

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty

Advanced Specialty Requirements for: **Pediatric Hospital Medicine**
Proposed Effective Date: **1 October 2023**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements, which will be posted on the ACGME-I website once they are approved.

Requirement Number	Line Number	Rationale
II.A. Section on Program Director	49-86	These requirements are consistent across all pediatrics subspecialties. Having common Advanced Specialty Requirements will simplify program development and implementation for designated institutional officials, program directors, and faculty members.
II.B.1. To ensure the quality of the education and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, including the program director.	90-92	
II.D. Section on Resources	185-195	
III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in pediatrics, or a pediatric residency acceptable to the Sponsoring Institution's Graduate Medical Education Committee.	201-204	
IV.A.1.a) Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	219-221	
IV.A.1.b).(1).(a)- IV.A.1.b).(1).(a).(iii).(a) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	229--251	
Fellows must demonstrate competence in the clinical skills needed in pediatric hospital medicine, including: (i) 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; (ii) providing transfer of care that ensures seamless transitions; (iii) promoting emotional resilience in children, adolescents, and their families, to include (a) providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and patient's family.		
IV.A.1.c).(1)(a) Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods.	341-353	
IV.A.1.d).(1) Fellows must 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.	357-361	
IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients' families, and health professionals.	365-368	
IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care in the country or region in which they practice, as well as the ability to call effectively on other resources in the system to provide optimal health care.	372-376	
VI.I.1. and 2. Lines of responsibility for the fellows must be clearly defined. Clinical responsibilities must be structured so that progressive clinical, technical, and consultative experiences are provided to enable each fellow to develop expertise as a pediatric hospital medicine consultant	546-550	
I.A.1. A fellowship in pediatric hospital medicine must function as an integral part of an ACGME-I accredited residency program in pediatrics	29-30	The relationship between the residency and the fellowship can take many forms. The Review Committee-International

		does not expect a financial relationship but does expect that there is a system to ensure effective communication, planning, and evaluation of educational experiences between the two programs. Examples include (1) faculty members from the residency and fellowship programs collaborating to plan rotations in pediatric hospital medicine for residents; (2) faculty members of the fellowship program being involved in teaching residents from the pediatrics residency program; or (3) fellows being involved in teaching and providing education to pediatrics residents.
<p>II.A.1. and 2. The program director must demonstrate a record of ongoing involvement in scholarly activity.</p> <p>The program director must demonstrate a record of mentoring or guiding fellows in the acquisition of competence in the clinical, teaching, research, quality improvement, and advocacy skills pertinent to the discipline.</p>	51-56	Development of competence in research is considered fundamental to the education of pediatric subspecialists. The requirements for program director and faculty member engagement in scholarly activity and the requirements related to fellow scholarly activity support this development. Scholarly activity is interpreted broadly to include basic science, clinical care, education, health policy, health services, patient safety, and quality improvement research.
IV.D.1. Section on Fellow Scholarly Activity	463-498	
<p>II.B.2. a) and b) Qualified faculty members in the following pediatric subspecialties must be available for the education of fellows: a) neonatal-perinatal medicine, and b) pediatric critical care medicine.</p>	94-99	The pediatric subspecialties listed are those considered essential for fellow education and quality patient care in pediatric hospital medicine.
<p>II.B.3.a)-t) The faculty should also include the following specialists with substantial experience in treating pediatric problems: a) anesthesiologist(s); b) child and adolescent psychiatrist(s); c) child neurologist(s); d) dermatologist(s); e) medical geneticist(s); f) neurological surgeon(s); g) orthopaedic surgeon(s); h) otolaryngologist(s); i) palliative</p>	101-142	The requirement for other faculty members is tailored to fit the needs of pediatric hospital medicine. This is intended to relieve the burden of requiring non-essential faculty members, and clearly identifies which specialists are essential to the education of fellows. Having

<p>care specialist(s); j) pathologist(s); k) pediatric cardiologist(s); l) pediatric child abuse physician(s); m) pediatric emergency medicine physician(s); n) pediatric endocrinologist(s); o) pediatric gastroenterologist(s); p) pediatric hematology-oncologist(s); q) pediatric infectious disease specialist(s); r) pediatric nephrologist(s); s) pediatric surgeon(s); and, t) radiologist(s).</p>		<p>faculty members from related disciplines should enhance fellow education, patient safety, and patient care quality by providing interdisciplinary education and care.</p>
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