GYN ONC Fellowship Rotational Goals and Objectives

First Year, first Quarter:

The primary goal for the first 3 months of clinical training is to ensure that the fellow has the basic surgical and clinical skills needed to be able to participate in the clinical care of these complex patients as part of a larger team. Under the direction of the faculty, the fellow will learn to supervise the resident care in the operating room and on the wards. In the clinic, the fellow will learn the appropriate evaluation and treatment of patients with the more common gynecologic malignancies and to create treatment plans. By the completion of the first 3 months of clinical training the fellow should achieve competence in the following categories:

Medical Knowledge: Through clinical exposure and outside reading, the fellow will become competent with the work up of the less complicated patients with gynecologic cancer. They will understand the application of genomics to our discipline. In addition, they will learn about the mechanisms of action and side effects of the more commonly used chemotherapeutic drugs.

Patient Care: The fellow will be competent with abdominal entry via laparotomy and laparoscopy, as well as the docking and undocking of the robot in the simple, uncomplicated patients. The fellow will learn to supervise residents with the performance of simple uncomplicated hysterectomy and direct the postoperative care through the supervision of the residents. On the wards, the fellow will learn about the use of palliative care, the management of complications and end of life care. They will also learn to lead the team on rounds under the direct supervision of the faculty. In the clinic, the fellow is will learn how to manage and prescribe chemotherapy for the less complicated patients. They will also learn about the principles and practice of radiation oncology and particularly how it pertains to the discipline of Gynecologic Oncology.

Systems Based Practice: The fellow must learn how to navigate the electronic medical record at Stephenson Cancer Center as well as at OU Medical Center and use it to provide proper documentation of the care provided. The fellow will learn the indications and process for consulting other services in the care of the more complicated patients. The fellow will learn to manage the care of some of the more complex gynecologic oncology patients.

Practice Based Learning: The fellow will keep a case log of complications according to the ABOG guidelines and begin to critically appraise their own outcomes with the assistance of the faculty. When complications arise, the fellow
is expected to evaluate the etiology of the complications and discuss on rounds ways to prevent this in the future.

**Interpersonal and Communication Skills:** The fellow will develop the appropriate professional relationships with the residents, nurses and the rest of the health care team to be able to deliver safe and effective care. They must learn how to effectively relate to the patient population that they will care for including how to use interpreters effectively. Using the senior fellow as a role model, the junior fellow will learn to lead team rounds under the supervision of the faculty and direct the education of the residents and students on the service.

**Professionalism:** The fellow must comport themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They must submit their duty hours on time. They are expected to do independent reading to supplement their fund of knowledge particularly how it applies to their active clinical care. They will maintain a log of cases and complications per the ABOG guidelines.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project focused on quality improvement. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for a clinical project during their first year with a goal of one published manuscript (in addition to their thesis at the end of the second year).

**First Year, 2nd Quarter:**

The primary Goal for the second quarter of clinical training is to expose the fellow to the more complicated surgical and medical decision-making situations and operative procedures. The fellow will be able to routinely manage the simple cases and, under the guidance of the faculty, learn to perform oncology specific procedures such as SNL identification, node dissections, bowel and debulking surgery. The fellow will continue to learn how to supervise the residents on the wards. In the clinic, the fellow will participate in the care of more complicated patients and should ask more specific questions about the management plans. The fellow will become more comfortable managing chemotherapy and the more common complications. To accomplish this, fellow will achieve competence in the following categories:

**Medical Knowledge:** Through clinical exposure and outside reading, the fellow will increase their knowledge base and learn to manage the uncomplicated oncology patient. They will learn about some of the more controversial topics in our field so they can appreciate the pros and cons of therapy and different management options for these patients. They must become facile with the staging of gyn cancers and understand the role of adjuvant therapies such as
radiation and chemotherapy. They should be able to teach the students and residents about the mechanisms of action and side effects of the more commonly used chemotherapeutic drugs.

**Patient Care:** The fellow will demonstrate competent with abdominal entry via laparotomy and laparoscopy, as well as the docking and undocking of the robot. The fellow should be able to perform uncomplicated robotic surgery with faculty supervision. The fellow will learn the postoperative care of the gynecologic patients on service and lead ward rounds. The fellow will learn how to appropriately use consultative services to help care for the complicated patient, including the use of palliative care, interventional radiology, radiation oncology and other services. In the clinic, the fellow will demonstrate the ability manage the care of the uncomplicated return patient as well as how to manage and prescribe chemotherapy, including the side effects of therapy.

**Systems Based Practice:** The fellow will be able to demonstrate proficiency navigating the electronic medical record at Stephenson Cancer center and OU Medical center and use it to provide appropriate patient care. The fellow will learn how to integrate other consultants into the care of the complicated patient. The fellow is able to appropriately triage patients from outside institutions and will learn to coordinate this type of care.

**Practice Based Learning:** The fellow will keep a case log of complications according to the ABOG guidelines and be able to more critically appraise their own outcomes with the assistance of the faculty. The fellow will learn to manage the more common complications and to make changes to their own practice to prevent them. The fellow will have a better understanding of the risk factors for particular complications and how to avoid them in the future.

**Interpersonal and Communication Skills:** The fellow will develop the appropriate skills to lead the team on rounds and to effectively communicate with the residents, nurses and the rest of the health care team. They will learn more about the patient population they serve and provide more effective care. They will be an integral part of the education of the residents and students on the service.

**Professionalism:** The fellow must comport themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They will submit their duty hours on time and make sure the residents also abide the similar duty hour mandate. They are expected to do independent reading to supplement their fund of knowledge particularly how it applies to their active clinical care. They must maintain a log of cases and complications per the ABOG guidelines. They will learn to provide effective constructive criticism to the residents and students.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project focused on quality
improvement. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for a clinical project during their first year with a goal of one published manuscript (in addition to their thesis at the end of the second year).

**First Year, 3rd Quarter:**

The primary Goal for the third quarter of clinical training is to have the fellow participate in all aspects of clinical care, including the more complicated patients. The fellow should now be able to lead the resident service with supervision of the faculty and appropriately consult other services. The fellow should be taking a more active role in the medical decision making with faculty supervision. The fellow should be able to triage patients competently and is beginning to feel more competent with the more complicated patients. To accomplish this, fellow must achieve competence in the following categories:

*Medical Knowledge:* Through clinical exposure and outside reading, the fellow will continue to increase their knowledge base to better understand the pros and cons of some of the more controversial management options. They will have a solid understanding of treatment related complications and their management. They will be able to site pertinent articles related to controversies in management and develop treatment plans for the more common cancers.

*Patient Care:* The fellow will be more facile with abdominal entry via laparotomy and laparoscopy in the morbidly obese patient, and will be participating in all aspects of the surgical care including the radical procedures, etc. The fellow will be able to manage the postoperative care of all patients on service. The fellow appropriately consults other services and can manage most complications with little supervision. The fellow must be able to coordinate patient care in conjunction with palliative care, interventional radiology, radiation oncology and other services. The fellow will learn how to have end of life discussions with the patients. In the clinic, the fellow will manage most chemotherapy regimens and side effects of current therapy.

*Systems Based Practice:* The fellow must be competent at navigating the electronic medical record at Stephenson Cancer Center as well as OU Medical Center and use it to provide effective patient care. The fellow will be able to integrate other consultants into the care of the complicated patient. The fellow will be able to appropriately coordinate the transfer of patients from outside institutions.

*Practice Based Learning:* The fellow must keep a case log of complications according to the ABOG guidelines and will manage intra and post-operative complications with the supervision of faculty. The fellow must understand why complications occur and how to avoid them in the future.
**Interpersonal and Communication Skills:** The fellow must have a solid understanding about the patient population they serve, and deliver effective care directed at the patient’s level of comprehension. The fellow must be an excellent communicator, not only with the residents and nurses, but also with the rest of the health care team.

**Professionalism:** The fellow must comport themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They will submit their duty hours on time and maintain their health system compliance training up to date. They must maintain a log of cases and complications per the ABOG guidelines and submit them for review in a timely manner.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project focused on quality improvement. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for a clinical project during their second year with a goal of one published manuscript (in addition to their thesis at the end of the second year).

**First Year, 4th Quarter:**

The primary Goal for the fourth quarter of clinical training is preparing the fellow to take on more independent leadership and clinical care roles. The fellow will have a more in depth exposure and responsibility for the care of the most complex patient. In preparation for their final year of training the fellow will have more opportunity to decide more complex treatment plans. To accomplish this, fellow will achieve competence in the following categories:

**Medical Knowledge:** Through clinical exposure and outside reading, the fellow must continue to increase their knowledge base especially in the more esoteric aspects of our field. They must develop a clear understanding of the controversies surrounding gynecologic oncology care and be able to defend their stance with literature to support their point of view. They will manage most complications under the supervision of the faculty. They will lead resident discussion on a variety of gynecologic oncology topics.

**Patient Care:** The fellow will lead the residents through most of the operative procedures with little faculty input except when it comes to the cancer part of the case. They will be proficient with abdominal entry in the super morbidly obese patient, and will perform most of the radical procedures with the assistance of faculty. The fellow will manage most complications competently and with little faculty input. They will lead the health care team and completely direct patient care. The fellow is will continue to learn and become more proficient with end of life discussion and can effectively counsel a patient about DNAR and Hospice
care. The fellow will prescribe and manage most chemotherapy related side effects with supervision.

**Systems Based Practice:** The fellow must be able to efficiently navigate the Stephenson Cancer center and OU Medical Center electronic record and use it to provide a very high standard of care. The fellow will integrate well with other consulting services and serve as a gynecologic oncology consultant under faculty supervision.

**Practice Based Learning:** The fellow must keep a case log of complications according to the ABOG guidelines and will manage intra and post-operative complications with less supervision than before. The fellow must use the feedback provided through the semi-annual program directors evaluation to improve their performance.

**Interpersonal and Communication Skills:** The fellow must have a thorough understanding about the patient population they serve, and relate to the patients and their families effectively, including the referring physicians. The fellow will communicate effectively with all the residents, students and nurses to provide safe and effective care with clear lines of communication within the team.

**Professionalism:** The fellow must comport themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They will submit their duty hours on time and maintain their health system compliance training up to date. They must maintain a log of cases and complications per the ABOG guidelines and submit them for review in a timely manner. They must take responsibility for their own board certification process and be aware of the various ABOG deadlines that affect them.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project focused on quality improvement. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for a clinical project during their second year with a goal of one published manuscript (in addition to their thesis at the end of the second year).

**Year 2 - Research Year, 1st-4th Quarter:**

The primary Goal for the research Rotation is to have the fellow learn the analytical skills necessary to conduct independent research, appraise the scientific literature, particularly how it relates to gynecologic cancers and develop an individual thesis that is acceptable for certification by the American Board of Obstetrics and Gynecology. In addition, the fellow must understand and become facile with the application of statistics and tumor biology to the practice of gynecologic oncology. The fellow will identify their research thesis and complete
the majority of the thesis design and data acquisition during this year. To accomplish this, the fellow will demonstrate competence in the following:

**Medical Knowledge:** The fellow may take graduate level courses in statistics and tumor biology to expand their knowledge and enable them not only to create a thesis, but also to be able to critically appraise the current science in our field. In addition, the fellow will lead the weekly tumor board discussion for surgical cases presented the previous week and - in doing so- further develop knowledge of the medical literature and treatment options surrounding gynecologic malignancies and be directed to key medical literature.

**Patient Care:** Research fellows cover weekend call every 6 weeks during their research year to maintain clinical knowledge and remain a part of the medical team during this time. While on call, the fellow will lead the team on rounds under the direct supervision of the faculty.

**Systems Based Practice:** The fellow must learn the intricacies of the University of Oklahoma Health System and learn how research is conducted at the University of Oklahoma and the Stephenson Cancer Center. The fellow must complete and pass the various mandated compliance training modules. The fellow will receive individual mentoring from the departmental faculty, including but not limited to research faculty, to enable the fellow to acquire the skills necessary for them to conduct their own research and develop their thesis. The fellow is encouraged to participate in more than one research project.

**Practice Based Learning:** The fellow will critically appraise their own outcomes with the assistance of their research mentors and make modifications in their own practice that optimizes their results based on constructive feedback provided at regularly scheduled research meeting with the faculty mentor. With these meetings constructive feedback is delivered to the fellow and the program is able to confirm the fellow is making steady progress with his/her thesis.

**Interpersonal and Communication Skills:** The fellow will develop the necessary interpersonal and communication skills to function in the research environment. They must learn how to effectively interact with all members of the team and treat everyone fairly and respectfully within the University of Oklahoma code of Conduct.

**Professionalism:** The fellow must comport themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They must submit their duty hours on the research rotation in a timely manner and make sure they include any moonlighting activities in these hours. They must do independent reading to supplement their fund of knowledge.

**Academic Expectations:** For fellows who participate in a laboratory based research year, the results of their work are expected to be presented in
manuscript form by December of their second year of fellowship. (6 months after completion of the laboratory year) Exceptions may be granted for ongoing laboratory work at the discretion of the laboratory mentor. The exception requires written agreement between the fellow, laboratory mentor and program director. Failure to complete the manuscript without written exception will result in suspension of clinical activities until the manuscript is written.

Fellows who participate in the masters program will be expected to complete their course work for the first year and be in good academic standing prior to beginning their final clinical year (with allowances for the final summer semester which bridges into the second clinical year). Fellows who are not in good academic standing will not be allowed to begin their clinical rotations until they are.

Fellows should also have their thesis a) identified and b) have presented their thesis prospectus within 6 months of starting their second clinical year.

Time used in clinical suspension will be made up at the end of the 2nd clinical year during the time allotted to study for written boards.

**Third Year, 1st Quarter:**

The primary Goal for the 1st quarter of the 3rd year of clinical training is to teach the fellow how to direct all patient care on the gyn oncology service and how to mentor the more junior fellow. The fellow will effectively develop an individual care plan for each patient based on available data. The fellow will now take on the most complex of cases performing more and more under less and less faculty supervision. In the clinic they will have more opportunity to decide more complex treatment plans in addition to providing second opinion to colleagues. To accomplish this, fellow should demonstrate competence in the following categories:

**Medical Knowledge:** Through clinical exposure and outside reading, the fellow will direct his/her reading to areas of controversy as well as areas they feel deficient in. They will develop a thorough understanding of the pathophysiology of gyn cancers and be able to defend their treatment recommendations with references in the literature. They should be reading about the tumor biology and genomics of gyn cancers and how they relate to the clinical care. They will be able to manage the most complicated patients with less and less faculty supervision. They will be able to lead tumor board discussions on a variety of gynecologic oncology topics.

**Patient Care:** The fellow will direct the flow of most surgical procedures and be able to develop a treatment plan for most patients with little faculty intervention. They will be performing most of the radical procedures with less and less assistance of faculty. The fellow will manage most operative and postoperative complications competently and with little faculty input. The fellow will be able to
have an end of life discussion with the patient and her family with indirect supervision. The fellow will be able to prescribe and manage most chemotherapy related side effects with supervision.

*Systems Based Practice:* The fellow must be able to efficiently navigate the Stephenson Cancer Center and OU Medical center electronic record and use it to provide a very high standard of care. The fellow is able to integrate well with other consulting services and serve as a gyn oncology consultant under faculty supervision.

*Practice Based Learning:* The fellow will keep a case log of complications according to the ABOG guidelines and will be able to manage intra and post-operative complications readily with little faculty input. The fellow must be able to make practice modifications based on feedback that improve practice outcomes and they must review these outcomes in the departmental morbidity and mortality review process.

*Interpersonal and Communication Skills:* The fellow will demonstrate a thorough understanding about the patient population they serve, and relate to the patients and their families effectively. The fellow must be able to communicate effectively with all health care members as well as the patient’s family to provide the safest and best care possible. The fellow will be able to handle difficult patient interactions with the help of the faculty.

*Professionalism:* The fellow must comport themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They must submit their duty hours on time and maintain their health system compliance training up to date. They will also maintain a log of cases and complications per the ABOG guidelines and submit them for review in a timely manner. They should demonstrate responsibility for their own board certification process and apply for the written exam in a timely manner.

*Academics:* The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project of their own choosing for their third year. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for this clinical project during their third year with a goal of one published manuscript (in addition to their thesis at the end of the third year). For fellows participating in the masters program, they are required to maintain good academic standing.

**Third Year, 2nd Quarter:**

The primary Goal for the second quarter of the 3rd year of clinical training is to focus on the more radical aspects of cancer therapy including radical surgeries and complex medical decision-making as well as provide the opportunity for the fellow to act as the primary caregiver in our fellow’s clinic. The fellow should be
able to direct all patient care on the gynecologic oncology service and effectively mentor the more junior fellow. The fellow is in charge of all tumor board presentations and discussions regarding patients from his/her fellow clinic practice and should develop individual care plans based on the available literature. This complex decision-making will also carry on to the fellow clinic where they will learn how to effectively develop an individual care plan for all patients including complicated heavily pretreated second opinion patients. To accomplish this, fellow will achieve competence in the following categories:

**Medical Knowledge:** Through clinical exposure and outside reading, the fellow must have a thorough understanding of the major disease sites and will direct his/her reading to areas of controversy as well as areas they continue to feel deficient in. They must have a thorough understanding of the current treatment guidelines for all gynecologic cancers and use the NCCN guidelines seamlessly. They must understand the available literature and landmark articles on each topic and be able to defend their treatment recommendations with references in the literature. They will lead tumor board discussions for their fellow clinic patients on a variety of gynecologic oncology topics and provide guidance and education to all the trainees including the more junior fellows.

**Patient Care:** The fellow will direct the flow of the surgical procedures that they choose to participate in from the private attendings practice as well as completely direct their own operating room cases and continue to gain experience with the more radical procedures. The fellow will manage all operative and postoperative complications competently and with little faculty input. The fellow must be able to have an effective end of life discussion with the patient and her family that leads to effective patient care. The fellow will prescribe, adjust and manage chemotherapy in both the inpatient and outpatient areas competently and with little faculty supervision.

**Systems Based Practice:** The fellow must be able to efficiently navigate Stephenson Cancer Center and OU Medical Center electronic records and use them to provide high value care. The fellow must integrate well with other consulting services and serve as a gynecologic oncology consultant with little faculty supervision. The fellow clinic fellow initially staffs all inpatient consultations from other services as well as consultations that come from the obstetrics service. The fellow will provide feedback to the program to help fix "systems-related issues" that arise.

**Practice Based Learning:** The fellow must keep a case log of complications according to the ABOG guidelines and will manage intra and post-operative complications independently with faculty input only for the more complicated cases. The fellow will make practice modifications based on feedback that improve practice outcomes and they must track these outcomes through the departmental morbidity and mortality review process and defend their actions at departmental Morbidity and Mortality review.
**Interpersonal and Communication Skills:** The fellow must be able to communicate with the most difficult patients and their families with some faculty supervision. The fellow will communicate effectively with all health care members even during complicated situations. Finally, the fellow must know when it is appropriate to involve the faculty in a complicated discussion.

**Professionalism:** The fellow is must compose themselves professionally at all times, abide by University of Oklahoma policies and serve as a role model for others. They will submit their duty hours on time and maintain their health system compliance training up to date. They must maintain a log of cases and complications per the ABOG guidelines and submit them for review in a timely manner. They must take responsibility for their own board certification process and complete the application for the written examination before the end of the calendar year.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project of their own choosing for their third year. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for this clinical project during their third year with a goal of one published manuscript (in addition to their thesis at the end of the third year). For fellows participating in the masters program, they are required to maintain good academic standing.

**Third Year, 3rd Quarter:**

The primary Goal for the 3rd quarter of the third year of clinical training is to continue focus on the more radical aspects of cancer therapy including radical surgeries and complex medical decision-making. The fellow continues to achieve a greater leadership role on the wards, in clinic, especially their own fellow’s clinic and in conference and is requiring less faculty supervision. To accomplish this, fellow will achieve competence in the following categories:

**Medical Knowledge:** Through clinical exposure and outside reading, the fellow must have a thorough understanding of the major disease sites and will continue to direct his/her reading to areas of controversy as well as areas they continue feel deficient in. They must have a thorough understanding of the available literature and landmark articles in our discipline and be able to discuss them with little preparation.

**Patient Care:** The fellow will be almost independent in the operating room and able to direct the flow of most surgical procedures. They will become competent with pelvic and para-aortic lymphadenectomies, bowel surgery, and radical debulkings. They will actively seeking the more complicated cases to hone their surgical skills and complete them with minimal faculty supervision. The fellow must be able to manage almost all operative and postoperative complications.
competently and independently except for the most complicated patients. The fellow must be able to direct an effective end of life discussion with the patient and her family, even the difficult ones, with little faculty input. The fellow will be competent in prescribing, adjusting and managing chemotherapy for all patients with gynecologic cancer that require therapy. The fellow will also be proficient in allowing junior fellows and residents to “lead” surgeries as appropriate for their level of learning (ie: act as the attending).

**Systems Based Practice:** The fellow must be able to efficiently navigate Stephenson Cancer Center and OU Medical Center electronic records and use them to provide high value care. The fellow will integrate well with other consulting services and serve as a gynecologic oncology consultant independently, except for the most complicated of patients. The fellow must be a valued member of the division with enough insight and expertise in “systems-related issues” that they will provide helpful feedback to help fix “systems-related issues” that arise in the fellowship.

**Practice Based Learning:** The fellow must keep a case log of complications according to the ABOG guidelines and will manage intra and post-operative complications independently with faculty input only for the more complicated cases. The fellow will make practice modifications based on feedback that improve practice outcomes and they will track these outcomes through the departmental morbidity and mortality review process and defend their actions at departmental Morbidity and Mortality review. They must develop a plan of life-long learning to maintain the high standard of care once they graduate.

**Interpersonal and Communication Skills:** The fellow must be able to communicate with the most difficult patients and their families with little faculty supervision. The fellow will also be able to communicate effectively with all health care members even during complicated situations. The fellow will serve as a role model for the residents on how to communicate with family, staff, and faculty regarding the coordination of care.

**Professionalism:** The fellow must comport themselves professionally at all times, abide by the University of Oklahoma policies and serve as a role model for others. They must submit their duty hours on time and to maintain their health system compliance training up to date. They must maintain a log of cases and complications per the ABOG guidelines and submit them for review in a timely manner. They must take responsibility for their own education and focus on preparing for the written exam. They will create a plan of life-long learning to continue to grow after they have graduated. Finally, they must be in final preparation of their thesis manuscript which must be completed prior to graduation.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project of their own choosing for their
third year. This is in addition to the thesis. The fellow will be expected to present
and develop a manuscript for this clinical project during their third year with a
goal of one published manuscript (in addition to their thesis at the end of the third
year). For fellows participating in the masters program, they are required to
maintain good academic standing.

**Third Year, Final Quarter:**

The primary Goal for the final quarter of clinical training is to provide the fellow
more medical and surgical decision making opportunities, especially in the more
complicated cases to round out their education and provide them with the
confidence to go out into practice. Although there is continued focus on the more
radical aspects of cancer therapy, this rotation is designed to give the finishing
fellow the opportunity to function more independently not only in the OR but in
clinic as well. The fellow is expected to be a leader on the wards, in clinic and in
conference. The fellow should require little if faculty supervision and has
developed their life-long learning plan and completed their thesis. To accomplish
this, fellow will achieve competence in the following categories:

*Medical Knowledge:* The fellow is must understand the disease processes,
therapeutic options, complications of therapy, and availability of relevant clinical
trials so they can competently take care of the gynecologic oncology patient
independently and without supervision. They will reach this level of competency
by using the ABOG guide to learning as a study guide and pass the written
examination at the completion of their training.

*Patient Care:* The fellow must be able to deliver effective and appropriate patient
care independently and without supervision for the patient with a gynecologic
malignancy or complicated benign conditions. In the operating room the fellow
will achieve a level of clinical competence that allows them to properly take care
of the patient with a gynecologic cancer or complicated gynecologic condition
independently and without supervision. In addition, the fellow must be able to
effectively manage the various postoperative complications that occur in this
patient population. The fellow will, independently, lead an effective end of life
discussion with the patient and family. Finally, the fellow will become competent
in prescribing, adjusting and managing chemotherapy for all patients with
gynecologic cancer that require therapy.

*Systems Based Practice:* The fellow must be able to efficiently navigate the
complexities of a large health care system to deliver effective care to the
gynecologic oncology patient. The fellow must understand the importance of
system policies and procedures to prevent errors and promote safe patient care.
The fellow must also know how to integrate his or her care into the system to
best deliver this care to the patient and be actively involved in the evaluation and
remedies for system-related issues.
**Practice Based Learning:** The fellow must complete a case log of complications according to the ABOG guidelines and review and understand why these complications occurred and how to prevent them in the future before they graduate. The fellow must be able to make practice modifications based on feedback that improves practice outcomes. They will have developed a plan of life-long learning to maintain the high standard of care once they graduate.

**Interpersonal and Communication Skills:** The fellow must be able to effectively communicate with even the most difficult patients and their families in order to provide them with the best care for their condition. The fellow will communicate effectively with all health care members to coordinate and provide for safe and effective patient care. The fellow will serve as a role model for the residents on how to communicate with family, staff, and faculty regarding the coordination of care.

**Professionalism:** The fellow will have learned how comport themselves professionally at all times. They are will serve as role models for other trainees and must complete their submission of duty hours, procedural logs, complication report and thesis prior to graduation. They will take responsibility for their own education and focus on preparing for the written exam. They will also focus on finalizing their plan of life-long learning to continue to grow after they have graduated.

**Academics:** The fellow is expected to participate in clinical research during their fellowship and should identify one clinical project of their own choosing for their third year. This is in addition to the thesis. The fellow will be expected to present and develop a manuscript for this clinical project during their third year with a goal of one published manuscript (in addition to their thesis at the end of the third year). For fellows participating in the masters program, they are required to maintain good academic standing.