

## Frequently Asked Questions: Pediatric Subspecialties

Question	Answer
<b>Duration of Educational Experience</b>	
How much time should be devoted to the clinical activity in any of the three year subspecialties?  <i>[Program Requirements Int. C.]</i>	The Committee expects that the program will provide fellows at least 12 months of clinical experience.
<b>Faculty</b>	
What specialty qualifications are acceptable to the Review Committee if the physician faculty does not have current certification in pediatrics by the ABMS?  <i>[Program Requirements II.B.2.]</i>	The phrase is in the requirements for every ACGME specialty to allow those who might have achieved certification in a comparable system from another country, e.g., the Royal College, to be considered qualified. The determination of whether qualifications are equivalent to certification by an ABMS Board is a judgment call on the part of the Committee. In some instances, a significant record of publication in peer reviewed journals is considered evidence of adequate specialty qualifications. Years of practice are not an equivalent of specialty board certification and neither ABMS nor the RRC accepts the phrase "board eligible." The onus of documenting alternate qualifications is on the program director.
<b>Fellow Complement</b>	
Is RRC permission required for increasing the fellow complement?  <i>[Program Requirement: III.B.]</i>	Changes in fellow complement must be submitted for approval electronically through the ACGME Accreditation Data System (ADS) by updating the field for fellow complement. If additional information is needed, or if the change should be reviewed by the RRC, you will be notified.  Programs must have adequate resources to accommodate the increase. Of particular concern are the inpatient and outpatient populations and the number of faculty.
<b>Practice-Based Learning and Improvement (PBLI)</b>	
Are fellows expected to participate in a quality improvement project?  <i>[Program Requirement: IV.A.5.c).(4)]</i>	The program needs to document that fellows (working alone or in a practice group) actively participate in an exercise in which they can examine some aspect of their practice to identify an area in need of improvement, and then implement a plan to bring about improvement. An exercise that examines some aspect of their educational activities can be used to meet this requirement if it is related to patient care. Fellows will need to be provided instruction in quality improvement methods. This process is learned best when fellows are able to work with those skilled in quality improvement.

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<b>Examples of Clinically-Based Quality Improvement Projects</b>	
PBLI Example 1	A group of fellows has decided to work on improving how growth in patients in the continuity clinic can be better tracked. First, they document their current tracking percentage; they look at 100 charts. Then, they introduce a reminder system to improve such data. Several months after the change has been implemented, fellows check another 100 charts to see if the change has resulted in improved tracking.
PBLI Example 2	A fellow has decided to work on reducing infection rates for a particular procedure. He thinks his rates exceed those of other fellows for the procedure. He decides to work on compliance with techniques known to reduce infections associated with the procedure. The fellow then introduces a new system of doing the procedure that increases the chance of completing the procedure in the expected way without infection. Then, the fellow tracks the technique used and the rate of infection in the future related to the procedure.
PBLI Example 3	A fellow has studied her sign-outs on the inpatient service and noticed that the information she often provides has omissions and errors. At the urging of a faculty mentor, she decides to examine her own performance along with that of her colleagues. With the help of the quality improvement department at the hospital, the fellow gathers a sample of morning, evening, and weekend sign-outs. The sessions are analyzed for omissions and errors. An SBAR format is implemented and the sign-out template is revised. Fellows are trained to use the new format and then omissions and errors are reviewed again two months later. The fellow documents improvement in her own performance, as well as reduced errors for all involved in the new approach. Data are used to further modify the sign-out template. Interestingly, this project can be seen as an example of a PBLI or an SBP project. Since the project enhanced and improved individual practice, it was framed as a PBLI example; but since it also had a positive affect on the overall system the fellow works within, it can also be seen and presented as an example of an SBP project. In order to demonstrate the broad range of training provided in the program, the same quality improvement project should not be provided as answers for PBLI and SBP competency questions in the PIF.
PBLI Example 4	A fellow feels that her shift assignments in the ED are too long. She is convinced that after 8 hours, she works slower and is more likely to make errors. She works with the faculty member in the ED to identify ways to track the patients seen by fellow providers. All medication errors are tracked through the EMR. After obtaining IRB approval, the fellow and faculty work to randomly assign fellows to either 8-hour shifts or 10-hour shifts. The fellow reviews and compares her own performance relative to performance errors, and reports are generated across all fellows. Results are presented at the annual program evaluation and an action plan is determined. This example can also be seen from either a PBLI or SBP

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	<p>perspective. Because this was conceived of and implemented by an individual fellow to improve her work, it is a PBLI example. However, because the project had an impact on the overall system it is also an example of a SBP project. As noted with the earlier example, the same quality improvement project should not be listed in the PIF as the quality improvement project used to develop skills for both the PBLI and SBP competencies.</p>
<b>Systems-Based Practice (SBP) Projects</b>	
<p>What is the expectation for fellows to participate in identifying system errors and implementing potential systems solutions?</p> <p><i>[Program Requirement: IV.A.5.f).(6)]</i></p>	<p>The program needs to document that fellows have actively participated in identifying systems issues that increase the risk or occurrence of errors and implemented a plan to correct these issues. This can be accomplished by an individual fellow or by a group of fellows and healthcare team members.</p>
<p>What is the difference between a PBLI quality improvement project and an SBP project?</p> <p><i>[Program Requirement: IV.A.5.f).(6)]</i></p>	<p>The PBLI improvement project involves fellows on ways to improve their own individual practice outcomes. The systems-based practice project is one aimed at identifying systems issues that increase the occurrence of errors. The goal of a systems-based practice project is to create changes to improve all providers' work environment. However, as noted in several of the examples above, a project can be seen as either a PBLI or SBP project, depending on how it is planned, implemented, and presented.</p>
<b>Examples of Clinically-Based Quality Improvement Projects</b>	
<p>SBP Example 1</p>	<p>Fellows notice that the wrong size bag and mask is at the bedside when they are called to provide care to an infant in respiratory distress. The fellows work with other healthcare team providers and those skilled in evaluating and addressing systems problems to analyze how often errors occur. An intervention is implemented to reduce such errors. The fellows monitor error incidence rates after the intervention has been made.</p>
<p>SBP Example 2</p>	<p>A fellow is concerned with the lack of proper patient monitoring after undergoing a procedure. Working with those skilled in evaluating and addressing systems problems, she determines the frequency and consequences of this problem, and tries to compare it to rates of occurrence elsewhere. She studies possible interventions and implements one. She then tracks the frequency of improper monitoring and/or its consequences as a result of the intervention.</p>
<b>Fellow Scholarly Activity</b>	
<p>How often should a Scholarship</p>	<p>The requirements state that the scholarly experience must begin in the first year and</p>

<b>Question</b>	<b>Answer</b>
Oversight Committee (SOC) meet with fellows during the educational program?  <i>[Program Requirement: IV.B.2.a)]</i>	continue for the entire period of education. As such, the Review Committee expects that each SOC will meet with each fellow at least once during the first year and at least twice during the second and third years. The Review Committee will also review fellows' scholarly productivity to determine the adequacy of the oversight provided by the SOC.
How much time should be devoted to research and scholarly activities during any of the three year subspecialties?  <i>[Program Requirement: IV.B.2.a)]</i>	As noted in the requirements, the scholarly experience must begin in the first year and continue for the entire period of training. The Committee recommends that programs provide fellows approximately 12 months for research and scholarly activity. The Committee will use evidence of scholarly products by fellows in assessing the adequacy of the amount of time devoted to research.
<b>Evaluations</b>	
Our program uses global evaluations to assess fellows' abilities with the competencies, but our program was cited at the last review.  <i>[Program Requirement: V.A.1.b).(2)]</i>	The use of global evaluations on their own are not acceptable. The RRC expects programs to use multiple methods and evaluators to assess the abilities of fellows with the competencies. Multiple evaluation methods provide more comprehensive and accurate assessment of skills.
Are proprietary patient satisfaction surveys to assess fellows' abilities with the competencies an acceptable evaluation method?  <i>[Program Requirement: V.A.1.b).(2)]</i>	Proprietary surveys generally do not provide feedback specific to a particular fellow. The RRC has cited programs who use only such instruments to assess the competencies because (1) there is no documentation that multiple evaluation methods are being used; and (2) the survey data is not useful, meaningful, or actionable information because it is not fellow-specific.
Should patients and their families be included as evaluators?  <i>[Program Requirement: V.A.1.b).(2)]</i>	The RRC expects that families and patients are involved in assessing fellows' professionalism and interpersonal and communication skills. Inclusion of these individuals provides more comprehensive and meaningful feedback since their interactions with fellows are different from those of the faculty. It also documents that programs are complying with the requirement for multiple evaluation methods to assess competence.
<b>Duty Hours</b>	
Are there situations when fellows may be supervised by licensed independent practitioners?  <i>[Program Requirement: VI.D.1.]</i>	In some fellowships nurse practitioners, physician assistants, psychologists, physical and occupational therapists, speech and language pathologists, dietitians/nutritionists, counselors, and audiologists may serve as teachers and/or supervisors for fellows, as appropriate.
What is an appropriate patient load for	This depends on all the factors listed in the requirement. The program director must make

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<p>fellows?</p> <p><i>[Program Requirement: VI.E.]</i></p>	<p>an assessment of the learning environment with input from the faculty and fellows.</p>
<p>Who should be included on the interprofessional teams?</p> <p><i>[Program Requirement: VI.F.]</i></p>	<p>Nurses, physician assistants, advanced practice providers, pharmacists, social workers, child-life specialists, physical and occupational therapists, speech and language pathologists, audiologists, respiratory therapists, psychologists, and nutritionists are examples of professional personnel who may be part of the interprofessional teams.</p>
<p>Under what circumstances may fellows stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty?</p> <p><i>[Program Requirement: VI.G.5.c).(1)]</i></p>	<p>It is important to note that this requirement relates to fellows assigned to specific duty periods. This is not applicable to at-home call, which is addressed under requirement VI.G.8. Fellows may, in exceptional circumstances, stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty under the following circumstances: where maintaining continuity of care is critical for the patient's outcome, to provide critical counseling to patients and/or families, to participate in care for patients with rare diagnoses or conditions as a unique educational opportunity, or to care for a patient with an acute issue where the presence of the off-duty fellow is critical to the outcome.</p>
<p>What is the difference between night float, night shift, and night call?</p> <p><i>[Program Requirement: VI.G.6.]</i></p>	<p>Night Call:</p> <ul style="list-style-type: none"> <li>• <u>"Traditional" Night Call</u> is for those working in the day who will also stay at night to provide patient care</li> <li>• PGY-2 and above</li> <li>• No more frequently than every third night when averaged over a 4 week period</li> <li>• Limited to 24+4 hours</li> <li>• No additional clinical responsibilities after 24 hours</li> <li>• Strategic napping after 16 hours of duty</li> </ul> <p>Night Float:</p> <ul style="list-style-type: none"> <li>• <u>Night Float</u> involves the episodic coverage of patients just at night.</li> <li>• Fellows come from another educational experience to do a series of night shifts</li> <li>• No more than 6 consecutive nights</li> <li>• Example: Resident on a one month block of Cardiology and does a series of nights of patient coverage in the PICU</li> <li>• Night float is limited to 1 consecutive week and no more than 4 total weeks per year</li> </ul> <p>Night Shift:</p>

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	<ul style="list-style-type: none"> <li>• <u>Night Shift</u> is a scheduled series of nights to provide consistent care at night that mirrors the day shift.</li> <li>• No more than 6 consecutive shifts</li> <li>• No limit on night shift during a block month, however: <ul style="list-style-type: none"> <li>• The balance between day and night must be appropriate</li> <li>• Education must occur for fellows doing shifts</li> </ul> </li> </ul>
<b>Neonatal-Perinatal Programs Patient Care</b>	
<p>Are fellows expected to participate in the preoperative and postoperative care of neonates requiring cardiac surgical procedures?</p> <p><i>[Program Requirement: X.A.6.]</i></p>	<p>Fellows are expected to acquire knowledge of, and participate in the preoperative care of neonates requiring cardiac surgical procedures. Fellows do not have to provide postoperative care for these patients, but must acquire knowledge of postoperative complications which may be accomplished through lectures and other learning modalities.</p>

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