**New Application: Pediatric Nephrology (Pediatrics)**

401 North Michigan Avenue • Chicago, Illinois 60611 • United States • +1.312.755.7042 • [www.acgme-i.org](http://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 Nephrology. 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.’ (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)

|  |
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| Click here to enter text. |

1. How will the program ensure the fellowship does not negatively affect the education of residents in the affiliated pediatrics 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 nephrology 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? [ ] 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 pediatrics residency and related subspecialty program directors, the incorporation of the ACGME-I Competencies into fellowship education to foster consistent expectations and fellow evaluation? (Limit 300 words)

|  |
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| 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 ACGME-I Competencies, and evaluation? [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

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

|  |
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| Click here to enter text. |

**Faculty**

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

|  |
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| Click here to enter text. |

1. Will the members of the faculty participate in scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric nephrology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

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

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Adolescent medicine |  |
|  |
|  |
|  |
| Developmental-behavioral pediatrics |  |
|  |
|  |
|  |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |
|  |
| Pediatric pulmonology |  |
|  |
|  |
|  |
| Pediatric rheumatology |  |
|  |
|  |
|  |

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 with 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. Medical genetics and genomics [ ] YES [ ] NO
6. Ophthalmology [ ] YES [ ] NO
7. Pathology [ ] YES [ ] NO
8. Pediatric surgery [ ] YES [ ] NO
9. Pediatric urology [ ] YES [ ] NO
10. Radiology [ ] YES [ ] NO
11. Transplant surgery [ ] YES [ ] NO

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

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

1. Will consultants in adult nephrology be available to the program 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?
2. Child life therapist(s) [ ] YES [ ] NO
3. Dialysis support staff members [ ] YES [ ] NO
4. Dietitian(s) [ ] YES [ ] NO
5. Mental health professional(s) [ ] YES [ ] NO
6. Nurses(s) [ ] YES [ ] NO
7. Pharmacist(s) [ ] YES [ ] NO
8. Occupational therapist(s) [ ] YES [ ] NO
9. Physical therapist(s) [ ] YES [ ] NO
10. Respiratory therapist(s) [ ] YES [ ] NO
11. School and special education liaison(s) [ ] YES [ ] NO
12. Social worker(s) [ ] YES [ ] NO
13. Speech and language therapist(s) [ ] YES [ ] NO

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

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

**Resources**

* + 1. Will facilities for the following be available to the program?
1. Renal biopsy [ ] YES [ ] NO
2. Renal replacement therapy [ ] YES [ ] NO
3. Renal transplantation [ ] YES [ ] NO

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

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

* + 1. Check the appropriate column if the service will be available at each participating site used by the program. Site numbers should correspond to the numbering of participating sites in ADS.

|  | **Available** | **Available****24 Hours/Day** |
| --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #1** | **Site #2** | **Site #3** |
| **1.** Comprehensive laboratory |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Imaging |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Laboratories to perform testing specific to pediatric nephrology |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Pathology  |[ ] [ ] [ ] [ ] [ ] [ ]

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

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

1. How will the program ensure adequate numbers and variety of pediatric nephrology 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 listed 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 to the pediatric nephrology service  | # | # | # |
| Average daily census of patients on the pediatric nephrology service, including consultations | # | # | # |
| Number of new patients admitted each year (“new” refers to those being seen by pediatric nephrologists for the first time) | # | # | # |
| Average length of stay of patients on the pediatric nephrology service: | Length | Length | Length |
| Number of consultations by pediatric nephrologists on other inpatients | # | # | # |
| a) Are consultations provided to the NICU?  | Choose an item. | Choose an item. | Choose an item. |
| If yes, how many?  | # | # | # |
| b) Are consultations provided to the PICU?  | Choose an item. | Choose an item. | Choose an item. |
| If yes, how many? | # | # | # |
| Number of patients requiring follow-up care by pediatric nephrology service as outpatients during the 12-month period | # | # | # |

1. Provide the following information for the most recent 12-month academic or calendar year for each site that will be used to provide a specific required experience, such as transplant, cardiology, intensive care, etc. Duplicate this table as necessary. **The same timeframe and site numbers (as listed 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 | # | # | # |

1. Summarize how many pediatric patients with the following nephrology problems were admitted to or consulted on by the nephrology service at the primary clinical site. **The same timeframe should be used throughout the application.**

|  |  |
| --- | --- |
| **Primary Renal Disorders** | **# of Patients on Nephrology Service** |
| Chronic kidney disease and end-stage renal disease  | # |
| Fluid and electrolyte and acid base disorders  | # |
| Hypertension  | # |
| Kidney transplantation  | # |

1. For the same timeframe noted throughout this section, how many total patients were on the nephrology service at the primary clinical site? Total patients
2. Provide patient data for the following procedures at each participating site that will be used by the program. **The same timeframe and site numbers (as listed in ADS) should be used throughout the application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure** | **Site #1** | **Site #2** | **Site #3** |
| Total number of new and chronic dialysis patients cared for by the pediatric nephrology service | # | # | # |
| 1. Number of hemodialysis patients
 | # | # | # |
| 1. Number of peritoneal dialysis patients
 | # | # | # |
| Total number of acute dialysis treatments performed | # | # | # |
| 1. Number of procedures for acute renal injury
 | # | # | # |
| 1. Number of procedures for toxin removal
 | # | # | # |
| Total number of patients that fellows are exposed to that use home dialysis treatment | # | # | # |
| Total number of patients that have undergone transplantation | # | # | # |
| 1. New renal transplants
 | # | # | # |
| 1. Living related donor transplants
 | # | # | # |
| 1. Deceased donor transplants
 | # | # | # |
| Number of patients started on continuous renal replacement therapy | # | # | # |
| Number of kidney biopsies | # | # | # |

**Eligibility Criteria**

1. How will the program ensure all fellows have completed an Accreditation Council for Graduate Medical Education (ACGME)- or ACGME-I-accredited pediatric residency program, 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? (Limit 400 words)

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

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

1. How will graduating fellows demonstrate competence in providing transfers of care that ensure 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)

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

1. How will graduating fellows demonstrate competence in providing for or coordinating care for patients with complex and chronic diseases with the appropriate physician and/or agency?

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

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

1. How will graduating fellows demonstrate competence in promoting emotional resilience in children, adolescents, and their families by providing care that:
2. Includes referral and/or co-managing patients with common behavioral and mental health issues with appropriate specialists as needed;
3. Is sensitive to common behavioral and mental health issues;
4. Is sensitive to cultural contexts of the patient and patient’s family; and,
5. Is sensitive to the developmental stage of the patient?

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

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

1. How will graduating fellows demonstrate competence in evaluating the psychosocial aspects of life-threatening and chronic diseases as they affect the patient and patient’s family, and counsel both acutely and chronically ill patients and their families? (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in preventing, evaluating, and managing the following?
2. Acute electrolyte and kidney disorders, including hypertension and disorders of the urinary tract
3. Chronic electrolyte and kidney disorders, including hypertension and disorders of the urinary tract
4. End-stage renal disease and kidney transplant

Describe how competence in each of these will be evaluated. (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 results of laboratory tests, imaging, and other diagnostic procedures? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the necessary procedural skills and in their understanding of the indications, risks, and limitations of the following kidney-related procedures?
2. Acute and chronic hemodialysis
3. Acute and chronic peritoneal dialysis
4. Continuous renal replacement therapy
5. Native and transplant kidney biopsy

Describe how competence in each of the above will be evaluated. (Limit 400 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 knowledge will be evaluated. (Limit 400 words)

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

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

a. Biostatistics

b. Clinical and laboratory research methodology

c. Critical literature review

d. Ethical principles involving clinical research

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

f. Principles of evidence-based medicine

g. Study design

h. Teaching methods

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

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

**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate the 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)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate leadership skills to enhance team function, the learning environment, and/or the health delivery system/environment with the ultimate goal of improving care of patients? (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 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. Clinical experience [ ] 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 nephrology 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 nephrology?
2. Anatomy and physiology [ ] YES [ ] NO
3. Biochemistry [ ] YES [ ] NO
4. Bioethics [ ] YES [ ] NO
5. Cell and molecular biology [ ] YES [ ] NO
6. Complications of care [ ] YES [ ] NO
7. Embryology [ ] YES [ ] NO
8. End-of-life care [ ] YES [ ] NO
9. Genetics [ ] YES [ ] NO
10. Immunology [ ] YES [ ] NO
11. Immunopathology [ ] YES [ ] NO
12. Laboratory diagnostic techniques [ ] YES [ ] NO
13. Microbiology [ ] YES [ ] NO
14. Nutrition and metabolism [ ] YES [ ] NO
15. Palliation and death [ ] YES [ ] NO
16. Pathology [ ] YES [ ] NO
17. Pathophysiology of disease [ ] YES [ ] NO
18. Pharmacology [ ] YES [ ] NO
19. Radiologic imaging [ ] YES [ ] NO
20. Renal development and physiology [ ] YES [ ] NO
21. Reviews of recent advances in clinical medicine and biomedical research [ ] YES [ ] NO
22. Scientific, ethical, and legal implications of confidentiality and informed consent [ ] YES [ ] NO

Explain any ‘NO’ responses. (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 all fellows participate in the management of care for patients with renal and other related disorders in the intensive care unit setting? (Limit 300 words)

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

* + - 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 nephrology faculty? (Limit 400 words)

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

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

Explain any ‘NO’ responses. (Limit 250 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 whether 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 nephrology with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

|  |
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| 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 Scholarship Oversight Committee oversee and evaluate the fellow’s progress on scholarly activity? [ ] YES [ ] NO
2. Will the Scholarship Oversight 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 nephrology or through collaboration with other departments? [ ] YES [ ] NO

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

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

1. How will the program ensure fellows’ scholarly experience begins in the first year and continues for the entire length of the educational program, and is 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. |

**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 will 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 nephrologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric nephrology, 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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| Click here to enter text. |