**New Application: Hematology**

**Review Committee for Internal Medicine**

**ACGME**

**ADMINISTRATION OF THE FELLOWSHIP PROGRAM**

|  |  |
| --- | --- |
| Will the sponsoring institution provide adequate program director support (25-50% of the program director's salary or protected time) for the administrative activities of the program? | YES  NO |
| Will the program director be required to generate clinical or other income to provide this administrative support? | YES  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? | YES  NO |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? | YES  NO |
| Will the program director implement a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the ACGME Competencies? | YES  NO |
| Will the administrative support include adequate secretarial and administrative staff to support the program director? | YES  NO |
| Will the sponsoring institution and participating sites share appropriate inpatient and outpatient faculty performance data with the program director? | YES  NO |

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| Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. |
| Click here to enter text. |

**ROTATION SCHEDULE - YEAR 1**

Provide a rotation schedule that describes the rotations for a typical fellow for each year of training, starting with F1, then F2, and F3. Do not include vacation blocks or continuity clinic. Use a distinct title for each rotation, e.g., Consult I, CCU. Do not use abbreviations or local terminology (e.g., "Blue I"). Define all required experiences. Indicate elective rotations with the term "elective".

Replicate the table below for each additional rotation.

|  |  |  |
| --- | --- | --- |
| Rotation Name/Year 1 (F1) |  | |
| Site Name |  | |
| Duration of experience (weeks or months) | |  |

**ROTATION SCHEDULE - YEAR 2**

Provide a rotation schedule that describes the rotations for a typical fellow for each year of training, starting with F1, then F2, and F3. Do not include vacation blocks or continuity clinic. Use a distinct title for each rotation, e.g., Consult I, CCU. Do not use abbreviations or local terminology (e.g., "Blue I"). Define all required experiences. Indicate elective rotations with the term "elective".

Replicate the table below for each additional rotation.

|  |  |  |
| --- | --- | --- |
| Rotation Name/Year 2 (F2) |  | |
| Site Name |  | |
| Duration of experience (weeks or months) | |  |

**ROTATION SCHEDULE - YEAR 3**

Provide a rotation schedule that describes the rotations for a typical fellow for each year of training, starting with F1, then F2, and F3. Do not include vacation blocks or continuity clinic. Use a distinct title for each rotation, e.g., Consult I, CCU. Do not use abbreviations or local terminology (e.g., "Blue I"). Define all required experiences. Indicate elective rotations with the term "elective".

Replicate the table below for each additional rotation.

|  |  |  |
| --- | --- | --- |
| Rotation Name/Year 3 (F3) |  | |
| Site Name |  | |
| Duration of experience (weeks or months) | |  |

**ROTATION SCHEDULE NARRATIVE**

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| If the questions in this section or their format do not permit you to describe accurately or optimally the rotations in your training program, provide a narrative that more completely or accurately describes this particular component of your program. (200 word limit) |
| Click here to enter text. |

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| If the program will have home-call, then explain how time will be monitored to assure compliance with the 80-hour work week and one-day off in seven. |
| Click here to enter text. |

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| Explain the back-up support systems that will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care. |
| Click here to enter text. |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ 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: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ 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: | # % | # % | # % | # % | # % | # % |

**EVALUATION - ADDITIONAL INFORMATION**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

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| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? | YES  NO |

**Will written records be kept of the following?**

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| --- | --- |
| Evaluation of fellows longitudinal experience (at least every 6 months) | YES  NO |
| Other counseling sessions of a fellow by the program director | YES  NO |
| Do teaching attendings always provide the program director with written evaluations of the fellow's performance? | YES  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will teaching attendings be evaluated by the fellows whom they supervise at the end of each rotation, and during each longitudinal experience? | YES  NO |
| Will these evaluations be written and confidential? | YES  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? | YES  NO |

**EVALUATION NARRATIVE**

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| Describe the mechanism for monitoring fellows' stress, including mental or emotional conditions inhibiting performance or learning and drug-or alcohol-related dysfunction. |
| Click here to enter text. |

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| Describe the method for assessment of procedural competence. |
| Click here to enter text. |

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| Describe the process for reviewing program goals and objectives, and the effectiveness with which they are achieved. |
| Click here to enter text. |

**INSTITUTION INFORMATION**

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** | | | | | | |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Will fellows have access to an electronic health record? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** | | | | | | |
| A medical oncology clinical program with which hematology fellows may interact formally in an educational experience | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| A multidisciplinary case management or tumor conference that includes discussion of neoplastic blood disorders and hematologic oncology protocol studies | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, gastroenterology, and oncology | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to specialized coagulation laboratory | 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 | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Advanced pathology services | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Blood banking | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Hematology laboratory | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Immunopathology resources | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Nuclear medicine imaging | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Radiation oncology facilities | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Support of genetic counseling | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Support of oncologic nursing | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Support of pain management | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Support of psychiatry | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Support of rehabilitation medicine | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Transfusion and apheresis facilities | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

**GENERAL COMPETENCIES - INTERNAL MEDICINE**

**Practice-Based Learning and Improvement**

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| Describe one learning activity in which residents will engage in to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). |
| Click here to enter text. |

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| Describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:   1. locate information 2. use information technology 3. Appraise information 4. assimilate evidence information (from scientific studies) 5. apply information to patient care |
| Click here to enter text. |

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| Give one example and the outcome of a planned quality improvement activity or project in which at least one resident will participate in that will require the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will guide this process. |
| Click here to enter text. |

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| Describe how residents will:   1. develop teaching skills necessary to educate patients, families, students, and other residents; 2. teach patients, families, and others; and 3. receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.) |
| Click here to enter text. |

**Interpersonal and Communication Skills**

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| Describe one learning activity in which residents will develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds; with physicians, other health professionals, and health related agencies. |
| Click here to enter text. |

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| Describe one learning activity in which residents will develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. |
| Click here to enter text. |

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| Explain (a) how the completion of comprehensive, timely and legible medical records will be monitored and evaluated, and (b) the mechanism for providing residents feedback on their ability to competently maintain medical records. |
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| Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in communicating with patients and their families? | YES  NO |
| Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in teamwork? | YES  NO |
| Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in communicating with peers, including transitions of care? | YES  NO |
| Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in record keeping? | YES  NO |

**Professionalism**

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| Describe at least one learning activity, other than lecture, by which residents will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles. |
| Click here to enter text. |

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| How will the program promote professional behavior by the residents and faculty? |
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| How will lapses in these behaviors be addressed? |
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| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's honesty and integrity? | YES  NO |
| 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? | YES  NO |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to maintain appropriate professional relationships with patients and colleagues? | YES  NO |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's commitment to self-improvement? | YES  NO |

**Systems-based Practice**

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| Describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: work effectively in various health care delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; and, advocate for quality patient care and optimal patient care systems and work in interprofessional teams to enhance patient safety and care quality. |
| Click here to enter text. |

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| Describe an activity that will fulfill the requirement for experiential learning in identifying system errors. |
| Click here to enter text. |

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| Will the program use multi-source evaluation, including peers, and non-physician team members, to assess each fellow's ability to provide care coordination, including transition of care? | YES  NO |
| Will the program use multi-source evaluation, including peers, and non-physician team members, to assess each fellow's ability to work in interdisciplinary teams? | YES  NO |
| Will the program use multi-source evaluation, including peers, and non-physician team members, to assess each fellow's advocacy for quality of care? | YES  NO |
| Will the program use multi-source evaluation, including peers, and non-physician team members, to assess each fellow's ability to identify system problems and participate in improvement activities? | YES  NO |
| Will the fellows' performance in continuity clinic be reviewed with them verbally and in writing at least semiannually? (Leave blank if not applicable) | YES  NO |

**Competency Evaluation Narrative**

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| If the questions in this section or their format do not permit you to describe accurately or optimally your evaluation method(s) of fellows in any of the competencies listed above, provide a narrative that more completely or accurately describes the evaluation method(s). |
| Click here to enter text. |

**EDUCATIONAL PROGRAM**

Provide the written curriculum information about the curriculum:

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| --- | --- |
| Will the overall goals and objectives be distributed to faculty and fellows annually? | YES  NO |
| Will the goals and objectives be reviewed by the fellows at the start of each new rotation/assignment? | YES  NO |

Will fellows routinely participate in the following conferences:

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? | YES  NO |
| How many months of clinical experience will the fellowship program provide for each fellow in autologous and allogeneic bone marrow transplantation? | # |
| How many months of continuity experience will the fellowship program provide each fellow? | # |
| How many days per week of continuity experience will the fellowship program provide each fellow? | # |
| How many months of the program will be devoted to clinical training? | # |

Will fellows demonstrate knowledge of the following content areas?

|  |  |
| --- | --- |
| Acquired and congenital disorders of red cells, white cells, platelets and stem cells | YES  NO |
| Basic principles of laboratory and clinical testing, quality control, quality assurance and proficiency standards | YES  NO |
| Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues | YES  NO |
| Gene therapy | YES  NO |
| Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells | YES  NO |
| Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders | YES  NO |
| Malignant and hematologic complications of organ transplantation | YES  NO |
| Management of post-transplant complications | YES  NO |
| Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation | YES  NO |
| Principles of, indications for, and complications of peripheral stem cell harvests | YES  NO |
| Principles of, indications for, and limitations of radiation therapy in the treatment of cancer | YES  NO |
| Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures | YES  NO |

**Pathogenesis, diagnosis and treatment of disease:**

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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 | YES  NO |
| Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues | YES  NO |

**Genetics and developmental biology:**

|  |  |
| --- | --- |
| Cytogenetics | YES  NO |
| Molecular genetics | YES  NO |
| Prenatal diagnosis | YES  NO |
| The nature of oncogenes and their products | YES  NO |

**Physiology and pathophysiology:**

|  |  |
| --- | --- |
| Basic and clinical pharmacology, pharmacokinetics, toxicity | YES  NO |
| Cell and molecular biology | YES  NO |
| Hematopiesis | YES  NO |
| Molecular mechanisms of hematopoietic and lymphopoietic malignancies | YES  NO |
| Pathophysiology and patterns of tumor metastases | YES  NO |
| Principles of oncogenesis | YES  NO |
| Tumor immunology | YES  NO |

**Clinical epidemiology and biostatistics:**

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| --- | --- |
| Clinical epidemiology and medical statistics | YES  NO |
| Clinical study and experimental protocol design, data collection, and analysis | YES  NO |

Will fellows demonstrate competence in the following?

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| --- | --- |
| Access and care of Ommaya reservoir | YES  NO |
| Assessment of hematologic disorders by CT, MRI, PET scanning, and nuclear imaging techniques | YES  NO |
| Care and management of geriatric patients with hematologic disorders | YES  NO |
| Chemotherapeutic drugs, biologic products, and growth factors and their mechanisms of action; pharmacokinetics, clinical indications, and their limitations, including their effects, toxicity, and interactions | YES  NO |
| Concepts of supportive care, including hematologic, infectious disease, and nutrition | YES  NO |
| Congenital and acquired disorders of hemostasis and thrombosis, including the use of antithrombotic therapy | YES  NO |
| Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques | YES  NO |
| Evaluation and management of diagnosis, pathology, staging, and management of neoplastic disorders of the lymphoid organs | YES  NO |
| Evaluation and management of diagnosis, pathology, staging, and management of neoplastic disorders of the hematopoietic system | YES  NO |
| Human immunodeficiency virus-related malignancies | YES  NO |
| Indications and application of imaging techniques in patients with blood disorders | YES  NO |
| Intrathecal administration of chemotherapeutic agents | YES  NO |
| Management and care of indwelling access catheters | YES  NO |
| Management of pain, anxiety, and depression in patients with hematologic disorders | YES  NO |
| Management of the neutropenic and the immunocompromised patient | YES  NO |
| Multidisciplinary management of hematologic malignancies | YES  NO |
| Palliative care, including hospice and home care | YES  NO |
| Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients | YES  NO |
| Recognition and management of paraneoplastic disorders | YES  NO |
| Rehabilitation and psychosocial care of patients with hematologic disorders | YES  NO |
| Treatment of patients with acquired and congenital disorders of hemostasis and thrombosis, including the biochemistry and pharmacology of coagulation factor replacement therapy and use of antithrombotic therapy | YES  NO |
| Use of chemotherapeutic agents and biological products through all therapeutic routes | YES  NO |
| Use of multiagent chemotherapeutic protocols and combined modality therapy of hematologic malignancies | YES  NO |
| Use of chemotherapeutic drugs, biologic products, and growth factors, as well as their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions | YES  NO |

**Clinical experience in:**

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| --- | --- |
| Hematology consultation with other physicians | YES  NO |

**EDUCATIONAL PROGRAM NARRATIVE**

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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). |
| Click here to enter text. |

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. |
| Click here to enter text. |

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| Describe the program's teaching rounds; including the frequency and duration spent per week. |
| Click here to enter text. |

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| Describe how faculty and residents will be educated about fatigue and its negative effects. |
| Click here to enter text. |

**PROCEDURES & TECHNICAL**

For the procedures/technical skills listed, indicate whether instruction will be provided for fellows, and if proficiency will be documented in a log book or equivalent method.

|  |  |
| --- | --- |
| Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control instruction provided? | YES  NO |
| Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control proficiency documented? | YES  NO |
| Performance and interpretation of Bone marrow aspiration and biopsy instruction provided? | YES  NO |
| Performance and interpretation of Bone marrow aspiration and biopsy proficiency documented? | YES  NO |
| Performance and interpretation of lumbar puncture and interpretation of cerebrospinal fluid instruction provided? | YES  NO |
| Performance and interpretation of lumbar puncture and interpretation of cerebrospinal fluid proficiency documented? | YES  NO |
| Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies instruction provided? | YES  NO |
| Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies proficiency documented? | YES  NO |
| Tests of hemostasis instruction provided? | YES  NO |
| Tests of hemostasis proficiency documents? | YES  NO |