****

**National Institute for Health Specialties**

**Rubrics for Hematology Fellowship Program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | | | |
| **1 Institution Information** | | | | | |
| Institution: | Click or tap here to enter text. | | | | |
| Address: | Click or tap here to enter text. | | | | |
| Date: | Click or tap here to enter text. | | | | |
| **Requirements** | **Status** | | | **Evidence**  **if applicable** | **Comments** |
| **Met** | **P. Met** | **Not Met** |
| **INSTITUTION** | | | | | |
| 1. The program is sponsored by a National Institute for Health Specialties accredited sponsoring institution. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. A valid program letter of agreement (PLA) exists with each participating site. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program has a mechanism to monitor the clinical learning and working environment at each participating site. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT FOR INSTITUTION SECTION:** | Click or tap here to enter text. | | | | |
| **PROGRAM PERSONNEL AND RESOURCES** | | | | | |
| **Program Director** | | | | | |
| 1. The program director has an active consultant license. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program director has qualification(s) or competency in medical education. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program director has at least 3-years’ experience in residency/Fellowship training/management. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The sponsoring institution provides the program director with adequate protected time for program administration (0.3 Full-Time Equivalent). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program director actively participates in the Graduate Medical Education Committee. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Associate Program Director** | | | | | |
| * + 1. The program has appointed (an) associate program director(s). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The associate program director actively participates in program administration and educational activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The sponsoring institution provides the associate program director with adequate protected time for program administration (0.3 Full-Time Equivalent). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Faculty** | | | | | |
| * + 1. Physician faculty hold a specialist or a consultant license in their specialty/subspecialty. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The program director has designated core faculty members who have a significant role in fellow education and supervision. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The program director has designated subspecialty education coordinators (SEC) in all of the following specialties/subspecialties (Radiation Oncology, Bone Marrow Transplant, Paediatrics Haematology, Transfusion, Blood Bank, Pathology Lab). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The sponsoring institution provides core faculty members with adequate protected time for fellow education (0.1 Full-Time Equivalent). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The ratio of core faculty to fellows is a minimum of 1:4. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The ratio of all faculty to fellows is a minimum of 1:1. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Faculty members regularly participate in organized educational and teaching activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Faculty members regularly attend faculty development activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Faculty are evaluated at least annually by the program director. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Program Coordinator** | | | | | |
| * + 1. The program has a dedicated program coordinator. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The sponsoring institution provides the program coordinator with adequate time and support to perform the administrative duties of the program. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Resources** | | | | | |
| 1. The following clinical services are available in the sponsoring institution or the participating site(s). |  | | | | |
| 1. Inpatient and outpatient systems must be in place to support fellows in performing routine clerical functions, such as scheduling tests and appointments, and retrieving records and letters. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The sponsoring institution must provide the broad range of facilities and clinical support services required to provide comprehensive care of adult patients. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. A secure space for the Fellow belongings. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Radiation oncology facilities must be available. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Hematology laboratory |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Access to specialized coagulation laboratory |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Nuclear medicine imaging |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Cross-sectional imaging, including coaxial tomography (CT) and magnetic resonance imaging (MRI) |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Positron emission tomography (PET) scan imaging |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Immunopathology/ blood banking/Transfusion and apheresis services |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. There must be a medical oncology clinical   program with which haematology fellows may interact. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The patient population served is diverse with a variety of clinical problems. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Allied healthcare services are available (including social workers, case managers, dieticians, physiotherapists, etc.) to assist in patient care. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Consultation from other clinical services is available in a timely manner. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Adequate clinical and teaching space is available including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for educational staff. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program has a mechanism to monitor the number of other learners (including medical students, interns, residents from other programs), to ensure it does not interfere with the program’s residents’ learning experience. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF PERSONNEL AND RESOURCES SECTION:** | Click or tap here to enter text. | | | | |
| **FELLOW APPOINTMENT** | | | | | |
| 1. There is a minimum of one fellow in each year of the program. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. There is a minimum of 2 fellows enrolled in the program at all times. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Eligibility and selection of fellows as per NIHS criteria |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Program orientation process for new residents available including but not limited to policies, work structure, curriculum, wellbeing, physician impairment, fatigue and sleep deprivation, etc. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF FELLOW APPOINTMENT:** | Click or tap here to enter text. | | | | |
| **EDUCATIONAL PROGRAM** | | | | | |
| **Curriculum** | | | | | |
| 1. The program has written competency-based goals and objectives for each rotation. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The goals and objectives are available for all residents and faculty members. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Didactic activities take place regularly. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The following didactic-sessions take place at least monthly. |  | | | | |
| * 1. Grand rounds. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Case-based discussions. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Multidisciplinary meetings/conferences. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Morbidity and mortality meetings/rounds. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Subspecialty-specific Lectures and workshop. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Fellows are provided with protected time to attend didactic activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Clinical Experiences** | | | | | |
| 1. Fellows clinical experience includes the following rotations and producers: |  | | | | |
| 1. At least six months of Consultative Hematology |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. At least six months of Inpatient Hematology |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. A minimum of two months of Bone Marrow Transplant (BMT) |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. A minimum of two month of Hematopathology |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Bone marrow aspirate and trephine biopsy Procedure |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Intrathecal administration of chemotherapy |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Transfusion Reaction Assessment |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Chemotherapy Administration |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. A minimum of two months of Research |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Fellows must assume continuing responsibility for acutely and chronically ill patients in order to observe and manage both inpatients and outpatients with a wide variety of blood and neoplastic disorders, and the benefits and adverse effects of therapy. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Fellows should participate in the care of patients undergoing apheresis procedures; and bone marrow or peripheral stem cell harvest for transplantation. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Fellows must be educated about and should have experience with performance and interpretation of APTT/PT, platelet aggregation, and BT, as well as other standard and specialized coagulation assays; and tests of hemostasis. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Experience with Continuity Ambulatory Patients |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Fellows must have experience in the role of a hematology consultant in both the inpatient and outpatient settings. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The core curriculum must include a didactic program based upon the core knowledge content in the subspecialty area. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Patient-based teaching must include direct interaction between fellows and faculty members, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Fellows must receive instruction in practice management relevant to hematology. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program has a mechanism to evaluate the number of procedures and competence of each fellow in above-mentioned procedures. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF THE EDUCATIONAL PROGRAM SECTION:** | Click or tap here to enter text. | | | | |
| **SCHOLARLY ACTIVITIES** | | | | | |
| **Fellows Scholarly Activities** | | | | | |
| * + 1. The program provides the fellows with research training. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The program provides fellows with opportunities to participate in scholarly activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. All fellows in the program participate in scholarly activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Faculty Scholarly Activities** | | | | | |
| * + 1. Faculty demonstrate accomplishment in scholarly activities. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF THE SCOLARLY ACTIVITIES SECTION:** | Click or tap here to enter text. | | | | |
| **FELLOW EVALUATION AND PROMOTION** | | | | | |
| **Fellow Evaluation** | | | | | |
| * + 1. The program has objective performance evaluation tools for all Core competencies. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Fellows are evaluated by multiple evaluators (e.g. faculty, peers, patients, etc.). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Fellows receive feedback after each rotation. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Evaluations are documented at the end of each rotation. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The PD or designee meet at least semi-annually with each fellow, and review the fellow’s performance. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Semi-annual evaluations are documented for each fellow. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Final evaluations are completed for each fellow at the end of the training period (Summative letter). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Fellow Promotion** | | | | | |
| * + 1. The program has written annual fellow promotion criteria. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. The promotion criteria are available for fellows to review. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF FELLOW EVALUATION AND PROMOTION SECTION:** | Click or tap here to enter text. | | | | |
| **CLINICAL COMPETENCY COMMITTEE** | | | | | |
| * 1. The program has a Clinical Competency Committee (CCC) that meets at least semi-annually. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. CCC has at least three members. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. At least one of the CCC members is a core faculty. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. CCC has a written description of the duties, meeting process, decision making and reporting of the committee. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. CCC meetings are minuted. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. CCC reviews each resident’s performance at least semi-annually, and develops individual plans for residents. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. The PD or designee meets with each fellow semi-annually and shares the CCC’s findings and plan. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF CLINICAL COMPETENCY COMMITTEE SECTION:** | Click or tap here to enter text. | | | | |
| **PROGRAM EVALUATION COMMITTEE** | | | | | |
| 1. The program has a Program Evaluation Committee (PEC) that meets at least annually. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The PEC has at least two faculty members, one of whom is a core faculty. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The PEC has fellow representatives from each year of training. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The PEC has a written description of the duties, meeting process, decision making and reporting of the committee. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The PEC produces an annual program evaluation report. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The program annual report is presented by the PD or designee to the Graduate Medical Education Committee (GMEC) annually |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. At minimum, the PEC evaluates the following aspects of the program: |  | | | | |
| * 1. Competency-based rotation goals and objectives. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Curriculum. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Fellow and faculty scholarly activity. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Written program evaluations. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Annual program survey by faculty and fellows. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Aggregate faculty evaluation. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Aggregate fellow in-training examination. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Board pass rates. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Graduate performance. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Fellow recruitment and retention. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Quality and safety of patient care. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Prior annual program reports. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. The annual report is distributed and discussed with the fellows and faculty. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF PROGRAM EVALUATION COMMITTEE SECTION:** | Click or tap here to enter text. | | | | |
| **DUTY HOURS** | | | | | |
| * 1. The program has a mechanism to monitor fellows’ working hours. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. The program adheres with duty hour regulations. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Duty hours are limited to 80-hours per week averaged over 4-weeks. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Fellows have one day off in seven free from all clinical and educational duties, averaged over 4-weeks. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. A minimum of 10-hours off in between all duty periods. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| D. Maximum In-House On-Call Frequency**:** Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| E.At-Home Call**:**  a) Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit.  b) Fellows are permitted to return to the hospital while on at- home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF DUTY HOURS SECTION:** | Click or tap here to enter text. | | | | |
| **FELLOW SUPERVISION** | | | | | |
| * 1. The program has a written supervision policy. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Each fellow in the program has appropriate privileges assigned to them based on their level of training, ability, and complexity and acuity of the situation. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Faculty are aware of supervision requirements. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **OVERALL ASSESSMENT OF FELLOW SUPERVISION SECTION:** | Click or tap here to enter text. | | | | |
| Overall assessment of all Sections: | Click or tap here to enter text. | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **NAME** | **SIGNATURE** | **DATE** |
| ***Program Director*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Designated Institutional Official/ Head of Medical Education Department*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |