**New Application: Hematology and Medical Oncology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR.I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | YES  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR I.D.1.a).(1)] | YES  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | YES  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | YES  NO |

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

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.e)] (Limit response to 300 words) |
| Click here to enter text. |

Will the following facilities/laboratories/services be available for fellows’ education? [PR I.D.1.b).(1).(a) - I.D.1.d)]

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| --- | --- |
| Cross-sectional imaging, including computed tomography (CT) and magnetic resonance imaging (MRI) | YES  NO |
| Nuclear medicine imaging | YES  NO |
| Positron emission tomography (PET) scan imaging; | YES  NO |
| Specialized coagulation laboratory | YES  NO |
| Advanced pathology services | YES  NO |
| Blood banking | YES  NO |
| Immunopathology | YES  NO |
| Transfusion and apheresis services | YES  NO |
| Radiation oncology facilities | YES  NO |

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| Is there hematology laboratory located at the primary clinical site? [PR I.D.1.b)] | YES  NO |

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| Explain any “NO” responses. (Limit response to 250 words) |
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Will the program have access to the following clinical specialists? [PR II.D.1. – II.D.2.)]

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| General surgery | YES  NO |
| Surgical specialties, with special interest in oncology | YES  NO |
| Dermatology | YES  NO |
| Neurology | YES  NO |
| Neurological surgery | YES  NO |
| Obstetrics and gynecology | YES  NO |
| Orthopaedics | YES  NO |
| Otolaryngology – head and neck surgery | YES  NO |
| Urology | YES  NO |

Will the following disciplines be available to the program to provide multidisciplinary patient care and fellow education? [PR II.D.3.a) – e)]

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| --- | --- |
| Genetic counseling | YES  NO |
| Oncologic nursing | YES  NO |
| Pain management | YES  NO |
| Psychiatry | YES  NO |
| Rehabilitation medicine | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the following areas?

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| Prevention, evaluation, diagnosis, cancer staging, and management of patients with malignant disorders of the: | |
| breast [PR IV.B.1.b).(1).(b).(i).(a)] | YES  NO |
| cancer family syndromes [PR IV.B.1.b).(1).(b).(i).(b)] | YES  NO |
| central nervous system [PR IV.B.1.b).(1).(b).(i).(c)] | YES  NO |
| gastrointestinal tract (esophagus, stomach, colon, rectum, anus) [PR IV.B.1.b).(1).(b).(i).(d)] | YES  NO |
| genitourinary tract [PR IV.B.1.b).(1).(b).(i).(e)] | YES  NO |
| gynecologic malignancies [PR IV.B.1.b).(1).(b).(i).(f)] | YES  NO |
| head and neck [PR IV.B.1.b).(1).(b).(i).(g)] | YES  NO |
| hematopoietic system, including myeloproliferative neoplasms, myelodysplasias, acute and chronic leukemias, Castleman disease, and dendritic cell disorders [PR IV.B.1.b).(1).(b).(i).(h)] | YES  NO |
| liver [PR IV.B.1.b).(1).(b).(i).(i)] | YES  NO |
| lung [PR IV.B.1.b).(1).(b).(i).(j)] | YES  NO |
| lymphoid organs, including lymphomas, myeloma, and plasma cell dyscrasias [PR IV.B.1.b).(1).(b).(i).(k)] | YES  NO |
| pancreas [PR IV.B.1.b).(1).(b).(i).(l)] | YES  NO |
| skin, including melanoma [PR IV.B.1.b).(1).(b).(i).(m)] | YES  NO |
| testes [PR IV.B.1.b).(1).(b).(i).(n)] | YES  NO |
| thyroid and other endocrine organs, including multiple endocrine neoplasia (MEN) syndromes [PR IV.B.1.b).(1).(b).(i).(o)] | YES  NO |
| Pathogenesis, diagnosis, prevention, evaluation, and management of patients with the following disorders whose characteristics overlap the areas of classical and malignant hematology, including, but not limited to: | |
| myeloproliferative neoplasms [PR IV.B.1.b).(1).(b).(ii).(a)] | YES  NO |
| myelodysplastic syndromes [PR IV.B.1.b).(1).(b).(ii).(b)] | YES  NO |
| bone marrow failure syndromes [PR IV.B.1.b).(1).(b).(ii).(c)] | YES  NO |
| histiocytic disorders in pregnant patients [PR IV.B.1.b).(1).(b).(ii).(d)] | YES  NO |
| Diagnosis and management of classical hematologic disorders, including: | |
| hemoglobin disorders [PR IV.B.1.b).(1).(b).(iii).(a)] | YES  NO |
| inherited and acquired red cell disorders [PR IV.B.1.b).(1).(b).(iii).(b)] | YES  NO |
| autoimmune disorders, including hemolytic anemia [PR IV.B.1.b).(1).(b).(iii).(c)] | YES  NO |
| nutritional anemias [PR IV.B.1.b).(1).(b).(iii).(d)] | YES  NO |
| inherited and acquired white cell disorders [PR IV.B.1.b).(1).(b).(iii).(e)] | YES  NO |
| inherited and acquired hemorrhagic disorders [PR IV.B.1.b).(1).(b).(iii).(f)] | YES  NO |
| platelet disorders [PR IV.B.1.b).(1).(b).(iii).(g)] | YES  NO |
| congenital and acquired thrombotic disorders [PR IV.B.1.b).(1).(b).(iii).(h)] | YES  NO |
| thrombotic microangiopathies [PR IV.B.1.b).(1).(b).(iii).(i)] | YES  NO |
| porphyrias [PR IV.B.1.b).(1).(b).(iii).(j)] | YES  NO |
| Care and management of the geriatric patient with malignancy and hematologic disorders [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Care and management of hematologic disorders in pregnant patients and women of reproductive age [PR IV.B.1.b).(1).(b).(v)] | YES  NO |
| Diagnosis and management of hematologicissues associated with hormone therapies, including their use as treatment for infertility and gender affirmation as well as care of transgender individuals and other diverse populations [PR IV.B.1.b).(1).(b).(vi)] | YES  NO |
| Care of patients with HIV-related malignancies [PR IV.B.1.b).(1).(b).(vii)] | YES  NO |
| Management of neutropenic and immunocompromised patients [PR IV.B.1.b).(1).(b).(viii)] | YES  NO |
| Management of pain, anxiety, and depression in patients with cancer and hematologic disorders [PR IV.B.1.b).(1).(b).(ix)] | YES  NO |
| Palliative care, including hospice and home care [PR IV.B.1.b).(1).(b).(x)] | YES  NO |
| Rehabilitation and psychosocial care of patients with cancer and hematologic disorders [PR IV.B.1.b).(1).(b).(xi)] | YES  NO |
| Treatment and diagnosis of paraneoplastic disorders [PR IV.B.1.b).(1).(b).(xii)] | YES  NO |

Will fellows demonstrate competence in the ability to: [PR IV.B.1.b).(2).(a).(i) – (ii)

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | YES  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | YES  NO |

Will fellows have the opportunity to develop competence in performing the following procedures? [PR IV.B.1.b).(2).(c)]

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| Thoracentesis | YES  NO |
| Paracentesis | YES  NO |
| Skin biopsies | YES  NO |
| Lesion biopsies. | YES  NO |

Will fellows demonstrate competence in the following?

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| Indications for and application of imaging techniques in patients with neoplastic and blood disorders [PR IV.B.1.b).(2).(d).(i)] | YES  NO |
| Indications for and application of immunophenotypic and molecular [PR IV.B.1.b).(2).(d).(ii)] | YES  NO |
| Use of chemotherapeutic drugs, biologic products, and growth factors, and their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions [PR IV.B.1.b).(2).(d).(iii)] | YES  NO |
| Use of immunotherapeutic drugs, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, and their effects, toxicity, and interactions, including the use of cellular immunotherapies (e.g., CAR-T therapies) [PR IV.B.1.b).(2).(d).(iv)] | YES  NO |
| Use of multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders [PR IV.B.1.b).(2).(d).(v)] | YES  NO |
| Use of hematologic, infection, and nutrition support [PR IV.B.1.b).(2).(d).(vi)] | YES  NO |
| Specific cancer prevention and screening, including genetic testing for high-risk individuals [PR IV.B.1.b).(2).(d).(vii)] | YES  NO |
| Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques [PR IV.B.1.b).(2).(d).(viii)] | YES  NO |
| Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy [PR IV.B.1.b).(2).(d).(ix)] | YES  NO |
| Systemic therapies through all therapeutic routes [PR IV.B.1.b).(2).(d).(x)] | YES  NO |
| Assessment of tumor burden and response as measured by physical and radiologic exam, and tumor markers [PR IV.B.1.b).(2).(d).(xi)] | YES  NO |
| Assessment of malignant hematologic disorders by computed tomography, MRI, PET scanning, and nuclear imaging techniques [PR IV.B.1.b).(2).(d).(xii)] | YES  NO |
| Assessment of hematologic disorder severity and/or stage, as measured by physical signs and laboratory evaluation [PR IV.B.1.b).(2).(d).(xiii)] | YES  NO |
| Assessment and interpretation of complete blood count [PR IV.B.1.b).(2).(d).(xiv)] | YES  NO |
| Interpretation of peripheral blood smears [PR IV.B.1.b).(2).(d).(xv)] | YES  NO |
| Performance of bone marrow biopsies and aspirations [PR IV.B.1.b).(2).(d).(xvi)] | YES  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.11.a)] | YES  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.11.b)] | YES  NO |

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

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**Medical Knowledge**

Will fellows demonstrate knowledge in the following areas?

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| Pathogenesis, diagnosis, and treatment of disease, including: | |
| basic molecular and pathophysiologic mechanisms, diagnosis, and 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).(1).(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).(1).(b)] | YES  NO |
| Genetics and developmental biology, including: | |
| cytogenetics [PR IV.B.1.c).(2).(a)] | YES  NO |
| molecular genetics [PR IV.B.1.c).(2).(b)] | YES  NO |
| the nature of oncogenes and their products [PR IV.B.1.c).(2).(c)] | YES  NO |
| prenatal diagnosis [PR IV.B.1.c).(2).(d)] | YES  NO |
| Physiology and pathophysiology, including: | |
| basic and clinical pharmacology, pharmacokinetics, and toxicity [PR IV.B.1.c).(3).(a)] | YES  NO |
| cell and molecular biology [PR IV.B.1.c).(3).(b)] | YES  NO |
| hematopoiesis [PR IV.B.1.c).(3).(c)] | YES  NO |
| molecular mechanisms of hematopoietic and lymphopoietic malignancies [PR IV.B.1.c).(3).(d)] | YES  NO |
| pathophysiology and patterns of tumor metastases [PR IV.B.1.c).(3).(e)] | YES  NO |
| principles of oncogenesis [PR IV.B.1.c).(3).(f)] | YES  NO |
| tumor immunology [PR IV.B.1.c).(3).(g)] | YES  NO |
| Clinical epidemiology and biostatistics, including clinical study and experimental protocol design, data collection, and analysis [PR IV.B.1.c).(4)] | YES  NO |
| Acquired and congenital disorders of red cells, white cells, platelets, and stem cells [PR IV.B.1.c).(5).(a)] | YES  NO |
| Basic principles of laboratory and clinical testing, quality control, quality assurance, and proficiency standards [PR IV.B.1.c).(5).(b)] | YES  NO |
| Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues [PR IV.B.1.c).(5).(c)] | YES  NO |
| Functional characteristics, indications, risks, and process of using indwelling venous access devices [PR IV.B.1.c).(5).(d)] | |
| Gene therapy [PR IV.B.1.c).(5).(e)] | YES  NO |
| Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells [PR IV.B.1.c).(5).(f)] | YES  NO |
| Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders [PR IV.B.1.c).(5).(g)] | YES  NO |
| Indications, risks, and process of performing therapeutic phlebotomy [PR IV.B.1.c).(5).(h)] | YES  NO |
| Malignant and hematologic complications of organ transplantation [PR IV.B.1.c).(5).(i)] | YES  NO |
| The mechanisms of action, pharmacokinetics, clinical indications, and limitations of chemotherapeutic drugs, biologic products, and growth factors, including their effects, toxicity, and interactions [PR IV.B.1.c).(5).(j)] | YES  NO |
| The mechanisms of action, pharmacokinetics, clinical indications, and limitations of immunotherapeutic drugs, including their effects, toxicity, and interactions, including cellular immunotherapies (e.g., CAR-T therapies) [PR IV.B.1.c).(5).(k)] | YES  NO |
| Preparation of blood smears, bone marrow aspirates, and touch preparations [PR IV.B.1.c).(5).(l)] | YES  NO |
| Principles of multidisciplinary management of organ-specific cancers [PR IV.B.1.c).(5).(m)] | YES  NO |
| Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and methods of apheresis procedures [PR IV.B.1.c).(5).(n)] | YES  NO |
| Principles of, indications for, and limitations of: | |
| radiation therapy in the treatment of cancer [PR IV.B.1.c).(6).(a)] |  |
| surgery in the treatment of cancer [PR IV.B.1.c).(6).(b)] |  |
| Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation [PR IV.B.1.c).(7)] | YES  NO |
| Principles of, indications for, and complications of peripheral stem cell harvests [PR IV.B.1.c).(8)] | YES  NO |
| The management of post-transplant complications [PR IV.B.1.c).(9)] | YES  NO |
| The indications, complications, and risks and limitations associated with: | |
| lesion biopsies detection of circulating DNA for disease specific markers [PR IV.B.1.c).(10).(a)] | YES  NO |
| paracentesis [PR IV.B.1.c).(10).(b)] | YES  NO |
| skin biopsies [PR IV.B.1.c).(10).(c)] | YES  NO |
| thoracentesis [PR IV.B.1.c).(10).(d)] | YES  NO |

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

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**Practice-based Learning and Improvement**

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**

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**

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**

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| 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 do fellows spend in the diagnosis and management of classical hematological disorders? [PR IV.C.3.a)] | # |
| How many months of experience will the fellowship program provide for each fellow in autologous and allogeneic bone marrow transplantation? [PR IV.C.3.d)] | # |
| What percent of medical oncology clinical experience will be spent in an ambulatory setting? [PR IV.C.3.b)] | # % |
| Will inpatient assignments be sufficient in duration to permit continuing care of a majority of the patients throughout their hospitalization? [PR IV.C.4.] | YES  NO |
| Will fellows participate in multidisciplinary case management or tumor board conferences and in protocol studies? [PR IV.C.5.] | YES  NO |
| Will the fellows assume continuing responsibility for both acutely and chronically-ill patients in order to observe and manage both inpatients and outpatients with a wide variety of blood and neoplastic disorders as well as the benefits and adverse effects of therapy? [PR IV.C.6] | YES  NO |
| Will fellows participate in the care of patients undergoing apheresis procedures? [PR IV.C.8.a)] | YES  NO |
| Will fellows participate in the care of patients undergoing bone marrow or peripheral stem cell harvest for transplantation? [PR IV.C.8.b)] | YES  NO |
| Will fellows have experience with the 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.9.a)] | YES  NO |
| Will fellows have experience with the performance and interpretation of test of hemostasis? [PR IV.C.9.b)] | YES  NO |

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

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.11.] | YES  NO |

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

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**CONTINUITY AMBULATORY CLINIC EXPERIENCES**

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**

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: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.12.a)] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.12.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | YES  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR IV.C.13.] (Limit response to 300 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.14.] (Limit response to 300 words)

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**EVALUATION**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR V.A.1.a).(1)] |
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| 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 |

**Faculty Evaluation**

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| --- | --- |
| 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. |