**New Application: Complex General Surgical Oncology**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is the program affiliated with an ACGME-accredited medical oncology program? [PR I.B.1.a)]  
     YES  NO
2. At each participating site, will there be one faculty member, designated by the program director, who is accountable for fellow education for that site? [PR I.B.3.a)]  YES  NO
3. For participating sites, is the site geographically proximate, allowing all fellows to attend joint conferences, basic science lectures, and morbidity and mortality reviews regularly and in a central location? [PR I.B.7)]  YES  NO

If NO, describe how an equivalent educational program of lectures and conferences will occur. (Limit response to 400 words)

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1. Is there an agreement with each participating site(s) specifying that the program director: [PR I.B.5.]
2. Appoints the members of the faculty at the integrated site?  YES  NO
3. Appoints the chief or director of the teaching service in the integrated site?  YES  NO
4. Appoints all fellows in the program?  YES  NO
5. Determines all rotations and assignments for both fellows and faculty supervisors?  
     YES  NO

**Resources**

1. Does each participating site provide the following resources:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Inpatient surgical admissions services [PR I.D.1.a).(1)] | YES  NO | YES  NO | YES  NO | YES  NO |
| Intensive care units [PR I.D.1.a).(2)] | YES  NO | YES  NO | YES  NO | YES  NO |
| Services, including emergency services, interventional radiology pathology, and radiology [PR I.D.1.a).(3)] | YES  NO | YES  NO | YES  NO | YES  NO |

**Other Learners and Other Care Providers**

1. Describe how the program director ensures that the presence of other learners in the program, including residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, does not interfere with the appointed fellows’ education. [PR I.E.2.] (Limit response to 400 words)

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**Personnel**

**Faculty**

1. In addition to the program director, will there be at least one full-time physician faculty member for each approved fellowship position whose major function is to support the fellowship program?   
   [PR II.B.1.a).(1)]  YES  NO
2. Will there be at least one faculty member who is American Board of Medical Specialties (ABMS)-certified or American Osteopathic Association (AOA)-certified, in each of the following areas: medical oncology, interventional radiology, and radiation oncology? [PR II.B.1.a).(2)]  YES  NO
3. Will the surgical faculty members have successfully completed a surgical oncology program, accredited by the ACGME or possess qualifications acceptable to the Review Committee (i.e., sponsored by the Society of Surgical Oncology)? [PR II.B.3.b).(2)]  YES  NO

**Program Coordinator**

1. Describe the administrative support available for program coordination. [PR II.C.1.] (Limit response to 400 words)

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**Eligibility Criteria**

1. Prior to appointment in the program, will fellows meet at least one of the following:
2. satisfactory completion of a general surgery program that satisfies the requirements in III.A.1? [PR III.A.1.b).(1)]
3. be admissible to examination by the American Board of Surgery or the American Osteopathic Board of Surgery? [PR III.A.1.b).(2)]
4. be certified in general surgery by the American Board of Surgery or by the American Osteopathic Board of Surgery? [PR III.A.1.b).(3)]

YES  NO

**Educational Program**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, through which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 400 words)

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**Patient Care**

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

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Evaluating patients pre-operatively, making appropriate provisional diagnoses, initiating diagnostic procedures, and forming preliminary treatment plans  [PR IV.B.1.b).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Oncologic surgical peri-operative management, including advanced laparoscopic techniques  [PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Oncologic surgical peri-operative management, including broad-based oncologic surgical procedures, including those for breast, endocrine, gastrointestinal, gynecological, head and neck, melanoma, and sarcoma conditions  [PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Oncologic surgical peri-operative management, including endoscopy  [PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Oncologic surgical peri-operative management, including staging methodologies and procedures for all common surgical malignancies  [PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| The care of critically-ill surgical patients, including applying sound principles of pharmacology for each form of therapy  [PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| The care of critically-ill surgical patients, including evaluating and managing patients receiving chemotherapy, hormonal therapy, and immunotherapy  [PR IV.B.1.b).(2).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| The care of critically-ill surgical patients, including providing supportive care to cancer patients, including pain management  [PR IV.B.1.b).(2).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Performing cancer-related operative procedures (a minimum of 150 cancer-related operative procedures must be performed)  [PR IV.B.1.b).(2).(c).(i)] | Click here to enter text. | Click here to enter text. |
| The surgical management of patients undergoing predominantly medical therapy, including endoscopic procedures of the aerodigestive tract  [PR IV.B.1.b).(2).(d).(i)] | Click here to enter text. | Click here to enter text. |
| The surgical management of patients undergoing predominantly medical therapy, including insertion of indwelling access devices for systemic or regional chemotherapy  [PR IV.B.1.b).(2).(d).(ii)] | Click here to enter text. | Click here to enter text. |
| The surgical management of patients undergoing predominantly medical therapy, including surgical management of distant metastatic disease, including resection  [PR IV.B.1.b).(2).(d).(iii)] | Click here to enter text. | Click here to enter text. |
| The surgical management of patients undergoing predominantly medical therapy, including minimally invasive surgery, particularly as it applies to the staging of cancer  [PR IV.B.1.b).(2).(d).(iv)] | Click here to enter text. | Click here to enter text. |
| Providing state-of-the-art surgical care to patients with complex or recurrent neoplasms, including diagnosis and management of rare or unusual tumors based on knowledge of the natural history of such cancers  [PR IV.B.1.b).(2).(e).(i)] | Click here to enter text. | Click here to enter text. |
| Determining the disease stage and treatment options for individual cancer patients at the time of diagnosis and throughout the disease course  [PR IV.B.1.b).(2).(e).(i).(a)] | Click here to enter text. | Click here to enter text. |
| Providing state-of-the-art surgical care to patients with complex or recurrent neoplasms, including selecting patients for surgical therapy in combination with other forms of cancer treatment  [PR IV.B.1.b).(2).(e).(ii)] | Click here to enter text. | Click here to enter text. |
| Performing palliative surgical procedures appropriate for each patient  [PR IV.B.1.b).(2).(e).(ii).(a)] | 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 fellows demonstrate competence in their knowledge of each of the following areas. Also indicate the method(s) used to assess competence. [PR IV.B.1.c)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The benefits and risks associated with a multidisciplinary approach  [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| The fundamental biology of cancer, clinical pharmacology, tumor immunology, and endocrinology, as well as potential complications of multimodality therapy  [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| The biologic, pharmacologic, and physiologic rationale for each form of therapy, as well as the indications, risks, and benefits of regional and systemic therapy in the adjuvant and advanced disease settings  [PR IV.B.1.c).(1).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Non-surgical cancer treatment modalities, including radiotherapy, chemotherapy, immunotherapy, and endocrine therapy  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Non-surgical palliative treatments  [PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Rehabilitative services in various settings, including reconstructive surgery and physical rehabilitation  [PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Tumor biology, carcinogenesis, epidemiology, tumor markers, and tumor pathology  [PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |

**Practice-Based Learning and Improvement**

1. Describe one example of a learning activity through which fellows develop the skills needed 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
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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**Interpersonal and Communication Skills**

1. Describe one learning activity through which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems-Based Practice**

1. Describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Will the curriculum provide at least four months of clinical or laboratory research? [PR IV.C.3.b)]  
     YES  NO
2. Do fellows have access to faculty members who can mentor them in basic science research and have time for such an experience if desired? [PR IV.C.3.b).(1)]  YES  NO
3. Will the curriculum include a minimum of one month each in medical oncology, pathology, and radiation oncology? [PR IV.C.4.]  YES  NO

If NO, explain.(Limit response to 400 words)

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1. Does the didactic curriculum include:
2. a structured series of conferences in the basic and clinical sciences fundamental to oncologic surgery, monthly surgical grand rounds, and twice-monthly morbidity and mortality conferences? [PR IV.C.5.a)]  YES  NO
3. at least weekly teaching rounds by oncologic surgical faculty members? [PR IV.C.5.b)]  
     YES  NO
4. education in the basic methodology for conducting clinical trials, including biostatistics, clinical research design, ethics, and implementation of computerized databases? [PR IV.C.5.c)]  
     YES  NO
5. monthly relevant multidisciplinary conferences? [PR IV.C.5.d)]  YES  NO
6. Do fellows organize the formal surgical oncology conferences, grand rounds, and morbidity and mortality conferences, and present a significant share of these conferences? [PR IV.C.5.a).(1)]  
     YES  NO
7. Does each organized clinical discussion, round, journal club, and conference include participation by at least one faculty member? [PR IV.C.6.]  YES  NO

**Fellow Experiences**

1. Do clinical assignments include experiences in general surgical oncology, including breast, gastrointestinal oncology, melanoma, sarcoma, and head and neck? [PR IV.C.7.a)]  
     YES  NO

If NO, explain.

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| Click here to enter text. |

1. Are fellows provided with outpatient follow-up care for surgical patients? [PR IV.C.7.b)]  
     YES  NO
2. Does follow-up care include short- and long-term evaluation and progress, particularly with complex, multi-disciplinary cancer management? [PR IV.C.7.b).(1)]  YES  NO

If NO, explain.

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1. How often do fellows have documented outpatient experience per week? [PR IV.C.7.b).(2)] [Frequency]
2. Describe how each fellow is able to act as a teaching assistant in the operating room when documented operative experience justifies a teaching role. [PR IV.C.7.c)] (Limit response to 400 words)

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1. Do fellows share primary responsibility for patients with the surgery chief resident?   
   [PR IV.C.7.d)]  YES  NO
2. Describe how fellows have significant teaching responsibilities for surgery residents, medical students, or other learners. [PR IV.C.7.e)] (Limit response to 400 words)

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1. Will fellows be provided with experience in educating students and physicians in the multimodality management of cancer patients? [PR IV.C.7.f).(1)]  YES  NO
2. Describe one example of a learning activity in which fellows demonstrate competence in educating non-physicians (physician assistants, oncology nurses, enterostomal therapists, etc.) in specialized cancer care. [PR IV.C.7.f).(2)] (Limit response to 400 words)

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1. Describe one example of a learning activity through which fellows demonstrate competence in organizing and conducting cancer-related public education programs. [PR IV.C.7.f).(3)] (Limit response to 400 words)

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1. Describe one learning activity through which fellows demonstrate competence as consultants across the oncologic continuity of care. [PR IV.C.7.g)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which fellows demonstrate leadership skills to develop and support institutional policies regarding cancer programs and problems. [PR IV.C.7.h).(1)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which fellows demonstrate leadership skills to develop and support institutional programs relating to cancer, including a tumor registry and psychosocial and rehabilitative programs for cancer patients and their families. [PR IV.C.7.h).(2)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which fellows demonstrate leadership skills to develop and support interdisciplinary meetings and discussions to include cancer topics, patient care, and the oncology research program. [PR IV.C.7.h).(3)] (Limit response to 400 words)

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**Scholarship**

1. Will the physician faculty members establish and maintain an environment of inquiry and scholarship with an active research component? [PR IV.D.1.a).(1)]  YES  NO

**Fellow Scholarly Activity**

1. Will the program ensure that the fellows complete a course on clinical research on human subjects, such as the courses approved by the National Institutes of Health Office for Human Research Protections or an institution-based equivalent? [PR IV.D.3.a)]  YES  NO
2. Will fellows demonstrate the ability to: [PR IV.D.3.b)]
3. design and implement a prospective database?  YES  NO
4. conduct clinical cancer research, especially prospective clinical trials?  YES  NO
5. use statistical methods to properly evaluate results of published research studies?  
     YES  NO
6. guide other learners or other personnel in laboratory or clinical oncology research?  
     YES  NO
7. navigate the interface of basic science with clinical cancer care to facilitate translational research?  YES  NO

**Evaluation**

1. Will the semiannual evaluation include review of the surgical oncology fellows’ operative data?  
   [PR V.A.1.a).(1)]  YES  NO
2. Will rotations exceeding two months in duration have a mid-rotation evaluation? [PRV.A.1.a).(2)]

………………………………………………………………………………………………  YES  NO

1. Will the program use multiple evaluators as a component of an objective performance evaluation? [PR V.A.1.c).(1)]  YES  NO

If YES, identify the types of evaluators that will be routinely included in the fellows’ performance evaluation.

Faculty members (including the program director)

Peers

Residents and fellows in other specialties

Self

Patients and family members

Other professional staff members (e.g., nursing, respiratory therapy, administration)

1. Will the fellow’s final evaluation: [PR V.A.2.a).(1)-(2).(d)]

become part of the fellow’s permanent record, maintained by the institution, and accessible for review by the fellow?

include Milestones and Case Logs as tools to ensure fellows are able to engage in autonomous practice?

verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice?

consider recommendations from the Clinical Competency Committee?

be shared with the fellow upon completion of the program?

**The Learning and Working Environment**

**Patient Safety**

1. Describe the program’s plan to provide formal education for the promotion of patient safety-related goals, tools, and techniques. [PR VI.A.1.a).(2)] (Limit response to 400 words)

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| Click here to enter text. |

1. Will the program provide fellows education and training on how to disclose adverse events to patients and families? [PR VI.A.1.a).(4).(a)] .  YES  NO

**Quality Improvement**

1. Describe the program’s plan to ensure that fellows receive training and experience in quality improvement processes, including an understanding of health disparities. [PR VI.1.A.b).(1).(a)]

(Limit response to 400 words)

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1. Will the program provide fellows and faculty members data on quality metrics and benchmarks related to their patient populations? [PR VI.A.1.b).(2).(a)]  YES  NO

If NO, explain.

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1. Describe one planned quality improvement activity or project that will allow fellows to demonstrate 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. [CPR VI.A.1.B).(3)] (Limit response to 400 words)

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1. Will fellows have the opportunity to participate in interprofessional quality improvement activities? [PR VI.A.1.b).(3).(a)]  YES  NO

If NO, explain.

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**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. As fellows progress through levels of increasing competence and responsibility, describe how the program director ensures work assignments keep pace with the fellows’ level of advancement. [PR VI.E.1.a] (Limit response to 400 words)

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1. During the fellow education process, do the surgical teams include the following: [PR VI.E.2.a)]
2. Attending surgeons?  YES  NO
3. Fellows?  YES  NO
4. Residents at various post-graduate year (PGY) levels?  YES  NO
5. Medical students (when appropriate)?  YES  NO
6. Other health care providers?  YES  NO

List other members of the surgical teams.

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1. Describe how the program director ensures the work of the caregiver team is assigned to team members based on each member’s level of education, experience, and competence. [PR VI.E.2.b] (Limit response to 400 words)

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1. Do fellows collaborate with fellow surgical residents, faculty members, other physicians outside of their subspecialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population? [PR VI.E.2.c]  YES  NO
2. Describe how fellows assume personal responsibility to complete all tasks to which they are assigned (or for which they volunteer) in a timely fashion. [PR VI.E.2.d] (Limit response to 400 words)

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1. Will the program ensure that these tasks will be completed in the hours assigned?  YES  NO
2. If that is not possible, do residents learn and use the established methods for handing off remaining tasks to another member of the health care team so patient care is not compromised?  YES  NO

**Clinical Experience and Education**

1. Describe resident night float rotations, including the maximum number of months of night float per year. [PR VI.F.6.a)] (Limit response to 400 words)

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**Institutional Data**

Report the number of procedures performed at each site that will participate in the program during the most recently completed academic year. Site names must correspond to those in ADS and the block diagram.

NOTE: Each operation may have credit for only one procedure. Choose the most significant component. Each operation can have only one primary surgeon, but teaching assistants can be counted concurrently, as appropriate.

|  | **Site Name** | **Site Name** | **Site Name** | **Site Name** | **Site Name** | **Site Name** |
| --- | --- | --- | --- | --- | --- | --- |
| **Skin/Soft Tissue** | | | | | | |
| Major lymphadenectomies | # | # | # | # | # | # |
| Sentinel lymph node biopsy for melanoma | # | # | # | # | # | # |
| Radical excision of soft tissue tumor | # | # | # | # | # | # |
| **Breast** |  |  |  |  |  |  |
| Breast biopsy, image guided | # | # | # | # | # | # |
| Simple mastectomy with or without axillary sampling | # | # | # | # | # | # |
| Modified radical mastectomy | # | # | # | # | # | # |
| Excision bx/quadrant excision with or without axillary sampling | # | # | # | # | # | # |
| **Alimentary Track-Esophagus** | | | | | | |
| Esophagectomy | # | # | # | # | # | # |
| **Alimentary Track-Stomach** | | | | | | |
| Gastric resection, total, partial laparoscopic, partial-open | # | # | # | # | # | # |
| **Alimentary Track-Small Intestine** | | | | | | |
| Enterectomy open or laparoscopic | # | # | # | # | # | # |
| Enterectomy-laparoscopic | # | # | # | # | # | # |
| **Alimentary Track** | | | | | | |
| Colectomy, partial-open | # | # | # | # | # | # |
| Colectomy, partial-laparoscopic | # | # | # | # | # | # |
| Abdominoperineal resection | # | # | # | # | # | # |
| Transanal rectal tumor excision | # | # | # | # | # | # |
| **Abdomen-Liver** | | | | | | |
| Lobectomy or segmentectomy | # | # | # | # | # | # |
| **Abdomen-Biliary** | | | | | | |
| Choledochoenteric anastomosis after bile duct tumor resection | # | # | # | # | # | # |
| **Abdomen-Pancreas** | | | | | | |
| Pancreatic resection, distal | # | # | # | # | # | # |
| Pancreatic resection, Whipple | # | # | # | # | # | # |
| Pancreatic resection, total | # | # | # | # | # | # |
| **Abdomen-Spleen** | | | | | | |
| Splenectomy for disease-laparoscopic | # | # | # | # | # | # |
| **Endocrine** | | | | | | |
| Thyroidectomy, partial or total | # | # | # | # | # | # |
| Parathyroidectomy | # | # | # | # | # | # |
| Adrenalectomy | # | # | # | # | # | # |
| Pancreatic endocrine procedure | # | # | # | # | # | # |