**New Application: Pediatric Surgery (Surgery)**

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 Surgery. 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 an item.  **Institution**  **Sponsoring Institution** |

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in general surgery? 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)

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

1. Will all sites used by the program:
2. Adequate inpatient surgical admissions hospital YES NO
3. Classification as a general hospital or a children’s YES NO
4. Emergency medicine departments where children can be managed 24 hours a day

YES NO

1. Intensive care units for neonates and infants YES NO
2. Intensive care units for older children YES NO
3. Pathology departments that provide services related to children 24 hours a day

YES NO

1. Radiology departments that provide services related to children 24 hours a day

YES NO

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

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1. How will the program ensure the fellowship does not negatively impact the education of residents in the general surgery residency?(Limit 300 words)

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1. Will residents from an ACGME-I-accredited pediatrics residency rotate through the same participating site(s) as the fellows? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will fellows have experience working in the following?
2. Interprofessional teams that include pediatric residents YES NO
3. Surgical teams that include attending surgeons, residents and fellows, medical students, and other health care providers YES NO

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

|  |
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| Click here to enter text. |

**Participating sites**

1. Will the program ensure each participating site is in close geographic proximity to the primary clinical site? YES NO
2. When at a participating site, will fellows be able to participate in joint conferences, grand rounds, basic science and clinical conferences, journal clubs, and quality improvement and patient safety reviews such as morbidity and mortality reviews? YES NO

Explain if ‘NO’. (Limit 250 words)

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**Program Personnel and Resources**

**Program Director**

1. How will the program ensure the program director’s appointment will be for at least three years? (Limit 300 words)

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**Faculty**

1. How will the program director ensure faculty member appointments are of sufficient length to ensure continuity in the supervision and education of fellows? (Limit 300 words)

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1. Will the faculty include specialists in the following?
2. Neonatal-perinatal medicine YES NO
3. Pediatric critical care YES NO
4. Pediatric surgery and critical care YES NO

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

|  |
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| Click here to enter text. |

1. Will all faculty members participate in annual faculty development activities in fellow evaluation and teaching? YES NO

Explain if ‘NO’. (Limit 250 words)

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**Resources**

* + - 1. How will the program ensure the pediatric surgical service has a sufficient breadth and volume of procedures to allow fellows to complete the defined minimum procedural requirements? (Limit 300 words)

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| Click here to enter text. |

**Fellow Appointment**

**Eligibility Criteria**

1. How will the program ensure that, prior to appointment in the program, fellows will have completed an ACGME-I-accredited general surgery residency program or another general surgery residency program 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 fulfilling their professional responsibilities and adhering to ethical principles?

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

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1. How will graduating fellows demonstrate that they assume personal responsibility to complete all tasks to which they are assigned in a timely fashion and use established methods for handing off tasks to another member of the team so that patient care is not compromised?

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

|  |
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1. How will graduating fellows demonstrate the necessary sensitivity and professionalism to expand their cultural competence to best formulate care plans for diverse patient populations? (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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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in surgical peri-operative management of the following?
2. Blood and vascular system
3. Congenital, neoplastic, infectious and other acquired conditions of the gastrointestinal system and other abdominal organs
4. Diaphragm and thorax, exclusive of the heart
5. Endocrine glands
6. Gonads and reproductive organs
7. Head and neck
8. Integument

Provide examples of how competence will be assessed in four of the seven areas listed. (Limit 400 words)

|  |
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1. How will graduating fellows demonstrate competence in operative and non-operative traumatic conditions of the following?
2. Abdomen, chest, head and neck and extremities
3. Children with sustained injuries to multiple organs
4. Children with trauma from child abuse

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Advanced laparoscopic and thoracoscopic techniques
3. Clotting and coagulation disorders
4. Endoscopy of the airway and gastrointestinal tract

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in care of the critically ill infant or child, including in the following?
2. Cardiopulmonary resuscitation
3. Management of patients on ventilators
4. Nutritional assessment and management

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Pre-operative evaluation of patients
3. Making provisional diagnoses
4. Initiating diagnostic procedures
5. Forming preliminary treatment plans
6. Providing outpatient follow-up care of surgical patients

Provide examples of how competence will be assessed in each of the areas listed. (Limit 400 words)

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1. How will graduating fellows demonstrate competence in follow-up care, including short- and long-term evaluation and extended periodic longitudinal care, particularly with major congenital anomalies and neoplasm cases? (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)

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1. How will graduating fellows demonstrate knowledge of basic principles applicable to the pediatric population, including the following?
2. Anesthesia
3. Cardiothoracic surgery
4. Gynecology
5. Management of burns
6. Neurological surgery
7. Orthopaedic surgery
8. Otolaryngology
9. Transplant surgery
10. Urology
11. Vascular surgery

Provide examples of how knowledge will be assessed in six of the 10 areas listed. (Limit 600 words)

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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the following?
2. Invasive and non-invasive monitoring techniques and interpretation
3. The principles of management of patients on ventilators and ECMO

Describe how knowledge will be assessed in each area. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the design, implementation, and interpretation of clinical research studies?

Describe how this will be assessed. (Limit 300 words)

|  |
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| 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 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 other health professionals?

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate skill in providing care in a consultative role and as a member of a primary patient care team, under appropriate supervision?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate the ability to participate in multispecialty teams in the Emergency Department and with other specialists, such as neonatologists and intensivists?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate the ability to collaborate with surgical team members, as well as with residents, fellows, and faculty members from other departments outside of their subspecialty area?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate the ability to develop collaborative relationships to deliver patient care, with nurse practitioners and physicians assistants as important members of the care team?

Describe how this 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 this 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 fellows participate in the following?
3. Formal pediatric surgery conferences YES NO
4. Specialty-specific quality improvement and/or patient safety conferences YES NO

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

|  |
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| Click here to enter text. |

1. In the final year of the program, will fellows organize conferences? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

Complete Appendix B., Patient Population Data, and attach to submission.

* + - 1. How will the program ensure all fellows have at least 48 weeks of experiences in clinical pediatric surgery in each year of the fellowship? (Limit 300 words)

|  |
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| Click here to enter text. |

* + - 1. Complete the table below to indicate the total number of months planned for each fellow in the following clinical rotations. If clinical rotations are not planned in the designated area, enter 0 (zero).

|  |  |
| --- | --- |
| **Clinical Rotations** | **Total Number of Months Planned** |
| Neonatal intensive care unit |  |
| Pediatric intensive care unit |  |
| Pediatric anesthesiology |  |
| Pediatric cardiothoracic surgery |  |
| Pediatric gynecology |  |
| Pediatric burn management |  |
| Pediatric neurological surgery |  |
| Pediatric orthopaedic surgery |  |
| Pediatric otolaryngology |  |
| Pediatric plastic surgery |  |
| Pediatric transplant surgery |  |
| Pediatric urology |  |
| Pediatric vascular surgery |  |

* + - 1. Will all fellows’ clinical care of surgical patients include involvement in the following?

1. Follow-up that is longitudinal and corresponds to each patient’s unique surgical problem YES NO
2. Post-operative care YES NO
3. Pre-operative care YES NO

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

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

* + - 1. How will the program ensure all fellows have primary patient care responsibility under the supervision of pediatric surgery faculty members and the critical care specialist to allow for development of competence in pre-, intra-, and post-operative care of patients? (Limit 400 words)

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

* + - 1. Will fellows have the following experiences?
         1. Decision making around care YES NO
         2. Managing extracorporeal membrane oxygenation YES NO
         3. Managing fluids/vasopressors YES NO
         4. Managing ventilators . YES NO
         5. Writing orders for total parenteral nutrition (TPN) 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 are actively engaged in coordination of care and developing collegial relationships among pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in complex critically ill patients? (Limit 400 words)

|  |
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| Click here to enter text. |

* + - 1. During critical care experiences, will fellows:

1. engage in decision-making and leadership in the care of patients with primary surgical problems? YES NO
2. lead daily multidisciplinary rounds? YES NO

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

|  |
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| Click here to enter text. |

* + - 1. How will the program ensure faculty members in neonatology, pediatric critical care, and pediatric surgical critical care attest to the experience gained by each fellow at the end of each critical care rotation? (Limit 300 words)

|  |
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| Click here to enter text. |

* + - 1. Before beginning critical care experiences, will all fellows complete the following?

1. Advanced trauma life support (ATLS) YES NO
2. Neonatal resuscitation (NRP) YES NO
3. Pediatric advanced life support (PALS) YES NO

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

|  |
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| Click here to enter text. |

* + - 1. How will the program ensure all fellows document 800 major pediatric surgery procedures as Surgeon and at least 50 and no more than 100 Teaching Assistant cases? (Limit 400 words)

|  |
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| Click here to enter text. |

* + - 1. How will the program ensure fellows do not share primary responsibility for the same patient or serve as a Teaching Assistant for a general surgery chief resident? (Limit 300 words)

|  |
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| Click here to enter text. |

* + - 1. Will all fellows have the following?
         1. At least one half-day of outpatient experience weekly, averaged over 48 weeks in each year of the fellowship YES NO
         2. Responsibility for teaching junior residents and medical students YES NO

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

|  |
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| Click here to enter text. |

**Scholarly Activity**

1. How will the program ensure the program director demonstrates scholarly activity annually in at least one of the following areas: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations. (Limit 400 words)

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**The Learning and Working Environment**

**Patient Safety**

1. How does the program ensure all fellows have a working knowledge of expected reporting relationships to maximize quality care and patient safety? (Limit 300 words)

|  |
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| Click here to enter text. |

**Supervision and Accountability**

Does the program:

ensure that faculty members have knowledge of each fellow’s prescribed level of supervision? YES NO

ensure that faculty members evaluate each fellow’s supervision needs at each rotation? YES NO

review and document each fellow’s required level of supervision at least annually?

YES NO

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

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| Click here to enter text. |

**Clinical Experience and Education**

1. How will the program ensure night float rotations do not exceed two months in succession, or three months in succession for rotations with night shifts? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will the program ensure fellows have no more than four months of night float per year? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will the program ensure there are at least two months between each night float rotation? (Limit 300 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 Surgery  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric surgery, 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 Y-4  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. |

**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 which 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. Annual Cases

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Defined Category** | **Site 1** | **Site 2** | **Site 3** | **Site 4** | **Site 5** |
| Bronchoscopy-Esophagoscopy |  |  |  |  |  |
| Esophageal Atresia – Tracheoesophageal Fistula |  |  |  |  |  |
| Gastroesophageal Reflux (Fundoplication) |  |  |  |  |  |
| Lung Resection |  |  |  |  |  |
| Congenital Diaphragmatic Hernia Repair |  |  |  |  |  |
| Infantile Hypertrophic Pyloric Stenosis |  |  |  |  |  |
| Intestinal Malrotation – Operative Reduction of Intussusception |  |  |  |  |  |
| Intestinal Atresia, including Duodenal Atresia |  |  |  |  |  |
| Appendectomy |  |  |  |  |  |
| Hirschsprung’s Disease (pull though) |  |  |  |  |  |
| Correction of Anorectal Malformation |  |  |  |  |  |
| Operative Correction Biliary Atresia Choledochal Cyst |  |  |  |  |  |
| Gastroschisis – Omphalocele |  |  |  |  |  |
| Inguinal Hernia Repair, patient less than six months |  |  |  |  |  |
| Orchiopexy |  |  |  |  |  |
| Ovarian and Fallopian Tube Operations |  |  |  |  |  |
| Resection of Wilm’s – Neuroblastoma |  |  |  |  |  |
| Head and Neck Procedures |  |  |  |  |  |
| Non-Operative Management of Multisystem Trauma |  |  |  |  |  |
| Neonatal Cases (patients less than 44 weeks gestational age) |  |  |  |  |  |
| Operative Resection of Tumors, including Wilm’s and neuroblastoma |  |  |  |  |  |

Required minimum procedure numbers for graduating fellows are listed in the table below.

|  |  |
| --- | --- |
| **Defined Category** | **Minimum cases** |
| Bronchoscopy-Esophagoscopy | 15 |
| Esophageal Atresia – Tracheoesophageal Fistula | 5 |
| Gastroesophageal Reflux (Fundoplication) | 15 |
| Lung Resection | 5 |
| Congenital Diaphragmatic Hernia Repair | 6 |
| Infantile Hypertrophic Pyloric Stenosis | 10 |
| Intestinal Malrotation – Operative Reduction of Intussusception | 5 |
| Intestinal Atresia, including Duodenal Atresia | 5 |
| Appendectomy | 20 |
| Hirschsprung’s Disease (pull though) | 5 |
| Correction of Anorectal Malformation | 5 |
| Operative Correction Biliary Atresia Choledochal Cyst | 3 |
| Gastroschisis – Omphalocele | 5 |
| Inguinal Hernia Repair, patient less than six months | 15 |
| Orchiopexy | 5 |
| Ovarian and Fallopian Tube Operations | 5 |
| Resection of Wilm’s – Neuroblastoma | 6 |
| Head and Neck Procedures | 10 |
| Non-Operative Management of Multisystem Trauma | 90 |
| Neonatal Cases (patients less than 44 weeks gestational age) | 75 |
| Operative Resection of Tumors, including Wilm’s and neuroblastoma | 25 |
| **Total Major Cases as Surgeon** | **800** |
| **Total Teaching Assistant Cases** | **At least 50, no more than 100** |