**New Application: Radiation Oncology**

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 the application 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 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.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Radiation 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. Will the program include an integrated PGY-1? YES NO

If ‘YES,’ complete all sections of the application that pertain to the PGY-1.

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

Choose an item.

**Institutions**

**Sponsoring Institution**

1. Complete the table below with the required information for the following ACGME-I-accredited specialty programs at the Sponsoring Institution.

|  |  |
| --- | --- |
| **Specialty** | **Program Name, Program Director Name, Site** |
| *General surgery* | Click here to enter text. |
| *Internal medicine* | Click here to enter text. |
| *Obstetrics and Gynecology* | Click here to enter text. |
| *Pediatrics* | Click here to enter text. |

**Participating Sites**

* + - 1. Will the program use participating sites in addition to the primary clinical site? YES NO

If ‘YES,’ which site will provide the majority of educational experience in the program? (Limit 250 words)

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| Click here to enter text. |

* + - 1. If ‘YES’ to Question 1 above, will the Program Letter of Agreement with that site specify the following?
  1. How continuity of the educational experience is ensured YES NO
  2. The number and types of patients and procedures available to the residents YES NO

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

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**Program Personnel and Resources**

**Faculty**

List the names of at least four full-time-equivalent (FTE) faculty radiation oncologists who will devote their professional time to the program for the teaching of clinical radiation oncology to residents at the primary clinical site. Add rows as needed.

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1. List the names of the FTE faculty members who are radiation biologist(s) or cancer biologist(s) (PhD level or equivalent) who will be on site to provide a scholarly environment of research and participate in the teaching of radiation and cancer biology to residents. Add rows as needed.

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1. List the names of the FTE faculty medical physicist(s) (PhD level or equivalent), who will be on site to provide a scholarly environment of research and participate in the teaching of radiation physics to residents. Add rows as needed.

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1. What percentage of the program’s physician and PhD faculty members will demonstrate scholarship as defined in the International Foundational Requirements? %
2. How will faculty members ensure that residents personally perform technical procedures, including treatment set-ups, and intracavitary and interstitial placement of radiation sources? (Limit 300 words)

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**Resources**

* 1. Will the following be available at the primary clinical site?

1. A machine with a broad range of electron beam capabilities YES NO
2. At least two megavoltage machines YES NO
3. A system for the construction of treatment aids YES NO
4. Computed tomography (CT) simulation capability YES NO
5. Equipment to perform intercavitary brachytherapy YES NO
6. Equipment to perform intercavitary radiosurgery YES NO
7. Equipment to perform interstitial brachytherapy YES NO
8. Equipment to perform interstitial radiosurgery YES NO
9. Three-dimensional conformal computerized treatment and planning, including intensity-modulated radiation therapy (IMRT) YES NO

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

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1. Will the program have adequate space and equipment to educate residents in state-of-the-art radiation oncology? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will the program have adequate medical services available in the following specialties and subspecialties?
2. Gynecologic oncology YES NO
3. Medical oncology YES NO
4. Pediatric oncology YES NO
5. Surgical oncology and its subspecialties YES NO

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

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| Click here to enter text. |

1. Will residents have access to the following?
2. A clinical laboratory YES NO
3. A tumor registry YES NO
4. Current imaging techniques YES NO
5. Nuclear medicine YES NO
6. Pathology YES NO

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

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1. Will the primary clinical and participating sites have at least 600 patients receive external beam irradiation yearly, including stereotactic radiosurgery procedures? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Resident Appointments**

**Eligibility Criteria**

* 1. How will entering residents complete the prerequisite broad-based clinical year?

Completion of an ACGME-I-, Accreditation Council for Graduate Medical Education-, or Royal College of Physicians and Surgeons of Canada-accredited transitional year program YES NO

Completion of 12 months of general surgery or internal medicine YES NO

Completion of a PGY-1 with oversight from a government or regulatory body YES NO

Through a PGY-1 integrated into the radiation oncology program YES NO

Explain if ‘NO’ to all of the above. (Limit 250 words)

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If the broad-based clinical year will be the responsibility of a governmental or regulatory body, answer Questions 2 and 3 below.

If the program will include an integrated PGY-1, answer Questions 4 and 5 below.

If the broad-based clinical year will be completed in an accredited program or an accredited preliminary year, skip to the Number of Residents section below.

* + - 1. What are the clinical experiences that will be required by the governmental or regulatory body responsible for the broad-based clinical year? (Limit 400 words)

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* + - 1. How will the program ensure an evaluation of each resident’s fundamental clinical skills is completed within six weeks of matriculation into the categorical program? (Limit 300 words)

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* + - 1. Will the integrated PGY-1:

allow residents to engage in direct patient care, including writing orders, progress notes, and relevant records? YES NO

allow residents to have responsibility for decision-making? YES NO

allow residents with proper supervision to have first-contact responsibility for evaluation and management of all types and acuity levels of patients? YES NO

provide a structured program based on scientific knowledge and evidence-based medicine? YES NO

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

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| Click here to enter text. |

1. Will all residents entering the first year of the categorical program have opportunities to achieve the following clinical skills and competencies during the integrated PGY-1?
2. Obtaining a comprehensive medical history YES NO
3. Performing a comprehensive physical examination YES NO
4. Assessing a patient’s medical condition YES NO
5. Making appropriate use of diagnostic studies and tests YES NO
6. Integrating information to develop a differential diagnosis YES NO
7. Developing, implementing, and evaluating a treatment plan YES NO

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

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**Number of Residents**

* + 1. How will the program ensure there is at least one resident per year of the educational program? (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

* + 1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

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

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* 1. How will graduating residents demonstrate the following?
  2. Compassion, integrity, and respect for others
  3. Responsiveness to patient needs that supersedes self-interest
  4. Respect for patient privacy and autonomy
  5. Accountability to patients, society, and the profession
  6. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

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

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**Patient Care and Procedural Skills**

* + 1. How will graduating residents 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)

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| Click here to enter text. |

* 1. How will graduating residents demonstrate knowledge of the causes, prevention, and treatment of cancer and certain non-neoplastic conditions utilizing ionizing radiation, including the following?
  2. External beam irradiation
  3. Intracavitary implants
  4. Interstitial implants
  5. Radioimmunotherapy
  6. Stereotactic radiosurgery
  7. Treatment of benign diseases

Provide examples of how knowledge will be evaluated in four of the six areas listed. (Limit 400 words)

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1. How will graduating residents demonstrate competence in the safe handling of unsealed sources?

Describe how competence will be evaluated. (Limit 350 words)

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1. How will graduating residents demonstrate competence in quality control procedures for instruments used to determine the activity of radiopharmaceuticals for human administration?

Describe how competence will be evaluated. (Limit 350 words)

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1. How will graduating residents demonstrate competence in procedures used to perform checks for proper operation of survey meters?

Describe how competence will be evaluated. (Limit 350 words)

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**Medical Knowledge**

* + 1. How will graduating residents 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)

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* + 1. How will graduating residents demonstrate knowledge of the basic sciences essential to radiation oncology, including medical physics and radiation and cancer biology?

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

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1. How will graduating residents demonstrate knowledge of radiation safety procedures and calibration of radiation therapy machines?

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

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1. How will graduating residents demonstrate knowledge of the use of state-of-the-art treatment planning systems?

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

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| Click here to enter text. |

1. How will graduating residents demonstrate knowledge of the construction of treatment aids?

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

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| Click here to enter text. |

1. How will graduating residents demonstrate knowledge of the following?
2. Classical effects of ionizing radiation
3. Fundamental biology of the causes, prevention, and treatment of cancer
4. Molecular effects of ionizing radiation
5. Radiation effects on neoplastic tissues
6. Radiation effects on normal tissues

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

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1. How will graduating residents demonstrate knowledge of the value and limitations of other oncologic disciplines that play a role in the management of the patient such as the following?
2. Adult medical oncology
3. Pediatric medical oncology
4. Surgical oncology
5. The various surgical specialties

Provide examples of how knowledge will be evaluated in three of the four areas listed. (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of clinical radiation oncology, including the indications for irradiation and special therapeutic considerations unique to each site and stage of disease?

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

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1. How will graduating residents demonstrate knowledge of the problems of recurrent and disseminated tumors and of late aftereffects and complications of radiation therapy?

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

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1. How will graduating residents demonstrate knowledge of medical statistics?

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

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**Practice-based Learning and Improvement**

* + 1. How will graduating residents 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?

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

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| Click here to enter text. |

* + 1. How will graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?

1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
2. Identify and perform appropriate learning activities
3. Incorporate formative evaluation feedback into daily practice
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
5. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
6. Set learning and improvement goals Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
7. Use information technology to optimize learning

Provide examples of how skill will be evaluated in five of the eight areas listed. (Limit 500 words)

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**Interpersonal and Communication Skills**

* + - 1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other 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 residents demonstrate their ability to:

1. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. communicate effectively with physicians, other health professionals, and health-related agencies;
3. work effectively as a member or leader of a health care team or other professional group;
4. act in a consultative role to other physicians and health professionals; and,
5. maintain comprehensive, timely, and legible medical records, if applicable?

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

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**Systems-based Practice**

* + - 1. How will graduating residents 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 skills will be evaluated. (Limit 300 words)

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* + - 1. How will graduating residents demonstrate their ability to:

1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2. coordinate patient care within the health care system relevant to their clinical specialty;
3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
4. advocate for quality patient care and optimal patient care systems;
5. work in interprofessional teams to enhance patient safety and improve patient care quality; and,
6. participate in identifying system errors and implementing potential systems solutions?

Provide examples of how skill will be evaluated in four of the six areas listed. (Limit 400 words)

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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. If it will include an integrated PGY-1,how will the program ensure that didactic sessions during the PGY-1 are planned to enhance and correspond to the residents’ fundamental clinical skills education? (Limit 300 words)

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1. During the educational program in radiation oncology, will didactic sessions include intradepartmental clinical oncology conferences, including the following?
2. Continuous quality improvement YES NO
3. Dosimetry YES NO
4. Journal review YES NO
5. Morbidity and mortality YES NO
6. New patient conferences YES NO
7. Physics YES NO
8. Problem case conferences YES NO
9. Radiation and cancer biology YES NO
10. Weekly chart reviews YES NO

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

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| Click here to enter text. |

1. Will didactic sessions include basic sciences essential to radiation biology, including medical physics and radiation and cancer biology? YES NO

If ‘YES,’ will the radiation and cancer biology curriculum include the following?

1. Cancer prevention YES NO
2. Causes of cancer YES NO
3. Classical and molecular effects of ionizing radiation YES NO
4. Radiation effects on neoplastic tissues YES NO
5. Radiation effects on normal tissues YES NO
6. Treatment of cancer YES NO

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

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| Click here to enter text. |

1. Will the didactic sessions include instruction and practical demonstrations of the following?
2. Calibration of radiation therapy machines YES NO
3. Radiation safety procedures YES NO
4. The construction of treatment aids YES NO
5. The safe handling of sealed and unsealed radionuclides YES NO
6. The use of state-of-the-art treatment planning systems YES NO

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

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| Click here to enter text. |

1. Will instruction in safe handling of unsealed sources address quality control procedures for instruments used to determine the activity of radiopharmaceuticals for human administration? YES NO
2. Will instruction in safe handling of unsealed sources address quality control procedures used to perform checks for proper operation of survey meters? YES NO

Explain any ‘NO’ responses to Questions 6 and 7 above. (Limit 250 words)

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| Click here to enter text. |

1. Will the scheduled didactic sessions include instruction in the following?
2. Medical statistics YES NO
3. Principles of normal tissue tolerance to radiation and tumor dose response YES NO
4. Standard radiation techniques YES NO
5. The potential value and limitations of other oncologic disciplines such as medical oncology (both adult and pediatric) YES NO
6. The potential value and limitations of other oncologic disciplines such as surgical oncology and the various surgical specialties YES NO
7. The use of treatment aids and treatment planning to optimize the distribution of the radiation dose YES NO

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

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| Click here to enter text. |

1. Will the scheduled didactic sessions include instruction in the use of external beam modalities?

YES NO

If ‘YES,’ will this instruction include the following?

1. Electron beam YES NO
2. Computerized treatment planning YES NO
3. Megavoltage irradiation YES NO
4. Simulation using conventional and CT simulators to localize anatomy YES NO

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

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| Click here to enter text. |

1. Complete the table below and indicate if didactic sessions covering information listed in the left-hand column will include the topics listed. Check ‘YES’ or ‘NO’ in all rows for each topic. If the information in the left column will not be covered, check all ‘NO’ boxes in that row.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Topics** | | | | | | | |
|  | | Physics | | Radiation and Cancer Biology | | Clinical Applicability | |
| Yes | No | Yes | No | Yes | No |
| High and low dose rate brachytherapy | |  |  |  |  |  |  |
| Hyperthermia | |  |  |  |  |  |  |
| Kilovoltage irradiation | |  |  |  |  |  |  |
| Intra-operative radiation therapy | |  |  |  |  |  |  |
| Particle therapy | |  |  |  |  |  |  |
| Plaque therapy | |  |  |  |  |  |  |
| Radioimmunotherapy | |  |  |  |  |  |  |
| Radiosurgery | |  |  |  |  |  |  |
| Three dimensional conformal treatment planning and delivery | |  |  |  |  |  |  |
| Total body irradiation as used in stem-cell transplantation | |  |  |  |  |  |  |
| Total skin irradiation | |  |  |  |  |  |  |
| Unsealed sources | |  |  |  |  |  |  |

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

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1. Will conferences and teaching rounds provide for progressive participation of residents?

YES NO

1. Will residents, radiation oncologists, and other staff members attend all required conferences? YES NO

Explain any ‘NO’ responses to Questions 11 and 12 above. (Limit 250 words)

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| Click here to enter text. |

1. Will the clinical curriculum include combined modality therapy and altered fractionation schemes?.

YES NO

1. Will scheduled didactic sessions include the following?
2. Pain management YES NO
3. Palliative care YES NO

Explain any ‘NO’ responses to Questions 13 and 14 above. (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

Complete Appendix B., Patient Population Data, and attach to submission.

If the program will include an integrated PGY-1, answer Questions 2-5 below.   
If the program will not have an integrated PGY-1, skip to Question 6 below.

Specify the duration (in months where four weeks = one month) for each rotation or experience during the integrated PGY-1:

Will all residents have clinical experiences in ambulatory care during the integrated PGY-1?

YES NO

If ‘YES,’ indicate the number of hours of planned ambulatory care experience: # hours

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

Will all residents entering the first year of the categorical program complete each of the rotations in the table in Question 2 above? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

Will elective experiences during the integrated PGY-1 be determined by the educational needs of the individual resident? YES NO

Explain if ‘NO.’ (Limit 250 words)

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How will the program ensure at least 36 months of the educational program in radiation oncology will be spent in clinical activities essential to the specialty? (Limit 350 words)

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Will the program provide rotations in medical oncology? YES NO

If ‘YES,’ how many months of experience is planned? # months

If ‘YES,’ will the experience include the following?

1. Adult patients YES NO
2. Pediatric patients YES NO

If ‘NO,’ will the medical oncology requirement be met by documented attendance at regularly-scheduled multidisciplinary conferences (at least four hours per month during the clinical rotations)?

YES NO

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

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| Click here to enter text. |

Will the program provide a rotation in oncologic pathology? YES NO

Will the program provide a rotation in diagnostic imaging? YES NO

If ‘YES’ to Questions 8 and 9 above, how many months of total experience is planned in these areas? # months

If ‘NO’ to Questions 8 and 9 above, will these requirements be met by multidisciplinary conferences that include pathology and imaging materials for adults and pediatric patients for at least one hour per month during clinical rotations or each discipline? YES NO

Explain if all responses are ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

How will the program ensure at least nine months of the educational program allow for in-depth experience in individually-selected areas applicable to clinical radiation oncology? (Limit 300 words)

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| Click here to enter text. |

Complete the table below and indicate the number of patients treated by the radiation oncology service at each of the planned participating sites during the past 12-month period. Site numbers must correspond to ADS. The primary clinical site is site #1.

Data is for the period from:(date)\_\_\_\_ to: (date) \_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| External beam irradiation |  |  |  |  |
| Interstitial implants |  |  |  |  |
| Intracavitary implants |  |  |  |  |
| Pediatric patients |  |  |  |  |
| Pediatric patients with solid tumors |  |  |  |  |
| Radiommunotherapy, other targeted therapeutic radiopharmaceuticals, or unsealed radioactive sources |  |  |  |  |
| Stereotactic radiosurgery |  |  |  |  |

***Note****: Separate applications of an implant in an individual patient (such as two separate intracavitary applications) may be counted as two separate procedures. However, multiple fractions of a single application (such as multiple fractions of an interstitial implant) may be counted only once.*

*Stereotactic radiosurgery may be delivered by a variety of available technologies using image-guided stereotactic localization procedures and may be either intracranial or extracranial. As defined, radiosurgery may be administered in a single fraction or extended to a maximum of five fractions. (More protracted courses of stereotactic radiation should be classified as external beam radiation cases.)*

For interstitial and intracavitary implants, will residents be routinely involved in the following?

1. Hands-on participation in a significant portion of the implantation procedure YES NO
2. Planning YES NO
3. Review of dosimetry YES NO

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

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| Click here to enter text. |

1. Will residents follow up with irradiated patients, including pediatric patients, on an inpatient or outpatient basis as a required part of resident education? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will all residents have experience with the following?
2. Bone tumors YES NO
3. Breast tumors YES NO
4. Central nervous system tumors YES NO
5. Gastrointestinal tumors YES NO
6. Genitourinary tumors YES NO
7. Gynecologic tumors YES NO
8. Head and neck tumors YES NO
9. Leukemia YES NO
10. Lung tumors YES NO
11. Lymphoma YES NO
12. Skin tumors YES NO
13. Soft tissue tumors YES NO
14. Treatment of benign diseases for which radiation is utilized YES NO

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

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| Click here to enter text. |

**Scholarly Activity**

1. Will all residents complete an investigative project under faculty member supervision? YES NO

If ‘YES,’ will the project be based on biological laboratory research, clinical research, translational research, medical physics research, or other research approved by the program director?

YES NO

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

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| Click here to enter text. |

2. Will the results of these projects be suitable for publication in peer-reviewed scholarly journals or presentation at scientific meetings? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

For each year of the residency, 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 residents will rotate, using the format below. If attended by residents 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 Radiation Oncology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of radiation 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 Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If resident 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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**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which residents will rotate.

Participating sites are indicated by a number that must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Site #1** | | **Site #2** | | **Site #3** | | **Site #4** | |
| **Total Cases Irradiated with External Radiation Treatment** |  | |  | |  | |  | |
| New |  | |  | |  | |  | |
| Retreated: |  | |  | |  | |  | |
| **Number of Brachytherapy**  **Procedures (PR)/Patients (P)** | **PR** | **P** | **PR** | **P** | **PR** | **P** | **PR** | **P** |
| Intracavitary |  |  |  |  |  |  |  |  |
| Interstitial |  |  |  |  |  |  |  |  |
| Unsealed radionuclide procedures |  | |  | |  | |  | |
| Follow-up visits |  | |  | |  | |  | |
| **Number and Types of Neoplasms Simulated** | | | | | | | | |
| 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** | **Site #2** | **Site #3** | **Site #4** |
| **Number and Types of Neoplasms Seen in Consultation** | | | | |
| 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) |  |  |  |  |
| **Total Patients Seen in Consultation** |  |  |  |  |
| **Pediatric Cases** | | | | |
| Leukemia |  |  |  |  |
| Medulloblastoma |  |  |  |  |
| CNS (non-medulloblastoma) |  |  |  |  |
| Hodgkin’s lymphoma |  |  |  |  |
| Rhabdomyosarcoma/STS |  |  |  |  |
| Ewing’s sarcoma/bone tumor |  |  |  |  |
| Neuroblastoma |  |  |  |  |