**New Application: Pediatric Hematology-Oncology (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Hematology-Oncology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?   Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics?  
    YES NO

Explain if ‘NO.’ (Limit 250 words) For information on independent subspecialty status, email [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org)

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

1. Will the fellowship program be geographically proximate to the affiliated pediatrics residency program? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure the fellowship does not negatively affect the education of residents in the affiliated pediatrics residency program? (Limit 300 words)

|  |
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| Click here to enter text. |

**Program Personnel and Resources**

**Program Director**

1. Will the program director have ongoing involvement in scholarly activity? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the program director mentor or guide fellows in the skills necessary to the practice of pediatric hematology-oncololgy in the following areas?
2. Advocacy YES NO
3. Clinical care YES NO
4. Quality improvement YES NO
5. Research YES NO
6. Teaching YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will the program director ensure that each fellow:
2. documents procedural experience? YES NO
3. is provided with mentorship to develop necessary skills? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. How will the program director coordinate with the affiliated pediatrics residency and related subspecialty program directors the incorporation of the ACGME-I Competencies into fellowship education to foster consistent expectations and fellow evaluation? (Limit 300 words)

|  |
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| Click here to enter text. |

1. Will the program ensure meetings with the program director of the affiliated pediatrics residency program and all pediatric subspecialty programs occur at least semiannually? YES NO

If ‘YES”, will the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the ACGME-I Competencies, and evaluation?

YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. What will be the extent of the program director’s authority and responsibility to set and adjust fellows’ clinical responsibilities, and to ensure fellows have appropriate clinical responsibilities and an appropriate patient load? (Limit 400 words)

|  |
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| Click here to enter text. |

**Faculty**

1. Will there be at least four faculty members, including the program director? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure faculty members encourage and support fellows in scholarly activities, including mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine with implications for the field of pediatric hematology-oncology? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Will the members of the program’s faculty participate in scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric hematology-oncology? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Complete the table to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
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|  |
|  |
| Pediatric nephrology |  |
|  |
|  |
|  |

List any faculty members not included in the table above, as well as their specialty.

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

1. Will there be faculty members with substantial experience in treating pediatric problems who are available to the program from the following specialties?
2. Anesthesiology YES NO
3. Child and adolescent psychiatry or psychology YES NO
4. Child neurology YES NO
5. Emergency medicine YES NO
6. Endocrinology YES NO
7. Neonatal-perinatal medicine YES NO
8. Neurological surgery YES NO
9. Neuroradiology YES NO
10. Obstetrics and gynecology YES NO
11. Orthopaedic surgery YES NO
12. Ophthalmology YES NO
13. Pathology YES NO
14. Pediatric surgery YES NO
15. Pulmonology YES NO
16. Radiation oncology YES NO
17. Radiology YES NO
18. Urology YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will consultants in adult hematology-oncology be available to the program for transition care of young adults? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

**Other Program Personnel**

1. Will the following health care professionals with pediatric focus and experience be available to the program?
2. Audiologist(s) YES NO
3. Child life therapist(s) YES NO
4. Dietitian(s) YES NO
5. Hospice and palliative medicine professional(s) YES NO
6. Mental health professional(s) YES NO
7. Nurses(s) YES NO
8. Pain management professional(s) YES NO
9. Pharmacist(s) YES NO
10. Occupational therapist(s) YES NO
11. Physical therapist(s) YES NO
12. Respiratory therapist(s) YES NO
13. School and special education liaison(s) YES NO
14. Social worker(s) YES NO
15. Speech and language therapist(s) YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

**Resources**

1. Indicate the availability of the following by checking the appropriate box. For inpatient services, indicate the number of available beds. Site numbers should correspond to the numbering of participating sites as entered in ADS. Site #1 is the primary clinical site.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility/Service** | | **Site #1** | | **Site #2** | **Site #3** |
| An inpatient area with full pediatric and related services (including surgery and psychiatry) staffed by pediatric residents and faculty members | | Choose an item. | | Choose an item. | Choose an item. |
| A separately staffed unit in the inpatient area | | Choose an item. | | Choose an item. | Choose an item. |
| Comprehensive laboratory | | Choose an item. | | Choose an item. | Choose an item. |
| Outpatient infusion facilities | | Choose an item. | | Choose an item. | Choose an item. |
| Pathology | | Choose an item. | | Choose an item. | Choose an item. |
| Separate divisions of hematology and oncology | | Choose an item. | | Choose an item. | Choose an item. |
| Space in an ambulatory setting for optimal evaluation and care of patients | | Choose an item. | | Choose an item. | Choose an item. |
| **Diagnostic Radiology** | | | | | | |
| Angiography | Choose an item. | | Choose an item. | | Choose an item. | |
| Computerized tomography | Choose an item. | | Choose an item. | | Choose an item. | |
| Magnetic resonance imaging | Choose an item. | | Choose an item. | | Choose an item. | |
| Nuclear medicine capabilities, including MIBG and cardiac imaging | Choose an item. | | Choose an item. | | Choose an item. | |
| Sonography – abdominal and cardiac | Choose an item. | | Choose an item. | | Choose an item. | |
| **Diagnostic Laboratory** | | | | | | |
| Cytogenetics – karyotyping and molecular genetics | Choose an item. | | Choose an item. | | Choose an item. | |
| Evaluation of bone marrow aspirations and biopsies | Choose an item. | | Choose an item. | | Choose an item. | |
| Hemoglobin electrophoreses | Choose an item. | | Choose an item. | | Choose an item. | |
| Hemostasis testing (factor assays and platelet function testing) | Choose an item. | | Choose an item. | | Choose an item. | |
| Human leukocyte antigen (HLA) and tissue typing | Choose an item. | | Choose an item. | | Choose an item. | |
| Immunophenotyping | Choose an item. | | Choose an item. | | Choose an item. | |
| Testing for red blood cell enzyme deficiencies | Choose an item. | | Choose an item. | | Choose an item. | |
| Thrombophilia testing | Choose an item. | | Choose an item. | | Choose an item. | |
| **Administrative Support** | | | | | | |
| Cancer rehabilitation program | Choose an item. | | Choose an item. | | Choose an item. | |
| Tumor board | Choose an item. | | Choose an item. | | Choose an item. | |
| Tumor registry | Choose an item. | | Choose an item. | | Choose an item. | |
| **Clinical Programs** | | | | | | |
| Hemophilia program | Choose an item. | | Choose an item. | | Choose an item. | |
| Sickle cell/hemoglobinopathy program | Choose an item. | | Choose an item. | | Choose an item. | |
| Transfusion medicine program | Choose an item. | | Choose an item. | | Choose an item. | |
| Bone marrow/peripheral blood stem cell (PBSC) transplantation program | Choose an item. | | Choose an item. | | Choose an item. | |
| Limb-saving procedures program | Choose an item. | | Choose an item. | | Choose an item. | |
| Radiation oncology facility that can serve children | Choose an item. | | Choose an item. | | Choose an item. | |
| Renal replacement program (e.g., continuous veno-venous hemofiltration (CVVH)) | Choose an item. | | Choose an item. | | Choose an item. | |
| Solid organ transplantation program | Choose an item. | | Choose an item. | | Choose an item. | |
| Surgical oncology program | Choose an item. | | Choose an item. | | Choose an item. | |
| **Family Support** | | | | | | |
| Hospice program for children | Choose an item. | | Choose an item. | | Choose an item. | |
| Parent support group | Choose an item. | | Choose an item. | | Choose an item. | |
| Residential housing during treatment | Choose an item. | | Choose an item. | | Choose an item. | |

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Provide the requested information for the most recent 12-month period. The same timeframe must be used for all patient data requested in subsequent sections of the application. Site numbers should correspond to the number of participating sites in ADS. Site #1 is the primary clinical site.

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

1. Complete a table for each site where pediatric hematology or oncology patients will be cared for by fellows in the program. Use the same 12-month time period as identified above. Duplicate the table as needed and list only those patients that would be available to fellows.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Name** | Click here to enter text. | | | | | | |
|  | **Number of Inpatients** | | | **Number of Outpatients** | | | |
| **Number on Hem/Onc Service** | **Number Seen in Consultation** | | **Number on Hem/Onc Service** | | **Number Seen in Consultation** | |
| Hematologic Diagnoses and Disorders | | | | | | | |
| Hematologic disorders in the newborn | # | # | | # | | # | |
| Long-term transfusion therapy | # | # | | # | | # | |
| Sickle Cell disease and variants | # | # | | # | | # | |
| Thalassemias | # | # | | # | | # | |
| Inherited and Acquired Disorders of Red Cell Membrane and Red Blood Cell Metabolism | | | | | | | |
| Autoimmune hemolytic anemia | # | # | | # | | # | |
| Disorders of red blood cell metabolism (G6PD, PK) | # | # | | # | | # | |
| Red cell membrane (spherocytosis, elliptocytosis) | # | # | | # | | # | |
| Nutritional Deficiencies | | | | | | | |
| Nutritional anemia | # | # | | # | | # | |
| Other deficiencies (Vitamin B12, folic acid) | # | # | | # | | # | |
| Disorders of White Blood Cells | | | | | | | |
| Acquired disorders of white blood cells | # | # | | # | | # | |
| Immune neutropenia | # | # | | # | | # | |
| Inherited disorders of white blood cells | # | # | | # | | # | |
| Coagulopathies | | | | | | | |
| Hemophilia | # | # | | # | | # | |
| Von Willebrand’s disease | # | # | | # | | # | |
| Other inherited and acquired coagulopathies | # | # | | # | | # | |
| Platelet Disorders | | | | | | | |
| Acquired and inherited platelet function defects | # | # | | # | | # | |
| Acquired thrombophilia | # | # | | # | | # | |
| Congenital thrombophilia | # | # | | # | | # | |
| Idiopathic thrombocytopenic purpura | # | # | | # | | # | |
| Thrombophilia | # | # | | # | | # | |
| Other platelet disorders | # | # | | # | | # | |
| Oncologic Diagnoses and Disorders - Leukemia | | | | | | | |
| Acute lymphoblastic leukemia | # | # | | # | | # | |
| Acute myeloid (non-lymphoblastic) leukemia | # | # | | # | | # | |
| Chronic leukemia | # | # | | # | | # | |
| Myelodysplastic syndrome | # | # | | # | | # | |
| Lymphomas | | | | | | | |
| Hodgkin’s disease | # | # | | # | | # | |
| Neuroblastoma | # | # | | # | | # | |
| Non-Hodgkin’s lymphoma | # | # | | # | | # | |
| Soft tissue sarcoma (rhabdomysarcoma, leiomyosarcoma) | # | # | | # | | # | |
| Tumors | | | | | | | |
| Ewing’s family of tumors (Ewing’s sarcoma, primitive neuroectodermal tumor (PNET)) | # | | # | | # | | # | |
| Hepatoblastoma or hepatocellular carcinoma | # | | # | | # | | # | |
| Osteosarcoma | # | | # | # | | | # | |
| Retinoblastoma | # | | # | # | | | # | |
| Other tumors (specify)  Click here to enter text | # | | # | # | | | # | |

1. If there are fewer than three patients in any rows in the table above, describe how fellows will be exposed to the care of those patients. (Limit 300 words)

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

1. For the same 12-month time period used above, indicate the number of transplants performed on patients younger than 18 in the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Diagnoses** | **Type of Transplant** | | | **Source of Stem Cells** | | |
| **Allogenic Related** | **Allogenic Unrelated** | **Autologous** | **Bone Marrow** | **Peripheral Blood Stem Cell** | **Umbilical Cord** |
| Hematologic disorders | # | # | # | # | # | # |
| Immunologic disorders | # | # | # | # | # | # |
| Leukemia | # | # | # | # | # | # |
| Lymphoma | # | # | # | # | # | # |
| Metabolic disorders | # | # | # | # | # | # |
| Solid malignancies | # | # | # | # | # | # |
| Other (specify)  Click here to enter text | # | # | # | # | # | # |
| Number with acute graft-versus-host disease | # | # | # | # | # | # |
| Number with chronic graft-versus-host disease | # | # | # | # | # | # |

1. If there are fewer than three patients in any rows in the table above, describe how fellows will be exposed to the care of those patients. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will the program ensure adequate numbers and variety of hematology-oncology patients ranging in age from newborn through young adulthood available to provide a broad experience for fellows? (Limit 400 words)

|  |
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| Click here to enter text. |

**Eligibility Criteria**

1. How will the program ensure all fellows have completed an Accreditation Council for Graduate Medical Education (ACGME)- or ACGME-I-accredited pediatric residency or another pediatric residency program that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

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

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including trustworthiness; leadership skills; the capacity to recognize that ambiguity is part of clinical medicine and to respond by utilizing appropriate resources in dealing with uncertainty; and a willingness to accept questions of clarification and feedback in a non-defensive, collaborative, and welcoming manner? (Limit 400 words)

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

**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans?

Describe how competence will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing transfers of care that ensure seamless transitions, counseling patients and patients’ families, using information technology to optimize patient care, and providing appropriate role modeling and supervision?

Describe how competence will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing for or coordinating with a medical home care of patients with complex and chronic diseases?

Describe how competence will be evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in enrolling and treating patients in clinical research trials?

Describe how competence will be evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in diagnosing and managing children with hematologic and oncologic diseases, including the following?
   * + - 1. Autoimmune disorders, to include hemolytic anemia
         2. Bone marrow failure
         3. Congenital and acquired thrombotic disorders
         4. Graft versus host disease
         5. Hematologic disorders of the newborn
         6. Hemoglobinopathies, to include the thalassemia syndromes
         7. Hemophilia, von Willebrand’s disease, and other inherited and acquired coagulopathies
         8. Hodgkin’s disease and non-Hodgkin’s lymphomas
         9. Inherited and acquired disorders of the red blood cell membrane and of red blood cell metabolism
         10. Inherited and acquired disorders of white blood cells
         11. Leukemias, to include acute lymphoblastic leukemia, acute and chronic myeloid leukemias, and myelodysplastic syndromes
         12. Nutritional anemia
         13. Platelet disorders, to include idiopathic thrombocytopenia purpura (ITP), and acquired and inherited platelet function defects
         14. Solid tumors of organs, soft tissue, bone, and central nervous system

Describe how fellows will be evaluated and indicate if any of the above conditions will not be available to fellows. (Limit 400 words)

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

1. How will graduating fellows demonstrate competence in the following?
2. Applying new diagnostic techniques relevant to patient care
3. Diagnosing and managing complications of disease and therapy, including treatment of infections in the compromised host
4. Integrating palliative care for patients with hematologic and oncologic conditions
5. Providing physiologic support to the patient, including provision of nutrition (both parenteral and enteral), control of nausea and vomiting, and management of pain
6. Recognizing and managing psychosocial stresses and problems

Provide examples of how competence will be assessed in three of the five areas listed. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows be assessed in their ability to competently use and interpret the results of laboratory tests and imaging? (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate their ability to competently perform and interpret results of medical, diagnostic, and surgical procedures considered essential for the practice of pediatric hematology/oncology, including the following?
2. Bone marrow aspiration and biopsy
3. Hematologic laboratory diagnostic tests
4. Lumbar puncture with evaluation of cerebrospinal fluid and infusion of intrathecal chemotherapy
5. Microscopic interpretation of peripheral blood films
6. Peripheral blood smear

Provide examples of how competence will be assessed in three of the five procedures listed. (Limit 300 words)

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| Click here to enter text. |

**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate knowledge of the following?
   1. Bioethics
   2. Biostatistics
   3. Clinical and laboratory research methodology
   4. Critical literature review
   5. Ethical principles involving clinical research
   6. Preparation of applications for funding and/or approval of clinical research protocols
   7. Principles of evidence-based medicine
   8. Study design
   9. Teaching methods

Provide examples of how knowledge will be assessed in five of the nine areas listed. (Limit 500 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the following?
   1. Indications and procedures for stem cell treatment
   2. Indications and procedures for transfusion therapy

Describe how each will be evaluated. (Limit 300 words)

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

**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate skill in teaching both individuals and groups of learners in clinical settings, classroom, lectures, and seminars, as well as by electronic and print modalities? (Limit 300 words)

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

1. How will graduating fellows demonstrate skill in providing feedback to learners and assessing educational outcomes? (Limit 300 words)

|  |
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| Click here to enter text. |

**Systems-based Practice**

1. How will graduating 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?

Describe how these will be evaluated. (Limit 300 words)

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

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will the didactic curriculum include the following?
3. Case discussions YES NO
4. Journal club YES NO
5. Lectures YES NO
6. Seminars YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. How will the program ensure pediatric hematology-oncology conferences occur regularly and involve active participation by the fellows in planning and implementation? (Limit 300 words)

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

1. Will conferences include the following topics appropriate to pediatric hematology-oncology?
2. Anatomy and physiology YES NO
3. Biochemistry YES NO
4. Bioethics YES NO
5. Complications of care YES NO
6. Embryology YES NO
7. End-of-life care YES NO
8. Genetics YES NO
9. Immunology YES NO
10. Microbiology YES NO
11. Nutrition and metabolism YES NO
12. Palliation and death YES NO
13. Pathology YES NO
14. Pathophysiology of disease YES NO
15. Pharmacology YES NO
16. Reviews of recent advances in clinical medicine and biomedical research YES NO
17. Scientific, ethical, and legal implications of confidentiality and informed consent YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will the following topics be covered during regularly scheduled educational activities?
2. Blood groups YES NO
3. Cell kinetics YES NO
4. Characteristics of malignant cells YES NO
5. Coagulation YES NO
6. Immunology YES NO
7. Genetics YES NO
8. Microbiology and anti-infective agents in the compromised host YES NO
9. Molecular biology YES NO
10. Nutrition YES NO
11. Phagocytic system YES NO
12. Pharmacology of chemotherapeutic agents YES NO
13. Principles of radiation therapy YES NO
14. Splenic function YES NO
15. Structure and function of hemoglobin and iron metabolism YES NO
16. Tissue typing YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will conferences include topics on the economics of heath 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? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will conferences address concepts of multi-site or multi-center collaborative clinical and research activities, including the following?
2. Advantages and challenges of participating on such trials YES NO
3. Data analysis and interpretation YES NO
4. Issues of data collection YES NO
5. Patient enrollment YES NO

Explain any ‘NO’ responses (Limit 250 words)

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**Clinical Experiences**

* + - 1. How will the program ensure that fellows, throughout their educational program, have responsibility for providing longitudinal care to a panel of patients that is supervised by one or more members of the pediatric hematology-oncology faculty? (Limit 400 words)

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* + - 1. Will fellows’ longitudinal care experience include the following?
         1. A panel of patients that is representative of the types of cancers and blood disorders fellows are likely to encounter in practice YES NO
         2. Outpatient care YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. Will fellows have clinical experiences in the following?
         1. Making appropriate observation and keeping accurate patient data YES NO
         2. Staging and classification of tumors YES NO
         3. The application of multimodal therapy YES NO
         4. The epidemiology and etiology of childhood cancer YES NO
         5. The use and management of chemotherapy in patients with malignant diseases YES NO
         6. The use and management of radiotherapy in patients with malignant diseases YES NO
         7. The use and management of surgical therapy in patients with malignant diseases YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. How will the program ensure all fellows have clinical experiences in pediatric oncology that include formal and structured education in the elements of long-term, follow-up care, including monitoring for late effects of disease treatment. (Limit 400 words)

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* + - 1. Will all fellows have clinical experience in the following?
         1. Functioning as a member of a multidisciplinary and interprofessional team serving patients with cancer and chronic hematologic disorders YES NO
         2. Laboratories, including blood bank and tissue pathology YES NO
         3. Participating in the activities of the tumor board YES NO
         4. Providing psychological and social support to patients, families, and staff members YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered, the type and number of sessions planned, and if the curriculum is a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

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2. How will the program ensure each fellow designs and conducts a scholarly project in the area of pediatric hematology/oncology with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

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1. Will the program have a Scholarship Oversight Committee for each fellow? YES NO

If ‘YES’, answer a. and b. below.

1. Will the Scholarship Oversight Committee oversee and evaluate the fellow’s progress on scholarly activity? YES NO
2. Will the Scholarship Oversight Committee be a collaborative effort involving other pediatric subspecialty programs or other experts? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will each fellow’s designated mentor:
2. be approved by the Scholarship Oversight Committee? YES NO
3. have expertise in the fellow’s area of scholarly interest, either as a faculty member in pediatric hematology/oncology or through collaboration with other departments? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure each fellow’s scholarly experience begins in the first year and continues for the entire length of the program, and is structured to allow development of skills in research and scholarship with sufficient time for project completion and presentation of results to the Scholarship Oversight Committee? (Limit 400 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to pediatric hematology-oncology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric hematology-oncology, including approaches to clinical work with minority populations  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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| Click here to enter text. |