**Initial Accreditation Application: Hematology (Internal Medicine)**

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 Hematology. 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.

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

**Initial Accreditation Application: Hematology (Internal Medicine)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

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

**Table of Contents**

When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty Initial Application**   | **Page(s)**   |
| **Introduction** | # |
| Duration of Education | # |
| **I. Institution** | # |
| I.A. Sponsoring Institution | # |
| I.B. Participating Sites | NA |
| **II. Program Personnel and Resources** | # |
| II.A. Program Director | NA |
| II.B. Faculty | # |
| II.C. Other Program Personnel | # |
| II.D. Resources | # |
| **III. Fellow Appointment** | # |
| III.A. Eligibility Criteria | # |
| III.B. Number of Fellows | NA  |
| **IV. Specialty-Specific Educational Program** | # |
| IV.A. ACGME-I Competencies | # |
| IV.B. Regularly Scheduled Educational Activities | # |
| IV.C. Clinical Experiences | # |
| IV.D. Scholarly Activity | # |
| **V. Evaluation** | NA |
| **VI. The Learning and Working Environment** | # |
| ​​​​VI.A. Principles | ​​​​NA |
| ​​​​VI.B. Patient Safety | ​​​​NA |
| ​​​​VI.C. Quality Improvement | ​​​​NA |
| ​​​​VI.D. Supervision and Accountability | ​​​​ # |
| ​​​​VI.E. Professionalism | ​​​​NA |
| ​​​​VI.F. Well-Being | ​​​​NA |
| ​​​​VI.G. Fatigue | ​​​​NA |
| ​​​​VI.H. Transitions of Care | ​​​​NA |
| ​​​​VI.I. Clinical Experience and Education | ​​​​NA |
| VI.J. On-Call Activities | NA |
| Appendix A. Formal Didactic Sessions by Academic Year | # |

**Initial Accreditation Application: Hematology (Internal Medicine)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**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 internal medicine? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Program Personnel and Resources**

**Faculty**

1. List the core faculty member(s) who will serve as associate program director(s). Provide an explanation if no associate program director will be named. (Limit 250 words)

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

1. Will faculty members in the following subspecialties available for the education of fellows?
2. Cardiovascular disease [ ] YES [ ] NO
3. Endocrinology [ ] YES [ ] NO
4. Gastroenterology [ ] YES [ ] NO
5. Hospice and palliative medicine [ ] YES [ ] NO
6. Infectious disease [ ] YES [ ] NO
7. Medical oncology [ ] YES [ ] NO
8. Pulmonary disease [ ] YES [ ] NO

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

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

**Other Program Personnel**

1. Will the program have access to physicians in the following specialties?
2. Dermatology [ ] YES [ ] NO
3. General surgery [ ] YES [ ] NO
4. Neurological surgery [ ] YES [ ] NO
5. Neurology [ ] YES [ ] NO
6. Obstetrics and gynecology [ ] YES [ ] NO
7. Orthopaedic surgery [ ] YES [ ] NO
8. Other surgical specialties, including oncology [ ] YES [ ] NO
9. Otolaryngology [ ] YES [ ] NO
10. Urology [ ] YES [ ] NO

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

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

1. Will expertise in the following disciplines be available to the program to provide multidisciplinary patient care and fellow education?
2. Genetic counseling [ ] YES [ ] NO
3. Oncological nursing [ ] YES [ ] NO
4. Pain management [ ] YES [ ] NO
5. Psychiatry [ ] YES [ ] NO
6. Rehabilitation medicine [ ] YES [ ] NO

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

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

**Resources**

1. Will radiation oncology facilities be available to the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will the following laboratory and imaging services be present at the primary clinical site or at participating sites?
2. Blood banking [ ] YES [ ] NO
3. Cross sectional imaging, including computed tomography (CT) and magnetic resonance imaging (MRI) [ ] YES [ ] NO
4. Hematology laboratory [ ] YES [ ] NO
5. Immunopathology [ ] YES [ ] NO
6. Nuclear medicine imaging [ ] YES [ ] NO
7. Positron emission tomography (PET) scan imaging [ ] YES [ ] NO
8. Specialized coagulation laboratory [ ] YES [ ] NO
9. Transfusion and apheresis services [ ] YES [ ] NO

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

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

1. Will there be a clinical medical oncology program with which the fellows can interact? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Eligibility Criteria**

1. How will the program ensure that all fellows have completed an ACGME-I-accredited internal medicine residency program or another internal medicine residency program 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?. (Limit 300 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? (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in a variety of health care settings, including inpatient and ambulatory settings?. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in the following?
	1. Providing care for patients with whom they have limited or no physical contact through telemedicine
	2. Using critical thinking and evidence-based tools
	3. Using population-based data

Describe how competence will be evaluated for each of the above. (Limit 300 words)

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

1. How will fellows demonstrate competence in the following?

Assessing hematologic disorders by CT, MRI, PET scanning, and nuclear imaging techniques

Caring for and managing geriatric patients with hematologic disorders

Caring for patients with human immunodeficiency virus (HIV)-related malignancies

Managing hematologic complications of infectious diseases

Managing the neutropenic and immunocompromised patient

Managing pain, anxiety, and depression in patients with hematologic disorders

Describe how competence will be assessed in four of the six areas listed. (Limit 400 words)

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

1. How will fellows demonstrate competence in evaluation and management of diagnosis, pathology, staging, and management of neoplastic disorders of the lymphoid organs and hematopoietic system? (Limit 300 words)

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

1. How will fellows demonstrate competence in the following?
	* + - 1. Multidisciplinary management of hematologic malignancies
				2. Providing hematologic care to pregnant patients and women of reproductive age
				3. Providing hematologic, infectious disease, and nutrition support
				4. Providing palliative care, including hospice and home care
				5. Treating and diagnosing para-neoplastic disorders
				6. Treating patient with acquired and congenital disorders of hemostasis and thrombosis

Describe how competence will be assessed in four of the six areas listed. (Limit 400 words)

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

* + - * 1. How will graduating fellows demonstrate competence in use of the following?
1. Biologic products
2. Chemotherapeutic drugs
3. Growth factors
4. Immunotherapeutic drugs
5. Multiagent chemotherapeutic protocols and combined modality therapy

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

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

* + - * 1. How will graduating fellows demonstrate competence in the following?
1. Assessment of malignant hematologic disorders by CT, MRI, PET scanning and nuclear imaging techniques
2. Assessing and interpreting complete blood count by means of automated or manual techniques
3. Correlating clinical information with cytology, histology, and immunodiagnostic imaging
4. Determining indications for and application of immunophenotypic and molecular studies
5. Using tests of hemostasis and thrombosis

Describe how competence will be assessed in each of the areas listed. (Limit 500 words)

|  |
| --- |
| 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? (Limit 400 words)

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

1. How will graduating fellows demonstrate knowledge of the scientific method of problem solving and evidence-based decision-making? (Limit 300 words)

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

1. How will graduating fellows demonstrate knowledge of indications, contraindications, and techniques for, and limitations, complications, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures? (Limit 300 words)

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

1. How will graduating fellows demonstrate knowledge of the following?
	1. Acquired and congenital disorders or red cells, white cells, platelets, and stem cells
	2. Hematopoietic and lymphopoietic malignancies of plasma cells
	3. Malignant and hematologic complications of organ transplantation
	4. Management of post-transplant complications

Describe how knowledge will be assessed in each of the areas listed. (Limit 250 words)

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

1. How will graduating fellows demonstrate knowledge of genetics and developmental biology, including the following?
	1. Cytogenetics
	2. Molecular genetics
	3. Nature of oncogenes and their products
	4. Prenatal diagnosis

Describe how knowledge will be assessed in each of the areas listed. (Limit 250 words)

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

1. How will graduating fellows demonstrate knowledge of physiology and pathophysiology, including the following?
2. Basic and clinical pharmacology, pharmacokinetics, and toxicity
3. Cell and molecular biology
4. Hematopoiesis
5. Molecular mechanisms of hematopoietic and lymphopoietic malignancies
6. Principles of oncogenesis
7. Tumor immunology

Describe how knowledge will be assessed in three of the six areas listed. (Limit 300 words)

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

1. How will graduating fellows demonstrate knowledge of the following?
2. Autologous and allogenic bone marrow or peripheral blood stem cell transplantation
3. Chemotherapeutic drugs
4. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
5. Immunotherapeutic drugs, including cellular immunotherapies
6. Peripheral stem cell harvests
7. Preparation of blood smears, bone marrow aspirates, and touch preparations
8. Radiation therapy in the treatment of cancer
9. Transfusion medicine, including component therapy and apheresis procedure
10. Therapeutic phlebotomy

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

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

**Practice-Based Learning and Improvement**

* + - 1. How will graduating fellows demonstrate their 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? (Limit 300 words)

|  |
| --- |
| 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, patients’ families, and health professionals? (Limit 300 words)

|  |
| --- |
| 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? (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 fellows have the following?
3. Opportunity to review all knowledge content from conferences they cannot attend [ ] YES [ ] NO
4. Educational activities that allow for fellow-to-fellow interaction? [ ] YES [ ] NO
5. Educational activities that allow for fellow-to-faculty member interaction? [ ] YES [ ] NO

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

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

**Clinical Experiences**

* + - 1. How will the program ensure that rotations are structured to:
1. allow fellows to function as part of an effective interprofessional team;
2. minimize conflicting inpatient and outpatient responsibilities;
3. minimize the frequency of transitions;
4. provide continuity of patient care;
5. provide ongoing supervision of fellows; and,
6. provide meaningful assessment and feedback?

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

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

1. Will fellows have the following?
	* + - 1. Educational experiences in team-based care with other health care professionals [ ] YES [ ] NO
				2. Elective experiences relevant to their future practice [ ] YES [ ] NO
				3. Experience in the role of hematolology consultant in both an inpatient and outpatient setting [ ] YES [ ] NO
				4. Training using simulation [ ] YES [ ] NO
				5. A structured continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of hematology? [ ] YES [ ] NO

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

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

1. How will the program ensure each fellow has a minimum of 12 months of the educational program devoted to clinical experiences? (Limit 300 words)

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

1. Will each fellow have clinical experience in the following?
2. Allogenic bone marrow transplantation [ ] YES [ ] NO
3. Autologous bone marrow transplantation [ ] YES [ ] NO
4. Performance and interpretation of bleeding time [ ] YES [ ] NO
5. Performance and interpretation of partial thromboplastin time [ ] YES [ ] NO
6. Performance and interpretation of platelet aggregation [ ] YES [ ] NO
7. Performance and interpretation of prothrombin time [ ] YES [ ] NO

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

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

1. How will the program ensure inpatient assignments are of sufficient duration to permit continuing care of a majority of patients throughout their hospitalization? (Limit 350 words)

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

1. Will fellows have clinical experience in the following?
	* + - 1. Apheresis procedures [ ] YES [ ] NO
				2. Bone marrow or peripheral stem cell harvest for transplantation [ ] YES [ ] NO

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

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

1. Will fellows have an average of one half-day a week in the ambulatory clinic throughout the educational program? [ ] YES [ ] NO

Explain if ‘NO’. (Limit 250 words)

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

1. Will fellows’ continuing patient care experience be interrupted by more than one month, excluding vacation? [ ] YES [ ] NO

Explain if ‘YES.’ (Limit 250 words).

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

**Scholarly Activity**

**Fellows’ Scholarly activity**

How will the program ensure that all fellows engage in scholarly activity? (Limit 300 words)

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

**The Learning and Working Environment**

**Supervision and Accountability**

How will the program ensure direct supervision of procedures performed by each fellow will occur until competence has been acquired and documented by the program director? (Limit 300 words)

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

**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-101. Introduction to Hematologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of hematology, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) 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 is to be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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