**New Application: Pediatric Transplant Hepatology**

**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 transplant hepatology program is an integral part of a subspecialty fellowship in pediatric gastroenterology, including how the faculty members of each program, pediatric gastroenterology fellows, and pediatric transplant hepatology fellows will interact. [PR 1.2.a.]

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

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| Click or tap here to enter text. |

**Resources**

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

| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Is the transplant program present at the primary clinical site [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Is the transplant program approved by the United Network of Organ Sharing (UNOS)[PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Comprehensive laboratory [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Access to laboratories in order to perform testing specific to pediatric transplant hepatology[PR 1.8.c.] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |
| Total number of beds in PICU [PR 1.8.e.] | Choose an item. | Choose an item. | Choose an item. |

1. For every facility/service that is not available at any of the sites, provide an explanation below. Explain how the service is provided for patients.

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1. Describe the process in which a multidisciplinary team approach is used in donor and recipient selection and evaluation. [PR 1.8.f.]

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**Ambulatory Pediatric Transplant Hepatology Experience**

Complete the following table for all sites to which fellows rotate. Designate continuity clinic sites with an asterisk (\*). Add rows as necessary. [PR 1.8.d.; 1.8.f.]

| **Location of Experience****Use Site/Other Setting Identifier**  | **Duration of Experience (in wks.)** | **# of Sessions per week per fellow** | **Estimated Average # of new patients per fellow per session** | **Estimated Average # of follow-up patients per fellow per session** | **Role of Fellow in Care of Patients - Designate as: Primary Provider (PP) Consultant (C)** | **List the 5 most common patient diagnoses encountered in this setting** |
| --- | --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | # | # | # | # | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | # | # | # | # | Choose an item. | Click or tap here to enter text. |
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**Patient Data [PR 2.12.a.4.;** **2.12.a.6.]**

1. Provide the following information for the same 12-month period. **Note the same timeframe should be used throughout the forms.**

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| Number of pediatric (<18 years) liver transplants over the previous three years | # | # | # |
| Total number of surviving patients in long-term follow-up (> 1 year) who are actively managed by the transplant team.  | # |
| Average daily census of patients on the transplant hepatology service | # |
| Number of consultations by pediatric hepatologists on other inpatients:  | # |
| Number of patients with liver disease seen on the inpatient service who are pre- transplant (or do not require transplantation) | # |
| Number of patients seen on the inpatient service who are post- transplant (recent or remote) | # |

**List of Diagnoses**

List admissions and/or consultations to the hepatology service over a 12-month period. Identify the period during which these admissions/consultations occurred. Submit a separate list for each site that provides required rotations. Duplicate table and add rows as necessary. **Note the same timeframe should be used throughout the forms.** [PR 1.8.d.-1.8.e.]

|  |  |
| --- | --- |
| **Site Name:** | Click or tap here to enter text. |
| **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** | **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. |
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| # | Age | # | Click or tap here to enter text. |

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

During the same 12-month period as used for the list of consecutive diagnoses, indicate how many pediatric patients with the following liver diseases (pre- and post-transplant) were: a) seen in the ambulatory settings; b) admitted to and/or consulted on by the pediatric hepatologists at the primary site.

|  |  |  |
| --- | --- | --- |
| **Inclusive dates:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Diagnosis/Disorder** | **Outpatients** | **Inpatients** |
| **Number of Patients** | **Number on Gastro Service** | **Number of Consults** |
| Chronic cholestasis[PR 4.4.j.] | # | # | # |
| Biliary atresia | # | # | # |
| Intrahepatic cholestasis | # | # | # |
| Cirrhosis/end-stage liver disease[PR 4.4.j.] | # | # | # |
| Acute liver failure[PR 4.4.k.] | # | # | # |
| Metabolic liver disease[PR 4.4.l.] | # | # | # |
| Viral hepatitis[PR 4.4.m.] | # | # | # |
| Autoimmune hepatitis[PR 4.4.n.] | # | # | # |
| Sclerosing cholangitis[PR 4.4.n.] | # | # | # |
| Drug hepatotoxicities[PR 4.4.o.] | # | # | # |
| Infection in the transplant recipient:[PR 4.4.x.] | # | # | # |
| Cytomegalovirus | # | # | # |
| Adenovirus | # | # | # |
| Fungal infection | # | # | # |
| Epstein-Barr virus related disease including post-transplant lymphoproliferative disease (PTLD) | # | # | # |
| Recurrent viral hepatitis in the allograft [PR 4.4.y.] | # | # | # |
| Chronic allograft rejection[PR 4.4.aa.] | # | # | # |

**Personnel**

**Program Leadership and Other Personnel**

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 | #% |
| **Administrative/Support Personnel** | **Number of Administrative Personnel** | **% FTE for 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.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) |[ ] [ ] [ ] [ ] [ ]
| Clinical nurse coordinators |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurses |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| Physical and occupational therapist(s) |[ ] [ ] [ ] [ ] [ ]
| School and special education contacts liaison(s) |[ ] [ ] [ ] [ ] [ ]
| Social worker(s) |[ ] [ ] [ ] [ ] [ ]
| Speech and language therapist(s) |[ ] [ ] [ ] [ ] [ ]

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| *\* 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 [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 transplant hepatology[PR 4.4.a.] | Choose an item. | 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.] | Choose an item. | Click or tap here to enter text. |
| Providing transfer of care that ensures seamless transitions and providing appropriate role modeling and supervision[PR 4.4.c.] | Choose an item. | 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.] | Choose an item. | 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.] | Choose an item. | 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.] | Choose an item. | Click or tap here to enter text. |
| Use and interpretation of laboratory tests, imaging, and other diagnostic procedures[PR 4.4.g.] | Choose an item. | Click or tap here to enter text. |
| Obtaining the skills needed to care for patients in all the phases of transplant care, including evaluation and indications, pre-transplant management, peri-operative care, immediate post-operative critical care, and the specifics of short-and long-term post-transplant medical management [PR 4.4.h.] | Choose an item. | Click or tap here to enter text. |
| Teaching and supervising liver biopsies [PR 4.4.h.1.]  | Choose an item. | Click or tap here to enter text. |
| Diagnostic and therapeutic endoscopy and paracentesis [PR 4.4.h.1.] | Choose an item. | Click or tap here to enter text. |
| Management of post-transplant immunosuppression[PR 4.4.h.1.] | Choose an item. | Click or tap here to enter text. |
| Leading daily rounds with the Liver Transplant Team[PR 4.4.h.1.] | Choose an item. | Click or tap here to enter text. |
| Collaborating care with transplant surgeons from the initial evaluation through the pre-transplant phase, and during surgery, recovery, and follow-up care[PR 4.4.h.2.] | Choose an item. | Click or tap here to enter text. |
| Caring for patients that receive technical variant grafts, such as living donor grafts[PR 4.4.i.] | Choose an item. | Click or tap here to enter text. |
| Management of children with chronic cholestasis, cirrhosis, and end-stage liver disease[PR 4.4.j.] | Choose an item. | Click or tap here to enter text. |
| Management of acute liver failure, including critical care [PR 4.4.k.] | Choose an item. | Click or tap here to enter text. |
| Diagnosis and management of metabolic liver disease[PR 4.4.l.] | Choose an item. | Click or tap here to enter text. |
| Diagnosis and management of viral hepatitis[PR 4.4.m.] | Choose an item. | Click or tap here to enter text. |
| Diagnosis and management of autoimmune hepatitis and Sclerosing Cholangitis[PR 4.4.n.] | Choose an item. | Click or tap here to enter text. |
| Diagnosis and management of drug hepatotoxicities[PR 4.4.o.] | Choose an item. | Click or tap here to enter text. |
| The impact of chronic liver disease on growth and development in children[PR 4.4.p.] | Choose an item. | Click or tap here to enter text. |
| Nutritional support of patients with chronic liver disease[PR 4.4.q.] | Choose an item. | Click or tap here to enter text. |
| Indications and strategies for liver transplantation[PR 4.4.r.] | Choose an item. | Click or tap here to enter text. |
| Recognition of absolute and relative contraindications for liver transplantation[PR 4.4.s.] | Choose an item. | Click or tap here to enter text. |
| Psychosocial evaluation of candidates and recipients and their families[PR 4.4.t.]  | Choose an item. | Click or tap here to enter text. |
| Primary evaluation, presentation, and discussion of potential liver transplant candidates for consideration by a multi-disciplinary board[PR 4.4.u.] | Choose an item. | Click or tap here to enter text. |
| Ethical considerations relating to liver transplant donors, including questions related to living donors, donation after cardiac death, criteria for brain death, and appropriate recipients[PR 4.4.v.] | Choose an item. | Click or tap here to enter text. |
| Evaluation of indications for emergent re-operation or re-transplantation[PR 4.4.w.]  | Choose an item. | Click or tap here to enter text. |
| Prevention and management of opportunistic infection in the transplant recipient, including cytomegalovirus, adenovirus, fungal infection, and the spectrum of Epstein-Barr virus-related disease, to include post-transplant lymphoproliferative disease (PTLD)[PR 4.4.x.] | Choose an item. | Click or tap here to enter text. |
| Prevention and management of recurrent viral hepatitis in the allograft[PR 4.4.y.] | Choose an item. | Click or tap here to enter text. |
| Transplant immunology, including blood group matching, histocompatibility, and tissue typing [PR 4.4.z.] | Choose an item. | Click or tap here to enter text. |
| Recognition, evaluation, diagnosis, and treatment of acute and chronic allograft rejection [PR 4.4.aa.] | Choose an item. | Click or tap here to enter text. |
| Recognition and intervention for complications of immunosuppressive therapy [PR 4.4.ab.] | Choose an item. | Click or tap here to enter text. |
| Recognition, evaluation, and management of long-term complications of liver transplantation[PR 4.4.ac.] | Choose an item. | Click or tap here to enter text. |
| Indications for ultrasound guided biopsies[PR 4.4.ad.] | Choose an item. | Click or tap here to enter text. |
| Interpretation of liver transplant biopsy specimens with an experienced liver transplant pathologist [PR 4.4.ae.V] | Choose an item. | Click or tap here to enter text. |
| Involvement in direct patient care, and supervision of the evaluation and management of patients and inpatient consults [PR 4.4.af.] | Choose an item. | Click or tap here to enter text. |
| Evaluation of Living Related Donor (LRD) candidates and observation/participation in LRD donor/recipient procedures[PR 4.4.ag.] | Choose an item. | 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.ah.] | Choose an item. | Click or tap here to enter text. |

1. Indicate the number of percutaneous liver biopsies performed on the service. **Note the same timeframe should be used throughout the forms.** [PR 4.5.a.1.]

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| --- | --- | --- |
| **Inclusive dates:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Number performed on service(s)** | **Site #1** | **Site #2** | **Site #3** |
| Percutaneous liver biopsies[PR 4.5.a.1.] | # | # | # |

Explain if the procedure was not performed on the pediatric transplant service.

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| Click or tap here to enter text. |

1. Describe the method by which fellows will acquire skills and how their competence will be ensured for the required procedure listed above. [PR 4.5.a.1.]

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| 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.f.]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Knowledge of liver transplantation, including the management of pediatric patients with end-stage liver disease and management of major complications, such as nutritional complications of cholestasis and chronic liver disease, upper gastrointestinal hemorrhage, refractory ascites, hepatorenal syndrome, and hepatic encephalopathy [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Knowledge of the indications, contraindications, complications, and interpretation of allograft biopsies [PR 4.6.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Knowledge of the principles of donor selection and management (e.g., hemodynamic management, indications for donor biopsy, and donor factors that increase the risk of poor graft function) through observation of at least three deceased donor liver procurements [PR 4.6.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Knowledge of the different methods of vascular and biliary reconstruction, the outcomes of prolonged warm and cold ischemia times, and familiarity with the risks and associated complications of the different operative phases, including the anhepatic phase and reperfusion by observing at least three liver transplants[PR 4.6.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Understanding of the organizational principles of a multi-disciplinary transplant program, including the training and responsibilities of nurse coordinators, procurement coordinators, and other support staff [PR 4.6.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Knowledge of the current UNOS organ allocation policies and the history of the evolution of the process [PR 4.6.f.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. What responsibilities will the fellows have for patients in: 1) non-intensive care inpatient settings; and, 2) intensive care inpatient settings when assigned to inpatient services? [PR 4.4.h.]

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

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| Click or tap here to enter text. |

1. How and by whom will they be supervised? [PR 4.10.a.]

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

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| Click or tap here to enter text. |

1. Describe how the program provides co-management responsibility of patients with the transplant surgeons, including the structure of rounds, order entry, and weekly meetings. [PR 4.4.h.2.]

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

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| Click or tap here to enter text. |

1. Describe the responsibilities that fellows will have for outpatients and how and by whom fellows will be supervised. [PR 4.4.-4.4.ah.; 4.10.a.; 4.11.d.]

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| Click or tap here to enter text. |

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

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| Click or tap 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.]

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| Click or tap 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.d.]

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| Click or tap 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.g.1.-4.11.g.7.; 4.11.h.]

| **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 |

2. Describe the mechanism that will be used to ensure fellow attendance at required conferences. State the degree to which faculty member attendance is expected, and how this will be monitored. [PR 4.11.h.1.]

***Limit response to 500 words***

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| Click or tap here to enter text. |

**General Subspecialty Curriculum**

Identify the conferences and other teaching sessions where fellows will receive instruction in the areas listed below. Also, indicate which learners will participate (i.e., pediatric transplant hepatology fellows, pediatric transplant hepatology fellows and other subspecialty fellows, or residents and pediatric transplant hepatology fellows). [PR 4.11.e.; 4.11.f.1.-4.11.f.5.]

| **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 |  |
| Formal Instruction in the pathogenesis, manifestations, and complications of chronic liver disease, end stage liver disease, and hepatic transplantation, including the behavioral adjustments of patients to their problems[PR 4.11.e.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| The impact of various modes of therapy and the appropriate use of laboratory tests and procedures [PR 4.11.e.1.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Anatomy [PR 4.11.f.1.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Physiology [PR 4.11.f.1.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Pharmacology[PR 4.11.f.1.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Pathology[PR 4.11.f.1.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Molecular virology related to the liver and biliary tract[PR 4.11.f.1.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Natural history of chronic liver disease [PR 4.11.f.2.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Factors involved in nutrition and malnutrition and its management[PR 4.11.f.3.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of liver disorders[PR 4.11.f.4.] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Clinical research issues and transplant hepatology[PR 4.11.f.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 Pediatric Transplant Hepatology Program, Only List the Pediatric Transplant Hepatology 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**

Describe how the program will ensure that fellows will have the opportunity to participate in scholarly activities, including having protected time for research. [PR 4.15.]

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

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| --- |
| Click or tap 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.***

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