Division of Gynecologic Oncology
Education Program for
Fellows in Gynecologic Oncology

Faculty:

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R. Ann Word, M.D. Professor, Obstetrics and Gynecology
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A. Summary Description of Fellowship Program

This fellowship in gynecologic oncology is a four-year program designed to train obstetrician-gynecologists for productive careers in academic gynecologic oncology. It is sponsored by the Division of Gynecologic Oncology, Department of Obstetrics & Gynecology, University of Texas Southwestern Medical School, and is carried out at its main teaching facility, UT Southwestern Medical Center, and its affiliate institutions.

Eligibility for this fellowship requires satisfactory completion of an A.C.G.M.E. or R.C.P.S.C. approved residency in Obstetrics & Gynecology, successful completion of the written examination of The American Board of Obstetrics and Gynecology, and eligibility for a license to practice medicine from the Texas State Board of Medical Examiners. Fellows accepted to the program must be licensed to practice medicine in the state of Texas prior to initiation of the fellowship.
Overall Educational Goals

This Fellowship in Gynecologic Oncology at U.T. Southwestern Medical Center is designed to train obstetrician-gynecologists for productive careers in gynecologic oncology. The goal of this fellowship is the preparation of outstanding Obstetrician-Gynecologists for productive careers in academic Gynecologic Oncology. This goal requires that the Fellows be provided with the clinical, instructional, and investigational foundation for such a pursuit. As is set forth in the "Guide to Learning in Gynecologic Oncology", training will be provided in the comprehensive screening, diagnosis, and treatment of cancers of the female genital tract and their complications. This includes radical pelvic and reconstructive surgery, chemotherapy, and radiation therapy. Particular emphasis is placed on surgical techniques, critical care, clinical trials, and investigational agents. Fellows participate in the care of over 400 new gynecologic oncology patients every year. The fellows are responsible for all preoperative and postoperative patient care, and perform operations under the direction of an attending surgeon.

Fellows are instructed in the methods and techniques of radiation therapy and participate in the management of patients receiving all forms of these treatments. Fellows acquire an understanding of the principles of radiobiology and radiation physics during a rotation in radiation oncology. They participate as a member of the team that decides the course of treatment and are responsible for the care of radiation therapy inpatients.

Fellows attend rounds, conferences, lectures, and seminars. The fellow will be actively involved in the didactic and clinical education of medical students and residents. Basic and clinical research experience will be provided to allow the Gynecologic Oncology Fellow to design, develop, and obtain support for their own studies as well as direct the efforts of others.

The overall educational objectives for the program are the following:

a. Learn the basics of hypothesis-driven research, grant preparation, peer-review presentations, and publication skills.

b. Acquire knowledge and understanding in cancer biology, immunology, genetics, and statistical analysis during research years in a basic-science-focused laboratory setting, graduate level courses, and conferences.

c. Acquire experience in the comprehensive management of gynecologic cancer and its complications, including management of fluids, electrolytes, anticoagulation, nutrition, and critical care.

d. Acquire experience and skill in the diagnosis, staging and comprehensive management of gynecologic cancers.
e. Acquire experience and skill in surgical management, including:

1) Radical operations on the reproductive organs, resection/anastomosis/bypass of the gastrointestinal and urinary tracts and other pelvic surgery techniques.

2) Dissection of inguinal, pelvic, para-aortic lymph nodes, and gain experience with plastic reconstructive operations required for restoration of function in women treated for gynecologic malignancy.

3) Open laparotomy and minimally invasive surgical approaches, including robotic surgery, in the management of gynecologic malignancies.

4) Adjunctive procedures required in these patients such as cystoscopy, sigmoidoscopy, paracentesis, thoracentesis, and placement of central venous catheters. Experience in the placement and management of thoracic cavity drainage tubes is also gained.

f. Receive ongoing experience in total parenteral nutrition and in the critical care of the gynecologic oncology patient with further concentrated exposure during a rotation in surgical critical care.

g. Acquire an understanding in the pathologic diagnosis of premalignant and malignant conditions of the female genital tract.

h. Acquire clinical experience and skill in the interpretation of radiologic tests.

i. Receive instruction in the diagnosis and management of disorders of the breast.

j. Receive experience and skill in the methods and techniques of radiation therapy, and will participate in the management of patients receiving all forms of these treatments. Fellows acquire an understanding of the principles of radiobiology and radiation physics during a rotation in radiation oncology. They participate as a member of the team that decides the course of treatment, plans radiotherapy, applies radioactive materials, and is responsible for the care of radiation therapy inpatients.

k. Acquire basic and clinical knowledge about the mechanism(s) of action, side effects, advantages, and disadvantages of agents used in cancer chemotherapy. They gain practical experience in the administration of such drugs and in the recognition and management of complications that may result from the use of such agents.

l. Acquire experience in palliative care and management of the dying patient.

Program Structure

This Fellowship is structured as a four-year program. It includes 3 accredited years during which time fellows will complete all ACGME requirements for Gynecologic Oncology training which will enable them to sit for the ABOG certification. There is also a required 4th and non-accredited year that will enable each fellow to pursue additional research training
and clinical training in gynecologic oncology. The surgical and clinical training that is needed to be a comprehensive Gynecologic Oncologist is significantly more expansive when compared to the basic training received by residents who have completed training in obstetrics and gynecology. The Gynecologic Oncologist is required to have an in-depth knowledge of complex pelvic and abdominal anatomy and procedures. The advances in basic sciences and new therapies requires extensive understanding of basic science, translational science, statistics and trial design, components that are not emphasized in OB/GYN residency. The Gynecologic Oncology fellowship program at U.T. Southwestern is designed for 4 years to ensure that all fellows receive the most comprehensive training.

The first year in fellowship is considered ACGME accredited and consists entirely of clinical rotations. Three months are divided into rotations in Radiation Oncology (1 month), Surgical Intensive Care (1 month), Pathology (2 weeks) and Genetics (2 weeks). The following 9 months consists of Gynecologic Oncology service at two different sites; Clements University Hospital and Parkland Hospital.

The second year of fellowship is a non-accredited year and consists of 3 months of Gynecologic Oncology service and 9 months of basic science research without any clinical care responsibilities. Fellows are also expected to participate in clinical research during this year.

The 3rd and 4th year of fellowship are ACGME accredited. The third year is focused on research without any clinical responsibilities. Fellows are required to complete their basic science research in preparation for thesis presentation. Clinical research may also be accomplished if the fellow is meeting expectations with his/her basic science research. The 4th year is entirely comprised of clinical training on the Gynecologic Oncology service at two different sites; Clements University Hospital and Parkland Hospital.

**Ambulatory experience**

All new gynecologic cancer patients presenting to the Parkland Hospital Gynecologic Oncology Clinic will be seen by the fellow with supervision. The fellow participates in patient evaluation, staging, treatment and management of complications thereof. Fellows attend outpatient clinic at Parkland Hospital Gynecologic Oncology clinic for 1 full day per week. The fellow will also be involved in the ambulatory evaluation of private patients seen by the UT Southwestern faculty at Simmons Comprehensive Cancer Center for one day a week. The fellow is given the opportunity to be exposed to new gynecologic oncology patients, patients requiring chemotherapy, radiation therapy, treatment complication as well as patients being seen for cancer surveillance.

i. Organization of Inpatient and Outpatient Teaching

The facilities of UT Southwestern Medical Center include Parkland Memorial Hospital, Clements and Zale Lipshy University Hospitals, and the Harold C. Simmons Cancer
Center, which are all contiguous or adjacent to UT Southwestern Medical School. UT Southwestern Medical Center at Dallas is a multifaceted academic medical institution that is nationally recognized for excellence in educating physicians, biomedical scientists, and other health care professionals. It was founded in 1943 as the Southwestern Medical College. The medical center includes three degree-granting institutions: Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and Southwestern School of Health Professions. These three schools train approximately 3,250 medical, graduate and allied health students, residents, and postdoctoral fellows each year. In its efforts to bring the latest laboratory findings to the patient's bedside, UT Southwestern supports more than 2,000 research projects annually totaling more than $298 million.

The facilities encompass 5.5 million square feet in 20 buildings on 150 acres. UT Southwestern’s 2011 operating budget was nearly $1.79 billion, with 11,400 faculty and staff employed.

ii. Supervision in Ambulatory Unit and Operating Room

All new gynecologic cancer patients presenting to the Parkland Memorial Hospital Gynecologic Oncology Clinic will be seen by the fellow under supervision by the faculty for evaluation, staging, treatment as well as management of complications thereof. The fellow will be involved in the ambulatory evaluation of private patients seen by the UT Southwestern faculty at Simmons Cancer Center.

Every major case in the operating room, which relates to gynecologic oncology, requires faculty involvement for the purposes of supervision of patient management and teaching opportunity. Attending faculty are present for all cases in the operating rooms at all the hospitals and are almost always scrubbed for the purposes of supervision of patient management and teaching opportunity.

Didactics and Conferences

Gynecologic Oncology Fellows are encouraged to attend and actively participate in these relevant conferences:

I. Protocol and Chemotherapy Monitoring Conference: (Alternating Wednesday 0730)
   All patients under active chemotherapy and/or chemo-radiation treatment are presented by the fellow for review and discussion by faculty.

II. Surgery planning conference: (Alternating Wednesdays 0900). All patients who are candidates for surgery are presented by the fellow for review, discussion and treatment planning by faculty.

III. Gynecology Tumor Board: (Wednesday 0800) New and recurrent gynecologic cancer cases are presented in a didactic fashion, led by the fellow with participation of faculty and staff from Gynecologic Oncology, Radiology, Surgical Pathology,
Radiation Oncology, and related specialties as required. Cases are presented by the resident and members of pathology and radiology teams. The fellow then discusses the critical issues of the case and proposes an evidence based treatment plan that is further discussed by the faculty.

IV. Gynecologic Oncology Core Curriculum lectures: (First Wednesday 1700, Second Wednesday 1530). Core didactic lectures chiefly presented by the faculty to prepare fellows for their written and oral board examinations in gynecologic oncology.

V. Gynecologic Oncology Pathology Lecture Series (Fourth Wednesday 1500). This is a pathology core conference where fellows learn the didactics and nuances pertaining to gynecologic oncology pathology.

VI. Oncology Board Review Conference (every Thursday 0730). This conference is a Cancer Center wide multidisciplinary conference that highlights complex cases and pathologies.

VII. Introductory Oncology Fellows lectures: (Tuesday 1600, Thursday 0730, July-September) Core lectures in chemotherapy and oncology emergencies.

VIII. Morbidity and Mortality Conference (Fourth Wednesday) Critical review by faculty, fellows and residents of complications (i.e. unplanned returns to surgery, ICU admissions, or patient deaths) for the preceding resident rotation.

IX. Obstetrics and Gynecology Department Grand Rounds: (Wednesdays 0700) Obstetrics, Gynecology and subspecialty topics are presented to the Department of Obstetrics & Gynecology by faculty and visiting professors.

X. Gynecologic Oncology Journal Club (Third Wednesday 1600) Current literature on topics in gynecologic oncology are presented and critically reviewed by the fellows and residents.

XI. Divisional Research Meeting: (Second Wednesday 1600) The faculty members, fellows, research coordinators and the entire research team review all basic and clinical research within the Division. Monitoring of cooperative group, NCI, and industry protocol accrual, compliance, toxicity, and reporting are addressed.

XII. Parkland Patient Care Conference: (Tuesday 0800) Multidisciplinary conference directed by the Fellow on service; attended by Nursing, Pharmacy, Social Work, Nutrition, Discharge Planning, Home Care, and Pastoral Care professionals, as well as the Gynecologic Oncology Faculty. Its purpose is to assess total care and meet the needs of patients.

Graduate Level Courses

The fellow is required to take and pass one of the following Biostatistics courses during the second or third year of fellowship. A passing grade is documented via a transcript from the University Registrar. The fellow is also encouraged to enroll in and complete the Basic Certificate in Clinical Science program:

Biostatistics for Clinical Sciences II – CTM 5302
This is a basic statistical methods course applied to the medical and health sciences. Topics include measurement issues, regression models, analysis of variance models.
(ANOVA), measures of association, categorical data analysis, survival analysis, and advanced topics (Meta Analysis and Bayesian approaches to design and analysis). (3 credit hours).

Conceptual Biostatistics for the Clinical Investigator – CTM 5309
This course explains fundamental statistical principles and focuses on explaining the appropriate scientific interpretation of statistical tests, rather than the mathematical calculation of the tests themselves. The course covers topics typically used in biomedical publications, including data description, summary statistics, p values and confidence intervals, contingency tables, sensitivity and specificity of laboratory tests, parametric and non-parametric tests, analysis of variance, correlation, regression, and statistical power, and sample size estimation. (3 credit hours)

Mathematical Biostatistics for the Clinical Investigator – CTM 5391
This course provides an overview of basic statistical methods applied to the medical and health sciences. Topics include: descriptive measures; one and two sample (independent and paired) confidence intervals and tests of hypothesis; one-way analysis of variance followed by pairwise multiple comparison tests; regression and correlation, Chi-square methods; and relative risk and odds ratios. (3 credit hours)

Biostatistics for Medical Research – Maternal-Fetal Medicine Division
This course will teach the principles of epidemiology, criteria for establishment of a screening program, statistical principles needed to conduct research studies and descriptive statistics.

Basic Certificate in Clinical Science
This is an 18-hour course of study. This track involves basic training in clinical/translational research for postdoctoral fellows and junior faculty whose position will allow them the time and departmental support needed to pursue research-focused career goals. The certificate program requires coursework and a research practicum. For gynecologic oncology fellows this research requirement is their thesis that is also required for board certification. The program is typically 1 year in duration.

Research
Fellows have greater than 90% protected time during their research rotations. The research rotations are incorporated into the program during the 2nd and 3rd year of training. There are no assigned clinical duties during weekdays while on research years. Research takes priority over any clinical duty during the week and faculty acknowledges that fellow participation in clinical activity is optional. Fellows will be responsible for sharing call coverage during the weekends.
The goal of research training is to provide fellows with sufficient scientific basis to allow them to make significant and unique contributions to the body of knowledge in gynecologic oncology such that they should be able to collaborate with other colleagues, obtain research funding, be independent investigators, and academic gynecologic oncologists. Basic Science research experience is available for fellows in the Cecil H. and Ida Green Center for Reproductive Biology Science under the mentorship of Dr. W. Lee Kraus. Our Comprehensive Gynecologic Oncology Tissue and Blood Repository provide a rich resource for laboratory projects studying gynecologic cancers. The Kraus Lab is interested in the basic mechanisms of nuclear signaling and gene regulation by small molecules. Fellows are encouraged and supported to attend, present before, and participate in scientific meetings. A thesis project is discussed and planned with the guidance of Dr. Kraus, lab members and the program director. All fellows present their thesis during the last month of the fellowship to the entire Division of Gynecologic Oncology, lab members, thesis committee and Dr. Steven Bloom, the Chair Emeritus of the Department of Obstetrics and Gynecology.

i. The curriculum of clinical research development

The Division of Gynecologic Oncology installed the SGO database in June 1993 to organize the fellows’ clinical experience and facilitate research opportunities. In the past 18 years (effective June 2011), 11,445 patients, 7241 tumors, 11,659 procedures and 13,039 admissions have been entered. Division faculty also facilitates clinical collaborations with colleagues at other institutions. Fellows learn the basics of identifying a clinically interesting research question, data retrieval and analysis, draft preparation, submission, manuscript revision, and ultimately publication. Clinical studies culminating in a thesis may be developed by close supervision between fellow and their choice of faculty to provide guidance.

The faculty have detailed experience in the development of and participation in clinical protocols to study various aspects of gynecologic malignancies. Our program offers excellent mentorship in clinical trial design, protocol writing, and application for those fellows desiring an academic career. In addition, the Division develops its own clinical protocols, conducts industry-sponsored studies, and is a full member institution (037) of the Gynecologic Oncology Group (GOG).

1) IRB training

The UT Southwestern IRB office staff provides education and training on the ethical and regulatory standards for human subject protection. IRB policy requires all study team members (including offsite collaborators) listed on a UT Southwestern IRB protocol application to complete training before conducting research involving human subjects. Successful completion of training is required prior to granting final approval of a new protocol. Human Subject Protection (HSP), Good Clinical Practice (GCP) and HIPAA Research are required for all research personnel listed on the study.
2) **Grant writing**
   To support researchers in navigating an often complex system, the RGC provides training sessions that cover necessary topics including:

   (ii) Grants 101
   (iii) National Institutes of Health (NIH) forms and guidelines for submitting grants
   (iv) Good clinical practice
   (v) Electronic Research Grant Organizer (ERGO), a Web-based system that allows forms and/or grants to be submitted electronically through institutional processes

Grant writing courses are periodically offered through the Graduate School of Biomedical Sciences. Grant writing is mentored by the PI. Mentoring of fellows in the laboratory has resulted in fellows participating in T32 institutional training grants, receiving ACOG/3M Pharmaceuticals Research Award (2002, 2006, 2007), ACOG-Ortho-McNeil Awards (1999, 2004), an American Cancer Society-Institutional Research Grant (2003), Reproductive Scientist Development Program Scholars (1996, 2004), AACP sponsored Young Investigator Award (2007) and numerous presentations and publications in recent years.

3) **Statistical analysis**
   Fellows are required to take at least one course in Statistical Analysis during his/her research years. The goal of taking the course is to acquire an understanding of the fundamental statistical principles, interpretation of statistical tests and basic statistical methods. The fellows have access to statistical program through The UT Southwestern Medical Center Library. All faculty are well versed in basic statistical analysis and can provide mentorship to fellows. Complex statistical analysis is done in collaboration with the Division of Biostatistics.

4) **Study design**
   Study designs are initiated by the faculty who has the primary idea, and are further developed during lab meetings, individual meetings with the fellow, and Divisional monthly research meetings, which all faculty and fellows attend.

5) **Manuscript preparation**
   Manuscript preparation is taught by the faculty and tailored based on the fellow’s previous academic experience.
B. Scientific Meetings

Fellows are encouraged and supported to attend, present before, and participate in scientific meetings. In recent years, UT Southwestern Gynecologic Oncology Fellows have attended and/or presented at the Society of Gynecologic Oncologists, the Society for Gynecologic Investigation, American Society of Clinical Oncology, American Association for Cancer Research, American College of Obstetricians and Gynecologists, Gynecologic Oncology Group, New England Association of Gynecologic Oncologists, Western Association of Gynecologic Oncologists and others.

C. Thesis presentation/defense

The fellow prepares his/her thesis presentation and reviews it with mentoring faculty and PI. All fellows present their thesis during the last month of the fellowship to the entire Division of Gynecologic Oncology, his/her lab mentor, including Dr. Kraus, and Dr. Steven Bloom, the Chair Emeritus of the Department of Ob-Gyn.

D. Off-Service Rotations

The fellow spends one month in the Surgical Intensive Care Unit of Parkland Memorial Hospital. The fellow is a full and active participant in the service along with residents from anesthesia and general surgery, and is involved in the care of all patients in the unit, including trauma, vascular, surgical subspecialties, as well as gynecologic oncology. Additional experience is gained in invasive monitoring, respirator management, and parenteral and enteral nutrition. Prior to this rotation, the fellow will have been certified by the Advanced Cardiac Life Support and Advanced Trauma Life Support courses.

Fellows spend a one-month rotation in the Department of Radiation Oncology, under the supervision of Kevin Albuquerque, M.D., Associate Professor of Radiation Oncology where he/she is exposed to didactic sessions in radiation physics and radiation biology. The fellow is involved in the treatment planning and administration of external beam radiation therapy, intracavitary, interstitial and high dose rate brachytherapy as well as radioisotopes in the management of neoplasms. The fellow is a full and active participant in the service along with residents from radiation oncology, and is involved in the care of all gynecologic oncology patients receiving radiation therapy and other cancer patients. In addition, he/she performs the intracavitary applications and has the opportunity to examine patients during the course of treatment.

The fellow will spend 2 weeks with the Department of Pathology faculty during which time the fellows acquire an understanding in the pathologic diagnosis of premalignant and malignant conditions of the female genital tract. Fellows are involved in the process of gross and frozen sectioning of gynecologic benign and malignant organs. They acquire an understanding of the histopathologic diagnosis of gynecologic conditions and malignancies. Fellows also participate
in a monthly pathology lecture series that is formatted for the gynecologic oncology fellowship program.

The fellow also spends 2 weeks with members of the Cancer genetics program at the Simmons Comprehensive Cancer Center. The fellow works with the Genetics team to learn cancer risk assessments, hereditary syndromes and appropriate counseling of patients and their families.

E. Progressive Responsibility

The goal of this training program is directed towards clinical and academic excellence that will produce independent academic gynecologic oncology consultants. This requires a planned and progressive program of escalating responsibilities in all areas of training. Close supervision and effective teaching in investigation, clinical activities and teaching capacity will allow progressive development and confidence in analysis of problems, surgical skills, and academic progression. The incorporation of one fellow per year to the program, will allow the senior fellow to get progressively involved in clinical and academic activities, which require a higher degree of responsibility. This culminates in the senior fellow serving as unofficial attending ("pretending") for the final two months of the fellowship.

Requirements for promotion to next level of training and graduation from Fellowship

1. Fellows should make progress towards the clinical competencies as specified in the educational objectives for each PGY year.
2. Fellows should demonstrate academic productivity throughout the duration of the fellowship.
3. Fellows should be in good professional and behavioral standing.

F. Responsibilities and Activities of Fellows

Teaching of Residents and Students

Residents from UT Southwestern Medical Center and Methodist Hospitals of Dallas rotate on the gynecologic oncology service at the second and third year levels. There are at least four residents participating in the care of patients with gynecologic malignancies at any given time. Senior UT Southwestern medical students or visiting externs may also spend a one-month elective in gynecologic oncology. The fellow will supervise the activities of the residents and students rotating through the service, and he/she will guide them in the evaluation and care of gynecologic oncology patients. The fellow will assist the residents in non-radical gynecologic procedures as assigned by the faculty. In this way, the fellow has an opportunity to develop his/her teaching skills. Residents, fellows, and faculty work collaboratively at all outpatient facilities, allowing for a reasonable distribution of labor and of teaching effort.

The fellow occasionally participates in the regularly scheduled junior medical student lectures in Obstetrics & Gynecology. Each fellow also presents at Departmental Grand Rounds at least
once a year. In addition, he/she will have active participation in weekly lectures and journal clubs for residents. The fellow will organize, select cases, and supervise the resident participation of the weekly Tumor Board conference.

**Benign Gynecology**

Fellows and faculty are frequently requested at Parkland Memorial Hospital (approximately 2716 benign gynecology operations annually) or Clements University Hospital as intra-operative consultants for complicated surgical procedures, inadvertent diagnoses of neoplastic diseases, or as consultants for postoperative intensive care or complications. Pre-operatively, fellows serve as primary consultants for the benign gynecology teams evaluating management plans for adnexal masses or other potentially malignant scenarios. Fellows determine which patients would be more appropriate for primary management by the gynecologic oncology service. Faculty coverage for other less suspicious cases is provided as a ‘standby’ service to the Department without fellow coverage. The fellow is not expected to be primarily involved in the management of uncomplicated patients with benign gynecologic diseases.

**Obstetrics**

Occasionally, the fellow will be emergently consulted with faculty supervision for an unanticipated obstetrical catastrophe (i.e. massive retroperitoneal hemorrhage, peripartum hemorrhage, ureteral transaction at the time of gravid hysterectomy), inadvertent cancer diagnosis, and difficult dissection or anticipated combined care patient (i.e. cervix cancer during pregnancy for cesarean-radical hysterectomy). More than 15,000 deliveries are performed at Parkland Memorial Hospital each year and this volume allows for a unique fellow experience in surgically managing obstetrical emergencies.

**Lectures and presentations**

Each fellow presents at Departmental Grand Rounds at least once a year. The fellow will organize, select cases, and supervise the resident participation of the weekly Tumor Board conference. Weekly tumor board presentations are given by the fellow to residents, faculty and staff. In addition, he/she will have active participation in non-formal lectures and monthly journal clubs for residents. The fellow occasionally participates in the regularly scheduled junior medical student lectures in Obstetrics & Gynecology. Fellows regularly present their research at regional and national meetings.

**Call**

There are two clinical fellows on the Gynecologic Oncology service at any given time. The clinical fellows take at-home call during the week. All fellows share in weekend call, which starts on Friday at 5pm and ends on Monday at 7am. Call hours are included in the 80-hour workweek when the fellow returns to the hospital to evaluate/manage a patient.
Moonlighting

Fellows are not required to engage in moonlighting. Moonlighting, in general, is discouraged for Gynecologic Oncology fellows because the fellow’s primary responsibility is the acquisition of knowledge, attitudes, and skills associated with the specialty. Permission for moonlighting maybe granted only to fellows during his or her research months, as long as it does not interfere with the ability of the fellow to achieve the goals and objectives of the fellowship educational program. Any fellow that is granted permission to engage in moonlighting will have the time spent in moonlighting counted towards the 80-hour maximum weekly hour limit.

Tracking and documentation of the fellows’ time

Duty hours are documented by each fellow in MedHub. The hours are tracked and monitored by the fellowship coordinator and Program Director. Duty hour violations and circumstances when there is less than minimum time off between duty periods are tracked by this program and forwarded to the Program Director. All duty hour violations are tracked, and, if needed, individual resident interventions or rotation schedule modification is recommended.

Policy regarding leave for fellows

i. Vacation time
   Three weeks of vacation time is provided. Vacation time does not accumulate from year to year. Vacation time should not interfere with Parkland rotations, or during the Pathology/Genetics rotations.

ii. Sick leave
   Ten days of sick leave is provided. Sick leave does not accumulate from year to year, and unused days are not available for cash out.

iii. Maternity/paternity leave is not provided. The fellows may use PTO/sick leave and/or family leave.

The total of leaves and vacations may not exceed 8 weeks in any of the first three years or six weeks during the fourth year of fellowship, or a total of 20 weeks over the entire four years of fellowship. If any of these maximums are exceeded, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum.

G. Presentations at Regional or National Meetings by Fellows (2015-2021)

Lin KY, Hechanova M, Richardson Debra, Kho, KA. Risk of Occult Uterine Sarcoma in Women Undergoing Hysterectomy For Benign Indications. 2015 ACOG Annual Clinical and


Conrad LB, Nandu T, Gibson BA, Lea JS, Kraus WL. Identification of distinct ADP-ribosylation patterns and gene expression in ovarian cancer: relationship to clinical outcomes. The PARP Family and ADP-ribosylation, Cold Spring Harbor, New York, April 13-16,


Liu C, Sims T, Kehoe S. Risk-Reducing Salpingo-Oophorectomy for BRCA carriers: is there a benefit to combination procedures with breast surgery? Poster presented May 6-9, 2017 at the American College of Obstetricians and Gynecologists Annual Clinical Meeting; San Diego, CA.


Palavalli Parsons LH, Gibson BA, Lea JS, Kraus WL. PARP 7 has a significant role in overall survival of patients with ovarian cancer. Society of Gynecologic Oncology 2018 Annual Meeting on Women’s Cancer, New Orleans, Louisiana, March 24-27, 2018.


H. Publications Involving Fellows (2015-2021)

i. Book Chapters


ii. Peer Reviewed Articles


Conrad LB, Nandu T, Gibson BA, Lea JS, Kraus WL. Identification of distinct patterns ADP-ribosylation and gene expression in ovarian cancer: relationship to clinical outcomes (manuscript in progress).

Gibson BA, Conrad LB, Kraus WL. ADP-ribosylation detection reagents as diagnostic tools (manuscript in progress).

Conrad LB, Awdeh H, Bailey AA, Miller DS, Lea J. Change in core muscle index is prognostic of survival in advanced ovarian cancer (manuscript in progress).


Cohn DE, Sill MW, Walker JL, O'Malley D, Nagel CI, Rutledge TL, Bradley W, Richardson DL, Moxley KM, Aghajanian C. Randomized phase IIB evaluation of weekly


I. Publications Involving Program Faculty (2015-2021)

Peer Reviewed Articles


Matei D; Filiaci V; Randall ME; Mutch D; Steinhoff MM; DiSilvestro PA; Moxley KM; Kim YM; Powell MA; O'Malley DM; Spirtos NM; Small W Jr; Tewari KS; Richards WE; Nakayama J; Matulonis UA; Huang HQ; Miller DS. Adjuvant Chemotherapy plus Radiation for Locally Advanced Endometrial Cancer. N Engl J Med. 2019 June 13;380(24):2317-2326. doi:10.1056/NEJMoa1813181. PMID: 31189035.


Aguilar M; Zhang H; Zhang M; Cantarell B; Sahoo SS; Li HD; Cuevas IC; Lea J; Miller DS; Chen H; Zheng W; Gagan J; Lucas E; Castrillon DH. Serial genomic analysis of endometrium supports the existence of histologically indistinct endometrial cancer precursors. J Pathol. 254(1):20-30, 2021 May. doi: 10.1002/path.5628. PMID: 33506979.


A. Block Diagram of Rotation for Each Month of Program

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GEN: GENETICS  
PATH: PATHOLOGY  
RADONC: RADIATION ONCOLOGY  
SICU: SURGICAL INTENSIVE CARE UNIT
### Block Diagram of Average Work Week on Clinical Gynecologic Oncology Rotation

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>0730 PMH OR (start)</td>
<td>0730 Ward Rounds (8th Floor)</td>
<td>0730-0800 Grand Rounds Conf.</td>
<td>0700 PMH OR (start)</td>
<td>0730 PMH OR (end)</td>
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<td>0730 Protocol and Chemotherapy</td>
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<td>0730 Ward Rounds (8th Floor)</td>
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<td>Monitoring Conference (D1.602)</td>
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<td>0800 Parkland or Clements</td>
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<td>0800 Parkland Patient Care</td>
<td>0800-0900 Gynecologic Oncology</td>
<td>0800-0930 Pre-Op Conf./Chemo</td>
<td>0830 WISH Gynecologic</td>
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<td></td>
<td>Conference (8th Floor)</td>
<td>Tumor Board (D1.602)</td>
<td>Conference</td>
<td>Oncology Clinic (PMH 3rd</td>
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<td>0830 WISH Gynecologic</td>
<td>0900-0930 Pre-Op Conf./Chemo</td>
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<td>0830 WISH Gynecologic</td>
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<td></td>
<td>Oncology Clinic (start) (PMH)</td>
<td>Conference</td>
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<td>Oncology Clinic (start)</td>
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<td>3rd floor)</td>
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<td>(PMH 3rd floor)</td>
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<td></td>
<td>0930 Simmons Cancer Center</td>
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<td></td>
<td>Clinic (NC3)</td>
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<td></td>
<td>1100 Dept OB/GYN Grand Rounds</td>
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<td>1200 Parkland Nurse Practitioner</td>
<td>1200 Parkland Nurse Practitioner</td>
<td>1200 Parkland Nurse Practitioner</td>
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<td>rounds (8th Floor)</td>
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<td>1300 Ward Rounds (8th Floor)</td>
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<td>1300 Ward Rounds (8th Floor)</td>
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<td></td>
<td>1600 Morbidity &amp; Mortality Conf.;</td>
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<td>Journal Club; Research Mtg; Gyn</td>
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<td></td>
<td>Oncology Core Curriculum</td>
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<td></td>
<td></td>
<td>Conference; PATH Lecture (G6.208)</td>
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<tr>
<td>1700 PMH OR (end)</td>
<td>1700 Parkland Gynecologic</td>
<td>1700 Gyn Oncology Fellows</td>
<td>1700 PMH OR (end)</td>
<td>1700 Parkland and</td>
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<tr>
<td></td>
<td>Oncology Clinic (end)</td>
<td>Meeting (G6.208) [Monthly]</td>
<td></td>
<td>Clements University Hospital OR (end)</td>
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</table>
B. Available Facilities and Space for Fellowship Training

i. **Laboratory**

The Cecil H. and Ida Green Center for Reproductive Biology Sciences is directed by Dr. Lee Kraus. The physical location of the facilities is the entire 7th floor of the Henry S. Moss (J) Building on the South Campus which has been renovated into a state-of-the-art research facility with over 10,000 square feet of usable laboratory space.

The IRB approved gynecologic oncology tumor bank is housed within the Cecil H. and Ida Green Center for Reproductive Biology Sciences.

The research faculty members of the Green Center are addressing fundamental and applied questions related to reproductive biology in a broad sense, including: oocyte maturation, fertilization, development, pregnancy, parturition, stem cells, endocrinology, and oncology, as well as aspects of metabolism, inflammation, and immunity that relate to female reproductive biology.

Research: Mechanisms of nuclear signaling and gene regulation by small molecules and the relationship of these signaling pathways to human diseases. Our focus is on two distinct, but probably related, nuclear signaling pathways controlled by estrogens and NAD.

The focus of the research in the Green Center is on nuclear regulation, but includes other aspects of cellular regulation as well. Key research areas include:

- Chromatin structure and gene regulation
- Epigenetics
- Nuclear endpoints of cellular signaling pathways
- Genome organization and evolution
- DNA replication and repair

ii. **Outpatient**

All outpatient areas are located on-campus and can be quickly and easily reached without driving.

a. Parkland Gynecology Clinic

The Gynecology Specialty Clinic and Gynecology Infusion Services are located on the 2nd floor of the Women and Infants Specialty (WISH) Clinic in Parkland Memorial Hospital.
This new facility is dedicated exclusively to gynecologic patients. The Division of Gynecologic Oncology has 12 exam rooms available each Tuesday. Eighty to 100 patients are routinely scheduled and interpreter services are readily available in addition to chaperones, nurses, social services, and office staff.

b. Harold C. Simmons Cancer Center

This modern outpatient facility is housed on the second floor of the NC Building on the North Campus, which is contiguous to the state-of-the-art laboratories used for basic and translational research. The Simmons Cancer Center houses nine exam rooms and 17 individual chemotherapy infusion rooms. Gynecologic Oncology office hours currently include blocks of time on Monday through Thursday.

iii. Inpatient

Parkland Memorial Hospital and UT Southwestern’s William P. Clements Jr. University Hospital are located on-campus and can be quickly and easily reached without driving.

a. Parkland Memorial Hospital (PMH)

Parkland Memorial Hospital is Dallas County’s only public hospital that ensures that health care is available to all Dallas County residents. Parkland was the first and still remains the primary teaching hospital for UT Southwestern’s multifaceted educational programs. All of its physician services are provided under contract with UT Southwestern. Parkland is governed by the seven-member Dallas County Hospital District board of managers, appointed by the Dallas County Commissioners Court.

On August 20, 2015, Dallas County opened its new 2.5 million-square-foot hospital located in a park-like campus on the northeast corner of Harry Hines Boulevard and Medical District Drive. The hospital has 862 single-patient rooms with an abundance of natural light. Each zone-designed room includes a vision panel that looks into the hallway visually “connecting” the patient with caregivers. With patient safety and best patient outcomes in mind, every aspect of the hospital’s operation is controlled by a system of integrated digital technology. The new hospital has been designed to enable adaptation to future medical needs and facilitate the training requirements for medical students, residents, and fellows. It has a level-III neonatal intensive care unit with 96 individual rooms, 24 surgical suites, 2 endoscopy suites, and 83 adult intensive care rooms. A library named in honor of former chairman, Jack A. Pritchard, M.D., offers a quiet place for trainees to relax and study.

Across Medical Center Drive from the hospital, the Simmons Ambulatory Surgery Center offers state-of-the-art technology for ambulatory surgical cases.
b. UT Southwestern William P. Clements Jr. University Hospital

The 12-floor William P. Clements Jr. University Hospital opened December 6, 2014. It replaced the 51-year old University Hospital-St. Paul. The hospital has 460 single-patient rooms in its 1.3-million square feet. Clements University Hospital offers practices in cardiology, emergency medicine, general internal medicine and subspecialties, general surgery, vascular surgery, oncologic surgery as well as hematologic malignancies, obstetrics and gynecology, and orthopaedics. It also houses all of the solid organ transplant programs, as well as a Level III neonatal intensive care unit operated in collaboration with Children’s Medical Center Dallas.

The 24 surgical suites all have state-of-the-art equipment and video conferencing for communication with pathologists and other care givers during surgery. All the effective forms of cancer therapy are available. There is a tumor registry and the cancer program is approved by the American College of Surgeons Commission on Cancer. There is an oncology floor (11-North) to which the gynecologic oncology service admits.

d. Conference Rooms

Several conference rooms are frequently utilized for fellow education. The three most commonly used rooms are described in detail:

a. D1.602
The Jones Memorial Junior Lecture Hall is located on South Campus; it is fully equipped with audio & visual equipment and comfortably seats 225 people. Weekly conferences within this room include the Protocol and Chemotherapy Monitoring Conference, Tumor Board, and OB/GYN Grand Rounds.

b. G6.208 & G6.242
There is a table surrounded by 8 swivel chairs. Monthly conferences within these rooms include the division of Gynecologic Oncology’s Research Meeting, M & M Conference, Journal Club, and Fellow lectures.

c. NB8.204
This 300 square feet room is on the North Campus within the Hamon Center for Therapeutic Oncology Research. Weekly conferences include the Laboratory of
Gynecologic Oncology research meeting and the Hamon Center research meeting each Thursday.

C.  Integration of Fellowship Program with Residency Program and Other Departments

   i.  UT Southwestern OB/GYN Residency Program

   The Department of OB/GYN has a four-year approved program with 20 residents at each level of training. The residents rotate in the Division of Gynecologic Oncology and attend all teaching conferences. Residents perform the basic work-up of all admissions, follow patients daily, perform benign gynecologic surgical procedures, assist in radical pelvic surgery and actively participate in journal clubs, conferences and presentation of cases at Tumor Board.

   Fellows are responsible for performing radical procedures, supervising the care of all patients with gynecologic neoplasms, guiding residents in the evaluation of new patients and performance of procedures. In addition, the fellows will assist residents in non-radical gynecologic oncology procedures and will be responsible for the planning and organization of Tumor Board.

   All of the activities described above are under the supervision of a gynecologic oncology faculty member.

   i.  Relationship with Departments of Surgery, Urology, Medical Oncology and Radiotherapy

   The relationship of the Division of Gynecologic Oncology with other departments at UT Southwestern Medical School is long-standing and optimal. We do not anticipate that these relationships will change in the future.

   It is well understood by the Department of Surgery that intestinal surgical procedures, mediport catheter placement and other procedures as they relate to the treatment of gynecologic malignancies and their complications are performed by gynecologic oncologists. Consultation is available when considered necessary by the faculty. Patient care is greatly facilitated by having open communication in the event of the need for intra-operative consultation at Parkland Memorial Hospital or Clements University Hospital.

   It is well understood by the Department of Urology that urinary surgical procedures as they relate to the treatment of gynecologic malignancies and their complications are performed by gynecologic oncologists. Consultation is available when considered necessary by the faculty, but there is typically minimal overlap.

   It is well understood by the Division of Medical Oncology that the management of chemotherapy for gynecologic oncology patients is the responsibility of the Division of Gynecologic Oncology, both at the Parkland Gynecologic Oncology Clinic and the
Simmons Cancer Center. There is an open dialogue with medical oncology colleagues for facilitation of patient care when circumstances arise.

The Division of Gynecologic Oncology has a particularly close relationship with the Department of Radiation Oncology. Faculty and residents attend and actively participate in the multidisciplinary Gynecologic Oncology Tumor Board Conference. Patients requiring inpatient hospitalization for brachytherapy and/or radiation complications are admitted to the gynecologic oncology service on 4-West at Parkland or 11-North at Clements University Hospital.

D. Previous and Current Fellows

a. Previous Fellows Trained:

G.V. Raghauamiah, M.D., 1970-71

Duke J. Choi, M.D., 1971-72
   Private Practice, Dallas, TX (retired)

Werner Wester-Ebbinghaus, M.D., 1975-76
   Yuma Regional Medical Center, Yuma, AZ

John R. McCauley, M.D., 1976-77

James E. Graham, M.D., 1978-80
   Retired, MI

David Gal, M.D., 1979-83

Wayne A. Christopherson, M.D., 1982-85
   University of Pittsburgh Women’s Health Oncology, Pittsburgh, PA

Andrew Berchuck, M.D., 1984-85
   Director of the Duke Division of Gynecologic Oncology
   F. Bayard Carter Distinguished Professorship
   Duke Comprehensive Cancer Center, Durham, NC

Diane A. Semer, M.D., 1989-92
   Physicians East, Greenville, NC

Katherine Economos, M.D., 1990-93
   Associate Clinical Professor, Obstetrics & Gynecology
   Cornell University-Weill Medical College
   Director of Division of Gynecologic Oncology
   New York Methodist Hospital, New York, NY
Associate Director
Blumenthal Cancer Center, Charlotte, NC

Carolyn C. Muller, M.D., 1993-96
Director and Professor, Division of Gynecologic Oncology
University of New Mexico Health Sciences Center, Albuquerque, NM

Joseph Santoso, M.D., 1994-97
Director and Professor, Gynecologic Oncology Division
University of Tennessee, Memphis, TN

Vivian von Gruenigen, M.D., 1995-98
Regional Chief Medical Officer
Professor NEOMED
Division of Gynecologic Oncology
University Hospitals, Cleveland, OH

John D. O’Boyle, MD, FACOG, FACS, CPE CAPT, MC, USN, 1996-99
Staff Gynecologic Oncologist
Department of Obstetrics and Gynecology
Providence St. Peter Hospital, Olympia, WA

Wei-Chien Michael Lin, M.D., 1997-2001
Associate Clinical Professor and Staff Surgeon
City of Hope, Mission Hills and Santa Clarita, CA

Jayanthi Sivasothy Lea, M.D., FACOG, FACS, 2000-04
Associate Professor of Obstetrics and Gynecology
Director, Gynecologic Oncology Fellowship Program
University of Texas Southwestern Medical Center, Dallas, TX

Gautam Gorantla Rao, M.D., 2001-05
Assistant Professor of Obstetrics & Gynecology
University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, Baltimore, MD

Richard David Drake, M.D., 2002-06
Texas Oncology, Houston, TX

Lynne Marie Knowles, M.D., 2003-07
Texas Oncology, P.A., Austin, TX
Shawna L. Bull Phelps, M.D., 2004-08
Affiliate of 21st Century Oncology
Division Radiation Therapy Associates of Western North Carolina
New Horizons Women’s Cancer Care, Asheville, NC

Thomas P. Heffernan, M.D., 2005-09
North Texas Gynecologic Oncology, Dallas, TX

Shana L. Wingo, M.D., 2006-10
Arizona Oncology, Phoenix, AZ

Scott Christopher Purinton, M.D., Ph.D., FACOG, FACS, 2007-11
Division of Gynecologic Oncology
St. Luke’s University Health Network
St. Luke’s Cancer Center Associates, Bethlehem, PA

Todd Patrick Boren, M.D., 2008-12
Assistant Professor of Obstetrics & Gynecology
University of Tennessee Medical Center, Chattanooga, TN

Christa Irene Nagel, M.D., 2010-14
Assistant Professor of Obstetrics and Gynecology
University Hospitals Case Medical Center, Cleveland, Ohio

Ken Yu Lin, M.D., Ph.D., 2011-15
Assistant Professor/Staff Physician of Obstetrics and Gynecology
NYC Health and Hospital
Jacobi Medical Center, New York, NY

Dustin Blue Manders, M.D., 2012-16
Texas Oncology, Dallas, TX

Lesley Brianne Conrad, M.D., 2013-17
Assistant Professor of Obstetrics and Gynecology
Emory University Hospital, Atlanta, GA

Lavanya Hari Pallavalli Parsons, M.D. 2014-18
Assistant Professor of Obstetrics and Gynecology
McGovern Medical School at UTHealth
UT Health Science Center at Houston, Houston, TX

Cici S. Liu, M.D., 2015-19
Assistant Professor of Gynecologic Oncology
University of Rochester, Rochester, NY

Beman R. Khulpateea, M.D., 2016-20
b. Current Fellows in the Program:

Kevin M. Kremer, M.D., M.P.H., 2018-22
   University of Iowa, Iowa City, IA, B.S., 2009
   University of Iowa, Iowa City, IA, M.D., M.P.H., 2014
   University of Missouri, Columbia, MO, OB/GYN Residency, 2018

Alexandra N. Spirios, M.D., 2019-23
   University of Chicago, Chicago, IL, B.A., 2011
   Keck School of Medicine of USC, Los Angeles, CA, M.D., 2015
   UT Southwestern Medical Center, Dallas, TX, OB/GYN Residency, 2019

Steven B. Holloway, M.D., 2020-24
   University of Texas at Austin, Austin, TX, B.S., 2012
   McGovern Medical School at UT Health Science Center, Houston, TX, M.D., 2016
   UT Southwestern Medical Center, Dallas, TX, OB/GYN Residency, 2020

Christopher A. Walker, M.D., 2021-25
   The University of Georgia, Athens, GA, B.S., 2012
   Medical College of Georgia at Augusta University, Augusta, GA, M.D., 2017
   Wayne State University School of Medicine/Detroit Medical Center, Detroit, MI,
   OB/GYN Residency, 2021

E. Other Physician Trainees Assigned to the Gynecologic Oncology Service

Six months of each academic year there is one 2nd year OB/GYN resident from Methodist
Hospitals of Dallas (affiliated residency) who rotates in the Division of Gynecologic Oncology
(role already described). There are no other physician trainees that might interfere with the
planned training program of a fellow.

F. Anticipated Changes in the Program, Faculty, or Patient Referral

During these tumultuous and uncertain times in medicine, the only thing that can be surely
anticipated is change.

The monthly meeting between all four fellows and the Program Director is an open exchange to
identify and address weaknesses in the program and has resulted in numerous mutually
beneficial changes over the past few years. This dialogue will undoubtedly continue to improve the program.

The private patient referral base of Drs. Miller, Lea, LoCoco, Carlson, and Lee is a significant part of clinical experience for the fellows. The continued expansion of the private patient referral base has been an unexpected but fortuitous event for the fellowship program. The volume and complexity of the surgical experience has been broadened for each of the fellows, and this has been universally recognized as a positive change.

A large patient base for the fellowship has historically been Parkland Memorial Hospital. Parkland is operated by the Dallas County Hospital District that has taxing authority through Dallas County property taxes. Parkland is dedicated to providing care to all residents of Dallas County regardless of ability to pay. The other private hospitals of Dallas have shown little interest in caring for these patients. Most patients are referred to the Division because they have no insurance. With the widening gap between rich and poor, more people unable to obtain insurance, and no universal health care on the horizon, we anticipate this patient base will remain stable or increase since it has been remarkably consistent over the past few decades. In the unlikely event that the patient base might receive some sort of coverage and seek care elsewhere, the Division can flex and comfortably accommodate them in our "private" facilities.

G. Our Program’s Methods for Evaluating a Fellow’s Progress

i. Fellow Semi-annual Evaluations
Fellow semi-annual evaluations are done through MedHub. The evaluations assess for fellows competence in patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems based practice. All faculty perform individual fellow evaluations every 2 months. The fellows meet with the Program Director for formal semi-annual evaluations at which time all faculty evaluations are reviewed in addition to overall progress of knowledge, skills, research and professional growth. This meeting also allows fellows to discuss any individual concerns about their training, interpersonal relationships and professional growth.

ii. Fellow Final Evaluation
A final fellow evaluation is performed at time of the exit interview. The evaluation reflects the final assessment of the fellow’s ability in patient care, medical knowledge, communication skills, professionalism, practiced based learning and improvement, systems based practice and completion of surgical procedure list. The evaluation reflects the ability of the fellow to practice completely and independently.

iii. Fellow Thesis Defense
Each fellow completes a thesis during their fellowship training. A thesis topic and mentor are decided upon during the first year of fellowship. The thesis is completed and manuscript written by the 4th year of fellowship. The fellow defends his/her thesis during the last month on fellowship to the entire Division of Gynecologic Oncology, the
research mentor and other collaborators. The Fellows Research and Thesis Defense Summary form designed by the American Board of Obstetrics and Gynecology is used by the Program Director, research mentor and other faculty members of the Division to evaluate the thesis.

Fellow's appointments are for one year and are renewed at the mutual consent of the Program Director, faculty, and the fellow. Other requirements include successful completion of the Advanced Cardiac Life Support and Advanced Trauma Life Support courses and the two required post-graduate courses. Prior to completing the fellowship, the fellow must have submitted for publication research projects suitable for use as a thesis for their gynecologic oncology board examination.