

**ACGME Program Requirements for Graduate Medical Education
in Pediatric Pathology**

Line Number(s):196-197

III.A.3.f). The Program Director must devote at least 35% time to include clinical work with fellows, teaching, and fellowship-related administration.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education;
 - a. The requirement will ensure that adequate time is provided to the program director to teach fellows, observe and assess fellow progress, and to administer the program.**
 - b. A defined percentage of protected time will allow the director to adequately implement the program requirements and ensure that the program is providing the appropriate depth and breadth of educational and clinical experiences for the fellow.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

In some programs, some non-fellow oriented clinical and administrative responsibilities may need to be shifted to other faculty members to allow the program director to meet the 35% time requirement.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties.**N/A**

Line Number(s):213-214

II.B.2.a The faculty must in aggregate devote at least 20 hours per week per fellow for the fellowship-related clinical work and teaching.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

Sufficient faculty supervision and oversight ensures a high quality of fellow clinical work, and directly impacts the quality and safety of patient care.
- 2) improves the quality of resident education;
 - a. Ensuring a minimum amount of time for faculty involvement with and teaching of fellows should improve the quality of residents' education.**
 - b. This amount of time for faculty interaction with fellows will allow for adequate assessment as to whether fellows are meeting goals, competencies, and milestones.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other

services; addition of faculty; financial impact);

For most programs, there will be no impact. In some, however, there may be a need to shift non-fellow oriented service work and administration to other faculty members.

- 3) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 4) impacts residency education in other specialties. **N/A**

Line Number(s): 320-476

IV.A.2. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

IV.A.2.a) Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

IV.A.2.a).(1) must demonstrate competence in performing pediatric autopsies, including general pediatric, metabolic, forensic, perinatal, embryo-fetal, and stillborn autopsies;

IV.A.2.a).(1).(a) ~~The participation in~~ Each fellow must perform or supervise at least 40 pediatric autopsies per fellow during the program. This experience must include general pediatric, metabolic, forensic, perinatal, and stillborn autopsies. It is highly desirable that this experience also include embryo-fetal autopsies

IV.A.2.a).(1).(a).(i) Fellows must document pediatric autopsies performed using the ACGME case log system.

IV.A.2.a).(2) ~~must have education in pediatric pathology that includes general and systemic aspects of autopsy and surgical pathology (including embryo-fetal, perinatal, and placental pathology as well as pediatric aspects of dermatopathology, gynecological and obstetrical pathology, forensic pathology, and neuropathology), immunopathologic and histochemical techniques, cytopathology, ultrastructural pathology, cytogenetics, molecular biologic techniques including diagnostic techniques for metabolic diseases, and other advanced diagnostic techniques as they relate to pediatric pathology;~~

IV.A.2.a).(3) ~~must have sufficient volume and variety of materials available for educational purposes to ensure the~~

	opportunity for:
IV.A.2.a).(4)	<u>must demonstrate competence in diagnosing common and unusual pediatric problems, including metabolic, prenatal, genetic, and neoplastic diseases;</u>
IV.A.2.a).(4).(a)	Examination of <u>Each fellow must perform at least 2000 gross and/or histologic examinations of pediatric surgical pathology specimens per year, per fellow during the program. This material must be from an adequate mix of cases, including obstetrics-related materials (placentas and abortions) and cytology;</u>
IV.A.2.a).(5)	<u>must demonstrate competence in interpreting the results of laboratory assays used in pediatric pathology, including: immunopathologic and histochemical assays; and molecular biological techniques, to include diagnostic assays for metabolic diseases.</u>
IV.A.2.a).(6)	should have a number and variety of laboratory tests that are sufficient to give each fellow experience in the range of laboratory examinations typically available and useful in the diagnoses and following both common and unusual pediatric diagnostic problems, including metabolic, prenatal, genetic, neoplastic, and other diseases of the pediatric population;
IV.A.2.a).(7)	must have instruction and experience in the major aspects of a hospital laboratory as it relates to diagnosis in pediatric pathology, including fellow participation in interpretation of laboratory data as part of pediatric patient care consultation, conferences, rounds, laboratory management, quality assurance, data processing, teaching, and scholarly activity;
IV.A.2.b)	Medical Knowledge
	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:
IV.A.2.b).(1)	<u>must demonstrate expertise in their knowledge of pediatric pathology, including:</u>
IV.A.2.b).(1).(a)	<u>general and systemic aspects of autopsy and surgical pathology, including embryo-fetal, perinatal, and placental pathology;</u>
IV.A.2.b).(1).(b)	<u>pediatric aspects of dermatopathology,</u>

	<u>gynecological and obstetrical pathology, forensic pathology, and neuropathology; and</u>
IV.A.2.b).(1).(c)	<u>cytopathology, ultrastructural pathology, and cytogenetics.</u>
IV.A.2.b).(2)	should have educational experiences that are provided through separate, exclusive rotations or by rotations that combine more than one area or by other means;
IV.A.2.b).(3)	should have instruction that includes using study sets of usual and unusual cases and other educational materials.
IV.A.2.c)	Practice-based Learning and Improvement
	Fellows are expected to develop skills and habits to be able to meet the following goals:
IV.A.2.c).(1)	systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
IV.A.2.c).(2)	locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
IV.A.2.d)	Interpersonal and Communication Skills
	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
IV.A.2.d).(1)	must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services. <u>Fellows must demonstrate competence in providing appropriate and effective consultations to other physicians and health professionals, both intra- and inter-departmental.</u>
IV.A.2.d).(1).(a)	The performance of <u>Each fellow must provide at least 50 intraoperative consultations (frozen sections, smears) per fellow during the program.</u>
IV.A.2.d).(1).(b)	<u>Consultations must include providing medical advice on the diagnosis and management of pediatric disorders.</u>
IV.A.2.d).(2)	<u>Fellows must demonstrate competence in educating others in the knowledge, skills, and abilities related to pediatric</u>

pathology.

IV.A.2.e)

Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

IV.A.2.f)

Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

By listing areas of diagnostic competency to be attained, patient care and safety will improve by ensuring that fellows develop competency in the areas needed to be able to practice as a pediatric pathology specialist.

- 2) improves the quality of resident education;

- a. **This revision specifies the major areas of patient care in which the fellow needs to become competent during the fellowship. (*The revision proposal was developed in conjunction with the pediatric pathology community.*)**

- b. **This listing of specific competencies will allow programs to ensure they are providing the full breadth and depth of training for their fellows that the fellow will need to practice as a pediatric pathologist. It will also result in standardization of fellow training in pediatric pathology but still allow for each program to develop its own curriculum and rotations.**

- c. **This listing will allow for the development of milestones to allow for improvement in fellow training and assessment of competency.**

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

- a. **For some programs that may not provide the full range of clinical services listed, outside rotations may be required. An alternative would be to develop these services in-house which could require additional faculty, personnel, and financial resources.**

- b. **For some areas, especially in medical knowledge, print or electronic resources may be required to provide the appropriate education.**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

For some programs that may not provide the full range of clinical services listed, outside rotations may be required. If services are brought in-house, there would likely only be shifting of work from a reference lab/consultation service so a

change in volume and variety of patients is unlikely to be needed.

6) impacts residency education in other specialties. **N/A**

Line Number(s): 477-506

IV.A.3. Curriculum Organization and Fellow Experiences

IV.A.3.a) The didactic curriculum must include teaching conferences in pediatric pathology, journal clubs, and joint conferences with the pathology department as well as with clinical services involved in the diagnosis and management of patient care utilizing pediatric pathology.

IV.A.3.a).(1) Fellows should participate in conferences on average at least once per month and should give a minimum of two presentations per year.

IV.A.3.a).(2) Fellows must have instruction and experience in laboratory management, quality assurance, and data processing.

IV.A.3.a).(3) Didactic instruction should include the use of study sets of common and unusual cases and interpretation of results with generation of narrative reports.

IV.B. Fellows' Scholarly Activities

IV.B.1. Each fellow should participate in scholarly activity, including at least one of the following:

IV.B.1.a) research;

IV.B.1.b) evidence-based presentations at journal club or meetings (local, regional or national); or

IV.B.1.c) preparation/submission of articles for peer-reviewed publications.

Describe, as appropriate, how the revision:

1) impacts the quality and safety of patient care;

The increased emphasis on evidence-based medicine may improve quality and patient care.

2) improves the quality of resident education;

The RRC believes that the emphasis on joint conferences with clinical services, and the greater specificity in the didactic curriculum will improve resident education in a number of programs. The expectations for fellow participation in scholarly activity are now specified; before they were vague.

3) affects the way the resident, the service, and the staff provide patients with continuing care;

The expectation of the RRC is that a greater emphasis on interdisciplinary care should improve patient care.

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Some programs may need to establish additional conferences including interdisciplinary conferences to meet the requirements.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties.

The proposed changes may improve residency education in other specialties, as there is emphasis on joint conferences with other departments involved in diagnosis and management of patients.

Line Number(s): 573-575

V.C.3 60% of the programs' graduates from the preceding five years taking the American Board of Pathology certifying examination for pediatric pathology for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

a. The new requirement provides a benchmark for programs to use to assess the educational effectiveness of their program. As subspecialty certification is important, it also provides the program with a way to assess how it is helping its fellows attain this goal.

b. The requirement also provides programs with the benchmark that the Review Committee uses when determining accreditation decisions.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**