**New Application: Pediatric Hospital Medicine (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Hospital Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

**New Application: Pediatric Hospital Medicine (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

|  |
| --- |
| Program Name: Click here to enter text. |

**Table of Contents**

When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty New Application**   | **Page(s)**   |
| **Int. Introduction** | # |
| Duration of Education | # |
| **I. Institution** | # |
| I.A. Sponsoring Institution | # |
| I.B. Participating Sites | NA  |
| **II. Program Personnel and Resources** | # |
| II.A. Program Director | # |
| II.B. Faculty | # |
| II.C. Other Program Personnel | # |
| II.D. Resources | # |
| **III. Fellow Appointment** | NA  |
| III.A. Eligibility Criteria | # |
| III.B. Number of Fellows | NA |
| **IV. Specialty-Specific Educational Program** | # |
| IV.A. ACGME-I Competencies | # |
| IV.B. Regularly Scheduled Educational Activities | # |
| IV.C. Clinical Experiences | # |
| IV.D. Scholarly Activity | # |
| **V. Evaluation** | NA |
| **VI. The Learning and Working Environment** | NA |
| VI.A. Principles | NA |
| VI.B. Patient Safety | NA |
| VI.C. Quality Improvement | NA |
| VI.D. Supervision and Accountability | NA |
| VI.E. Professionalism | NA |
| VI.F. Well-Being | NA |
| VI.G. Fatigue | NA |
| VI.H. Transitions of Care | NA |
| VI.I Clinical Experience and Education | # |
| VI.J. On-Call Activities | NA |
| VI.K. Duty Hour and Work Limitations | NA |
| Appendix A. Formal Didactic Sessions by Academic Year | # |

**New Application: Pediatric Hospital Medicine (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length in months of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics?
 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words) For information on independent subspecialty status, email acgme-i@acgme-i.org.

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

1. Will the fellowship program be geographically proximate to the affiliated pediatrics residency program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. How will the program ensure the fellowship does not negatively affect the education of residents in the affiliated core pediatric residency program? (Limit 300 words)

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

**Program Personnel and Resources**

**Program Director**

1. Will the program director have ongoing involvement in scholarly activity? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will the program director mentor or guide fellows in the skills necessary to the practice of pediatric hospital medicine in the following areas?
2. Advocacy [ ] YES [ ] NO
3. Clinical care [ ] YES [ ] NO
4. Quality improvement [ ] YES [ ] NO
5. Research [ ] YES [ ] NO
6. Teaching [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Will the program director ensure that each fellow:
2. documents procedural experience? [ ] YES [ ] NO
3. is provided with mentorship to develop necessary skills? [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program director coordinate with the affiliated pediatrics residency and related subspecialty program directors, the incorporation of the Core Competencies into fellowship education to foster consistent expectations and fellows’ evaluations? (Limit 300 words)

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

1. Will the program ensure meetings with the program directors of the affiliated pediatrics residency program and all pediatric subspecialty programs occur at least semiannually? [ ] YES [ ] NO

If “YES,” will the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the Competencies, and evaluation? [ ] YES [ ] NO

 Explain any ‘NO’ response(s). (Limit 250 words)

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

1. What will the extent of the program director’s authority and responsibility be to set and adjust fellows’ clinical responsibilities and to ensure that fellows have appropriate clinical responsibilities and an appropriate patient load? (Limit 400 words)

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

**Faculty**

1. Will there be at least four faculty members, including the program director? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member Name(s) |
| Child and adolescent psychiatry  |  |
|  |
|  |
|  |
| Child neurology  |  |
|  |
|  |
|  |
| Neonatal-perinatal medicine  |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric child abuse  |  |
|  |
|  |
|  |
| Pediatric critical care medicine  |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |
|  |
| Pediatric nephrology |  |
|  |
|  |
|  |
| Pediatric surgery |  |
|  |
|  |
|  |

List any faculty members not included in the table above, as well as their specialty.

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

1. Will faculty members in the following specialties, and who have substantial experience in treating pediatric problems, be available to the program?
2. Anesthesiology [ ] YES [ ] NO
3. Dermatology [ ] YES [ ] NO
4. Medical genetics [ ] YES [ ] NO
5. Neurological surgery [ ] YES [ ] NO
6. Orthopaedic surgery [ ] YES [ ] NO
7. Otolaryngology [ ] YES [ ] NO
8. Palliative care [ ] YES [ ] NO
9. Pathology [ ] YES [ ] NO
10. Radiology [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Will consultants be available for transition care of young adults? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Other Program Personnel**

1. Will the following health care professionals with pediatric focus and experience be available to the program?
	1. Advanced practice provider(s) [ ] YES [ ] NO
	2. Audiologist(s) [ ] YES [ ] NO
2. Child life therapist(s) [ ] YES [ ] NO
3. Dietitian(s) [ ] YES [ ] NO
4. Hospice and palliative care specialist(s) [ ] YES [ ] NO
5. Mental health professional(s) [ ] YES [ ] NO
6. Nurses(s) [ ] YES [ ] NO
7. Occupational therapist(s) [ ] YES [ ] NO
8. Personnel for care coordination and utilization management [ ] YES [ ] NO
9. Pharmacist(s) [ ] YES [ ] NO
10. Physical therapist(s) [ ] YES [ ] NO
11. Public health liaison(s) [ ] YES [ ] NO
12. Respiratory therapist(s) [ ] YES [ ] NO
13. School and special education liaison(s) [ ] YES [ ] NO
14. Social worker(s) [ ] YES [ ] NO
15. Speech and language therapist(s) [ ] YES [ ] NO
16. Translator(s) of languages most often used within the country or jurisdiction [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

**Resources**

* + 1. Will there be an acute care hospital with a dedicated general pediatrics inpatient service? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

* + 1. Will the following be available at each site with required rotations?
			1. Comprehensive laboratory services [ ] YES [ ] NO
			2. Imaging services [ ] YES [ ] NO
			3. Pathology [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure there are adequate numbers and variety of hospitalized pediatric patients ranging in age from newborn through young adulthood available to provide a broad experience for fellows? (Limit 400 words)

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

1. Provide the following information for the most recent 12-month academic or calendar year for each participating site that will be used to provide a specific required experience, such as transplant, cardiology, intensive care, etc. Duplicate the table as necessary. **Note the same timeframe and site numbers (as assigned in ADS) should be used throughout the application.**

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Total number of admissions to the pediatric hospital medicine service [do not include term newborns, neonatal intensive care unit (NICU) or pediatric intensive care unit (PICU) patients]. | # | # | # |
| Average daily census of patients on the pediatric hospital medicine service | # | # | # |
| Average length of stay of patients on the pediatric hospital medicine service  | # | # | # |
| Total number of consultations by pediatric hospitalists on other inpatients | # | # | # |
| Total number of transfers from the NICU or PICU to the pediatric hospital medicine service | # | # | # |
| Total number of surgical transfers to the pediatric hospital medicine service | # | # | # |

1. For each participating site at which the fellows will have required pediatric inpatient experiences, provide a list of 100 consecutive final discharge diagnoses for patients 20 years of age or younger who were admitted to the pediatric teaching service in the table below. Add a secondary diagnosis if the patient has a chronic or underlying disease.

Do not include NICU or PICU patients. Include surgical admissions only if they were cared for by pediatric hospital medicine fellows. Only include one-day admissions if fellows were significantly involved with these patients. Duplicate the table for each site as needed.

|  |  |
| --- | --- |
| Site Name: Click or tap here to enter text. | Site #: # |
| 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: Click or tap to enter a date.Date of Case 100: Click or tap to enter a date.(Example: from 04/01/22 to 05/03/22) |
| **Number** | **Primary Discharge Diagnosis(may Include Secondary Diagnosis)** | **Age** | **Number of Days at Site** |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |
|  | Click or tap here to enter text. | # | # |

**Eligibility Criteria**

1. How will the program ensure all fellows have completed an Accreditation Council for Graduate Medical Education- or ACGME-I-accredited pediatric residency or another pediatric residency program that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee (GMEC)? (Limit 250 words)

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

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including trustworthiness, leadership skills, and the capacity to recognize that ambiguity is part of clinical medicine, and to respond by utilizing appropriate resources in dealing with uncertainty? (Limit 400 words)

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

**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans?

Describe how this will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate competence in providing transfer of care that ensures seamless transitions?

Describe how this will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate competence in promoting emotional resilience in children, adolescents, and their families, and in providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues?

Describe how this will be evaluated. (Limit 250 words)

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

1. How will graduating fellows demonstrate competence in providing for or coordinating with a medical home for patients with complex and chronic diseases?

Describe how this will be evaluated. (Limit 250 words)

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

1. How will graduating fellows demonstrate competence in using and interpreting laboratory tests, imaging, and other diagnostic procedures?

Describe how this will be evaluated. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in recognizing, evaluating, and managing children:
2. requiring palliative care
3. requiring sedation and pain management
4. with complex conditions and diseases
5. with multiple comorbidities
6. with serious complications of common conditions
7. with special health care needs
8. with technology dependencies

Describe how fellows will be evaluated and indicate if any of the above will not be available to fellows. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in participating in team-based care of patients whose primary problem is surgical? (Limit 300 words)

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

1. How will graduating fellows demonstrate the necessary procedural skills, including an understanding of the risks and limitations of the following?
2. Arterial puncture
3. Bag mask ventilation
4. Bladder catheterization
5. Intubation
6. Lumbar puncture
7. Neonatal resuscitation
8. Non-invasive ventilation
9. Pediatric resuscitation and stabilization
10. Placement and/or replacement of nasogastric, orogastric, and gastrostomy feeding tubes
11. Placement of intravenous or intraosseous access
12. Procedural sedation
13. Tracheostomy tube management

Describe how competence will be assessed in six of the 12 procedures listed and note if any of the above procedures will not be available to fellows. (Limit 600 words)

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

**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how this will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate knowledge of the following?

a. Bioethics

b. Biostatistics

c. Clinical and laboratory research methodology

d. Critical literature review

e. Ethical principles involving clinical research

f. Preparation of applications for funding and/or approval of clinical research protocols

g. Principles of evidence-based medicine

h. Study design

i. Teaching methods

Describe how knowledge will be assessed in five of the nine areas listed. (Limit 500 words)

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

**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these will be evaluated. (Limit 300 words)

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

**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients’ families, and other health professionals?

Describe how these will be evaluated. (Limit 300 words)

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

**Systems-based Practice**

1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these will be evaluated. (Limit 300 words)

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

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will the didactic curriculum include the following?
3. Case discussions [ ] YES [ ] NO
4. Journal club [ ] YES [ ] NO
5. Lectures [ ] YES [ ] NO
6. Seminars [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure pediatric hospital medicine conferences occur regularly and involve active participation in planning and implementation by the fellows? (Limit 300 words)

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

1. Will conferences include the following topics appropriate to pediatric hospital medicine?
2. Anatomy and physiology [ ] YES [ ] NO
3. Biochemistry [ ] YES [ ] NO
4. Bioethics [ ] YES [ ] NO
5. Complications of care [ ] YES [ ] NO
6. Embryology [ ] YES [ ] NO
7. End-of-life care [ ] YES [ ] NO
8. Genetics [ ] YES [ ] NO
9. Immunology [ ] YES [ ] NO
10. Microbiology [ ] YES [ ] NO
11. Nutrition and metabolism [ ] YES [ ] NO
12. Palliation and death [ ] YES [ ] NO
13. Pathology [ ] YES [ ] NO
14. Pathophysiology of disease [ ] YES [ ] NO
15. Pharmacology [ ] YES [ ] NO
16. Reviews of recent advances in clinical medicine and biomedical research [ ] YES [ ] NO
17. Scientific, ethical, and legal implications of confidentiality and informed consent [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Will conferences include topics on the economics of heath 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? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Clinical Experiences**

* + - 1. How will the program ensure that rotations are structured to minimize the frequency of rotational transitions and are of sufficient length to provide a quality educational experience with continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback? (Limit 400 words)

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

* + - 1. Indicate below the total number of weeks planned for the following clinical experiences.
1. General pediatric inpatient medicine, including care of newborns, patients with complex diseases, patients with surgical problems, procedural sedation, and patients receiving palliative care: Click here to enter number of weeks.
2. Subspecialty and complex care: Click here to enter number of weeks.
3. Clinical experiences at a community site that includes pediatric care, but without the full complement of pediatric subspecialty care: Click here to enter number of weeks.
4. Individualized experiences determined by the needs and career plans of each fellow: Click here to enter number of weeks.

**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered, the type and number of sessions planned, and if the curriculum is a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

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

2. How will the program ensure each fellow designs and conducts a scholarly project in the area of pediatric hospital medicine with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

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

1. Will the program have a Scholarship Oversight Committee for each fellow? [ ] YES [ ] NO

If ‘YES,’ answer a. and b. below.

1. Will this committee oversee and evaluate each fellow’s progress on scholarly activity? [ ] YES [ ] NO
2. Will this committee be a collaborative effort involving other pediatric subspecialty programs or other experts? [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Will each fellow’s designated mentor:
2. be approved by the Scholarship Oversight Committee? [ ] YES [ ] NO
3. have expertise in the fellow’s area of scholarly interest, either as a faculty member in pediatric hospital medicine or through collaboration with other departments? [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure fellows’ scholarly experience begins in the first year and continue for the entire length of the program, and be structured to allow development of skills in research and scholarship with sufficient time for project completion and presentation of results to the Scholarship Oversight Committee? (Limit 400 words)

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

Faculty Scholarly Activity

1. How will the program ensure faculty members conduct scholarly activity in an area such as basic science, clinical, health policy, quality improvement or education as it relates to pediatric hospital medicine?(Limit 250 words)

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

Clinical Experience and Education

1. How will the program ensure that lines of responsibility for the fellows are clearly defined, and that clinical responsibilities are structured to ensure that progressive clinical, technical, and consultative experiences are provided to each fellow?(Limit 250 words)

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

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to pediatric hospital medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric hospital medicine, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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