**New Application: Musculoskeletal Oncology**

**Review Committee for Orthopaedic Surgery**

**ACGME**

The questions that follow provide programs with an opportunity to systematically describe the manner in which they comply with accreditation requirements. Responses should be **concise and focused**. During the site visit, fellows, faculty members, and others will be asked for comment on the information provided. **As such, those who will be interviewed should read the application prior to their meeting with the Accreditation Field Representative.**

**Oversight**

**Participating Sites**

1. Will orthopaedic residents and musculoskeletal oncology fellows be educated at the same participating site(s)? [PR 1.2.a.-1.2.a.1.]  YES  NO

Explain if “NO”.

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**Resources**

1. Describe the facilities available to support fellow education. [PRs 1.8.a.-1.8.b.]

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| Ambulatory care | Click or tap here to enter text. |
| Inpatient | Click or tap here to enter text. |
| Laboratory | Click or tap here to enter text. |
| Specialized Pathology imaging | Click or tap here to enter text. |
| Musculoskeletal imaging | Click or tap here to enter text. |

1. Describe the planned contribution of other clinical specialties, including services in pediatrics, pediatric oncology, nuclear medicine, psychiatry, surgery and its subspecialties, infectious disease, radiation oncology, and medical oncology. Include reference to personnel, facilities, administrative services, and financial support, as well as how the program will ensure fellow access to oncologic nursing, nutrition, dietetic counseling, social services, orthotic/prosthetic services, and physical and occupational rehabilitation. [PR 1.8.c.-1.8.d.]

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**Other Learners and Other Care Providers**

1. Enter the number of any type of residents and/or fellows assigned to each participating site *for any type of orthopaedic surgery education and training* each year. Use site numbers as listed in the ACGME’s Accreditation Data System (ADS). Add rows as necessary. [PR 1.11.a.]

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| **Type of Orthopaedic Education/Training** | **Site #1** | | **Site #2** | | **Site #3** | | **Site #4** | |
| **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** |
| Clinical |  |  |  |  |  |  |  |  |
| Research |  |  |  |  |  |  |  |  |
| Other  (specify) |  |  |  |  |  |  |  |  |

1. Provide the following information regarding *orthopaedic surgery* residents who are assigned to each participating site *for education and training in musculoskeletal oncology* each year. Use site numbers as listed in ADS and in the previous table. Add rows as necessary. [PR 1.11.a.]

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| **Name of Program** | **Site #1** | | **Site #2** | | **Site #3** | | **Site #4** | |
| **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** |
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**Personnel**

**Responsibilities of the Program Director**

1. How will the program director select, supervise, and evaluate the members of the teaching staff and other program personnel at each site participating in the program? How will the program director monitor fellow supervision and education at each site? [CPR 2.5.]

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1. Does the program require fellows to sign a non-competition guarantee or restrictive covenant? [CPR 3.1.] . YES  NO

Explain if “YES”.

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**Program Coordinator and Other Program Personnel**

1. How will administrative support for program coordination and the availability of necessary personnel for the effective administration of the program be ensured? [CPR 2.11.; 2.12.]

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Describe how the program will ensure that fellows are provided with adequate instruction in each of the following areas.
   1. The management of musculoskeletal oncologic treatment protocols [PR 4.4.a.]

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* 1. The ability to make sound clinical decisions [PR 4.4.b.]

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* 1. Performing musculoskeletal oncology operative procedures [PRs 4.5.a.- 4.5.a.6.]

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**Medical Knowledge**

1. Describe how the program will ensure that fellows develop competence in their knowledge in each of the following areas.
2. The indications, risks, and limitations of the commonly performed procedures in musculoskeletal oncology [PR 4.6.a.]

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1. The natural history of musculoskeletal neoplasia, the effectiveness of therapeutic programs, and the role of palliative care and hospice in patient management [PR 4.6.b.]

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1. Musculoskeletal pathology and diagnostic radiology [PR 4.6.c.]

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1. The indications for and limitations of surgery, radiation therapy, and chemotherapy in the treatment of musculoskeletal neoplasia [PR 4.6.d.]

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1. Musculoskeletal oncology disorders and conditions [PR 4.6.e.- 4.6.e.5.]

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1. The application of research methods, including the ability to critically analyze research reports and to design and implement clinical or basic research in musculoskeletal oncology [PR 4.6.f.]

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**Curriculum Organization and Fellow Experiences**

1. Describe how the program will be structured to ensure fellows continue to provide care for their own post-operative patients until discharge or until the patients/post-operative conditions are stable and the episode of care is concluded. [PR 4.10.a.]

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1. Describe the curriculum for instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. [PR 4.12.a.]

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1. How will the educational program emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgement, and research? [PR 4.11.a.1.]

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1. Describe the didactic curriculum for the basic concepts of oncogenesis and molecular oncology, adult and pediatric oncology, immunology, and radiation oncology. [PR 4.11.b.]

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1. Describe the program conference schedule, including the planned level of faculty and fellow participation. Also describe related educational activities, including the frequency of teaching and morbidity and mortality conferences, journal club related to musculoskeletal oncology surgery, and multidisciplinary tumor conference. [PRs 4.11.b.1.-4.11.b.1.d.1.]

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1. Describe how the program will ensure that fellows’ clinical experience will include a major role in the continuing care of adult and pediatric patients, and that fellows will have progressive responsibility for patient assessment, decisions regarding treatment, pre-operative evaluation, operative experience, non-operative management, post-operative management, and rehabilitation [PR 4.11.c.]

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1. How will the program ensure that fellows’ clinical experience includes managing patients with a wide variety of clinical orthopaedic oncology problems in both an inpatient and outpatient setting, as well as continuing responsibility for both acutely- and chronically-ill patients? [PR 4.11.d.- 4.11.e.]

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1. Describe opportunities for fellows to provide consultation with faculty member supervision, as well as fellows teaching responsibilities for other fellows, allied health personnel, and residents and medical students, if present. [PRs 4.11.g.- 4.11.h.]

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1. Describe how the program director will ensure the timely, accurate, and complete collection, in the ACGME Case Log System, of operative procedures performed by each fellow. [PR 4.11.i.]

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1. Describe how fellows will be evaluated within six weeks of entry into the program for expected entry-level skills, as well as the provision of additional education and training in a timely manner if needed. [PR 4.11.j.]

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**Scholarship**

**Program Responsibilities**

1. Describe the facilities and resources (including space, equipment, support personnel, funding) that will be utilized to support fellow research. [PR 4.13.a.]

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1. Describe how protected time free of clinical responsibilities will be provided for fellows’ research activities. [PR 4.13.a.-4.13.b.]

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**Fellow Scholarly Activity**

1. Describe how the program will ensure that fellows participate in basic and/or clinical hypothesis-based research. [PR 4.13.]

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**The Learning and Working Environment**

**Supervision and Accountability**

1. Describe fellows’ planned responsibilities for inpatients, emergency rooms, outpatient clinics, operating rooms, and private offices, as well as how supervision will be provided in each area. [CPR 6.7.]

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1. Describe how the assignment of progressive authority and responsibility, conditional independence, and a supervisory role in patient care will be determined for each fellow. Include the specific criteria used by the program director to evaluate fellow abilities, the timing of such evaluation(s), and how the program director ensures that each faculty member and fellow functioning as a supervising physician uses this information to delegate portions of care to fellows and residents based on the needs of the patient and the skills of each fellow. [CPR 6.9.-6.9.c.]

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1. Describe the guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). [CPR 6.10.]

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**Clinical Experience and Education**

How many months of night float will fellows be assigned in each year of the program?   
[PR 6.26.a.] [ # ]

**Institutional Operative Data**

1. Report the number of procedures performed at each participating site during the most recently completed 12-month academic year. Site numbers must correspond to information provided in ADS and throughout this application document. *Add columns as needed.* [PR 1.8.e.]

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| Number of orthopaedic oncology admissions | | | |  |  |  |  |  |  |
| Orthopaedic CA average daily census | | | |  |  |  |  |  |  |
| Number of orthopaedic patients admitted with the following diagnoses: | Benign bone neoplasm | | |  |  |  |  |  |  |
| Benign soft tissue neoplasm | | |  |  |  |  |  |  |
| Malignant bone neoplasm | | Primary |  |  |  |  |  |  |
| Metastatic |  |  |  |  |  |  |
| Malignant soft tissue neoplasms | | |  |  |  |  |  |  |
| Amputation for neoplasm neurological surgery | Soft tissue | | |  |  |  |  |  |  |
| Bone | | |  |  |  |  |  |  |
| Resection and reconstruction of malignant bone neoplasms | | | |  |  |  |  |  |  |
| Resection of malignant soft tissue neoplasms | | | |  |  |  |  |  |  |
| Treatment of metastatic skeletal carcinoma | | Operative | |  |  |  |  |  |  |
| Non-operative | |  |  |  |  |  |  |

**Defined Case Category Procedures**

Report the number of defined case category procedures performed at each participating site during the most recently completed 12-month academic year. Site numbers must correspond to information provided in ADS and throughout this application document. *Add columns as needed* [PR 1.8.e.]

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Procedure | CPT Code | Site #1 | Site #2 | Site #3 | Site #4 | Site #5 | Total |
| **Spine/Pelvis** | | | | | | | |
| Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic | 22112 |  |  |  |  |  |  |
| Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar | 22114 |  |  |  |  |  |  |
| Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic | 22101 |  |  |  |  |  |  |
| Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar | 22102 |  |  |  |  |  |  |
| Radical resection of tumor; wing of ilium, one pubic or ischial ramus or symphysis pubis | 27075 |  |  |  |  |  |  |
| Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum | 27076 |  |  |  |  |  |  |
| Radical resection of tumor; innominate bone, total | 27077 |  |  |  |  |  |  |
| Radical resection of tumor; ischial tuberosity and greater trochanter of femur | 27078 |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |
| **Soft tissue Resections and Reconstruction** | | | | | | | |
| Radical resection of tumor (e.g., sarcoma), soft tissue of back or flank; five cm or greater | 21936 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of abdominal wall; five cm or greater | 22905 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of shoulder area; five cm or greater | 23078 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of upper arm or elbow area; five cm or greater | 24079 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of forearm and/or wrist area; three cm or greater | 25078 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of pelvis and hip area; five cm or greater | 27059 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of thigh or knee area; five cm or greater | 27364 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of leg or ankle area; five cm or greater | 27616 |  |  |  |  |  |  |
| Radical resection of tumor (e.g., sarcoma), soft tissue of foot or toe; three cm or greater | 28047 |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |
| **Limb Salvage** | | | | | | | |
| Radical resection of tumor; scapula | 23210 |  |  |  |  |  |  |
| Radical resection of tumor, proximal humerus | 23220 |  |  |  |  |  |  |
| Radical resection of tumor, shaft or distal humerus | 24150 |  |  |  |  |  |  |
| Radical resection of tumor, radius or ulna | 25170 |  |  |  |  |  |  |
| Radical resection of tumor, femur or knee | 27365 |  |  |  |  |  |  |
| Radical resection of tumor; tibia | 27645 |  |  |  |  |  |  |
| Radical resection of tumor; fibula | 27646 |  |  |  |  |  |  |
| Radical resection of tumor; talus or calcaneus | 27647 |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |
| **Surgical Management of Complications** | | | | | | | |
| Muscle, myocutaneous, or fasciocutaneous flap; upper extremity | 15736 |  |  |  |  |  |  |
| Muscle, myocutaneous, or fasciocutaneous flap; lower extremity | 15738 |  |  |  |  |  |  |
| Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component | 23334 |  |  |  |  |  |  |
| Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft) | 24435 |  |  |  |  |  |  |
| Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer | 27091 |  |  |  |  |  |  |
| Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee | 27488 |  |  |  |  |  |  |
| Open treatment of humeral shaft fracture with plate/screws, with or without cerclage | 24515 |  |  |  |  |  |  |
| Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws | 27506 |  |  |  |  |  |  |
| Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft) | 27472 |  |  |  |  |  |  |
| Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft) | 27724 |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |
| **Management of Metastatic Disease** | | | | | | | |
| Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus | 23491 |  |  |  |  |  |  |
| Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement | 23616 |  |  |  |  |  |  |
| Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft | 24498 |  |  |  |  |  |  |
| Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur | 27187 |  |  |  |  |  |  |
| Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty) | 27125 |  |  |  |  |  |  |
| Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | 27130 |  |  |  |  |  |  |
| Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage | 27244 |  |  |  |  |  |  |
| Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage | 27245 |  |  |  |  |  |  |
| Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | 27447 |  |  |  |  |  |  |
| Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur | 27495 |  |  |  |  |  |  |
| Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed | 27511 |  |  |  |  |  |  |
| Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed | 27513 |  |  |  |  |  |  |
| Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia | 27745 |  |  |  |  |  |  |
| TOTAL | |  |  |  |  |  |  |

**Affiliation with an Orthopaedic Residency**

For those programs that are sponsored by an institution that also sponsors an orthopaedic surgery residency program, attach a copy of the agreement **signed by the program directors of both the fellowship and the residency** describing: [PRs 1.2.a.]

1. how the fellowship and residency programs will interact;
2. the roles of the fellowship and residency program directors in determining the educational program of the fellows and residents;
3. the roles of fellows and residents in patient care;
4. how the clinical and educational resources will be shared equitably; and,
5. the ways in which the fellowship is expected to enhance the education of residents.