**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*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After competing 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 [PR I.]**

**General Pediatric Inpatient Data**

1. Provide all the information requested below for the most recent *12-month period*. Information on the participating sites should be reported only if residents rotate to these inpatient services to complete their required five inpatient educational units (i.e., if five inpatient rotations are done at the primary site but an additional month over and above the five months is done at the community site, inpatient data for the latter need not be included). [PR I.D.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

2. Complete the following grid (replicate as necessary) to describe the experience at all participating sites at which residents have required general pediatric inpatient rotations that count towards the 5 required inpatient educational units. For example, Team #1 at Site #1, Team #1 at Site #2, etc.

[PR I.D & IV.C.6.b).(1)]

|  |  |  |
| --- | --- | --- |
| **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 actually on the service 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 caretaker | # | # |
| 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 | # | # |

3. Identify the types of patients cared for on each of the five required general inpatient educational units by placing an “X” in the appropriate column of patient categories. Insert the team number and site number on each line in the chart below. These should correspond to the team # and site # in the previous charts. [PR I.D; IV.C.6.b).(1)]

| **Team # / Site #** | **Types of patients on inpatient teams/services** | | | |
| --- | --- | --- | --- | --- |
| **General Subspecialty** | **Mixed Subspecialties** | **Single Subspecialty** | **If single, name the subspecialty** |
| Patient Category |  |  |  | Subspecialty |
| Patient Category |  |  |  | Subspecialty |
| Patient Category |  |  |  | Subspecialty |
| Patient Category |  |  |  | Subspecialty |
| Patient Category |  |  |  | Subspecialty |

1. **Consecutive Diagnoses For General Pediatric Inpatient Experience**

For each of the participating sites in the program at which the residents have **general pediatric inpatient experience that counts towards the required five months:**

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

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

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

d) “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 are significantly involved with these patients**. If such admissions are included in the list of consecutive diagnoses, indicate length of stay in column four below as 23 hours.

e) For each list, calculate the average length of stay for the 100 patients listed and provide it in the appropriate place at the top of each list.

f) Duplicate as many copies of the table as are needed. Identify the lists as follows: Site name; site number; list number; page number. For example: General Site, Site #1; List 1, General Site #1, List 2, etc.

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

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

**General Pediatric Inpatient**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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’s 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 | | # |

1. **Summary of Final Discharge Diagnoses**
2. **For each list of 100 discharge diagnoses**, provide a summary of the primary diagnoses (one diagnosis per patient) by category on the chart below. The diagnoses listed below should be counted in the categories indicated. All other diagnoses should be included in their appropriate subspecialty category.

| **Diagnosis** | **Category** |
| --- | --- |
| Asthma | Allergy |
| IBD, chronic diarrhea, and other liver disease | Gastroenterology |
| sickle cell disease with all its complications | Hematology/Oncology |
| bronchitis, bronchiolitis, RSV, uncomplicated pneumonia, UTI, gastroenteritis, ordinary diarrhea, and viral hepatitis | Infectious diseases |
| AIDS | Immunology |
| pyelonephritis | Nephrology |
| seizures | Neurology |
| chronic pneumonia/ pneumonia with significant complications, cystic fibrosis, airway obstruction, and chronic obstructive pulmonary disease | Pulmonology |
| Kawasaki | Rheumatology |

| **Category** | Site #1\* | | **Site #2** | | **Site #3** | | **Site #4** | | **Site #5** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List 1 | **List 2** | **List 1** | **List 2** | **List 1** | **List 2** | **List 1** | **List 2** | **List 1** | **List 2** |
| Allergy and Immunology | # | # | # | # | # | # | # | # | # | # |
| Cardiology | # | # | # | # | # | # | # | # | # | # |
| Endocrinology | # | # | # | # | # | # | # | # | # | # |
| Gastroenterology | # | # | # | # | # | # | # | # | # | # |
| Genetics | # | # | # | # | # | # | # | # | # | # |
| Hematology/ Oncology | # | # | # | # | # | # | # | # | # | # |
| Infectious Diseases | # | # | # | # | # | # | # | # | # | # |
| Nephrology | # | # | # | # | # | # | # | # | # | # |
| Neurology | # | # | # | # | # | # | # | # | # | # |
| Psychiatry/ Developmental Behavioral | # | # | # | # | # | # | # | # | # | # |
| Pulmonology | # | # | # | # | # | # | # | # | # | # |
| Rheumatology | # | # | # | # | # | # | # | # | # | # |
| Surgery | # | # | # | # | # | # | # | # | # | # |
| Trauma | # | # | # | # | # | # | # | # | # | # |
| Other (Specify here) | # | # | # | # | # | # | # | # | # | # |
| Other (Specify here) | # | # | # | # | # | # | # | # | # | # |
| Other (Specify here) | # | # | # | # | # | # | # | # | # | # |

\*For site numbers, refer to designations in the Participating Site Information section of ADS.

1. If it appears from the list above that an experience in any given area is deficient, describe in the text box below how residents are exposed to patients in that diagnostic category.

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

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

1. **Lists of Consecutive Diagnoses – Pediatric Intensive Care Unit**

For each of the sites participating in the program at which the residents have **pediatric intensive care experience that counts towards the required two months:**

a) Provide one (1) list of 50 consecutive admissions with their discharge diagnoses for patients 20 years of age and under who were admitted to the PICU. You may add a secondary diagnosis if the patient has a chronic or underlying disease.

b) Limit the list to those patients admitted to the PICU and include them only if they are cared for by pediatrics residents.

c) Calculate the average length of stay for the 50 patients listed and provide it in the appropriate place at the top of the list.

d) The list(s) should be from the same 12-month period as was used for the data on these forms. **Document the beginning and end dates needed to accrue these 50 admissions.**

e) Duplicate as many copies of this table as needed. Identify the lists as follows: site name; site number; page number.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site Name: | | Site #: | | Page #: | |
| Inclusive dates (start date to end date for accumulating 50 consecutive admissions) from the year reported in the inpatient data, during which these discharges occurred: | | Date of Case 1 (mm/dd/yy):  Date of Case 50 (mm/dd/yy):  (example: from 04/01/06 to 05/14/06) | | | |
| For the list of 50 diagnoses, provide the average length of stay: | | ALS: Click here to enter text. | | | |
| **Patient’s Site ID Number** | **Primary Discharge Diagnosis**  **(may include secondary diagnosis if chronic /underlying disease)** | | **Age** | | **Number of Days In PICU** |
| ID Number | Diagnosis | | Age | | # |
| ID Number | Diagnosis | | Age | | # |

**Personnel**

**Program Leadership and Other Personnel**

Using the table below provide a summary of the program’s leadership and support staff, including the name and percent FTE. Add additional rows as needed. [PR II.A.2-II.A.2.a)); II.C.1- II.C.2.a); II.D.1- II.D.1.b).(3)]

|  |  |  |
| --- | --- | --- |
| **Faculty and Support Staff** | **Name** | **% FTE\* in residency program** |
| Program Director | Name | #% |
| Associate Program Director(s) | Name | #% |
| Liaison(s) (e.g., senior residents, chief residents, junior faculty) | Name | #% |
| Specify Other | Name | #% |
| Specify Other | Name | #% |
| Specify Other | Name | #% |
| Specify Other | Name | #% |
| **Administrative Personnel - Professional Position** | **Number of Administrative Personnel** | **% FTE in residency program for each personnel member** |
| *(Example) Residency Coordinator* | *1* | *100%* |
| *(Example) Secretary* | *1.5* | *100%/50%* |
| Click here to enter text. | # | #% |
| Click here to enter text. | # | #% |
| Click here to enter text. | # | #% |
| Click here to enter text. | # | #% |
| Click here to enter text. | # | #% |

\* 1.0 FTE is greater than or equal to 40 hours per week.

**Other Program Personnel**

Provide information on the physicians available for consultation and teaching in the pediatric residency program at the primary and/or integrated sites for the required areas. [PR II.B.1.c)]

| **Discipline/ Service** | **# who interact with pediatric patients** | **Name of primary person who interacts with pediatrics residents** | **Identify Site**  (#1,2,  amb site) | **Name of Board and year of certification** | **% of time devoted to pediatric patients** |
| --- | --- | --- | --- | --- | --- |
| Pathology | # | Name | Site | Click here to enter text. | #% |
| Radiology | # | Name | Site | Click here to enter text. | #% |
| Surgery | # | Name | Site | Click here to enter text. | #% |

**Educational Program [PR IV.]**

**Patient Care and Procedural Skills [PR IV.B.1.b)]**

1. Report the involvement of the residents in the care of surgical patients by completing the table below. [PR IV.B.1.b).(2)]

| **Setting** | **Write admit notes and/or orders** | **Write progress notes** | **Round daily and address medical problems** |
| --- | --- | --- | --- |
| General Inpatient | YES  NO | YES  NO | YES  NO |
| NICU | YES  NO | YES  NO | YES  NO |
| PICU | YES  NO | YES  NO | YES  NO |

1. If all of responses to the sections in the table above were “no,” explain where residents will interact with a surgeon having significant experience with pediatric patients (e.g., surgery clinic, with the surgeons in ED). [PR IV.B.1.b).(2)]

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

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

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 IV.B.1.b).(2).(a)]

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

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

1. Explain the process which will be used to remediate residents when deficiencies in procedural competence are identified. [PR IV.B.1.b).(2).(a)]

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

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

1. Life Support Skills [PR IV.B.1.b).(2).(b)]

|  |  |
| --- | --- |
| Will all residents be required to complete training and maintain certification in PALS? | YES  NO |
| Will all residents be required to complete training and maintain certification in NRP? | YES  NO |
| Will all residents be required to complete training in simulated placement of an intraosseous line? | YES  NO |

**Curriculum Organization and Resident Experiences [PR IV.C.]**

1. Indicate the number of educational units and whether they are completed longitudinally or in block format. An educational unit is a block (four weeks or 1 month) experience or a longitudinal experience (32 half-day sessions for an outpatient experience or 200 hours for an inpatient experience). [PR IV.C.]

| **Experience** | **”L” if Longitudinal**  **“B” if Block format**  **“LB” if both** | **Number of educational units during the three years of training** |
| --- | --- | --- |
| Individualized curriculum [PR IV.C.6.a) | L  B | # |
| Inpatient pediatrics [PR IV.C.6.b) |  |  |
| Inpatient pediatrics [PR IV.C.6.b).(1) | L  B | # |
| Neonatal intensive care [PR IV.C.6.b).(2) | L  B | # |
| Pediatric critical care [PR IV.C.6.b).(3) | L  B | # |
| Term newborn care [PR IV.C.6.b).(4) | L  B | # |
| Subspecialty experiences [PR IV.C.6.c)] |  |  |
| Adolescent medicine [PR IV.C.6.c).(1)] | L  B | # |
| Developmental-behavioral pediatrics  [PR IV.C.6.c).(2)] | L  B | # |
| Required subspecialty experiences  [PR IV.C.6.c).(3) & IV.C.6.c).(4)] | L  B | # |
| Ambulatory experiences [PR IV.C.6.d)] |  |  |
| Ambulatory experiences including community pediatrics and child advocacy  [PR IV.C.6.d).(1)] | L  B | # |
| Pediatric emergency medicine and acute illness [PR IV.C.6.d).(2)] | L  B | # |
| **Total educational units** | | **#** |

1. Intensive Care [PR IV.C.6.b).(2)-IV.C.6.b).(2).(a)]
2. Report the ICU educational units on the chart below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Block Rotations/Call** | **Year 1** | **Year 2** | Year 3 | **Total** |
| 1. Required NICU educational units | # | # | # | # |
| 1. Required PICU educational units | # | # | # | # |

1. Neonatal Intensive Care [PR IV.C.6.b).(2)-IV.C.6.b).(2).(a)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | # | # | # | # |

1. For each NICU team complete the following grid. 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. [PR IV.C.6.b).(2)-IV.C.6.b).(2).(a)]

| **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 actually on the service acting as primary providers (include residents in combined programs and those in other specialties) | # | # |
| Planned average # of patients per resident (primary caretaker) | # | # |
| Planned number of Supervising Residents, if applicable | # | # |

1. Pediatric Intensive Care [PR IV.C.6.b).(3)-IV.C.6.b).(3).(a)]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 post-operative cardiac patients admitted to this unit? | YES  NO | YES  NO | YES  NO | | YES  NO |
| Are other surgical patients admitted to this unit? | YES  NO | YES  NO | YES  NO | | YES  NO |
| Annual # of deaths in PICU | # | # | # | | # |

1. For each PICU team, complete the following grid. Be sure the site designation is correct. If more than one site is used to meet the required months of PICU experience, replicate this information. [PR IV.C.6.b).(3)-IV.C.6.b).(3).(a)]

| **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 actually on the service acting as primary providers (include residents in combined programs and those in other specialties) | # | # |
| Planned average # of patients per resident (primary caretaker) | # | # |
| Planned number of Supervising Residents, if applicable | # | # |

1. Normal/Term Newborn [PR IV.C.6.b).(4)-IV.C.6.b).(4).(a)]
2. Will the normal/term newborn experience be done as a block rotation?  YES  NO
3. Provide an explanation as to who will teach and supervise residents in term newborn care.

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

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

1. If the normal/term newborn experience will be integrated with another experience, provide an explanation as to how residents will achieve the educational goals of the normal/term newborn experience. Describe the time devoted to normal/term newborn responsibilities and the other clinical responsibilities residents are engaged 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.

| **Team #/Site #** | **Planned average # of patients per primary caretaker per day** | **Planned average # Peds or combined residents acting as primary caretakers** | **Planned average # of residents from other services acting as primary caretakers**  (e.g., family medicine) |
| --- | --- | --- | --- |
| *Team #1/Site #1* | *5* | *2* | *1* |
| Team # [ ]/Site #[ ] | # | # | # |

1. Adolescent Medicine [PR IV.C.6.c).(1)-IV.C.6.c).(1).(a)]

Provide information on the required one educational unit experience in adolescent medicine using the table below. For example, in column one, enter college health clinic, adolescent med clinic, etc. 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 in which residents will provide direct clinical care (e.g., adolescent clinic).

| **Type of experience**  (e.g., adolescent clinic, juvenile justice 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.

1. Developmental-Behavioral Pediatrics [PR IV.C.6.c).(2)-IV.C.6.c).(2).(a)]

Provide information on the required one educational unit experience in normal and abnormal behavior and development using the table below. For example, in column one, enter behavior clinic, day care center, etc. In column two, provide the number of half day sessions for each experience. In the third column, include the number patients only for sites in which residents provide clinical care. (e.g., behavior clinic).

|  |  |  |
| --- | --- | --- |
| **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.

1. Subspecialty Education [PR IV.C.6.c).(3); IV.C.6.c).(4)]
2. Required Pediatric Subspecialty Experience (Excluding Adolescent Medicine, and Developmental-Behavioral Pediatrics)

Using the table below; 1) provide information about the 4 key subspecialty experiences, and 2) provide the requested information in the columns. Include **only** the patients available for resident education. If experiences are located at two sites or clinics, report figures for both, e.g. [1-236/3-100]. In the last column, include residents in combined programs. [PR IV.C.6.c).(3)-IV.C.6.c).(3).(n)]

| **Pediatric Subspecialties** | **Required of all residents?** | **Selective to meet the 4 required months** | **% Time devoted to IP/OP** | **Inpatient location**  **(Site #1, 2, 3, 4)** | **Outpatient location**  (hosp 1, 2 or amb site, private office) | **Total outpatient visits per year** | **Total inpatients per year**  (admits + consults) | **If selective, number of residents doing an educational unit over past 3 years** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child Abuse | YES  NO |  | #% / #.% | Location | Location | # | # | # |
| Medical Genetics | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Mental and behavioral health | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Allergy/Immunology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Cardiology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Dermatology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Endocrinology/ Metabolism | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Gastroenterology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Hematology/ Oncology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Infectious Diseases | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Nephrology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Neurology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Pulmonology | YES  NO |  | #% / #% | Location | Location | # | # | # |
| Pediatric Rheumatology | YES  NO |  | #% / #% | Location | Location | # | # | # |

1. Identify the additional required subspecialty experiences residents may select to required subspecialty experience and provide the information requested for those subspecialty areas. [PR IV.C.6.c).(4)-IV.C.6.c).(4).(a).(xiii)]

|  |  |
| --- | --- |
| **Subspecialty Experience** | **Residents May Select?** |
| Child and adolescent psychiatry | YES  NO |
| Hospice and palliative medicine | YES  NO |
| Neurodevelopmental disabilities | YES  NO |
| Pediatric anesthesiology | YES  NO |
| Pediatric dentistry | YES  NO |
| Pediatric ophthalmology | YES  NO |
| Pediatric orthopaedic surgery | YES  NO |
| Pediatric otolaryngology | YES  NO |
| Pediatric rehabilitation medicine | YES  NO |
| Pediatric radiology | YES  NO |
| Pediatric surgery | YES  NO |
| Sleep medicine | YES  NO |
| Sports medicine | YES  NO |

1. Community Experience [PR IV.C.6.d).(1)-IV.C.6.d).(1).(a)]

Describe how elements of community pediatrics and child advocacy will be incorporated into the residents’ ambulatory experiences for at least two educational units.

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

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

1. Emergency Medicine (EM)/Acute Illness (AI)
2. Complete the table below for the EM/AI experience during the three years of training. [PR IV.C.6.d).(2)]

|  |  |
| --- | --- |
| Total duration in educational units of EM experience: | Duration |
| Duration of assignments 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 is used to meet the required educational units (e.g., if an outside ED is used to meet the requirement, list this site and enter the requested data). [PR IV.C.6.d).(2).(a)]

| **Site #** | **Total visits per year** | **If comb. Adult/Ped, % of patients under 22** | **Actual times staffed by residents**  (e.g., 0800-0500)  (not just # of hours) | **Average number of patients per resident per shift** | Name of EM Pediatric training supervisor\* |
| --- | --- | --- | --- | --- | --- |
| # | # | #% | Times | # | Name |
| # | # | #% | Times | # | Name |
| # | # | #% | Times | # | Name |
| # | # | #% | Times | # | Name |

\*include the training supervisors on the faculty roster

1. Explain how residents will have first-contact evaluation of pediatric patients in the emergency department. [PR IV.C.6.d).(2).(b)]

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

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

1. Longitudinal Outpatient Experience [PR IV.C.6.e)]

Have documentation that supports the data in the table available for the site visitor. 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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PL -1’s/# sessions** | **PL -2’s/# sessions** | **PL -3’s/# sessions** | **Combined residents/# sessions** |
| 1. Click here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click here to enter text. | Location | Ratio | # | # | # | # | # |
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| 1. Click here to enter text. | Location | Ratio | # | # | # | # | # |
| 1. Click here to enter text. | Location | Ratio | # | # | # | # | # |

a) Will residents be given the option of a different site in their PGY-3 year when it is appropriate for their career goals? [PR: IV.C.6.e).(5)]  YES  NO

1. If Yes, explain how this will be operationalized:

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

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

* + - 1. Explain how residents will be provided with a longitudinal general outpatient experience in a setting that provides a medical home for patients that focuses on wellness and prevention, coordination of care, longitudinal management of children with special health care needs and chronic conditions, and provide a patient- and family-centered approach to care. [PR IV.C.6.e).(3)-IV.C.6.e).(6)]

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

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| Click here to enter text. |

c) Describe how the program will ensure that residents care for a panel of patients that identify the resident as their primary care provider? [PR IV.C.6.e).(7)]

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

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| Click here to enter text. |

1. Individualized Curriculum IV.C.6-IV.C.6.a).(1)

a) Will each resident have six educational units of an individualized curriculum determined by their learning needs and career plans? [PR IV.C.6.a)-a).(1)  YES  NO

1. If yes, describe how subspecialty experiences will be chosen to support their learning needs and career plans. [PR IV.C.6.a).(1)]

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

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| Click here to enter text. |

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 IV.C.6.a).(1)

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

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

d) Will the subspecialty experiences for the “three additional educational units” be used to achieve the six educational units of the individualized curriculum? [PR IV.C.6.c).(4)]  YES  NO

**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 IV.C.4.]

| **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 here to enter text. | Frequency | Click here to enter text. | Yes  No | Location. |
| Click here to enter text. | Frequency | Click here to enter text. | Yes  No | Location. |
| Click here to enter text. | Frequency | Click here to enter text. | Yes  No | Location. |
| Click here to enter text. | Frequency | Click here to enter text. | Yes  No | Location. |
| Click here to enter text. | Frequency | Click here to enter text. | Yes  No | Location. |

1. In addition to structured didactic conferences, what other methods of independent study 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 IV.C.4.a)]

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

|  |
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| 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 IV.C.4.b)]

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

|  |
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| Click here to enter text. |

**Resident Responsibilities for Supervision of Residents**

Identify the experiences in which residents will act in a supervisory role. [PR IV.C.4.c)]

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

**Scholarship**

**Faculty Scholarly Activity**

List below no more than 10 major ongoing research projects in the Department of Pediatrics. Those listed should be representative of the full spectrum of departmental research activities. Insert information in each column for each project.

| **Project title** | **Funding source** | **Funding awarded by peer review process** | **Years of funding (dates)** | **Total cost** | **Faculty investigator and role in grant (i.e. PI, Co-PI, Co-investigator)** |
| --- | --- | --- | --- | --- | --- |
| Title | Funding source |  | Year(s) | Cost | Click here to enter text. |
| Title | Funding source |  | Year(s) | Cost | Click here to enter text. |
| Title | Funding source |  | Year(s) | Cost | Click here to enter text. |
| Title | Funding source |  | Year(s) | Cost | Click here to enter text. |
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| Title | Funding source |  | Year(s) | Cost | Click here to enter text. |
| Title | Funding source |  | Year(s) | Cost | Click here to enter text. |

**Evaluation [PR V.]**

**Evaluation of Patient Care Skills [PR V.A.1.a)]**

In addition to global assessments, identify the structured approaches to evaluation that faculty or other appropriate supervisors will use to evaluate residents in the following:

| **Experience** | **Assessment Methods** | **Evaluators** | **Settings** |
| --- | --- | --- | --- |
| Performance of histories and physical examinations  [PR V.A.1.b).(3).(a)] | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Providing effective counseling of patients and families on the broad range of issues addressed by general pediatricians  [PR V.A.1.b).(3).(b)] | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Demonstrating the ability to make diagnostic and therapeutic decisions based on best evidence and to develop and carry out management plans  [PR V.A.1.b).(3).(c)] | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Providing longitudinal care for healthy and chronically-ill children of all ages  [PR V.A.1.b).(3).(d)] | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Self-Assessment and Lifelong Learning**

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

[PR V.A.1.d).(2).(b)]

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

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

2. How often will the ILP be developed or updated? [PR V.A.1.d).(2).(b)]

Annually  Semi-annually  Other *(describe below)*

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

1. Describe how the program will assist the residents in the development of their ILP to include (a) use of faculty mentorship to create learning goals, and (b) systems for tracking and monitoring progress toward completing the ILP. [PR V.A.1.d).(2).(b).(i)]

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

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| Click here to enter text. |

**The Learning and Working Environment [PR VI.]**

**In-House Night Float**

If the program requires night experiences, describe how these are structured to provide educational experiences. [PR VI.F.6.a)]

***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. |