**New Application: Hematology and Medical Oncology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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

**Resources**

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

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

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

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

**Personnel**

**Other Program Personnel**

Indicate the following information for each participating site:

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

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

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

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

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

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

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Will fellows demonstrate competence in the following?

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

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

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Will fellows demonstrate knowledge of the following content areas?

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

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

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

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

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

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

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

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

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

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

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

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Will fellows demonstrate knowledge of the following?

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

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

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**Practice-based Learning and Improvement**

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

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**Interpersonal and Communication Skills**

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

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**Systems-based Practice**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| --- | --- |
| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.15.] | YES  NO |

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

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

*Identify academic year:*

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

**Fellow Evaluation**

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

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

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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 |

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

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**Faculty Evaluation**

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

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

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**The Learning and working environment**

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