**New Application: Radiation Oncology**

**Review Committee for Radiation Oncology**

**ACGME**

**Oversight**

**Participating Sites**

1. Describe the rotations at all outside participating sites. List the maximum number of months a resident may spend at participating sites during the 48 months of residency. For each participating site rotation, explain the educational value, degree of resident responsibility for patient care, and provision of supervision. [PR I.B.]

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

2. What other relevant oncology-related ACGME-accredited residency programs exist at the primary clinical site? [PR I.B.1.a)]

|  |
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| Click here to enter text. |

3. What percentage of the residents’ educational experiences will take place at the primary clinical site? [PR I.B.5.] # %

If less than 50 percent, explain.

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| Click here to enter text. |

4. If residents will be sent for additional experience to another site where residents from other programs are also rotating, then provide the information as requested below. [PR I.B.6.]

a) Pediatric Radiation Oncology

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-integrated Site** | Site Name | **Date** | Click here to enter a date. |
| Number of radiation oncology residents assigned to site at any given time | | # | |
| Does the site have an ACGME-accredited radiation oncology residency program? | | YES  NO | |

List all residents or other learners assigned for pediatric rotations for the most recent academic year. Add rows as necessary. Provide the name of each resident/other learner and his/her respective home program, dates of rotation, and number of pediatric patients simulated by each resident in each category.

| **Resident/Other Learner Name** | **Name of Resident’s/Other Learner’s Home Program** | **Dates of Rotation** | **Number of pediatric patients simulated by resident** | | |
| --- | --- | --- | --- | --- | --- |
| **CNS** | **Leukemia** | **Other** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | #. | #. | #. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total number of children simulated at site for the reporting year: | CNS: | # | Leukemia: | # | Other: | # |

|  |  |
| --- | --- |
| Name of staff person responsible for pediatric service: | Name |

b) Pediatric Radiation Oncology - Site Data

For the most recent year, provide the data requested below for each participating site that participates in the program. Add additional rows for other procedures as necessary.

|  |  |  |
| --- | --- | --- |
| Time Period to be Covered | From: Click here to enter a date. | To: Click here to enter a date. |

| **Pediatric Cases** | **# Available at each Participating Site** | | |
| --- | --- | --- | --- |
| **Site #1** | **Site #2** | **Site #3** |
| Leukemia | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Medulloblastoma | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| CNS (non-medulloblastoma) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Hodgkin’s lymphoma | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Rhabdomyosarcoma/STS | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Ewing’s sarcoma/bone tumor | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Neuroblastoma | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Wilms’ tumor | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (specify): | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

c) Brachytherapy - Non-integrated Site Report

|  |  |  |  |
| --- | --- | --- | --- |
| **Particpating Site** | Site Name | **Date** | Click here to enter a date. |
| Number of radiation oncology residents assigned to the participating site at any given time | | # | |
| Does the site have an ACGME-accredited radiation oncology residency program? | | YES  NO | |

List all residents assigned for brachytherapy rotations during the past calendar year. Include visiting residents. Use additional sheets if necessary. Attach brachytherapy logs filled out by visiting residents. Provide the name of each resident and his/her respective home program, dates of rotation, and number of procedures for which that resident had primary responsibility.

|  |  |  |
| --- | --- | --- |
| Time Period to be Covered | From: Click here to enter a date. | To: Click here to enter a date. |

| **Resident Name** | **Name of Resident’s Home Program** | **Dates of rotation** | **Number of procedures for which resident had primary responsibility** | |
| --- | --- | --- | --- | --- |
| **Interstitial** | **Intracavitary** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Total number of brachytherapy procedures at participating site for reporting period:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interstitial: | # | # Procedures | # | / # Patients | # |
| Intracavitary: | # | # Procedures | # | / # Patients | # |

|  |  |
| --- | --- |
| Name of staff person responsible for brachytherapy service: | Name |

**Resources**

*Institutional Data for Procedures Performed*

1. For the most recent one-year period, provide the requested number of patients treated with external beam radiation therapy procedures for each site that participated in the program [PR I.D.4.a)].

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site #** | **Dates included** | **CNS** | **Benign** | **Breast** | **Endocrine** | **Bone / STS** | **H&N** | **GI** | **GU** | **GYN** | **Lymphoma/ Leukemia** | **Skin** | **Thorax** | **Mets** | **Unknown** | **Total Simulated** | | **Average # simulated/ Radiation Oncology year** |
| **Adult** | **Peds** |
| **1** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **2** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **3** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **4** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **5** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **6** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **7** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| **8** | Click here to enter dates. | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site #** | **Dates Included** | **Total Brachytherapy Cases** | | | |
| **Intracavitary Performed** | | **Interstitial Performed** | |
| **# of Patients** | **# of Procedures** | **# of Patients** | **# of Procedures** |
| **1** | Click here to enter dates. | # | # | # | # |
| **2** | Click here to enter dates. | # | # | # | # |
| **3** | Click here to enter dates. | # | # | # | # |
| **4** | Click here to enter dates. | # | # | # | # |
| **5** | Click here to enter dates. | # | # | # | # |
| **6** | Click here to enter dates. | # | # | # | # |
| **7** | Click here to enter dates. | # | # | # | # |
| **8** | Click here to enter dates. | # | # | # | # |

\*Total insertions/applications performed (Adult and Pediatric).

| **Radiation Oncology** | **Site #1**  **(Primary)** | | **Site #2** | | **Site #3** | | **Site #4** | | **Site #5** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total patients seen in consultation** | # | | # | | # | | # | | # | |
| **Total cases irradiated with external Radiation Therapy** | # | | # | | # | | # | | # | |
| **New** | # | | # | | # | | # | | # | |
| **Retreated** | # | | # | | # | | # | | # | |
| **Number of brachytherapy**  **procedures (PR) / patients (P)** | **PR** | **P** | **PR** | **P** | **PR** | **P** | **PR** | **P** | **PR** | **P** |
| # | # | # | # | # | # | # | # | # | # |
| Intracavitary | # | # | # | # | # | # | # | # | # | # |
| Interstitial | # | # | # | # | # | # | # | # | # | # |
| Unsealed radionuclide procedures | # | | # | | # | | # | | # | |
| Follow-up visits | # | | # | | # | | # | | # | |
| % of follow-up visits seen by residents | #% | | #% | | #% | | #% | | #% | |
| Typical number of FTE clinical faculty members at each site | # | | # | | # | | # | | # | |
| Typical distribution of residents on clinical radiation oncology rotations at a given time | # | | # | | # | | # | | # | |
| Number of residents on research or other clinical (non-radiation oncology) rotations at a given time | # | | # | | # | | # | | # | |

| **Number and Types of Neoplasms Simulated** | **Site #1**  **(Primary)** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Primary | # | # | # | # | # |
| Brain, pituitary, spinal cord | # | # | # | # | # |
| Head and neck | # | # | # | # | # |
| Lung and trachea | # | # | # | # | # |
| Breast | # | # | # | # | # |
| Gastrointestinal | # | # | # | # | # |
| Genitourinary | # | # | # | # | # |
| Gynecology | # | # | # | # | # |
| Lymphomas, leukemia, myeloma | # | # | # | # | # |
| Bone and soft tissue | # | # | # | # | # |
| Skin | # | # | # | # | # |
| Pediatric (under 18 years) | # | # | # | # | # |
| Unknown primary | # | # | # | # | # |
| Benign | # | # | # | # | # |
| Other: (specify) | # | # | # | # | # |
| Secondary (metastases) | # | # | # | # | # |
| Does the department have a tumor registry? | Y  N | Y  N | Y  N | Y  N | Y  N |
| Does the hospital have a tumor registry? | Y  N | Y  N | Y  N | Y  N | Y  N |
| Does the department maintain an active follow-up system? | Y  N | Y  N | Y  N | Y  N | Y  N |

| **Number and Types of Neoplasms Seen in Consultation** | **Site #1**  **(Primary)** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Primary | # | # | # | # | # |
| Brain, pituitary, spinal cord | # | # | # | # | # |
| Head and neck | # | # | # | # | # |
| Lung and trachea | # | # | # | # | # |
| Breast | # | # | # | # | # |
| Gastrointestinal | # | # | # | # | # |
| Genitourinary | # | # | # | # | # |
| Gynecology | # | # | # | # | # |
| Lymphomas, leukemia, myeloma | # | # | # | # | # |
| Bone and soft tissue | # | # | # | # | # |
| Skin | # | # | # | # | # |
| Pediatric (under 18 years) | # | # | # | # | # |
| Unknown primary | # | # | # | # | # |
| Benign | # | # | # | # | # |
| Other | # | # | # | # | # |
| Secondary (metastases) | # | # | # | # | # |

|  | **Site #1 (Primary)** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| **External Beam Radiotherapy Equipment** (Specify number of each) [PR II.D.2.] | | | | | |
| Kilovoltage units (superficial/contact therapy) | # | # | # | # | # |
| Megavoltage units | # | # | # | # | # |
| Units with electron capability | # | # | # | # | # |
| Intra-operative RT units | # | # | # | # | # |
| Hyperthermia units | # | # | # | # | # |
| Gamma Knife units | # | # | # | # | # |
| LINAC radiosurgery units | # | # | # | # | # |
| Other: (specify). | # | # | # | # | # |
| **Planning Equipment** (Specify number of each) | | | | | |
| Fluoroscopic simulators | # | # | # | # | # |
| CT simulators | # | # | # | # | # |
| Treatment planning computer/workstation | # | # | # | # | # |
| 2-dimensional planning computers | # | # | # | # | # |
| 3-dimensional planning computers | # | # | # | # | # |
| IMRT capability | # | # | # | # | # |
| **Brachytherapy Equipment** (Specify with an X, if available) | | | | | |
| Low-dose rate remote after-loading machine(s) |  |  |  |  |  |
| High-dose rate remote after-loading machine(s) |  |  |  |  |  |
| Manual after-loading applicator(s) |  |  |  |  |  |
| Radioactive sources - specify type. |  |  |  |  |  |

|  |  |
| --- | --- |
| **Radiation Physics** (List major equipment) | |
| **Site #1 (Primary)** | Click here to enter text. |
| **Site #2** | Click here to enter text. |
| **Site #3** | Click here to enter text. |
| **Site #4** | Click here to enter text. |
| **Site #5** | Click here to enter text. |

|  |  |
| --- | --- |
| **Radiobiology** (List major equipment) | |
| **Site #1 (Primary)** | Click here to enter text. |
| **Site #2** | Click here to enter text. |
| **Site #3** | Click here to enter text. |
| **Site #4** | Click here to enter text. |
| **Site #5** | Click here to enter text. |

|  |  |
| --- | --- |
| **Describe other equipment (as needed), particularly as it relates to innovative or research programs, such as heavy particle radiotherapy, or radio-labeled antibodies** | |
| **Site #1 (Primary)** | Click here to enter text. |
| **Site #2** | Click here to enter text. |
| **Site #3** | Click here to enter text. |
| **Site #4** | Click here to enter text. |
| **Site #5** | Click here to enter text. |

2. Will the following resources be available at the primary clinical site? [PR I.D.1.a).(1)-(2)]

1. Two or more megavoltage machines  YES  NO
2. A machine with a broad range of electron beam capabilities, computed tomography (CT)-simulation capability, and three-dimensional conformal computerized treatment planning, including intensity modulated radiation therapy  YES  NO
3. Adequate conference room and audiovisual facilities  YES  NO

2. Briefly describe available medical services in the specialties of medical oncology, surgical oncology, and pediatric oncology. [PR I.D.1.b).(1)]

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

3. Briefly describe the availability of diagnostic radiology services, including CT and MRI, as well as nuclear medicine services, the pathology laboratory, the clinical laboratory, and tumor registry.   
[PR I.D.1.b).(2)]

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

**Other Learners and Other Learners**

1. Describe any additional training positions (e.g., clinical or research fellows who have completed an accredited radiation oncology residency program). [PR I.E.]

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

2. Will the program provide non-integrated or any other training for residents from other sites?   
[PR I.E.]  YES  NO

If “YES,” provide names of other sites, describe the rotations, and specify the number of resident months in a given year allocated to residents rotating from other sites. If a non-integrated site is utilized for pediatric or brachytherapy experience, attach the designated resident experience forms to this application. Add rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Name of Other Sites** | **Describe the Rotations** | **Number of Resident Months in a Given Year** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

3. What opportunities will the program residents have to exchange knowledge and experience with a) each other; b) residents from other oncology specialties; and c) residents from other ACGME-accredited programs, including in medicine and surgery? Describe how this will occur. [PR VI.E.2.a)]

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

**Educational Program**

**Curriculum Components**

1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the site visitor.) [PR IV.A.5.c).(5)] (Limit response to 400 words)

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

2. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR IV.A.5.c).(8)] (Limit response to 400 words)

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

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents develop a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation [PR IV.B.1.a).(1).(a)-(e)] (Limit response to 400 words)

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

2. Brachytherapy - Resident Experience Log

For the most recent year, provide the data requested below regarding brachytherapy experience for all sites where residents will rotate. Add rows as necessary for “Other” procedures. [PR IV.B.1.b).(1).(a)]

| **BRACHYTHERAPY** | **Primary Clinical Site** | | **Other Participating Sites** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **# Cases Performed** | **# LDR/ HDR** | **# Cases Performed** | | **# LDR/ HDR** | |
| INTRACAVITARY | #. | #. | #. | | #. | |
| Number of patients | #. | #. | #. | | #. | |
| Number of insertions | #. | #. | #. | | #. | |
| Cervix/uterus | #. | #. | #. | | #. | |
| Endobronchial | #. | #. | #. | | #. | |
| Esophagus/bile duct | #. | #. | #. | | #. | |
| Other (Specify) | #. | #. | #. | | #. | |
| **INTERSTITIAL** (including seeds) | | | | | | |
| Number of patients | #. | #. | #. | | #. | |
| Number of implants | #. | #. | #. | | #. | |
| Breast | #. | #. | #. | | #. | |
| Soft tissue sarcoma | #. | #. | #. | | #. | |
| Head and neck | #. | #. | #. | | #. | |
| Prostate | #. | #. | #. | | #. | |
| GYN/pelvis | #. | #. | #. | | #. | |
| Other (Specify) | #. | #. | #. | | #. | |
| Surface applications (moulds, plaque, Sr-90) | #. | #. | #. | #. | |
| Unsealed sources (e.g. I-131 oral, P-32 colloid, Sr- 89, Sm-153, other) | #. | #. | #. | #. | |
| Endovascular insertions | #. | #. | #. | #. | |

**ACGME Competencies**

Indicate the settings and activities in which residents will demonstrate competence in the following areas of patient care. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Follow-up care of irradiated patients, including pediatric patients  [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Performing interstitial and intracavitary brachytherapy procedures  [PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Use of unsealed radioactive sources  [PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Treating adult patients with conventionally-fractionated external beam radiation therapy  [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Treating adult patients with stereotactic radiosurgery and stereotactic body radiation therapy  PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Treating pediatric patients, including patients with solid tumors [PR IV.B.1.b).(1).(a).(vi)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate competence in their knowledge of the following areas. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Clinical radiation oncology, including late effects on normal tissue  [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Clinical radiation physics  [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Medical statistics  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Radiation and cancer biology  [PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Radiation safety procedures  [PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d)] (Limit response to 400 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care
* Conducting a comprehensive literature search

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

1. Briefly describe one planned learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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

2. Briefly describe one learning activity in which residents develop their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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

3. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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

4. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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

**Systems-based Practice**

1. Describe the learning activity(ies) through which residents achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1).(a)-(f)] (Limit response to 400 words)

|  |
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| Click here to enter text. |

2. Describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(e)] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

1. Will all residents have one year of post-graduate clinical education before beginning the program in radiation oncology? [PR IV.C.3.]  YES  NO

2. Will the residents have at least 36 months in clinical radiation oncology? [PR IV.C.3.a)]

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3. Describe the planned resident experience in both pediatric and adult medical oncology (or its equivalent). Explain how the time spent will satisfy the program requirement for minimum time of 2 months or multidisciplinary conference attendance. [PR IV.C.10.a).(1)-(2)]

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4. Describe the planned resident experience in oncologic pathology, or an equivalent experience in the form of conferences and tumor boards. Explain how the time spent will satisfy the program requirement for minimum time of 1 month or multidisciplinary conference attendance. [PR IV.C.10.a).(1)-(2)]

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5. Describe the planned resident experience in diagnostic imaging, or an equivalent experience in the form of multidisciplinary conferences and tumor boards. [PR IV.C.10.a).(1)-(2)]

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6. Will the program document that residents acquire knowledge and skills through instruction in the following areas? [PR IV.C.12.a)-m)]

1. 3-dimensional conformal radiation therapy  YES  NO
2. Intensity- modulated radiation therapy
3. Image-guided radiation therapy  YES  NO
4. Stereotactic radiosurgery  YES  NO
5. Stereotactic body radiotherapy  YES  NO
6. Concurrent chemo-radiotherapy  YES  NO
7. Intra-operative radiation therapy  YES  NO
8. Radioimmunotherapy  YES  NO
9. Unsealed sources  YES  NO
10. Total body irradiation therapy as used in stem cell transplantation  YES  NO
11. Total skin radiation therapy  YES  NO
12. High- and low-dose rate brachytherapy  YES  NO
13. Particle therapy  YES  NO

7. Briefly describe how the program will provide instruction in medical physics that includes practical demonstrations of radiation safety procedures, calibration of radiation therapy machines, the use of state-of-the-art treatment planning systems, the application of treatment aids, and the safe handling of sealed and unsealed radionuclides. [PR IV.C.13.] (Limit response to 400 words)

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8. Briefly describe how the program will provide instruction in radiation and cancer biology that includes the molecular effects of ionizing radiation and radiation effects on normal and neoplastic tissues, as well as the fundamental biology of the causes, prevention, and treatment of cancer. [PR IV.C.14.] (Limit response to 400 words)

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9. List the planned, regularly scheduled conferences covering the following topics: new patient management, patient safety, and continuous quality improvement. Add rows as necessary. [PR IV.C.15.]

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| **Intradepartmental** | **Will resident attendance be required?** | **Planned number of conferences held annually** |
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| **Interdepartmental: Indicate individual(s) and specialty responsible for organization of the session.** | **Will resident attendance be required?** | **Planned number of conferences held annually** |
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**Scholarship**

1. What opportunities currently exist in the department for resident-initiated research? [PR IV.D.3.]

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2. Will a resident research project be required by the program? [PR IV.D.3.b) .]  YES  NO

**Evaluation**

1. Will the resident logs be reviewed semi-annually by the program director to ensure accuracy and to verify that the case distribution meets the standards specified? [PR V.A.1.d).(5)]  YES  NO
2. Will the resident evaluations of the members of the faculty address knowledge base, teaching skill, mentoring ability, delegation or of responsibility, and stimulus to do investigation? [PR V.B.1.a)]  
     YES  NO

**The Learning and Working Environment**

1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate
2. the ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR VI.A.1.] (Limit response to 400 words)

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