**New Application: Pediatric Cardiology (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 Cardiology. 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).

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

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**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.’ For information on independent subspecialty status, email acgme-i@acgme-i.org   (Limit 250 words)

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

1. Will the fellowship program be geographically proximate to the affiliated core pediatric 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)

|  |
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| 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 cardiology 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’ responses. (Limit 250 words)

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

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

Explain any ‘NO’ responses. (Limit 250 words)

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

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

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

1. Will the program ensure meetings with the program director of the affiliated pediatric 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’ responses. (Limit 250 words)

|  |
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| 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)

|  |
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| 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. How will the program ensure that faculty members encourage and support fellows in scholarly activities, including mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine with implications for the field of pediatric cardiology? (Limit 400 words)

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

1. Will scholarly activities be in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric cardiology? [ ] 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(s) Name(s) |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |
|  |
| Pediatric nephrology |  |
|  |
|  |
|  |
| Pediatric pulmonology |  |
|  |
|  |
|  |

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. Child and adolescent psychiatry [ ] YES [ ] NO
4. Child neurology [ ] YES [ ] NO
5. Congenital cardiothoracic surgery [ ] YES [ ] NO
6. Medical genetics [ ] YES [ ] NO
7. Pathology [ ] YES [ ] NO
8. Pediatric surgery [ ] YES [ ] NO
9. Physiatry [ ] YES [ ] NO
10. Radiology [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will consultants from the following specialties be available to the program?
2. Adult congenital cardiac disease [ ] YES [ ] NO
3. Maternal-fetal medicine [ ] YES [ ] NO
4. Obstetrics and gynecology [ ] YES [ ] NO

Explain any ‘NO’ responses. (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?
2. Child life therapist(s) [ ] YES [ ] NO
3. Dietitian(s) [ ] YES [ ] NO
4. Mental health professional(s) [ ] YES [ ] NO
5. Nurses(s) [ ] YES [ ] NO
6. Pharmacist(s) [ ] YES [ ] NO
7. Occupational therapist(s) [ ] YES [ ] NO
8. Physical therapist(s) [ ] YES [ ] NO
9. Respiratory therapist(s) [ ] YES [ ] NO
10. School and special education liaison(s) [ ] YES [ ] NO
11. Social worker(s) [ ] YES [ ] NO
12. Speech and language therapist(s) [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

**Resources**

* + 1. Will there be an intensive care unit where patients with heart disease receive care and treatment?

 [ ] YES [ ] NO

1. If ‘YES,’ will care be delivered by a multidisciplinary team that includes faculty members with expertise in pediatric critical care medicine and pediatric cardiology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

* + 1. Check the appropriate column if the service will be available at each participating site that will be used by the program. Use site numbers as assigned in ADS. Site #1 is the primary clinical site.

|  | **Available** | **Available****24 Hours/Day** |
| --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #1** | **Site #2** | **Site #3** |
| **1. Diagnostic imaging facilities** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Angiocardiogram |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Cardiac magnetic resonance imaging (MRI) and/or computed tomography (CT) scanning  |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Diagnostic  |[ ] [ ] [ ] [ ] [ ] [ ]
| Digital computerized imaging  |[ ] [ ] [ ] [ ] [ ] [ ]
| d) Flat Panel Detector  |[ ] [ ] [ ] [ ] [ ] [ ]
| e) Nuclear cardiology  |[ ] [ ] [ ] [ ] [ ] [ ]
| f) Single- and Bi-plane  |[ ] [ ] [ ]   |  |  |
| **2. Diagnostic and interventional cardiac catheterization laboratory facilities, including physiological equipment** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Blood gas and pH analysis  |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Blood oxygen  |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Cardiac output  |[ ] [ ] [ ] [ ] [ ] [ ]
| d) Electrophysiology  |[ ] [ ] [ ] [ ] [ ] [ ]
| e)Indicator-dilution techniques  |[ ] [ ] [ ] [ ] [ ] [ ]
| f) Pressure  |[ ] [ ] [ ] [ ] [ ] [ ]
| g) Stress test  |[ ] [ ] [ ] [ ] [ ] [ ]
| **3. Echocardiography laboratory** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) 2D |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Doppler |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Fetal |[ ] [ ] [ ] [ ] [ ] [ ]
| d) Transesophageal |[ ] [ ] [ ] [ ] [ ] [ ]
| **4. Non-invasive electrophysiology laboratory with facilities for performing and interpreting tests** |[ ] [ ] [ ]   |  |  |
| a) Ambulatory  |[ ] [ ] [ ]   |  |  |
| b) Exercise  |[ ] [ ] [ ]   |  |  |
| c) Standard  |[ ] [ ] [ ]   |  |  |
| **5. Graphics laboratory for recording echocardiography, exercise testing, Holter monitoring, etc.** |[ ] [ ] [ ]   |  |  |
| **6. Operating room(s) designed for pediatric patients and equipped for cardiopulmonary extracorporeal circulation, including the following** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Appropriate bedside monitoring devices  |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Cardiac pacing devices  |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Defibrillators  |[ ] [ ] [ ] [ ] [ ] [ ]
| **7. Blood bank** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Type and cross-match blood |[ ] [ ] [ ] [ ] [ ] [ ]
| **8. CT, Ultrafast CT (UFCT)** |[ ] [ ] [ ] [ ] [ ] [ ]
| **9. MRI** |[ ] [ ] [ ] [ ] [ ] [ ]
| **10. Continuous bedside monitoring** |[ ] [ ] [ ] [ ] [ ] [ ]
| **11. Exercise testing** |[ ] [ ] [ ]   |  |  |
| **12. Transtelephonic telemetry** |[ ] [ ] [ ] [ ] [ ] [ ]
| **13. Clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiological studies and catheter ablation** |[ ] [ ] [ ] [ ] [ ] [ ]

Explain any ‘NO’ responses. (Limit 250 words)

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

1. How will the program ensure there are adequate numbers and variety of cardiology 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 period. The same timeframe and site numbers (as assigned in ADS) should be used throughout the application.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |

| **Inpatient** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Total number of admissions for whom the pediatric cardiology service assumed major clinical responsibility | # | # | # |
| a) Average daily census of patients on the pediatric cardiology service | # | # | # |
| b) Number of new patients admitted each year (“new” refers to those who are being seen by pediatric cardiologists for the first time) | # | # | # |
| c) Average length of stay of patients on the pediatric cardiology service: | Length | Length | Length |
| Number of consultations by pediatric cardiologists on other inpatients | # | # | # |
| a) Are consultations provided to the NICU? (Yes or No) | Choose an item. | Choose an item. | Choose an item. |
| If yes, how many?  | # | # | # |
| b) Are consultations provided to the PICU? (Yes or No) | Choose an item. | Choose an item. | Choose an item. |
| If yes, how many? | # | # | # |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ambulatory Visits** | **Site #1** | **Site #2** | **Site #3** |
| Is there a separate cardiology clinic? (Yes or No) | Choose an item. | Choose an item. | Choose an item. |
| If not, where are the ambulatory pediatric cardiology patients seen (e.g., offices, clinics, location?) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of pediatric cardiology ambulatory visits per year available to fellows. | # |
| Of this number, how many are new patients? (“New” refers to those who are being seen by members of the pediatric cardiology service for the first time.) | # |
| Number of pediatric cardiology clinic sessions per week | # |
|  | **1st Year:** | **2nd Year:** | **3rd Year:** |
| Estimate the number of pediatric cardiology clinics a fellow will attend per year in the program. | # | # | # |

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** |
| --- | --- | --- | --- |
| Name of Service | Click her 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 | # | # | # |

**Eligibility Criteria**

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

|  |
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| 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 competence will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing transfer of care that ensures seamless transitions, counseling patients and patients’ families, using information technology to optimize patient care, and providing appropriate role modeling and supervision?

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

|  |
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| 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 competence will be evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in diagnosing and managing congenital and acquired cardiac problems, including the following?
2. Acquired heart disease in children
3. Cardiac manifestation of genetic syndromes
4. Cyanotic congenital heart disease in the newborn
5. Left to right shunt lesions
6. Outflow obstruction lesions

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in diagnosing, managing, and referring patients with the following?
2. Arrhythmias and conduction abnormalities
3. Advanced or end-stage heart failure and pulmonary hypertension
4. Cardiac transplantation
5. Extracorporeal membrane oxygenation
6. Ventricular assist devices

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in diagnosing and managing patients with risk factors for hypertension, atherosclerotic heart disease, and hyperlipidemic states to prevent heart disease in this population? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in interpretation of the following?
2. Cardiac magnetic resonance imaging
3. Transesophageal echocardiography
4. Other relevant cardiac imaging

Provide examples of how competence will be assessed in each of the procedures listed. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows be assessed in their ability to competently use and interpret the following laboratory tests and imaging?
2. Cardiac catheterization data
3. Cardiopulmonary resuscitation
4. Cardioversion
5. Echocardiograms
6. Pericardiocentesis
7. Temporary pacing

Provide examples of how competence is assessed in four of the six procedures listed. (Limit 400 words)

|  |
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| 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 knowledge 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

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the following?
	1. Cardiovascular pathology, including examination of various types of congenital cardiovascular anomalies
	2. Embryology and anatomy of the normal heart and vascular system, clinical morphologic correlations, and potential deviations from normal
	3. Fundamentals of cardiovascular pharmacology, including mechanisms of drug action, therapeutic indications, and side effects
	4. Normal and abnormal cardiovascular and cardiopulmonary physiology and metabolism

Provide examples of how knowledge will be assessed in two of the three areas listed. (Limit 300 words)

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| 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 skills will be evaluated. (Limit 300 words)

|  |
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| 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, their families, and health professionals?

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

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

1. How will graduating fellows demonstrate skill in teaching both individuals and groups of learners in clinical settings, classroom, lectures, and seminars, as well as by electronic and print modalities? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate skill in providing feedback to learners and assessing educational outcomes? (Limit 300 words)

|  |
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| 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 skills will be evaluated. (Limit 300 words)

|  |
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| 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’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

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

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

1. Will conferences include the following topics appropriate to pediatric cardiology?
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’ responses. (Limit 250 words)

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| 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. |

1. Will conferences be held to review pathologic specimens with clinical correlation? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will there be multidisciplinary conferences that include anesthesiology, cardiac radiology, congenital cardiothoracic surgery, critical care, and neonatology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will fellows participate in cardiac catheterization conferences to develop knowledge required for decision-making and planning for corrective cardiac surgery? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Clinical Experiences**

* + - 1. How will the program ensure fellows have responsibility for providing longitudinal care to a panel of patients throughout their educational program that is supervised by one or more members of the pediatric cardiology faculty? (Limit 400 words)

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

* + - 1. Will the longitudinal care experience include the following?
				1. A panel of patients that is representative of the types of cardiac disorders fellows are likely to encounter in practice [ ] YES [ ] NO
				2. Outpatient care [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

* + - 1. Will fellows have progressive, properly-balanced, and well-organized responsibility for patient care in the following?
				1. Ambulatory centers [ ] YES [ ] NO
				2. Inpatient units [ ] YES [ ] NO
				3. Intensive care units [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

* + - 1. Will fellows have sufficient experience and instruction to develop an adequate understanding of the following?
				1. Current surgical techniques [ ] YES [ ] NO
				2. Immediate and delayed complications following cardiac surgery [ ] YES [ ] NO
				3. Mechanical ventilation [ ] YES [ ] NO
				4. Methods of cardiopulmonary bypass [ ] YES [ ] NO
				5. Therapeutic hypothermia [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. How will the program ensure fellows have opportunities for long-term and follow-up observations of both pre- and post-operative patients? (Limit 300 words)

|  |
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| Click here to enter text. |

* + - 1. How will the program ensure fellows participate in consultations or conferences in which medical and surgical staff members evaluate the results of surgery and patients’ cardiac status prior to discharge? (Limit 300 words)

|  |
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| Click here to enter text. |

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

Explain any ‘NO’ responses. (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 cardiology or through collaboration with other departments? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure the fellows’ scholarly experience will begin 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)

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**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 cardiologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric cardiology, 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)

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