**New Application: Pediatric Radiology (Radiology)**

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 Radiology. 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](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto: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 radiology? YES NO

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

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

|  |
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1. Will the following be available at the primary clinical site?
   1. ACGME-I-accredited pediatric residency YES NO
   2. ACGME-I-accredited pediatric medical fellowships YES NO
   3. ACGME-I-accredited pediatric surgical fellowships YES NO
   4. An appropriate patient population YES NO
   5. Educational resources YES NO

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

|  |
| --- |
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**Program Personnel and Resources**

**Program Director**

1. How will the program ensure the program director has completed a pediatric radiology fellowship or has extensive post-residency experience in pediatric radiology? (Limit 250 words)

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1. Will the program director:
2. comply with departmental, institutional, and ACGME-I guidelines? YES NO
3. select the fellows? YES NO
4. supervise the fellows? YES NO

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

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1. How will the program ensure that at least 80 percent of the program director’s professional effort is spent in pediatric radiology? (Limit 250 words)

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**Faculty**

1. How will the program ensure there is at least one pediatric radiologist for every fellow? (Limit 250 words)

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1. Complete the table below to indicate the faculty members experienced in imaging pediatric patients in the listed subspecialty areas.

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Cardiothoracic radiology |  |
|  |
|  |
|  |
| Musculoskeletal radiology |  |
|  |
|  |
|  |
| Neuroradiology |  |
|  |
|  |
|  |
| Vascular/interventional radiology |  |
|  |
|  |
|  |

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

|  |
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1. Will pediatric radiology faculty members be available to supervise fellows in special imaging, including the following?
2. Cardiac YES NO
3. Computed tomography (CT) YES NO
4. Interventional radiology YES NO
5. Magnetic resonance imaging (MRI) YES NO
6. Nuclear radiology YES NO
7. Ultrasound YES NO

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

|  |
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| Click here to enter text. |

1. Will at least one full-time consultant be available to the program in the following specialties/subspecialties?
2. Pediatrics YES NO
3. Pediatric Pathology YES NO
4. Pediatric surgery YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

**Eligibility Criteria**

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

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**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 to deal with uncertainty? (Limit 400 words)

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**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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1. How will graduating fellows demonstrate competence in using appropriate imaging as applies to congenital, developmental, or acquired diseases of the newborn, infant, child, and adolescent?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in interpreting all exams and/or invasive studies with an awareness of normal, normal variants, and typical imaging findings or pediatric diseases and congenital malformations?

Describe how this will be evaluated (Limit 400 words)

|  |
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1. How will graduating fellows demonstrate competence in executing sound clinical judgement in pediatric imaging?

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

|  |
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1. How will graduating fellows be assessed in their ability to competently apply low-dose radiation to children? (Limit 300 words)

|  |
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**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)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the areas appropriate for a radiologist specialist, including the following?

a. Low-dose radiation techniques for both adults and children

b. Prevention and treatment of complications of contrast administration

Describe how knowledge will be assessed in each of the above. (Limit 250 words)

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**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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1. How will graduating fellows demonstrate their ability to follow standards of care for practicing in a safe environment, to reduce errors, and to improve patient outcomes?

Describe how this 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 the ability to provide accurate and timely consultation with referring physicians or services?

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

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1. How will graduating fellows demonstrate skill in education of radiology residents, and as appropriate, medical students and other professional personnel in clinical settings, classrooms, lectures, and seminars, and through electronic and print media?

Describe how this skill will be evaluated. (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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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How will the program ensure all fellows participate on a regular basis in scheduled conferences and didactic sessions? (Limit 300 words)

|  |
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1. How will fellows progressively participate in conferences? (Limit 300 words)

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

1. Will all fellows conduct scheduled presentations, including at the following?
2. Departmental grand rounds YES NO
3. Interdisciplinary conferences YES NO
4. Intradepartmental conferences YES NO
5. Peer-reviewed case conferences or morbidity and mortality conferences

YES NO

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

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

1. How will the program ensure didactic sessions occur at least twice a month and are directed to the level of the fellows? (Limit 300 words)

|  |
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1. Will all fellows:
2. actively participate in teaching conferences for medical students, radiology residents, or other residents rotating on the pediatric radiology service? YES NO
3. attend at least one national or international meeting or post-graduate course in pediatric radiology? YES NO
4. attend at least three departmental or interdepartmental conferences per week dedicated to pediatric radiology? YES NO

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

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

**Clinical Experiences**

* + - 1. Complete Appendix B., Patient Population Data, and attach to submission
      2. Will all fellows have clinical rotations in the following?
         1. Abdominal and genitourinary imaging YES NO
         2. Body imaging YES NO
         3. Cardiology imaging YES NO
         4. Chest imaging YES NO
         5. Emergency call YES NO
         6. Fetal imaging YES NO
         7. Fluoroscopy YES NO
         8. Musculoskeletal imaging YES NO
         9. Neuroradiology YES NO
         10. Nuclear medicine YES NO
         11. Ultrasound YES NO
         12. Vascular/interventional imaging 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 direct and progressive responsibility in pediatric imaging throughout the educational program? (Limit 400 words)

|  |
| --- |
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* + - 1. Will fellows have up to three months of elective experiences in a subspecialty area of pediatric radiology? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure fellows have shared clinical experiences with residents in general pediatrics and with fellows in pediatric-related subspecialty programs? (Limit 300 words)

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**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered and the type and number of sessions planned. (Limit 400 words)

|  |
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| Click here to enter text. |

2. How will the program ensure each fellow engages in a scholarly project that includes laboratory research, clinical research, or an analysis of disease processes, imaging techniques, or practice management issues? (Limit 400 words)

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| Click here to enter text. |

1. How will the program ensure the results of all fellows’ scholarly projects are submitted for publication or are presented at a departmental, institutional, local, regional, national, or international meeting? (Limit 300 words)

|  |
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| Click here to enter text. |

**The Learning and Working Environment**

**Duty Hour and Work Limitations**

1. How will the lines of responsibility for fellows be defined? (Limit 400 words)

|  |
| --- |
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1. How will the program ensure fellows perform all exams and/or invasive studies under close, graded responsibility and supervision? (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 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-1  01. Introduction to pediatric radiology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric radiology, including approaches to clinical work with minority populations  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) 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. |

**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which fellows will rotate.

Participating sites are indicated by a number that must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_

**Table 1. Patient Data**

|  |  |  |
| --- | --- | --- |
| Reporting Period (Recent 12-month period): | From: Click here to enter a date. | To: Click here to enter a date. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Examination Data** | **Site #1** | | **Site #2** | | **Site #3** | |
| **Out-patient** | **Inpatient** | **Out-patient** | **Inpatient** | **Out-patient** | **Inpatient** |
| Diagnostic Examinations  TOTAL | # | # | # | # | # | # |
| Adult | # | # | # | # | # | # |
| Pediatric (includes neonatal) | # | # | # | # | # | # |
|  | **Outpatient Only** | | **Outpatient Only** | | **Outpatient Only** | |
| Number of Emergency Room Radiology Examinations (included above) | # | | # | | # | |
| Adult | # | | # | | # | |
| Pediatric (includes neonatal) | # | | # | | # | |
| Pediatric Admissions | # | | # | | # | |

**Table 2. Procedural Data**

Provide the data requested below regarding the number of procedures performed at each participating site that will be used by the program. Use the same site numbers and time period as in Table 1.

| **Procedure** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| **Magnetic Resonance Imaging** |  |  |  |
| L-spine with/without contrast | # | # | # |
| L-spine with contrast | # | # | # |
| L-spine with/without contrast | # | # | # |
| Brain with contrast | # | # | # |
| Brain with/without contrast | # | # | # |
| Lower extremity w/joint without contrast | # | # | # |
| Lower extremity w/joint with/without contrast | # | # | # |
| MRA upper extremity | # | # | # |
| MRA Lower extremity | # | # | # |
| Cardiac MR | # | # | # |
| Fetal MR | # | # | # |
| **TOTAL** | # | # | # |
| **Computed Tomography** |  |  |  |
| Chest with contrast | # | # | # |
| Chest without contrast | # | # | # |
| Abdominal without contrast | # | # | # |
| Abdominal with contrast | # | # | # |
| Pelvis with contrast | # | # | # |
| Pelvis without contrast | # | # | # |
| CT head without contrast | # | # | # |
| **TOTAL** | # | # | # |
| **Nuclear Medicine** |  |  |  |
| Nuclear Voiding **Cysto**-Urethrogram (VCUG) | # | # | # |
| PET/CT – skill to thigh and whole body | # | # | # |
| Bone scan, whole body | # | # | # |
| **TOTAL** | # | # | # |
| **Fluoroscopy** |  |  |  |
| UGI | # | # | # |
| Therapeutic enema | # | # | # |
| Gastrostomy tube placement | # | # | # |
| **Ultrasound** | # | # | # |
| Renal | # | # | # |
| Abdomen | # | # | # |
| Head | # | # | # |
| Hips | # | # | # |
| Fetal | # | # | # |
| **TOTAL** | # | # | # |
| **Radiography** |  |  |  |
| Chest 1 view | # | # | # |
| Chest 2 view | # | # | # |
| Skeletal survey | # | # | # |
| **TOTAL** | # | # | # |

**Table 3. Equipment**

List the number of units available to fellows at each participating site that will be used by the program. Include units in other departments (cardiology, GI, and GU).

| **Diagnostic Radiology Equipment** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| DR and CR radiographic units | # | # | # |
| Portable radiographic units | # | # | # |
| Fluoroscopic units | # | # | # |
| C arm fluoroscopic units | # | # | # |
| Interventional suite | # | # | # |
| CT scanners in hospital complex (date of last purchased unit) | # | # | # |
| CT scanners off site | # | # | # |
| **Ultrasound Equipment** |  |  |  |
| Number of units with color Doppler | # | # | # |
| Portable units | # | # | # |
| **MRI Scanners** |  |  |  |
| Units on-site in hospital complex | # | # | # |
| Units intra-operative | # | # | # |
| Units available off-site | # | # | # |
| Date of last purchase | # | # | # |
| **Nuclear Radiology Equipment** |  |  |  |
| Single head gamma | # | # | # |
| Dual head gamma (SPECT/CT) | # | # | # |
| PET/CT | # | # | # |
| Uptake probe | # | # | # |