****

**National Institute for Health Specialties**

 **Clinical Genetics Program Information Form**

|  |
| --- |
| **Application Information** |
| Date: | Click or tap here to enter text. |
| Application Type: | [ ]  New (Initial Accreditation Application)[ ]  Renewal (Continued Accreditation Application) |
| Program Name: | Click or tap here to enter text. |
| Institution Name: | Click or tap here to enter text. |
| **Table of Contents** |
| When you have the completed forms, **number each page sequentially in the bottom**. Report this pagination in the Table of Contents and submit this cover page with the completed Program Information Form. |
| **Advanced Specialty PIF** | **Page(s)** |
| 1. Introduction | # |
| A. Duration of Education | # |
| 2. Institutions | # |
| A. Participating Sites | # |
| 3. Program Personnel and Resources | # |
| 1. Program Director
 | # |
| 1. Faculty
 | # |
| 1. Other Program Personnel
 | # |
| 1. Resources
 | # |
| 4. Fellow Appointment | # |
| 1. Fellow Appointment and Eligibility Criteria
 | # |
| 5. Educational Program | # |
| 1. Regularly Scheduled Didactic Sessions
 | # |
| 1. Clinical Experience
 | # |
| 1. Fellows’ Scholarly Activities
 | # |
| 1. Duty Hour and Work Limitations
 | # |
| 6. Core Competencies | # |
| 1. Patient Care
 | # |
| 1. Medical Knowledge
 | # |
| 1. Systems-Based Practice
 | # |
| 1. Practice-Based Learning and Improvement
 | # |
| 1. Professionalism
 | # |
| 1. Interpersonal and Communication Skills
 | # |
| 7. Appendix | # |
| 1. Formal Didactic Sessions by Academic Year
 | # |
| 1. Fellow Program Block Diagram/Schedule
 | # |

|  |
| --- |
| **1. INTRODUCTION** |
| **A. Duration of Education** |
| 1. What will be the length, in months, of the educational program? | Click or tap here to enter text. |
| **2. INSTITUTIONS** |
| **A. Participating Sites** |
| 1. Is the program based at the primary clinical site?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 1. Is there a program letter of agreement (PLA) between the program and all participating sites?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 1. Describe how the program ensures that each participating site offers significant educational opportunities to fellows. (Limit 300 words).

Click or tap here to enter text. |
| 1. Are any of the planned participating sites at such a distance from the primary clinical site that fellows’ attendance at rounds and lectures is impractical?
 | [ ]  Yes  |  [ ]  No |
| If ‘YES’, explain how the program ensures that fellows can access or attend rounds and lectures when assigned to these sites. (Limit 300 words).Click or tap here to enter text. |

|  |
| --- |
| **3. PROGRAM PERSONNEL AND RESOURCES**  |
| **A. Program Director** |
| 1. If multiple sites are used, describe how the program director ensures that a unified educational experience occurs to each fellow. (Limit 400 words).

Click or tap here to enter text. |
| **B. Faculty**  |
| * + - 1. Do all faculty members hold appropriate qualifications in their field?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| * + - 1. Will the faculty:
 |
| 1. Dedicate time for administration and education as per the requirements of the NIHS?
 | [ ]  Yes | [ ]  No |
| 1. Participate in faculty development activities?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **C. Other Program Personnel** |
| Is there a dedicated coordinator who has sufficient time to fulfil the responsibilities essential in meeting the educational goals and administrative requirements of the program? | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **D. Resources** |
| Indicate resources provided at the planned clinical sites by completing the table below. Site #1 is the primary clinical site. |
| **Does the Institution provide:** | **Institution #1** | **Institution #2** | **Institution #3** | **Institution #4** | **Remarks** |
| Clinical Genetics | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Biochemical Genetics | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Feto-maternal Unit | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Cancer Genetics | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| IVF | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Genetic Counselling services | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Adult metabolic service | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Adult Clinical Genetics | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| NICU | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| PICU | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ICU | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Metabolic Dietician  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Molecular lab | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Biochemical Genetics lab | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Cytogenetics Lab | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Laboratory and Imaging studies (i.e. ultrasound, computerized tomography, and magnetic resonance imaging) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Describe any additional resources not indicated above. (Limit 300 words)Click or tap here to enter text. |
| **4. FELLOWS APPOINTMENT**  |
| **A. Fellow Appointment and Eligibility Criteria** |
| * + - 1. Describe the eligibility criteria for fellows and fellow selection criteria. (Limit 400 words).

Click or tap here to enter text. |
| **5. EDUCATIONAL PROGRAM** |
| **A. Regularly Scheduled Didactic Sessions** |
| 1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission. |
| 2. Describe how the program will ensure that the didactic curriculum will be based on the core content knowledge areas of Clinical Genetics. (Limit 400 words)Click or tap here to enter text. |
| 3. The didactic curriculum must include:clinical teaching conferences distinct from the basic science lectures and didactic sessions, which should include formal didactic sessions on clinical laboratory topics, medical genetics and genomics rounds, journal clubs, and follow-up conferences for genetic and genomics clinics, and lectures or other didactic sessions, on the following topics |
| 1. Basic mechanisms of inheritance, including sex chromosomes, autosomes, and mitochondrial DNA;
 | [ ]  Yes | [ ]  No |
| 1. Basic molecular biology techniques pertinent to clinical testing and understanding genetics and genomics research
 | [ ]  Yes | [ ]  No |
| 1. Bayesian analysis and other methods of genetic risk assessment
 | [ ]  Yes | [ ]  No |
| 1. behavior of genes in a population, including Hardy- Weinberg equilibrium
 | [ ]  Yes | [ ]  No |
| 1. Bioinformatic approaches to interpreting molecular test results, including methods to assign causation to novel findings
 | [ ]  Yes | [ ]  No |
| 1. The cell cycle and molecular genetics of cancer
 | [ ]  Yes | [ ]  No |
| 1. DNA, RNA, and protein chemistry, including DNA repair
 | [ ]  Yes | [ ]  No |
| 1. Gene expression and mechanisms of regulation of genes and genomes, including epigenetic regulation
 | [ ]  Yes | [ ]  No |
| 1. Genetic counselling
 | [ ]  Yes | [ ]  No |
| 1. Genetic linkage, mapping, and association studies
 | [ ]  Yes | [ ]  No |
| 1. Human embryology and development
 | [ ]  Yes | [ ]  No |
| 1. Inheritance of complex traits and genetic variation
 | [ ]  Yes | [ ]  No |
| 1. Mechanisms of chromosomal rearrangement
 | [ ]  Yes | [ ]  No |
| 1. Molecular organization of the genome, including molecular evolution mechanisms
 | [ ]  Yes | [ ]  No |
| 1. Principles of biochemical genetics and metabolism; and
 | [ ]  Yes | [ ]  No |
| 1. Principles of replication, recombination, and segregation of alleles during meiosis
 | [ ]  Yes | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| 4. Research seminars should be provided as part of the educational experience | [ ]  Yes | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| **B. Clinical Experiences**  |
| Describe how the program will ensure that there will be enough and variety of clinical exposure in different subspecialities for Fellow. (Limit 300 words).Click or tap here to enter text. |
| * + - 1. Will fellows have structured clinical experiences? [ ]  Yes [ ]  No

Explain if ’NO’. (Limit 250 words)Click or tap here to enter text.If ‘YES,’ will the clinical experiences be organized to provide opportunities to: |
| 1. Conduct initial evaluations?
 | [ ]  Yes  | [ ]  No |
| 1. Participate in the subsequent diagnostic process?
 | [ ]  Yes  | [ ]  No |
| 1. Follow patients during the treatment phase and/or evolution of their genetics condition or disorder?
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words)Click or tap here to enter text. |
| 1. Fellow experience must include at least 18 months of broad-based, clinically oriented medical genetics and genomics experiences.
 | [ ]  Yes  | [ ]  No |
| 1. This must include experiences with pediatric, adult, prenatal, and cancer patients
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Fellows must have experience with metabolic patients in both inpatient and outpatient settings
 | [ ]  Yes  | [ ]  No |
| 4. A minimum of two continuous weeks in each of the required laboratory settings | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’ to 3 or 4 above. (limit 250 words)Click or tap here to enter text. |
| 5. Experiences in the clinical biochemical genetics  | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| If ‘YES’, will the experience include the following: |
| 1. Interpreting the results of acylcarnitine analysis.
 | [ ]  Yes  | [ ]  No |
| 1. Interpreting the results of analyses of enzymes by any methodology.
 | [ ]  Yes  | [ ]  No |
| 1. Interpreting the results of tests for plasma amino acid and urine organic acid; and.
 | [ ]  Yes  | [ ]  No |
| 1. Observing diagnostic techniques utilized by the laboratory
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 6. Experiences in the clinical cytogenetics and genomics laboratory | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| If ‘YES’, will the experience include the following: |
| 1. Observing G-banded karyotypes and interphase and metaphase cells using fluorescence in situ hybridization (FISH).
 | [ ]  Yes  | [ ]  No |
| 1. Observing how results of different methodologies to assess for copy number gains and losses can be interpreted
 | [ ]  Yes  | [ ]  No |
| 1. Observing all diagnostic techniques utilized by the laboratory
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 7. Experiences in the clinical Molecular genetics and genomics laboratory | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| If ‘YES’, will the experience include the following: |
| 1. Exposure to quality assurance/quality control procedures.
 | [ ]  Yes  | [ ]  No |
| 1. Interpreting the results of genotyping, including techniques to assess for known variants.
 | [ ]  Yes  | [ ]  No |
| 1. Interpreting the results of sequencing techniques used to discover known and novel variants
 | [ ]  Yes  | [ ]  No |
| 1. Interpreting the results of testing for copy number gains and losses, including techniques to detect deletions, duplications, and other copy number variations or changes in gene expression
 | [ ]  Yes  | [ ]  No |
| 1. Observing how the results of genomic testing may be interpreted;
 | [ ]  Yes  | [ ]  No |
| 1. Observing all diagnostic techniques utilized by the laboratory
 | [ ]  Yes  | [ ]  No |
| 8. Will the Fellows have assigned clinical responsibilities at the same time of laboratory rotation | [ ]  Yes  | [ ]  No |
| Explain if ‘YES’. (Limit 250 words)Click or tap here to enter text. |
| 9. Will the fellow participate in the working conferences of laboratories, and discussion of laboratory data during other clinical conferences? | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 10. Will the Fellow is directly involved in providing continuity of patient care, including decision making regarding that care | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 11. Will the Fellow have responsibility for direct patient care in all settings, including planning, management, and treatment, both diagnostic and therapeutic, subject to review and approval by the physician faculty? | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 12. Does the fellow enter all the cases into the NIHS Case Log System in which they directly participated | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| **C. Fellows’ Scholarly Activities** |
| Do all fellows engage in a scholarly activity under faculty supervision? | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| Describe how the program ensures that all fellow research projects are published or presented at institutional, local, regional, or national meetings. (Limit 300 words).Click or tap here to enter text. |
| Describe how fellow research projects are evaluated. (Limit 300 words).Click or tap here to enter text. |
| **D. Duty Hour and Work Limitations** |
| 1. Are all fellows working duties compliant with duty-hour regulations?
 |
| 1. Duty hours are limited to 80-hours per week averaged over 4-weeks.
 | [ ]  Yes  | [ ]  No |
| 1. Fellows have one day off in seven free from all clinical and educational duties, averaged over 4-weeks.
 | [ ]  Yes  | [ ]  No |
| 1. A minimum of 10-hours off in between all duty periods.
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. Describe how the program ensures compliance with duty-hour regulations. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe how faculty provides appropriate supervision to fellows in patient care activities. (Limit 400 words)

Click or tap here to enter text. |
| **6. CORE COMPETENCIES** |
| **A. Patient Care** |
| * + - 1. How will graduating fellows demonstrate the ability to takes a comprehensive genetic history with pertinent positive and negative findings; integrates the history with other data to develop a differential diagnosis?

Describe how this will be evaluated. (Limit 300 words).Click or tap here to enter text. |
| * + - 1. How will graduating fellows identifies and accurately describes phenotypic features and/or anomalies using standardized nomenclature; recognizes complex syndromes or disorders?

Describe how this will be evaluated? (Limit 400 words).Click or tap here to enter text. |
| * + - 1. How will graduating fellow demonstrate proficiency in management of patient with genetic diseases?

a. Selects and prioritizes testing options across a broad spectrum of complex disorders and inheritance patterns/ mechanisms b. Uses resources to interpret ambiguous test results in the context of the phenotypec. Implements treatment and/or surveillance plans for complex genetic conditions Describe how proficiency will be assessed in the areas listed. (Limit 300 words).Click or tap here to enter text. |
| 1. How will graduating fellow demonstrate proficiency in Pre- and Post-Test Genetic counselling?

a. Clearly conveys the impact and limitations of complex untargeted testing while obtaining informed consent conveys the impact and limitations of unexpected and ambiguous results Describe how proficiency will be assessed. (Limit 300 words).Click or tap here to enter text. |
| **B. Medical Knowledge** |
| * + - 1. How will graduating fellows demonstrate proficiency in their knowledge of:
* Applying advanced knowledge of embryology, inheritance, and genetic mechanism of disease to diagnostic and therapeutic interventions
* Applying advanced knowledge of gene and genome structure and function to diagnostic and therapeutic interventions

 Describe how this will be evaluated. (Limit 400 words).Click or tap here to enter text. |
| * + - 1. How will graduating fellows demonstrate proficiency in their knowledge of the following:

- Applies knowledge of syndromic and non-syndromic etiologies to diagnosis and management- Applies knowledge of the changes in phenotypes across the lifespan and how it impacts diagnosis and management- Independently synthesizes information to inform clinical reasoning in complex cases - Independently seeks out, analyses and applies relevant original research to diagnostic decision making in complex clinical cases Describe how proficiency will be assessed in each of the areas listed. (Limit 300 words).Click or tap here to enter text. |
| **C. Systems-Based Practice** |
| 1. How will graduating fellows demonstrate their ability to meet the following:

- Conduct analysis of patient safety events and offers error prevention strategies (simulated or actual)- Discloses patient safety events to patients and families (simulated or actual) - Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement projectDescribe how this will be evaluated? (Limit 300 words).Click or tap here to enter text. |
| 1. How will graduating fellows demonstrate that they have developed the skills and habits to be able to meet the following goals:
	1. Role models effective coordination of patient centered care among different disciplines and specialties including referrals and testing
	2. Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings, referrals, and testing
	3. Participates in changing and adapting practice to provide for the needs of specific populations including advocating for a patient’s genetic testing coverage
	4. Manages various components of the complex health care system to provide efficient and effective patient care and transition of care
	5. Advocates for patient care needs (e.g., community resources, patient assistance resources) with consideration of the limitations of each patient’s payment model, including genetic testing through research
	6. Analyzes individual practice patterns and professional requirements in preparation for practice

Provide an example of how skill will be evaluated in the areas listed. (Limit 500 words).Click or tap here to enter text. |
| **D. Practice-Based Learning and Improvement** |
| 1. How will graduating fellows demonstrate the skills to be able to meet the following goals:

a. Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patientb. Seeks performance data consistently with adaptability and humility Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance c. Uses performance data to measure the effectiveness of the learning plan and when necessary, improves itDescribe how this will be evaluated. (Limit 300 words).Click or tap here to enter text. |
| **E. Professionalism** |
| * + - 1. How will graduating fellows demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how this will be evaluated. (Limit 300 words).Click or tap here to enter text. |
| * + - 1. How will graduating fellows demonstrate the following:

a. Compassion, sensitivity, honesty, and integrity and serves as a role model to others.b. Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as neededc. Demonstrates consistently professional behaviour with regard to conflicts of interest relevant to presentations, publishing, consulting, and serviced. Recognizes and addresses situations that may impact others’ ability to complete tasks and responsibilities in a timely manner e. Promotes professional appearance, demeanour, and conduct in their peers and associatesf. Independently develops a plan to optimize personal and professional well-beingg. Independently develops a plan to remediate or improve limits in the knowledge/skills of self or teamProvide an example of how these traits will be evaluated in three of the seven areas listed. (Limit 300 words).Click or tap here to enter text. |
| **F. Interpersonal and Communication Skills** |
| How will graduating fellow demonstrate the following;a. Establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity b. Recognizes personal biases while attempting to proactively minimize communication barriers Uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care planc. Coordinates recommendations from different members of the health care team to optimize patient care d. Provides information to the primary care team regarding rationale for recommendations e. Models active listening to other health care team membersf. Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidanceg. Achieves written or verbal communication (e.g., patient notes, email) that serves as an example for others to followDescribe how this will be evaluated. (Limit 300 words).Click or tap here to enter text. |
| **7. APPENDIX** |
| A. Formal Didactic Sessions by Academic Year  |
| For each year of fellowship, please attach a list of all scheduled didactic courses (including discussion groups, lectures, grand rounds, basic science, skills labs, and journal club) at all participating sites attended by fellows, using the format below. If attended by fellows from multiple years, list in each year but provide a full description **only the first time it 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., lecture, discussion groups, etc.)b) Required or electivec) Brief description (three or four sentences)d) Frequency, length of session, and total number of sessions**Example:**

|  |
| --- |
|  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 attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).Click or tap here to enter text. |

|  |
| --- |
| B. Fellowship Program Block Diagram/Schedule |
| A block diagram is a representation of the rotation schedule for a fellow in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a fellow would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include fellow names.* Create and upload a PDF of your program’s block diagram using the information below as a guide.
* Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below.
* In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
* **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
* When “elective” time is shown in the block diagram, the choice of elective rotations available for fellows should be listed below the diagram. Elective rotations do not require a participating site.
* Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the fellow spends in outpatient activities should be noted.
* Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labelled as such, and should not be associated with a participating site.
* If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.

**Sample Block Diagrams****Block Diagram 1(1)** *In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 |  |
| **Rotation Name** | Clinical Genetics | Clinical Genetics | Metabolic | Molecular | Cyto | Metabolic | Metabolic lab | Cancer genetics | Clinical Genetics | Metabolic | Prenatal | Elec/Vac |
| **% Outpatient** | 20 | 20 | 100 | 0 | 0 | 40 | 100 | 0 | 100 | 20 | 100 |  |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |

**Block Diagram 2 (1)** *In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** |
| **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 3 |  |
| **Rotation Name** | Clinical Genetics | Clinical Genetics | Metabolic | Molecular | Cyto | Clinical Genetics | Metabolic lab | Cancer genetic | Metabolic | Prenatal | Clinical genetics | Metabolic | Elec/Vac |
| **% Outpatient** | 30 | 30 | 100 | 0 | 0 | 20 | 20 | 0 | 100 | 0 | 0 | 100 |  |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |

**Block Diagram 3 (1)** *In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** |
| **Site** | Site 1 | Site 1 | Site 2 | Site 2 | Site 3 |  |
| **Rotation Name** | Clinical Genetics | Metabolic | Molecular lab | Cancer Genetics | Prenatal | Elective/Vacation |
| **% Outpatient** | 0 | 100 | 0 | 100 | 0 |  |
| **% Research** | 0 | 0 | 0 | 0 | 0 |  |

|  |  |  |
| --- | --- | --- |
| **Notes** | Possible electives: |  |
|  | Fetomaternal outpatient 1Molecular lab Site 2 | Cytogenetics Site 2Metabolic lab Site 3 | Research Site 3Metabolic Outpatient Site 1 |

**Block Diagram 4 (1)** *In this example for a subspecialty program, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the fellow’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** |
| **Site** | Site 1 | Site 2 | Site 2 |  |
| **Rotation Name** | Laboratory | Specialty Outpatient | Clinical Genetics | Research |
| **% Outpatient** | 100 | 100 | 0 |  |
| **% Research** | 0 | 40 | 0 | 100 |

1. In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken.
 |