

Breast Surgical Oncology Fellowship Program Information Database

All information **MUST** be completed. If there is no answer or the question does not apply, it **MAY NOT** be left blank. Please enter N/A in these areas. Any incomplete forms will be sent back as incomplete without any review.

A. Common Program Information Database

1. Program Information

Date of Application:
Program Title:
Mailing Address:
Program Director (name/address/email/phone):
Associate Program Director (if applicable; name/email/phone):
Program Coordinator (name/email/phone):
Current Approval Status (New application/Date of last approval):
Original Approval Date (if applicable):
Number of Positions Requested:
Last Site Visit Date (if applicable):
Approval Length of Last Visit (if applicable):

2. Response to Prior Concerns (**Not applicable for initial applications, please attach ALL correspondence between program and Training Committee, electronic format is acceptable for this**)

- a. List all major and minor concerns from previous site visits:
For each concern, please detail the following information:

Specific concern

Plan of correction (Date initiated)

Current status with narrative response

Resolved (Yes/No/Ongoing)

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3. Major Changes since Last Site Visit (if applicable, please attach as an appendix)

Provide a brief explanation of major changes to the fellowship since the prior site visit.

Has there been a change in the program director?

Has there been a change in the chairman of the department OR chief of the division?

Has there been a change in the institutional leadership?

Has there been a change in the rotation schedule or number of fellows (if yes, please specify)

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4. Participating Institutions

a. Sponsoring Institution/Primary Site

Name:
Address:
Joint Commission Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Institution:
Name of Designated Institutional Officer (DIO email):
Medical School Affiliation (Name/Address):
Date of last ACGME Institutional Review/Accreditation Cycle (if applicable):
Does this Institution Sponsor an ACGME-accredited General Surgery Residency Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Institution sponsor any other related ACGME-accredited programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this Institution house any other non-ACGME training programs? <input type="checkbox"/> Yes <input type="checkbox"/> No

b. Participating/ Affiliated Sites (*complete for each site*)

Name:
Address:
Does this Institution also sponsor its own Breast Oncology Fellowship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance between Primary and Participating Site (Miles/Minutes):
Does this Institution sponsor an ACGME-accredited General Surgery Residency Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total length of time at Participating Institution (months):
Justify how affiliation benefits Breast Fellows:
Program Letter of Agreement (PLA) between Program and Site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date first added as Rotation Site:

5. Program Personnel and Resources

a. Program Director

Name:							
Title:							
Address:							
Telephone:				Fax:			
E-mail:							
Date first appointed Program Director:							
Primary Certification (Type, date of primary certification/recertification year)							
Secondary Certification if applicable (Type, date of certification/recertification year)							
Completed BSO Training Committee-approved Breast/Surgical Oncology Fellowship? [] Yes [] No Which institution and program (specify breast, surgical oncology, or both)?							
Completed BSO Training Committee-approved Breast/Surgical Oncology Fellowship? [] Yes [] No Which institution and program?							
SSO Member? [] Yes [] No							
ASBrS Member? [] Yes [] No							
Percentage of time Program Director is engaged in:							
Clinical:		Administration:		Direct Teaching:		Research:	

b. Faculty Roster: (Core Faculty involved in education/training/mentoring of fellow - includes non-surgical faculty, non-physician educators, please complete subheadings for each individual)

Name	Core Faculty (Y/N)	Primary Institution/ Affiliate	Specialty	Certification (type, date, status)	Number of Years Teaching in this Specialty	Average weekly percentage of time spent (Clinical, Administration, Research, Education)			
						Clinical	Admin	Research	Educ.

Please attach the following items (in electronic format via e-mail/each attachment must not exceed 4 MB in size):

- Core Faculty Curriculum Vitae (Include all funded grants. Please limit articles, talks, chapters to those that are within the past 5 years. Please include all Education/Training related research/references.
- Faculty Scholarly Activity – Please include Basic Science Research and Education Research (includes development of teaching materials). Include faculty name, project name, and if the project was funded or not.
- Non-Physician Faculty Roster
- Non-Physician Curriculum Vitae (Include all funded grants, Please limit articles, talks, chapters to those that are within the past 5 years. Please include all Education/Training related research/references.

c. Active Fellow appointments (if no present fellow please state)

Number of BSO Training Committee-approved Breast Surgical Oncology fellowship positions available:	
Number of filled BSO Training Committee-approved positions:	
Number of non-BSO Training Committee-approved breast surgical oncology fellowship positions available:	
Number of filled non-BSO Training Committee-approved positions:	
Number of ACGME-approved General Surgical Oncology (CGSO) fellows:	
Number of non-ACGME -approved General Surgical Oncology fellows:	

d. Present Fellow Roster (Include fellows who start off cycle - not start of academic year)

Present Fellow Name	Program Start Date	Program Completion Date	Matched Through SSO Match (Yes/No)	Year in Program (if applicable)	Medical School	
					Name	Date of Graduation

Present Fellow Name	Residency Program Name	Specialty	Dates of Graduation	Board Certificate		
				Y/N/Eligible	Type	Year

e. Core Faculty to Fellow Ratio:

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f. Aggregated Data on Fellows Completing or Leaving the Program (data from last 5 years)

Number started and finished program	
Number who withdrew from program (prior to completion)	
Number who transferred from a different program	
Number who were Dismissed from program	
Number who were awarded BSO Training Committee certificate	

g. Fellows Completing the Program (data from last 10 years)

Name	Start of fellowship date	Date of fellowship completion	Current Position			
			Title	Hospital	Location	Specialty

h. Evaluation (fellows, faculty, program, self)

Please provide sample of all evaluations (i.e. fellow of program, fellow of faculty, faculty of fellow, etc.).

1. Are fellows evaluated by the faculty on their performance following EVERY rotation? Yes [] No []

2. How are these evaluations documented?

3. Are the documented evaluations based on ACGME Core Competencies? Yes [] No []

4. Describe how feedback is given to fellows during a rotation.

5. Please describe all performance criteria on which the fellow will be evaluated and assessed.

6. How are the fellows told/informed as of how they will be evaluated and assessed?

7. Describe the system used to ensure that faculty completes written evaluations of fellows after each rotation or educational experience.

8. Do the fellows have a formal review with the Program Director or his/her designee? Yes [] No [] Is it at least annually? Yes [] No []

9. Are fellows given faculty evaluations of them in a timely fashion? Yes [] No []

10. Are faculty evaluations of fellows anonymous? Yes [] No []

11. Describe the system used for fellow evaluation of faculty, while maintaining the fellows' anonymity.

12. Describe the program's (or Department's, if applicable) system for evaluating and providing feedback to the teaching faculty, based on fellow evaluations.

13. Describe the approach used for annual program evaluation by both the fellows and the faculty (if anonymous, please state.)

14. Describe how the fellow (self) evaluates their own progress/deficiencies.

15. If there is only one fellow per year, how does the program director preserve anonymity of the evaluation process?

16. Describe the process by which evaluations are used yearly to improve the program as a whole.

17. Does the program use other providers to evaluate the fellows (PA's, NPs, nurses, OR Staff, office staff, patients)? Yes [] No []

If yes, please provide details and examples.

6. General Institution

- a. Do fellows take overnight or weekend call during the program? Yes [] No []

- b. Do fellows cover general surgery, acute care surgery, or trauma call ever?

Yes [] No [] If yes, how often?

1. If yes to a or b above, does this ever impact negatively on the fellowship obligations? Yes [] No []

What policies exist to offset this issue?

- c. What process exists to optimize hand-off and transitions-of-care when a fellow goes off duty or resumes care after having been off duty?

- d. Are the fellows ever called back into the hospital at night or on weekends? Yes [] No []

If yes, are there call rooms available for the fellow to sleep?

- e. Are the fellows permitted to moonlight? Yes [] No []

If yes, is there a limit to amount of moonlighting? How is the moonlighting monitored?

- f. Are fellows ever required to work a 24-hour shift? Yes [] No []

- g. Does the fellow(s) have a dedicated computer work station for themselves and adequate desk space to allow academic productivity? Yes [] No []

Please describe.

- h. Do the fellows have 24-hour access to an electronic library? Yes [] No []

- i. Are electronic medical records used at each institution with 24-hour access to the system? Yes [] No []

- j. Please explain the organization structure of your service (e.g. there is a separate Breast Division or section, if it is organizationally under surgical oncology, general surgery department, or cancer center).

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- k. What is the funding source for the fellowship positions requested? Are these funding sources long-term guaranteed? Please provide details.

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B. Curriculum Outline

1. Clinical Care

- a. Please list the fellow rotations for the year (please extend as necessary if program is greater than 1 year). Any rotation that does not fit a formal block of time should be explained in paragraph form as a footnote to the table.

Fellowship Year	Rotation	Length	Location

Describe time equivalent for any discipline that does not have a formal rotation.

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- b. Explain all "no" answers below

1. Confirm that each fellow has successfully completed a residency program leading to board eligibility? Yes [] No []

Type of Residency:	ACGME Approved? Yes [] No []
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2. The length of the breast fellowship program is 12 months? Yes [] No []

3. Confirm that at least two months of this training period must be devoted to training in breast surgery. Yes [] No []

4. Is there a specific rotation dedicated to the disciplines below? Yes [] No []

If not, please explain in detail how the program accomplishes the goals and objectives for training the breast fellow in this discipline.

a. Breast Imaging Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []

Please provide all goals and objectives for each rotation and Fellowship as a whole in a separate appendix at the end.

3. Are fellows formally evaluated on service (explain no answer below)?
Yes [] No []

4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []

5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []

6. Duration of rotation if applicable (in weeks)

Explain all NO answers:

b. Breast Surgery Rotation (please list each rotation separately)?

Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []

3. Are fellows formally evaluated on service (explain no answer below)?
Yes [] No []

4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []

5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []

6. Duration of rotation if applicable (in weeks)

7. Describe experience with image-guided biopsy.

8. Is an ultrasound available for surgeons in clinic? Yes [] No []
If no, how do you provide fellows with this experience?

Explain all NO answers:

c. Community Service and Outreach Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []

3. Are fellows formally evaluated on service (explain no answer below)?
Yes [] No []

4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []

5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []

6. Duration of rotation if applicable (in weeks)

Explain all NO answers:

d. Genetics Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:
2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []
3. Are fellows formally evaluated on service (explain no answer below)?
Yes [] No []
4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []
5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []
6. Duration of rotation if applicable (in weeks)

Explain all NO answers:

e. Medical Oncology Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:
2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []
3. Are fellows formally evaluated on service (explain no answer below)?
Yes [] No []
4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []
5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []
6. Duration of rotation if applicable (in weeks)

7. Is rotation mainly outpatient or inpatient focused? (Explain rationale below if necessary.)

8. On this rotation do you primarily evaluate and manage breast cancer patients? Yes [] No []

Explain all NO answers:

- f. Pathology Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []

3. Are fellows formally evaluated on service (explain no answer below)?
Yes [] No []

4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []

5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []

6. Duration of rotation if applicable (in weeks)

7. Do fellows routinely learn how to perform touch preps, frozen sections, sentinel node processing, lymph node harvesting and evaluation, margin assessment, and cytologic evaluations? Yes [] No []

Explain all NO answers:

- g. Plastic and Reconstructive Surgery Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []
3. Are fellows formally evaluated on service (explain no answer below)? Yes [] No []
4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []
5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []
6. Duration of rotation if applicable (in weeks)

Explain all NO answers:

h. Psycho-Oncology Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:
2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []
3. Are fellows formally evaluated on service (explain no answer below)? Yes [] No []
4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []
5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []
6. Duration of rotation if applicable (in weeks)

Explain all NO answers:

i. Radiation Oncology Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []

3. Are fellows formally evaluated on service (explain no answer below)? Yes [] No []

4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []

5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []

6. Duration of rotation if applicable (in weeks)

7. Is rotation mainly outpatient or inpatient focused? (Explain rationale below if necessary.)

8. On this rotation do you primarily evaluate and manage breast cancer patients? Yes [] No []

Explain all NO answers:

j. Exposure to clinical trial development and patient enrollment? Yes [] No []

Describe how the fellow participates in the process.

k. Rehabilitation Post Breast Cancer Treatment Rotation? Yes [] No []

1. Supervising faculty in charge of rotation for fellow:

2. Are fellows given written rotation-specific goals and objectives (explain no answer below)? Yes [] No []

3. Are fellows formally evaluated on service (explain no answer below)? Yes [] No []

4. Are fellows provided formal feedback for their performance (explain no answer below)? Yes [] No []

5. Do fellows formally (anonymously) evaluate faculty and rotation (explain no answer below)? Yes [] No []

6. Duration of rotation if applicable (in weeks)

Explain all NO answers:

l. RESEARCH METHODS: Describe the formal process through which the fellow is trained in all of these: Research methods, biostatistics, clinical trials design and design, participation in group trials, and treatment of human subjects in clinical research trials. Please provide specific examples, if available.

1. Describe the mentorship process through which fellows choose clinical research interests and research projects. Describe the process in detail.

m. CONTINUITY OF CARE: Describe how the fellows are assured continuity of the patient care spectrum from preoperative evaluation through perioperative workup, intraoperative intervention, through postoperative/outpatient management. Use a specific patient example from the clinical surgical rotation.

- n. MULTIDISCIPLINARY CARE: How is training and experience in multidisciplinary management of the breast patient guaranteed (please explain in narrative)?

1. Does each fellow have the opportunity to actively participate in structured multidisciplinary conferences, attendance of subspecialty tumor clinics, or inclusion of subspecialty patients on a single breast service?
Yes [] No []

Explain:

- o. Please estimate in what percentage of patients the fellow is involved in the full spectrum of continuity of care (preoperative evaluation and planning, surgical intervention, perioperative management, postoperative management and planning of additional therapy (or neoadjuvant therapy if appropriate)).

- p. Are there any assignments where fellows do not provide total patient care?
Yes [] No []

If so, document.

- q. Are fellows supervised by faculty during all outpatient surgery assignments?
Yes [] No []

If not, describe.

- r. Are fellows supervised by faculty during the outpatient medical oncology assignments? Yes [] No []

If not, describe.

- s. Are fellows supervised by faculty during the outpatient radiation oncology assignments? Yes [] No []

If not, describe.

- t. Are fellows supervised by faculty during the outpatient plastic surgery assignments? Yes [] No []

If not, describe.

- u. Who supervised fellows during their rehabilitation/lymphedema and psychosocial experiences?

- v. Who coordinates community outreach program?

C. Didactic Program

1. Please see examples of conference types below. If the fellows are actively involved, please give specific information regarding the fellow presenting, whether they directly presented or provided oversight for a more junior level trainee. Please use additional charts for other types of conferences held. Please provide supporting documentation as an appendix, including evaluations, if available.

Grand Rounds

Who is in charge of the conference?				
Fellow Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)

Multidisciplinary Tumor Board

Who is in charge of the conference?				
Faculty/Fellow Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)

Morbidity and Mortality Conferences

Who is in charge of the conference?				
Is there a weekly M & M conference at the sponsoring institution and at each integrated site?	Yes [] No []			
Fellow Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)

Journal Club

Who is in charge of the conference?				
Fellow Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)

Other (if applicable)

Who is in charge of the conference?				
Fellow Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)

2. Please describe the source of the core curriculum, or in lieu of this, a detailed outline of the didactic sessions with the educator, topic and date (please do NOT include planned lectures, only those which have occurred in the LAST CALENDAR YEAR from the date of this application) in a tabular format as an appendix.
 - a. Is there a cyclical presentation of materials? Yes [] No []
 - b. What learning materials are provided as adjuncts to the lectures (i.e., text, syllabus, etc.)
 - c. Who coordinates this program?
 - d. How frequently do these didactic sessions occur (1x/week, 1x/month)?
3. Do fellows have protected time to attend the scheduled conferences? Yes [] No []

Examples of Learning Activities: didactic lecture, assigned reading, seminar, self-directed learning module, conference, small group discussion, workshop, online module, journal club, project, case discussion, one-on-one mentoring, or other examples of learning activities.

Although not mandated, many non-ACGME fellowships utilize the ACGME-Defined Competencies to assure broad-based training. Please detail below any activities that show competency-based training. This applies through F below.

D. Practice-based Learning and Improvement

1. Describe at least one activity through which fellows seek to self-identify strengths, deficiencies, and limits in their knowledge and set goals for improvement.

Limit your response to 400 words.

2. Describe one example of an activity through which fellows utilize information technology and apply it to their patients' breast-related problems.

Limit your response to 400 words.

3. Describe how fellows:

- a. Develop teaching skills necessary to serve as educators to patients, families, students, residents, and other fellows;
- b. Actively engage in patient/family education or trainee teaching during their fellowship.

Limit your response to 400 words.

E. Interpersonal and Communication Skills

- 1. Describe an activity in which fellows develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.

Limit your response to 400 words.

- 2. Describe one learning activity in which fellows participate in team-building activities to improve both team dynamics and leadership skills.

Limit your response to 400 words.

F. Professionalism

1. How does the program promote professional behavior by the fellows and faculty?

Limit your response to 400 words.

2. How are lapses in professional behavior addressed?

Limit your response to 400 words.

G. Systems-Based Practice

1. Describe at least one learning activity through which fellows achieve competence in the elements of systems-based practice: work effectively in various health care delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in inter-professional teams to enhance patient safety and care quality (ACGME).

A preferred example would illustrate a quality-based initiative.

Limit your response to 400 words.

H. Integrated Sites

1. For integrated sites (not host institution but required rotations carried out there) does the program director:
 - a. participate in the appointment members of the teaching faculty? Yes [] No []
 - b. participate in the appointment of the local site-director? Yes [] No []
2. Is the program director on-site and active in the program or active as member of the larger program's faculty? Yes [] No []

I. Verification of Institutional Requirements

1. Is the host institution ACGME accredited? Yes [] No []

If yes, please comment on any citations in most recent ACGME Institutional Review that impacts on the Breast Surgical Oncology Fellowship Program.

2. Does the host institution have a Graduate Medical Education Committee?
Yes [] No []

If yes, does the GMEC oversee non-ACGME fellowships such as yours?
Yes [] No []

3. Are psychological services available for fellows/trainees? Yes [] No []
4. Are there institutional, departmental, or fellowship specific policies for the following?
- a. Complaint or grievance policy for the fellow/ trainees? Yes [] No []
 - b. Leave of absence (FMLA)? Yes [] No []
 - c. Corrective plan and disciplinary action? Yes [] No []
 - d. Breast fellow supervision? Yes [] No []
 - e. Time off for formal research policy? Yes [] No []

J. Institutional Organization

1. Is there an ACGME-accredited General Surgery residency program affiliated with your host institution? Yes [] No []
2. Does the host institution sponsor/affiliate with an ACGME-approved Medical Oncology, Radiation Oncology, Pathology, or Breast Imaging training program? Yes [] No []
3. Is institutional support sufficient for call rooms, lounge areas, food services, transport, electronic medical record, electronic library, and other support services?
Yes [] No []

Comment upon above.

K. Facilities and Resources

1. Identify and describe each clinical site (e.g. hospital, outpatient): size, type, services, patient population.

2. At outpatient sites, are these remote or in the institution? If remote, how far away? Are there separate or shared conferences for the breast faculty and trainees?

- a. Does the trainee go to any remote outreach sites? Yes [] No []

Please list them below:

- b. Is there a library, or is the electronic library available at each site to which the trainee rotates?

- c. Is the trainee required to commute to this site, or are living arrangements available on-site?

1. If living arrangements are not available, does the fellow take any call, or have any after-hours responsibility at this site? Yes [] No []
 2. If living arrangements are available, and the rotation is 1 month or longer, is protected time available for the fellow to attend educational conferences, particularly the core didactic program and Departmental Grand Rounds? Yes [] No []
3. Is there a skills laboratory or simulation center (please identify which) that the fellow has access too? Yes [] No [] Type? (lab or sim center)

If yes, please provide details including: Is there a defined skills curriculum for the fellow? What level of faculty supervision exists at the skills lab? Do fellows have after hours and weekend access? Is it located off site from the primary sponsoring institution and if so, how far away is it (time, distance). Is the skills curriculum/laboratory shared with other trainees/learners?

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L. Other Clinical Learners

1. Indicate the number and type of residents, additional non-SSO breast fellows, fellows from other programs (e.g. Surgical Oncology) that may be rotating on the breast surgery service at the same time as the breast fellow. .

Type	Number	PGY Year

2. What is the educational relationship of these other learners to the breast surgical oncology fellows?

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3. Do the chief resident in general surgery and breast surgical oncology fellow manage the same patients or rotate on the same service simultaneously? Yes [] No [] If so, describe.

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M. Program Director

1. Qualifications

Summarize the educational and professional qualifications of the program director, including breast-specific training and experience in post-graduate medical education. (CV should have been included in the documentation provided in the prior section)

2. Goals and Objectives

- a. Are there defined goals and objectives for each rotation (Surgical and Non-surgical rotations)? Yes [] No []
- b. Are all of the goals and objectives made available to the fellows? Yes [] No []
- c. Are these goals and objectives used in fellow evaluation? Yes [] No []
- d. Are goals and objectives made available to the faculty? Yes [] No []
- e. Are goals and objectives reviewed with the resident prior to starting each rotation? Yes [] No []

Explain all "No" responses:

N. Supervision

The dynamics of surgical training requires supervision through a variety of methods as outlined by the ACGME. While some activities require the physical presence of supervising faculty, for other activities the supervising physician may be a qualified fellow.

ACGME Levels of Supervision

To ensure oversight of trainees and graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision - the supervising physician is physically present with the resident and patient.

Indirect Supervision:

With direct supervision immediately available - the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

With direct supervision available- the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

1. Describe the oversight of fellows (who provides supervision, what level of supervision, how is the level of supervision decided upon):

a. In the OR:

b. In the outpatient/clinic setting:

c. Describe which level of trainee the fellow serves as a supervisor to:

O. Fellow Academic Accomplishments

Include a list of fellow scholarly activity below. The following types of fellow activity may be included: abstracts/publications; presentations (local, regional, national); grand rounds; basic science; multidisciplinary institutional educational conferences; dedicated research experience (protected time) teaching awards; teaching skills lab sessions; formal medical student teaching (i.e. anatomy courses, scientific and/or clinical lectures). The specific data should be entered indicating the fellow's name in bold. Include data for each active and/or graduated fellow listed in the Common PIF.

Type	Fellow's Name

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P. Previous Non-approved Fellows if applicable (for new applications only):

Describe in detail the number of non-approved fellows you have trained, how closely were the Breast Surgical Oncology Training Committee guidelines followed, how did you assure multidisciplinary training and education, how has your experience with non-approved fellows changed your present program?

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Q. Breast Imaging

1. Is there a formal rotation on breast imaging? Yes [] No []

If so, how long is it?

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2. Is the breast imaging rotation supervised by a breast radiologist or surgeon?

Yes [] No []

3. Are the breast surgical oncology fellows able to actively engage in performing ultrasound-guided procedures and if so, how many (approximately). Please be honest, this is presently for data collection purposes only.

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4. Are the breast fellows surgical oncology able to actively engage in performing Stereotactic core biopsies and if so, how many (approximately). Please be honest, this is presently for data collection purposes only.

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R. Breast Disease

1. Approximately how many new breast consults are seen at your institution each year?
% Breast Cancer versus Benign Disease?

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2. How is the fellow assured training/education in the spectrum of Breast disease from benign through malignant?

3. How is the fellow assured training/education in metastatic breast cancer?

4. How is the fellow assured training/education in end of life support and care?

S. Additional Documents to Prepare (Please attach the following items via e-mail/each attachment must not exceed 4 MB in size).

- Operative Data (Defined Category Report)
Attach the Defined Category Reports for the program for each year since the last site visit- must use the ACGME log for this. Please include the logs for your most recent/current fellow(s), even if they are incomplete.
- Goals and Objectives
Attach all rotation goals and objectives (not sufficient to copy and paste SSO available Objectives for each rotation)
- Policies
 1. Supervision
 2. Leave of absence
 3. Corrective plan and disciplinary action
- Updated Program Letters of Agreement (PLAs) between sponsoring Institution and affiliated Institutions
- Samples of evaluations for each type of evaluation
 - Faculty of Fellow
 - Fellow of Faculty
 - Fellow of Rotation
 - Fellow of Program
 - Multiple other evaluators of fellows (residents, other fellows, self, patients, nurses, PAs and NPs, office staff)
 - Example of at least annual review form used by program director
 - Faculty evaluation of Program
- completed faculty and fellow evaluations for most recent fellows

- [] Example of final (summative) evaluation of fellow documenting successful completion of training program.
- [] Agendas, minutes, or documentation from program improvement/education meetings.
- [] Reading list and attendance logs for Didactic Curriculum & sessions
- [] Agendas, minutes, or documentation from program improvement/education meetings.