**New Application: Pediatric Hematology-Oncology**

**Review Committee for Pediatrics**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Oversight**

**Participating Sites**

Briefly describe how the pediatric hematology-oncology program is an integral part of a core pediatric residency program, including how the faculty members of each program, residents, and fellows will interact. [PR 1.2.a.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

**Resources**

1. Indicate whether the following services are available at each participating site. For inpatient services, indicate the number of available beds.

| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Separate divisions of hematology and oncology\* [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Space in an ambulatory setting for optimal evaluation and care of patients [PR 1.8.d.] | Choose an item. | Choose an item. | Choose an item. |
| Outpatient infusion facilities [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Comprehensive laboratory [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Pathology [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric hematology-oncology [PR 1.8.c.] | Choose an item. | Choose an item. | Choose an item. |
| An inpatient area with full pediatric and related services (including surgery and psychiatry) staffed by pediatric residents and faculty members [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| A separately staffed unit in the inpatient area [PR 1.8.e.] | Choose an item. | Choose an item. | Choose an item. |
| PICU (total number of beds) [PR 1.8.b.] | # | # | # |

1. Provide a description of the organization if separate divisions are present. Specifically describe the administrative structure and the teaching role of each division in the program.

***Limit response to 250 words.***

|  |
| --- |
| Click here to enter text. |

1. For every facility/service that is not available at any of the sites, provide an explanation below.

***Limit response to 250 words.***

|  |
| --- |
| Click here to enter text. |

**Patient Population [PR 1.8.e.]**

1. Provide the requested information for the most recent 12-month period. **The same time frame must be used for all patient data requested in subsequent sections**.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
|  | **Site #1** | **Site #2** | **Site #3** |
| Average daily census of patients on the pediatric hematology-oncology inpatient service  | # | # | # |
| Average number of consultations for hematology/oncology problems | # | # | # |
| Average number of outpatient visits for hematology/oncology patients  | # | # | # |
| Average number of NEW oncology patients (“new” refers to those who are being seen by hematologists/oncologists for the first time) | # | # | # |
| Average annual number of NEW hematology patients (“new” refers to those who are being seen by hematologists/oncologists for the first time) | # | # | # |

2. Provide the following information for the most recent 12-month academic or calendar year for each site used to provide a specific required experience, such as transplant, cardiology, intensive care. Duplicate this table as necessary. **Note the same timeframe should be used throughout the forms**.

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Name of service: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total number of fellows and residents on the service | # | # | # |
| Total number of admissions to the service | # | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the service for the first time.) | # | # | # |
| Average length of stay of patients on the service  | # | # | # |
| Average daily census of patients on the service, including consultations | # | # | # |

1. If the program has a limited number of patients with non-oncologic hematologic disorders, explain how fellows will gain exposure to sickle cell disease, hemophilia, and other acute and chronic hematologic problems. [PR 1.8.e.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

**Hematologic and Oncologic Experience for All Years of Training**

1. During the same 12-month period as used in previous sections, complete a table for each site where pediatric hematology or oncology patients are cared for by fellows in the program. Duplicate the table as necessary. **List only those patients available to fellows**.

|  |  |
| --- | --- |
| **Site Name:** | Click or tap here to enter text. |
| **Inclusive Dates:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Diagnoses** | **Inpatients** | **Outpatients**  |
| **# on Hem/Onc Service** | **# Seen in Consultation** | **# on Hem/Onc Service** | **# Seen in Consultation** |
| **Hematologic Diagnoses and Disorders** |
| Hematologic disorders in the newborn [PR 4.4.i.1.] | # | # | # | # |
| Hemoglobinopathies[PR 4.4.i.2.] |  |  |  |  |
| * Sickle Cell disease and variants
 | # | # | # | # |
| * Thalassemias

[PR 4.4.i.2.] | # | # | # | # |
| * Long term transfusion therapy
 | # | # | # | # |
| Inherited and acquired disorders of red cell membrane and red-blood-cell metabolism [PR 4.4.i.3.] |  |
| * Red Cell Membrane (e.g., Spherocytosis, elliptocytosis)
 | # | # | # | # |
| 1. Disorders of RBC metabolism (e.g., G6PD, PK)
 | # | # | # | # |
| Autoimmune hemolytic anemias[PR 4.4.i.4.] | # | # | # | # |
| Nutritional deficiencies |  |
| * Nutritional anemia

[PR 4.4.i.5.] | # | # | # | # |
| 1. Other deficiencies (e.g., folate deficiency, B12 deficiency)
 | # | # | # | # |
| Disorders of WBCs[PR 4.4.i.6.] |  |  |  |  |
| * Immune neutropenia
 | # | # | # | # |
| 1. Inherited disorders of WBC
 | # | # | # | # |
| * Acquired disorders of white blood cells
 | # | # | # | # |
| Coagulopathies[PR 4.4.i.7.] |  |  |  |  |
| * Hemophilias
 | # | # | # | # |
| 1. Von Willebrand’s disease
 | # | # | # | # |
| * Other inherited and acquired coagulopathies
 | # | # | # | # |
| Platelet Disorders[PR 4.4.i.8.] |  |  |  |  |
| * Idiopathic thrombocytopenic purpura
 | # | # | # | # |
| 1. Acquired and inherited platelet function defects
 | # | # | # | # |
| * Other platelet disorders
 | # | # | # | # |
| Thrombophilias [PR 4.4.i.9.] | # | # | # | # |
| * Congenital thrombophilias
 | # | # | # | # |
| * Acquired thrombotic disorders
 | # | # | # | # |
| **Oncologic Diagnoses and Disorders** |
| Leukemias [PR 4.4.i.10.] |  |  |  |  |
| * Acute lymphoblastic leukemias
 | # | # | # | # |
| 1. Acute myeloid (non-lymphoblastic) leukemias
 | # | # | # | # |
| * Myelodysplastic syndromes
 | # | # | # | # |
| 1. Chronic leukemias
 | # | # | # | # |
| Lymphomas [PR 4.4.i.11.] |  |  |  |  |
| * Hodgkin’s disease
 | # | # | # | # |
| 1. Non-Hodgkin’s lymphomas
 | # | # | # | # |
| Soft tissue sarcomas (e.g., Rhabdomyosarcoma leiomyosarcoma)[PR 4.4.i.12.] | # | # | # | # |
| Tumors [PR 4.4.i.12.] | # | # | # | # |
| Bone Tumors [PR 4.4.i.12.] |  |  |  |  |
| * Osteosarcoma
 | # | # | # | # |
| 1. Ewing’s Family of Tumors (Ewing’s sarcoma, PNET)
 | # | # | # | # |
| Hepatoblastoma or hepatocellular carcinoma | # | # | # | # |
| Retinoblastoma | # | # | # | # |
| Other (specify) | # | # | # | # |

1. Using a bulleted list, describe where and how fellows will be exposed to the care of patients in any category (row) above with less than three patients.

|  |
| --- |
| * Click here to enter text.
 |

**Transplants**

1. Indicate the number of transplants performed on patients 18 years or younger in the program for the same 12-month period used the sections above.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Diagnoses** | **Type of Transplant** | **Source of Stem Cells** |
| **Allogeneic Related** | **Allogeneic Unrelated** | **Autologous** | **Bone Marrow** | **Peripheral Blood Stem Cell** | **Umbilical Cord** |
| Leukemia | # | # | # | # | # | # |
| Lymphoma  | # | # | # | # | # | # |
| Solid malignancies | # | # | # | # | # | # |
| Hematologic disorders | # | # | # | # | # | # |
| Immunologic disorders | # | # | # | # | # | # |
| Metabolic disorders | # | # | # | # | # | # |
| Other (specify) | # | # | # | # | # | # |
| Number with acute GVHD | # | # | # | # | # | # |
| Number with chronic GVHD | # | # | # | # | # | # |

2. Using a bulleted list, describe where and how fellows will be exposed to the care of patients in any category (row) above with less than three patients.

|  |
| --- |
| * Click here to enter text.
 |

**Ambulatory Pediatric Hematology-Oncology Experience for All Years of the Educational Program [PR 1.8.c.]**

1. Provide the following information for all years of training.In location of experience, include all sites listed in ADS, as well as all sites for fellows’ continuity experience. Designate continuity clinic sites with an asterisk (\*). Add rows as necessary

| **Location of Experience****Use Site/Other Setting Identifier** | **Duration of Experience****(in wks./yr.)** | **Planned # of Sessions per week per fellow** | **Estimated Average # of new patients per fellow per session** | **Estimated Average # of return patients per fellow per session** | **Planned Role of Fellow in Care of Patients – Designate as:****Primary Provider (PP)****Consultant (C)** |
| --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. |

1. If fellows will not have block rotations in an ambulatory setting, explain how they will have the opportunity to provide outpatient care for patients who they treated on the inpatient service and how they will learn about the medication modifications and complications for patients who are primarily outpatients.

***Limit response to 250 words.***

|  |
| --- |
| Click here to enter text. |

**Personnel**

**Program Leadership and Other Personnel**

Provide a summary of the program’s leadership and other personnel, including the name and percent full-time equivalent (FTE) dedicated time. 1.0 FTE is greater than or equal to 40 hours per week. Add rows as needed. [PR 2.3.- 2.3.a.; 2.11.a.]

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Dedicated Time for the Administration of the Program (Excluding Scholarly Activity)** |
| Program Director | Name | #% |
| Associate Program Director(s) | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| **Administrative/Support Personnel**  | **Number of Administrative Personnel** | **% FTE in this Fellowship Program for Each personnel member** |
| *e.g., Fellowship Coordinator* | *1* | *100%* |
| *e.g., Administrative Assistant* | *1.5* | *100%/50%* |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |

**Other Program Personnel**

Indicate whether program personnel are present in each of the required disciplines. [2.12.a.1.- 2.12.a.13.]

|  |  |
| --- | --- |
| **Other Program Personnel with Pediatric Focus and Experience\*** | **Indicate With an “X” if these Personnel are Available at Each Site** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Audiologist(s) |[ ] [ ] [ ] [ ] [ ]
| Child life therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Hospice and palliative medicine professional(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ] [ ]
| Pain management professional(s) |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| Physical and occupational therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Respiratory therapist(s) |[ ] [ ] [ ] [ ] [ ]
| School and special education contacts |[ ] [ ] [ ] [ ] [ ]
| Social worker(s) |[ ] [ ] [ ] [ ] [ ]
| Speech and language therapist(s) |[ ] [ ] [ ] [ ] [ ]

|  |
| --- |
| *\* If the other program personnel listed above are not present at the participating sites listed in ADS, please explain:*Click or tap here to enter text. |

**Educational Program [PR Section 4]**

**Patient Care and Procedural Skills [PR 4.4.]**

1. Provide the settings and activities in which fellows will develop competence in the following areas of patient care. Also, indicate which method(s) will be used to evaluate competence.

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence****(e.g., structured observation checklist, procedure log, course completion)**  |
| --- | --- | --- |
| Clinical skills needed in pediatric hematology-oncology[PR 4.4.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and development and carrying out management plans [PR 4.4.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing transfer of care that ensures seamless transitions[PR 4.4.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family[PR 4.4.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Referring and/or co-managing patients with common behavioral and mental health issues along with appropriate specialists when indicated[PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing or coordinating care with a medical home for patients with hematologic, oncologic, or stem cell transplant needs[PR 4.4.f.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use and interpretation of laboratory tests, imaging, and other diagnostic procedures[PR 4.4.g.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Enrolling and treating patients in clinical research trials[PR 4.4.h.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Hematologic disorders of the newborn [PR 4.4.i.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Hemoglobinopathies, to include the thalassemia syndromes[PR 4.4.i.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Inherited and acquired disorders of the red-blood-cell membrane and of red-blood cell metabolism[PR 4.4.i.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Autoimmune disorders, to include hemolytic anemia[PR 4.4.i.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Nutritional anemia[PR 4.4.i.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Inherited and acquired disorders of white blood cells [PR 4.4.i.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Hemophilia, von Willebrand's disease, and other inherited and acquired coagulopathies [PR 4.4.i.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Platelet disorders, to include idiopathic thrombocytopenic purpura (ITP) and acquired and inherited platelet function defects [PR 4.4.i.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Congenital and acquired thrombotic disorders[PR 4.4.i.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Leukemias, to include acute lymphoblastic leukemia, acute and chronic myeloid leukemias, and myelodysplastic syndromes[PR 4.4.i.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Hodgkin’s disease and non-Hodgkin’s lymphomas[PR 4.4.i.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Solid tumors of organs, soft tissue, bone, and central nervous system[PR 4.4.i.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bone marrow failure[PR 4.4.i.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Graft versus host disease[PR 4.4.i.14.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Integrating palliative care for patients with hematologic and oncologic conditions[PR 4.4.j.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Application of new diagnostic techniques relevant to patient care [PR 4.4.k.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Diagnosis and management of complications of disease and therapy, including treatment of infections in the compromised host [PR 4.4.l.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Methods of physiologic support of the patient, including provision of nutrition (both enteral and parenteral), control of nausea and vomiting, and management of pain[PR 4.4.m.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognizing and managing psychosocial stresses and problems [PR 4.4.n. | Click or tap here to enter text. | Click or tap here to enter text. |
| Leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients [PR 4.4.o.] | Click or tap here to enter text. | Click or tap here to enter text. |

1. Indicate the settings and activities in which fellows will develop competence in the following procedural skills and develop an understanding of the indications, risks, and limitations, and interpretations as needed. Also, indicate the method which will be used to evaluate competence.

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence****(e.g., structured observation checklist, procedure log, course completion)**  |
| --- | --- | --- |
| Performance and interpretation of lumbar puncture with evaluation of cerebrospinal fluid[PR 4.5.b.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance and interpretation of microscopic interpretation of peripheral blood films[PR 4.5.b.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance and interpretation of hematologic laboratory diagnostic tests[PR IV.B.1.b).(2).(b).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance and interpretation of peripheral blood smear[PR 4.5.b.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance and interpretation of bone marrow aspiration and biopsy [PR 4.5.b.5.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge [PR 4.6.]**

Indicate the activities (e.g., lectures, conferences, journal clubs, clinical teaching rounds) in which fellows will develop competence in their knowledge in each of the following areas. Also, indicate the method(s) which will be used to evaluate fellow competence in each area. [PR IV.B.1.c).(1)-(3)]

| **Competency Area** | **Settings/Activities** | **Method Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Biostatistics [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bioethics [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical research methodology[PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Laboratory research methodology (if appropriate) [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Study design [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of applications for funding and/or approval of clinical research protocols [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Critical literature review[PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of evidence-based medicine [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ethical principles involving clinical research [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Teaching methods [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indications and procedures for transfusion therapy[PR 4.6.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indications and procedures for stem cell treatment [PR 4.6.c.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Describe the responsibilities that fellows will have for inpatients and how and by whom they will be supervised in these experiences. [PR 4.4.- 4.4.o.; 4.10.a.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Describe the responsibilities that fellows will have for outpatients and how and by whom fellows will be supervised in these experiences. [PR 4.4.- 4.4.; 4.10.a.; 4.11.d.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Describe the experience that fellows will have in providing longitudinal care in an outpatient setting. Include opportunities they will have to provide outpatient care for patients whom they have treated on the inpatient service. [PR 4.11.d.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Briefly explain how rotations are structured to minimize the frequency of rotational transitions, and provide quality educational experiences, especially as it relates to continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. [PR 4.10.a.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Explain how fellows will function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. [PR 4.10.b.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Describe how fellows will have structured educational experiences in psychological and social support of patients, families, and staff members, including how fellows will recognize and manage psychosocial stresses and problems, serve as a member of a multidisciplinary team, demonstrate skill in communication and counseling, and provide comprehensive care. [PR 4.11.b.1.; 4.11.e.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Describe how fellows will serve as role models and provide supervision to residents and/or medical students. [PR 4.11.h.]

|  |
| --- |
| Click here to enter text. |

**Conferences**

List regular subspecialty and interdepartmental conferences, rounds, etc. that are a part of the program. Identify the Site by using the corresponding number as it appears in the ADS portion of the application. Indicate the frequency (e.g., weekly, monthly) and whether conference attendance is required or optional. List the planned role of the fellow in this activity (e.g., conducts conference, presents the case and participates in discussion, case presentation only, participation limited to Q and A component). Add rows as needed. [PR 4.11.i.2.]

| **Conference** | **Site #** | **Frequency** | **Attendance (Select Required or Optional)** | **Role of the Fellow** |
| --- | --- | --- | --- | --- |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |

**General Subspecialty Curriculum**

Identify the conferences or other teaching sessions where fellows will receive instruction appropriate to pediatric hematology-oncology in the areas listed below. Also, indicate which learners participate (i.e., pediatric hematology-oncology fellows, pediatric hematology-oncology fellows and other subspecialty fellows, or residents and pediatric hematology-oncology fellows).

| **Topic** | **Where Taught in Curriculum (Name Should Match Name in Conference List)** | **# of Structured Teaching Hours Dedicated to Topic Area** | **Participants (Place an "X" in the Appropriate Column)** |
| --- | --- | --- | --- |
| **Fellows in this Discipline Attend** | **All Subspecialty Fellows Attend** | **Residents and Subspecialty Fellows Attend** |
| *e.g., Biostatistics* | *Research Course* | *14* |  | *X* |  |
| Anatomy[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Physiology[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Biochemistry[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Embryology[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathology[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Microbiology[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pharmacology[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Immunology[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Genetics [PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Nutrition/metabolism[PR 4.11.i.3.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathophysiology of disease [PR 4.11.i.4.]  | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Reviews of recent advances in clinical medicine and biomedical research[PR 4.11.i.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Conferences dealing with complications and death[PR 4.11.i.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR 4.11.i.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes[PR 4.11.i.5.]  | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |

**Core Curriculum**

Identify the sites (Site #) and learning activities (e.g., clinical experience, conference series, journal club, tumor board) that will be used to address the required core knowledge areas.

| **Core Knowledge Area** | **Learning Activities Used to Address the Core Knowledge Area** | **Corresponding Setting in which these Learning Activities Take Place**  | **Year(s) of the Educational Program** |
| --- | --- | --- | --- |
| Transfusion medicine and the use of blood products[PR 4.6.b.] | Click here to enter text. | Click here to enter text. | # |
| Selection, acquisition and use of blood components[PR 4.6.b.] | Click here to enter text. | Click here to enter text. | # |
| Pain Management[PR 4.12.] | Click here to enter text. | Click here to enter text. | # |
| Integration of surgical and radiation therapy in treatment [PR 4.11.b.1.] | Click here to enter text. | Click here to enter text. | # |
| Laboratory techniques and data interpretation[PR 4.11.g.] | Click here to enter text. | Click here to enter text. | # |
| Multi-site or multi-center collaborative clinical and research activities, such as those exemplified by the pediatric oncology cooperative groups, regional hemophilia, or thalassemia programs, as well as the problems and issues of data collection and analysis[PR 4.11.i.6.] | Click here to enter text. | Click here to enter text. | # |
| Use of cooperative group clinical trials[PR 4.11.i.6.] | Click here to enter text. | Click here to enter text. | # |

**Scholarship**

**Faculty Scholarly Activity**

1. Complete the table below regarding the involvement of faculty members in scholarly activities. Add rows as needed. [PR 2.4.b.; 4.14.- 4.14.a.]

| **Name** | **# of Current Grant Leadership** | **# of Publications in Peer-Review Journals in the Last 5 Years** |
| --- | --- | --- |
| **Program Director:** |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for a Pediatric Hematology-Oncology Program, Only List the Pediatric Hematology-Oncology Faculty Members):** |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| **Non-Physician Research Mentors or Physician Faculty Members from Other Subspecialties:** |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |

1. List active research projects in the subspecialty. Add rows as needed. [PR 2.4.b.; 4.14.- 4.14.a.2.]

| **Project Title** | **Funding Source** | **Place an "X" if Funding Awarded by Peer Review Process** | **Years of Funding (Dates)** | **Faculty Investigator and Role in Grant (i.e., PI, Co-PI, Co-Investigator)** |
| --- | --- | --- | --- | --- |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |

**Scholarship Oversight Committee**

1. Describe the process for SOC oversight and evaluation of the fellows’ scholarly projects. [PR 4.15.b.- 4.15.b.1.]

***Limit response to 500 words.***

|  |
| --- |
| Click or tap here to enter text. |

2. Explain how the program will ensure a meaningful supervised research experience for fellows beginning in their first year and extending throughout the educational program. [PR 4.15.c.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit response to 500 words***

|  |
| --- |
| Click here to enter text. |