ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Hospital Medicine (Pediatrics)

Initial approval:

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of Specialty

Specialists in pediatric hospital medicine deliver comprehensive medical care to hospitalized children. In addition to primary expertise managing the clinical problems of acutely ill, hospitalized patients, pediatric hospitalists work to enhance the performance of hospitals and health care systems through teaching, scholarly activity, quality/process improvement, efficient health care resource utilization, and leadership.

Int. II Duration of Education

Int II.A. The educational program in pediatric hospital medicine must be 24 or 36 months in length.

I. Institutions

I.A. Sponsoring Institution

I.A.1. A fellowship in pediatric hospital medicine must function as an integral part of an ACGME-I-accredited residency program in pediatrics.

I.A.1.a) A pediatric hospital medicine program must be an integral part of a core pediatric residency program and should be sponsored by the same ACGME-I-accredited Sponsoring Institution.

I.A.1.b) The pediatric hospital medicine program should be geographically proximate to the core pediatrics residency program.

I.A.2. The educational program in pediatric hospital medicine must not negatively affect the education of residents in the affiliated pediatrics residency program.

I.B. Participating Sites

See International Subspecialty Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. The program director must demonstrate a record of ongoing involvement in scholarly activity.

II.A.2. 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.

II.A.3. The program director must ensure that each fellow:

II.A.3.a) is provided with mentorship for development of the necessary clinical, educational, scholarship, and administrative skills; and,

II.A.3.b) documents experience in procedures.

II.A.3.b).(1) The program director must ensure that such documentation is available for review.

II.A.4. The program director must coordinate with the prigram directors of the affiliated pediatrics residency and other related subspecialty program directors the incorporation of the Competencies into fellowship education to foster consistent expectations for fellows' achievement and faculty members' evaluation processes.

II.A.5. Meetings with the program directors of the pediatrics residency program and all pediatric subspecialty programs should take place at least semiannually.

II.A.5.a) There must be documentation of the meetings.

II.A.5.b) The meetings should address a departmental approach to common educational issues and concerns that may include core curriculum, the Competencies, and evaluation.

II.A.6. The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load.

II.B. Faculty

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 of the program director.

II.B.2. Qualified faculty members in the following pediatric subspecialties must be available for the education of fellows:

II.B.2.a) neonatal-perinatal medicine; and,

II.B.2.b) pediatric critical care medicine.

II.B.3. The faculty should also include the following specialists with substantial experience in treating pediatric problems:

II.B.3.a) anesthesiologist(s);

II.B.3.b) child and adolescent psychiatrist(s);

II.B.3.c) child neurologist(s);

II.B.3.d) dermatologist(s);

II.B.3.e) medical geneticist(s);

II.B.3.f) neurological surgeon(s);

II.B.3.g) orthopaedic surgeon(s);

II.B.3.h) otolaryngologist(s);

II.B.3.i) palliative care specialist(s);

II.B.3.j) pathologist(s);

II.B.3.k) pediatric cardiologist(s);

II.B.3.l) pediatric child abuse physician(s);

II.B.3.m) pediatric emergency medicine physician(s);

II.B.3.n) pediatric endocrinologist(s);

II.B.3.o) pediatric gastroenterologist(s);

II.B.3.p) pediatric hematology-oncologist(s);

II.B.3.q) pediatric infectious disease specialist(s);

II.B.3.r) pediatric nephrologist(s);

II.B.3.s) pediatric surgeon(s); and,

II.B.3.t) radiologist(s).

II.B.4. Consultants should be available for transition care of young adults.

II.C. Other Program Personnel

II.C.1. To ensure multidisciplinary and interprofessional practice in pediatric hospital medicine, the following personnel with pediatric focus and experience should be available:

II.C.1.a) advanced practice provider(s);

II.C.1.b) audiologist(s);

II.C.1.c) child life therapist(s);

II.C.1.d) dietitian(s);

II.C.1.e) hospice and palliative care professional(s);

II.C.1.f) mental health professional(s);

II.C.1.g) nurse(s);

II.C.1.h) personnel for care coordination and utilization management;

II.C.1.i) pharmacist(s);

II.C.1.j) physical and occupational therapist(s);

II.C.1.k) public health liaison(s);

II.C.1.l) respiratory therapist(s);

II.C.1.m) school and special education liaison(s);

II.C.1.n) social worker(s);

II.C.1.o) speech and language therapist(s); and,

II.C.1.p) translator(s) of languages most often used within the country or jurisdiction.

II.D. Resources

II.D.1. There must be an acute care hospital with a dedicated general pediatrics inpatient service.

II.D.2. Facilities and services, including a comprehensive laboratory, pathology, and imaging, must be available.

II.D.3. An adequate number and variety of hospitalized pediatric patients ranging in age from newborn through young adulthood must be available to provide a broad experience for fellows.

III. Fellow Appointments

III.A. Eligibility Criteria

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.

III.B. Number of Fellows

See International Subspecialty Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) 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.

IV.A.1.b).(1).(a) Fellows must demonstrate competence in the clinical skills needed in pediatric hospital medicine, including:

IV.A.1.b).(1).(a).(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;

IV.A.1.b).(1).(a).(ii) providing transfer of care that ensures seamless transitions;

IV.A.1.b).(1).(a).(iii) promoting emotional resilience in children, adolescents, and their families, to include:

IV.A.1.b).(1).(a).(iii).(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; and,

IV.A.1.b).(1).(a).(iii).(b) demonstrating the ability to refer

and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated.

IV.A.1.b).(1).(a).(iv) providing for or coordinating with a medical home for patients with complex and chronic diseases;

IV.A.1.b).(1).(a).(v) using and interpreting laboratory tests, imaging, and other diagnostic procedures;

IV.A.1.b).(1).(a).(vi) providing compassionate end-of-life care;

IV.A.1.b).(1).(a).(vii) recognizing, evaluating, and managing children:

IV.A.1.b).(1).(a).(vii).(a) requiring palliative care;

IV.A.1.b).(1).(a).(vii).(b) requiring sedation and pain management;

IV.A.1.b).(1).(a).(vii).(c) with complex conditions and diseases;

IV.A.1.b).(1).(a).(vii).(d) with multiple comorbidities;

IV.A.1.b).(1).(a).(vii).(e) with serious acute complications of common conditions;

IV.A.1.b).(1).(a).(vii).(f) with special health care needs; and,

IV.A.1.b).(1).(a).(vii).(g) with technology-dependencies.

IV.A.1.b).(1).(a).(viii) effectively participating in team-based care of patients whose primary problem is surgical.

IV.A.1.b).(1).(a).(viii).(a) There must be coordination of care and collegial relationships among pediatric surgeons and pediatric hospitalists concerning the management of medical problems in these patients.

IV.A.1.b).(1).(b) Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the practice of pediatric hospital medicine.

IV.A.1.b).(1).(b).(i) Fellows must demonstrate the necessary

procedural skills and develop an understanding of the indications, risks, and limitations of procedures, including, but not limited to:

IV.A.1.b).(1).(b).(i).(a) arterial puncture;

IV.A.1.b).(1).(b).(i).(b) bag mask ventilation;

IV.A.1.b).(1).(b).(i).(c) bladder catheterization;

IV.A.1.b).(1).(b).(i).(d) intubation;

IV.A.1.b).(1).(b).(i).(e) lumbar puncture;

IV.A.1.b).(1).(b).(i).(f) neonatal resuscitation;

IV.A.1.b).(1).(b).(i).(g) non-invasive ventilation;

IV.A.1.b).(1).(b).(i).(h) pediatric resuscitation and stabilization;

IV.A.1.b).(1).(b).(i).(i) placement and/or replacement of feeding tubes, to include nasogastric, orogastric, and gastrostomy;

IV.A.1.b).(1).(b).(i).(j) placement of intravenous or intraosseous access;

IV.A.1.b).(1).(b).(i).(k) procedural sedation; and,

IV.A.1.b).(1).(b).(i).(l) tracheostomy tube management.

IV.A.1.c) Medical Knowledge

IV.A.1.c).(1) 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.

IV.A.1.c).(1).(a) 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.

IV.A.1.d) Practice-based Learning and Improvement

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.

IV.A.1.e) Interpersonal and Communication Skills

IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

IV.A.1.f) Systems-based Practice

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.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. Fellows must have a formally-structured educational program in the clinical and basic sciences related to pediatric hospital medicine.

IV.B.1.a) The program must provide didactic experiences, such as case discussions, clinical experience, journal clubs, lectures, and seminars.

IV.B.1.b) Pediatric hospital medicine conferences must occur regularly and must involve active participation by the fellows in planning and implementation.

IV.B.1.c) Fellow education must include instruction in:

IV.B.1.c).(1) basic and fundamental disciplines as appropriate to pediatric hospital medicine, such as anatomy, biochemistry, embryology, genetics, immunology, microbiology, nutrition/metabolism, pathology, pharmacology, and physiology;

IV.B.1.c).(2) pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, and conferences dealing with bioethics, complications, end-of-life care, palliation and death, and the scientific, ethical, and legal implications of confidentiality and informed consent;

IV.B.1.c).(3) bioethics; and,

IV.B.1.c).(3).(a) This should include relationships between physicians and with patients, patients' families, allied health professionals, and society at large.

IV.B.1.c).(4) the economics of health 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.

IV.C. Clinical Experiences

IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback.

IV.C.2. Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement.

IV.C.3. In a two-year program, fellows must have 32 weeks, and in a three-year program, fellows must have 48 weeks of clinical experiences that focus on core pediatric hospital medicine skills.

IV.C.3.a) Of these, 24 weeks in a two-year program and 36 weeks in a three-year program must consist of experiences in the full spectrum of general pediatric inpatient medicine, content of which should include care of newborns, care of patients with complex chronic diseases, care of patients with surgical problems, performance of procedural sedation, and care of patients receiving palliative care.

IV.C.3.a).(1) A minimum of 12 weeks in a two-year program and 16 weeks in a three-year program must include experiences at a site that provides subspecialty and complex care.

IV.C.3.a).(2) A minimum of four weeks must include experiences at a community site that has elements of pediatric care, without consistent on-site access to the full complement of pediatric subspecialty care of a tertiary care center.

IV.C.3.b) The remaining weeks of clinical experiences should be used to advance a fellow's pediatric hospital medicine skills, consistent with program aims.

IV.C.4. Fellows must have an additional 32 weeks in a two-year program and 48 weeks in a four-year program of individualized curriculum determined by

the learning needs and career plans of each fellow and developed with the guidance of a faculty mentor.

IV.D. Scholarly Activity

IV.D.1. Fellows' Scholarly Activity

IV.D.1.a) The program must have a core curriculum in research and scholarship.

IV.D.1.a).(1) Where appropriate, the curriculum should be a collaborative effort involving all pediatrics subspecialty programs at the Sponsoring Institution.

IV.D.1.b) The program must provide a Scholarship Oversight Committee for each fellow to oversee and evaluate the fellow's progress as relates to scholarly activity.

IV.D.1.b).(1) Where applicable, a fellow's Scholarship Oversight Committee should be a collaborative effort involving other pediatrics subspecialty programs or other experts.

IV.D.1.c) Each fellow must design and conduct a scholarly project in pediatric hospital medicine with guidance from the fellowship director and a designated mentor. The designated mentor must:

IV.D.1.c).(1) be approved by the Scholarship Oversight Committee; and,

IV.D.1.c).(2) 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 or divisions.

IV.D.1.d) Fellows' scholarly experience must begin in the first year and continue for the entire length of the educational program.

IV.D.1.d).(1) The experience must be structured to allow development of requisite skills in research and scholarship, and provide sufficient time for project completion, and presentation of results to the scholarship oversight committee.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Faculty members' scholarly activity must be in a field such as basic science, clinical, health policy, quality improvement, or education as it relates to pediatric hospital medicine.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

See International Foundational Requirements, Section VI.D.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

V.I.1. Lines of responsibility for the fellows must be clearly defined.

V.I.2. 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.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.

VI.K. Duty Hour and Work Limitations

See International Foundational Requirements, Section VI.K.