**New Application: Pediatric Pulmonology**

**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 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.*

**Oversight**

**Participating Sites**

Briefly describe how the pediatric pulmonology program is an integral part of a core pediatric residency program, including how the faculty members of each program, residents, and fellows will interact. [PR 1.2.a.]

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

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

**Resources**

Indicate whether the program has access to the following facilities and services/resources for fellow education:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| Comprehensive laboratory [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Pathology [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| A pediatric pulmonary function laboratory capable of performing bronchoprovocation studies and measuring flows, gas exchange, and lung volumes, including the use of body plethysmography [PR 1.8.b.1.] | Choose an item. | Choose an item. | Choose an item. |
| Pediatric polysomnography [PR 1.8.c.] | Choose an item. | Choose an item. | Choose an item. |
| Facilities in which flexible bronchoscopy examinations in child and adolescent patients can be performed [PR 1.8.c.1.] | Choose an item. | Choose an item. | Choose an item. |

**Patient Population [PR 1.8.d.-** **1.8.e.]**

1. Provide the following information for the most recent 12-month academic or calendar year. **Note the same timeframe should be used throughout the forms.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | | |
|  | | **Site #1** | | **Site #2** | **Site #3** |
| Total number of admissions to the pediatric pulmonology service | | # | | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the pulmonology service for the first time) | | # | | # | # |
| Average length of stay of patients on the pediatric pulmonology service | | Length | | Length | Length |
| Total number of consultations by pediatric pulmonologists on other inpatients | | # | | # | # |
| Number of consultations provided to the NICU | | # | | # | # |
| Number of consultations provided to the PICU | | # | | # | # |
| Average daily census of patients on the pediatric pulmonology service, including consultations | | # | | # | # |
| Number of patients requiring follow-up care by pulmonology service as outpatients during 12-month period reported | | # | | # | # |

1. Provide the following information for the most recent 12-month academic or calendar year for each site used to provide a specific required experience, such as transplant, cardiology, intensive care, etc.Duplicate this table as necessary. **Note the same timeframe should be used throughout the forms.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | | |
|  | | **Site #1** | | **Site #2** | **Site #3** |
| Name of service: | | Click here to enter text. | | | |
| Total number of fellows and residents on the service | | # | | # | # |
| Total number of admissions to the service | | # | | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the service for the first time.) | | # | | # | # |
| Average length of stay of patients on the service | | # | | # | # |
| Average daily census of patients on the service, including consultations | | # | | # | # |

**Ambulatory Pediatric Pulmonology Experience for all Years of Training:**

1. Provide the following information for all years of training.Add rows as necessary.

| **Name of Experience**  **Site/Other Setting Identifier** | **Duration of Experience (in wks./yr.)** | **Planned # of Sessions Per Week Per Fellow** | **Estimated # of New Patients Per Fellow Per Session** | **Estimated # of Return Patients Per Fellow Per Session** | **Estimated Average # Teaching Attendings Per Session** |
| --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |
| Click or tap here to enter text. | Duration | # | # | # | # |

If the experience is in a private office, provide full details, including the name and credentials of supervisor, numbers and types of patients, the degree of fellow responsibility for their care, the frequency of attendance at the office, and how the program director will monitor the experience and fellow performance.

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

**12-Month Summary - Outpatient Clinics/Inpatient Services**

During the same 12-month period as used in previous sections, indicate how many pediatric patients with the following pulmonology problems were: a) seen in the ambulatory settings; b) admitted to and/or consulted on by the pediatric pulmonologists at the primary site.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | | |
| **Pulmonology Diagnosis/Disorder** | | **Outpatients** | | **Inpatients** | | |
| **Number of Patients** | | **Number on Pulm Service** | **Number of Consults** | |
| Asthma and allergic disorders affecting the respiratory system [PR 4.4.i.1.] | | # | | # | # | |
| Chronic lung disease of infancy  [PR 4.4.i.2.] | | # | | # | # | |
| Cystic fibrosis [PR 4.4.i.3.] | | # | | # | # | |
| Lower respiratory tract infections  [PR 4.4.i.4.] | | # | | # | # | |
| Newborn respiratory diseases  [PR 4.4.i.5.] | | # | | # | # | |
| Sleep disordered breathing, such as apnea  [PR 4.4.i.6.] | | # | | # | # | |
| Chronic ventilatory assistance, including home mechanical ventilation such as, bi-level positive airway pressure ventilation, and tracheostomy management [PR 4.4.i.7.] | | # | | # | # | |
| Aspiration syndromes [PR 4.4.i.8.] | | # | | # | # | |
| Congenital anomalies of the respiratory system [PR 4.4.i.9.] | | # | | # | # | |
| Acquired upper airway obstruction  [PR 4.4.i.10.] | | # | | # | # | |
| Chronic suppurative lung disease  [PR 4.4.i.11.] | | # | | # | # | |
| Respiratory infections in the immunocompromised host [PR 4.4.i.12.] | | # | | # | # | |
| Other diseases such as pulmonary hypertension, interstitial lung disease, hemosiderosis and acute lung injuries [PR 4.4.i.13.] | | # | | # | # | |
| Pre-operative and post-operative management of children with respiratory disorders  [PR 4.4.i.14.] | | # | | # | # | |

**List of Diagnoses**

List 150 consecutive inpatient admissions and/or consultations by the Pediatric Pulmonology service. Identify the period during which these admissions/consultations occurred. The date range should occur within the same 12-month period used in previous sections. The dates must begin on the date the first patient on the list was admitted and end with the date the 150th patient was admitted, (e.g., Patient #1 - July 1, 2022; Patient #150 - October 20, 2022). Submit a separate list for each site that provides required rotations. Duplicate tables as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site Name:** Click or tap here to enter text. | | |  | |
| **Give inclusive dates during which these admissions/consultations occurred:** | | | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Patient ID** | | **Number of days in hospital** | **Pulmonary diagnosis**  **(may include secondary diagnosis if relevant)** | |
| **Number** | **Age** |
| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |
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| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |
| # | Age | # | Click or tap here to enter text. | |

**Procedure Data**

Using the same 12-month period as previous sections, provide the number of the following procedures performed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Give inclusive dates during which these admissions/consultations occurred:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | |
| **# performed on service(s)** | | **Site #1** | **Site #2** | **Site #3** | |
| Simple spirometry (volume-time or flow-volume)  [PR 4.4.g.] | | # | # | # | |
| Whole body plethysmography [PR 1.8.b.1.] | | # | # | # | |
| Bronchoprovocation studies [PR 4.5.a.] | | # | # | # | |
| Bronchoscopy [PR 4.5.a.] | | # | # | # | |

|  |
| --- |
| *\* For procedures not performed at any of the participating sites, provide an explanation.*  Click or tap here to enter text. |

**Personnel**

**Program Leadership and Other Program Personnel**

Using the table below, provide a summary of the program’s leadership and other personnel, including the name and percent full-time equivalent (FTE) dedicated time. 1.0 FTE is greater than or equal to 40 hours per week. Add rows as needed. [PR 2.3.- 2.3.a.; 2.11.a.]

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Dedicated Time for the Administration of the Program (excluding Scholarly Activity)** |
| Program Director | Name | #% |
| Associate Program Director(s) | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| **Administrative/Support Personnel** | **Number of Administrative Personnel** | **% FTE in this Fellowship Program for Each personnel member** |
| *e.g., Fellowship Coordinator* | *1* | *100%* |
| *e.g., Administrative Assistant* | *1.5* | *100%/50%* |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |

**Other Program Personnel**

Indicate the number of faculty members who are present in each of the required disciplines. [PR 2.12.a.1.-2.12.a.10.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Program Personnel with Pediatric Focus and Experience \*** | **Indicate with an “X” if these Personnel are Available at Each Site** | | | | |
| **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Child life therapist(s) |  |  |  |  |  |
| Dietician(s) |  |  |  |  |  |
| Mental health professional(s) |  |  |  |  |  |
| Nurse(s) |  |  |  |  |  |
| Pharmacist(s) |  |  |  |  |  |
| Physical and occupational therapist(s) |  |  |  |  |  |
| Respiratory therapist(s) |  |  |  |  |  |
| School and special education contacts |  |  |  |  |  |
| Social worker(s) |  |  |  |  |  |
| Speech and language therapist(s) |  |  |  |  |  |

|  |
| --- |
| *\* If the other program personnel listed above are not present at the participating sites listed in ADS, please explain:*  Click or tap here to enter text. |

**Educational Program [PR: SECTION 4]**

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

1. Provide the settings and activities in which fellows will develop competence in the following areas of patient care. Also, indicate which method(s) will be used to evaluate competence.

| **Competency Area** | **Settings/Activities**  **(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence**  **(e.g., structured observation checklist, procedure log, course completion)** |
| --- | --- | --- |
| Clinical skills needed in pediatric pulmonology  [PR 4.4.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and development and carrying out management plans  [PR 4.4.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing transfer of care that ensures seamless transitions  [PR 4.4.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family  [PR 4.4.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Referring and/or co-managing patients with common behavioral and mental health issues along with appropriate specialists when indicated  [PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing or coordinating care with a medical home for patients with complex and chronic diseases  [PR 4.4.f.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use and interpretation of laboratory tests, imaging, and other diagnostic procedures, including spirometry, lung volume measurement, diffusing capacity of the lung, and polysomnography  [PR 4.4.g.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Facilitating the transition of patients with pulmonary disorders from pediatrics to adult health care settings  [PR 4.4.h.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Asthma and allergic disorders affecting the respiratory system; [PR 4.4.i.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Chronic lung disease of infancy [PR 4.4.i.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cystic fibrosis  [PR 4.4.i.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Lower respiratory tract infections  [PR 4.4.i.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Newborn respiratory diseases [PR 4.4.i.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sleep disordered breathing, such as apnea  [PR 4.4.i.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Chronic ventilatory assistance, to include home mechanical ventilation, bi-level positive airway pressure ventilation, and tracheostomy management  [PR 4.4.i.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Aspiration syndromes  [PR 4.4.i.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Congenital anomalies of the respiratory system  [PR 4.4.i.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Congenital and acquired upper airway obstruction  [PR 4.4.i.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Chronic suppurative lung disease  [PR 4.4.i.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Respiratory infections in the immunocompromised host  [PR 4.4.i.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Other diseases, such as pulmonary hypertension, interstitial lung disease, hemosiderosis and acute lung injuries  [PR 4.4.i.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pre- and post-operative management of children with respiratory disorders  [PR 4.4.i.14.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Competence interpreting a variety of diagnostic tests, including diagnostic imaging [PR 4.4.j.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Competence in managing patients requiring supplementary respiratory equipment, including oxygen, chronic mechanical ventilation, non-invasive ventilation, and airway clearance devices  [PR 4.4.k.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Understanding of the techniques of airway clearance and pulmonary rehabilitation [PR 4.4.l.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Understanding of how a patient's critical respiratory problems affect other organ systems [PR 4.4.m.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients [PR 4.4.n.] | Click or tap here to enter text. | Click or tap here to enter text. |

1. Indicate the settings and activities in which fellows will develop competence in the following procedural skills, including an understanding of their indications, risks, and limitations. Also, indicate the method which will be used to evaluate competence.

| **Competency Area** | **Settings/Activities**  **(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence**  **(e.g., structured observation checklist, procedure log, course completion)** |
| --- | --- | --- |
| Pulmonary function tests of bronchoprovocation  [PR 4.5.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bronchoscopy  [PR 4.5.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bronchoalveolar lavage  [PR 4.5.a.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge [PR 4.6.]**

Indicate the activities (e.g., lectures, conferences, journal clubs, clinical teaching rounds) in which fellows will develop competence in their knowledge in each of the following areas. Also, indicate the method(s) which will be used to evaluate fellow competence in each area. [PR 4.6.a.- 4.6.b.]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Biostatistics [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical research methodology  [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Laboratory research methodology [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Study design [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of applications for funding and/or approval of clinical research protocols  [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Critical literature review  [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of evidence-based medicine [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ethical principles involving clinical research [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Teaching methods  [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Evaluation of the psychosocial aspects of chronic pulmonary disease as they affect the pediatric patient and their family  [PR 4.6.b.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences [PR 4.10. - 4.12.]**

1. Describe the responsibilities that the fellows will have for inpatients and how and by whom will they be supervised when assigned to inpatient services? [PR 4.10.a.]

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

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

1. What responsibilities will the fellows have for outpatients and how and by whom will they be supervised during the provision of outpatient care? [PR 4.10.a.]

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

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

1. Describe how the program will ensure that fellows provide continuity of care for a panel of patients throughout training? To what extent will they have the opportunity to provide outpatient care for patients whom they treated on the inpatient service? [PR 4.10.a.]

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

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

1. Briefly explain how rotations are structured to minimize the frequency of rotational transitions, and provide quality educational experiences, especially as it relates to continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. [PR 4.10.a.]

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

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

1. Explain how fellows will function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. [PR 4.10.b.]

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

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

1. Describe the experience fellows will have in providing longitudinal care in an outpatient setting. Include opportunities that fellows will have to provide outpatient care for patients whom they have treated on the inpatient service. [PR 4.11.b.]

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

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

1. Describe how fellows serve as a role models and provide supervision to residents and/or medical students [PR 4.11.c.]

***Limit response to 250 words.***

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

**Conferences**

List regular subspecialty and interdepartmental conferences, rounds, etc. that are a part of the program. Identify the Site by using the corresponding number as it appears in the ADS portion of the application. Indicate the frequency (e.g., weekly, monthly) and whether conference attendance is required (R) or optional (O). List the planned role of the fellow in this activity (e.g., conducts conference, presents the case and participates in discussion, case presentation only, participation limited to Q and A component). Add rows as needed. [PR 4.11.d.2.; 4.11.d.4.]

| **Conference** | **Site #** | **Frequency** | **Attendance Required (R) or Optional (O)** | **Role of the Fellow** |
| --- | --- | --- | --- | --- |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |

**General Subspecialty Curriculum**

Identify the conferences and other teaching sessions where fellows will receive instruction related to pediatric pulmonology in the areas listed below. Also, indicate which learners participate (i.e., pediatric pulmonology fellows, pediatric pulmonology fellows and other subspecialty fellows, or residents and pediatric pulmonology fellows). [PR 4.4.- 4.11.d.7.]

| **Topic** | **Where Taught in Curriculum (Name Should Match Name in Conference List)** | **# of Structured Teaching Hours Dedicated to Topic Area** | **Participants (Place an "X" in the Appropriate Column)** | | |
| --- | --- | --- | --- | --- | --- |
| **Fellows in this Discipline Attend** | **All Subspecialty Fellows Attend** | **Residents and Subspecialty Fellows Attend** |
| *e.g., Biostatistics* | *Research Course* | *14* |  | *X* |  |
| Anatomy [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Physiology  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Biochemistry  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Embryology  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Pathology [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Microbiology  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Pharmacology  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Immunology  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Genetics [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Nutrition/metabolism  [PR 4.11.d.3.] | Click or tap here to enter text. | # |  |  |  |
| Pathophysiology of disease [PR 4.11.d.4.] | Click or tap here to enter text. | # |  |  |  |
| Reviews of recent advances in clinical medicine and biomedical research  [PR 4.11.d.4.] | Click or tap here to enter text. | # |  |  |  |
| Conferences dealing with complications and death  [PR 4.11.d.4.] | Click or tap here to enter text. | # |  |  |  |
| Scientific, ethical, and legal implications of confidentiality and informed consent  [PR 4.11.d.4.] | Click or tap here to enter text. | # |  |  |  |
| Bioethics; including attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships  [PR 4.11.d.5.- 4.11.d.5.a.] | Click or tap here to enter text. | # |  |  |  |
| Economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes  [PR 4.11.d.6.] | Click or tap here to enter text. | # |  |  |  |
| Basic and fundamental principles related to the lung, including allergy and immunology, immunopathology, and environmental influences on respiratory disease  [PR 4.11.d.7.] | Click or tap here to enter text. | # |  |  |  |

**Scholarship**

**Faculty Scholarly Activity**

1. Complete the table below regarding the involvement of faculty members in scholarly activities. Add rows as needed. [PR 2.4.b.; 4.14.-4.14.a.2.]

| **Name** | **# of Current Grant Leadership** | **# of Publications in Peer-Review Journals in the Last 5 Years** |
| --- | --- | --- |
| **Program Director:** | | |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for a Pediatric Pulmonology Program, Only List the Pediatric Pulmonology Faculty Members):** | | |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| **Non-Physician Research Mentors or Physician Faculty Members from Other Subspecialties:** | | |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |

1. List active research projects in the subspecialty. Add rows as needed. [PR 2.4.b.; 4.14.-4.14.a.2.]

| **Project Title** | **Funding Source** | **Place an "X" if Funding Awarded by Peer Review Process** | **Years of Funding (Dates)** | **Faculty Investigator and Role in Grant (i.e., PI, Co-PI, Co-Investigator)** |
| --- | --- | --- | --- | --- |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |  | Years of funding | Faculty investigator/role in grant |

**Fellow Scholarly Activity**

**Scholarship Oversight Committee (SOC)**

1. Describe the process for SOC oversight and evaluation of the fellows’ scholarly projects. [PR 4.15.b.- 4.15.b.1.]

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

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| Click here to enter text. |

2. Explain how the program will ensure a meaningful supervised research experience for fellows beginning in their first year and extending throughout the educational program. [PR 4.15.c.]

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

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| Click here to enter text. |

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

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

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