

Gyn Oncology Fellowship Program

*“What would you want done for your loved ones under
the same circumstances
and/or the framing question...can we do more?”*

Through its volume and diversity, Gyn Oncology at Women & Infants provides the fellows with broad exposure to gynecologic malignancies. Ample opportunity for performing radical pelvic surgery and managing GI, urologic, and vascular problems caused by gyn cancer, or its treatment, is present. Most importantly, the experience of selecting the appropriate treatment to recommend to patients, based on the nuances of their specific disease, is provided.

Experience in both outpatient and inpatient chemotherapy is another strength of the program. The fellow is totally/completely integrated into The Team which plans and implements this treatment. Since the outpatient chemotherapy unit is located proximate to the clinic, the environment is designed to foster natural "impromptu" discussions and participation in treatment in a culture concerned with quality-of-care and quality-of-life.

The Program provides an environment for learning leadership in gynecologic oncology and women's health. As the center of an integrated cancer network, substantial resources and educational opportunities exist through Brown University teaching hospitals and other affiliate institutions. The Breast Health Center is also a strong and somewhat unique asset to the Fellowship Program. For example, breast cancer patients are a part of our inpatient services, underscoring the integrated aspect of “women's oncology.”

The Gyn Oncology program participates in a fully approved residency program in obstetrics and gynecology, as well as all the relevant disciplines at the Brown University Medical School. The systems for clinical care and education have been well established and are effective for all concerned -- including the teaching of residents. The Program has previously trained post-doctorate physicians and is dedicated to teaching at the highest level. Brown University and its affiliated hospitals offer capabilities for complex research, and the Program's high patient and surgical volume allow fulfillment of a comprehensive educational mission. Women's oncology is becoming the heart of a cancer care network encompassing southern New England. Our healthcare-model has led us to become the region's oncology leader with a bright and compelling future.

The umbrella of comprehensive women's oncology services provides a continuum of care with many dimensions including:

- < A multidisciplinary team of physicians which functions as a health care model convening weekly in the open forum Tumor Board
- < Five board-certified Gynecologic Oncologists, two general surgical oncologists, and a medical oncologist

- < The Breast Health Center, providing comprehensive multidisciplinary diagnosis, consultation and management of breast disease including malignancies
- < An excellent medical and support staff working in state-of-the-art facilities
- < A broad array of treatment options including the latest cancer research protocols
- < On-site Tumor Registry and data management
- < An outpatient chemotherapy and IV treatment unit
- < Oncology social workers, nutritionists and pharmacists on site integrated as part of the multidisciplinary team
- < Humanistic decision making program-based home care and hospice services led by Gyn Oncology
- < Cutting-edge basic and translational research in such areas as cervical cancer vaccine development and breast cancer
- < Nationally recognized Complementing Care program including therapeutic massage, deep relaxation, meditation, art therapy and animal companionship during chemotherapy and in follow-up
- < The Women & Infants Telemedicine Network ("*Virtual Presence*"): an interactive videoconference linkage between the oncology program, the hospital conference rooms, the OR and a growing network of hospitals in New England and internationally who look to us for leadership in cancer care. Physicians can, for example, participate in Tumor Boards, the OR, or outpatient office consultation; "*Virtual Presence*" is the future, and today it provides an excellent tool for fellows to interact in the coming media age of networks
- < Poetry, art, performance art...

A broad political and "real-world" (e.g. business, economic, cultural) view of healthcare is also taught, offering fellows a perspective on the rapidly changing world of health care. The program is constantly developing new relationships with allied institutions, services and physicians to build a sustainable sphere of influence. The vision encompasses a multi-institutional, integrated cancer network covering a wide, tri-state geographic region. Utilizing various means of outreach and the videoconferencing network, still, the hub for cancer expertise will always be with "us" here in Providence. Program administration designed as a physician led "service-line" is employed to foster a comprehensive, multidisciplinary cancer program for women. Fellows gain experience in administrating such programs to assure a leadership role in more than clinical care in their future positions.

Finally, questions of ethics and philosophy are central to every day functioning in Women's Oncology. As part of this, poetry written by fellows and staff with patients is not uncommon. The values of relationship-centered care are learned and appreciated by all.

History and Philosophy of Women's Oncology at Brown University

The fellowship in gynecologic oncology as offered by the Program in Women's Oncology, Department of Ob/Gyn, Women & Infants Hospital/Brown University in Providence, Rhode Island, is special indeed. The mission of education and lifelong comradery with fellows are at the heart of what we wish to do.

Gynecologic Oncology and the Breast Health Center (collectively known as the Program in Women's Oncology) are framed by five questions, pragmatic and philosophic: What is the best possible medical-recommendation for this patient's circumstances?, Where is the best place for her to receive that care?, What Matters Matter? What would you want done for your loved one under these circumstances?, and...Can We Do More? Oriented by each, the Program provides physicians the best of evidence-based medicine (a.k.a. "p-values") in an environment equally concerned about human-values. We wish to be a medical resource to individuals and communities. Our mission statement, appropriately titled "Hard to Say," speaks publicly about clinical care, teaching, cancer research and medical/humanistic leadership. A serious responsibility to be sure, we are humbled by the task and the privilege.

A leader within Women and Infants Hospital and Brown University, the Program is also part of a far greater, even international and evolving network connected by time-honored, first-person relationships, and by Virtual Presence, a real-time, space-aged videoconferencing system. Building upon Women and Infants' century old tradition of focused-service to women, the breast and cancer care programs were created in that same spirit - - - but this time to serve special non-obstetrical needs of women. In that work we are honored by the implicit trust of physicians referring patients to us. Each is greeted with anticipation of their universal human needs and cognizant that they have unique needs as well. Care is offered in the introspective context: What would we want done for our loved ones under such circumstances helps guide the way. Differences exist between individuals, of course. But, at the same time, should it be surprising that suddenly told, "You have cancer," people are afraid?. How do we know? Because. . . we would be, too.

Though we can never know exactly how you feel,
we will try, we wish to help.

There is time, and in it you will see.

Elegantly simple wisdom will return
and you will again proceed with grace.

Right now though, you can rest,
here among friends.

This poem written by Women's Oncology, and the central notion...here among friends..., is the anthem of our Complementing Care Program.

"Complementing Care," officially begun in 1993, thoughtfully integrates artistic/supportive concepts with our conventional (evidence-based) cancer care. The total experience has changed the sense of caring perceived/received by our patients, and profoundly affected the way we, the medical staff, view our work (and sometimes our personal lives).

Paradoxically it is the "little things"... a poem, music, pets, massage..., offered simply in hopes of improving the moment, that can actually make an enormous difference. Quietly open to that possibility, seemingly from nowhere, wonderful people, artists and others, have appeared at Women's Oncology. They brought their creativity (to us), and, in small steps, formed our now renowned Complementing Care Program. Much has happened. Some of the good we expected; but unexpected was the positive, upward-spiraling energy which "spontaneously" spins out from the search to the rhetorical question can we do more?

Still, without first and always having a foundation upon the finest clinical medicine, the best "complementing care" is by itself hollow. The former requires: focused and continuously improving medical and surgical expertise, the most sophisticated technologies, and a constant understanding of evidence-based medicine --all tempered by extraordinary clinical experience and team work. Sustaining such an effort requires a core commitment to teaching, research, and learning. Consequently both basic/laboratory science and clinical research are integral "p-values" of the Program.

The Women's Oncology Programs for its gyn oncology fellows are fully engaged in laboratory and translational research (i.e. laboratory ideas brought to the bedside) research. Upon fruition, some of the Program's research efforts (e.g. cervical cancer vaccine, genetic research) have the potential of favorably changing the disease states of breast and pelvic cancers, or even preventing them. Short of such revolution, the Program is also active in vital cancer treatment trials and developing innovations for evaluating and treating breast problems. We are, for example, leaders in national collaborative groups (GOG, NSABP, CALGB) as well as cancer treatment trials of Brown University. The

Program's faculty sits on the Boards of the nation's most influential cancer treatment organizations (ACS, ACOS, NEAGO, Brown Tuft Cancer Center). Additionally, we have creative in-house treatment protocols for all the types of malignancies we manage.

Working in a multidisciplinary-team format is a core -value of the Program. Always considered as individuals, patients' cases are prospectively evaluated by a unique Tumor Board process. The collective wisdom of the Tumor Board becomes the source of all major clinical recommendations made to patients. It is the intent of the Tumor Board process that all the best-possible ideas, relevant to that individual's case, are thoroughly considered before recommendations for treatment are made. Designed as an "advocacy forum," Tumor Board members are expected to (amicably) challenge their colleagues' clinical thinking--this comes from the belief that only through intellectual exchange/challenge do the best ideas emerge. Surprisingly, rather than being prospective and challenging, most hospitals' tumor boards are retrospective and passive (i.e. cynically describable as rubber stamp-like). While after-the-fact conferences are in some ways educational, they cannot benefit the already-treated patient being discussed.

Moreover, through the prospective advocacy forum, everyone learns: patients learn of the medical-prospective relevant to them, the clinicians continue to learn about the diseases they treat. The process, then, creates a genuine and sustaining learning environment.

Teaching and learning by more traditional means (a.k.a. CME-learning) pales to the dynamic and real-life-useful tumor board. Still, the Program and its fellowship uses "conventional teaching" sessions as well. Indeed the Program takes prides in presenting special education events to audiences of all types. The effectiveness of our total educational commitment is exemplified in many ways, including the sellout crowds of the annual Ritz Conference and the prestigious recognitions given to us by the Boards of Ob/Gyn and the American College of Surgeons (granting us a fellowship in gynecologic oncology, a fellowship in breast care management, and being selected as a "University Cancer Teaching Hospital"). The education of fellows, residents, medical students, nurses, social workers, dieticians, clergy, and others is part of what we do/and wish to do.

In the eight years since the Program began, amazing things have happened to the epitome of which is the gyn oncology fellowship.. Lest we seem too amazed or idealistic, however, we are also realistic and aware of the importance of bringing concepts to life. The Program's tangible successes are proof of an ability to bring ideas to actions (and presumably suggest future relevance for the Program). From a fledgling effort once occupying a small segment of an old nursery in Women and Infants Hospital, the Program has quickly become a vast clinical and research entity. Drawing an impeccable and diverse faculty, the Program has unquestioned expertise ranging from basic research, cancer genetics, and the clinical care of cancers unique to women, to Palliative Medicine, Hospice, and Complementing Care. And it's only the beginning.

Where do we look for answers when there are no sign posts (p-values) to show the way? While never certain of finding the answers, searching itself brings creativity. Women's Oncology and Breast Health Center are in the search for better ways; and, in the meantime, doing what is best, now. Our trials and collaborations become a model about teaching, learning, and decision/recommendation-making. Where does the energy to do this come from? That is the natural part

We are honored by those who want us
and allow us near
at their most intimate moments.
We are proud that despite our own great
fears,
we do not shy away.
Because, in the end,
we believe in the good of what we do.

NARRATIVE DESCRIPTION OF FELLOWSHIP PROGRAM

Goals of the Gynecologic Oncology Fellowship Program at Brown University

Our goal is to continue providing the highest level of medical and humanistic education for fellows, conducted in a superior academic (clinical/research/teaching) gyn oncology program. The process of education and creativity is difficult, continuous evolving and fun; and so it is/has been for the Gyn Oncology fellowship in its initial three years. By exposure to the management of a wide variety of gynecologic malignancies, fellows have broad experience in modern diagnostic and therapeutic methods and gain the insight to intellectually approach caring for the entirety of the cancer patient. In the context of a multidisciplinary team serving inpatients and outpatients, fellows learn to treat gynecologic and breast cancers (and their complications) employing multiple options including surgery, radiation, chemotherapy, and in the future, stem cell transplantation and gene therapy.

Fellows have central involvement in a working-model multidisciplinary team that provides clinical, research and academic leadership in women's health care and gyn oncology. Fellows help lead our open-forum prospective Tumor Board (a multidisciplinary panel of physicians and allied health professionals from various Brown University hospitals which meets weekly to review every malignancy presenting to Women & Infants'). The Tumor Board forum continuously challenges thinking through its discussions between the region's leading medical oncologists, surgical oncologists, radiation oncologists, gynecologists, radiologists, pathologists, psychiatric oncologists, and gynecologic oncologists. Weekly Tumor Boards are convened for both gyn oncology (re: pelvic malignancies) and breast cancer and are offered through our telemedicine network to allied institutions in New England and internationally.

Another goal of the fellowship is to afford its fellows a foundation for pursuing the investigative and scholarly aspects of oncology, in the anticipation of their academic career path. Gyn Oncology and the Breast Health Center actively participate in both clinical and basic research in the effort to advance the knowledge and treatment of cancer, while maintaining cutting-edge relevance within the Program itself. Fellows have a dedicated experience in these efforts. The first year is devoted to research, allowing the fellow to gain in-depth knowledge and an appreciation of the broader requirements needed to sustain basic science research. More limited research time is also available to the fellows during the two clinical years, such that projects may be continued and completed while others are started

As part of the Women's Oncology Program, fellows gain experience with multi-institutional research groups such as the Gynecologic Oncology Group (GOG), Clinical Oncology Group (COG), as well as the National Surgical Adjuvant Breast and Bowel Project (NSABP), Cancer and Leukemia Group B (CALGB), and the National Cancer Institute (NIH). Further, fellows work within Brown University's extensive research network. Goals of the research experience are to afford patients the latest scientific insight and to encourage physician-researchers to pursue, and seek funding for, their special scientific interests. Facilitating a current understanding and a stimulus for future continued learning is at the heart of the fellowship program's ideals.

Finally, it is a fellowship goal to open an exploration about humanism, values, values-based care, and creating a healthcare system in which we can all believe. Towards that end, fellows receive education about, and experience in, leadership that they become effective advocates for, and administrators of, those principles upon which quality medical care and education are based. This role (i.e. healthcare leader) becomes particularly relevant in ever constraining economic and political times which look to profoundly affect health care, teaching and research. The balance of ideals, relevance, and reality is a skill that will be required of the physician-leaders of the future. Thus, this should be part of a fellow's educational experience.

Strengths of the Fellowship Program

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- ◆ The Breast Health Center, providing comprehensive multidisciplinary diagnosis, consultation and management of breast disease including malignancies
- ◆ An excellent medical and support staff working in state-of-the-art facilities
- ◆ A broad array of treatment options including the latest cancer research protocols
- ◆ On-site Tumor Registry and data management
- ◆ An outpatient chemotherapy and IV treatment unit
- ◆ Oncology social workers, nutritionists and pharmacists on site integrated as part of the multidisciplinary team
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