### Requirement #:

**Int.B.**

A fellowship in pediatric surgery provides advanced knowledge and skills in the surgery of infants and children. At the completion of this education, fellows should diagnose, operative, and peri-operative care of pediatric surgical patients. This continuum may include one or more of the developmental stages of care with which a surgeon might be involved, including prenatal, neonatal, and infant through adolescent or young adult. Along this continuum, there will be exposure to congenital and acquired conditions, including developmental, inflammatory, infectious, neoplastic, or traumatic conditions. The scope of this discipline is focused in infancy and childhood, but includes the fetus, adolescent, and young adult with special health care needs arising from congenital and acquired pediatric surgical conditions. Individuals who complete this education should be prepared to function as competent pediatric surgeons.

1. Describe the Review Committee’s rationale for this revision: **This revision better describes the continuum and scope of training and patient care expectations of a pediatric surgeon.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The revision provides a more complete explanation of the scope of training and patient care expectations for a pediatric surgery fellow.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

### Requirement #:

**I.A.3.**

There must be a residency program in pediatrics whose residents rotate through the same integrated site(s) as the pediatric surgical fellows. Pediatric surgery fellows must have experience working in interprofessional teams that include pediatric medicine residents at either the primary clinical site or a participating site. **(Core)**

1. Describe the Review Committee’s rationale for this revision: **There is no longer an “integrated” site designation in the Program Requirements for Pediatric Surgery. This revision clarifies that pediatric surgery residents are expected to collaborate and interact with pediatric medicine residents in addition to other members of the care team. This interaction may take place at either the primary site, or if not at the primary site, then at a participating site where there is a pediatric medicine residency.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **This revision does not change the previously written requirement; rather, it provides clarification.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

<table>
<thead>
<tr>
<th>Requirement #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.A.3.e).(1)</td>
<td>Program directors must demonstrate ongoing peer-reviewed scholarship. <strong>(Core)</strong></td>
</tr>
<tr>
<td>II.A.3.e).(1).(a)</td>
<td>Scholarship should include at least three peer-reviewed scholarly projects over the most recent five-year period, or other scholarship acceptable to the Review Committee. <strong>(Detail)</strong></td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision: **Program directors have always been required to demonstrate scholarship; however, the Committee believes that peer-reviewed scholarship demonstrates the program director’s understanding and leadership to provide the faculty and resident support and environment that stimulates investigation and innovation.**

   Additionally, the Committee believes that three projects over a period of five years provides evidence of the direct engagement of the program director with elements of the institution’s funding, resources, and other support necessary for scholarly activity.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The program and program director will be able to credibly support the ongoing development of future pediatric surgical leaders and practitioners, prepared and mentored for contributions to the growth of new horizons in pediatric surgical research, teaching and clinical innovation demonstrating constant quality, safety, and performance improvement.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

<table>
<thead>
<tr>
<th>Requirement #</th>
<th>Qualifications of the program director must include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.A.3.f)</td>
<td>at least five years of practice after completion of a pediatric surgery fellowship; and, <strong>(Core)</strong></td>
</tr>
<tr>
<td>II.A.3.g)</td>
<td>at least two years of prior experience in graduate medical education, as a site director, program director, associate program director in a general surgery program, or another position of responsibility in a residency/fellowship program. <strong>(Core)</strong></td>
</tr>
</tbody>
</table>
1. Describe the Review Committee’s rationale for this revision: The Committee believes training pediatric surgery fellows is a complex undertaking, and as such, the accreditation requirements are extensive. Individuals who direct such programs must be prepared to take on the role, must already be a respected member of the medical staff in their Sponsoring Institution, must be senior members of the faculty, and must have reached a stage in their academic practices that enables them to truly devote the time and effort required to oversee a high quality program. New program directors must have a comprehensive understanding of and ability in educational and evaluation methods, active experience in managing and administering a complex organization, and leadership and communication skills.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? These standards have been routinely informally applied, so there is no anticipated impact.

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>Fellows must have experience and develop competence in writing orders for total parenteral nutrition (TPN), managing extracorporeal membrane oxygenation (ECMO), managing fluids/vasopressors, managing ventilators, and decision-making around care. (Core)</th>
</tr>
</thead>
</table>

1. Describe the Review Committee’s rationale for this revision: The Committee feels strongly that pediatric surgery fellows require direct experience in establishing and directing plans of care for patients, including those requiring TPN, ECMO, fluids/vasopressors, and ventilators. Institutions may have designated care teams who perform these functions, which prohibit or minimize the fellow’s experience. Therefore, the Committee believes that the complete preparation for clinical practice in institutions with or without these teams must include defined experiences in these areas in order to have a credible fund of knowledge to either lead or support these clinical management requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The intention of the requirements is to provide fellows with the requisite experience to ensure a minimum experience/competency in participating in the care of patients with these needs.

3. How will the proposed requirement or revision impact continuity of patient care? Through either defined experiences (e.g., in neonatal and critical care), or through the ongoing primary pediatric surgical care responsibilities, the continuity of care will be uninterrupted as supervised by the designated responsible faculty member.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? It may require that organizations address policies that prohibit pediatric surgery fellows from participating in the care of these patients (e.g., writing orders and providing essential care) or working within the clinical areas where these patients have been admitted.

5. How will the proposed revision impact other accredited programs? **N/A**

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>Critical care experience must include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.A.6.f).(2)</td>
<td>one month in the neonatal intensive care unit, to include the documented care of 20 neonates; and, <em>(Core)</em></td>
</tr>
<tr>
<td>IV.A.6.f).(2).(a)</td>
<td>one month in the pediatric intensive care unit, to include the documented care of 10 critically-ill pediatric patients. <em>(Core)</em></td>
</tr>
<tr>
<td>IV.A.6.f).(3)</td>
<td>To meet these goals/ objectives, there must be coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically-ill patients. <em>(Core)</em></td>
</tr>
<tr>
<td>IV.A.6.f).(4)</td>
<td>During the critical care experience, fellows must lead daily multidisciplinary rounds, to include decision-making and leadership in the care of patients with primary surgical problems. <em>(Core)</em></td>
</tr>
<tr>
<td>IV.A.6.f).(5)</td>
<td>Faculty members for neonatology, pediatric critical care, and/or pediatric surgical critical care must attest to the experience gained by each fellow in meeting the critical care requirements at the end of each critical care rotation. <em>(Core)</em></td>
</tr>
<tr>
<td>IV.A.6.f).(6)</td>
<td>Waivers to the critical care requirement or decreases of this experience to one month must be approved in advance by the Review Committee, and must be limited to exceptional circumstances, such as when a fellow has previously completed an ACGME-accredited fellowship in surgical critical care, and is board eligible or certified in surgical critical care by the American Board of Surgery. <em>(Core)</em></td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision: The proposed critical care patient experience with pediatric and neonatal patients is essential to provide the foundation for the highest quality surgical care in any children’s institution and on all pediatric surgical services. At the completion of training, there will be a broad group of clinical opportunities that pediatric surgeons will encounter and be
required to draw upon to provide critical care management for patients who are their primary responsibility or who they will care for as a member of the care team. A credible foundation of pediatric surgical critical care knowledge and skill is required to achieve the judgment for operative and non-operative care. A complete understanding of critical care is necessary for the safe preparation for surgery, intra-operative decision making based on an individual patient’s physiologic status and tolerances, as well as post-operative critical care support. As an individual provider or as part of a multidisciplinary team, the pediatric surgeon will be required to render opinions and deliver care based on the strength of his or her critical care experience and competence. This is optimally accomplished after achieving competence in surgical nutrition, ventilator and circulatory support (to include ECMO), trauma or burn care, and resuscitation, along with the technical expertise to apply critical airway management, vascular access, and hemodynamic monitoring.

Recognizing the variation and multiple designs of critical care delivery, the documentation and participation in the case volumes proposed will ensure that the institution and the members of the faculty will support and supervise the individual and team care that will place fellows at the center of that care, where they “must lead daily multidisciplinary rounds, to include decision-making and leadership in the care of patients with primary surgical problems.” The minimum case volumes will be monitored and attested to by the program director to achieve the goals of the rotations and continuously evaluate each fellow’s progress and gaps in neonatal and pediatric critical care. It is anticipated that the support of the neonatal and pediatric critical care core faculty members of the program will be essential and will significantly contribute to the design and content of the rotations.

Ideally the primary responsibility for all of the peri-operative or non-operative critical care will occur over the continuum of the two-year fellowship. This sets an example for the ongoing patient responsibility based on a fellow’s growing fund of knowledge and experience supervised by competent pediatric surgical faculty members who are able to demonstrate the leadership in critical care to achieve the greatest outcomes. An important goal of the two rotations is also to provide the fellows with an enhanced introduction to the systems of care and collaboration competencies with the specialties that they will be most reliant on but also act as a surgical resource.

For fellows who are board eligible or certified in Critical Care, programs can request a single month exposure to achieve the competencies required for the institutional systems of care.

For fellows who integrate critical care patient management into their daily routine and have a dedicated surgical PICU and NICU, programs can request a waiver but must comply with the reporting requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The proposed case volume requirement will serve to document the commitment and support to place the fellow at the center of the care team for care of critical patients. The case list for each fellow should demonstrate a broad exposure to the clinical indications for critical care and include documentation of the decision-making and interventions of the care team led by the fellow.
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>Fellows must participate in a minimum of 50 Teaching Assistant cases and may participate in a maximum of 50 additional Teaching Assistant cases for a maximum of 100 Teaching Assistant cases. (Core)</th>
</tr>
</thead>
</table>

1. Describe the Review Committee’s rationale for this revision: **Both the progression of training in general surgery and the advanced training of pediatric surgery fellowship have an important objective to achieve greater autonomy. The increased number of TA cases can be counted for the Case Logs. This will provide fellows and programs the opportunity to extend this important growth in surgical proficiency and teaching methodology and capabilities in preparation for academic or other practice that incorporate learners.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **As a teaching assistant, a trainee has the capacity to demonstrate and evaluate intra-operative decision-making and technical skills to achieve the safe conduct of procedures. Significant faculty member observation along with self-reflection on the impact and outcomes of those decisions are invaluable to the progression of a fellow’s surgical competence.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**