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**National Institute for Health Specialties**

 **Hematology Fellowship Program Information Form**

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| **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. |
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| 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. |
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| **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. |

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| **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. Associate Program Director(s)** |
| * + - 1. Will the program have associate program director(s)?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. If ‘YES’, describe the criteria for appointment as an associate program director. (Limit 300 words)

Click or tap here to enter text. |
| 1. Will the associate program director(s):
 |
| 1. Dedicate at least 0.3 Full-Time Equivalent per week to the administration and educational aspects of the program.
 | [ ]  Yes | [ ]  No |
| 1. Report directly to the program director.
 | [ ]  Yes | [ ]  No |
| 1. Participate in educational programs to enhance their educational professional development.
 | [ ]  Yes | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| **C. 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. |
| * + - 1. Will the program director identify Subspecialty Education Coordinators (SECs) for each of the required subspecialties?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| If ‘YES’, indicate the SECs by completing the table below. Add rows as needed. Site #1 is the primary clinical site. |
| **Subspecialty EducationCoordinator’s Name** | **Based Primarily at Site #** | **Specialty/Field** | **Currently Board Certified** |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
| * + - 1. Will the SECs be accountable to the program director for coordination of the fellows’ subspecialty educational experiences to accomplish the goals and objectives in the subspecialty?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **D. 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. |
| **E. 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** | **Institution #5** |
| Space and Equipment: There must be space and equipment for the program, including meeting rooms, examination rooms, computers, visual and other educational aids, and work/study space. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Facilities: Inpatient and outpatient system must be in place to support fellows in performing routine clerical functions, such as scheduling tests and appointments, and retrieving records and letters.  | [ ]  Yes [x]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| The sponsoring institution must provide the broad range of facilities and clinical support services required to provide comprehensive care of adult patients. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Fellows must have access to a lounge facility during assigned duty hours. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| When fellows are in the hospital, assigned night duty, or called in from home, they must be provided with a secure space for their belongings. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Radiation oncology facilities must be available. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Nuclear medicine imaging; | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Cross-sectional imaging, including coaxial tomography (CT) and magnetic resonance imaging (MRI); | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Positron emission tomography (PET) scan imaging | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Full comprehensible laboratory / Pathology including specialized coagulation laboratory | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| There must be advanced pathology services,Including:Immunopathology, blood banking, transfusion and apheresis services | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Haemodialysis | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| The patient population served is diverse with a variety of clinical problems. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Allied healthcare services are available (including social workers, case managers, dieticians, physiotherapists, etc.) to assist in patient care. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Consultation from other clinical services is available in a timely manner. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| The program has a mechanism to monitor the number of other learners (including medical students, interns, fellows from other programs), to ensure it does not interfere with the program’s fellows’ learning experience. | [ ]  Yes [ ]  No | [ ]  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 how the program will ensure that there will be a minimum of 2 fellows enrolled and participating in the educational program at all times. (Limit 300 words).

Click or tap here to enter text. |
| * + - 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.
 |
| 1. Describe how the didactic program will be based upon the core knowledge content of hematology. (Limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program will provide opportunities for fellows to interact with other trainees and faculty in educational sessions at a frequency sufficient for peer-peer and peer-faculty interaction.

(Limit 400 words).Click or tap here to enter text. |
| 1. Will patient-based teaching:
 |
| * 1. Include direct interaction between fellows and attending physicians.
 | [ ]  Yes  | [ ]  No |
| * 1. Include bedside teaching
 | [ ]  Yes  | [ ]  No |
| * 1. Include discussion of pathophysiology
 | [ ]  Yes  | [ ]  No |
| * 1. Include use of current evidence in diagnostic and therapeutic decisions
 | [ ]  Yes  | [ ]  No |
| * 1. Be formally conducted on all inpatient services
 | [ ]  Yes  | [ ]  No |
| * 1. Be formally conducted on all consultative services
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| 1. Describe how the program will ensure that patient-based teaching will occur with a frequency and duration sufficient to ensure a meaningful and continuous teaching relationship between the teaching attending’s and fellows. (Limit 400 words).

Click or tap here to enter text. |
| **B. Clinical Experiences**  |
| * + - 1. Complete the table below to indicate the number of months of clinical experiences and minimum number of procedures planned in each year of the program for each area indicated (to be supported by Appendix B. Fellowship Program Block Diagram/Schedule).
 |
| **Clinical experience** | **Year 1** | **Year 2** |
| Consultative Hematology | # | # |
| Inpatient Hematology | # | # |
| Bone Marrow Transplant (BMT) | # | # |
| Hematopathology | # | # |
| Bone marrow aspiration and trephine biopsy  | # | # |
| Intrathecal administration of chemotherapy  | # | # |
| Transfusion Reaction Assessment | # | # |
| Chemotherapy Administration | # | # |
| Research | # | # |
| Haematology | # | # |
| Care of patients undergoing apheresis procedures; and bone marrow or peripheral stem cell harvest for transplantation. | # | # |
| Interpretation of APTT/PT, platelet aggregation, and BT, as well as other standard and specialized coagulation assays; and tests of hemostasis. | # | # |
| Laboratory Medicine (blood bank, coagulation and morphology) | # | # |
| Continuity Ambulatory Patients | # | # |
| Elective | # | # |
| 1. Describe how the educational program is structured to allow fellows to have clinical experiences in all of the medical subspecialties? (Limit 500 words).

Click or tap here to enter text. |
| 1. Do all rotations have clearly defined written rotation-specific goals and objectives utilizing the NIHS competencies?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Describe how the program will ensure that the number of inpatient admissions a Junior and Senior fellow is responsible for will not preclude meaningful reflections on the fellow’s learning such as development of a differential diagnosis and or development of a treatment plan. (Limit 400 words)?

Click or tap here to enter text. |
| 1. Will a junior fellow provide ongoing care for more than 15 inpatients at any one time?
 | [ ]  Yes | [ ]  No |
| 1. Will a senior fellow supervising a junior fellow be responsible for the ongoing care for more than 30 inpatients at any one time?
 | [ ]  Yes | [ ]  No |
| Explain any ‘YES’ responses. (Limit 250 words):Click or tap here to enter text. |
| 1. Will fellows write orders for inpatients under their care with appropriate supervision by the attending physician?
 | [ ]  Yes | [ ]  No |
| 1. Describe how the program will ensure that if an attending physician or subspecialty fellow writes orders on a junior fellow’s patient, that the attending physician or subspecialty fellow will communicate his or her action to the junior fellow in a timely manner. (Limit 300 words).

Click or tap here to enter text. |
| 1. Will senior fellows, or attending physicians with documented experience appropriate to the acuity, complexity, and severity of the patient be available on-site at all times to supervise junior fellows?
 | [ ]  Yes | [ ]  No |
| 1. Will only senior haematology fellows supervise other junior haematology fellows on an inpatient rotation?
 | [ ]  Yes | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| 1. Describe how the program will ensure that each physician of record (most-responsible physician) will make management rounds on his or her inpatients and communicate effectively with the fellows participating in the care of those patients at a frequency appropriate to the changing care needs of the patient. (Limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program will ensure that fellows are not required to relate to an excessive number of physicians off record (most responsible physicians). (Limit 300 words)

Click or tap here to enter text. |
| **C. Fellows’ Scholarly Activities**  |
| 1. 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. |
| 2. 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. |
| 3. 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 all graduating fellows demonstrate the ability to provide patient care for those suffering from haematological disease (benign and malignant) for that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? Describe how this will be evaluated. (Limit 300 words) Click or tap here to enter text. |
| 2. How will all graduating fellows demonstrate proficiency in a variety of roles including serving as the direct provider, the leader or member of a multi-disciplinary team or providers, a consultant to other physicians, and a teacher to the patient and other physicians. (Limit 400 words).Click or tap here to enter text. |
| 3. How will all graduating physicians demonstrate proficiency in the prevention, counselling, detection and diagnosis, and treatment of haematological disease (benign and Malignant)? (Limit 400 words).Click or tap here to enter text. |
| 4. How will all graduating physicians demonstrate proficiency in managing patients in a variety of health care settings, including the inpatient ward, the critical care unit, clinic, apheresis, lab, and consultation? (Limit 400 words).Click or tap here to enter text. |
| 5. How will all graduating physicians demonstrate proficiency in managing patients across the spectrum of clinical disorders as seen in the practice of Haematology, including benign and malignant subspecialties? (Limit 400 words).Click or tap here to enter text. |
| 6. How will all graduating physicians demonstrate proficiency in:1. Using clinical skills of interviewing and physical examination
2. Using the laboratory and imaging techniques appropriately
3. Providing care for a sufficient number of undifferentiated acutely and severely ill patients.

Describe how proficiency will be assessed in each of the areas above. (Limit 300 words).Click or tap here to enter text. |
| **B. Medical Knowledge** |
| * + - 1. How will all graduating fellows demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care? Describe how these traits will be evaluated. (Limit 400 words).

Click or tap here to enter text. |
| * + - 1. How will all graduating fellows demonstrate proficiency in their knowledge of:

Evaluating patients with an undiagnosed and undifferentiated presentation.Treating medical conditions commonly managed by internists.Providing basic preventive care.Interpreting basic clinical tests and images.Recognizing and providing initial management of emergency medical problems.Using common pharmacotherapy.Appropriately using and performing diagnostic and therapeutic procedures.Describe how proficiency will be assessed in four of the seven areas listed above. (Limit 400 words)Click or tap here to enter text. |
| **C. 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 life-long learning? Describe how these will be evaluated. (Limit 300 words)

Click or tap here to enter text. |
| 1. How will graduating fellows demonstrate that they have developed skills and habits to be able to meet the following goals:
2. identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. set learning and improvement goals
4. identify and perform appropriate learning activities
5. systematically analyse clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
6. incorporate formative evaluation feedback into daily practice
7. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
8. use information technology to optimize learning
9. participate in the education of patients, families, students, fellows, and other health professionals

Provide an example of how skills will be assessed in five of the eight areas listed above. (Limit 500 words)Click or tap here to enter text. |
| **D. Interpersonal and Communication Skills** |
| 1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals? Describe how these skills will be evaluated. (Limit 300 words)

Click or tap here to enter text. |
| 1. How will graduating fellows demonstrate their ability to:
	1. Communicate effectively with 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.
	5. Maintain comprehensive, timely, and legible medical records.

Provide an example of how these skills will be assessed in three of the five areas listed above. (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 to adhering to ethical principles? Describe how these will be evaluated. (Limit 300 words)

Click or tap here to enter text. |
| 1. How will graduating fellows demonstrate:
	1. compassion, integrity, and respect for others
	2. responsiveness to patient needs that supersedes self-interest
	3. respect for patient privacy and autonomy
	4. accountability to patients, society, and the profession
	5. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Provide an example of how traits will be assessed in three of the five areas listed above. (Limit 300 words)Click or tap here to enter text. |
| **F. Systems-Based Practice** |
| How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?Describe how these skills will be evaluated. (Limit 300 words)Click or tap here to enter text. |
| How will graduating fellows 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 inter-professional teams to enhance patient safety and improve patient care quality
	6. participate in identifying system errors and implementing potential systems solutions

Provide an example of how skill will be assessed in four of the six areas listed above? (Limit 400 words)Click or tap here to enter text. |
| **7. APPENDIX** |
| A. Formal Didactic Sessions by Academic Year  |
| 1. 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:**

|  |
| --- |
| Y-101. Introduction to Haematology a) Seminarb) Required Y-1c) Orientation to common homological disorders, including diagnostic and therapeutic approaches. d) Weekly, for 8 sessions |

 |
| 2. 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. |

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| 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 labeled 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 1 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 |  |
| **Rotation Name** | Consult | Consult | Consult | Ward | Ward | Ward | Pathology | Lab | Research | Research | Elective | Vacation |
| **% Outpatient** | 20 | 20 | 20 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |  |  |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 60 |  |  |

**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 1 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 |  |  |
| **Rotation Name** | Consult | Consult | Consult | Consult | Ward | Ward | Ward | Pathology | Lab | Research | Research | Elective | Vacation |
| **% Outpatient** | 20 | 20 | 20 | 20 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |  |  |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 60 |  |  |

|  |  |  |
| --- | --- | --- |
| **Notes** | Possible electives: |  |
|  | Palliative/Radiation OncologyLymphoma/hemoglobinopathy/ThrombosisPediatrics Hematology/ Transfusion  |  |  |

(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. |