**Continued Accreditation Application: Pediatric Nephrology (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 · [www.acgme-i.org](http://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 Nephrology. 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)

|  |
| --- |
| 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 does the program ensure the fellowship does not negatively affect the education of residents in the affiliated pediatrics 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)

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

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

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

1. How does the program director coordinate with the pediatrics residency and related subspecialty program directors on the incorporation of the ACGME-I Competencies into fellowship education to foster consistent expectations fellow evaluation? (Limit 300 words)

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

1. Does 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’, do the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the ACGME-I Competencies, and evaluation? YES NO

Explain any ‘NO’ responses. (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)

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

**Faculty**

1. How does 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 that have implications for the field of pediatric nephrology? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Do the members of the faculty participate in scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric nephrology? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

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

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Adolescent medicine |  |
|  |
|  |
|  |
| Developmental-behavioral pediatrics |  |
|  |
|  |
|  |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
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|  |
| Pediatric pulmonology |  |
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| Pediatric rheumatology |  |
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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 there faculty members with substantial experience in treating pediatric problems who are 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. Medical genetics and genomics YES NO
6. Ophthalmology YES NO
7. Pathology YES NO
8. Pediatric surgery YES NO
9. Pediatric urology YES NO
10. Radiology YES NO
11. Transplant surgery YES NO

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

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

1. Are consultants in adult nephrology available to the program for transition care of young adults? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

**Other Program Personnel**

1. Are the following health care professionals with pediatric focus and experience available to the program?
2. Child life therapist(s) YES NO
3. Dialysis support staff members 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. Occupational therapist(s) YES NO
9. Physical therapist(s) YES NO
10. Respiratory therapist(s) YES NO
11. School and special education liaison(s) YES NO
12. Social worker(s) YES NO
13. Speech and language therapist(s) YES NO

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

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

**Resources**

* + 1. Are facilities for the following available to the program?

1. Renal biopsy YES NO
2. Renal replacement therapy YES NO
3. Renal transplantation YES NO

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

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

* + 1. Check the appropriate column if the service is available at each participating site used by the program. Site numbers should correspond to the numbering of participating sites in ADS. Site #1 is the primary clinical site.

|  | **Available** | | | **Available**  **24 Hours/Day** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Site #1** | **Site #2** | **Site #3** | **Site #1** | **Site #2** | **Site #3** |
| **1.** Comprehensive laboratory |  |  |  |  |  |  |
| a) Imaging |  |  |  |  |  |  |
| b) Laboratories to perform testing specific to pediatric nephrology |  |  |  |  |  |  |
| c) Pathology |  |  |  |  |  |  |

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

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

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

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

1. Provide the following information for the most recent 12-month period. **The same timeframe and site numbers (as listed in ADS) should be used throughout the application.**

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |

| **Inpatient** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Total number of admissions to the pediatric nephrology service | # | # | # |
| Average daily census of patients on the pediatric nephrology service, including consultations | # | # | # |
| Number of new patients admitted each year (“new” refers to those being seen by pediatric nephrologists for the first time) | # | # | # |
| Average length of stay of patients on the pediatric nephrology service: | Length | Length | Length |
| Number of consultations by pediatric nephrologists on other inpatients | # | # | # |
| a) Are consultations provided to the NICU? | Choose an item. | Choose an item. | Choose an item. |
| If yes, how many? | # | # | # |
| b) Are consultations provided to the PICU? | Choose an item. | Choose an item. | Choose an item. |
| If yes, how many? | # | # | # |
| Number of patients requiring follow-up care by pediatric nephrology service as outpatients during the 12-month period | # | # | # |

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

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Name of Service | Click her to enter text. | | |
| Total number of fellows and residents on the service | # | # | # |
| Total number of admissions to the service | # | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the service for the first time) | # | # | # |
| Average length of stay of patients on the service | # | # | # |
| Average daily census of patients on the service, including consultations | # | # | # |

1. Summarize how many pediatric patients with the following nephrology problems were admitted to or consulted on by the nephrology service at the primary clinical site. **The same timeframe should be used throughout the application.**

|  |  |
| --- | --- |
| **Primary Renal Disorders** | **# of Patients on Nephrology Service** |
| Chronic kidney disease and end-stage renal disease | # |
| Fluid and electrolyte and acid base disorders | # |
| Hypertension | # |
| Kidney transplantation | # |

1. For the same timeframe noted throughout this section, how many total patients were on the nephrology service? Total patients
2. Provide patient data for the following procedures at each participating site. **The same timeframe and site numbers (as listed in ADS) should be used throughout the application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure** | **Site #1** | **Site #2** | **Site #3** |
| Total number of new and chronic dialysis patients cared for by the pediatric nephrology service | # | # | # |
| 1. Number of hemodialysis patients | # | # | # |
| 1. Number of peritoneal dialysis patients | # | # | # |
| Total number of acute dialysis treatments performed | # | # | # |
| 1. Number of procedures for acute renal injury | # | # | # |
| 1. Number of procedures for toxin removal | # | # | # |
| Total number of patients that fellows are exposed to that use home dialysis treatment | # | # | # |
| Total number of patients that have undergone transplantation | # | # | # |
| 1. New renal transplants | # | # | # |
| 1. Living related donor transplants | # | # | # |
| 1. Deceased donor transplants | # | # | # |
| Number of patients started on continuous renal replacement therapy | # | # | # |
| Number of kidney biopsies | # | # | # |

**Eligibility Criteria**

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

|  |
| --- |
| 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? (Limit 400 words)

|  |
| --- |
| 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)

|  |
| --- |
| 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 competence is evaluated. (Limit 400 words)

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

1. How do graduating fellows demonstrate competence in providing transfers of care that ensure seamless transitions, counseling patients and patients’ families, using information technology to optimize patient care, and providing appropriate role modeling and supervision?

Describe how competence is evaluated. (Limit 400 words)

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

1. How do graduating fellows demonstrate competence in providing or coordinating care for patients with complex and chronic diseases with the appropriate physician and/or agency?

Describe how competence is evaluated. (Limit 250 words)

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

1. How do graduating fellows demonstrate competence in promoting emotional resilience in children, adolescents, and their families by providing care that:
2. Includes referral and/or co-managing patients with common behavioral and mental health issues with appropriate specialists as needed;
3. Is sensitive to common behavioral and mental health issues;
4. Is sensitive to cultural contexts of the patient and patient’s family; and,
5. Is sensitive to the developmental stage of the patient?

Describe how competence is evaluated. (Limit 300 words)

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

1. How do graduating fellows demonstrate competence in evaluating the psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the patient’s family, and counsel both acutely and chronically ill patients and their families? (Limit 300 words)

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

1. How do graduating fellows demonstrate competence in preventing, evaluating, and managing the following?
2. Acute electrolyte and kidney disorders, including hypertension and disorders of the urinary tract
3. Chronic electrolyte and kidney disorders, including hypertension and disorders of the urinary tract
4. End-stage renal disease and kidney transplant

Describe how competence in each of these is evaluated. (Limit 300 words)

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

1. How are graduating fellows assessed in their ability to competently use and interpret the results of laboratory tests, imaging, and other diagnostic procedures? (Limit 300 words)

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

1. How do graduating fellows demonstrate competence in the necessary procedural skills and in their understanding of the indications, risks, and limitations of the following kidney-related procedures?
2. Acute and chronic hemodialysis
3. Acute and chronic peritoneal dialysis
4. Continuous renal replacement therapy
5. Native and transplant kidney biopsy

Describe how competence in each of the above is evaluated. (Limit 400 words)

|  |
| --- |
| 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 knowledge is evaluated. (Limit 400 words)

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

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

a. Biostatistics

b. Clinical and laboratory research methodology

c. Critical literature review

d. Ethical principles involving clinical research

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

f. Principles of evidence-based medicine

g. Study design

h. Teaching methods

Provide examples of how knowledge is assessed in five of the eight areas listed. (Limit 500 words)

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

**Practice-based Learning and Improvement**

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

|  |
| --- |
| 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, their families, and health professionals?

Describe how these skills are evaluated. (Limit 300 words)

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

1. How do graduating fellows demonstrate leadership skills to enhance team function, the learning environment, and/or health delivery system/environment with the ultimate intent of improving care of patients? (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)

|  |
| --- |
| 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. Clinical experience YES NO
4. Journal club YES NO
5. Lectures YES NO
6. Seminars YES NO

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

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

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

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

1. Do conferences include the following topics appropriate to pediatric nephrology?
2. Anatomy and physiology …………………. YES NO
3. Biochemistry …………………. YES NO
4. Bioethics …………………. YES NO
5. Cell and molecular biology …………………. YES NO
6. Complications of care …………………. YES NO
7. Embryology …………………. YES NO
8. End-of-life care …………………. YES NO
9. Genetics …………………. YES NO
10. Immunology …………………. YES NO
11. Immunopathology …………………. YES NO
12. Laboratory diagnostic techniques …………………. YES NO
13. Microbiology …………………. YES NO
14. Nutrition and metabolism …………………. YES NO
15. Palliation and death …………………. YES NO
16. Pathology …………………. YES NO
17. Pathophysiology of disease …………………. YES NO
18. Pharmacology …………………. YES NO
19. Radiologic imaging …………………. YES NO
20. Renal development and physiology …………………. YES NO
21. Reviews of recent advances in clinical medicine and biomedical research YES NO
22. Scientific, ethical, and legal implications of confidentiality and informed consent YES NO

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

|  |
| --- |
| 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 all fellows participate in the management of care for patients with renal and other related disorders in the intensive care unit setting? (Limit 300 words)

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

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

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

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

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

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

**Fellows’ Scholarly Activities**

1. Describe the curriculum in research and scholarship. Include the topics that are covered, the type and number of sessions planned, and whether 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 nephrology with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

|  |
| --- |
| 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.

1. Does the Scholarship Oversight Committee oversee and evaluate the fellow’s progress on scholarly activity? YES NO
2. Is the Scholarship Oversight Committee 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. Is each fellow’s designated mentor:
2. an expert in the fellow’s area of scholarly interest, either as a faculty member in pediatric nephrology or through collaboration with other departments? YES NO
3. approved by the Scholarship Oversight Committee? YES NO

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

|  |
| --- |
| 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 educational 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 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 nephrology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric nephrology, 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)

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