or other hematology and oncology related fields as approved by the program director.
- Night, weekend, and holiday on-call coverage for Division patients and for emergency consultations are the responsibility of an attending physician, inpatient services, and fellows covering the Benign Hematology Consultation Service, the Hematologic Malignancies Service, the Solid Tumor Oncology Service, and the VA General Hematology/Oncology Service.
- Responsibilities may change as determined by fellow needs and educational opportunities. Depending on these, activities described for PGY-4 and PGY-5 may be interchanged.
- Research projects are to be completed as supervised and assisted by the Fellowship Research Committee

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PGY-6

During the PGY-6 year, fellows pursuing the laboratory investigator track will continue with laboratory activities under their mentor. Their required clinical activities will consist of one half day continuity clinic, seeing six to eight patients on average weekly. Clinical investigator track PGY-6 fellows may elect to focus their continuity clinic in their area of clinical research, as approved by their mentor and the program director.

- Third year fellows will have continued continuity clinic for the entire year. For fellows pursuing the clinical educator track, the longitudinal clinic will be the VA longitudinal clinic and will consist of two half day clinics. Six to eight patients will be seen per half day. Increasing responsibility for treatment planning, monitoring of symptoms and care of the patient throughout the week will be expected as the year progresses.
- Fellows pursuing the clinical investigator track, and those pursuing the clinical educator track, will elect additional elective rotations in conjunction with the advice of their mentors, the program director and the assistant program director(s). These may include any of the above noted rotations, the outpatient BMT clinic, or other hematology and oncology related fields as approved by the program director.
- Night, weekend, and holiday on-call coverage for Division patients and for emergency consultations are the responsibility of an attending physician, inpatient services, and fellows covering the Benign Hematology Consultation Service, the Hematologic Malignancies Service, the Solid Tumor Oncology Service, and the VA General Hematology/Oncology Service.
- Responsibilities may change as determined by fellow needs and educational opportunities.
- Research projects are to be completed as supervised and assisted by the Mentor and the Fellowship Mentoring Committee