**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 1.2.b.] (Limit response to 300 words) |
| Click here to enter text. |

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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 1.6.a.] | [ ]  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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| Click or tap here to enter text. |

**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 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.a.] | [ ]  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 1.8.b.] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | [ ]  YES [ ]  NO |

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

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| Click or tap here to enter text. |

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR 1.8.d.] (Limit response to 300 words) |
| Click here to enter text. |

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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 1.8.l.] (Limit response to 300 words) |
| Click here to enter text. |

Will the following facilities/laboratories/services be available for fellows’ education? [PR 1.8.f.-1.8.k.]

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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 1.8.e.] | [ ]  YES [ ]  NO |

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| Explain any “NO” responses. (Limit response to 250 words)  |
| Click here to enter text. |

Will the program have access to the following clinical specialists? [PR 2.12.a.-2.12.b.]

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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 2.12.c.1.- 2.12.c.5.]

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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 4.4.b.1.] | [ ]  YES [ ]  NO |
|  cancer family syndromes [PR 4.4.b.2.] | [ ]  YES [ ]  NO |
|  central nervous system [PR 4.4.b.3.] | [ ]  YES [ ]  NO |
|  gastrointestinal tract (esophagus, stomach, colon, rectum, anus) [PR 4.4.b.4.] | [ ]  YES [ ]  NO |
|  genitourinary tract [PR 4.4.b.5.] | [ ]  YES [ ]  NO |
|  gynecologic malignancies [PR 4.4.b.6.] | [ ]  YES [ ]  NO |
|  head and neck [PR 4.4.b.7.] | [ ]  YES [ ]  NO |
|  hematopoietic system, including myeloproliferative neoplasms, myelodysplasias, acute and chronic leukemias, Castleman disease, and dendritic cell disorders [PR 4.4.b.8.] | [ ]  YES [ ]  NO |
|  liver [PR 4.4.b.9.] | [ ]  YES [ ]  NO |
|  lung [PR 4.4.b.10.] | [ ]  YES [ ]  NO |
|  lymphoid organs, including lymphomas, myeloma, and plasma cell dyscrasias [PR 4.4.b.11.] | [ ]  YES [ ]  NO |
|  pancreas [PR 4.4.b.12.] | [ ]  YES [ ]  NO |
|  skin, including melanoma [PR 4.4.b.13.] | [ ]  YES [ ]  NO |
|  testes [PR 4.4.b.14.] | [ ]  YES [ ]  NO |
|  thyroid and other endocrine organs, including multiple endocrine neoplasia (MEN) syndromes [PR 4.4.b.15.] | [ ]  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 4.4.c.1.] | [ ]  YES [ ]  NO |
|  myelodysplastic syndromes [PR 4.4.c.2.] | [ ]  YES [ ]  NO |
|  bone marrow failure syndromes [PR 4.4.c.3.] | [ ]  YES [ ]  NO |
|  histiocytic disorders in pregnant patients [PR 4.4.c.4.] | [ ]  YES [ ]  NO |
| Diagnosis and management of classical hematologic disorders, including: |
|  hemoglobin disorders [PR 4.4.d.1.] | [ ]  YES [ ]  NO |
|  inherited and acquired red cell disorders [PR 4.4.d.2.] | [ ]  YES [ ]  NO |
|  autoimmune disorders, including hemolytic anemia [PR 4.4.d.3.] | [ ]  YES [ ]  NO |
|  nutritional anemias [PR 4.4.d.4.] | [ ]  YES [ ]  NO |
|  inherited and acquired white cell disorders [PR 4.4.d.5.] | [ ]  YES [ ]  NO |
|  inherited and acquired hemorrhagic disorders [PR 4.4.d.6.] | [ ]  YES [ ]  NO |
|  platelet disorders [PR 4.4.d.7.] | [ ]  YES [ ]  NO |
|  congenital and acquired thrombotic disorders [PR 4.4.d.8.] | [ ]  YES [ ]  NO |
|  thrombotic microangiopathies [PR 4.4.d.9.] | [ ]  YES [ ]  NO |
|  porphyrias [PR 4.4.d.10.] | [ ]  YES [ ]  NO |
| Care and management of the geriatric patient with malignancy and hematologic disorders [PR 4.4.e.] | [ ]  YES [ ]  NO |
| Care and management of hematologic disorders in pregnant patients and women of reproductive age [PR 4.4.f.] | [ ]  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 4.4.g.] | [ ]  YES [ ]  NO |
| Care of patients with HIV-related malignancies [PR 4.4.h.] | [ ]  YES [ ]  NO |
| Management of neutropenic and immunocompromised patients [PR 4.4.i.] | [ ]  YES [ ]  NO |
| Management of pain, anxiety, and depression in patients with cancer and hematologic disorders [PR 4.4.j.] | [ ]  YES [ ]  NO |
| Palliative care, including hospice and home care [PR 4.4.k.] | [ ]  YES [ ]  NO |
| Rehabilitation and psychosocial care of patients with cancer and hematologic disorders [PR 4.4.l.] | [ ]  YES [ ]  NO |
| Treatment and diagnosis of paraneoplastic disorders [PR 4.4.m.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to: [PR 4.5.a.-4.5.b.]

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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 4.5.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 4.5.e.] | [ ]  YES [ ]  NO |
| Indications for and application of immunophenotypic and molecular [PR 4.5.f.] | [ ]  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 4.5.g.] | [ ]  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 4.5.h.] | [ ]  YES [ ]  NO |
| Use of multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders [PR 4.5.i.] | [ ]  YES [ ]  NO |
| Use of hematologic, infection, and nutrition support [PR 4.5.j.] | [ ]  YES [ ]  NO |
| Specific cancer prevention and screening, including genetic testing for high-risk individuals [PR 4.5.k.] | [ ]  YES [ ]  NO |
| Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques [PR 4.5.l.] | [ ]  YES [ ]  NO |
| Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy [PR 4.5.m.] | [ ]  YES [ ]  NO |
| Systemic therapies through all therapeutic routes [PR 4.5.n.] | [ ]  YES [ ]  NO |
| Assessment of tumor burden and response as measured by physical and radiologic exam, and tumor markers [PR 4.5.o.] | [ ]  YES [ ]  NO |
| Assessment of malignant hematologic disorders by computed tomography, MRI, PET scanning, and nuclear imaging techniques [PR 4.5.p.] | [ ]  YES [ ]  NO |
| Assessment of hematologic disorder severity and/or stage, as measured by physical signs and laboratory evaluation [PR 4.5.q.] | [ ]  YES [ ]  NO |
| Assessment and interpretation of complete blood count [PR 4.5.r.] | [ ]  YES [ ]  NO |
| Interpretation of peripheral blood smears [PR 4.5.s.] | [ ]  YES [ ]  NO |
| Performance of bone marrow biopsies and aspirations [PR 4.5.t.] | [ ]  YES [ ]  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR 4.11.l.] | [ ]  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 4.11.m.] | [ ]  YES [ ]  NO |

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

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| Click or tap here to enter text. |

**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 4.6.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 4.6.b.] | [ ]  YES [ ]  NO |
| Genetics and developmental biology, including: |
|  cytogenetics [PR 4.6.c.] | [ ]  YES [ ]  NO |
|  molecular genetics [PR 4.6.d.] | [ ]  YES [ ]  NO |
|  the nature of oncogenes and their products [PR 4.6.e.] | [ ]  YES [ ]  NO |
|  prenatal diagnosis [PR 4.6.f.] | [ ]  YES [ ]  NO |
| Physiology and pathophysiology, including: |
|  basic and clinical pharmacology, pharmacokinetics, and toxicity [PR 4.6.g.] | [ ]  YES [ ]  NO |
|  cell and molecular biology [PR 4.6.h.] | [ ]  YES [ ]  NO |
|  hematopoiesis [PR 4.6.i.] | [ ]  YES [ ]  NO |
|  molecular mechanisms of hematopoietic and lymphopoietic malignancies [PR 4.6.j.] | [ ]  YES [ ]  NO |
|  pathophysiology and patterns of tumor metastases [PR 4.6.k.] | [ ]  YES [ ]  NO |
|  principles of oncogenesis [PR 4.6.l.] | [ ]  YES [ ]  NO |
|  tumor immunology [PR 4.6.m.] | [ ]  YES [ ]  NO |
| Clinical epidemiology and biostatistics, including clinical study and experimental protocol design, data collection, and analysis [PR 4.6.n.] | [ ]  YES [ ]  NO |
| Acquired and congenital disorders of red cells, white cells, platelets, and stem cells [PR 4.6.o.] | [ ]  YES [ ]  NO |
| Basic principles of laboratory and clinical testing, quality control, quality assurance, and proficiency standards [PR 4.6.p.] | [ ]  YES [ ]  NO |
| Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues [PR 4.6.q.] | [ ]  YES [ ]  NO |
| Functional characteristics, indications, risks, and process of using indwelling venous access devices [PR 4.6.r.] |
| Gene therapy [PR 4.6.s.] | [ ]  YES [ ]  NO |
| Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells [PR 4.6.t.] | [ ]  YES [ ]  NO |
| Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders [PR 4.6.u.] | [ ]  YES [ ]  NO |
| Indications, risks, and process of performing therapeutic phlebotomy [PR 4.6.v.] | [ ]  YES [ ]  NO |
| Malignant and hematologic complications of organ transplantation [PR 4.6.w.] | [ ]  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 4.6.x.] | [ ]  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 4.6.y.] | [ ]  YES [ ]  NO |
| Preparation of blood smears, bone marrow aspirates, and touch preparations [PR 4.6.z.] | [x]  YES [ ]  NO |
| Principles of multidisciplinary management of organ-specific cancers [PR 4.6.aa.] | [ ]  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 4.6.ab.] | [ ]  YES [ ]  NO |
| Principles of, indications for, and limitations of: |
|  radiation therapy in the treatment of cancer [PR 4.6.ac.] |  |
|  surgery in the treatment of cancer [PR 4.6.ad.] |  |
| Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation [PR 4.6.ae.] | [ ]  YES [ ]  NO |
| Principles of, indications for, and complications of peripheral stem cell harvests [PR 4.6.af.] | [ ]  YES [ ]  NO |
| The management of post-transplant complications [PR 4.6.ag.] | [ ]  YES [ ]  NO |
| The indications, complications, and risks and limitations associated with: |
|  lesion biopsies detection of circulating DNA for disease specific markers [PR 4.6.ah.] | [ ]  YES [ ]  NO |
|  paracentesis [PR 4.6.ai.] | [ ]  YES [ ]  NO |
|  skin biopsies [PR 4.6.aj.] | [ ]  YES [ ]  NO |
|  thoracentesis [PR 4.6.ak.] | [ ]  YES [ ]  NO |

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

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| Click or tap here to enter text. |

**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 4.7.] (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 4.8.] (Limit response to 400 words)

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| Click here to enter text. |

**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 4.9.] (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 4.11.a.] | # |
| How many months of clinical experience in hematology will be provided for fellows? [PR 4.11.a.1.] | # |
| How many months do fellows spend in the diagnosis and management of classical hematological disorders? [PR 4.11.a.1.] | # |
| How many months of experience will the fellowship program provide for each fellow in autologous and allogeneic bone marrow transplantation? [PR 4.11.a.4.] | # |
| What percent of medical oncology clinical experience will be spent in an ambulatory setting? [PR 4.11.a.2.] | # % |
| Will inpatient assignments be sufficient in duration to permit continuing care of a majority of the patients throughout their hospitalization? [PR 4.11.b.] | [ ]  YES [ ]  NO |
| Will fellows participate in multidisciplinary case management or tumor board conferences and in protocol studies? [PR 4.11.c.] | [ ]  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 4.11.d.] | [ ]  YES [ ]  NO |
| Will fellows participate in the care of patients undergoing apheresis procedures? [PR 4.11.f.]  | [ ]  YES [ ]  NO |
| Will fellows participate in the care of patients undergoing bone marrow or peripheral stem cell harvest for transplantation? [PR 4.11.g.] | [ ]  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 4.11.h.] | [ ]  YES [ ]  NO |
| Will fellows have experience with the performance and interpretation of test of hemostasis? [PR 4.11.i.] | [ ]  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 4.11.k.] | [ ]  YES [ ]  NO |

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

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| Click or tap here to enter text. |

**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 4.11.n.] |
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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 4.11.n.1.] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR 2.7.d.] | [ ]  YES [ ]  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR 4.11.p.] (Limit response to 300 words)

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| Click or tap here to enter text. |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.q.] (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 5.1.h.] |
| Click here to enter text. |

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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 5.1.b.1.] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

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| --- | --- |
| Will the evaluations of faculty members be written and confidential? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will the faculty members receive feedback on their evaluations at least annually? [PR 5.4.c.] | [ ]  YES [ ]  NO |

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

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| Click here to enter text. |