**New Application: Pediatric Endocrinology (Pediatrics)**

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

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 Endocrinology. 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.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click here to enter text. |

**Table of Contents**

When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty New Application**   | **Page(s)**   |
| **Int. Introduction** | # |
| Duration of Education | # |
| **I. Institution** | # |
| I.A. Sponsoring Institution | NA   |
| I.B. Participating Sites | # |
| **II. Program Personnel and Resources** | # |
| II.A. Program Director | # |
| II.B. Faculty | # |
| II.C. Other Program Personnel |   # |
| II.D. Resources | # |
| **III. Fellow Appointment** | # |
| III.A. Eligibility Criteria |   # |
| III.B. Number of Fellows | NA  |
| **IV. Specialty-Specific Educational Program** | # |
| IV.A. ACGME-I Competencies | # |
| IV.B. Regularly Scheduled Educational Activities | # |
| IV.C. Clinical Experiences | # |
| IV.D. Scholarly Activity | # |
| **V. Evaluation** | NA |
| **VI. The Learning and Working Environment** | NA |
| Appendix A. Formal Didactic Sessions by Academic Year | # |

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**Introduction**

**Duration and Scope of Education**

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

Choose a length. |

**Institutions**

**Sponsoring Institution**

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

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

|  |
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| Click here to enter text. |

1. Will the fellowship program be geographically proximate to the affiliated core pediatric 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. Will the program director have ongoing involvement in scholarly activity? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will the program director mentor or guide fellows in the skills necessary to the practice of pediatric endocrinology 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’ responses. (Limit 250 words)

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

1. Will 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’ responses. (Limit 250 words)

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

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

|  |
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| Click here to enter text. |

1. Will the program ensure meetings with the program director of the affiliated pediatric residency program and all pediatric subspecialty programs occur at least semiannually? [ ] YES [ ] NO

If ‘Yes”, will 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’ responses. (Limit 250 words)

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| Click here to enter text. |

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

|  |
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| Click here to enter text. |

**Faculty**

1. Will there be at least two faculty members, including the program director? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure faculty members encourage and support fellows in scholarly activities, including mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine with implications for the field of pediatric endocrinology? (Limit 400 words)

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

1. Will scholarly activity be available in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric endocrinology? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| 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(s) Name(s) |
| Adolescent medicine |  |
|  |
|  |
|  |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
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| Pediatric hematology-oncology |  |
|  |
|  |
|  |

List any faculty members not included in the table above, as well as their area of specialty.

|  |
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| Click here to enter text. |

1. Will faculty members with substantial experience in treating pediatric problems be available to the program from the following specialties?
2. Anesthesiology [ ] YES [ ] NO
3. Child and adolescent psychiatry [ ] YES [ ] NO
4. Child neurology [ ] YES [ ] NO
5. Interventional radiology [ ] YES [ ] NO
6. Medical genetics [ ] YES [ ] NO
7. Neurological surgery [ ] YES [ ] NO
8. Neuroradiology [ ] YES [ ] NO
9. Nuclear medicine [ ] YES [ ] NO
10. Obstetrics and Gynecology [ ] YES [ ] NO
11. Ophthalmology [ ] YES [ ] NO
12. Pathology [ ] YES [ ] NO
13. Pediatric surgery [ ] YES [ ] NO
14. Urology [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will consultants be available in adult endocrinology for transition care of young adults?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Other Program Personnel**

1. Will the following health care professionals with pediatric focus and experience be available to the program?
2. Child life therapist(s) [ ] YES [ ] NO
3. Diabetes educator(s) [ ] YES [ ] NO
4. Dietitian(s) [ ] YES [ ] NO
5. Mental health professional(s) [ ] YES [ ] NO
6. Nurses(s) [ ] YES [ ] NO
7. Pharmacist(s) [ ] YES [ ] NO
8. School and special education liaison(s) [ ] YES [ ] NO
9. Social worker(s) [ ] YES [ ] NO

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

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

**Resources**

1. Indicate the availability of the following facilities and service/resources for fellow education. Site numbers should correspond to the numbering of participating sites as entered in ADS. Site #1 is the primary clinical site.

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| Comprehensive laboratory | Choose an item. | Choose an item. | Choose an item. |
| Imaging  | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric endocrinology  | Choose an item. | Choose an item. | Choose an item. |
| Pathology  | Choose an item. | Choose an item. | Choose an item. |

For every facility/service that is not available at any of the sites, provide an explanation below addressing how the service is provided for patients. (Limit 300 words)

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

1. Provide the requested information for the most recent 12-month period. The same timeframe must be used for all patient data requested in subsequent sections of the applications. Site numbers should correspond to the sites as listed in ADS. Site #1 is the primary clinical site.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **FROM:** Click here to enter a date. | **TO:** Click here to enter a date. |
|  | **Site #1** | **Site #2** | **Site #3** |
| Total number of admissions to the pediatric endocrinology service |  |  |  |
| Total number of diabetic patients |  |  |  |
| Total number of non-diabetic patients |  |  |  |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the endocrinology service for the first time) |  |  |  |
| Average length of stay of patients on the pediatric endocrinology service  |  |  |  |
| Total number of consultations by pediatric endocrinology |  |  |  |
| Number of consultations provided to the NICU |  |  |  |
| Number of consultations provided to the PICU |  |  |  |
| Average daily census of patients cared for by the pediatric endocrinologists. Include those on the endocrinology service as well as consultations. |  |  |  |
| Number of patients requiring follow-up care by the endocrinology service as outpatients during the 12-month period reported |  |  |  |
| Total number of diabetic patients |  |  |  |
| Total number of non-diabetic patients |  |  |  |

1. If there are fewer than three patients in any rows in the table above, how will fellows be exposed to the care of those patients? (Limit 300 words)

|  |
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| Click here to enter text. |

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

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| Click here to enter text. |

1. Provide the requested information for all years of the educational program.Add rows as necessary.

| **Name of Experience****Site/Other Setting Identifier** | **Duration of Experience****(in weeks/year)** | **Planned Number of Sessions per Week per Fellow** | **Estimated Number of New Patients per Fellow per Session** | **Estimated Number of Return Patients per Fellow per Session** | **Estimated Average Number of Teaching Attendings per Session** |
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1. List 150 consecutive patient encounters (inpatient and outpatient, but EXCLUDING diabetes) to the pediatric endocrinology service. Identify when these admissions/consultations occurred. The dates must begin on the date of the first patient encounter and end with the date the 150th patient was admitted (e.g., 01 July 2020-30 October 2020). Submit a separate list for each participating site that will provide required rotations. Add tables as needed. Note: the dates should occur within the same 12-month period used in previous sections.

|  |
| --- |
| **From:** Click here to enter a date. **To:** Click here to enter a date. |
| **Patient ID** | **Endocrinology Diagnosis****(may include *secondary* diagnosis if relevant)** |
| **Number** | **Age** |
| # | Age | Click here to enter text. |
| # | Age | Click here to enter text. |
| # | Age | Click here to enter text. |
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1. During the same 12-month period used in previous sections, how many pediatric patients with the following endocrine problems were seen in the ambulatory setting and how many were admitted to and/or consulted on by the endocrinology service at the primary clinical site?

|  |  |
| --- | --- |
| **Site Name:** | Name |
| **Dates these Admissions/Consultations Occurred:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Disorders** | **Number of Patients** | **Number on Endocrine Service** | **Number of Consults** |
| Disorders of adrenal gland physiology  | # | # | # |
| Disorders of androgen and estrogen physiology, including adolescent reproductive endocrinology  | # | # | # |
| Disorders of anterior pituitary hormone physiology  | # | # | # |
| Disorders of bone physiology  | # | # | # |
| Disorders of calcium, phosphorous, and Vitamin D  | # | # | # |
| Disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia  | # | # | # |
| Disorders of fluid and electrolyte balance  | # | # | # |
| Disorders of growth  | # | # | # |
| Disorders of nutrition  | # | # | # |
| Disorders of parathyroid gland physiology  | # | # | # |
| Disorders of posterior pituitary hormone physiology  | # | # | # |
| Disorders of sexual differentiation and development  | # | # | # |
| Disorders of thyroid hormone physiology (including secretion and synthesis) | # | # | # |
| Endocrine neoplasia  | # | # | # |
| Obesity, including obesity-related endocrine disorders (e.g., polycystic ovarian syndrome, impaired glucose tolerance, metabolic syndrome, and type 2 diabetes) | # | # | # |

**Eligibility Criteria**

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

|  |
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| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles? (Limit 300 words)

|  |
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| Click here to enter text. |

**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)

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

1. How will 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 competence will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing transfers of care that ensure seamless transitions?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing for or coordinating care for patients with complex and chronic diseases?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in promoting emotional resilience in children, adolescents, and their families by providing care that
	* + - 1. demonstrates the ability to refer and/or co-manage patients with common behavioral and mental health issues with appropriate specialists when indicated;
				2. is sensitive to the cultural context of the patient and patient’s family; and,
				3. is sensitive to the developmental stage of the patient with common behavioral and mental health issues.

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

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

1. How will graduating fellows demonstrate competence in performing all medical diagnostic and surgical procedures considered essential to the practice of pediatric endocrinology, including using and interpreting the results of laboratory tests, imaging, and other diagnostic procedures?

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the acute care of patients with endocrine disorders in the ambulatory, emergency, and inpatient settings? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in longitudinal care, monitoring, and care coordination, and in facilitating the transition to adult health care, for patients with chronic endocrine disorders, including diabetes mellitus, in the ambulatory and inpatient settings?

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

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

1. How will graduating fellows demonstrate competence in the care of patients with the following?
2. Disorders of adrenal gland physiology
3. Disorders of androgen and estrogen physiology, including adolescent reproductive endocrinology
4. Disorders of anterior pituitary hormone physiology
5. Disorders of bone physiology
6. Disorders of calcium, phosphorus, and Vitamin D
7. Disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia
8. Disorders of fluid and electrolyte balance
9. Disorders of growth
10. Disorders of nutrition
11. Disorders of parathyroid gland physiology
12. Disorders of posterior pituitary hormone physiology
13. Disorders of sexual differentiation and development, including patients with gender dysphoria
14. Disorders of thyroid hormone physiology
15. Endocrine neoplasia
16. Obesity, including obesity-related endocrine disorders

Describe how fellows will be evaluated, and include in your answer if any of the conditions listed above will not be available to fellows. (Limit 300 words)

|  |
| --- |
| 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)

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

1. How will graduating fellows demonstrate knowledge of the following?
	1. Bioethics
	2. Biostatistics
	3. Clinical and laboratory research methodology
	4. Critical literature review
	5. Ethical principles involving clinical research
	6. Preparation of applications for funding and/or approval of clinical research protocols
	7. Principles of evidence-based medicine
	8. Study design
	9. Teaching methods

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of the principles of laboratory techniques, including measurement of hormones; the ability to recognize the limitations of interpretation of laboratory results; interpreting endocrine laboratory results, including stimulation and suppressions tests; and, choosing the most appropriate imaging modality for a given endocrine disorder?

Describe how this will be evaluated. (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 these skills 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 health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate leadership skills that enhance team function, the learning environment, and/or health care delivery system/environment with the goal of improving patient care? (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 these skills will be evaluated. (Limit 300 words)

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

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How will the program ensure pediatric endocrinology conferences occur regularly and involve active participation by the fellows in planning and implementation? (Limit 300 words)

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

1. Will conferences include the following topics appropriate to pediatric endocrinology?
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’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will conferences include information related to relationships between physicians and with patients, patients’ families, allied health professionals and society at large? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will 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 will the program ensure all fellows manage a pediatric endocrinology patient population that is diverse in terms of diagnoses and complexity, in both inpatient and outpatient settings? (Limit 400 words)

|  |
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| Click here to enter text. |

* + - 1. Will all fellows have clinical experiences that:
				1. address the interaction of endocrine pathology and psychosocial problems [ ] YES [ ] NO
1. allow them to serve as a role model and provide supervision to residents and/or medical students?

 [ ] YES [ ] NO

1. provide sufficient opportunity to learn about normal and abnormal hormonal regulation [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

* + - 1. How will the program ensure that fellows, throughout their educational program, have responsibility for providing longitudinal care to a panel of patients that is supervised by one or more members of the pediatric endocrinology faculty? (Limit 400 words)

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

* + - 1. Will fellows’ longitudinal care experience include the following?
				1. A panel of patients that is representative of the types of endocrine disorders fellows are likely to encounter in practice [ ] YES [ ] NO
				2. Outpatient care [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered, the type and number of sessions planned, 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 will the program ensure each fellow designs and conducts a scholarly project in the area of pediatric endocrinology with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

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

1. Will the program have a Scholarship Oversight Committee for each fellow? [ ] YES [ ] NO

If ‘YES,’ answer a. and b. below.

1. Will the Scholarship Oversight Committee oversee and evaluate each fellow’s progress on scholarly activity? [ ] YES [ ] NO
2. Will the Scholarship Oversight Committee be a collaborative effort involving other pediatric subspecialty programs or other experts? [ ] YES [ ] NO

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

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

1. Will each fellow’s designated mentor:
2. be 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 endocrinology or through collaboration with other departments? [ ] YES [ ] NO

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

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

1. How will the program ensure each fellow’s 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)

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| 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 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-101. Introduction to pediatric endocrinologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric endocrinology, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) 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 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. |