

UNITED COUNCIL  
FOR  
NEUROLOGIC  
SUBSPECIALTIES

Neuro-oncology  
Program Accreditation Application  
Appendices A-J Templates

Please note:

1. All templates and forms provided within this document must be used.
2. Only provide requested information.

**Appendix C: Graphic Display of the Curriculum**

Using **ONE** of the three templates provided below for Appendix C, describe the typical curriculum for fellows. If more than one curricular option is offered, please copy the template and include all options available within the program, ensuring that each option is clearly identified.

**Option 1 – Block Rotations in Months**

Using the template provided below for Appendix C, describe in block form the typical curriculum for fellows by **months** including the institution (#1, 2, 3, 4) as listed in PIF Section 2. If you require an extended table, please e-mail your request to applications@ucns.org.

Curricular components may be offered in blocks or longitudinally. An example of the latter is a regularly scheduled clinic attended over a period of time while assigned to other rotations. Those components offered in block assignments each year should be recorded in the block template. Those clinical experiences offered longitudinally should be recorded separately in the longitudinal templates by year. You should not include conferences, lectures, or other didactic experiences in the longitudinal template.

Year 1

**BLOCK ROTATIONS**

July	August	September	October	November	December	January	February	March	April	May	June
Adult Neuro-oncology Site #1	Adult Neuro-oncology Site #1	Neuro-pathology Site #1	Neuro-radiology Site #1	Palliative Care Site #1	Peds Neuro Onc Site #1	Rad-Onc Site #1	Adult Neuro-oncology Site #1	Adult Neuro-oncology Site #1	Adult Neuro-oncology Site #1	Adult Neuro-oncology Site #1	Consults-Inpatient Post-op Site #1

**LONGITUDINAL EXPERIENCES**

Type of experience	Time commitment per week	Number of weeks per year	Amount of time in months (e.g., 40 half days=1 month)
Fellow outpatient Adult Neuro-Onc Clinic	1-4 Days (Varies depending on rotation)	52	~ 6.3
Research	1	52	2.6

**Appendix D: Goals and Objectives**

Using the template provided below, identify and describe all rotations in which fellows participate. **THE ACGME COMPETENCY/GLOBAL LEARNING OBJECTIVES, A SAMPLE COMPLETED TABLE, AND ADDITIONAL REFERENCE MATERIALS** are available on the UCNS website.

For **EACH** rotation:

- 1) name the rotation,
- 2) describe the rotation (block vs. longitudinal, description of activities, etc.),
- 3) list the specific learning objectives (see the Goals and Objectives Example, which is available on the UCNS website),
- 4) link each specific learning objective to corresponding ACGME competency/global learning objective(s) using the numbers from the global objectives table available on the UCNS website (e.g., A.1. for the first objective in the patient care core competency),
- 5) identify the objective type(s) (knowledge, skills, and attitudes and behaviors) \*,
- 6) identify the assessment type(s) (formative or summative) \*, and
- 7) identify the assessment method(s) (multiple choice questions, test, essay, oral exam, NEX, etc.) \*.

\*For assistance in writing objectives and determining the objective type(s) and assessment type(s) and method(s), reference the *Guide to Writing Goals & Learning Objectives Linked to Assessments: Curricular Alignment*, which is available on the UCNS website.

**COPY AND PASTE THE FOLLOWING FOR EACH PROGRAM ROTATION.**

**Rotation Name:** Adult Neuro-Oncology

**Rotation Description:** Block, outpatient clinic setting, fellow will evaluate adult neuro-oncology patients with focus on CNS tumors. The goal of this rotation is to gain understanding and expertise in common primary nervous system malignancies.

Specific Learning Objectives <i>By the conclusion of the program, the fellow must:</i>	ACGME Competency	Objective Type(s)	Assessment	
			Type(s)	Method(s)
Identify neurologic disease and impairments as related to neuro-oncology, including but not limited to headaches, seizures, hemi-paresis, sensory abnormalities, gait and balance abnormalities, and mental status changes	A1, A3, A4, B4, C4, D1	K, S, AB	F, S	End of rotation evaluations, Chart Review; Self-Assessment; Patient and 360 Degree Evaluations
Identify areas of improvement in the care of outpatients.	C1, C2, C3			
Demonstrate documented experience in practice management, ethics, advocacy, and socio-economics.	A3, C1,C2, C3, D1, E1, E2, E3, F1			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			

Demonstrate competency in the initial evaluation of a new patient and formulation of an appropriate assessment and plan	A2, A3, B2, B3			
Demonstrate understanding of methods for delivery of radiation therapy and potential benefits and complications of this therapy alone and in conjunction with other therapies.	A2, A3, B2, B3			
Manage an adequate number of outpatients representing a broad range of neuro-oncologic diseases, including primary brain and spine tumors as well as neurologic metastatic malignancy.	A1, A3, A4, B4, C4, D1			
Perform a complete neurologic examination	A1, A3, B3, B4			
Demonstrate competency in the initial evaluation of a new patient and formulation of an appropriate assessment and plan	A1, A3, B1, B4			
Recognize respect for patient privacy and autonomy.	A1, C4, D1, E1, E2, E3			
Employ compassion, integrity, and respect for others.	A1, D1, D2, D3, E1, E2, E3			
Employ considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate	A2, A4, B4, C1, C2, C3, C4, D1, F1, F2, F3			

**Rotation Name:** Neuropathology

**Rotation Description:** Block; rotation offers the opportunity to acquire more in-depth training in neuropathology, including review of gross and microscopic neuropathology of common CNS diseases, and learn how to work effectively within a multidisciplinary health care team, participating as appropriate in informed decision-making and clinical management.

Specific Learning Objectives	ACGME Competency	Objective Type(s)	Assessment	
			Type(s)	Method(s)
<i>By the conclusion of the program, the fellow must:</i>				
Demonstrate ability to independently review cases/specimens and then formulate a differential diagnosis based on analysis or morphologic, clinical, and imaging findings, as related to neuro-oncologic conditions.	A1 B1, B4, D1	K, S, AB	F, S	End of rotation global assessment; Chart Review; Self-Assessment; Patient, 360 Degree Evaluations
Acquires sufficient experience to recognize gross and microscopic appearance of common neuro-oncologic entities.	A1, B1, B3, B4, C1			
Demonstrate basic understanding of the appropriate use and interpretation of histochemical and immunohistochemical stains in evaluating Neuropathology lesions.	A1, B1, B3, B4, C1			

Demonstrate understanding of the role of molecular pathology in diagnosis of brain tumors.	A1, B1, B3, B4, C1			
Demonstrate documented experience in practice management, ethics, advocacy, and socio-economics.	A3, C1,C2, C3, D1, E1, E2, E3, F1			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			

**Rotation Name:** Radiation Oncology

**Rotation Description:** Block; during the radiation oncology rotation, fellows receive clinical training in a wide variety of treatment and treatment planning techniques. Fellows will participate in the review of diagnostic test results, gain an understanding of the acute effects of treatment and management and participate in follow-up clinics to understand the late effects of treatment and management of complications and recurrences, under the supervision of a radiation oncologist.

Specific Learning Objectives <i>By the conclusion of the program, the fellow must:</i>	ACGME Competency	Objective Type(s)	Assessment	
			Type(s)	Method(s)
Demonstrate the appropriate diagnostic evaluation, staging and prognosis of the various CNS major cancers treated with radiation therapy.	A2, A3, B2, B3	K, S, AB	F, S	End of rotation global assessment; Chart Review; Self-Assessment; Patient 360 Degree Evaluations
Demonstrate the appropriate indications and use of radiation therapy in the curative setting for CNS cancer types.	A2, A3, B2, B3			
Identify the appropriate use of radiation therapy in the palliative setting.	A3, B1, D2, E1, E2, F1			
Identify the acute and late effects that could result from treatment.	A2, A3, B2, B3			
Formulate a cancer treatment plan with the attending physician.	A1, A3, B1, B4			
Demonstrate documented experience in practice management, ethics, advocacy, and socio-economics.	A3, C1,C2, C3, D1, E1, E2, E3, F1			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			
Recognize respect for patient privacy and autonomy.	A1, C4, D1, E1, E2, E3			

Employ compassion, integrity, and respect for others.	A1, D1, D2, D3, E1, E2, E3			
Demonstrate the basics of simulation, treatment planning and treatment delivery by working with radiation therapists, dosimetrists and physicists.	A1, A3, C4, D1, D2, D3, E1, E2, E3, E4			

**Rotation Name:** Neuroradiology

**Rotation Description:** Block; fellow will be trained to critically evaluate the indications for, interpretation of, and scientific underpinnings of neurological imaging studies (plain films, CT & MRI scans) under the auspices of the neuroradiology division.

<b>Specific Learning Objectives</b> <i>By the conclusion of the program, the fellow must:</i>	<b>ACGME Competency</b>	<b>Objective Type(s)</b>	<b>Assessment</b>	
			<b>Type(s)</b>	<b>Method(s)</b>
Demonstrate ability to interpret imaging studies of the central nervous system, including plain radiographs, computed tomography (CT) scans, and magnetic resonance (MR) imaging- including MR spectroscopy and perfusion studies.	B1, B3, B4, C1	K, S, AB	F, S	End of rotation global assessment; Self- Assessment; Patient 360 Degree Evaluations
Demonstrate basic understanding of the physical principles of CT, MR, and plain radiography. Additionally, demonstrate understanding of the relative value of each modality and the ability to choose the appropriate study for each patient	B1, B3, B4, C1			
Employ considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.	A2, A4, B4, C1, C2, C3, C4, D1, F1, F2, F3			
Employ compassion, integrity, and respect for others.	A1, D1, D2, D3, E1, E2, E3			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			

**Rotation Name:** Palliative Care

**Rotation Description:** Block; The rotation aims to develop the fellow's knowledge and skills to understanding the ethical and legal aspects of palliative care, and knowing when to appropriately involve hospice medical guidelines for determining prognosis in neurologic diseases.

<b>Specific Learning Objectives</b> <i>By the conclusion of the program, the fellow must:</i>	<b>ACGME Competency</b>	<b>Objective Type(s)</b>	<b>Assessment</b>	
			<b>Type(s)</b>	<b>Method(s)</b>
Demonstrate an understanding of how to explore patient and family knowledge of	D2, E1, E2, F1	K, S, AB	F, S	End of rotation,

illness, concerns, goals, and values that inform the plan of care				global assessment; Chart Review; Self-Assessment; Patient 360 Degree Evaluations
Demonstrate an ability to identify patients' and families' cultural values, beliefs, and practices related to serious illness and end-of-life care.	D2, E1, E2, F1			
Demonstrate and understanding of and an ability to treat pain and non-pain symptoms.	A3, B1, D2, E1, E2, F1			
Demonstrate ability to break bad news to patients.	D2, E1, E2, F1			
Explain, Identify and/or interpret advance directives.	A3, B1, C1, C4			
Demonstrate documented experience in practice management, ethics, advocacy, and socio-economics.	A3, C1, C2, C3, D1, E1, E2, E3, F1			
Employ compassion, integrity, and respect for others	A1, D1, D2, D3, E1, E2, E3			
Employ compassion, integrity, and respect for others.	A1, D1, D2, D3, E1, E2, E3			
Recognize respect for patient privacy and autonomy.	A1, C4, D1, E1, E2, E3			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			

**Rotation Name: Post Op Consult Rotation**

**Rotation Description:** Block; under attending supervision, the fellow will be consulted to the neurosurgery service to evaluate and manage various post op CNS tumor patients. The fellow will interact with patients and their families as well as provide neuro-oncologic consultation to patients.

Specific Learning Objectives <i>By the conclusion of the program, the fellow must:</i>	ACGME Competency	Objective Type(s)	Assessment	
			Type(s)	Method(s)
Manage an adequate number of inpatients representing a broad range of neuro-oncologic diseases, including primary brain and spine tumors as well as neurologic metastatic malignancy	A1, A3, B4, D1	K, S, AB	F, S	End of rotation global assessment; Chart Review; Self-Assessment; Patient 360 Degree Evaluations
Demonstrate ability to manage acute neuro-oncologic emergencies and complications	A1, A3, B4, D1			
Provide an adequate number of inpatient consultations on patients with a broad range of neuro-oncologic diseases, including primary brain and spine tumors as well as neurologic metastatic malignancy.	A1, A3, B4, D1			

Identify areas of improvement in the care of inpatients	C1, C2, C3			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			
Employ compassion, integrity, and respect for others.	A1, D1, D2, D3, E1, E2, E3			
Recognize respect for patient privacy and autonomy	A1, C4, D1, E1, E2, E3			
Employ considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.	A2, A4, B4, C1, C2, C3, C4, D1, F1, F2, F3			

**Rotation Name:** Research

**Rotation Description:** Longitudinal; during the research rotation, the fellow will be involved in conducting clinical research and focusing on data interpretation and publication.

Specific Learning Objectives <i>By the conclusion of the program, the fellow must:</i>	ACGME Competency	Objective Type(s) <i>K, S, AB</i>	Assessment	
			Type(s)	Method(s)
Determine limitations in critical appraisal of literature and means to address those deficiencies.	B1, B2, B3		F, S	Self- Assessment; 6 month rotation evaluations
Understand limitations and advantages of original peer-reviewed medical literature.	B1, B2, B3			
Understand the meaning of statistical significance and differentiate it from clinical significance; learn to evaluate observational study designs such as cross-sectional, case-control, and cohort studies.	B1, B2, B3			
Discuss bias, confounding and effect modification.	B1, B2, B3			
Understand the structure of randomized control trial, its strengths and weaknesses	B1, B2, B3			
Compile evidenced based review of a specific clinical question using critical appraisal skills	B1, B2, B3			
Understand how to design a protocol for an original research project utilizing fundamental statistical principles and research methodology	B1, B2, B3, E1, E3			
Present results of the research activities conducted in an appropriate forum.	B1, B2, B3			
Understand search strategies while utilizing online literature databases	B1, B2, B3, C4			

**Rotation Name:** Adult Neuro-Oncology Clinic



**Rotation Description:** Longitudinal; this rotation takes place in an outpatient environment where the fellow will evaluate neuro-oncologic patients and interact with patients and their families to establish continuity of care.

Specific Learning Objectives <i>By the conclusion of the program, the fellow must:</i>	ACGME Competency	Objective Type(s)	Assessment	
			Type(s)	Method(s)
Manage an adequate number of outpatients representing a broad range of neuro-oncologic diseases, including primary brain and spine tumors as well as neurologic metastatic malignancy.	A1, A3, B4, D1	K, S, AB	F, S	End of rotation global assessment; Chart Review; Self-Assessment; Patient 360 Degree Evaluations
Perform a complete neurologic examination.	A1, A3, B3, B4			
Identify neurologic disease and impairments as related to neuro-oncology, including but not limited to headaches, seizures, hemi-paresis, sensory abnormalities, gait and balance abnormalities, and mental status changes.	A4, B1, B2, B3, B4			
Demonstrate competency in the initial evaluation of a new patient and formulation of an appropriate assessment and plan.	A1, A3, B1, B4			
Demonstrate competency in the ability to prescribe chemotherapy for patients with primary and metastatic brain tumors and systemic malignancies and to manage treatment-related complications.	A2, A3, B2, B3			
Demonstrate documented experience in practice management, ethics, advocacy, and socio-economics.	A3, C1, C2, C3, D1, E1, E2, E3, F1			
Demonstrate proficiency in interacting with patients, caregivers, families, and members of an interdisciplinary team.	A1, A3, C4, D1, D2, D3, E1, E2, E3, F4			
Employ compassion, integrity, and respect for others.	A1, D1, D2, D3, E1, E2, E3			
Recognize respect for patient privacy and autonomy.	A1, C4, D1, E1, E2, E3			
Employ considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.	A2, A4, B4, C1, C2, C3, C4, D1, F1, F2, F3			

**Appendix E: Formal Didactics**

Using the template provided below for Appendix E, list the schedule all didactics in which fellows participate. Indicate which are mandatory and who attends them. The curricular components listed must ensure that all required didactic components that are listed in the program requirements are included in the program's curriculum.

<b>Didactic Course/Lecture/Conference Title and/or Description</b> State the course/lecture/conference title and, if the title does not clearly indicate to what portion of the didactic curriculum it relates, please describe how the course meets the program requirements.	<b>Mandatory Course?</b> (Yes/No)	<b>Who attends?</b> (fellows only; residents and fellows; residents, fellows, and medical students, etc.)
<b>Offered Daily</b>		
<b>Offered Weekly</b>		
Grand Rounds (Neurology)	Yes	Fellows, Residents, Faculty, Medical Students
Neuro-Oncology team meeting - Multidisciplinary meeting to review and plan patient care	Yes	Fellow and Faculty
Tumor Board - Multidisciplinary discussion of newly diagnosed and other select patient	Yes	Fellow, Faculty
Adult Neuro-oncology Lecture series - Weekly lecture series and to review basics on Neuro-oncology in the beginning of the year and then higher level topics (trial design, experimental therapeutics etc.)	Yes	Fellows, Faculty
Cancer Center Lecture Series	No	Fellows, Faculty, Residents, Medical Students, Extenders
Neurosurgery Pre-op Conference	No	Fellows, Faculty, Residents, Students, Extenders
<b>Offered Monthly</b>		
Neuropathology Conference	Yes	Residents, Fellows
Quality Conferences (Readmissions, Infection, Trended Outcomes)	Yes	Residents, Fellows, Faculty
Neuroradiology Conference	Yes	Residents, Fellows
Wellness Lecture Series	Yes	Residents, Fellows, Faculty
Peer Review/Case Review	Yes	Residents, Fellows, Faculty
Journal Club (Heme/Onc)	Yes	Fellows only
Pediatric Grand Rounds	No	Residents, Fellows, Faculty
Heme/Onc Grand Rounds	No	Fellows, Faculty
Radiation Oncology Grand Rounds	No	Residents, Fellows, Faculty
<b>Offered Quarterly</b>		
<b>Offered Annually</b>		
SAFER Training – Sleep Alertness and Fatigue Education	Yes	Fellows, Residents, Faculty
Blood Borne Pathogens	Yes	Fellows, Residents, Faculty
Fellows as Teachers Certificate Program	No	Fellows, Residents

**Appendix F: Clinical Components**

Using the template provided below for Appendix F, indicate which clinical experiences are included in the program.

Experiences included in the program:		
Inpatient ward service	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Inpatient consultation service	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Outpatient consultation clinic	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Outpatient continuity clinic	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency room consultation	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Nursing home consultation	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Nursing home continuity care	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Home care	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Overnight call	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Other (describe):		
Other (describe):		

**Appendix G: Duty Hours Compliance**

Please submit a copy of the policy on duty hours and a call schedule to complete Appendix G.

Fellows will be expected to follow ACGME duty hour requirements. Fellows will log their hours in the residency management suite, New Innovations for program and institutional weekly monitoring and tracking.

Maximum Hours of Work per Week: Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program. Time spent by fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Programs must encourage fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the fellow must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty

#### Minimum Time Off between Scheduled Duty Periods

Neuro-oncology fellows are considered to be in the final years of education. Fellows/Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. (Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. In unusual circumstances, fellows may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, must be of the fellows' own initiative, and need not initiate a new 'off-duty period' nor require a change in the scheduled 'off duty period. Under such circumstances, the fellow must appropriately hand over care of all other patients to the team responsible for their continuing care, and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director. The program director must review each submission of additional service and track both individual fellows' and program-wide episodes of additional duty. Maximum Frequency of In-House Night Float Fellows must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). Fellows must not average in-house call over a four-week period.

Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. Fellows are permitted to return to the hospital while on at home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

**Call Schedule:**

The fellow will take one week of adult neuro-oncology call per month for 12 months.

Adult Neuro-oncology Rotation Sample Call Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 Call	24 Call	25 Call	26 Call	27 Call	28 Call
29 Call	30					

**Appendix H: Fellow Meeting Attendance, Research Projects, Publications, and Scholarly Activity**

Using the template provided below, list the meeting attendance, research projects, publications, and scholarly activity by fellows for the past three years.

<b>Meeting attendance</b>		
Provide a list of meetings that program fellows have attended over the past three years, showing the fellows by name.		
<i>Fellow</i>	<i>Meeting</i>	<i>Time period (over the last three years)</i>
N/A		
<b>Research projects</b>		
List the research projects by program fellows during the past three years.		
<i>Fellow</i>	<i>Research project</i>	<i>Time period (Over the last three years)</i>
N/A		
<b>Publications</b>		
List the publications by program fellows during the past three years.		
<i>Fellow</i>	<i>Publication</i>	<i>Time period (Over the last three years)</i>
N/A		

**Scholarly Activity**

List the number of scholarly activities by fellows during the past three years.

<b>Based on Academic Year Ending</b>	June 30,	June 30,	June 30,
Number of nationally peer-reviewed published articles authored or co-authored by fellows during the year	N/A		
Number of fellow presentations at regional or national meetings in the year	N/A		

**Appendix I: Evaluation Form Samples**

Please provide a sample of a final evaluation used to evaluate fellows completing the program for Appendix I. This final evaluation should demonstrate the fellow's competence to practice as an independent practitioner in the subspecialty.

Sample of Final Evaluation Letter:

Date

**Final Evaluation**  
**Re: Neuro-Oncology Fellow**

While at the University of Florida, Dr. Fellow has fulfilled all the criteria necessary to become Board eligible for the American Board of Medical Specialties (ABMS). His/Her performance as a fellow has uniformly been excellent. Comments such as follows were the norm:

- Comment from Rotation Evaluation
- Comment from Rotation Evaluation
- Comment from Rotation Evaluation

Dr. Neuro-Oncology Fellow spent time under the direction of Dr. X studying \_\_\_\_\_. He/She has had a vast patient experience, and has been remarkably effective as a Fellow leader. He/She has attained competence in all fellowship competencies. Dr. Fellow has demonstrated sufficient professional ability and is qualified to practice Neuro-Oncology competently and independently without direct supervision.

Signed,

Program Director

**Appendix J: Neuro-oncology Specific**

Please respond to the following:

1. Please attest that the program includes a formal, didactic core content course of a minimum of 50 hours total duration including instruction in principles of treatment of CNS primary and metastatic tumors and related conditions, toxicities of therapy and administration, treatment of medical complications of cancer as they apply to adult and pediatric Neuro-oncology, and supportive care of Neuro-oncology patients.  Yes  No
  
2. Please attest that the didactic components (and their minimum hours) listed below are included in the program and documented in Appendix E: Formal Didactics\*:
  - a. review of the major classes of chemotherapy, dosing and schedules, formulations, pharmacokinetics, toxicities and methods of administration as applicable to Neuro-oncology (8 hours)  Yes  No
  
  - b. diagnosis and medical treatment of adult gliomas, CNS lymphoma, meningioma and other primary CNS tumors (8 hours)  Yes  No
  
  - c. diagnosis and medical treatment of the unique spectrum of primary brain tumors arising primarily but not exclusively in children, including optic pathway gliomas, diffuse brainstem gliomas, primitive neuroectodermal tumors, craniopharyngioma, ependymoma, and CNS germ cell tumors (8 hours)  Yes  No
  
  - d. molecular targeted therapies, viral and immunotherapies, and novel therapeutics (2 hours)  Yes  No
  
  - e. basic principles of neurosurgical therapy as it applies to Neuro-oncology (2 hours)  Yes  No
  
  - f. basic principles of radiation oncology as it applies to Neuro-oncology (2 hours)  Yes  No
  
  - g. diagnosis and treatment of metastatic cancer to the nervous system including brain, spinal cord, leptomeningeal, epidural, plexus, peripheral nerve, and skull metastases (8 hours)  Yes  No
  
  - h. hematologic toxicity monitoring, administration of growth factors and blood products (2 hours)  Yes  No
  
  - i. principles of corticosteroid use (1 hour)  Yes  No
  
  - j. diagnosis and treatment of common medical complications in Neuro-oncology patients, including seizures, raised intracranial pressure, vomiting, pain and headache, infections, venous thrombosis and pulmonary emboli, radiation toxicity, and other commonly-associated conditions and toxicities,



expertise in end-of-life care (10 hours)

Yes  No

k. familiarity with the hereditary syndromes that predispose to CNS tumors

Yes  No

*\* Please note: failure to clearly list all required components in Appendix E will require submission of additional information.*