**New Application: Medical Oncology**

**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 |

|  |
| --- |
| 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**

|  |
| --- |
| 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. |

|  |
| --- |
| 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. |

|  |
| --- |
| 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.

|  |  |
| --- | --- |
| 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?**

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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. |

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

|  |
| --- |
| 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?** |
| Access to a specialized coagulation | [ ]  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 |
| Transfusion and apheresis facilities | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| A hematology clinical program with which medical oncology fellows may interact formally in an educational experience | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to other clinical specialties, including gynecology, neurology, neurosurgery, orthopedic surgery, otolaryngology, urology, and dermatology | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to surgeons in general surgery and surgical specialties, including those with special interests in oncology | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Available faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, hematology, pulmonary disease, endocrinology, gastroenterology, and nephrology | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in genetic counseling | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in hospice and palliative care | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in oncologic nursing | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in pain management | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in psychiatry | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Expertise available in rehabilitation medicine | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**GENERAL COMPETENCIES - INTERNAL MEDICINE**

**Practice-Based Learning and Improvement**

|  |
| --- |
| 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. |

|  |
| --- |
| 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. |

|  |
| --- |
| 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. |

|  |
| --- |
| 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**

|  |
| --- |
| 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. |

|  |
| --- |
| 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. |

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

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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. |

|  |
| --- |
| How will the program promote professional behavior by the residents and faculty?  |
| Click here to enter text. |

|  |
| --- |
| How will lapses in these behaviors be addressed?  |
| Click here to enter text. |

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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. |

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

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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 following information about the curriculum:

|  |  |
| --- | --- |
| 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 experience will the fellowship program provide for each fellow in autologous and allogeneic bone marrow transplantation? | # |
| How often will the program provide fellows with continuity experiences in an ambulatory care setting over the duration of the training program? | # |
| What percent of clinical training will be spent in an ambulatory setting? | # |
| How many months of the training program will be devoted to clinical experiences? | # |
| Will the program be organized to provide training and supervised experience at a level sufficient for the fellow to acquire the competency of a specialist in the field? | [ ]  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? | [ ]  YES [ ]  NO |
| Will the fellow develop competency 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 as well as the effectiveness of therapeutic programs? | [ ]  YES [ ]  NO |
| Will inpatient assignments be sufficient in duration to permit continuing care of a majority of the patients throughout their hospitalization? | [ ]  YES [ ]  NO |

**EDUCATIONAL PROGRAM**

Will fellows demonstrate knowledge of the following content areas?

|  |  |
| --- | --- |
| Basic principles of laboratory and clinical testing, quality control, quality assurance and proficiency standards | [ ]  YES [ ]  NO |
| Gene therapy | [ ]  YES [ ]  NO |
| Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders | [ ]  YES [ ]  NO |
| Malignant complications of organ transplantation | [ ]  YES [ ]  NO |
| Principles of, complications of, and risks and limitations associated with thoracentesis | [ ]  YES [ ]  NO |
| Principles of, complications of, and risks and limitations associated with paracentesis | [ ]  YES [ ]  NO |
| Principles of, complications of, and risks and limitations associated with skin biopsies | [ ]  YES [ ]  NO |
| Principles of, complications of, and risks and limitations associated with lesion biopsies | [ ]  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 complications of the management of post-transplant complications | [ ]  YES [ ]  NO |
| Principles of, indications for, and limitations of radiation therapy in the treatment of cancer | [ ]  YES [ ]  NO |
| Principles of, indications for, and limitations of surgery in the treatment of cancer | [ ]  YES [ ]  NO |

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

|  |  |
| --- | --- |
| Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemia, 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 |
| The nature of oncogenes and their products | [ ]  YES [ ]  NO |

**Physiology and pathophysiology:**

|  |  |
| --- | --- |
| Basic and clinical pharmacology, pharmacokinetics and toxicity | [ ]  YES [ ]  NO |
| Cell and molecular biology | [ ]  YES [ ]  NO |
| Hematopoiesis | [ ]  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:**

|  |  |
| --- | --- |
| Clinical epidemiology and medical statistics | [ ]  YES [ ]  NO |
| Clinical study and experimental protocol design, data collection, and analysis | [ ]  YES [ ]  NO |
| Do fellows participate in multidisciplinary case management of tumor board conferences and in protocol studies? | [ ]  YES [ ]  NO |

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

|  |  |
| --- | --- |
| Breast | [ ]  YES [ ]  NO |
| Cancer family syndromes | [ ]  YES [ ]  NO |
| Central nervous system | [ ]  YES [ ]  NO |
| Gastrointestinal tract (esophagus, stomach, colon, rectum, anus) | [ ]  YES [ ]  NO |
| Genitourinary tract | [ ]  YES [ ]  NO |
| Gynecologic malignancies | [ ]  YES [ ]  NO |
| Head and neck | [ ]  YES [ ]  NO |
| Hematopoietic system | [ ]  YES [ ]  NO |
| Liver | [ ]  YES [ ]  NO |
| Lung | [ ]  YES [ ]  NO |
| Lymphoid organs | [ ]  YES [ ]  NO |
| Pancreas | [ ]  YES [ ]  NO |
| Skin, including melanoma | [ ]  YES [ ]  NO |
| Testes | [ ]  YES [ ]  NO |
| Thyroid and other endocrine organs, including MEN syndromes | [ ]  YES [ ]  NO |
| Will fellows be given opportunities to function in the role of an oncology consultant in both the inpatient and outpatient settings? | [ ]  YES [ ]  NO |

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

|  |  |
| --- | --- |
| Access and care of Ommaya reservoir | [ ]  YES [ ]  NO |
| Assessment of tumor burden and response as measured by physical and radiologic exam, and tumor markers | [ ]  YES [ ]  NO |
| Cancer prevention and screening, including competency in genetic testing for high-risk individuals | [ ]  YES [ ]  NO |
| Care and management of the geriatric patient with malignancy and hematologic disorders | [ ]  YES [ ]  NO |
| Care and management of venous access devices | [ ]  YES [ ]  NO |
| Care of patients with human immunodeficiency virus-related malignancies | [ ]  YES [ ]  NO |
| Concepts of supportive care, including hematologic, infectious disease, and nutrition | [ ]  YES [ ]  NO |
| Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques | [ ]  YES [ ]  NO |
| Indications and application of imaging techniques in patients with neoplastic 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 the cancer patient | [ ]  YES [ ]  NO |
| Management of the neutropenic and the immunocompromised patient | [ ]  YES [ ]  NO |
| Palliative care, including hospice and home care | [ ]  YES [ ]  NO |
| Participation in a multidisciplinary case management conference or discussion | [ ]  YES [ ]  NO |
| Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically and terminally ill patients | [ ]  YES [ ]  NO |
| Recognition and management of paraneoplastic disorders | [ ]  YES [ ]  NO |
| Rehabilitation and psychosocial aspects of clinical management of the cancer patient | [ ]  YES [ ]  NO |
| Use of chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions | [ ]  YES [ ]  NO |
| Use of chemotherapeutic protocols and combined modality therapy of neoplastic disorders | [ ]  YES [ ]  NO |

**EDUCATIONAL PROGRAM NARRATIVE**

|  |
| --- |
| 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. |

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

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

|  |
| --- |
| 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.

|  |  |
| --- | --- |
| Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques instruction provided? | [ ]  YES [ ]  NO |
| Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques proficiency documented? | [ ]  YES [ ]  NO |
| 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 |