**New Application: Gynecologic Oncology**

**Review Committee for Obstetrics and Gynecology**

**ACGME**

**Oversight**

**Sponsoring Institution**

1. Does the Sponsoring Institution also sponsor an ACGME-accredited residency program in obstetrics and gynecology? [PR I.B.1.a)] [ ]  YES [ ]  NO

1. Obstetrics and gynecology residency program name and ACGME number (begins with 220):

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

2. Briefly describe how the program functions as an integral part of an ACGME-accredited residency in obstetrics and gynecology, how the fellowship and residency complement and enrich one another, and how the program will ensure resident education is not adversely impacted by the fellowship. [PR I.B.1.a).(1)-a).(2); I.E.1.a)-2.] (Limit response to 200 words)

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

**Resources**

1. Indicate whether the following resources are available on a regularly scheduled basis and always on an emergency basis by checking either Y (YES) or N (NO). Provide an explanation below for all “NO” responses. [PR I.D.1.a)-a).(1)]

|  |  |  |
| --- | --- | --- |
|   | **Site 1** | **Site 2** |
| **Regularly Scheduled Basis** | **Always on****Emergency****Basis** | **Regularly Scheduled Basis** | **Always on****Emergency****Basis** |
| Emergency Department | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Operating rooms | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Recovery room(s) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Intensive care unit(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood bank(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic laboratories  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Imaging services  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

|  |  |  |
| --- | --- | --- |
|   | **Site 3** | **Site 4** |
| **Regularly Scheduled Basis** | **Always on****Emergency****Basis** | **Regularly Scheduled Basis** | **Always on****Emergency****Basis** |
| Emergency Department | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Operating rooms | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Recovery room(s) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Intensive care unit(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood bank(s)  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic laboratories  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Imaging services  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

If any NO answers, briefly explain:

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

2. Briefly describe the research infrastructure available to fellows in terms of scope, equipment, statistical support, and personnel. [PR I.D.1.b)] (Limit response to 200 words)

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

3. Indicate whether the following consultative services are available at the primary clinical site.
[PR I.D.1.d).-d).(2).(b)]

a) Critical care [ ]  YES [ ]  NO

b) Gynecologic pathology [ ]  YES [ ]  NO

c) Hospice and palliative care medicine [ ]  YES [ ]  NO

d) Cancer genetics [ ]  YES [ ]  NO

e) Oncofertility [ ]  YES [ ]  NO

If any NO answers, briefly explain:

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

4. Does the institution actively participate in a tumor registry? [PR I.D.1.e)]........................[ ]  YES [ ]  NO

If NO, briefly explain:

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

5. Institutional Data: Enter the total number of procedures for a recent one-year period (e.g., academic year, calendar year) at each participating site. The site number must match the participating site number listed on the Sites tab in ADS. If the count is zero, enter 0. [PR I.D.4.a)]

| **Procedure** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Total** |
| --- | --- | --- | --- | --- | --- |
| **Hysterectomy-Simple** |
| Abdominal | # | # | # | # | # |
| MIS | # | # | # | # | # |
| **Hysterectomy-Radical** |
| Abdominal | # | # | # | # | # |
| Vaginal | # | # | # | # | # |
| MIS | # | # | # | # | # |
| **Trachelectomy-Simple** |
| Vaginal Simple  | # | # | # | # | # |
| **Trachelectomy-Radical** |
| Abdominal  | # | # | # | # | # |
| Vaginal | # | # | # | # | # |
| MIS | # | # | # | # | # |
| **Exenteration** |
| Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Total | # | # | # | # | # |
| **Conduit** |
| Continent | # | # | # | # | # |
| Incontinent | # | # | # | # | # |
| **Brachytherapy** |
| Brachytherapy applicator placement | # | # | # | # | # |
| **Pelvic Lymphadenectomy** |
| Abdominal  | # | # | # | # | # |
| MIS | # | # | # | # | # |
| **Paraaortic Lymphadenectomy** |
| Abdominal  | # | # | # | # | # |
| MIS | # | # | # | # | # |
| **Lymphatic Mapping and Sentinel Node Biopsy** |
| Abdominal  | # | # | # | # | # |
| MIS | # | # | # | # | # |
| **Debulking** |
| Abdominal Interval  | # | # | # | # | # |
| Abdominal primary | # | # | # | # | # |
| Diaphragmatic stripping/resection | # | # | # | # | # |
| Splenectomy | # | # | # | # | # |
| **Intestinal Surgery** |
| Large bowel resection and/or re-anastomosis | # | # | # | # | # |
| Ostomy, NOS | # | # | # | # | # |
| Rectal or rectosigmoid resection +/- re-anastomosis | # | # | # | # | # |
| Small bowel resection +/- re-anastomosis | # | # | # | # | # |
| **Vulvar Resection** |
| Simple | # | # | # | # | # |
| Radical | # | # | # | # | # |
| **Vaginal Resection** |
| Simple | # | # | # | # | # |
| Radical | # | # | # | # | # |
| **Inguinal Node Dissection** |
| Lymphadenectomy  | # | # | # | # | # |
| Sentinel node resection | # | # | # | # | # |
| **Urologic Surgery** |
| Bladder fistula repair | # | # | # | # | # |
| Ureteral neocystostomy | # | # | # | # | # |
| **Number of Cycles of Chemotherapy** |
| Cervical | # | # | # | # | # |
| Ovarian/fallopian tube | # | # | # | # | # |
| Uterine | # | # | # | # | # |
| Vaginal | # | # | # | # | # |
| Vulvar gestational trophoblastic disease | # | # | # | # | # |

**Personnel**

**Program Director**

1. Does the program director have the authority to select and remove program faculty? [PR II.A.4.a).(4)-(6)] ……………………………………………………………………….……… [ ]  YES [ ]  NO

If NO, briefly explain:

Click here to enter text.

**Faculty**

1. List the program faculty members who participate in the care of patients and are involved in the training of fellows with special interest and expertise in the following areas: [PR II.B.3.d).(1)-d).(2)]

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Faculty Member Name(s)** | **Qualifications (e.g., fellowship, certification)** | **Brief Description of Role in Program** |
| Radiation therapy | Name(s) | Qualifications | Description |
| Pathology | Name(s) | Qualifications | Description |
| Chemotherapy and other targeted therapeutics | Name(s) | Qualifications | Description |

**Educational Program**

**Professionalism**

1. Briefly describe one learning activity in which fellows develop a commitment to carrying out professional responsibilities and an adherence to ethical principles. [CPR IV.B.1.a)] (Limit response to 200 words)

Click here to enter text.

**Patient Care and Procedural Skills**

1. Briefly describe the settings and activities in which fellows develop the **skills** needed to care for women at risk for or diagnosed with gynecologic cancer or precursors. [PR IV.B.1.b).-b).(2).(b).(iii)] (Limit response to 200 words)

Click here to enter text.

1. Briefly describe how the program assesses fellows’ patient care and procedural skills. [PR IV.B.1.b)-b).(2).(b).(iii); V.A.1.-1.c).(2)] (Limit response to 200 words)

Click here to enter text.

**Medical Knowledge**

1. Briefly describe the settings and activities in which fellows develop the **knowledge** needed to care for women at risk for or diagnosed with gynecologic cancer or precursors. [PR IV.B.1.c)-c).(2)] (Limit response to 200 words)

Click here to enter text.

1. Briefly describe how the program assesses fellows’ medical knowledge. [PR IV.B.1.c)-c).(2); V.A.1.-1.c).(2)] (Limit response to 200 words)

Click here to enter text.

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which fellows develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and life-long learning. [CPR IV.B.1.d)] (Limit response to 200 words)

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

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows develop interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and/or health professionals. [CPR IV.B.1.e)] (Limit response to 200 words)

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

**Systems-based Practice**

1. Briefly describe one learning activity through which fellows develop 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. [CPR IV.B.1.f)] (Limit response to 200 words)

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

**Curriculum Organization and Fellow Experiences**

1. List regularly scheduled didactic activities below (e.g., lectures, journal club, grand rounds, morbidity and mortality conference). Designate whether the activity is required or optional (R=Required, RS=Required when on particular service or at that site, O=Optional), if the activity is conducted at the fellowship level, who is responsible for planning the activity, and frequency and duration. **List didactic activities in the order of R, then RS, then O**. [PR IV.C.4.-4.a).(3)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Didactic Activity** |  **R/RS/O** | **Fellowship Level? (Yes/No)**  | **Who is responsible for planning the activity?**  | **Frequency/Duration** |
|   Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |
|  Didactic Activity Name |  R/RS/O |  Yes/No. |  Name(s) of group/individual(s)  |  Frequency/Duration |

1. Do fellows participate in a multidisciplinary Tumor Board? [PR IV.C.5.] …………..…....[ ]  YES [ ]  NO

If NO, briefly explain:

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

**Scholarship**

1. Briefly describe the process by which each fellow will complete a thesis. [PR IV.D.3.c)-3.d).(2)] (Limit response to 200 words)

 Click here to enter text.

1. Does each graduate defend their thesis? [PR IV.D.3.d).(3)]…………………………….[ ]  YES [ ]  NO

If NO, briefly explain:

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

**Evaluation**

1. Briefly describe how the program ensures fellows’ written evaluations of faculty members are kept confidential. [PR V.B.1.b)] (Limit response to 200 words)

Click here to enter text.