**New Application: Developmental-Behavioral 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 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 developmental-behavioral pediatrics 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 the response to 500 words.***

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

**Resources**

1. Identify the community-based resources, such as childcare programs, early intervention programs, schools, and child welfare/protective agencies the fellows will utilize. [PR 1.8.a.]

| **Community Based Resources** | **Name of Setting (Include All Sites for Fellows’ Longitudinal Experience). Designate Longitudinal Sites with an Asterisk (\*)** | **Type of Interaction** | **Frequency of Interaction** | **Planned Role of Fellow in Care of Patients – Designate as: Primary Provider (PP)**  **Consultant (C)**  **Observer (O)**  **Multidisciplinary Care Team Member (T)**  **Counselor (CS)** |
| --- | --- | --- | --- | --- |
| Childcare programs | Name | Type | Frequency | Choose an item. |
| Early intervention programs | Name | Type | Frequency | Choose an item. |
| Schools | Name | Type | Frequency | Choose an item. |
| Child welfare/protective agencies | Name | Type | Frequency | Choose an item. |
| Community agencies that serve children with visual impairments, hearing impairments, mental health conditions, or serious developmental, physical, and/or emotional disabilities | Name | Type | Frequency | Choose an item. |

1. In the table below, 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.b.] | Choose an item. | Choose an item. | Choose an item. |
| Pathology [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to developmental-behavioral pediatrics  [PR 1.8.c.] | Choose an item. | Choose an item. | Choose an item. |

**List of Diagnoses**

List 150 consecutive consultations/encounters in which fellows were engaged with the Developmental-Behavioral Pediatrics service or three months of data from each clinic or clinical site in the Developmental-Behavioral Pediatrics outpatient service. Identify the period during which these consultations/encounters occurred. The dates must begin on the date the first patient encounter on the list and end with the date of the 150th patient encounter, (e.g., Patient #1 - July 1, 2022; Patient #150 - October 20, 2022). Submit a separate list for each clinical site that provides required rotations. Duplicate tables as necessary. **Note the same timeframe should be used throughout the forms.** [PR 1.8.d.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical Site:** | | Click or tap here to enter text. | | |
| **Inclusive dates:** | | **From:** Click or tap to enter a date. | | **To:** Click or tap to enter a date. |
| **Patient ID** | | | **Developmental-Behavioral Pediatrics 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. | |
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| # | Age | | Click or tap here to enter text. | |
| # | Age | | Click or tap here to enter text. | |

**Patient Data**

Provide the following information for the most recent 12-month academic or calendar year. **Note the same timeframe should be used throughout the forms.** [PR 1.8.e.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | | | **To:** Click here to enter a date. | | |
| **Outpatient: Provide the Name of each Clinical Site** | | Name | Name | Name | Name | Name |
| 1. Is there a separate Developmental-Behavioral Pediatrics clinic? | | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 1. Number of Developmental-Behavioral Pediatrics clinic/or office sessions per week during 12-month period reported: | | # | # | # | # | # |
| 1. Number of ambulatory Developmental-Behavioral Pediatrics visits during the 12-month period reported: | | # | # | # | # | # |
| 1. Estimated number of new patients or new encounters that will be seen by the fellows during a 12-month period: | | # | # | # | # | # |

**Personnel**

**Program Leadership and Other 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 whether program personnel are present in each of the required disciplines. [PR 2.12.a.1.- 2.12.a.11.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| Audiologist(s) |  |  |  |  |
| Child life therapist(s) |  |  |  |  |
| Child psychologist(s) |  |  |  |  |
| Dietician(s) |  |  |  |  |
| Nurses |  |  |  |  |
| Pharmacist(s) |  |  |  |  |
| Physical and occupational therapist(s) |  |  |  |  |
| Public health liaison(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**

**Patient Care and Procedural Skills**

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. [PR 4.4.a.- 4.4.m.]

| **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)** |
| --- | --- | --- |
| 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.a.] | 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.b.] | 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.c.] | 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.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing comprehensive histories, physical examinations, and neurodevelopmental assessments to make accurate diagnoses for patients presenting with developmental-behavioral concerns from infancy through young adulthood  [PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| identifying and longitudinally managing behavioral variations, problems, and disorders in typically developing children and children with developmental disorders  [PR 4.4.f.] | Click or tap here to enter text. | Click or tap here to enter text. |
| recommending the appropriate medical laboratory work-up and evidence-based medical, therapeutic, educational, and behavioral interventions for children with developmental-behavioral disorders [PR 4.4.g.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Advising families of the early intervention, educational, and child welfare/protection systems  [PR 4.4.h.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Advising families of complementary and alternative approaches  [PR 4.4.i.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing appropriate genetic counseling [PR 4.4.j.] | 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.k.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpreting laboratory tests, imaging, and other diagnostic procedures [PR 4.4.l.] | 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.m.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

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.c.]

| **Competency Area** | **Settings/Activities** | **Method 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. |
| Understanding of the process of normal and abnormal development from infancy through young adulthood, including biological mechanisms and social/cultural determinants of health and disease [PR 4.6.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Understanding of the major diagnostic classification schemas in the current versions of *The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC;0-3), *The Diagnostic and Statistical Manual of Mental Disorders*, and *The Diagnostic and Statistical Manual for Primary Care* [PR 4.6.c.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

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.***

|  |
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| 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.***

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| 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.***

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| Click here to enter text. |

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

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

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| Click here to enter text. |

**Conferences**

1. 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 or optional. 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.]

| **Conference** | **Site #** | **Frequency** | **Attendance (Select Required or Optional)** | **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 [PR 4.11.d.3.-** **4.11.d.5.]**

Identify the conferences or other teaching sessions where fellows will receive instruction appropriate to developmental-behavioral pediatrics in the areas listed below. Also, indicate which learners participate (i.e., developmental-behavioral pediatrics fellows, developmental-behavioral pediatrics fellows and other subspecialty fellows, or residents and developmental-behavioral pediatrics fellows).

| **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. | # |  |  |  |
| Pharmacology  [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. | # |  |  |  |
| 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.5.] | 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 Developmental Behavioral Pediatrics Program, Only List the Developmental Behavioral Pediatrics 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 | # | # |

2. 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 the response to 500 words.***

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

1. 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 the 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 the response to 500 words.***

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