

**ACGME Program Requirements for Graduate Medical Education
in Hematology**

Line Number(s): 188-189

Requirement Revision (major revisions only):

II.A.3.f devote at least 35% time to include clinical work with fellows, teaching, and fellowship-related administration.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

a. The requirement will ensure that adequate time is provided to the program director to teach fellows, to observe and assess fellow progress, and to administer the program.

b. A defined percentage of protected time will allow the director to keep up with and implement the program requirements and ensure that the program is providing the appropriate depth and breadth of educational and clinical experiences for the fellow.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

In some programs, some of the program director's clinical and administrative responsibilities may need to be shifted to other faculty members to allow the program director to meet the 35% time requirement. In rare cases, institutions may need to hire additional faculty or staff.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A

Line Number(s): 200-201

Requirement Revision (major revisions only):

II.B.2.a The faculty must in aggregate devote at least 20 hours per week for the fellowship-related clinical work and teaching.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

Sufficient faculty supervision and oversight helps to ensure a high quality of fellow clinical work, and directly impacts the quality and safety of patient care.

- 2) improves the quality of resident education;

Ensuring a minimum amount of time for faculty involvement with and teaching of fellows should allow for improvement or sustainment in resident education quality. This amount of time for faculty interaction with fellows will allow for adequate assessment as to whether fellows are meeting goals, competencies, and milestones.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

For most programs, there will be no impact. In some, however, there may be a need to shift non-fellow oriented service work, research, and administration to other faculty members.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A

Line Number(s): 313-478

Requirement Revision (major revisions only)

IV.A.2. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

IV.A.2.a) Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

IV.A.2.a).(1) Must demonstrate competence in performing procedures, including: develop knowledge and skills in the techniques of

IV.A.2.a).(1).(a) bone marrow aspiration/biopsy; and interpretation, lymph node interpretation,

IV.A.2.a).(1).(a).(i) Fellows must document all bone marrow

aspirations/biopsies they perform using the ACGME case log system.

IV.A.2.a).(1).(b)

~~and the applications of advanced technology, including in situ hybridization, immunocytochemistry, cytogenetics, and molecular studies (including FISH, Southern Blot, PCR, etc.), to hematologic problems. Adult and pediatric diagnostic material must be available. Fellows must maintain a log of their procedures;~~

IV.A.2.a).(2)

must demonstrate diagnostic competence, including: focus on diagnosis, pathogenesis, clinical correlation, and prognostic significance of hematologic disease throughout the program;

IV.A.2.a).(2).(a)

interpreting lymph nodes and related tissue pathology;

IV.A.2.a).(2).(b)

interpreting biopsy specimens;

IV.A.2.a).(2).(c)

analyzing laboratory results, including immunohistochemistry, cytogenetics, molecular studies (including FISH, and PCR); coagulation testing; automated hematology analyzers; and flow cytometry.

IV.A.2.a).(3)

~~must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.~~

IV.A.2.b)

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:

IV.A.2.b).(1)

must demonstrate competence in their knowledge of:

IV.A.2.b).(1).(a)

pathogenesis, including clinical correlation and prognostic significance of hematologic disease;

IV.A.2.b).(1).(b)

bone marrow pathology, lymph node pathology, peripheral blood and body fluid examination, red cell disorders, hemoglobinopathies, and coagulation;

IV.A.2.b).(1).(c)

techniques, including flow cytometry, molecular techniques, and automated hematology procedures; specimen collection and preparation

	for routine hematologic testing
IV.A.2.b).(1).(d)	<u>methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease;</u>
IV.A.2.b).(2)	<u>should demonstrate knowledge of the operation and management of hematology and relevant specialty laboratories, including quality control procedures, assay development, quality improvement activities, and laboratory regulations.</u>
IV.A.2.b).(3)	must have regularly scheduled and held lectures, tutorials, seminars, rounds, and conferences with clinical services;
IV.A.2.b).(4)	should have instruction which includes using study sets of usual and unusual cases, performance of tests under supervision, and interpretation of results with generation of narrative reports;
IV.A.2.b).(5)	must be instructed in methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease
IV.A.2.c)	Practice-based Learning and Improvement
	Fellows are expected to develop skills and habits to be able to meet the following goals:
IV.A.2.c).(1)	systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
IV.A.2.c).(2)	locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
IV.A.2.c).(3)	<u>incorporate formative evaluation feedback into daily practice;</u>
IV.A.2.c).(4)	<u>use information technology to optimize learning and improve patient care;</u>
IV.A.2.c).(5)	<u>participate in quality improvement projects.</u>
IV.A.2.d)	Interpersonal and Communication Skills
	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

IV.A.2.d).(1) Fellows must demonstrate competence in providing appropriate and effective consultations to other physicians and health professionals, both intra- and inter-departmental.

IV.A.2.d).(2) Fellows must demonstrate competence in effective verbal and written communication.

IV.A.2.d).(3) Fellows must maintain comprehensive, timely, and legible medical records.

IV.A.2.e) Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

IV.A.2.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

IV.A.2.f).(1) Fellows must demonstrate the ability to:

IV.A.2.f).(1).(a) work effectively in a variety of health care delivery settings and systems relevant to hematopathology;

IV.A.2.f).(1).(b) incorporate cost considerations and risk-benefit analysis in patient and population-based care;

IV.A.2.f).(1).(c) participate in identifying system errors and implementing potential systems solutions;

IV.A.2.f).(1).(d) advocate for quality patient care and optimal patient care systems;

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

By listing more specific diagnostic competency goals, patient care and safety will improve by ensuring that fellows develop competency in the areas needed to be able to practice. The proposed changes will improve patient care by emphasizing competence in performance of bone marrow procedures and diagnostic competence. There is new emphasis on laboratory management, quality control improvement activities, identification of system errors, and implementing potential systems solutions, all of these contributing to quality and safety.

- 2) improves the quality of resident education;

The proposed changes provide more specific information on all of the competencies, including both patient care and medical knowledge competencies, that will promote higher quality education. This listing of specific competencies will allow programs to ensure they are providing the full breadth and depth of training for their fellows so that they can practice as hematology specialists. The requirements provide the minimum standards of fellow training but still allows for each program to develop its own curriculum.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

The proposed changes provide more specific information on several competencies including systems based practice, quality improvement activities, and communication skills that should result in improved patient care.

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

For some programs that may not provide the full range of technologies and specimen types, outside rotations may be required. For areas of medical knowledge, additional electronic or print resources may be required.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

Minimal impact in most programs. For programs that do not have sufficient numbers of specific hematology specimen types, outside rotations may be required.

- 6) impacts residency education in other specialties.

The new requirements place more emphasis on effective consultation to other physicians and health-care providers.

Line Number(s): 480-502

Requirement Revision (major revisions only):

IV.A.3. Curriculum Organization and Fellow Experiences

IV.A.3.a) ~~Fellows must be given increasing responsibilities for services to patients and other as they progress through the program. Fellows must be provided with clearly defined graduated responsibilities and delegated authority; based on demonstrated competence.~~

IV.A.3.b) The didactic curriculum must include teaching conferences in hematopathology, journal clubs, and joint conferences with the pathology department as well as with clinical services involved in the diagnosis and management of patient care utilizing hematopathology.

IV.A.3.b).(1) Fellows should participate in conferences on average at least once per month and should give a minimum of two presentations per year.

IV.A.3.b).(2) Didactic instruction should include the use of study sets of common and unusual cases and interpretation of results with generation of narrative reports.

IV.A.3.b).(3) Fellows must have instruction and experience in quality assurance.

IV.B. Fellows' Scholarly Activities

IV.B.2. Each fellow should participate in scholarly activity, including at least one of the following:

IV.B.2.a) research;

IV.B.2.b) evidence-based presentations at journal club or meetings (local, regional or national); or

IV.B.2.c) preparation/submission of articles for peer-reviewed publications.

Describe, as appropriate, how the revision:

1) impacts the quality and safety of patient care;

The increased emphasis on evidenced base medicine may improve quality and patient care.

2) improves the quality of resident education;

The emphasis on joint conferences with clinical services and the greater specificity in the didactic curriculum may improve resident education in some programs. The expectations for scholarly activity are specified now and were vague before.

3) affects the way the resident, the service, and the staff provide patients with continuing

care;

The emphasis on interdisciplinary care may help improve patient care.

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Some programs may need to establish additional conferences including interdisciplinary conferences to meet the requirements.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

The proposed changes may improve residency education in other specialties as there is emphasis on joint conferences with other departments involved in diagnosis and management of patients.

Line Number(s): 581-583

Requirement Revision (major revisions only):

V.C.3 60% of the programs' graduates from the preceding five years taking the American Board of Pathology certifying examination for hematology for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

The new requirement provides a benchmark for programs to use to assess the educational effectiveness of their program. As subspecialty certification is important, it also provides the program with a way to assess how it is helping its fellows attain this goal. The requirement also provides programs with the benchmark that the Review Committee uses when determining accreditation decisions.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

No impact in most programs. Some programs with low pass rate may need to provide more educational resources to improve education.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A