



FLORIDA HOSPITAL
Graduate Medical Education

The skill to heal. The spirit to care.®

2015-2016
Gynecologic Oncology Fellowship Manual

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The following pages contain information, rules and regulations pertaining to your Fellowship.

It is important that all Fellows review these pages along with the GME Manual and ask any questions they may have. Failure to read and understand the information contained within this manual does not excuse the Fellow from adherence and possible disciplinary action.

There have been policy changes implemented for 2014- 2015, each Fellow should carefully review the entire manual.

Review each rotation section prior to the start of the rotation.

NOTE: Policies and Procedures within this manual are subject to change and are superseded by Florida Hospital Policies and Procedures as well as FH GME Manual.

The American Osteopathic Association (AOA) is organized to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession.

-American Osteopathic Association

TABLE OF CONTENTS

Manual Acknowledgment _____	5
The Osteopathic Oath _____	6
From the Program Director _____	7
GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM _____	8
Introduction to Fellowship _____	8
Program Description _____	8
Faculty _____	9
Mission Statement _____	10
General Goals of the Program _____	10
Facilities _____	11
Parking _____	11
FH distance Policy _____	11
Medical Library _____	12
Annual Program Review _____	12
Institutional Core Competency Plan _____	13
FELLOW RECRUITMENT AND APPOINTMENT _____	16
Eligibility Criteria for Fellowship _____	16
Fellowship Selection Policy and Procedures _____	16
International Medical Graduates and Visa Policy _____	17
Resident Appointment _____	17
Orientation _____	18
FELLOW RESPONSIBILITIES _____	19
Chief Fellow _____	19
Department Meetings _____	20
FELLOW BENEFITS _____	21
RESIDENT WORK ENVIRONMENT AND POLICIES _____	21
Licensure _____	21
Certifications _____	21
Continuing Medical Education _____	22
Continuing Medical Education Requirements of Licensure _____	22
Rotation Schedule _____	23
Research and Scholarly Activity Requirement _____	24
Call and Clinic Switches _____	25
Call and Clinic Switch Form _____	26
Leave _____	27
Leave/Sick _____	27
Leave/Time-Off Requests _____	28
Time-Off Request Form _____	29
Evaluations _____	30
Clinical Staff 360 Evaluation Sample _____	31
Patient 360 Evaluation Sample _____	33
Rotation/Quarterly Evaluation _____	34
Criteria for Advancement of Fellows _____	36
Dismissal Policy _____	37
Grievance Procedure _____	37
Contract Extensions and Obligations _____	37
Moonlighting _____	37

Patient Care	37
Transfer Protocol	38
Hand-over Protocol	39
Restraint Policy	39
Confidentiality and Medical Records	39
Supervision of Fellows	40
Expense Reporting	42
Graduation Ceremony	42
Disaster Plan	42
Stress, Fatigue, and Impairment	42
Resources	43
Employee Assistance Program	
Employee Health Clinic	
Physician Support Service	
Faculty Psychologists	

MANUAL ACKNOWLEDGEMENT

I, _____ acknowledge that I have received a copy
Print Name

of the 2015-2016 Fellowship Information Manual and Florida Hospital GME

Manual on _____, and I acknowledge that I have read and understood the
Date

contents contained in this manual.

Signature of Fellow

Date

NOTE: This signed acknowledgment is due to the Program Coordinator in Medical Education.

THE OSTEOPATHIC OATH

American Osteopathic Association

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy, which were first enunciated by Andrew Taylor Still.

FROM THE PROGRAM DIRECTOR

Like Dr. Andrew Taylor Still, the founder of Florida Hospital, believed physical healing by itself is not enough. They believed, as we do today, that a person's physical health is closely linked with his/her spiritual, emotional and mental well-being; and they sought to provide a place where each of these aspects of the whole person could find both healing and nurture.

Today, more than 105 years later, Florida Hospital is committed to these same goals, and to provide excellent medical care through state-of-the-art serviced, equipment and training.

The Gynecologic Oncology Fellowship Program at Florida Hospital Orlando trains physicians to provide high quality, comprehensive care for the whole person.

We believe our Gynecologic Oncology Fellowship Program, as well as our Externship Program, is among the finest available.

This manual will acquaint you with the Gynecologic Oncology Fellowship Program. It is important for all Fellows to review these pages and ask the Graduate Medical Education Department Staff, the Program Coordinator, or myself, any questions you may have.

Lorna Brudie, D.O.
Program Director
Gynecologic Oncology Fellowship Program
Florida Hospital Orlando

GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM

Introduction to Fellowship

The osteopathic profession has long been recognized as a source of primary care physicians. In recent years there has developed an increased demand for physicians trained in comprehensive ambulatory medical care for urban and rural areas.

An Osteopathic Gynecologic Oncologist is equipped with a broad base of medical knowledge and skills including the ability to relate to patients, families, and community. At the heart of our program is our deep desire to make a difference in the life of each patient we serve. Our care providers not only focus on the disease, but on the whole person, providing comprehensive educational, emotional and spiritual support.

The Gynecologic Oncologist contributes expertise to community needs such as home care, community medicine, and other health oriented activities. Peer review organizations, state welfare, Medicare, medical insurance and managed care are thoroughly understood. The Gynecologic Oncology Fellowship Program at Florida Hospital Orlando provides experience in all these areas to develop competency in each Fellow.

Program Description

Our program allows flexibility to address and satisfy each Fellow's educational needs and practice preferences. Fellows care for patients a minimum of thirty (30) percent of their time in the continuity of care clinic. Full and part time Gynecologic Oncology proctors supervise these experiences. **Additional block ambulatory care training occurs.** Other rotations in specialty and subspecialty areas provide needed knowledge and skills. Required rotations include Urology, Surgery, Pathology, Critical Care, Radiation Oncology, Statistics, and Research. Additional specific requirements are mandated for the Gynecologic Oncology Fellows. Additional inpatient and/or outpatient training may be desired or needed.

The program's responsibilities require mature, well motivated, self disciplined Fellows with a clear vision of their future goals. Fellows assume responsibility for their education. Ambulatory patient care as opposed to hospital medicine is the program's emphasis. The program equips Fellows to practice "solo" or with a group. Fellows have the opportunity to spend time in a variety of Gynecologic Oncology settings. Continuity of care includes following the patients in the clinic for two years and in FHO when they are hospitalized from the Fellowship clinic. Inpatient care plays a major role in our Gynecologic Oncology training. These experiences with complex, critically ill patients provide Fellows exposure to acute episodes, relapses of chronic diseases, and end stages of disease processes routinely seen in the outpatient setting. The didactic program consists of informal discussions, morning reports, Journal Clubs, Tumor Boards, and the formal programs at FHO. Funds and time for CME courses are available, subject to approval by the Gynecologic Oncology program director and/or Program Coordinator.

Faculty



Lorna A. Brudie, DO
Program Director



Robert W. Holloway, MD
Faculty



James Kendrick, MD
Faculty



Sarfraz Ahmad, Ph.D.
Chief Research Scientist

Mission Statement

The Gynecologic Oncology Fellowship is operated by Florida Hospital, a not-for-profit health care institution, to further its mission “To extend the healing ministry of Christ.”

In the furtherance of this mission, the Fellowship is dedicated to the development and maintenance of a training program of the highest quality whose mission is “To extend the healing ministry of Christ by preparing compassionate and competent Gynecologic Oncologists.”

In its striving for excellence, the Fellowship Program is committed to serving the community, the sponsoring institution, the faculty, staff and Fellow physicians.

General Goals of the Program

The Gynecologic Oncology Fellowship Program provides the basic Fellowship requirements for certification by the American Osteopathic Association (AOA), the American College of Osteopathic Obstetricians & Gynecologists (ACCOG), the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), the American Congress of Obstetricians and Gynecologists (ACOG), and the Society of Gynecologic Oncology (SGO). The Gynecologic Oncology Fellowship Program at Florida Hospital complies with the standards and requirements of the AOA, ACCOG, AOBOG, ACOG, and SGO. The Gynecologic Oncology Fellowship Program is designed to improve proficiency in the knowledge and art of diagnosis, treatment, and practicing Gynecologic Oncology in an ambulatory setting.

Goals are:

1. Recognize the concept of providing quality comprehensive medical care.
2. Awareness of community needs and their effect on individual and public health problems.
3. Recognize psychosocial aspects of Gynecologic Oncology.
4. Be familiar with financial, legal, and business areas of practice.
5. Be aware of requirements and procedures of hospital, professional, third party payers, and government involvement with medical practice.
6. Understand the relationship of biological, psychological, sociological and spiritual components of health and illness in the ambulatory setting.
7. Improve diagnostic skills.
8. Understand interdisciplinary team approach to maintenance and delivery of health care.
9. Integrate osteopathic principles in diagnosis and treatment of patients.
10. Understand skills necessary to be a competent clinician, teacher and clinical researcher.
11. Recognize the needs and methods of continuing medical education throughout the professional life.
12. Understand the indications and methods of Gynecologic Oncology procedures.

Facilities

Florida Hospital, a 2,247-bed acute-care medical facility, is a member of Adventist Health System. We serve as a community hospital for Greater Orlando and as a major tertiary referral hospital for Central Florida and much of the Southeast, the Caribbean and Latin America. Adventist Health System operates 44 hospitals in ten states making it the largest not-for-profit protestant health care system in the United States.

- Treats more patients than any other hospital in the US
- Treats more cancer patients than any hospital in Florida
- Serves more patients each year than any hospital in Florida
- Largest Family Medicine Residency in Florida
- Number of inpatients: 122,729
- Number of outpatients: 500,320
- Number of emergency cases: 407,439
- Number of new born deliveries: 9,232
- Number of surgeries: 64,552
- Number of licensed beds: 2,247
- Number of critical care beds (Includes ICU, CCU, CVICU, PCU, PICU, NICU): 1,329
- Number of staff physicians: 2,230
- Number of employees: 17,600
- Number of walk-in medical facilities: 21
- Number of outpatient rehabilitation and imaging facilities: 16

Treating more newly diagnosed cancer patients than any other health system in Florida, the Florida Hospital Cancer Institute (FHCI) and the Gynecologic Oncology Center are pushing the limits of cancer expertise, technology and patient care. From our Coordinated Care Programs that provide one-on-one support to our nationally recognized clinical research center, we offer patients the very best treatment in a state-of-the-art environment.

Dedicated to the early detection and treatment of a wide range of cancers affecting women, the Gynecologic Oncology Center treats more patients than any other program of its kind in the entire Southeast. The Gynecologic Oncology Center is nationally recognized as a leader in cancer research and treatment.

Parking

The following parking facilities for physicians are available to fellows (access requires the use of ID badge):

Orlando campus: Located in Alden Street parking garage, and King Street parking garage.

East campus: Located behind Medical Plaza building and the hospital's cafeteria.

Winter Park: Located by the Emergency Department.

Celebration: Located past ED second lot.

Distance Policy

FH bylaws mandate that all medical staff members shall be geographically available to fulfill their patient care obligations. Residence and office shall be within a 25 mile radius of one of the FH facilities. Medical staff members whose patient responsibilities are primarily exercised at one campus, shall be located (both office and residence) within a 25 mile radius of that campus. Upon the recommendation of the Department Chairman, the Credentials Committee may consider requests for exception to this requirement on an individual basis.

FH GME physicians in training shall abide by the 25-mile radius requirement as well.

The program director may consider requests for exception to this requirement on an individual basis.

Medical Library

Library Manager: Nancy Aldrich
Phone: 407-303-1860

The Medical Library at FH provides information for patient care, continuing education, management, and research. The library has approximately 1500 books, 1000 reference books and subscriptions to 319 journals to help fulfill this responsibility. There is a card catalog and a journal holdings list to acquaint patrons with the library holdings. There is interlibrary loan service available for materials not available in this library55.

A virtual library is available at the FH website. To log on to this site from outside the FH network, a token is required. This token will be provided to you during orientation by the Physician Informatics Team.

To access the virtual library from the internet:

www.floridahospital.com → Click on “Physicians” → Click on the FH MD logo

Annual Program Review

In accordance with AOA and ACOOG requirements:

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. Representative program personnel (i.e., at least the program director, representative faculty, and one Fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (the internal review), and the Fellows’ confidential written evaluations of faculty, rotations, and the program. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting (maintained by the program).

The program should use Fellow performance and outcome assessment in its evaluation of the educational effectiveness of the Fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the Fellowship program.

Each program will be required to present an annual report to the GMEC regarding the effectiveness of the program. The report should include the following:

- List of those involved in the annual review
- Progress in correcting AOA citations/concerns and recommendations from the most recent GMEC internal review of the program
- Quality improvement activities involving Fellows
- List identifying Fellows on department and hospital committees
- Research and scholarly activity of faculty and Fellows
- Fellow supervision
- Duty hours compliance
- Other required Fellow policies
 - Selection
 - Evaluation
 - Promotion
 - Dismissal
- Program affiliation agreements with participating institutions
- Review of educational goals and objectives
- Core competencies – how they are taught and evaluated

Institutional Core Competency Plan

An Osteopathic Core Competency Program shall be integrated into all OGME programs and shall include an Institutional Core Competency Plan, Program Directors Annual Summary and Final resident Assessment as noted in *AOA Basic Documents IV-I*.

- A. Program Requirements
- B. A program description including the following elements must be present:
 - (1) Mission statement
 - (2) Description of facilities
 - (3) Program goals
 - (4) Rotation goals and objectives
 - (5) Training curriculum
 - (6) Teaching roster with certification status
 - (7) Core Competency Plan
 - (8) Trainee evaluation forms and description
 - (9) Work hours and leave policy
 - (10) Remediation policy

AOA programs require incorporation of osteopathic principles and practice only in the evaluation and care of patients of osteopathic attending physicians.

Introduction

The Florida Hospital Institutional Core Competency Plan (ICCP) is a guide for continuous improvement in teaching and in evaluating competency-based curriculum and medical education. The curriculum is based on the seven core competencies defined by the American Osteopathic Association (AOA). Florida Hospital is committed to ensuring professional competence, which is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served.

The administrative officers of Florida Hospital firmly support the Program Director and the faculty in their commitment to excellent and quality graduate medical education programs to ensure the consistent care for our patients in the community.

DME Responsibility

The designated ICCP institutional official at Florida Hospital is the Director of Medical Education for osteopathic programs. The DME is responsible for drafting the ICCP and presenting it to the Graduate Medical Education Committee (GMEC).

GMEC Responsibility

The Graduate Medical Education Committee of Florida Hospital is responsible for approving the ICCP and monitoring the plan's implementation and performance.

Program Directors/Faculty Responsibility

The Directors and Associate Directors of each Fellowship and Residency Program and the Program Faculty are responsible for implementation of the ICCP.

Support Staff

The DME, Fellowship Coordinator, and medical education office staff will collect, review and input information for the annual report and plan update.

Program Participation

The Gynecologic Oncology Fellowship Program will participate in the development and integration of the ICCP for Florida Hospital.

Resources

Florida Hospital and the Osteopathic Foundation of East Orlando will provide the needed resources to support the development and monitoring of the ICCP. Periodic review of resource needs will occur and if additional resources are required, they will be incorporated into the budget.

Osteopathic Postdoctoral Training Institution (OPTI)

Florida Hospital will work in conjunction with the Consortium for Excellence in Medical Education (CEME) to develop and implement assessment tools necessary to measure the seven core competencies.

Effectiveness

Effectiveness and progress will be monitored in the following manner. The DME will monitor monthly evaluations, procedure and case logs, faculty evaluations, lecture attendance, mentoring feedback forms, and other methods as deemed appropriate. Program directors will monitor trainee evaluations, faculty evaluations, in-service exam scores and day-to-day progress of trainees. Quarterly progress reports will be presented to the medical education committee by the DME. The annual report given to the Graduate Medical Education Committee will be forwarded to the OPTI.

Teaching Methods

Osteopathic Philosophy and OMM Teaching:

- Inpatient Credentialing
- Weekly Didactic Sessions
- Monthly Distance Learning
- Computer Modules

Medical Knowledge Teaching:

- Morning Report
- Topic Review/Didactic Programs
- Journal Club
- Tumor Board
- Board Review

Patient Care Teaching:

- Morning Report
- Topic Review/Didactic Programs
- Family Practice and Procedural Workshops
- Bedside teaching rounds
- Procedural Credentialing
- Procedural Models
- Strategy Sessions (Counseling)
- Tumor Board

Interpersonal and Communication Skills

Teaching:

- Bedside and Outpatient teaching and modeling
- Workshops
- Whole Person Care conference

Professionalism Teaching:

- End of Life Care Training (EPEC)
- Role Modeling
- Practice Management
- Cultural Diversity Training

Practice-Based Learning and Improvement Teaching:

- Use of “virtual library” in real time patient care
- QA / PI data
- Practice Management rotation and conferences
- Billing and Coding workshops
- Journal Clubs
- EBM workshops
- Use of EBM order sets

Systems-Based Practice Teaching:

- Practice management rotation and conferences
- Multidisciplinary rounds
- Community Health Center and AHEC rotations
- Community service involvement (e.g. Shepherd’s Hope)
- Home visits
- Group visits

Evaluation

Osteopathic Philosophy and OMM Evaluation:

- Inpatient Credentialing
- Computer Modules
- OSCE
- Monthly Service Evaluation

Medical Knowledge Evaluation:

- Board Exam Review Sessions
- OSCE
- Monthly Service Evaluation

Patient Care Evaluation:

- OSCE
- 360 Degree Evaluation
- Record Review
- Procedural Models
- Procedure and Case Logs
- Monthly Service Evaluation

Interpersonal and Communication Skills Evaluation:

- OSCE
- 360 Degree Evaluation
- Patient Surveys
- Monthly Service Evaluation

Outcomes

Each trainee will develop skills to professionally and competently care for patients in a variety of clinical settings. Each trainee will develop academic skills to successfully pass certification boards on first attempt.

Remediation Plan

Trainees not meeting an acceptable level of achievement on core competency evaluations will be required to complete an academic remediation plan. The remediation process is outlined in the Fellowship and GME manuals and will be developed in conjunction with the program director and DME.

Professionalism Evaluation:

- OSCE
- 360 Degree Evaluation
- Patient Surveys
- Portfolios
- Monthly Service Evaluation

Practice-Based Learning and Improvement Evaluation:

- AOA CAP program
- QA /PI reports
- OSCE
- 360 Degree Evaluation
- Portfolios
- Monthly Service Evaluation

Systems-Based Practice Evaluation:

- OSCE
- 360 Degree Evaluation
- Portfolios
- Monthly Service Evaluation

FELLOW RECRUITMENT AND APPOINTMENT

Eligibility Criteria for Fellowship

According to the American Osteopathic Associations Basic Standards for Fellowship Training in Gynecologic Oncology, applicants for the fellowship training program must:

1. Have graduated from an AOA accredited college of osteopathic medicine
2. Have satisfactorily completed an AOA approved residency program in obstetrics and gynecology
3. Be and remain members of the AOA during fellowship training
4. Be appropriately licensed in the state in which training is conducted
5. The candidate shall have applied for the AOBG general OB/GYN certification exam and shall have taken the written portion of the exam prior to matriculating the fellowship

Applicants to the Gynecologic Oncology Fellowship Program should also have:

1. Successfully passed all board exams
2. Acceptable explanation of break in education (if necessary)
3. Commitment to Gynecologic Oncology

Fellowship Selection Policy and Procedures

1. Applicants that meet all eligibility requirements express their interest in the Fellowship program to the Program Director or Program Coordinator.
2. Information regarding the program along with an application is sent to interested applicants.
3. When the application has been completed and returned to the program, it will be reviewed by the Program Director and Program Coordinator.
4. Applicants will be contacted via email or telephone and given instructions regarding scheduling an interview.
5. The interview process is conducted as follows
 - a. The application is advised to report to the Office of Graduate Medical Education
 - b. The Program Director, selective faculty, and current Fellows (known as the selection committee) will interview the applicant
 - c. Applicants may tour the Florida Hospital Cancer Institute and the Gynecologic Oncology Center and meet other faculty, staff, and fellows.
6. Each interviewer will complete an evaluation on each applicant, covering the following areas:
 - a. Professional direction
 - b. Personal characteristics and interpersonal communication skills
 - c. Clinical competence
 - d. Overall potential as a Fellow in our program
7. Each applicant's file is reviewed and screened by the Program Director, Program Coordinator and selection committee. The following criteria reviewed:
 - a. Personal statement
 - b. Transcript score
 - c. COMLEX scores
 - d. Letters of Recommendation
8. All applicants who have been interviewed will be reviewed for ranking by the selection committee.
9. A rank list will be created.
10. The Program Director will contact applicants to follow-up and answer any additional questions. The final rank list is at the discretion of the Program Director and is confidential.
11. Applicants that match will be contacted and contracts will be sent within 10 working days of the match results.

The Gynecologic Oncology Fellowship Program invites applications without regard to sex, race, age, religion, ethnicity, national origin, non-restricting disabilities, sexual orientation and/or veteran status.

International Medical Graduates and Visa Policy

An International Medical School Graduate ('IMG') is defined as a graduate of a medical school located outside of the United States ('US'). The Educational Commission for Foreign Medical Graduates (ECFMG) assesses the readiness of IMGs to enter US residency or fellowship programs that are accredited by the ACGME. The ECFMG certification is one of the eligibility requirements to take Step 3 of the United States Medical Licensing Examination ('USMLE'), and is required to obtain a license to practice medicine in the US. To be certified by ECFMG, applicants must meet medical education credential requirements and examination requirements, including Step 1 and Step 2 of the USMLE.

The following visa classifications qualify for application to FH GME ACGME training programs:

J-1: a non-immigrant visa available to aliens that fall under the designation of "Exchange Visitor";

H-1B: a non-immigrant visa available to hired international employees in a specialty occupation; and, and,

OPT: a temporary employment authorization that gives F-1 students an opportunity for practical work experience following graduation.

FH will sponsor successfully matched IMGs to any GME training program for any of the above visa classifications at the discretion of the Program director. Through the FH GME Human Resource Coordinator, FH is equipped with a visa specialist that will guide the visa application process as necessary. Please allow 120 days for the processing of a J-1 visa.

Resident Appointment

Details regarding resident appointment can be found in the GME Manual.

FH GME will assure that appointed residents and fellows are provided with a written agreement/contract, renewable on an annual basis, which outlines the terms and conditions of their appointment to a program. A resident's initial agreement and subsequent renewal agreement will be issued by the FH GME Human Resources Coordinator. All questions pertaining to the agreement should be directed to FH GME for clarification.

Orientation

Fellows are required to attend the FH-mandated employee orientation as well as FH GME orientation prior to the start of the fellowship. The Gynecologic Oncology program will conduct a program-specific orientation during the first week of the Fellowship for all new physician trainees. This orientation will introduce Fellows to the program and clinical sub-specialty requirements.

The Fellow will be introduced to administration officials and various patient care disciplines. The hospital's rules and regulations, benefits, human resources policies, advanced directives information, health sciences (library) services, risk management procedures, and health information management (medical records) systems will be covered.

The orientation process exposes the Fellow to the culture and functions of the Florida Hospital System, Florida Hospital Orlando and Gynecologic Oncology Fellowship Program.

Topics covered in the GME and Program Orientation include, but are not limited to:

- ACLS/PALS certification (if needed)
- Introduction to Hospital Administration; DME
- General Overview of Fellowship
- Florida Hospital in Perspective
- Medical Library
- Lab Coats
- Fellowship Success
- Pastoral Services
- Benefits Presentation
- Safety & Security
- Infection Control
- HIPAA
- Research
- Clinical Performance Improvement
- Human Resources Processing/Employee Physicals
- Case Management
- PICC Team
- Nursing Administration
- Palliative Care
- Health Information Management
- Team Building
- Physician Support Services
- Assessment Exam
- Manual Review
- New Innovations
- Whole Person Care
- SHARE
- Risk Management
- Coding/Billing – will be addressed as EMR is implemented

FELLOW RESPONSIBILITIES

According to the American Osteopathic Association Basic Standards for Fellowship Training in Gynecologic Oncology, during the training program the fellow must:

1. Maintain satisfactory records of work performed and submit these records on a monthly basis to the Program Director for review and verification. These records shall be filed with the Program Coordinator.
2. Submit a training program report annually to the ACOOG, within 30 days of the end of each year's training. Fellows will also complete an annual evaluation of the program director and faculty in a format as required by the ACOOG.
3. All fellows must produce a thesis as first author. It is required that the fellow actually perform the research.
4. Attend appropriate conferences relating to gynecologic oncology.
5. Participate in the teaching of house staff and interns.
6. Register as a candidate member of the ACOOG within sixty days of matriculating to the fellowship. The fellow will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG and the AOA.

Fellows are encouraged to attend appropriate meetings, including the annual meeting of the American College of Osteopathic Obstetricians and Gynecologists and any additional meetings that the program director may deem appropriate.

Responsibilities of all Fellows:

- Meet with the Fellowship Coordinator on a monthly basis
- Assist with Fellow interviews
- Assist with attendance and sign-in at lectures
- Assist with audio-visual set up at lectures
- Input into Curriculum Development
- Other responsibilities which may be added at the discretion of the Program Director

Chief Fellow

In April of each year, a Senior Fellow is appointed as Chief Fellow for the upcoming academic year. They will serve from July 1 until June 30 of the following year.

The following criteria will be considered:

- Fellow in good academic standing
- Demonstrates teaching skills and interest
- Demonstrates leadership and rapport with fellow Fellows and faculty
- Demonstrates a positive attitude towards the Fellowship program

Goals for Chief Fellow:

- To facilitate the educational experience of the Fellows and medical students
- To be a liaison between the Fellows, faculty, and medical education administration
- To be a resource for problem solving

Responsibilities of Chief Fellow:

- Advise the Program Director and Program Coordinator on issues of importance to the Fellowship Program
- Attendance at the following committee meetings:
 - Meet with Office Manager and Program Director on a regular basis RE: Clinic issues.
 - Manage any daytime scheduling conflicts for Fellow coverage which may arise.
- Oversee Fellowship scheduling

Department Meetings

All Gynecologic Oncology Fellows are required to attend all meetings as they relate to the department and the practice.

Fellows may be assigned to provide a case report at other department meetings.

Tumor Board

1. Tumor Board is currently held on the first and third Wednesday of each month at 12:30 pm in the 7th floor Conference Room at FHCI.
2. All Fellows are required to attend this program.
3. Each Fellow is expected to research updated information regarding the patient's diagnosis and treatment as well as have an article available on the topic.
4. OGME-5 Fellow is responsible for tracking attendance.

Topic Review/Didactic

1. Topic Review and Didactic Sessions occur on the First and Third Thursday of every month at 3:00pm. These sessions are held in the Center for Gynecologic Oncology, FHCI Suite 800, conference room.
2. All Fellows are required to attend.
3. Dr. James Kendrick schedules topics for the monthly didactic and topic review sessions and chooses who will present each topic.
4. OGME-5 Fellow is responsible for tracking attendance.

Journal Club

1. Journal Club will be held on the third Monday of every month at 6:00pm.
2. Each fellow is responsible for choosing 2 pertinent articles to be discussed. Fellows are responsible for coordinating article choices with attending faculty members.
3. OGME-5 Fellow is responsible for tracking attendance.

FELLOW BENEFITS

Information regarding resident benefits can be found in the GME Manual, located on New-Innovations.

This includes but is not limited to:

- Florida Hospital ID Badge
- Radiation Badges
- Fellow Stipend/Salary
- Paid Time Off
- CME time off and reimbursement
- Professional Dues
- Malpractice – Professional Liability Coverage
- Health Coverage and Medical Reimbursement
- Cafeteria and Meals
- Uniforms – White Coats and Scrubs
- Call Rooms
- Leave of Absence
- Expense Reporting
 - Relocation Expenses
 - Reimbursement Travel Expenses
- Book Allowance
- Counseling Support

RESIDENT WORK ENVIRONMENT AND POLICIES

Licensure

Fellows will receive a Florida State Medical License with Dispensing privileges along with a Drug Enforcement Agency license, paid for by the Fellowship Program. Fellows are responsible for renewal of their license as expiration nears, with receipts and proper verification provided to the Program Coordinator for reimbursement.

See GME manual for more information.

Certifications

Fellows in the Gynecologic Oncology Program are required to maintain current ACLS certification in order to be able to participate in the training program. We encourage the fellow to obtain ACLS certification prior to the start of training, however if ACLS is not in place, the fellow is required to complete certification as part of orientation in June.

Copies of all certifications must be given to the Residency Coordinator for permanent record.

See GME manual for more information

Continuing Medical Education

Fellows (OGME-5, OGME-6, and OGME-7) are permitted to take five (5) days of paid leave for CME time. Expenses related to CME will be reimbursed up to \$1500.00 after the proper receipts are provided to the Fellowship Coordinator/Medical Education Office. (Refer to Expense Reimbursement Regulations in GME Manual.)

CME time is to be requested in writing on a “*Time Off*” form and approved by the program director thirty (30) calendar days in advance. CME time is for the expressed purpose of obtaining CME credits. A copy of the program brochure showing the program content and CME credits must be attached to your CME request.

CME funds may be applied to approved medical reference texts or other educational materials with the approval of the DME. CME time and money will not be allowed to accrue from OGME 5 to OGME 6 to OGME 7 and will not be paid out at the end of the contract.

No CME time is permitted within the first or last month of a Fellow’s contract period of the normal academic year.

For the clinic, CME time for Holiday periods must be worked out by the Fellows.

Continuing Medical Education Requirements for Licensure

AOA CME Requirements:

AOA members are exempt from the CME requirement while in a postdoctoral training program.

Upon completion of the training program, the CME requirement will be prorated based on the end date of the program.

AOA members are required to obtain 120 credit hours in a three-year cycle, with at least 30 credits in Category 1-A. The remaining 90 credits may be obtained in CME designated as Category 1-A, 1-B, 2-A, or 2-B. Osteopathic board-certified physicians must earn at least 50 of their total 120 credit hours in their primary specialty.

Florida State Licensure CME Requirements:

- 1 of the 40 hours must be on the topic of **Risk Management**, either AOA or AMA approved-this must be an attendance-type course (live, participatory, attended courses).
- 1 of the 40 hours must be on the topic of **HIV/AIDS** and contain current information on Florida law, either AOA or AMA approved (live, participatory, attended courses.)
- 1 of the 40 hours must be on the topic of **Domestic Violence** (live, participatory, attended courses.)
- 1 of the 40 hours must be on the topic of **Florida Laws and Rules** (live, participatory, attended courses.)
- 1 of the 40 hours must be on the topic of **Managed Care** (live, participatory, attended courses.)
- 2 of the 40 hours must be on the topic of **Prevention of Medical Errors** (live, participatory, attended courses.)
- **End-of-Life Care** may be substituted for **HIV/AIDS or Domestic Violence** if the licensee completed an approved HIV/AIDS or Domestic Violence course in the immediately preceding biennium.

The Board generally accepts CME that is approved for credit by either the American Osteopathic Association or the American Medical Association.

Rotation Schedule

Year 1

July	Gynecologic Oncology Service
August	Gynecologic Oncology Service
September	Gynecologic Oncology Service
October	Gynecologic Oncology Service
November	Critical Care Medicine
December	Gynecologic Oncology Service
January	Gynecologic Oncology Service
February	Gynecologic Oncology Service
March	Gynecologic Oncology Service
April	Gynecologic Oncology Service
May	Gynecologic Oncology Service
June	Gynecologic Oncology Service

Year 2

July	Gynecologic Oncology Service
August	Gynecologic Oncology Service
September	Gynecologic Oncology Service
October	Gynecologic Oncology Service
November	Gynecologic Oncology Service
December	Gynecologic Oncology Service
January	Gynecologic Oncology Service
February	Gynecologic Oncology Service
March	Urology
April	Gynecologic Oncology Service
May	Gynecologic Oncology Service
June	Gynecologic Oncology Service

Year 3

July	Gynecologic Oncology Service
August	Gynecologic Oncology Service
September	Gynecologic Oncology Service
October	Gynecologic Oncology Service
November	Gynecologic Oncology Service
December	Gynecologic Oncology Service
January	Gynecologic Oncology Service
February	Gynecologic Oncology Service
March	Gynecologic Oncology Service
April	Gynecologic Oncology Service
May	Radiation Oncology/Pathology
June	Gynecologic Oncology Service

Research and Scholarly Activity Requirement

The AOA guidelines state that the program must provide opportunity for Fellows to participate in research or scholarly activities.

Research and Scholarly Activity Requirements:

The program must provide opportunity for residents to participate in research or scholarly activities. The residents will be required to complete the following by the end of their training:

1. IRB certifications (NIH, Research HIPPA & CV)
 - Each resident will be expected to complete the IRB requirements within the first month of training.
 - Research Coordinator will give instructions for certifications during orientation week.
2. Case Report/Literature Review Article
 - Write a case report or literature review article submitted for publication in a peer review journal, *and*
 - Present case report/literature review article to faculty and peers.
3. Research
 - Conduct a publishable investigator initiated research project of chosen topic or participate in an ongoing faculty research project.
 - Present a PowerPoint presentation of research findings to faculty and peers.

The Program Director or faculty of choice will mentor residents in their scholarly activities and research projects.

The Department of Medical Education provides a full-time Research Coordinator and a statistician to assist and monitor your research project.

The Fellows will be required to participate in the following:

- 1) Scholarly projects
 - Conduct research project (elective time given) - investigator initiated, *or*
 - Present a case report, a poster or an oral presentation at a regional or national conference, *or*
 - Write a case report submitted for publication in peer review journal, *or*
 - Prepare literature review article submitted for publication in peer review journal
- 2) IRB certifications (NIH, Research HIPAA & CV)

QI projects are important to Fellow education:

- a) Fulfills AOA /ACOFB criteria for practice-based learning and improvement competency
- b) Allows Fellows to become active participants in our Fellowship practice – improving healthcare, delivery and outcomes
- c) Increased awareness in methods for performance improvement leading to increased re-imburement (P4P)
- d) To learn the skills required for future re-licensure requirements

III. Scholarly projects

Scholarly activity is important to Fellow education:

- a. Fulfills AOA / ACOFP requirements for opportunities for research in principles of research design, performance, and analysis and encourage research participation.
- b. Fulfills AOA / ACOFP recommendations that faculty must demonstrate broad involvement in scholarly activity.

Scholarly project options

- 1) Conduct research project (elective time given) - investigator initiated
- 2) Present a case report, a poster or an oral presentation at a regional or national conference
- 3) Write a case report submitted for publication in peer review journal
- 4) Prepare literature review article submitted for publication in peer review journal

Pre-requisite knowledge for faculty:

- a. Overview of scholarly activity: what is it, how can we incorporate it into our current load and where can we present, submit, etc
- b. Learn all of the components of preparing a manuscript, case study, or review article for a peer-reviewed journal.
- c. Key concepts and basic rules of good grammar
- d. Writing in the “active voice”

Fellow Goals:

- a. Develop skills that encompass the ability to: perform literature searches using MEDLINE and other resources
- b. Ability to critically evaluate research articles
- c. Utilize evidence-based medical information resources
- d. Interpret and apply clinical decision rules; and appropriately apply evidence in clinical decision-making

Call and Clinic Switches

When a Fellow finds it necessary to switch call or clinic responsibilities, the following procedure is to be followed:

1. Arrange the switch with a fellow
2. Notification must be made in writing to the Practice Manager at least 15 days prior to change.
3. The Practice Manager will review the proposed schedule change with the Program Director. Once approved, the Practice Manager will notify the Program Coordinator, and Senior Fellow.
4. Rotation preceptors and attending, as well as covering Fellows must be informed and reminded of the change in coverage.
5. Consider and address the impact on clinic operations and patient care. The Clinic Medical Director, Practice Manager and Fellowship Program Director must approve all clinic changes.
6. It is the Fellow’s responsibility to follow up and confirm approval.

ALL CHANGES MUST HAVE FIFTEEN (15) DAY PRIOR APPROVAL FOR CALL AND CLINIC COVERAGE CHANGES FROM THE PROGRAM DIRECTOR!

CALL/CLINIC SWITCH FORM

NAME: _____ CURRENT DATE: _____

Instructions:

- To switch a clinic day, indicate what day you were originally scheduled for, and what day you are requesting to switch to.
- Requests for clinic switches are to be turned in fifteen (15) days in advance.
- If you are requesting to switch a call day with another Fellow, please complete the "Call Day Switch" section. If you are covering call but not switching with anyone, please complete the "Call Day Coverage" section.
- Requests for call switches are to be turned in at least fifteen (15) days in advance.
- It is your responsibility to notify the Practice Manager, Program Coordinator and the attending physicians.
- The Fellow must forward their EPIC in baskets to another Fellow for coverage.**
- No request is approved without the signature of the Program Director.**

CLINIC DAY SWITCH:

Original Clinic Day Scheduled: _____ Clinic Day Requested: _____

Reason for Request: _____

Are you switching with another Fellow? YES NO

Fellow providing coverage: _____

CALL DAY SWITCH:

Original Call Day Scheduled: _____ New Call Day: _____

Fellow providing coverage: _____

Do you have clinic the following day? YES NO

NAME OF ATTENDING(S)/ ROTATION: _____

CALL DAY COVERAGE:

Call Day Scheduled: _____

Do you have clinic the following day? YES NO

NAME OF ATTENDING(S)/ ROTATION: _____

Fellow Signature: _____

.....
FOR OFFICE USE ONLY

Submitted Practice Manager (Date): _____ Initials: _____

Practice Manager

Number of clinic days scheduled: _____

Number of clinic patients scheduled: _____

APPROVED YES NO

LORNA BRUDIE, DO
PROGRAM DIRECTOR

DATE

Leave

See GME manual for more information.

Leave/Sick

The Fellow contract allows up to twenty personal days of leave annually with pay. Each Fellow will have a personal medical record kept in the Florida Hospital Gynecologic Oncology office.

If a Fellow becomes ill during a rotation shift, s/he should follow the procedure below as soon as the illness requires them to leave their shift. The team senior partner should notify appropriate people as outlined below within thirty minutes of notification.

PROCEDURE:

If you need to call in sick or to report that you cannot work your regular scheduled work hours, you must page **one hour before your regular scheduled work time.**

All attendance/coverage calls are to go through the FHCE Practice Manager.

Pam Clark

Home: 407-312-4271

Cell: 407-312-4271

If they are unavailable, you may page or call the below:

Pat Faust

Cell: 407-921-3633

Unexcused absences will be dealt with at the discretion of the DME and may include, but are not limited to, two extra days added to the end of the contract for each unexcused absence, additional call or other assignments. Lecture attendance will not be excused. Excessive unexcused absences may result in additional disciplinary action at the discretion of the Program Director. **All absences are unexcused until approved by the Program Director.**

Practice Management Group Senior Partner of ill Fellow:

- ✓ Call PRIOR to 8:00 am
 - ❖ Clinical Manager to advise which team member will see assigned patients.
- ✓ Problems should be reported to Medical Education immediately.

Whenever a Fellow feels slightly ill but wishes to continue working, s/he must report to Medical Education within a reasonable time. The Fellow and nurses should be alert to any signs of illness displayed by one another so that the Medical Director can arrange an appropriate evaluation. The Fellow who is ill must contact the Senior Team Partner to take care of or arrange care for his/her hospitalized and clinic patients, call, and clinic responsibilities.

Upon return to work after absences of three (3) days or more, or in circumstances where the potential of contagion or risk exists, employees may be required to provide to Medical Education (or Employee Clinic) a physician's statement which documents the validity of, or need for, time away from work.

Where there is a question of contagious illness, an employee may be referred to the FHCE Clinic or Employee Clinic to determine fitness to return to work.

Leave/Time-Off Requests

To request time off for personal or CME leave, the Fellow must complete and submit a *Time-Off Form* for **ALL** days off – regardless of type, reason, event, or holiday and submit to Medical Education. No time-off requests are permitted during the last two weeks of a Fellow’s contract period of the normal academic year.

Time-off requests are considered individually by the DME and must have his/her approval. Do not assume your request has been granted. An approval or disapproval will be forwarded to the Fellow in his/her mailbox.

- Requests for Leave are to be turned in at least forty-five (45) calendar days in advance.
- It is the responsibility of the Fellow to notify Medical Education.
- It is the responsibility of the Fellow to provide coverage for shifts when assignments have already been given by the DME.
- No request is approved without the signatures of the Program Director and Clinic management.
- Verify days available with Medical Education **prior** to completing a *Time-Off Form*.
- CME, and granted days for Boards are not assumed; you must follow normal procedure and complete a *Time-Off Form*.
- Actual days of Boards are granted days. Any days before or after (including travel days), CME, and/or leave days must be approved by the DME.
- Fellow is responsible for follow-up and confirmation of approval.
- Fellow may not take leave or CME during core rotations as noted in the rotation schedules and sections of the manual.
- Planned leave/time off must be taken on specific rotations (see below).
- OGME-1 Fellows may not take more than five (5) personal days at one time, and cannot use more than fifteen (15) of their personal days as vacation.

Leave without pay is allowed based on an as needed evaluation in cases of extended illness or serious personal problems. Request must be made no less than thirty days in advance. Leave without pay will extend the Fellow contract for the length of the leave and may jeopardize the Fellow’s standing in accordance with regulations established by the AOA/ACOF/AAO and the Fellowship program.

TIME-OFF REQUEST FORM

NAME: _____ CURRENT DATE: _____

- Requests for leave are to be turned in at least forty-five (45) days in advance.
- It is the responsibility of the Fellow to notify Medical Education.
- The Fellow must provide coverage for shifts when assignments have already been given by the DME.
- The Fellow must forward their EPIC in basket to another Fellow for coverage.
- No request is approved without the signature of the DME (signature of Clinic is required first).

REQUESTED DAY(S) OFF: _____

REASON FOR REQUEST:

CME (please attach a copy of information on the convention/seminar you are attending)

PERSONAL

NUMBER OF ACTUAL LEAVE DAYS REQUESTED: _____

NUMBER OF LEAVE DAYS REMAINING FOR CONTRACT YEAR **EXCLUDING** THIS REQUEST:

NAME OF ROTATION AND/OR ATTENDING(S): _____

APPROVED BY ATTENDING(S) YES NO N/A

SIGNATURE OF ATTENDING

SIGNATURE OF REQUESTING FELLOW

EPIC Inbasket coverage provided by: _____

EPIC "Out of Contact" completed YES ____ NO ____

.....
FOR ME OFFICE USE ONLY

Leave Days Remaining Verified? YES ____ NO ____ Rotation Verified? YES ____ NO ____

Submitted to Clinic (Date): _____ Initials: _____

Practice Manager

Number of clinic days scheduled: _____

Number of clinic patients scheduled: _____

APPROVED YES

NO

Lorna Brudie, DO
PROGRAM DIRECTOR

DATE

Evaluations

Fellow Evaluations:

Fellows will be evaluated by the faculty and program director on a quarterly basis, as well as evaluated by each preceptor at the end of a rotation. Evaluations are based upon the seven core competencies established by the AOA:

1. Osteopathic Principles and OMT
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice

The faculty/preceptor will meet with the Fellow approximately mid way through the rotation to give feedback on his or her performance and to address any specific deficiencies. The Program Director will meet with the Fellow at least quarterly to review performance. Any necessary remediation or counseling will be determined by the Program Director and when indicated, individuals may be placed on probation or suspended. Evaluations will be kept on file in the Fellow's personnel file and will be accessible to the Fellow through the Medical Education office.

Additionally, Fellows will be evaluated by means of a 360-degree approach which will include evaluations by nurses, ancillary staff, and patients. The results of these evaluations will also be discussed with the Fellow during quarterly mentor meetings.

Faculty Evaluations:

Fellows will perform anonymous evaluations of the program, rotations, and faculty on a quarterly basis. The results of these evaluations will be reviewed by the Program Director and appropriate feedback will be given to individual faculty members. Furthermore, evaluations of the rotations will be used by the Curriculum Committee to revise and alter the educational content of the program and its rotations.

Confidentiality:

All evaluations, counseling and probationary actions involving a Fellow will be kept in a confidential fashion. Under no circumstances will such actions be discussed in a public forum. Additionally, all evaluation of faculty by Fellows will be treated as confidential by the Program Director.

Rotation Documentation:

By the end of each rotation, the Fellow must complete an attending evaluation form and a Fellow rotation evaluation form. These forms are available in the Medical Education Office. All evaluations, patient logs, procedure logs, and summaries are to be completed and submitted to Medical Education no later than ten (10) working days after the end of each rotation.

Gynecologic Oncology Fellowship

CLINICAL STAFF 360 DEGREE EVALUATION OF RESIDENT PHYSICIAN

Evaluator: Nursing Staff

Subject:

DATE:

Evaluation form is based upon the Outcomes Project of the Six Core Competencies:
(Comments expected regarding any "Marginal" and "Does Not Meet Expectations" areas)

Is sensitive to issues of patient privacy and comfort during examination

Does not meet expectations: Shows disregard for patient comfort or modesty, fails to knock on door before entry

Marginal: Marginally meets expectations

Meets expectations: Usually sensitive and comforting

Exceeds expectations: Consistently sensitive to privacy and comfort

Does not meet
expectations



Marginal



Meets expectations



Exceeds expectations



Unable to evaluate



Can efficiently access up-to-date and accurate patient care information utilizing technological tools

Does not meet expectations: Does not use current online or PDA sources of evidence based information. Uncomfortable with technology

Marginal: Marginally meets expectations

Meets expectations: Intermittently accesses electronic resources

Exceeds expectations: Self-motivated to use most current evidence based information

Does not meet
expectations



Marginal



Meets expectations



Exceeds expectations



Unable to evaluate



Relationships with other health care personnel

Does not meet expectations: Rude or abrupt with staff. Does not clearly communicate requests for tests, equipment, followup.

Marginal: Marginally meets expectations. Occasionally is not clear with communication

Meets expectations: Usually pleasant and appropriate with staff. Usually communicates pertinent information in accurate and organized manner.

Exceeds expectations: Always pleasant and appropriate with staff. Consistently communicates pertinent information in accurate and organized manner

Does not meet
expectations



Marginal



Meets expectations



Exceeds expectations



Unable to evaluate



Ability to communicate effectively with patients and family. Clearly, respectfully, empathically and with cultural sensitivity communicates with patients, family, allied health professionals and physician colleagues

Does not meet expectations: Obtains insufficient and/or irrelevant information for adequate discussion and documentation. Unaware of presentation limits.

Marginal: Marginally meets expectations

Meets expectations: Communicates pertinent information in accurate and organized manner. Is clear and concise with patients and does not use medical jargon. Is respectful

Exceeds expectations: Makes patients, families and colleagues feel comfortable in discussions. Communicates without jargon when talking with patients. Presents information not readily available and is clear and concise.

Does not meet
expectations

Marginal

Meets expectations

Exceeds expectations

Unable to evaluate



Effectiveness as a team member

Does not meet expectations: Exhibits blocking behaviors such as arrogance and non-verbal cues of non-participation.

Marginal: Marginally meets expectations

Meets expectations: Communicates using appropriate terminology with colleagues. Is respectful

Exceeds expectations: Makes Presentations reflect incorporation of patient research and/or literature information not readily available. Presentation is concise and understandable to all



Displays an attitude of professionalism in all clinical activities

Does not meet expectations: Is often tardy, ill prepared, inappropriately attired, or unequipped. Irresponsible, absent without excuse.

Meets expectations: Punctual, properly equipped, dressed and prepared. Acts responsibly and is accountable for attendance



Adheres to professional ethical standards

Does not meet expectations: Sometimes does not maintain patient confidentiality, is not sensitive to religious or cultural beliefs, may not obtain appropriate consent.

Meets expectations: Is sensitive to confidentiality issues. Is sensitive to religious and cultural beliefs. Always obtains appropriate consent. Knows when to request ethics committee intervention



Shows compassion and empathy with all

Does not meet expectations: Does not exhibit appropriate behavior/demeanor around patients, families, staff in times of stress, fear, pain, or bereavement.

Meets expectations: Is consistently compassionate and exhibits appropriate behavior with patients, families and staff at all times



Is willing to accept feedback

Does not meet expectations: Reacts negatively to critical review, is defensive and may exhibit inappropriate response.

Meets expectations: Is amenable to and even seeks out constructive criticism and feedback and strives to improve and incorporate suggestions



Is sensitive to patient's age, gender, culture, and disabilities

Does not meet expectations: Can be abrupt, condescending or disrespectful to patients. Sometimes addresses patient without regard to age, gender, culture, or disability (e.g., addresses by first name or "dear")

Meets expectations: Consistently shows respect when addressing patient by calling by name with title (Mrs/Ms/Mr ____, Sir or Ma'am. Is sensitive to cultural diversity and patient's modesty, physical needs, etc



Explanation of "Marginal" or "Does Not Meet Expectations"

Gynecologic Oncology Fellowship

PATIENT 360 DEGREE EVALUATION OF RESIDENT PHYSICIAN

Evaluator: Patient

Subject:

DATE:

Is sensitive to issues of patient privacy and comfort during examination

Does not meet expectations: Shows disregard for patient comfort or modesty, fails to knock on door before entry

Marginal: Marginally meets expectations

Meets expectations: Usually sensitive and comforting

Exceeds expectations: Consistently sensitive to privacy and comfort

Does not meet expectations



Marginal



Meets expectations



Exceeds expectations



Unable to evaluate



Ability to communicate effectively with patients and family - clearly, respectfully, empathically and with cultural sensitivity communicates with patients, family, allied health professionals and physician colleagues

Does not meet expectations: Obtains insufficient and/or irrelevant information for adequate discussion and documentation. Unaware of presentation limits.

Marginal: Marginally meets expectations

Meets expectations: Communicates pertinent information in accurate and organized manner. Is clear and concise with patients and does not use medical jargon. Is respectful

Exceeds expectations: Makes patients, families and colleagues feel comfortable in discussions. Communicates without jargon when talking with patients. Presents information not readily available and is clear and concise.

Does not meet expectations



Marginal



Meets expectations



Exceeds expectations



Unable to evaluate



Shows compassion and empathy with all

Does not meet expectations: Does not exhibit appropriate behavior/demeanor around patients, families, staff in times of stress, fear, pain, or bereavement.

Meets expectations: Is consistently compassionate and exhibits appropriate behavior with patients, families and staff at all times

Does not meet expectations



Meets expectations



Is sensitive to patient's age, gender, culture, and disabilities

Does not meet expectations: Can be abrupt, condescending or disrespectful to patients. Sometimes addresses patient without regard to age, gender, culture, or disability (e.g., addresses by first name or "dear")

Meets expectations: Consistently shows respect when addressing patient by calling by name with title (Mrs/Ms/Mr ____, Sir or Ma'am. Is sensitive to cultural diversity and patient's modesty, physical needs, etc

Does not meet expectations



Meets expectations



Comments and/or commendations:

GYNECOLOGIC/ONCOLOGY FELLOWSHIP EVALUATION OF FELLOW

Subject:
GYN/ONC Fellow

Evaluator:
Rotation:
Dates:

PROCEDURE: The clinical instructor evaluates the Fellow in regard to his/her activity on assignments, and then returns this form to the attending or program coordinator.

GENERAL

Attendance (List any missed time below)	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Punctuality	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Attitude toward work and clinic	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Appearance	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A

INTER-PERSONAL RELATIONSHIPS

Peers	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Faculty	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Clinic Staff	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Patients	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Support Para-Medical	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Patients and Families	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Availability to Patients While Away from Clinic	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Accomplishment of Objective at Clinic	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Overall Leadership Ability	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Judgment and Decision Making	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Technical and Manual Proficiency	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Quality and Quantity of Productivity	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A

MEDICAL RECORDS

Thoroughness of Patients' History	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Technical proficiency of P.E. and record	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Evidence of Diagnostic Skills	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Appropriateness of Treatment	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Evidence of Appropriate Follow Up	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Patient Education and Family Counseling	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Proper Request for Consultation & Referral	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Overall Case Management	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
Structural Examination	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A

OVERALL

Overall Evaluation	Unsatisfactory	Marginal	Satisfactory	Above Average	Superior	N/A
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List any missed time:

General Comments:

Goals for Future Development:

Criteria for Advancement of Fellows

The decision whether to promote and graduate a Fellow shall be determined by the Program Director and/or DME with the recommendations of the faculty and the Medical Education Committee.

The methods of evaluation shall consist of direct observation, rotation evaluations, and correspondence between departments. Fellows will participate in all aspects of the curriculum, evaluations of education experiences and faculty. It is expected that Fellows will complete all Fellow administrative responsibilities including logs, licensure, and other required paperwork in a timely fashion.

Criteria for advancement shall be based on the seven (7) core competencies. Fellows are required to be judged as competent for advancement to each level.

Competencies:

- I. **Osteopathic Principles Application** – Demonstrate knowledge and application of the Osteopathic Principles to patient care in the inpatient and ambulatory settings.
- II. **Patient Care** – caring and respectful behavior, interviewing, informed decision making, develop and carry out patient management plans, counsel and educate patients and families, performance of procedures (routing physical exam and medical procedures), preventive health services, work within a team.
- III. **Medical Knowledge** – investigatory and analytic thinking, knowledge and application of basic sciences.
- IV. **Practice Based Learning and Improvement** – analyze own practice for needed improvements, use of evidence from scientific studies, application of research and statistical methods, use of information technology, facilitate learning of others.
- V. **Interpersonal and Communication Skills** – creation of therapeutic relationship with patients, listening skills.
- VI. **Professionalism** – respectful, altruistic, ethically sound practice, sensitive to cultural, age, gender, disability issues.
- VII. **Systems-Based Practice** – understand interaction of their practices with the larger system, knowledge of practice and delivery system, practice cost-effective care, advocate for patients within the health care system.

Criteria:

1. **Clinical competence** – fund of knowledge, clinical performance rotation evaluation, clinical judgment, knowledge of limitations, doctor-patient relationship.
2. **Professional Attitude/Behavior** – working relationship with others, acceptance of responsibility, punctuality and reliability. All Fellows, at every level, are expected to teach and supervise.
3. **Technical Skills and Procedures** – procedural competence and experiences, documentation (medical record), completeness and timeliness, all evaluations, (rotation, preceptor and Fellow) documented and reviewed quarterly.
4. **Impairment Prevention** – absence of impaired function due to mental or emotional illness, personality disorder, substance abuse and other adjustment disorders.

Three promotion steps require criteria and competency evaluation: OGME-5 to OGME-6, OGME-6 to OGME-7, and OGME-7 to graduation. Competencies shall be documented. Additionally, the Fellow must be judged competent to supervise others (Fellows and students), and to act with progressive independence. In the OGME-7 to graduation step, the Fellow must be judged competent to act independently and meet all the requirements of the AOA, ACOOG, SGO, AOBGO, and ACOG.

Dismissal Policy

Dismissal may occur because of failure of the resident to comply with his/her responsibilities or failure to demonstrate appropriate medical knowledge or skill as determined by the program's supervising faculty. Dismissal may also occur where there is misconduct. Examples of misconduct include but are not limited to: being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment); the use of abusive language, fighting or encouraging a fight; threatening, attempting, or causing injury to another person while on the premises.

Please refer to the GME Policy Manual for specific policies.

A resident is usually not dismissed without a probationary period, except in instances of flagrant misconduct. In other circumstances, it is the responsibility of the Program Director to document a warning period prior to dismissal and to demonstrate efforts for the provision of opportunities for remediation. Such opportunities must be provided and documented for the resident to discuss with the Program Director the basis for probation, the expectations of the probationary period, and the evaluation of the resident's performance during the probationary period. Discussions will be documented and placed in the resident's personnel file. The resident is entitled to a copy of the documentation upon request.

Grievance Procedure

In the event that a resident is to be dismissed s/he may initiate a formal grievance procedure. Grievance procedures will follow the policy stated in the GME Manual.

Contract Extensions and Obligations

See GME manual for more information

Moonlighting

Fellows are not permitted to participate in moonlighting activities.

Patient Care

History and Physicals (H&P's)

H&P's are due on all inpatients within 24 hours of admission. GYN/ONCOLOGY H&P's are to be completed legibly by hand on the H&P AND Osteopathic Structural Forms (both are required to be a complete H&P). Surgery patients must have an H&P on the chart prior to surgery. The history, physical, and structural examination forms must be comprehensive. Fellows should verify compliance to JCAHO, AOA and FH guidelines. Admission notes must be written by the admitting Fellow assigned to the patient covering the key points, thought processes and care plan. A note should be dictated with the H&P and Osteopathic Structural forms discussing these same items.

Only approved FH Abbreviations are to be used during dictation and in the chart.

An Osteopathic examination is required on all H&P's by the AOA and as part of your osteopathic training. Use the Osteopathic Structural Form.

You may do an interim H&P on patients who have been admitted within 30 days with the same or related chief complaint IF a complete H&P was done with the most recent prior admission. The interim H&P must consist of cc, HxCC, PMHx, PSHx, medications, allergies, and PE. The rest of the OGME-1 H&P should read "as per previous admission. Please see old chart."

All patients admitted to the hospital must be told that a breast, pelvic/pap and rectal examination are part of the physical examination. If the patient refuses this part of the exam, it must be documented on the chart and the H&P as “Patient refused the _____ for the following reason _____.” Obviously, ICU and PCU patients confined to bed cannot have the most complete physical exam, but breast, biannual pelvic, and rectal exams can be performed on patients confined to bed rest. If items on the H&P are deferred, they must be completed as soon as possible. In addition, the patient must be told to follow up with their family doctor or a specialist.

The Medical Education Department will assign H&P’s to be done on all GYN/ONCOLOGY and staff faculty admissions that are not done by the following morning of admission. H&P’s are to be assigned in a fair and equitable manner. Whenever possible, H&P’s will be assigned by service.

Documentation

All entries on the patient chart must include the date, time, and legible signature to comply with AOA and JCAHO requirements. Do not scribble out errors in progress notes and orders. Draw one line through the error. Then, sign, time and date the lined out error, then write the correct note or order. The attending physician who is currently covering the case will be indicated as the doctor the Fellow is ordering or noting for the chart.

Fellow Responsibilities

Daily progress notes, in the SOAP format, will be written legibly by Fellows on assigned patients.

If the admitting diagnosis is apparently in conflict with the physical findings and summary, the Fellow must immediately discuss the case with the attending physician.

The attending staff shall be constantly advised by Fellows of the progress of patients and promptly notify them of any significant changes or emergencies which may occur.

The Fellow must immediately notify the attending if a patient dies, is transferred to ICU/PCU, or is placed on the “critical” list.

Fellows shall respond when called concerning a patient. The Fellow must document all patient contacts and orders. Fellows shall respond to calls from the floor if the attending or physician responsible for patient care is Fellowship Faculty or Attendings. Other patient calls will be referred to the attending unless the information provided is determined to be a life-threatening emergency. In those situations, the Fellows will evaluate the patient, provide emergent care, if determined as necessary, and communicate if possible with the attending or consultant on the case.

Transfer Protocol

Continuity of care is an important asset of the resident’s training, among them is the time spent in the practice office with pre and post surgical patients.

- The resident is expected to interact as a junior attending with interns, students and the entire healthcare team (i.e. nurses, pharmacists)
- The resident is expected to evaluate the acuity of patients and organize the appropriate care unit (i.e. transfer after Recovery Room, ICU, Monitor Unit, and regular surgical floor) under the Indirect Supervision of an attending with direct supervision immediately available.

The resident is required to notify the attending faculty member regarding any of the critical patient events:

- Admission to the hospital
- Transfer into the intensive care unite
- Unplanned intubation or ventilator support
- Cardiac arrest, ne arrhythmia, or hemodynamic instability
- Development of significant neurologic changes
- Development o f major wound complications
- Medication or treatment errors requiring clinical intervention

- Unplanned blood transfusion
- Development of any clinical problem requiring an invasive procedure or operation for treatment
- Nursing, physician staff, or the patient requests that the attending surgeon be contacted

The following will be discussed with and approved by the attending faculty before they occur:

- Discharge from the hospital or from the Emergency department
- Transfer out of ICU

Hand-over Protocol

- Scheduled face-to-face handoff meetings
 - Fellows are on call with a faculty member for lengths of 1 week. On the Monday following the end of call, fellows will hand-over patients face-to-face during morning rounds.
 - Each fellow is still responsible for seeing all patients during morning rounds, whether they are on call or not.
- Indirect faculty supervision of handovers (i.e. Blackberry or electronic devices)
- Direct faculty supervision of handovers

Restraint Policy

Fellows in the Gynecologic Oncology are required to follow the Florida Hospital policy concerning Restraint Use in Non-Behavioral Health Settings. This is Policy Number 100.094-1 and can be found on the Florida Hospital intranet under “Policy & Procedures”.

Fellows will receive a printed copy of this statement during Program Orientation and will sign, stating that they have received and reviewed the policy.

Confidentiality and Medical Records

See GME manual for more information.

- Health care providers must maintain adequate medical records to:
 - Afford continuity of patient care
 - Document that quality care has been rendered
 - Justify payment for services rendered
 - Serve as defense against malpractice claims
 - Function as a basis for submitting required reports to appropriate governmental agencies
- All operative reports should be dictated immediately, but absolutely within 24 hours of the time of operation. They should contain sufficient information concerning the pathology found as well as techniques used.
- Discharge summaries are to be completed the day of discharge. Discharges are to be approved by the resident/fellow. Correct terminology is essential, both for diagnosis and operation. Complete diagnoses, including complications and operations are necessary.
- Keep in mind that the patient’s record could become a legal document, which you may be asked to interpret and defend in a court of law many years from now. It, therefore, should not be treated as a forum for unproven opinions, personality comments, assumptions, or derogatory statements to consultants, patients, peers, etc.: record the facts, omit opinions, judgments, and assumptions. Never EVER alter a medical record after a query regarding the care of a patient.
- Death Certificates must be completed within 72 hours of the patient’s death.
- Medico-legal issues, such as adverse events, angry patients or family members, etc. should be relayed to the attending immediately. A lack of timely intervention frequently exacerbates problems.
- Delinquency in record completion may result in loss of vacation time in order to correct deficiencies.

Compliance with HIPPA regulations is mandatory. All information presented to you by a patient, by a doctor about a patient, by a patient’s family about a patient, with few exceptions, is CONFIDENTIAL.

- Do not discuss patients with others while walking in the halls, in the elevator, in the cafeteria, or while in any public areas.
- During Grand Rounds and conferences, patients are never to be presented by their names.
- Copies of discharge summaries, operative reports, and other medical data are confidential and must be disposed of by acceptable legal means when no longer needed.
- Use ONLY the confidential, locked shred bins which are provided in the out-patient office as well as on the units. Do not place any confidential information in waste baskets or other receptacle that eventually ends up in a commercial or city dump.
- In all instances, patients are to be treated with the same respect and confidentiality that you would afford your own family members.

Supervision of Fellows

Purpose: The purpose of this section is to safeguard patient care and enhance graduate medical education by setting standards for supervision of Fellows.

Supervision Privileges: Florida licensed physicians credentialed through Florida Hospital Medical Staff and with appropriate clinical privileges must supervise all Fellows in their patient care responsibilities. Supervising physicians are either Gynecologic Oncology Fellowship Faculty, voluntary faculty with signed agreements or attendings who request and/or accept the responsibility for supervising Fellows. This section does not prohibit non-supervising physicians from writing orders and shall not deny or limit non-supervising physicians privileges.

The Graduate Medical Education Committee of Florida Hospital will have the responsibility for periodic or Program Director requested review of the safety and quality of patient care provided by the Fellows and their related educational and supervisory needs.

Internship is defined as “supervised care of patients in a hospital...with continued instruction ...by the hospital staff...under the supervision of the attending staff, he (the OGME-1) is given progressively increasing responsibility to the end that he acquires confidence in his own clinical judgment” by the Florida Administrative Code (Code B 64B8-6.003 {2001}). Fellowship is a continuation and extension of this process with the caveat that Fellows may, if licensed, legally practice independent of the Fellowship and supervision.

Neither Fellows nor residents are credentialed at Florida Hospital to have medical staff privileges. Therefore, all Fellow activities within Florida Hospital must be supervised by an attending that is licensed in the state of Florida and credentialed at Florida Hospital in the care and/or procedures to be performed by the Fellow. The “supervising” physician may be a Gynecologic Oncology Center faculty, the admitting physician or any physician on Florida Hospital’s medical staff. The Fellows do not require direct supervision except in surgery. Direct supervision does not have to be provided at all times.

Fellows are responsible for their own decisions and actions without reference to the so-called “supervising” physician. Fellows should provide only medical care procedures for which they are qualified by training or experience, even if they are under the supervision of a credentialed attending physician. Therefore, even Fellows who are not under direct supervision (i.e. under “indirect supervision”) are expected to seek the counsel and advice of their supervising physician before proceeding in an area with which the Fellow has no training or experience.

In turn, supervising physicians will accept as their responsibility the education and monitoring of Fellows who seek their advice and direction. In particular, the assigned faculty member for a Fellow, or the contracted attending physicians who serve as on-call faculty, shall be available to address concerns and questions of Fellows and shall directly supervise them.

Inpatient Activities

All inpatient Fellow activities are supervised by an attending physician who has been granted privileges by the Medical Staff to perform the specific procedure or duty they are supervising.

The actual procedures, level of training of the Fellows and the severity of illness of the patient will be used to determine if the supervising physician will be physically present at the time of service. If the supervising physician is not physically present, they must be available on short notice by telephone and be willing & able to make themselves physically present in a reasonable amount of time.

Fellows may write admitting orders and subsequent orders for the care of the patient. These orders in combination with all pertinent information regarding the patient's specific case must be communicated with the attending physician within a reasonable amount of time based on the urgency, or severity of the patient's condition. The entry of orders into a patient chart does not preclude the attending or licensed dependent practitioner involved in the care of that patient from entering orders on their own.

Progress notes and orders shall be written before the Fellow leaves the hospital for each patient contact which includes the date, time, name of the supervising physician contacted and Fellow signature. All physician attendings and supervising attendings shall be notified ASAP. The supervising physician must countersign all orders and notes written by the Fellows of the Gynecologic Oncology Program.

Faculty responsibility for supervision

- Faculty members functioning as supervising physicians should delegate portions of care to the resident, based on the needs of the patient and the skills of the resident.
- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of the resident and delegate the appropriate level of responsibility and authority of patient care to the resident.

Clinical Responsibility

On each rotation, the assigned attending faculty member will have the resident rotate on his/her patients. The resident is to maintain contact with their attending faculty member throughout their rotation.

Patient interaction during on call hours will be communicated to the attending faculty member by 7:30am. Residents are also permitted to return to the hospital while on at home call to care for new or established patients which is included in the 80-hour weekly maximum requirement. Each episode of that type of care will not initiate a new "off-duty period".

Residents and faculty members are to inform patients of their roles in that patient's care.

- Direct Supervision - The supervising physician is physically present with the resident and patient.
- Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available.
- Indirect Supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by blackberry or electronic device and is available to provide Direct Supervision.
- Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Expense Reporting

Fellows will follow the GME procedures for receiving reimbursements. This policy is outlined in the GME Manual. The Fellowship Coordinator will assist the Fellows with completing and submitting expense reports for reimbursement.

Graduation Ceremony

See GME manual for more information

Disaster Plan

See GME manual for more information.

Stress, Fatigue, and Impairment

The Program Director and faculty realize that Fellowship training is a time of high stress. They will make every effort to monitor Fellows on their rotations for signs of stress, fatigue, or impairment. The Fellow can assist on his/her own behalf by adhering to duty-hour mandates and by communicating problems with his/her preceptor, faculty advisor, or the Program Director. Signs and symptoms of fatigue, stress, or impairment include some of the following:

1. Recent changes in behavior, including irritability, mood swings, inappropriate behavior, a breakdown in logical thought, trembling, slurred speech
2. Irresponsibility, such as failure to respond to calls, late arrivals at rounds or call, rounding at irregular times, neglect of patients, incomplete charting, unexplained absences
3. Inaccurate or inappropriate orders or prescriptions
4. Insistence on personally administering patients' analgesics or other mood-altering medications rather than allowing nursing staff to carry out orders
5. Poor concentration or poor memory, such as failure to remember facts about individual patients
6. Depression
7. Evidence of use or possession of alcohol or other drugs while on duty; intoxication at social events
8. Anger, denial, or defensiveness when approached about an issue
9. Unkempt appearance and/or poor hygiene
10. Complaints by staff or patients
11. Unexplained accidents or injuries to self
12. Noticeable dependency on alcohol or drugs to relieve stress
13. Isolation from friends and peers
14. Financial or legal problems
15. Loss of interest in professional activities or social/community affairs

In situations of stress, fatigue, or impairment, the faculty or Fellow may approach the Program Director or the Program Director may call a meeting with the Fellow. The problem will be discussed, and the Program Director will make recommendations for resolving the problem. Such recommendations may include use of services within Florida Hospital such as the Employee Assistance Program, Employee Health Services, or referral to a counselor or psychiatrist. For further information, please refer to the GMEC policy on Impairment found in the Graduate Medical Education Policy Manual.

Resources

Florida Hospital, along with the medical staff and Graduate Medical Education is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes practitioner health. We affirm that substance use disorders and other behavioral health disorders are treatable illnesses and after treatment, practitioners can return to the safe and effective practice of medicine with appropriate monitoring.

Employee Assistance Program (EAP)

This program assists faculty, staff, and their families with the resources they need to resolve personal, family, or job-related problems. EAP offers a free of charge and comprehensive worksite-based program to assist in the prevention, early intervention, and resolution of problems that may impact job performance. The EAP is staffed with well-trained, caring professionals who listen and offer support and guidance. EAP is confidential and voluntary. You can contact EAP at: (407) 303-3690 (or tie: 844-3690).

Employee Health Clinic

The employee health clinic handles pre-employment physicals, performs annual physical assessments and PPD tests, and administers vaccinations. It also provides triage and evaluation for work-related injuries during normal business hours and does educational promotions, blood-borne pathogen counseling and treatment, and follows up on TB and other infectious disease exposures. The employee clinic can be reached at: (407) 303-1535 (or tie: 844-1535).

Physician Support Service

This service is available to medical staff, including residents and their family members. The service may be utilized by contacting (407) 691-5476. Your Residency Coordinator will have pamphlets and business cards for your use if you have questions about this service.

Faculty Psychologists

The faculty psychologists on the staff of Graduate Medical Education are also available to the residents and their families as a resource in times of stress.

Impaired Physician Policy

Florida Hospital, along with the medical staff and graduate medical education is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes practitioner health. We affirm that substance use disorders and other behavioral health disorders are treatable illnesses and after treatment, practitioners can return to the safe and effective practice of medicine with appropriate monitoring. Please refer to the GMEC Policy Manual for specific policy on impairment.