**New Application: Hematology and Medical Oncology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| Describe the reporting relationship between the fellowship program director and the internal medicine residency program director. [PR I.B.1.c)] (Limit response to 300 words) |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, work area) for patient care and the educational components of the program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Complete the following table. Use site numbers as they appear in the Accreditation Data System (ADS) for the participating sites used by the program.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Will the following facilities/laboratories/resources be available?** |
| Radiation oncology facilities [PR I.D.1.b).(5)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Hematology laboratory [PR I.D.1.c).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to a specialized coagulation laboratory [PR I.D.1.c).(2).(a)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Nuclear medicine imaging [PR I.D.1.c).(2).(b)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Cross-sectional imaging, including coaxial tomography (CT) and magnetic resonance imaging (MRI) [PR I.D.1.c).(2).(c)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Positron emission Tomography (PET) scan imaging [PR I.D.1.c).(2).(d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Advanced pathology services [PR I.D.1.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Immunopathology resources [PR I.D.1.d).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood banking [PR I.D.1.d).(2)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Transfusion and apheresis facilities [PR I.D.1.d).(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to training using simulation [PR IV.C.4] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Personnel**

**Other Program Personnel**

Indicate the following information for each participating site:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| Availability of faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines of infectious disease, pulmonary disease, endocrinology, gastroenterology, and nephrology [PR II.B.3.c).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to surgeons in general surgery and surgical specialties, including surgeons with special interest in oncology [PR II.D.2] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to other clinical specialties, including gynecology, neurology, neurological surgery, and dermatology [PR II.D.3] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in genetic counseling [PR II.D.5.a)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in hospice and palliative care [PR II.D.5.b)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in oncologic nursing [PR II.D.5.c)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in pain management [PR II.D.5.d)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in psychiatry [PR II.D.5.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in rehabilitation medicine [PR II.D.5.f)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

|  |  |
| --- | --- |
| Are fellows given opportunities to function in the role of a hematology and oncology consultant in both the inpatient and outpatient settings? [PR IV.B.1.b).(1).(b)] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the prevention, evaluation, diagnosis, pathology, staging, and management of patients with hematologic and neoplastic disorders of the following?

|  |  |
| --- | --- |
| Breast [PR IV.B.1.b).(1).(c).(i).(a)] | [ ]  YES [ ]  NO |
| Cancer family syndromes [PR IV.B.1.b).(1).(c).(i).(b)] | [ ]  YES [ ]  NO |
| Central nervous system [PR IV.B.1.b).(1).(c).(i).(c)] | [ ]  YES [ ]  NO |
| Gastrointestinal tract (esophagus, stomach, colon, rectum, anus) [PR IV.B.1.b).(1).(c).(i).(d)]  | [ ]  YES [ ]  NO |
| Genitourinary tract [PR IV.B.1.b).(1).(c).(i).(e)] | [ ]  YES [ ]  NO |
| Gynecologic malignancies [PR IV.B.1.b).(1).(c).(i).(f)] | [ ]  YES [ ]  NO |
| Head and neck [PR IV.B.1.b).(1).(c).(i).(g)] | [ ]  YES [ ]  NO |
| Hematopoietic system [PR IV.B.1.b).(1).(c).(i).(h)] | [ ]  YES [ ]  NO |
| Liver [PR IV.B.1.b).(1).(c).(i).(i)] | [ ]  YES [ ]  NO |
| Lung [PR IV.B.1.b).(1).(c).(i).(j)] | [ ]  YES [ ]  NO |
| Lymphoid organs [PR IV.B.1.b).(1).(c).(i).(k)] | [ ]  YES [ ]  NO |
| Pancreas [PR IV.B.1.b).(1).(c).(i).(l)] | [ ]  YES [ ]  NO |
| Skin, including melanoma [PR IV.B.1.b).(1).(c).(i).(m)] | [ ]  YES [ ]  NO |
| Testes [PR IV.B.1.b).(1).(c).(i).(n)] | [ ]  YES [ ]  NO |
| Thyroid and other endocrine organs, including (MEN) syndromes [PR IV.B.1.b).(1).(c).(i).(o)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate competence in the following?

|  |  |
| --- | --- |
| Care and management of geriatric patients with hematologic disorders [PR IV.B.1.b).(1).(c).(ii)] | [ ]  YES [ ]  NO |
| Care of patients with human immunodeficiency virus (HIV)-related malignancies [PR IV.B.1.b).(1).(c).(iii)] | [ ]  YES [ ]  NO |
| Indications and application of imaging techniques in patients with neoplastic and blood disorders [PR IV.B.1.b).(2).(a).(i)] | [ ]  YES [ ]  NO |
| Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques [PR IV.B.1.b).(2).(a).(vi)] | [ ]  YES [ ]  NO |
| Congenital and acquired disorders of hemostasis and thrombosis, including the use of antithrombotic therapy [PR IV.B.1.b).(2).(a).(vii)] | [ ]  YES [ ]  NO |
| Assessment of tumor burden and response as measured by physical and radiologic exam and tumor markers [PR IV.B.1.b).(2).(a).(ix)] | [ ]  YES [ ]  NO |
| Assessment of hematologic disorders by CT, MRI, PET scanning, and nuclear imaging techniques [PR IV.B.1.b).(2).(a).(x)] | [ ]  YES [ ]  NO |
| Management of the neutropenic and the immunocompromised patient [PR IV.B.1.b).(1).(c).(iv)] | [ ]  YES [ ]  NO |
| Management of pain, anxiety, and depression in patients with cancer and hematologic disorders [PR IV.B.1.b).(1).(c).(v)] | [ ]  YES [ ]  NO |
| Palliative care, including hospice and home care [PR IV.B.1.b).(1).(c).(vi)] | [ ]  YES [ ]  NO |
| Rehabilitation and psychosocial care of patients with cancer and hematologic disorders [PR IV.B.1.b).(1).(c).(vii)] | [ ]  YES [ ]  NO |
| Treatment and diagnosis of paraneoplastic disorders [PR IV.B.1.b).(1).(c).(viii)] | [ ]  YES [ ]  NO |
| The indications for an application of imaging techniques in patients with neoplastic and blood disorders [PR IV.B.1.b).(2).(a).(i) | [ ]  YES [ ]  NO |
| Use of chemotherapeutic drugs, biologic products, and growth factors and their mechanisms of action; pharmacokinetics, clinical indications, and their limitations, including their effects, toxicity, and interactions [PR IV.B.1.b).(2).(a).(ii)] | [ ]  YES [ ]  NO |
| Use of multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders [PR IV.B.1.b).(1).(a).(iii)] | [ ]  YES [ ]  NO |
| Use of hematologic, infection, and nutrition support [PR IV.B.1.b).(2).(a).(iv)] | [ ]  YES [ ]  NO |
| Specific cancer prevention and screening, including genetic testing and for high-risk individuals [PR IV.B.1.b).(2).(a).(v)] | [ ]  YES [ ]  NO |
| Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy [PR IV.B.1.b).(2).(a).(vii)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of the following content areas?

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| Basic principles of laboratory and clinical testing, quality control, quality assurance, and proficiency standards [PR IV.B.1.c).(7).(a)] | [ ]  YES [ ]  NO |
| Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders [PR IV.B.1.c).(7).(b)] | [ ]  YES [ ]  NO |
| Malignant and hematologic complications of organ transplantation [PR IV.B.1.c).(7).(c)] | [ ]  YES [ ]  NO |
| Gene therapy [PR IV.B.1.c).(7).(d)] | [ ]  YES [ ]  NO |
| Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues [PR IV.B.1.c).(7).(e)] | [ ]  YES [ ]  NO |
| Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures [PR IV.B.1.c).(7).(f)] | [ ]  YES [ ]  NO |
| Acquired and congenital disorders of red cells, white cells, platelets, and stem cells [PR IV.B.1.c).(7).(g)] | [ ]  YES [ ]  NO |
| Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells [PR IV.B.1.c).(7).(h) | [ ]  YES [ ]  NO |
| Functional characteristics, indications, risks, and process of using indwelling venous access devices [PR IV.B.1.c).(7).(i) | [ ]  YES [ ]  NO |
| Preparation of blood smears, bone marrow aspirates, and touch preparations [PR IV.B.1.c).(7).(j) | [ ]  YES [ ]  NO |
| Indications, risks, and process of performing therapeutic phlebotomy [PR IV.B.1.c).(7).(k) | [ ]  YES [ ]  NO |
| Principles of multidisciplinary management of organ-specific cancers [PR IV.B.1.c).(7).(l)] | [ ]  YES [ ]  NO |
| Mechanisms of action, pharmacokinetics, clinical indications for, and limitations of chemotherapeutic drugs, biologic products, and growth factors, including their effects, toxicity, and interactions [PR IV.B.1.c).(7).(m)] | [ ]  YES [ ]  NO |
| Principles of, indications for, and limitations of surgery in the treatment of cancer [PR IV.B.1.c).(8).(a)] | [ ]  YES [ ]  NO |
| Principles of, indications for, and limitations of radiation therapy in the treatment of cancer [PR IV.B.1.c).(8).(b)] | [ ]  YES [ ]  NO |
| Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation [PR IV.B.1.c).(9)] | [ ]  YES [ ]  NO |
| Principles of, indications for, and complications of peripheral stem cell harvests [PR IV.B.1.c).(10)]  | [ ]  YES [ ]  NO |
| Management of post-transplant complications [PR IV.B.1.c).(11)]  | [ ]  YES [ ]  NO |
| Indications for, complications of, and risks and limitations associated with thoracentesis [PR IV.B.1.c).(12).(a)] | [ ]  YES [ ]  NO |
| Indications for, complications of, and risks and limitations associated with paracentesis [PR IV.B.1.c).(12).(b)] | [ ]  YES [ ]  NO |
| Indications for, complications of, and risks and limitations associated with skin biopsies [PR IV.B.1.c).(12).(c)] | [ ]  YES [ ]  NO |
| Indications for, complications of, and risks and limitations associated with lesion biopsies [PR IV.B.1.c).(12).(d)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of pathogenesis, diagnosis, and treatment of disease, including the following?

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| --- | --- |
| Basic molecular and pathophysiologic mechanisms; diagnosis; therapy of diseases of the blood, including anemias; diseases of white blood cells and stem cells; and disorders of hemostasis and thrombosis [PR IV.B.1.c).(3).(a)] | [ ]  YES [ ]  NO |
| Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues [PR IV.B.1.c).(3).(b)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of genetics and developmental biology, including the following?

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| Molecular genetics [PR IV.B.1.c).(4).(a)] | [ ]  YES [ ]  NO |
| Prenatal diagnosis [PR IV.B.1.c).(4).(b)] | [ ]  YES [ ]  NO |
| The nature of oncogenes and their products [PR IV.B.1.c).(4).(c)] | [ ]  YES [ ]  NO |
| Cytogenetics [PR IV.B.1.c).(4).(d)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of physiology and pathophysiology, including the following?

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| Cell and molecular biology [PR IV.B.1.c).(5).(a)] | [ ]  YES [ ]  NO |
| Hematopiesis [PR IV.B.1.c).(5).(b)] | [ ]  YES [ ]  NO |
| Principles of oncogenesis [PR IV.B.1.c).(5).(c)] | [ ]  YES [ ]  NO |
| Tumor immunology [PR IV.B.1.c).(5).(d)] | [ ]  YES [ ]  NO |
| Molecular mechanisms of hematopoietic and lymphopoietic malignancies [PR IV.B.1.c).(5).(e)] | [ ]  YES [ ]  NO |
| Basic and clinical pharmacology, pharmacokinetics, toxicity [PR IV.B.1.c).(5).(f)] | [ ]  YES [ ]  NO |
| Pathophysiology and patterns of tumor metastases [PR IV.B.1.c).(5).(g)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of the following?

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| Clinical epidemiology and biostatistics [PR IV.B.1.c).(6) | [ ]  YES [ ]  NO |
| Clinical study and experimental protocol design, data collection, and analysis [PR IV.B.1.c).(6)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Practice-based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

|  |  |
| --- | --- |
| How many months of the program will be devoted to clinical experiences? [PR IV.C.3] | # |
| How many months of clinical experience in hematology will be provided for fellows? [PR IV.C.3.a)] | # |
| How many months of clinical experience in medical oncology will be provided for fellows? [PR IV.C.3.b)] | # |
| How many months of experience will the fellowship program provide for each fellow in autologous and allogeneic bone marrow transplantation? [PRIV.C.3.c)] | # |
| How often will the program provide fellows with continuity experiences in an ambulatory care setting over the duration of the educational program (averaged per week)? [PR IV.C.11] | # |
| What percent of clinical training will be spent in an ambulatory setting? [PR IV.C.11] | # % |
| Will inpatient assignments be sufficient in duration to permit continuing care of a majority of the patients throughout their hospitalization? [PR IV.C.5.] | [ ]  YES [ ]  NO |
| Will fellows participate in multidisciplinary case management or tumor board conferences and in protocol studies? [PR IV.C.6.] | [ ]  YES [ ]  NO |
| Will the fellows develop competence as a consultant in these disorders, and assume continuing responsibility for both acutely and chronically-ill patients in order to learn the natural history of cancer and the effectiveness of therapeutic programs? [PR IV.C.7] | [ ]  YES [ ]  NO |
| Will clinical experience include opportunities to observe and manage patients with a wide variety of neoplastic diseases on an inpatient, outpatient, and continuity basis? [PR IV.C.11.b).(2)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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For the procedures/technical skills listed, indicate whether instruction will be provided for fellows, and if achievement of competence will be documented in a logbook or equivalent method.

|  |  |  |
| --- | --- | --- |
| **Procedure/Technical Skill** | **Instruction Provided?** | **Competence Documented?** |
| Bone marrow aspiration and biopsy [PR IV.C.12.d)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Performance of lumbar puncture and interpretation of cerebrospinal fluid evaluation [PR IV.C.12.d)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Use of chemotherapeutic agents and biological products through all therapeutic routes [PR IV.B.1.b).(2).(a).(ii)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Interpretation of peripheral blood smears [PR IV.B.1.b).(2).(a).(xii)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Will there be a mechanism to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR IV.C.12.b)] | [ ]  YES [ ]  NO |

Explain if “NO”. (Limit response to 250 words)

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Indicate whether the program will provide clinical experience in the following procedural/technical skills listed.

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| --- | --- |
| Formal instruction and at least one month of clinical experience in allogeneic and autologous bone marrow transplantation [PR IV.C.3.c)] | [ ]  YES [ ]  NO |
| Apheresis procedures [PR IV.C.9.a)] | [ ]  YES [ ]  NO |
| Clinical experience in bone marrow or peripheral stem cell harvest for transplantation [PR IV.C.9.b)] | [ ]  YES [ ]  NO |
| Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time, as well as other standard and specialized coagulation assays [PR IV.C.10.a)] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**CONTINUITY AMBULATORY CLINIC EXPERIENCES [PR IV.C.11.]**

Provide the requested information for the fellows' continuity experience for each site used by the educational program.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| half-day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female patients: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE [PR IV.C.3.b)]**

Provide the requested information for the fellows' other ambulatory experience for each site used by the educational program.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| Half-day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female patients: | # % | # % | # % | # % | # % | # % |

Will fellows routinely participate in the following? [PR IV.C.13]

|  |  |
| --- | --- |
| Core Curriculum Conference Series | [ ]  YES [ ]  NO |
| Clinical Case Conferences  | [ ]  YES [ ]  NO |
| Research Conferences | [ ]  YES [ ]  NO |
| Journal Club | [ ]  YES [ ]  NO |
| Morbidity and Mortality Conferences | [ ]  YES [ ]  NO |
| Quality Improvement Conferences | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Will the members of the faculty participate in required conferences? [PR IV.C.13.c)] | [ ]  YES [ ]  NO |

Explain if “NO”. (Limit response to 250 words)

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| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site).[PR IV.C.13.a)] (Limit response to 300 words) |
| Click here to enter text. |

**EDUCATIONAL PROGRAM NARRATIVE**

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| --- |
| Describe the conduct of the program’s Core Curriculum Conference Series. [PR IV.C.13] (Limit response to 500 words) |
| Click here to enter text. |

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| Describe the program's teaching rounds, including the frequency and duration per week. [PR IV.C.14.b)] (Limit response to 500 words) |
| Click here to enter text. |

Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.15.]

 [ ]  YES [ ]  NO

**Faculty Scholarly Activity [PR IV.D.2.]**

To demonstrate a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50 percent of its required minimum number of core faculty members annually engage in a variety of scholarly activity. **List one example** of scholarly activity for the program’s core faculty members during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty Member | Type of Activity | Citation/Description of Product |
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**EVALUATION**

**Fellow Evaluation**

Describe the methods used to evaluate fellows, teaching attendings, and other faculty members, as well as the recording methods, access rules, and follow-up actions taken to remediate problems. (Limit response to 500 words) [PR V.A.1.]

|  |
| --- |
| Click or tap here to enter text. |

Describe the method for assessment of fellows’ procedural competence. [PR V.A.1.a).(2)] (Limit response to 500 words)

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| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | [ ]  YES [ ]  NO |

Explain if “NO”. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the evaluations of faculty members be written and confidential? [PR V.B.1.b)] | [ ]  YES [ ]  NO |
| Will the faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click here to enter text. |

**The Learning and working environment**

|  |
| --- |
| Describe how faculty members and residents will be educated about fatigue and its negative effects. [PR VI.D.1.] (Limit response to 500 words) |
| Click here to enter text. |