**Continued Accreditation Application: Pediatric Hospital Medicine (Pediatrics)**

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 Hospital Medicine. 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 is the length in months of the educational program?   Choose a length. |

**Institutions**

**Sponsoring Institution**

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

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

|  |
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| Click here to enter text. |

1. Is the fellowship program geographically proximate to the affiliated pediatrics residency program? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

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

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| Click here to enter text. |

**Program Personnel and Resources**

**Program Director**

1. Does the program director have ongoing involvement in scholarly activity? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Does the program director mentor or guide fellows in the skills necessary to the practice of pediatric hospital medicine in the following areas?
2. Advocacy YES NO
3. Clinical care YES NO
4. Quality improvement YES NO
5. Research YES NO
6. Teaching YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Does the program director ensure that each fellow:
2. documents procedural experience? YES NO
3. is provided with mentorship to develop necessary skills? YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

|  |
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| Click here to enter text. |

1. How does the program director coordinate with the affiliated pediatrics residency and related subspecialty program directors, the incorporation of the Core Competencies into fellowship education to foster consistent expectations and fellows’ evaluations? (Limit 300 words)

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| Click here to enter text. |

1. Does the program ensure meetings with the program directors of the affiliated pediatrics residency program and all pediatric subspecialty programs occur at least semiannually? YES NO

If “YES,” do the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the Competencies, and evaluation? YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

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| Click here to enter text. |

1. What is the extent of the program director’s authority and responsibility to set and adjust fellows’ clinical responsibilities and to ensure that fellows have appropriate clinical responsibilities and an appropriate patient load? (Limit 400 words)

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| Click here to enter text. |

**Faculty**

1. Are there at least four faculty members, including the program director? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member Name(s) |
| Child and adolescent psychiatry |  |
|  |
|  |
|  |
| Child neurology |  |
|  |
|  |
|  |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric child abuse |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
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| Pediatric nephrology |  |
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| Pediatric surgery |  |
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List any faculty members not included in the table above, as well as their specialty.

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

1. Are faculty members in the following specialties, and who have substantial experience in treating pediatric problems, available to the program?
2. Anesthesiology YES NO
3. Dermatology YES NO
4. Medical genetics YES NO
5. Neurological surgery YES NO
6. Orthopaedic surgery YES NO
7. Otolaryngology YES NO
8. Palliative care YES NO
9. Pathology YES NO
10. Radiology YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

|  |
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| Click here to enter text. |

1. Are consultants available for transition care of young adults? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

**Other Program Personnel**

1. Are the following health care professionals with pediatric focus and experience available to the program?
   1. Advanced practice provider(s) YES NO
   2. Audiologist(s) YES NO
2. Child life therapist(s) YES NO
3. Dietitian(s) YES NO
4. Hospice and palliative care specialist(s) YES NO
5. Mental health professional(s) YES NO
6. Nurses(s) YES NO
7. Occupational therapist(s) YES NO
8. Personnel for care coordination and utilization management YES NO
9. Pharmacist(s) YES NO
10. Physical therapist(s) YES NO
11. Public health liaison(s) YES NO
12. Respiratory therapist(s) YES NO
13. School and special education liaison(s) YES NO
14. Social worker(s) YES NO
15. Speech and language therapist(s) YES NO
16. Translator(s) of languages most often used within the country or jurisdiction YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

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| Click here to enter text. |

**Resources**

* + 1. Is there an acute care hospital with a dedicated general pediatrics inpatient service? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

* + 1. Are the following available at each site with required rotations?
       1. Comprehensive laboratory services YES NO
       2. Imaging services YES NO
       3. Pathology YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

|  |
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| Click here to enter text. |

1. How does the program ensure there are adequate numbers and variety of hospitalized pediatric patients ranging in age from newborn through young adulthood available to provide a broad experience for fellows? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Provide the following information for the most recent 12-month academic or calendar year for each participating site that is used to provide a specific required experience, such as transplant, cardiology, intensive care, etc. Duplicate the table as necessary. **Note the same timeframe and site numbers (as assigned in ADS) should be used throughout the application.**

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Total number of admissions to the pediatric hospital medicine service [do not include term newborns, neonatal intensive care unit (NICU) or pediatric intensive care unit (PICU) patients]. | # | # | # |
| Average daily census of patients on the pediatric hospital medicine service | # | # | # |
| Average length of stay of patients on the pediatric hospital medicine service | # | # | # |
| Total number of consultations by pediatric hospitalists on other inpatients | # | # | # |
| Total number of transfers from the NICU or PICU to the pediatric hospital medicine service | # | # | # |
| Total number of surgical transfers to the pediatric hospital medicine service | # | # | # |

**Eligibility Criteria**

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

|  |
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| Click here to enter text. |

**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, including trustworthiness, leadership skills, and the capacity to recognize that ambiguity is part of clinical medicine, and to respond by utilizing appropriate resources in dealing with uncertainty? (Limit 400 words)

|  |
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| Click here to enter text. |

**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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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in 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?

Describe how this is evaluated. (Limit 400 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in providing transfer of care that ensures seamless transitions?

Describe how this is evaluated. (Limit 400 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in promoting emotional resilience in children, adolescents, and their families, and in providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues?

Describe how this is evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in providing for or coordinating with a medical home for patients with complex and chronic diseases?

Describe how this is evaluated. (Limit 250 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in using and interpreting laboratory tests, imaging, and other diagnostic procedures?

Describe how this is evaluated. (Limit 300 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in recognizing, evaluating, and managing children:
2. requiring palliative care
3. requiring sedation and pain management
4. with complex conditions and diseases
5. with multiple comorbidities
6. with serious complications of common conditions
7. with special health care needs
8. with technology dependencies

Describe how fellows are evaluated and indicate if any of the above are not available to fellows. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in participating in team-based care of patients whose primary problem is surgical? (Limit 300 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate the necessary procedural skills, including an understanding of the risks and limitations of the following?
2. Arterial puncture
3. Bag mask ventilation
4. Bladder catheterization
5. Intubation
6. Lumbar puncture
7. Neonatal resuscitation
8. Non-invasive ventilation
9. Pediatric resuscitation and stabilization
10. Placement and/or replacement of nasogastric, orogastric, and gastrostomy feeding tubes
11. Placement of intravenous or intraosseous access
12. Procedural sedation
13. Tracheostomy tube management

Describe how competence is assessed in six of the 12 procedures listed and note if any of the above procedures are not be available to fellows. (Limit 600 words)

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| Click here to enter text. |

**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 this is evaluated. (Limit 400 words)

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

1. How do graduating fellows demonstrate knowledge of the following?

a. Bioethics

b. Biostatistics

c. Clinical and laboratory research methodology

d. Critical literature review

e. Ethical principles involving clinical research

f. Preparation of applications for funding and/or approval of clinical research protocols

g. Principles of evidence-based medicine

h. Study design

i. Teaching methods

Describe how knowledge is assessed in five of the nine areas listed. (Limit 500 words)

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| Click here to enter text. |

**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?

Describe how these are evaluated. (Limit 300 words)

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| Click here to enter text. |

**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, patients’ families, and other health professionals?

Describe how these are evaluated. (Limit 300 words)

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| Click here to enter text. |

**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?

Describe how these are 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. Does the didactic curriculum include the following?
3. Case discussions YES NO
4. Journal club YES NO
5. Lectures YES NO
6. Seminars YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

|  |
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| Click here to enter text. |

1. How does the program ensure pediatric hospital medicine conferences occur regularly and involve active participation in planning and implementation by the fellows? (Limit 300 words)

|  |
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| Click here to enter text. |

1. Do conferences include the following topics appropriate to pediatric hospital medicine?
2. Anatomy and physiology YES NO
3. Biochemistry YES NO
4. Bioethics YES NO
5. Complications of care YES NO
6. Embryology YES NO
7. End-of-life care YES NO
8. Genetics YES NO
9. Immunology YES NO
10. Microbiology YES NO
11. Nutrition and metabolism YES NO
12. Palliation and death YES NO
13. Pathology YES NO
14. Pathophysiology of disease YES NO
15. Pharmacology YES NO
16. Reviews of recent advances in clinical medicine and biomedical research YES NO
17. Scientific, ethical, and legal implications of confidentiality and informed consent YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

|  |
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| Click here to enter text. |

1. Do conferences include topics on the economics of heath 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? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

* + - 1. How does the program ensure that rotations are structured to minimize the frequency of rotational transitions and are of sufficient length to provide a quality educational experience with continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback? (Limit 400 words)

|  |
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| Click here to enter text. |

* + - 1. Indicate below the total number of weeks for the following clinical experiences.

1. General pediatric inpatient medicine, including care of newborns, patients with complex diseases, patients with surgical problems, procedural sedation, and patients receiving palliative care: Click here to enter number of weeks.
2. Subspecialty and complex care: Click here to enter number of weeks.
3. Clinical experiences at a community site that includes pediatric care, but without the full complement of pediatric subspecialty care: Click here to enter number of weeks.
4. Individualized experiences determined by the needs and career plans of each fellow: Click here to enter number of weeks.

**Fellows’ Scholarly Activities**

1. Describe the curriculum in research and scholarship. Include the topics that are covered, the type and number of sessions, and if the curriculum is a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

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

2. How does the program ensure each fellow designs and conducts a scholarly project in the area of pediatric hospital medicine with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Does the program have a Scholarship Oversight Committee for each fellow? YES NO

If ‘YES,’ answer a. and b. below.

1. Does this committee oversee and evaluate each fellow’s progress on scholarly activity? YES NO
2. Is this committee a collaborative effort involving other pediatric subspecialty programs or other experts? YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

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| Click here to enter text. |

1. Does each fellow’s designated mentor:
2. get approved by the Scholarship Oversight Committee? YES NO
3. 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? YES NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How does the program ensure fellows’ scholarly experience begins in the first year and continues for the entire length of the program, and is structured to allow development of skills in research and scholarship with sufficient time for project completion and presentation of results to the Scholarship Oversight Committee? (Limit 400 words)

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

Faculty Scholarly Activity

1. How does the program ensure faculty members conduct scholarly activity in an area such as basic science, clinical, health policy, quality improvement or education as it relates to pediatric hospital medicine?(Limit 250 words)

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

Clinical Experience and Education

1. How does the program ensure that lines of responsibility for the fellows are clearly defined, and that clinical responsibilities are structured to ensure that progressive clinical, technical, and consultative experiences are provided to each fellow?(Limit 250 words)

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

**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 hospital medicine  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric hospital medicine, 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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| Click here to enter text. |