**Continued Accreditation Application: Pediatric Orthopaedic Surgery (Orthopaedic Surgery)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty Application is for programs applying for **Continued 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 Orthopaedic 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**

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| * + - 1. What is be the length, in months, of the educational program?   Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship program function as an integral part of an ACGME-I-accredited residency in orthopaedic surgery? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Participating Sites**

1. Are orthopaedic surgery residents and pediatric orthopaedic surgery fellows educated at the same participating site(s)? YES NO

If ‘YES,’ answer Questions 2 and 3 below. If ‘NO,” skip to Question 4 below.

1. Do the residency program director and fellowship program director jointly prepare a written agreement?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Does the written agreement specify the following?
2. Educational relationship between the residency and fellowship program YES NO
3. How clinical and educational resources will be shared equitably YES NO
4. Roles of the residency and fellowship program directors in determining the education of residents and fellows YES NO

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

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1. How do the program directors of the orthopaedic surgery residency and the pediatric orthopaedic surgery fellowship closely monitor the relationship between residency and fellowship education? (Limit 300 words)

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**Program Personnel and Resources**

**Program Director**

1. Does the program director have the following qualifications?
2. At least three years of post-residency practice in clinical pediatric orthopaedic surgery   
    YES NO
3. Completion of a pediatric orthopaedic surgery fellowship YES NO
4. At least three years of post-residency practice in clinical pediatric orthopaedic surgery

YES NO

1. Evidence of periodic updates of knowledge and skills in the areas of teaching, supervision, and formal evaluation of fellows YES NO
2. Three years as a faculty member in an Accreditation Council for Graduate Medical Education (ACGME)- or ACGME-I-accredited orthopaedic surgery residency or pediatric orthopaedic surgery fellowship YES NO

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

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1. How does the program ensure the program director evaluates all fellows within six weeks of entry into the fellowship for expected entry-level skills so additional education can be planned and provided as needed in a timely manner? (Limit 250 words)

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1. How do the program directors of the orthopaedic surgery residency and the pediatric orthopaedic surgery fellowship monitor the relationship between fellow and resident education? (Limit 250 words)

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**Faculty**

1. In addition to the program director, are there at least two core faculty members? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Do all core faculty members have the following qualifications?
   1. Actively involvement in education and supervision of fellows YES NO
   2. Completed a fellowship in pediatric orthopaedic surgery YES NO
   3. Completed a residency in orthopaedic surgery YES NO

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

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**Resources**

* 1. Check the appropriate column if the following pediatric-specific diagnostic and treatment facilities or services are available for the education of fellows. Use participating site numbers as indicated in ADS . The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank.

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| --- | --- | --- | --- | --- |
| **Diagnostic/Treatment Facility/Service** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Ambulatory care for pediatric orthopaedic surgery cases |  |  |  |  |
| General pediatrics consults |  |  |  |  |
| Imaging |  |  |  |  |
| Inpatient care for pediatric orthopaedic surgery cases |  |  |  |  |
| Laboratory medicine |  |  |  |  |
| Occupational rehabilitation |  |  |  |  |
| Operating suites with appropriate equipment and staffing |  |  |  |  |
| Physical rehabilitation |  |  |  |  |

Explain if any of the above are not available at any site. (Limit 250 words)

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1. How does the program ensure a sufficient volume and variety of pediatric orthopaedic surgery experiences to meet the needs of the fellows’ education without compromising the quality of resident education in the core orthopaedic surgery residency program? (Limit 300 words)

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**Eligibility Criteria**

1. How does the program ensure all fellows have completed an ACGME- or ACGME-I-accredited orthopaedic surgery residency or another orthopaedic surgery residency 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 do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles? (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How do 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 is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the following?
2. Appropriate and judicious use of diagnostic tests
3. Collecting, interpreting, and using patient data
4. Interpreting imaging examinations of the musculoskeletal system
5. Recognizing and managing complications of treatment
6. Managing post-operative recovery and rehabilitation

Describe how competence is evaluated in three of the five areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the performance of pediatric orthopaedic operative and non-operative procedures, including for the following?
2. Cerebral palsy
3. Clubfoot
4. Developmental dysplasia of the hip (DDH) prior to walking age
5. Femoral shaft fracture (open treatment)
6. Foot and ankle deformity, excluding clubfoot
7. Hip reconstruction and other, excluding DDH
8. Limb deformity, to include length discrepancy and deranged growth
9. Lower extremity deformity
10. Lower limb trauma
11. Slipped capital femoral epiphysis (SCFE)
12. Soft tissue transfer, lengthening, and release
13. Spine deformity, to include idiopathic scoliosis
14. Supracondylar fracture
15. Treatment of infection
16. Upper limb deformity
17. Upper limb trauma

Describe how competence is evaluated in nine of the conditions listed. (Limit 750 words)

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**Medical Knowledge**

1. How do 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 is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the following?
2. The indications, risks, and limitations of the commonly performed procedures in pediatric orthopaedic surgery
3. The familial, social, and emotional aspects of caring for sick and injured pediatric patients.
4. The natural history of pediatric orthopaedic disorders, the effectiveness of treatment programs, and the impact of growth on these disorders
5. The role of physical therapy, occupational therapy, orthotics, prosthetics, and other manipulative and splinting techniques in the rehabilitation and ongoing management of pediatric orthopaedic disorders
6. The familial, social, and emotional aspects of caring for sick and injured pediatric patients.

Provide examples of how knowledge is assessed in three of the four areas listed? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of pediatric orthopaedic disorders and conditions, including the following?
   * + - 1. Cerebral palsy
         2. Clubfoot
         3. DDH prior to walking age
         4. Idiopathic scoliosis
         5. Musculoskeletal disease and neuromuscular conditions, to include muscular dystrophy, Down Syndrome, and osteogenesis imperfecta
         6. SCFE
         7. Upper and lower limb deformity

Provide examples of how knowledge is assessed in four of the seven areas listed. (Limit 400 words)

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1. How do graduating fellows’ demonstrate knowledge of the application of research principles, including the ability to critically analyze research reports and design and implement clinical or basic research in the field of pediatric orthopaedic surgery? (Limit 300 words)

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**Practice-based Learning and Improvement**

1. How do 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? (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals? (Limit 300 words)

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**Systems-based Practice**

1. How do 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? (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 does the program ensure the didactic curriculum emphasizes normal physiologic mechanisms, natural history, and pathogenesis and treatment of pediatric orthopaedic disorders? (Limit 300 words)

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1. Does the didactic curriculum include the following?
2. At least one weekly teaching conference YES NO
3. At least one monthly morbidity and mortality conference YES NO
4. At least one monthly journal club in pediatric orthopaedic surgery YES NO

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

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**Clinical Experiences**

1. How does the program provide advanced education to ensure each fellow develops special expertise in pediatric orthopaedic surgery, including operative and other technical skills? (Limit 400 words)

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1. Does the curriculum emphasize the following?
2. Development of analytic skill and surgical judgement YES NO
3. Research YES NO
4. Scholarly approach to clinical problem solving YES NO
5. Self-directed study YES NO
6. Teaching YES NO

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

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1. Does the curriculum include didactics as well as non-operative and operative experiences that emphasize continuity of care in the following pediatric orthopaedic surgery conditions?
   1. Acute trauma YES NO
   2. Amputations YES NO
   3. Athletic injuries YES NO
   4. Foot and ankle conditions YES NO
   5. General pediatric orthopaedics YES NO
   6. Hand disorders YES NO
   7. Hip conditions YES NO
   8. Metabolic and genetic conditions YES NO
   9. Neuromuscular conditions YES NO
   10. Prosthetics YES NO
   11. Reconstructive trauma YES NO
   12. Spinal conditions YES NO
   13. Tumors YES NO

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

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1. How does the program ensure fellows continue to provide care for their own post-operative patients until discharge or until the patients’ post-operative conditions are stable and the episode of care is concluded? (Limit 400 words)

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1. How does the program provide instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain-reducing modalities? (Limit 300 words)

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1. How does the curriculum emphasize use of both appropriate laboratory procedures and collaboration with allied medical personnel? (Limit 400 words)

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1. Do clinical experiences include progressive responsibility for the following?
2. At least 10 new patients per week averaged over four weeks YES NO
3. At least 20 follow-up patients per week averaged over four weeks YES NO
4. Continuing care of both acutely and chronically ill patients YES NO
5. Decision-making regarding treatment YES NO
6. Long-term follow-up YES NO
7. Non-operative management YES NO
8. Operative experience YES NO
9. Other outpatient care YES NO
10. Patient assessment YES NO
11. Post-operative management YES NO
12. Pre-operative evaluation YES NO
13. Providing consultation with faculty member supervision YES NO
14. Rehabilitation YES NO

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

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1. How does the program ensure fellows have clearly defined teaching responsibilities for residents, medical students (if present), and allied health personnel; and how do these teaching experiences correlate basic biomedical knowledge with clinical aspects of pediatric orthopaedic surgery? (Limit 400 words)

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1. How does the program ensure fellows document their operative experience in a timely manner in the ACGME-I Case Log System? (Limit 250 words)

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**Fellows’ Scholarly Activities**

1. How does the program ensure each fellow participates in basic and/or clinical hypothesis-based research? (Limit 300 words)

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| # days |

1. How many days per month of protected research time are provided? (Note: Days per month is averaged over the length of the educational program.)
2. How does the program ensure each fellow demonstrates scholarship during the program? (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 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 orthopaedic surgery  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric orthopaedic 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  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 is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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