Frequently Asked Questions: Pediatrics
Review Committee for Pediatrics
ACGME

Question	Answer
Program Personnel and Resources	
Who may serve in the program leadership liaison position, and may more than one individual serve in this role? *[Program Requirement: I.A.1.]*	A senior resident, chief resident, or junior faculty member may serve as the liaison. More than one individual may be designated to serve as liaison. As long as a designated liaison is available to residents and program leadership at all times, a single designated liaison or any combination of part-time senior resident, chief resident, or junior faculty member would be acceptable.
What specialty qualifications are acceptable to the Review Committee if the program director does not have current certification in pediatrics by the American Board of Pediatrics (ABP)? *[Program Requirement: II.A.3.b)]*	There are no acceptable alternative qualifications for the program director. The program director must be board-certified in pediatrics or in a subspecialty of pediatrics by the ABP, and must meet the requirements for Maintenance of Certification.
What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in pediatrics by the ABP? *[Program Requirement: II.B.2]*	For a faculty member who has not achieved certification in pediatrics from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable: • completion of a pediatrics residency program • leadership in the field of pediatrics • scholarship within the field of pediatrics • involvement in pediatrics organizations Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency education within the United States and are not eligible for certification by the ABP, who have failed the ABP certification exam, or who have chosen not to take the ABP certification exam. Years of practice are not an equivalent to specialty board certification, and neither the ABP nor the Review Committee accepts the phrase "board eligible."

Question	Answer
	The onus of documenting alternate qualifications is on the program director.
Educational Program	
Should entrustable professional activities (EPAs) be used as a framework for the pediatric residency program curriculum? *[Program Requirement IV.A.2.c)]*	Since this requirement is categorized as a "detail" requirement, programs with a status of Continued Accreditation have the option to use EPAs as a framework for their competency-based curriculum. EPAs for general pediatrics are currently published on the ABP website at https://www.abp.org/entrustable-professional-activities-epas. EPAs create a context for the pediatric subcompetencies and Milestones, which facilitates meaningful assessment and also includes the concept of "entrustment" that can help guide the level of supervision needed by trainees and guide progressive responsibility for patient care. Each EPA includes several subcompetencies that the Committee considers critical to making entrustment decisions. EPAs also provide a less granular, "top-down" view of a trainee, focusing on a trainee's ability to integrate subcompetencies into the delivery of care. EPAs align what faculty members are being asked to assess with what they actually do in the clinical learning environment (i.e., supervise trainees in the delivery of patient care). Programs with a status of Continued Accreditation should feel free to innovate, use EPAs, and collaborate with the pediatric education community on their development, study, and implementation.
What is the expectation for the design of residents' subspecialty experiences? *[Program Requirement: IV.A.6.b).(3)]*	The design of subspecialty experiences needs to blend inpatient and outpatient experiences that reflect the spectrum of practice in the specialty, and emphasize the skills required for practice by a general pediatrician. Educational units allow for experiences that are block or longitudinal. Subspecialties on the "second list" (IV.A.6.b).(3).(d).(i).(a)-(m)) do not have to occur in full educational units. They can be shorter and combined with other specialties to add up to the three educational units.

Question	Answer
What is the definition of a medical home and what are the essential components expected by the Review Committee? *[Program Requirement: IV.A.6.b).(5).(c)]*	The definition of a patient-centered medical home continues to evolve. A current definition can be found on the American Academy of Pediatrics-sponsored website www.medicalhomeinfo.org. The Review Committee expects a medical home to contain the following elements: 1. family-centered care; 2. team-based care with health professionals from different specialties and disciplines; 3. an identified Care Coordinator; 4. a registry so that there is a focus on the health of a population of patients; and, 5. a connection to the community, e.g. schools, foster care, etc.
Evaluation	
Are proprietary patient satisfaction surveys an acceptable evaluation method to assess residents' abilities with the competencies? *[Program Requirement: V.A.1.b).(2)]*	Proprietary surveys are generally not acceptable as they do not provide feedback specific to a particular resident. The Review Committee has cited programs that 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 resident-specific.
Should patients and their families be included as evaluators? *[Program Requirement: V.A.1.b).(2)]*	The Review Committee expects that families and patients be involved in assessing residents' professionalism and interpersonal and communication skills. Inclusion of these individuals provides more comprehensive and meaningful feedback since their interactions with residents are different from those of faculty members. It also documents that programs are complying with the requirement for multiple evaluation methods to assess competence.
The Learning and Working Environment	
Are there situations in which residents may be supervised by licensed independent practitioners? *[Program Requirement: VI.A.2.a).(1)]*	Physician assistants, nurse practitioners, psychologists, physical and occupational therapists, speech and language pathologists, dieticians/nutritionists, counselors, and audiologists are just some of the providers who see their own patients and may serve as teachers and/or supervisors for residents as appropriate in ambulatory (i.e., school-based health centers, child development clinics) and inpatient (i.e., neonatal intensive care unit (NICU)) settings. Some states may have regulatory rules that won't allow licensed independent practitioners to supervise residents.

Question	Answer
Can PGY-1 residents make/take "parent concern calls"? *[Program Requirement: VI.A.2.e).(1).(a)]*	Interns may not take "parent concern calls" from home, but may make/take "parent concern calls" during their clinical and educational work hours in the hospital or from another clinical site where supervision is either direct or indirect with direct supervision immediately available.
What is an appropriate patient load for residents? *[Program Requirement: VI.E.1.]*	It is suggested that the patient loads be a minimum of five on the general inpatient unit and four in the pediatric intensive care unit (PICU) and NICU. However, there may be situations in which lower patient loads may be acceptable. Programs will need to justify lower patient loads with evidence, such as severity of illness indicators or other factors.
Who should be included on the interprofessional teams? *[Program Requirement: VI.E.2.]*	Examples of professional personnel who may be part of the interprofessional teams include 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.