**New Application: Pediatrics**

**Review Committee for Pediatrics**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](https://www.acgme.org/programs-and-institutions/programs/program-application-information/)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Institutions**

**General Pediatric Inpatient Data** [PR 1.8.a)]

Provide all the information requested below for the most recent 12-month period. Report information on the participating sites only if residents will rotate to these inpatient services to complete their required 16 weeks of general pediatrics or pediatric hospital medicine service

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start date & end date for data collection:** *Use the same 12-month period throughout document* | **Start:** Click here to enter a date. | | **End:** Click here to enter a date. | |
| **Patient Data** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Total pediatric admissions for the year | # | # | # | # |
| Average Daily Census | # | # | # | # |
| Average length of stay | Length | Length | Length | Length |

**Neonatal Intensive Care** [PR 4.11.c.2.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start date & end date for data collection:** *Use the same 12-month period throughout document* | **Start**: Click here to enter a date. | | **End**: Click here to enter a date. | |
| **Patient Data** | Site #1 | **Site #2** | Site #3 | **Site #4** |
| NICU Level Designation  (i.e., 2, 3A, 3C) | # | # | # | # |
| Annual NICU admissions | # | # | # | # |
| Total # of NICU beds | # | # | # | # |
| Avg. daily census/Avg. length of stay | # / # | # / # | # / # | # / # |
| Annual admissions < 1500 grams | # | # | # | # |
| Annual # of deaths in NICU | # | # | # | # |

Describe the resident(s) planned experience in the NICU, e.g., team structure, type of patients, resident role, time spent in the NICU.

***Limit the response to 200 words.***

|  |
| --- |
| Click here to enter text. |

**Pediatric Intensive Care** [PR 4.11.c.2.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start date & end date for data collection:** *Use the same 12-month period throughout document* | | **Start**: Click here to enter a date. | | **End**: Click here to enter a date. | |
| **Patient Data** | Site #1 | **Site #2** | Site #3 | | **Site #4** |
| Annual PICU admissions | # | # | # | | # |
| Total # of PICU beds | # | # | # | | # |
| Avg. daily census/Avg. length of stay | # / # | # / # | # / # | | # / # |
| Are surgical/trauma patients admitted to this unit? | YES  NO | YES  NO | YES  NO | | YES  NO |
| Annual # of deaths in PICU | # | # | # | | # |

Describe the residents’ planned experience in the PICU (e.g., team structure, type of patients, resident role, time spent in the PICU).

***Limit the response to 200 words.***

|  |
| --- |
| Click here to enter text. |

**Consecutive Diagnoses for General Pediatric Inpatient Experience**

For each of the participating sites in the program at which the residents will have **general pediatric or pediatric hospital medicine inpatient experience:**

a) Replicate the table as needed. Identify the lists as follows: Site Name; Site Number; List Number; and Page Number. For example: General Site, Site #1; List 1, General Site #1, List 2, etc.

b) Provide two (2) separate lists of 100 consecutive final discharge diagnoses for patients 20 years of age and under admitted to the pediatric teaching service, excluding PICU. You may add a secondary diagnosis if the patient has a chronic or underlying disease.

c) The two lists for each site should be from different date ranges of the most recent 12-month period. This should be the same 12-month period used for the inpatient data in these forms. **Document the beginning and end dates needed to accrue these 100 admissions.**

d) **Do not include term newborns, NICU patients, or PICU patients. Include surgical admissions only if they will be cared for by pediatric residents.**

e) One-day site admissions, i.e., those involving a length of stay less than 24 hours (excluding one-day surgical admissions), may be included in the lists of diagnoses **if residents will be significantly involved with these patients**. If such admissions are included in the list of consecutive diagnoses, indicate the length of stay in column four below as 23 hours.

f) For each list provide the summary of diagnoses, as requested.

g) Review the information provided on the lists of diagnoses for consistency with the patient data provided elsewhere in this form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name: Click here to enter text. | | Site #: #. | List #: #. | | Page #: #. | |
| Inclusive dates (start date to end date for accumulating 100 consecutive admissions) from the year reported during which these discharges occurred: | | Date of Case 1 (mm/dd/yy):  Date of Case 100 (mm/dd/yy):  (example: from 04/01/12 to 05/14/12) | | | | |
| For each list of 100 diagnoses, provide the average length of stay: | | ALS: Click here to enter text. | | | | |
| **Patient ID Number** | **Primary Discharge Diagnosis (may include secondary diagnosis if chronic/underlying disease)** | | | **Age** | | **Number of Days in Site** |
| ID | Diagnosis | | | Age | | # |
| ID | Diagnosis | | | Age | | # |
|  |  | | |  | |  |

If it appears from the lists of diagnoses that an experience in any given area is deficient, describe in the text box below how residents will be exposed to patients in that diagnostic category.

***Limit the response to 200 words.***

|  |
| --- |
| Click here to enter text. |

**Educational Program [Section 4.]**

**Patient Care and Procedural Skills [PR 4.4 and 4.5]**

1. Describe the mechanism to be used to determine residents’ procedural competence. On the day of the site visit, provide the site visitor with the mechanism used to assess procedural competence. [PR 4.5.a.]

***Limit the response to 100 words.***

|  |
| --- |
| Click here to enter text. |

1. Explain the process that will be used to remediate residents when deficiencies in procedural competence are identified. [PR 4.5.a.]

***Limit the response to 100 words.***

|  |
| --- |
| Click here to enter text. |

1. Life Support Skills [PR 4.5.c.]

|  |  |
| --- | --- |
| Will all residents be required to complete training and maintain certification in advanced life support skills in pediatrics? | YES  NO |
| Will all residents be required to complete training and maintain certification in advanced life support skills in neonates? | YES  NO |

**Curriculum Organization and Resident Experiences [PRs 4.10-4.12]**

**Community Experience** [PR 4.11.b.]

Describe how elements of community pediatrics and child advocacy will be incorporated into the residents’ ambulatory experiences.

***Limit the response to 500 words.***

|  |
| --- |
| Click here to enter text. |

**General Ambulatory Pediatric Clinic**

Provide information on the required eight weeks of general ambulatory pediatric clinic experience using the table below that does not include the experiences used to meet other requirements. Do not include experiences in longitudinal continuity clinic.

| **Clinical Setting** | **Number of ½ day\* sessions during the experience** | **Average # of patients per resident per ½ day\* session** |
| --- | --- | --- |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |

\*If sessions are not ½ day, specify the duration of the session.

**Adolescent Medicine** [PR 4.11.b.3.]

Provide information on the required four weeks of experience in adolescent medicine using the table below. In column two, provide the number of half-day sessions for each experience. In the third column, include the number of patients **only** for sites where residents will provide direct clinical care.

| **Type of Experience**  (e.g., adolescent clinic, juvenile justice center, inpatient adolescent) | **Number of ½ day\* sessions during the experience** | **Average # of patients per resident per ½ day\* session** |
| --- | --- | --- |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |

\*If sessions are not ½ day, specify the duration of the session.

**Mental Health** [PR 4.11.b.4.]

Provide information on the required four weeks of experience in mental health using the table below.

| **Type of Experience**  (e.g., mental health clinic) | **Number of ½ day\* sessions during the experience** | **Average # of patients per resident per ½ day\* session** |
| --- | --- | --- |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |

\*If sessions are not ½ day, specify the duration of the session.

**Developmental-Behavioral Pediatrics** [PR 4.11.b.5.]

Provide information on the required four weeks of experience in behavior and development using the table below.

|  |  |  |
| --- | --- | --- |
| **Type of Experience**  (e.g., behavior clinic, day care center) | **Number of ½ day\* sessions during the experience** | **Average # of patients per resident per ½ day\* session** |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |
| Experience | # | # |

\*If sessions are not ½ day, specify the duration of the session.

**Emergency Medicine (EM)/Acute Illness (AI)**

1. Complete the table below for the EM/AI experience during the three years of training. [PR 4.11.b.6.-4.11.b.6.a.]

|  |  |
| --- | --- |
| Total weeks of EM experience: | Duration |
| Total weeks of AI experience: | Duration |
| Weeks assigned to an Emergency Department (must be in an EMS receiving setting): | Duration |

1. Complete the chart below for emergency medicine experiences. Provide data for every site that will be used to meet the required rotations (e.g., if an outside ED is used to meet the requirement, list this site and enter the requested data). [PR 4.11.b.6.a.]

| **Site #** | **Total visits of patients under 22 per year** | **Average number of shifts per week** | **Average shift length** | **Average number of patients per resident per shift** |
| --- | --- | --- | --- | --- |
| # | # | #% | Times | # |
| # | # | #% | Times | # |
| # | # | #% | Times | # |
| # | # | #% | Times | # |

**Inpatient Care Experiences**

**General Pediatrics or Pediatric Hospital Medicine** [PRs 1.8.a & 4.11.c.1.]

Complete the following table (replicate as necessary) to describe the experience at all participating sites where residents will have required general pediatric or pediatric hospital medicine inpatient rotations (e.g., Team #1 at Site #1, Team #1 at Site #2).

|  |  |  |
| --- | --- | --- |
| **Inpatient Team Composition**  **Team #** # **at Site #** #  **(insert number for team and site)** | **Daytime**  **(do not include residents post-call or assigned to morning clinic)** | **Nighttime** |
| Planned total # of residents acting as primary providers (include residents from other specialties, such as family medicine) | # | # |
| Categorical pediatrics | # | # |
| Combined programs | # | # |
| Other (specify) | # | # |
| Planned average number of patients for each primary provider | # | # |
| Planned total number of residents providing direct supervision or indirect supervision but immediately available | # | # |
| Planned number of faculty providing direct supervision or indirect supervision but immediately available | # | # |

**Pediatric Subspecialty Inpatient** [PRs 1.8.a & 4.11.c.1.a.]

Complete the following table (replicate as necessary) to describe the experience at all participating sites where residents will have required pediatric subspecialty inpatient rotations (e.g., Team #1 at Site #1, Team #1 at Site #2).

|  |  |  |
| --- | --- | --- |
| **Inpatient Team Composition**  **Team #** # **at Site #** #  **(insert number for team and site)** | **Daytime**  **(do not include residents post-call or assigned to morning clinic)** | **Nighttime** |
| Planned total # of residents acting as primary providers (include residents from other specialties, such as family medicine) | # | # |
| Categorical pediatrics | # | # |
| Combined programs | # | # |
| Other (specify) | # | # |
| Planned average number of patients for each primary provider | # | # |
| Planned total number of residents providing direct supervision or indirect supervision but immediately available | # | # |
| Planned number of faculty providing direct supervision or indirect supervision but immediately available | # | # |

**Neonatal Intensive Care Unit (NICU)** [PR 4.11.c.2.]

For each NICU team complete the following table. Be sure the site designation is correct for each team listed. If more than one site is used to meet the required NICU experience, replicate this information.

| **NICU Team Composition**    **Team #** # **at Site #** #  **(insert number for team and site)** | **Daytime**  **(do not include residents post-call or assigned to morning clinic)** | **Nighttime** |
| --- | --- | --- |
| Planned total # of residents acting as primary providers (include residents in combined programs and those in other specialties) | # | # |
| Planned average # of patients per resident (primary provider) | # | # |
| Planned number of Supervising Residents, if applicable | # | # |

**Pediatric Intensive Care Unit (PICU)** [PR 4.11.c.2.]

For each PICU team, complete the following table. Be sure the site designation is correct. If more than one site is used to meet the required weeks of PICU experience, replicate this information.

| **PICU Team Composition**  **Team #** # **at Site #** #  **(insert number for team and site)** | **Daytime**  **(do not include post call residents or residents assigned to morning clinic)** | **Nighttime** |
| --- | --- | --- |
| Planned total # of residents acting as primary providers (include residents in combined programs and those in other specialties) | # | # |
| Planned average # of patients per resident (primary provider) | # | # |
| Planned number of Supervising Residents, if applicable | # | # |

**Normal/Term Newborn** [PR 4.11.c.3.]

1. Explain who will teach and supervise residents in term newborn care.

***Limit the response to 75 words.***

|  |
| --- |
| Click here to enter text. |

1. If integrating the normal/term newborn experience with another experience, explain how residents will achieve the educational goals of the normal/term newborn experience. Describe the time residents will devote to normal/term newborn responsibilities and the other clinical responsibilities that residents will engage in during this integrated experience.

***Limit the response to 200 words.***

|  |
| --- |
| Click here to enter text. |

1. Complete the table below for the same 12-month period reported throughout the document.

| **Normal/Term Newborn Team Composition**  **Team #** # **at Site #** #  **(insert number for team and site)** | **Daytime**  **(do not include post call residents or residents assigned to morning clinic)** | **Nighttime** |
| --- | --- | --- |
| Planned total # of residents acting as primary providers (include residents in combined programs and those in other specialties) | # | # |
| Planned average # of patients per resident (primary provider) | # | # |
| Planned number of Supervising Residents, if applicable | # | # |

**Individualized Curriculum** 4.11.d.- 4.11.d.

1. Describe (1) how the individualized curriculum will be implemented, (2) how a faculty mentor will guide the development of the curriculum, (3) in what post-graduate years these experiences will occur, and (4) identify any of the experiences that will occur longitudinally. [PR 4.11.d.1.]

***Limit the response to 200 words.***

|  |
| --- |
| (1) Click here to enter text.  (2) Click here to enter text.  (3) Click here to enter text.  (4) Click here to enter text. |

1. Describe how subspecialty experiences will be chosen to support the residents’ learning needs and career plans. [PR 4.11.d.1.]

***Limit the response to 100 words.***

|  |
| --- |
| Click here to enter text. |

**Subspecialty Experiences** [PR 4.11.d.3.]

Using the table below, (1) provide information about the 20 weeks of at least five subspecialty experiences beyond those used to meet the inpatient and outpatient requirements, and (2) provide the requested information in the columns. Include **only** the patients available for resident education. If experiences occur at two sites or clinics, report figures for both (e.g. [1-236/3-100]). In the last column, include residents in combined programs.

| **Pediatric Subspecialty (identify)** | **% Time devoted to IP/OP** | **Inpatient location**  **(Site #1, 2, 3, 4)** | **Outpatient location**  **(hospital 1, 2 or ambulatory site, private office)** | **Total outpatient visits per year** | **Total inpatients per year**  **(admits + consults)** |
| --- | --- | --- | --- | --- | --- |
| Identify | #% / #.% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |
| Identify | #% / #% | Location | Location | # | # |

**Longitudinal Outpatient Experience** [PR 4.11.e.]

1. Documentation that supports the data in the table should be available at the time of the site visit. Do not include the report with the application. Add rows as necessary.

| **Name and number consecutively all sites used for continuity clinics** | Location  **Site #1, 2, 3, 4; private office or other site** | **Ratio of preceptors to residents** | Number of residents assigned to this clinic/ # clinic sessions assigned per year | | | | **Total number of primary care visits per year** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of PGY-1 residents assigned to this clinic/# sessions** | **Number of PGY-2 residents assigned to this clinic/# sessions** | **Number of PGY-3 residents assigned to this clinic/# sessions** | **Combined residents/# sessions** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click or tap here to enter text. | Location | Ratio | # | # | # | # | # |

1. What is the maximum number of weeks between clinic sessions?

***Limit the response to 100 words.***

|  |
| --- |
| Click here to enter text. |

**Didactic Experiences**

1. List the planned educational experiences, such as grand rounds, core lectures, etc., that are a part of the pediatric training program and complete the questions for each conference. Add additional rows as needed. [PR 4.2.d.]

| **Major Teaching Conferences/Topic** | **Frequency** | Responsible for giving the conference(e.g., faculty, residents, fellows) | Is resident attendance monitored | **Location**  **Site #1, 2, 3, 4, Other** |
| --- | --- | --- | --- | --- |
| Click or tap here to enter text. | Frequency | Click or tap here to enter text. | Yes  No | Location |
| Click or tap here to enter text. | Frequency | Click or tap here to enter text. | Yes  No | Location |
| Click or tap here to enter text. | Frequency | Click or tap here to enter text. | Yes  No | Location |
| Click or tap here to enter text. | Frequency | Click or tap here to enter text. | Yes  No | Location |
| Click or tap here to enter text. | Frequency | Click or tap here to enter text. | Yes  No | Location |

1. In addition to structured didactic conferences, what other methods of independent study and group learning exercises does your program use to foster continuous professional development of residents (e.g., self-directed learning modules, small group sessions, workshops)? [PR 4.11.a.2.]

***Limit the response to 50 words.***

|  |
| --- |
| Click here to enter text. |

1. Explain if the program has established requirements for faculty and resident participation and whether feedback will be given to individuals regarding non-attendance. [PR 4.11.a.3.]

***Limit the response to 50 words.***

|  |
| --- |
| Click here to enter text. |

**Evaluation [PR V.]**

**Self-Assessment and Lifelong Learning** [PR 5.1.d.]

Explain how the program will ensure that residents have an individualized learning plan (ILP).

***Limit the response to 100 words.***

|  |
| --- |
| Click here to enter text. |

**The Learning and Working Environment**

**In-House Night Float** [PR 6.26.a.]

If the program requires night experiences, describe how these are structured to provide educational value.

***Limit the response to 200 words.***

|  |
| --- |
| Click here to enter text. |

**If there are any unique scenarios occurring in the program that do not fit within the confines of this form, please explain.**

|  |
| --- |
| Click here to enter text. |