University of Virginia Fellowship Program in Gynecologic Oncology

Policies and Procedures Manual

**Revised 9/1/2014**

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#### Program Description

**Title of Program**

Fellowship Program in Gynecologic Oncology

**Division Director**

Susan C. Modesitt, M.D.

Fellowship Director

Linda R. Duska, M.D.

**Educational Goals and Objectives (Summary)**

***Complete list of Goals and Objectives for the Program are available on the O drive.***

The overall goal of the Fellowship Program in Gynecologic Oncology at The University of Virginia is to train board-eligible gynecologists to become academic gynecologic oncologists who are both highly skilled and knowledgeable surgeons and capable of contributing to and advancing the field of Gynecologic Oncology. The training program focuses advanced academic, technical, and judgment skills into a framework necessary for conducting effective cancer management, research, and teaching. Upon satisfactory completion of the three-year Fellowship in Gynecologic Oncology, the fellow is eligible to take the written and oral examinations of the American Board of Obstetrics and Gynecology for a certificate of special competence in Gynecologic Oncology. To this end, the educational curriculum is designed to provide each fellow with opportunities to fully develop the following characteristics of a gynecologic oncologist:

* The skill to perform both radical and conservative cancer operative procedures and all the knowledge necessary to determine the most appropriate therapeutic regimen.
* The ability to effectively integrate the principles, applications, and risks of the surgical, radiation, and medical therapeutic modalities into a treatment plan appropriate for each patient.
* The research skills to design and execute innovative laboratory and/or clinical investigation strategies based upon principles of sound scientific methodology, accurate data analysis, and effective communication of results, as well as collaborative efforts.
* Excellent clinical skills including surgical management and multidisciplinary cancer care, based on biological principles as well as research evidence.
* Outstanding leadership qualities and effective interpersonal, communication, and management skills.

**Criteria for Selection of Trainees**

Trainees in the Division of Gynecologic Oncology must have successfully completed an ACGME accredited residency in Obstetrics and Gynecology. They must be Board eligible and file an application with the American Board of Obstetrics and Gynecology at least 90 days prior to entry into the fellowship. Their application must be approved by the American Board of Obstetrics and Gynecology before beginning their fellowship. They must obtain the knowledge and skills outlined in the "Guide to Learning in Gynecologic Oncology" and must conform to the current "Special Requirements for Graduate Medical Education in Gynecologic Oncology" as prescribed by the American Board of Obstetrics and Gynecology.

Applicants must submit a completed ERAS application prior to the May 1st deadline. A completed application consists of: ERAS application, CV, Medical School Transcript, USMLE transcripts, letters of recommendation, Medical School Performance Evaluation. Graduates of foreign medical schools must also be ECFMG certified to be considered.

Applicants will be selected through the "Specialties Matching Services of the National Resident Matching Program" (NRMP) and therefore must have a valid AAMC identification number.

Requirements and Responsibilities of Trainees

Essential Requirements

A fellow in the Division of Gynecologic Oncology must be physically capable of performing advanced and radical gynecologic surgery. The fellow must be intelligent with outstanding analytical skills in order to make judgments regarding critically ill patients. Furthermore, he/she must have emotional and psychological stability to deal with seriously ill or dying patients and their families in a compassionate and positive manner.

The fellow will work between 60 and 80 hours per week and are subject to the 80 hour work week restrictions of all ACGME Trainees. Inpatients are seen by a clinical fellow before the workday begins. Duties during the day will be prescribed by the supervisory staff. Evening rounds are then made. It is expected that fellows will leave the hospital between 5:00 and 10:00 pm depending upon the needs of the patients. The fellow will also make morning rounds with the residents on Saturday and Sunday when on call.

Fellows are required to attend educational sessions presented by the Division of Gynecologic Oncology. These include a weekly lecture series (“Fellows’ Conference”) and a monthly Journal club. Journal club is held in conjunction with the Journal club of the Obstetrics and Gynecology Residency Program and Journal clubs will be presented by the Gynecologic Oncology Fellow semiannually. Attendance is also expected at Morbidity & Mortality conference and Grand Rounds, both of which are organized by the Department of OB/Gyn.

The fellow must be familiar with and able to perform patient evaluations, history and physical examinations, conization, and colposcopic examination with biopsy. The fellow also should be familiar with the indications for paracentesis and thoracentesis. During the fellowship, the fellow will gain expertise and training and serve as an assistant in radical operative procedures, administration of chemotherapeutic and biologic agents, coordination of radiation therapy, critical care including ventilator and vasopressor therapy, and palliative care including pain management.

The fellow must acquire and maintain current knowledge of pertinent patient care policies and procedures by reading written materials and attending in-service educational programs.

Primary Responsibilities

The fellow is responsible for providing comprehensive management of patients with gynecologic cancer under the supervision of attending physicians. Comprehensive management includes, but is not limited to, those diagnostic and therapeutic procedures necessary for the total care of the patient with gynecologic cancer and complications resulting from such therapy. The fellow is to be educated and trained according to the core curriculum as outlined by the American Board of Obstetrics and Gynecology and to receive further education in Statistics and Radiotherapy as approved by the Board. The fellow is encouraged to complete graduate-level courses in both Statistics and Molecular Biology/Carcinogenesis. The fellow is to train and become proficient in reviewing of microscopic slides, interpretation of gross and microscopic pathology and various radiologic imaging techniques. The fellow is to be able to successfully present and defend a thesis.

It is expected that the fellow will prepare to be independently responsible for radical pelvic and vulvar procedures and all pertinent aspects of urologic, intestinal, and reconstructive procedures. In addition to technical skills, the fellow must acquire expertise in postoperative care and follow-up management of patients who have had extensive and complicated surgery. The Gynecologic Oncology Service maintains joint responsibility for its patients in the medical and surgical intensive care units along with the respective ICU teams. The fellow must be familiar with invasive monitoring, hyperalimentation, multiorgan failure, and other acute-care techniques and dilemmas.

**Outpatient Clinics**

The fellow is responsible for both new patient evaluations and follow-up surveillance in outpatient clinics. Under supervision of the faculty, the fellow will learn to manage different attendings’ specialized clinics within the standard five-day-a-week clinic schedule. The fellow will also have the opportunity to attend high-risk breast-ovarian clinic. Clinical procedures practiced encompass all standard diagnostic techniques, cystoscopy, proctoscopy, colposcopy, LEEP/laser surgery, office excisions and biopsies where appropriate. The fellow will acquire knowledge of the principles of radiobiology and radiation physics and skills in the techniques of radiation oncology as applied to the treatment of gynecologic malignancies. The fellow will be trained in chemotherapy and biological therapy and gain experience with a broad range of investigational agents and clinical trials.

The fellow is expected to complete at least one research project suitable for publication. Those fellows devoting a year to laboratory research are expected to publish at least one basic research paper. The fellows are also expected to present their research at the Mid Atlantic Gynecologic Oncology Society each year and to submit abstracts to the Society of Gynecologic Oncology meeting.

**Operating Room**

Most cases will be performed by the fellow and residents (with appropriate supervision from the attending) unless the technical difficulty of the case is not appropriate. Every effort should be given for standard cases (i.e., TAH/BSO) and routine parts of more advanced cases to be performed by residents. On rare days when OR cases are completed early, all available fellows and residents are to report to the Cancer Center to participate in ambulatory patient care.

During some cases, such as pelvic exenterations, bilateral groin node dissection, or laparoscopic node dissection, both fellows may be assisting in the OR. Furthermore, if two major oncology cases are scheduled simultaneously, the both fellows may be required to be present in the OR.

Fellows are required to use face shields in the operating room and to take necessary universal precautions as defined by OSHA and policies of UVA.

#### Off-Service Rotations

Currently, the two defined off-service rotations consist of Pathology and Radiation Oncology. These off-service rotations may change in the future based on the educational needs of the Fellowship.

The Pathology rotation consists of two 1-week blocks during the last clinical year. It is completed under the supervision of Drs. Mark Stoler and Kristen Atkins. The Goals and Objectives of this rotation are available on the O drive.

The Radiation Oncology rotation consists of two 1-week blocks during the first clinical year. It is completed under the supervision of Dr. Tim Showalter. Knowledge of the principles of radiobiology and radiation physics and skills in the techniques of radiation oncology as applied to the treatment of gynecologic malignancies are acquired by the fellows. The fellows participate with radiotherapists in the insertion of intracavitary implants. The Goals and Objectives of this rotation are available on the O drive.

During these rotations, fellows may be responsible for Gyn Onc night and weekend call.

**Moonlighting**

Moonlighting is discouraged during the two clinical years and if moonlighting is performed, the Fellow must remain under the 80 hour work restrictions prescribed by the ACGME.

**Supervision**

The clinical fellow is involved in all aspects of patient care: surgery, chemotherapy, radiation therapy, intensive care, and terminal care. Over the two-year clinical period, the fellow is given increasing responsibility and exercises clinical independence at the conclusion of the fellowship.

The organizational hierarchy of the Division of Gynecologic Oncology gives the Fellowship Program Director authority over the fellows. The Fellowship Program Director has a reporting relationship to the Department Chairman regarding faculty participation in the training process. The Fellowship Program Director designs the curriculum and fellowship rotations with full participation of the faculty.

The Division of Gynecologic Oncology has four full-time faculty. Faculty from related departments (Medical Oncology, Radiation Oncology, Urology, Colorectal Surgery, and Pathology) also spend significant periods of their time instructing our fellows. The number of faculty provides a comprehensive clinical experience. All attending faculty participate in educational aspects of the training program.

All on-service fellows and residents make rounds with one attending staff each day over the weekend. These rounds serve a practical purpose for coordinating patient care, but are also the scene of active teaching. Furthermore, since most care is delivered in the ambulatory setting, it is notable that nearly every patient is seen by a staff physician with a resident or a fellow to complete the teaching through the continuum of care.

Fellows participate in 500-700 minor and major operations each year and are the primary surgeon in the majority of procedures. The volume and complexity of the surgical training provides comprehensive experience in radical pelvic, urologic, intestinal, and reconstructive procedures. In addition to technical skills, the trainee acquires expertise in postoperative care and follow-up management of these patients.

Clinical training is further emphasized in the outpatient clinics, where fellows are responsible for both new patient evaluations and follow-up surveillance. Under supervision of the faculty, the fellows assist with managing clinic within the standard Monday through Friday clinic schedule. Patients receiving chemotherapy will be seen and evaluated prior to each cycle in the outpatient clinic. Fellows will have the opportunity to assist in preparing chemotherapy orders and participate in all facets of clinical trial research.

Gynecologic Oncology fellows are actively trained in the techniques of chemotherapeutic and biological agents used to treat gynecologic malignancies. They learn treatment planning, dosing, and methods of administering a variety of agents both intravenously and intraperitoneal. Many patients are treated on research protocols, and therefore the fellows gain experience with a broad range of investigational agents and clinical trials.

All faculty are involved with investigative research. This includes clinical and/or basic research. Trainees are encouraged to participate in investigative work with the faculty. All fellows will spend a minimum of one year devoted entirely to research under the supervision of a faculty mentor. This research will consist of one year in the basic science laboratory, or participation in the UVA’s Master’s of Science in Clinical Research or Masters of Public Health programs with associated clinical research. All fellows are also expected to conduct at least one clinical research project during the fellowship. In keeping with the policies of this institution, all fellows are required to submit a research project prior to graduation from the program.

**Evaluation**

Please refer to Evaluation Section for details of this program.

An annual report is submitted by the Program Director to the American Board of Obstetrics and Gynecology (ABOG) which includes experience logs and case lists for each fellow in the program. Successful completion of ABOG requirements enable the fellow to take the Board examinations for the subspecialty of Gynecologic Oncology.

**Accreditation Status**

The Fellowship in Gynecologic Oncology program is accredited by the American Board of Obstetrics and Gynecology.

**Duration of Program**

The Fellowship in Gynecologic Oncology at the University of Virginia is currently a three-year program consisting of one year of basic science research experience (or the successful completion of a Master’s degree) followed by a two-year period of clinical training.

#### Research Information

The incoming fellow will be given the opportunity to perform laboratory research or to obtain and MS-CR or MPH degree. For laboratory fellows, prior to the start of the first year, the Fellowship program director will arrange an interview to discuss potential projects/laboratories. After consultation, an initial project will be selected prior to arrival at UVA so as to maximize research productivity in the first year. Several basic science laboratory PhD leaders with an interest in Women’s Oncology have volunteered to serve as research mentors and have opened their laboratories to our fellows as needed. We also have a Gynecologic Oncology Faculty member who runs his own basic science laboratory. Fellows who choose to pursue a Master’s Degree will be assigned a mentor in the school of Public Health to advise regarding course selection and to act as a thesis mentor.

During the semi-annual fellowship evaluations, the program director and research director will meet with each fellow to review research projects and establish realistic goals for timely completion.

Those fellows who choose to pursue a Master’s Degree will be expected to produce a thesis that is worthy of peer review publication and is appropriate for ABOG purposes.

#### abog documentation

Fellows’ case lists and reportable events (ABOG Form 3A) are updated on a monthly basis. Quarterly Case Log reviews with the fellows will include a formal review of the case list. Any necessary corrections will need to be incorporated by the fellow. It is expected that this list will be maintained by each clinical fellow throughout the year. In addition, the completed the tally sheet (Form 4A) for all cases is also due on a quarterly basis.

Reportable events will also be tracked. Fellows are required to complete reportable events in a timely manner. These reports will be reviewed by the fellowship program director on a quarterly basis. The schedule is as follows:

* September: July, August, September
* December: October, November, December
* March: January, February, March
* June: April, May, June to date

The final reportable events and case lists for the year are due in July (see below). These reports will be looked over for our final tally and all corrections will be made before Graduation.

Each July, the Fellowship Program Director submits to the American Board of Obstetrics and Gynecology (ABOG) an annual report that includes all Clinical Fellow's Case Lists, Reportable Events, and a total sheet. Successful completion of ABOG requirements enable the fellow to take the Board examinations for the subspecialty of Gynecologic Oncology.

#### call procedures

**IIIa. Attending Responsibilities**

* The attending on call for the week will round on inpatients with the on call fellow on Saturday and Sunday mornings.
* The attending on call for the week covers for all inpatients of staff who are absent during the week.
* The attending on call is available for any clinical management questions or concerns that the on call fellow has.
* Absent staff should sign out patients to the on call physician. No staff member will sign out his or her beeper to a fellow.
* Hospital to hospital transfers of new patients will go to the attending on call. This is UVA Hospital Policy.
* The attending will be informed by the fellow of all consultations, new inpatient referrals, and emergency consultations.

**IIIb. Fellow Responsibilities**

* The two clinical fellows divide night and weekend calls amongst themselves in a fair and even manner (in accord with duty hour restrictions) and are responsible for providing the department administrator with a call schedule in a timely fashion.
* The fellow on call should be the first contact person for the resident team unless the nature of the medical emergency requires immediate and direct attending involvement.
* Consultations and new inpatient referrals will be managed by the fellow in consultation with the on call physician who staffs the consultation/referral.
* Emergency consultations at any time will be managed by the fellow in consultation with the on-call physician.
* During the evening on weekdays (Monday through Thursday) patient care related issues should be preferentially discussed with the patient’s attending of record. If he/she is unavailable then the attending on call should be contacted. On weekends the attending on call covers all patients unless other arrangements have been made.

#### didactics

**IVa. Fellows’ Conference and Journal Club**

As mentioned previously, fellows are required to attend educational sessions presented by the Division of Gynecologic Oncology. These include a weekly lecture series (“Fellows’ Conference”). The Fellows Conference consists of a series of didactic and small group discussion lectures designed to cover the Core Curriculum as outlined by the Board as well as areas of controversy in Gynecologic Oncology.

Journal Club for the Fellows will be held in conjunction with the Journal Club of the Department. Articles will be chosen by the Fellow assigned to present, and approved by the attending staff. The article is then distributed in a timely fashion (at least one week before Journal Club). The presentation at Journal Club should represent a thoughtful and critical evaluation of the article and relevant literature. If fellows have difficulty in selecting articles, they are encouraged to request assistance from any of the division faculty.

**IVb. Additional Meetings**

Attendance is also expected at Morbidity & Mortality conference and Grand Rounds, both of which are organized by the Department of OB/Gyn.

Tumor Board, a multidisciplinary meeting with Gynecologic Oncology, Radiation Oncology, Pathology, and Radiology is held weekly at 4pm on Wednesdays. All fellows are expected to participate in Tumor Board. The on-service fellow from the prior week is responsible for concisely presenting relevant clinical and operative findings for each patient. The list of patients to be discussed and a brief history has to been turned in to the appropriate departmental secretary by each of the clinical fellows or their designee. This conference represents an excellent forum for active teaching and the fellows should be prepared to answer questions regarding management / pathologic findings.

All fellows, including the research fellow are required to attend all of these conferences.

#### evaluations

Fellows are evaluated by the faculty on a day-to-day basis. Every six months, all fellows will receive an evaluation on progress in the research or clinical area as appropriate from the Fellowship Director. Formal written faculty evaluations are discussed with each fellow semi-annually by the Fellowship Program Director. The Fellowship Program director will provide a summary evaluation derived from input of division faculty and staff. All fellows will be expected to establish goals for the following months and to track research projects and their completion dates throughout fellowship.

**Va. Research Fellows**

The following areas will be evaluated for research fellows (as appropriate, depending on selection of basic science research or Master’s program):

1. Fundamental knowledge base
2. Basic project identified / progression
3. Clinical project identified / progression
4. Graduate courses in progress / successfully completed
5. Presentations planned / completed
6. Paper / thesis drafted / completed / submitted
7. CV update

**Vb. Clinical Fellows**

The following areas will be evaluated for clinical fellows:

1. Fundamental knowledge base
2. Supervision of residents’ morning conference presentations
3. Pre and post-operative care
4. Surgical skills
5. Performance in clinic
6. Interpersonal skills with co-workers
7. Interpersonal skills with patients
8. Research in progress
9. CV update

**Vc. Evaluation of Attendings and Fellowship Program**

Fellows will have an opportunity to evaluate the program and individual faculty every 6 months. This will be performed anonymously through standardized electronic evaluation forms. Due to the small size of the program, the fellows’ evaluations of the attendings will be added to the resident evaluations of the attendings in order to ensure anonymity.

#### required courses

The fellows are no longer required to take two (2) graduate levels classes: one in biostatistics and the other in a relevant subject matter (Molecular Biology/carcinogenesis). However, we are encouraging the fellows to participate in these classes, particularly the statistics class, as ABOG requires knowledge of statistics. At UVA, available courses include: Introduction to Biostatistics (Public Health Sciences Department) and Molecular Basis of Carcinogenesis. The fellow is encouraged to enroll in both courses as appropriate.Support staff

**VIIa.** **Departmental Education Coordinator**

Ms. Tammy Lull is the departmental Education Coordinator for both the Ob/Gyn residency and the Gynecologic Oncology Fellowship programs. She provides administrative support for the Fellowship and coordinates fellowship interviews, selection, coursework, and rotations. She is the contact person for fellows requiring general assistance or information regarding fellowship logistics. Her office phone number is 434-924-9930.

**VIIb. Graduate Medical Education Office (GMEO)**

The GMEO consists of full-time staff members who are available to assist housestaff in any way possible. The GMEO handles matters relating to payroll, health insurance, training certificates, veteran's benefits, loan deferment requests, credentialing/ appointments, employment verifications, and licensure. Pagers are also issued through the GMEO. In addition, the GMEO is responsible for Foreign Medical Graduate sponsorship and monitors the on-call rooms. The GMEO is located in Room 2461, Barringer Wing, and is open 8:00 a.m. until 5:00 p.m., Monday through Friday. The phone numbers are 434-924-2047 and 434-924-8145. The Graduate Medical Handbook can be found at the following website: http://www.medicine.virginia.edu/education/graduate-md/GME/doc/manual\_gradmedtrainee.pdf

#### vacation & leave

**VIIIa/b. Vacation and sick leave.**

Graduate Medical Trainees are allowed three weeks of vacation (unless otherwise specified by the department chair) and up to two weeks of sick leave per year. (see Policy GMEC.03 – Leave or Request for Absence, and departmental leave policies)

**Professional Leave**: This leave is determined by the individual program directors. However, time spent attending professional meetings or taking board examinations or other examinations is not counted as vacation if the activity is approved by the Program Director.

In addition to the aforementioned vacation and professional leave time, the Gynecologic Oncology fellows are allowed 5 personal days during their fellowship to use for interviews or other personal use. These days will have to be pre-authorized by the fellowship director. Additional days may be granted on a case by case basis.

**VIIIc. Maternity/Paternity/Adoption Leave**

**Maternity Leave:** Maternity leave may be granted as four paid weeks of exceptional leave, two weeks sick leave, plus any remaining annual vacation time. The total leave period must be approved by the Program Director who will communicate this to the Office of Graduate Medical Education.

**Paternity Leave**: Paternity leave may be granted as one paid week of exceptional leave, two weeks sick leave, plus any remaining annual vacation time. The total leave period must be approved by the Program Director who will communicate this to the Office of Graduate Medical Education.

**Adoption Leave**: Adoption leave may be granted as four paid weeks of exceptional leave for the primary care giver, two weeks sick leave, plus any remaining annual vacation time. The total leave period must be approved by the Program Director who will communicate this to the Office of Graduate Medical Education.

**VIIId. Family and Medical Leave:** The Health System provides family/medical leave of absence in conformance with the Family and Medical Leave Act of 1993 to eligible employees. Information related to the policies and procedures for securing such leave can be found at https://www.healthsystem.virginia.edu/opr/manuals/mc\_hr/601FAM.PDF The total leave period must be approved by the Program Director who will communicate this to the Office of Graduate Medical Education.

**VIIIe. Extension of Fellowship to comply with Board Requirements**

Additional time for completing board requirements: in certain cases, authorized absence by housestaff members may jeopardize board certification. In the event that the time missed needs to be made up to satisfy educational requirements (e.g., at the end of the normal term of appointment), the institution will be requested to continue to pay all salary and fringe benefits during the extended appointment for a period of time not to exceed four (4) weeks.

#### travel policy

1. All meetings regardless of the source of funding have to be pre-approved by the Division Director.
2. For all meetings, fellows are required to take advantage of early registration for both the meeting and their hotel in order to save the department unnecessary expense. Late fees or extra hotel costs incurred due to missed deadlines WILL NOT BE REIMBURSED except in unusual circumstances.
3. An aggregate time away from the institution for meetings is 5 working days (Monday-Friday) each year for all three years. Time beyond this may be granted but must be approved by the Fellowship and Division Director.
4. Meeting attendance under special circumstances (in excess of the time away or travel allowance) will be addressed on an ad-hoc basis by the Division Director.
5. Expenses for meetings will be paid for by the department ONLY if the fellow is presenting (either plenary or poster) and the meeting was approved in advance by the Program director. When a fellow has had a paper or abstract accepted for presentation, he or she will be reimbursed for hotel, registration, airfare, ground transportation (not rental car), and food. The fellow will have yearly professional allowance to cover meetings or books and will be responsible for any costs that they incur over this allowance. Final allowance for 2013/2014 has not been determined.
6. Coverage at UVA is a top priority and the senior fellow gets preference for choice of meeting(e.g. SGO). When possible, arrangements can be made for both clinical fellows to attend a meeting as long as there is no overlap and coverage is not affected. It is the responsibility of the fellows to notify the Fellowship Director immediately upon acceptance of a paper. Acceptance of a paper does not guarantee that the fellow will be permitted to attend the meeting. All fellows must have their meeting attendance approved by Fellowship Director.
7. The Pre Approval Travel Request form must be signed by the Fellowship Director and the Department Administrator on the departmental approval section and the person paying for the trip must sign on the Authorization for Expenditure of Funds.
8. Information regarding the meeting should be attached to the request to explain meeting times, dates and purpose.

#### medical licensure

#### All housestaff must be appropriately credentialed and appointed to the Professional Staff of the University of Virginia Health System prior to assuming patient care responsibilities. Appointments are made for one year and renewed annually on the recommendation of the clinical chair. Any offers for initial appointment and reappointment are contingent upon credentialing and privileging by the institution and subject to review and approval of all materials submitted in the application process. Such appointments are reviewed and approved by the Health System's Credentials Committee and the Clinical Staff Executive Committee. Specific requirements for appointment can be obtained from the Graduate Medical Education Office which is responsible for obtaining and verifying credentials information related to housestaff and for maintaining files on current and past housestaff.

#### As part of the credentials process, queries are made to the National Practitioner Data Bank for all new applicants who do not come through the National Residency Matching Program. In addition, at the time of initial appointment and reappointment, queries will be made to websites maintained by the Health and Human Services Office of the Inspector General and the General Services Administration.

#### XI. liability coverage

All Graduate Medical Trainees of the University of Virginia Medical Center are provided malpractice insurance through the Commonwealth of Virginia’s Division of Risk Management. This policy provides coverage for alleged acts of medical negligence (both commission and omission) only if the alleged negligent act was performed in the scope of employment at the University of Virginia Medical Center or one of its affiliated health care facilities. Coverage is not extended for employment opportunities which Graduate Medical Trainees seek or arrange on their own (i.e., external moonlighting).

The policy is written on an "occurrence" basis, providing coverage for malpractice claims related to activities performed while Graduate Medical Trainees are employed by the University of Virginia Medical Center. Should a malpractice claim be instituted after completion of residency, the Graduate Medical Trainee will have coverage if the claim is based on alleged negligent acts performed in residency at UVA. Should a Graduate Medical Trainee receive a Notice of Claim and/or Complaint papers, please advise the Medical Center Office of Risk Management immediately, 924-5595.

All potential malpractice incidents should be immediately reported to the Program Director, Department Chairman and the Medical Center Director of Risk Management.

#### XII. organizations

**XIIa. ASCO**

The American Society of Clinical Oncology is the world’s leading professional organization representing physicians who treat people with cancer. ASCO’s members set the standard for patient care worldwide and lead the way in carrying out clinical research aimed at improving the prevention, diagnosis, and treatment of cancer. ASCO's efforts are also directed toward advocating for policies that provide access to high-quality care for all patients with cancer and at supporting the increased funding for clinical and translational research.

**XIIb. SGO**

The Society of Gynecologic Oncology is the main organization of Gynecologic Oncologists. Our mission is to promote and ensure the highest quality of comprehensive clinical care through excellence in education and research in gynecologic cancers.

**XIIb. GOG/NRG**

The Gynecology Oncology Group meets twice yearly (January, July). The senior fellow is encouraged to attend the July meeting. UVA was a full member of the GOG and all fellows will have experience with GOG trials. The transition to NRG is ongoing (2013-2014).

#### policies

**XIIIa. Boundary Guidelines**

### **Introduction**

Professional boundaries among co-workers can be difficult to describe and shift as job descriptions change. Nevertheless, orderly conduct of professional activities, including administrative decision making, teaching, mentoring, hiring, supervising, and evaluating depends upon respect for professional boundaries. Boundary violations may decrease morale and productivity. The purpose of this document is to prevent boundary violations by promoting awareness of boundary issues. A secondary goal is to suggest management of boundary issues when they arise.

## **Policy**

The Division of Gynecologic Oncology will not tolerate harassment of any type, sexual misconduct, nepotism, or other unprofessional behavior by any of its employees in the workplace or while representing the Department. The Department of Obstetrics & Gynecology will fully adhere to Institutional policies on sexual harassment, appointment of relatives, and faculty standards of conduct.

## **Principles**

1. The division’s mission to reduce the burden of gynecologic cancer as well as the core values of caring and integrity are compromised by relationships that violate the boundaries of acceptable professional and social behavior.
2. Boundaries are violated when individuals with professional responsibility for another person are in an inappropriate intimate social, emotional, and/or physical relationship.
3. Not all contact between individuals with professional responsibility for another person is inappropriate. Whether the contact in question is appropriate or not depends upon the surrounding circumstances. Factors include compromise of the chain of command, favoritism, and degradation of productivity or morale.
4. The individual with authority or power over another is perceived as the responsible party when boundaries are violated.
5. Consensual or family relationships can result in violation of boundaries due to the:
	1. appearance of favoritism
	2. relationship being less “consensual” than one of the parties believes
	3. conflict of interest regarding management decisions
6. Stress, fatigue, and misdirected anger raise the risk that boundaries will be violated. Awareness of these factors is an important element of avoiding inadvertent boundary violations.
7. The core value of integrity requires candid and truthful responses when supervisors raise a question regarding boundary violations. Boundary violations cannot be retracted, revised, or erased.
8. Boundaries of confidentiality are not implied but should be explicitly stated between parties.
9. Gossip of factual and non-factual information cannot be retracted and will almost always be propagated.
10. Spousal communication is privileged if the spouse respects strict confidentiality. The Departmental spouse is responsible for boundary violations resulting from compromise of the spousal privilege.

11. The core value of caring is enhanced by respect for professional boundaries. Caring and maintenance of professional boundaries are not mutually exclusive.

#### Guidelines

1. Do not have an inappropriate intimate social, emotional, or physical relationship with anyone for whom you have professional responsibility.
2. Be aware of stress, fatigue, and misdirected anger which may lead to boundary violation.
3. Confidentiality of discussions should be explicitly stated between parties.
4. Confidential discussion should not take place in public areas, i.e., hallways, bathroom, elevators.
5. Do not gossip within/without the Department and Institution.
6. Report relationships that may conflict with the appointment of relatives policy to supervisor.

#### Protocol

If you observe inappropriate behavior (i.e., boundary crossing):

1. Meet face to face with the party(s) involved.
2. If these actions are not clarified or are repeated, discuss with supervisor

 (i.e., Fellowship Program director).

1. If no resolution, discuss with Human Resources.

## **Examples of Boundary Violations**

1. Socializing on a regular basis between faculty and trainees away from departmental or professional events.
2. Faculty mentors and role models should humanize the fellowship experience in multiple dimensions, including discussion of family life, hobbies, and general life experience. Discussion of these topics does not violate boundaries, as long as they do not confer favoritism or result in inappropriate intimacy.
3. Expressing anger at an individual in an inappropriate setting such as a research meeting or planning conference.
4. Inappropriate social behavior at professional events including conferences, national meetings, industry-sponsored and invited speaking engagements.

**XIIIb. Conflict Resolution Protocol**

We will achieve a rapid resolution to conflicts which arise by following this protocol. It is anticipated that conflicts will be resolved at the lowest possible level. It is our goal to promote open, candid discussions among department members.

Faculty/Faculty

1. Identify the issue
2. Meet face to face
3. Agree on mediator if no resolution is achieved
4. If not resolved after mediation, meet with Division Director
5. If not resolved, employ Conflict Resolution Team (3 people from Ob/Gyn)

# Trainee/Trainee

1. Identify the issue
2. Meet face to face
3. If not resolved, meet with Fellowship Program Director
4. If not resolved, meet with the Housestaff Office representative

# Trainee/Faculty

1. Identify the issue
2. Meet face to face
3. If not resolved, meet with Fellowship Program Director or Supervisor
4. If not resolved, meet with Chairman

## **Upon Resolution**

Prepare document (e-mail of understanding) agreed to by both parties. This document will clarify/confirm responsibilities, agreements, time and any actions required. It is recommended that an outside party review document for clarity (if necessary). The agreement must have a confirming response by both parties within 24 hours.

**XIIIc. Sexual Harassment**

Employees with concerns about a potential sexual harassment situation may bring it to the attention of their supervisor or contact the Medical Center Office of Employee Relations Services. The Office of Equal Opportunity Programs (EOP) is the University office responsible for accepting and processing formal sexual harassment complaints. Managers, supervisors, deans, and department heads should notify EOP directly when they receive complaints. Investigations will be conducted as promptly and in as confidential a manner as possible.

The procedure used by EOP for processing sexual harassment complaints is described in the document entitled "Discrimination Complaint Procedures."

Note:

1. Federal and state law and University policy prohibit any form of retaliation against a person who files a discrimination complaint.

2. Disciplinary action for sexually harassing behavior may include any and all of the following: a verbal or written warning, requirement to write a letter of apology, requirement to seek counseling, and/or training, suspension or dismissal.

3. Student complaints of sexual harassment by other students are covered by certain provisions of the Standards of Conduct administered by the University Judiciary Committee (UJC) of the University's Judicial System. EOP, however, will handle student complaints related to the conduct of professors and teaching assistants, and other employees of the University.

**XIIId. FEAP (Faculty and Employee Assistance Program)**

The GMEO maintains a strong commitment to the health and well-being of its trainees and faculty. Training can be a very stressful experience for the trainee as well as their spouses, partners and families. It is the goal of the GME Office to provide support and assistance to help alleviate and manage this stress.

Assistance is available to graduate medical trainees through both the Faculty and Employee Assistance Program or the Physician Wellness Program. The institution sponsors the Faculty Employee Assistance Program (FEAP) which is an extensive support program available to all faculty and GMTs, offering consultation services, seminars, coaching, counseling, and other referral services relating to both personal and professional matters. Trainees may self-refer, or may contact their Program Directors, Coordinators or the GME Office for assistance with a referral. For general information or to schedule an appointment directly, call (434) 243-2643.

FEAP has a counselor on call 24 hours a day and is prepared to respond to critical incidents or acute needs. Emergencies and urgent matters are best directed to the on-call FEAP Consultant. This can be accomplished by paging (866) 950-0159.

FEAP counseling services are completely confidential. 21

Additionally, the Medical Center strives to maintain a work environment free from the adverse effects of alcohol and other drugs. Issues of substance abuse among trainees would be referred to the Physician Wellness Program, under the Direction of Dr. John Schorling. This program is similarly confidential. Referral can be self-made, directly to Dr. Schorling by email JBS7F@virginia.edu or phone (434)982-3458 or may be made by a trainee’s program in the event of a question of fitness for duty.

In the event of a substance abuse issue, trainees may be granted leaves from work to participate in treatment programs at the discretion of the programs and the GME Office.

The DIO and the GME Office also operates a confidential trainee hotline number, which is staffed 24 hours a day by a designated faculty member. Phone the anonymous incident reporting line at (434) 806-9521.

#### work hours

**XIVa. 80-hour Work Week**

Fellowship responsibilities will adhere to the 80 hr work week guidelines as outlined by the ACGME. Fellows will be required to log duty hours via New Innovations on a weekly basis.

* One clinical fellow will round each weekend giving the other clinical fellow the weekend off.
* Call from home does not count toward the 80 hr limit unless Fellow is called into the hospital.

**XIVb. Duty Hours and the Working Environment**

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident/fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents'/fellows’ time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Residents will be expected to log their duty hours via New Innovations while on the Gynecologic Oncology rotation. Resident duty hours will be monitored by the Residency Program Director.

#### MISCELLANEOUS

#### XVa. Uniforms

#### Professional attire is expected at all times. Scrubs are inappropriate for ambulatory clinics and not allowed out of the hospital by UVA policy. Under special circumstances surgical attire is allowed outside of the OR (inside the hospital complex) if covered by a clean white coat.

#### Upon arrival, the Hospital Linen Room provides housestaff members with 3 white coats. Scrubs may be obtained from scrub dispensing machines located outside of the Operating Room.

#### Laundry service is available by dropping dirty uniforms off at the Linen Room Service Window, located on Level 0 of University Hospital. Dirty linens will need to be dropped off on Monday morning and can be picked up on Tuesday of the following week. Uniforms requiring alterations should also be brought to the Linen Room Service Window.

**XVb. Parking**

All Graduate Medical Trainees are provided annual cash benefit that is intended to be used for reimbursement of UVA parking fees; however, the benefit may be used for athletic membership. The cash benefit is based on the annual cost of parking and is added to Graduate Medical Trainee earnings via a bi-weekly payroll adjustment. The cash benefit is applied to 24 pay periods and is received as a fixed amount which is added to gross income. If the benefit is applied for UVA parking reimbursement, the benefit is not taxed.

All Graduate Medical Trainees wishing to park motor vehicles on University of Virginia property must obtain a parking permit and pay a monthly parking fee. Parking permits are issued for one year and must be renewed annually.

Graduate Medical Trainee Parking Areas - The Medical Center Parking Operations Office assigns parking to any Graduate Medical Trainee upon request from the Graduate Medical Education Office. Parking assignments are made in any of the Medical Center lots where space is available or in satellite locations

**XVc. Website Addresses**

* American Board of Obstetrics and Gynecology (ABOG)

 [www.abog.org](http://www.abog.org)

* Gynecology Oncology Group (GOG)

 www.gog.org

* The Society of Gynecologic Oncologists (SGO)

[www.sgo.org](http://www.sgo.org)

* American Association for Cancer Research (AACR)

[www.aacr.org](http://www.aacr.org)

* Biomedical Sciences Graduate Programs

<http://www.healthsystem.virginia.edu/internet/bims>/

* Institutional Review Board for Health Sciences Research (IRB-HSR)

<http://www.virginia.edu/>vpr/irb/hsr/index.html

* UVA Graduate Medical Education Office

<http://www.healthsystem.virginia.edu/internet/housestaff/>

**XVd. Book/Travel Funds**

Each fellow is allotted a certain amount of money per academic year to spend on meeting attendance, books, or educational materials. The amount for 2013/2014 has not yet been determined. All fund requests must be preapproved by the fellowship director. All book requests are to be submitted to Tammy Lull.

**XVe. Institutional Policies**

It is the responsibility of each housestaff member to also be familiar with Institutional policies. Institutional policies are located in the Housestaff Manual and can be accessed at http://www.healthsystem.virginia.edu/internet/housestaff