

# ***Selective Oncologic Genitourinary (GU) and Gynecological (Gyn) Pathology Fellowship***

***H. Lee Moffitt Cancer Center & Research Institute  
12902 Magnolia Drive  
Division of Anatomic Pathology  
Tampa, Florida 33612***

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Associate Professor and associate member  
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Program Director, GU-GYN Pathology Fellowship  
H. Lee Moffitt Cancer Center & Research Institute  
University of South Florida School of Medicine***

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### **Moffitt Cancer Center Department of Anatomic Pathology Fellow/Resident weekly conferences**

There are numerous conferences that we have in the Department of Pathology at MCC every week. Conferences are scheduled so that there is an active participation from the fellows as well as the attendings from across all the subspecialties. The GU and Gyn fellow will be expected to actively participate in these conferences year round.

#### **Required conference attendance:**

Fellows' pathology weekly conference	Mondays	12:00 – 1:00 pm
Pathology monthly grand rounds	Thursdays	12:00 – 1:00 pm
Pathology weekly lecture series	Tuesdays	12:00 – 1:00 pm
GME Lecture series (August-Sept)	Wednesdays	12:00 – 1:00 pm

#### **Oncologic GU and Gyn Pathology Fellowship**

H. Lee Moffitt Cancer Center & Research Institute  
Division of Anatomic Pathology  
12902 Magnolia Drive  
Pathology Department  
Tampa, Florida

**Program Director:**

Jasreman Dhillon, MD  
Associate Professor and Associate Member  
Section Head, GU Pathology

**Associate Program Director:**

Ardeshir Hakam, MD  
Professor and Senior Member  
Director of Surgical Pathology

**Description:**

This fellowship program is designed to provide deep training in all aspects of GU and Gyn pathology of neoplastic diseases including benign, pre-malignant and neoplastic diseases, as well as multidisciplinary training on all aspects of diseases related to GU and Gyn pathology. This training will enhance the fellow's diagnostic skills and prepare them for both academic and community practice.

**Mission Statement:**

The mission of the GU Gyn Pathology program is to contribute to the prevention and the cure of cancer through education of future GU Gyn pathologists, especially those with interest in an academic career.

**Program Aims:**

1. Provide exposure to a broad set of clinical material, and, under the supervision of highly skilled faculty members, train fellows in all aspects of GU and GYN tumor pathology allowing the fellows to gain experience and expertise in histologic diagnosis and applications of advanced diagnostic techniques including the proper use of immunohistochemical stains as well as other appropriate techniques.
2. Use the resources of Moffitt Cancer Center to prepare competent and well-prepared academic physicians to practice GU and GYN pathology in an academic center and/or community hospital setting.
3. Increase the skills, diagnostic abilities, and competency of the fellows in our program through a challenging curriculum and the opportunity to teach medical students and residents
4. Train fellows in gross inspection and dissection and frozen section selection and interpretation through specific assignments under faculty supervision.
5. Train fellows in the complete evaluation of surgical and consult cases through specific assignments under faculty supervision.

**Location:**

Currently there are numerous one year fellowship positions in pathology at Moffitt Cancer Center (two surgical pathology, two cytopathology, one GU-GYN, one GI, one breast and one head and neck/neuroendocrine and two hematopathology).

H. Lee Moffitt Cancer Center is a Comprehensive Cancer Center designated by National Cancer Institute and located at the campus of the University of South Florida, Tampa, Florida. We expect approximately 4000 GU cases and 3200 Gyn cases.

The fellow will be selected based on interviews with program faculty, and their application package including the letters of recommendation. The administrative support for the program is provided by the office of Graduate Medical Education (GME) at Moffitt Cancer Center (MCC).

**Rotations:**

The fellow will spend the 12-month training year at the Moffitt Cancer Center and Research Institute.

11.5 months	Consult services and surgical bench (equal time in GU and in Gyn)
2 weeks	Research (Optional)

**Rotation specific objectives and goals:**

The fellowship program is designed to provide training in all aspects of GU and Gyn tumor pathology in order to gain experience and expertise in histologic diagnosis and applications of advanced diagnostic techniques including the proper use of immuno-histochemical stains as well as other appropriate techniques. This fellowship will increase the skills, diagnostic abilities & competency of the fellow to practice in an academic center and or a community hospital setting with an emphasis in these two subspecialties. This will include the gross inspection and dissection, frozen section selection and interpretation as well as complete evaluation of the surgical and consult cases assigned to the fellow and under direct supervision of the attending and participating faculty members.

Fellow will also be required to be involved in departmental basic and transitional research activities and will actively participate in the teaching of medical students, pathology residents and visiting physicians.

At the end of the fellowship the fellow is expected to:

- 1) Be able to describe and gross all types of GU and Gyn pathology gross specimens including appropriate selection of the tissue for frozen section, tissue banking and permanent sections.
- 2) Be able to diagnose and have a differential diagnosis of the neoplastic lesions of GU and Gyn subspecialty under the microscope.
- 3) Be able to practice cost effectiveness by using the appropriate diagnostic techniques including the immunohistochemical stains to reach the correct diagnosis.
- 4) Be able to diagnose the frozen section material accurately and independently.
- 5) The fellow will be evaluated monthly and will be notified of any deficiencies

**System based review of pathology:**

***Genitourinary Rotation of the Oncologic Surgical Pathology***

Rotation Director: Jasreman Dhillon, MD.

Faculty:       Jasreman Dhillon, MD  
                  Aram Vosoughi, MD  
                  Vaibhav Chumbalkar, MD  
                  Hongzhi Xu, MD

**Program Overview:** The goal of the genitourinary (GU) rotation for the GU-Gyn Pathology Fellow is to provide an extensive experience in genitourinary pathology. The more exposure the Fellow will have in complex GU cases, the more competent they will be in their diagnoses. This rotation will provide exposure to oncologic surgical pathology of the prostate, bladder, ureter, urethra, kidney, testis and penis. The main objective of this rotation is to obtain proficiency in the diagnosis of tumors of the genitourinary system.

The Fellow will:

1. Be responsible for reviewing and establishing diagnosis for cases which are assigned by the attending pathologist (in-house biopsies, resections, referrals and general consults).
2. Assist in the approach to gross examination in complex surgical GU resection specimens.
3. Interact with clinical colleagues to obtain additional pertinent clinical information when required.
4. Attend the Multidisciplinary Tumor Board conferences.

Increase in additional responsibilities in the above and related spheres will be granted with experience and demonstrated ability.

**Genitourinary Pathology Service:** The Pathology Department examines approximately 20,000 surgical specimens annually of which over 4500 are from the genitourinary (GU) region. Many of these cases are quite challenging and require correlation with clinical and radiological features, immunohistochemistry and molecular diagnostics.

The service is a divided into two where the cases are equally distributed between two genitourinary (GU) pathology staff members assigned for that day. During the GU rotation, the Fellow will participate with the gross examination of specimens in the Frozen Section Suite and the evaluation of frozen section consultations as and when required. The Fellow will also participate in grossing GU specimens. The level of participation in this activity will depend on the previous experience of the Fellow.

In this rotation, the Fellow will be directly supervised by the GU pathologist assigned to the service. The GU faculty will establish the level of initial responsibility based on the Fellow's experience and capabilities.

### **Duties and Responsibilities of the Fellow:**

#### **1. GU Service:**

The Fellow will review with the staff GU staff cases assigned for the month. These cases are a combination of biopsies and surgical procedures performed at Moffitt Cancer Center, outside referral cases from patients coming to our institution for treatment, and outside consultation cases. All of these cases are signed out by two to three GU faculty members each day. The Fellow will have the opportunity to review all the cases available during this rotation.

### **Goals and Objectives:**

#### **A. Patient Care:**

##### ***Goals:***

1. Understand the differential diagnosis of tumors and lesions of the genitourinary tissue.
2. Perform accurate microscopic evaluation of GU pathology specimens.
3. Dictate comprehensive pathology reports for GU pathology specimens.
4. Interpret the results of ancillary studies, like immunohistochemistry.
5. Understand the issues involved in the gross assessment of GU specimens.
6. Understand the utility of intraoperative frozen section analysis for GU cancers.

##### ***Objectives:***

1. Demonstrate proficiency in the microscopic diagnosis of lesions of the genitourinary tract.
2. Demonstrate proficiency in the gross evaluation of tumors of the GU tract.
3. Perform intraoperative frozen section analysis for GU cancers.
4. Attend the GU Tumor Board Conference.

#### **B. Medical Knowledge:**

##### ***Goals:***

1. Understand the etiology, pathogenesis, microscopic diagnosis and treatment issues regarding cancers of the GU tract.

##### ***Objectives:***

1. Learn the grading and staging systems for cancers of the GU tract.
2. Read the primary literature regarding diagnosis and molecular pathogenesis of tumors and lesions of the GU tract.

#### **C. Practice-Based Learning and Improvement:**

##### ***Goals:***

1. Accept faculty evaluation and act upon recommendations.
2. Improve and monitor the quality of GU pathology reports.

**Objectives:**

1. Regularly attend and participate in seminars and teaching sessions at Moffitt Cancer Center.
2. Stay up to date in the primary literature.
3. Prepare extensively for final sessions with the faculty.

**D. Interpersonal and Communication Skills:**

**Goals:**

1. Effectively and clearly interact with members of the health care team.

**Objectives:**

1. Clearly dictate concise surgical pathology reports that convey all pertinent information regarding microscopic analysis of the tumor.

**E. Professionalism:**

**Goals:**

1. Act in a professional manner regarding all activities involved in the pathologic assessment of GU pathology cases.

**Objectives:**

1. Attend the teaching conferences at Moffitt Cancer Center.
2. Prepare GU pathology cases in a timely fashion.
3. Interact appropriately with Pathology Department staff.

**Trainee Evaluation:**

The Fellow will be evaluated by the GU faculty at the end of each quarter. An evaluation form through New Innovations computer-based system will be completed by the faculty and the fellow will complete an evaluation on the faculty.

***Gynecological Pathology:***

**Gynecologic Rotation of the Oncologic Surgical Pathology**

Rotation Director: Ardeshir Hakam, MD

Faculty: Ardeshir Hakam, MD  
Otousa Ordobazari, MD  
Nini Khin, MD

**Program Overview:** The goal of Gynecologic rotation for the GU and Gyn Pathology Fellow is to provide an extensive experience in gynecologic pathology. This will include extensive exposure of the Fellow to complex GYN cases and will make them a more competent pathologist in the area of gynecologic tumor pathology. The rotation will provide exposure to oncologic surgical pathology of the Uterus, Cervix, Fallopian tube, Ovaries, Peritoneal diseases and gestational trophoblastic tumors. The main objective of this rotation is to obtain proficiency in the diagnosis of GYN tumors.

The Fellow will:

1. Be responsible for reviewing and establishing diagnosis for cases which are assigned by the attending pathologist (in-house biopsies, resections, referrals and general consults).
2. Assist in the approach to gross examination in complex surgical Gyn resection specimens.
3. Interact with clinical colleagues to obtain additional pertinent clinical information when required.
4. Attend the Multidisciplinary Tumor Board conferences.
5. Be familiar with clinical and radiological features, immunohistochemistry and molecular diagnostic tests.
6. Become familiar with assessment of frozen sections, in GYN specimens.
7. Review and learn classification and criterion for benign and malignant tumors
8. Increase in additional responsibilities in the above and related spheres will be granted with experience and demonstrated ability.

**Suggested Textbooks:**

1. WHO Classification of Tumors of the Urinary System and Male genital organs System: The latest series
2. WHO Classification of Female genital tumors: The latest series
3. Urologic Surgical Pathology: L. Cheng, MacLennan, Bostwick
4. Biopsy Interpretation of the Prostate: Epstein, Netto
5. Biopsy Interpretation of the Bladder: Epstein, Reuter, Amin
6. Blaustein's Pathology of the Female Genital Tract: Kurman
7. Diagnostic Histopathology of Tumors: Fletcher's
8. Diagnostic Surgical Pathology: Sternberg
9. Surgical Pathology: Rosai, Ackerman

**Vacations:**

A total of 25 Paid Time Off days (PTO) are offered. This includes vacation, sick days, and Moffitt holidays. This time should be requested in advance for the purpose of departmental scheduling. Five conference days are also offered for presentation of research activity (abstract and paper presentation) at the national and local meetings. Contact the Education Coordinator for the leave forms for vacation and sick days and the GME pre-approval form for conference attendance.

*Note:*

The leave form must be approved and signed by Fellowship director prior to leave.

**Pager:**

Each fellow will receive a digital pager. The pager should be on during the entire working day and during the on call periods. Pages should be answered immediately.

Pager codes: **999** = Frozen section, go to the frozen section room immediately.



**555** = Rush / Stat case, check your box for rush case.

Note: If paged to 999 or 555 and you are not in the hospital, please call the frozen section room (for 999) or histology lab & pathology office (for 555).

**Educational funds:** Each fellow will receive a book fund allowance and travel reimbursement for approved meetings.

**Requirements:**

Completion of a Pathology residency program in US/Canada with board certification or eligibility in Anatomic Pathology or Anatomic and Clinical Pathology.

Requirements include Basic Life Support (BLS) and Advance Cardiac Life Support (ACLS) certification.

**Stipend:**

Support will be commensurate with the level of training and bylaws of the Moffitt Cancer Center.

**ONCOLOGIC GU AND GYN PATHOLOGY FELLOWSHIP  
SCOPE OF PRACTICE**

**DIRECTOR OF PROGRAM: JASREMAN DHILLON, M.D.**

This document pertains to Oncologic GU and Gyn Pathology Fellow rotations at the Moffitt Cancer Center. All ACGME and JCAHO guidelines pertaining to graduate medical education apply to this rotation.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing fellows with direct experience in progressive responsibility for patient management. All patient care at Moffitt Cancer Center provided by the fellow will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Pathology at the Moffitt Cancer Center compliance guidelines.

Activities performed ***with indirect supervision*** require access to the supervisory physician for communication and physical access ***within 30 minutes***. Activities performed ***with direct supervision*** require presence of the supervisory physician. **Final interpretation of all diagnostic and therapeutic studies requires direct supervision.**

Fellows at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. This document may be modified by the program director based on additions to the training program.

PGY 5
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With Indirect Supervision
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*Fellows Shall:*

- 1) *Independently be able to gross GU and Gyn pathology specimens*
  - a. *The attending pathologists will be available for any immediate supervision and questions.*
  - b. *Access to medical records and review of patient charts for assigned cases.*
  
- 2) *Independently be able to prepare the GU and Gyn pathology cases for sign out by attending pathologists.*
  - a. *Review of prior medical history and prior pathology cases.*
  - b. *Formulating and dictating all types of assigned GU and Gyn pathology cases.*
  - c. *Ordering the needed special and immunohistochemical stains in a cost-effective way.*
  - d. *Study and to be prepared to answer any questions regarding diagnostic criteria of the case.*
  - e. *Timely preparation of the assigned duties and attend the required conferences.*

- 3) *Independently evaluate the frozen sections (FS) prior to arrival of the attending pathologist to frozen section room.*
  - a. *The fellow will evaluate the FS slides prior to examination of the FS slides by the assigned attending pathologist.*
  - b. *The fellow will report his/her interpretation of the case to the pathologist.*
  - c. *The fellow will not communicate his/her diagnosis to operating room (OR), without approval and confirmation of the assigned attending pathologist.*
- 4) *The fellow will prepare formal and informal educational activities to the pathology and non pathology residents and medical students.*
- 5) *The fellow will develop plans for his/her research projects*

With Direct Supervision
-------------------------

*Fellow Shall:*

- 1) *Review all assigned cases with the attending pathologist in a timely manner.*
  - a. *The fellows will not sign the final pathology reports. The final diagnosis will be signed by the attending pathologist of the case.*
  - b. *The fellow will contact the clinicians for the result of STAT and RUSH cases after review of the cases by the attending pathologist.*
  - c. *The fellow will review the Frozen Section (FS) diagnosis with the assigned attending pathologist, prior to report to OR.*
- 2) *The fellow will increase his/her diagnostic skills in:*
  - a. *Diagnostic skills*
  - b. *In depth review of the assigned cases*
  - c. *Teaching skills*
  - d. *Research skills*
  - e. *Communication of the pathology case results to the clinicians*
  - f. *Learning the complete work-up of a pathology case to generate a pathology report.*
- 3) *The fellow will be aware and will follow:*
  - a. *University, Hospital, and Departmental policies*
  - b. *HIPPA and patient safety*
  - c. *Will be involved in research projects, will submit abstracts and will publish in peer review journals.*

*Signature:*

DATE: 2/16/2023

Program Director: Jasreman Dhillon, MD

**List of Participating Pathologists at Moffitt Cancer Center**

<b>Faculty</b>	<b>Primary Focus</b>	<b>Secondary Focus</b>
Jasreman Dhillon, MD	GU Pathology	
Aram Vosoughi, MD	GU Pathology	Cytopathology
Vaibhav Chumbalkar, MD	GU Pathology	
Hongzhi Xu, MD	GU Pathology	
Ardeshir Hakam, MD	GYN Pathology	
Otousa Ordobazari, MD	GYN Pathology	
Nini Khin, MD	GYN Pathology	

**GU AND GYN PATHOLOGY FELLOW EVALUATION**

EVALUATOR'S NAME:

- |   |        |       |
|---|--------|-------|
| 1. Is there a critical issue regarding this Fellow? | 1. Yes | 2. No |
| 2. Comments about this fellow and rotation:         |        |       |

**A. PATIENT CARE**

**3. Does the fellow handle gross specimens properly?**

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**4. Rate the fellow's diagnostic ability.**

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**5. Is the fellow competent in case management and planning?**

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**6. Please assess the fellow's judgment**

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**7. Does the fellow perform procedures adequately?**

- |             |                |                   |
|-------------|----------------|-------------------|
| 1. Beginner | 2. Below peers | 3. Equal to peers |
|-------------|----------------|-------------------|

4. Above peers                      5. Fully competent                      6. Not Observed

**8. Can the fellow handle progressive responsibility?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**B. MEDICAL KNOWLEDGE**

**9. Rate this fellow's overall medical knowledge.**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**10. Does this fellow come to sign-out prepared?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**11. Does this fellow have appropriate technical skills for level of training?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**12. Does this fellow have adequate book knowledge?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**13. Does this fellow have an adequate understanding of anatomy?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**14. Is the fellow competent for level-specific diagnostic skills?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**C. PRACTICE BASED LEARNING**

**15. Does the fellow ask appropriate questions?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**16. Can the fellow apply knowledge to the clinical setting?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**17. Does this fellow take the initiative for self-learning?**

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**18. Does this fellow research cases using current scientific studies?**

1. Beginner                      2. Below peers                      3. Equal to peers

4. Above peers                      5. Fully competent                      6. Not Observed

#### **D. INTERPERSONAL COMMUNICATION**

**19.** Does this fellow communicate effectively with attendings, peers, and staff?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**20.** Can the fellow present a concise and accurate differential diagnosis?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

#### **E. PROFESSIONALISM**

**21.** Is the fellow motivated to learn?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**22.** Is the fellow respectful?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**23.** Is the fellow readily available?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**24.** What is the fellow's response to criticism?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**25.** Does the fellow treat staff with respect?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**26.** Does the fellow demonstrate professional conduct?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

#### **F. SYSTEM BASED PRACTICE**

**27.** Is the fellow able to prioritize?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**28.** Does the fellow use resources appropriately and effectively (i.e. Cost effective practice)?

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**G. PROGRAM SPECIFIC**

**29.** Has this fellow successfully mastered the knowledge expected of this rotation?

- |        |       |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

**30.** Is the fellow ready to progress to the next rotation/level?

- |        |       |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

## **Moffitt Official Holidays**

New Year's Day  
Martin Luther King Jr Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Day after Thanksgiving  
Christmas Day

## **Medical Codes**

Beginning Jan. 1, 2004, Moffitt adopted and implemented new hospital disaster codes recommended by the Florida Hospital Association Board of Trustees.

This new coding system allow many individuals at multiple facilities to respond consistently to emergencies, enhancing safety for patients, visitors and staff. These current changes were included in the 2004 Health & Safety mandatory education program: however, all employees need to be aware of these changes.

Code Red for fire will not change, but the acronym for fire extinguisher use will change from RAPS to PASS (Pull, Aim, Squeeze, Sweep). The interior emergency number will be 44 for all emergency code reports.

***Please direct questions to Duane Jordan at ext. 4945.***

Code A - Albert	Potential Disaster
Code BLUE	Cardiac/Respiratory Arrest
Code RED	Fire
Code PINK	Infant/Child Abduction
Code BLACK	Bomb
Code ORANGE	Hazmat/Bio-terrorism
Code GREY	Violence/Security Alert
Code WHITE	Hostage
Code YELLOW	Lockdown
Code GREEN D - DAVID	Mass Casualty - Disaster
Code BROWN	Severe Weather

Revised 9.24.20



## **Clinical and Educational Work Hours Policy**

The GU-Gyn Pathology Fellowship is committed to providing an excellent learning and working environment that emphasizes wellbeing, quality care and professionalism of our faculty and fellows.

The fellowship will provide appropriate and reasonable duty hours and supervision that is appropriate for patient care and educational needs of the fellows. This will be with standards and expectations of the Accreditation Council for Graduate Medical Education (ACGME) as well as the institutional policies and Joint Commission on Accreditation on Health care organizations.

The fellow will have appropriate days of paid time off as dictated by the institutional policies, in addition to 5 days of conference/educational time. All planned time off must be approved by the program director and submitted to the education coordinator per institutional policies.

The fellow will be monitored for any signs of fatigue and sleep deprivation. Work hours will also be monitored. The 80-hour work week limit is strictly enforced.

Most of the time the fellow's work is assigned to be completed within 50 hours a week. The daily working hours for each fellow is usually less than 10 hours per workday. The program does not have a weekend call duty for the fellow. In instances where the fellow is not able to complete the work assigned within the standard workweek, the fellow is assured to have at least 24 hours free of clinical and educational work during the weekend. Assigned work includes clinical responsibilities as well as educational duties such as lectures, reading, research and so forth.

Although limited moonlighting opportunities are available at Moffitt, fellows are not required nor encouraged to moonlight. In rare situations, the application for moonlighting may be approved by the program director and sent to GME office for approval providing that it will not affect the fellow's routine clinical duties, does not affect the goals and objectives of educational program, does not affect the fellow's fitness to work, does not compromise the safety of the patients, and does not exceed the allowed work hours by the institution and ACGME rules and regulation. Moonlighting hours will be counted towards the ACGME duty hour limits.

The fellow who desires to moonlight needs to get the approval of the program director, complete the application provided from GME office, get the signed approval of the program director and department chair, and submit it to the GME office. The chair of

GME office will review the application and will make her/his decision. The process may take up to 14 days. The program director will provide oversight of the educational program and shall monitor all trainees for any signs of stress and fatigue. Permission for moonlighting will be withdrawn immediately if there are any concerns by the program director about performance of the fellow that might be attributable to the moonlighting activities.

For additional information, please refer to the institutional policy manual or speak with the program director and/or education coordinator.

### **Supervision Policy**

The Genitourinary/Gynecological (GU/GYN) Pathology Fellowship is committed to providing an excellent learning and working environment that quality care for our patients and high standards for the professional education of our fellows.

The program has designed a structure for the supervision of the fellow that allows progressively increasing responsibility as the individual fellow progresses through the program and develops skills as a GU/GYN pathologist. The timelines for growth in independence are unique to each fellow, based on the results of regular performance evaluations.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty or fellow who has been given supervisory privilege.

Reference Policy:      Moffitt Learning and Working Environment Policy (GME-105)

Direct Supervision      The supervising physician is physically present with the fellow and patient.

The supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology

Indirect Supervision      The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

### Oversight

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

The purpose of this policy is to ensure that trainees are provided adequate and appropriate levels of supervision during 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 trainee is assigned by the program director and faculty members to ensure effective oversight of fellow supervision.

Each trainee must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Trainees are responsible for asking for help from the supervising physician under the following:

1. All after hour frozen section requests
2. Notification to clinician or patient of new malignant diagnosis
3. If any error or unexpected serious adverse event is encountered at any time and if the fellow is uncomfortable with carrying out any aspect of patient care for any reason.

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 trainees involved in the care of the patient.

### **Wellbeing Policy**

The GU/GYN Pathology Fellowship is committed to provide an excellent learning and working environment as well as safety and quality of care and professionalism through faculty modeling and wellbeing of the fellows, faculty members and other members of the team such as pathologist assistants. The personal wellbeing of our fellows and faculty members is of the utmost importance.

Reference Policy: *Moffitt Learning and Working Environment Policy (GME-124)*

The program provides reasonable accommodations for fellows to attend medical, dental and mental health appointments for themselves or family members. Fellows may use paid time off (PTO) or the half day per month wellness time with appropriate scheduling and notification to the program director and the assigned rotation faculty.

All faculty and fellows are educated for signs of fatigue, burnout, depression and substance abuse. The program director constantly monitors for any signs of disturbance, stress and work fatigue, emotional wellbeing, workload, and any other situation that may affect the

fellow's clinical judgment and performance. The program director offers guidance and help as he/she thinks appropriate on a routine basis and informs the GME office in situations where assistance is needed.

The fellow will be supervised and mentored in distressed situations both work related and other situations which may affect their wellbeing and work.

The GU/GYN pathology fellow's workload is structured in moderation and usually does not exceed 50 hours per week. Fellows also have about 2 days of time off per week as well as one half-day of wellness time per month.

The program recognizes and promotes workplace safety and wellbeing of the fellows and clinical team.

For additional information, please refer to the institutional policy manual.

Additional resources are provided to the fellows and faculty through Moffitt HR. Please search MoffittNet for the Employee Assistance Program to get access to free and confidential counseling services. The Team Member Medical Clinic is also a good resource for members of the Moffitt community. The faculty and education coordinator, as well as all GME staff, are also able to assist fellows access necessary support and services.

[Employeeewellness@moffitt.org](mailto:Employeeewellness@moffitt.org)

Team Member Clinic – 813-745-6899

[Team Member Clinic](#)

Employee Assistance Program (EAP) 888-808-1884

[EAP flyer](#)

[www.guidanceresources.com](http://www.guidanceresources.com) Use Moffitt as WebID

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## **Patient Hand-Off & Transition of Care Policy**

### **REQUIREMENTS**

- This policy is in compliance with ACGME requirement as of July 1, 2011 that programs have a Transition-of-Care Patient Handoff process.
- This policy applies to the GU/GYN Pathology service Fellows.
- This policy describes the handoff procedures necessary to facilitate both continuity of care and patient safety.

### **DEFINITION:**

**Transition-of-care patient handoff includes any situation when a trainee cannot continue to be responsible for the patient test(s) or specimen(s) such that another trainee or attending needs to assume responsibility for a patient test(s) or**

**specimen(s) due to the current care provider completing their shift, going off rotation, or switching rotations.**

PROCESS:

- Transition-of-care patient **handoff communication can occur** via email, telephone or face-to-face.
- If Email communication is used it must be encrypted to protect Patient Health
- Information by beginning the subject line with “SECURE:”.
- Every case is assigned to an attending pathologist. The trainee is responsible for the patient test or specimen exchange between attendings
- Attending and trainee schedules are available online in the Pathology shared drive.
- **Handoff information** must be HIPAA compliant and include:
  - Patient or case identification
  - Test or specimen information sufficient to appropriate continuum of care
  - Any alerts regarding pending results
  - Need to communicate with clinicians or other individuals in the department.
- It is the responsibility of the **attending receiving the handoff** information to make sure it is adequate to assume continuity of care.
- **Concerns about handoff** are to be communicated to the Program Director