**New Application: Pediatric Infectious Diseases (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 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 Infectious Diseases. 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. |

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**Introduction**

**Duration and Scope of Education**

|  |
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| * + - 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)

|  |
| --- |
| 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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**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 infectious diseases 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 all fellows:
2. are provided with mentorship to develop necessary skills? [ ] YES [ ] NO
3. document their individual procedural experience? [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

1. How will the program director coordinate, with the core residency and related subspecialty program directors, the incorporation of the Competencies into fellowship education to foster consistent expectations and fellow evaluation? (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 infectious diseases? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Will there be scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric infectious diseases?

 [ ] 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 |  |
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|  |
| Neonatal-perinatal medicine |  |
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|  |
| Pediatric cardiology |  |
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| Pediatric critical care medicine |  |
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| Pediatric emergency medicine |  |
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| Pediatric gastroenterology |  |
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| Pediatric hematology-oncology |  |
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| Pediatric nephrology |  |
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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. Will faculty members from the following specialties/subspecialties and with substantial experience in treating pediatric problems be available to the program?
2. Allergy and immunology [ ] YES [ ] NO
3. Anesthesiology [ ] YES [ ] NO
4. Cardiac surgery [ ] YES [ ] NO
5. Child and adolescent psychiatry [ ] YES [ ] NO
6. Child neurology [ ] YES [ ] NO
7. Dermatology [ ] YES [ ] NO
8. Medical genetics [ ] YES [ ] NO
9. Microbiology [ ] YES [ ] NO
10. Neurological surgery [ ] YES [ ] NO
11. Neuroradiology [ ] YES [ ] NO
12. Ophthalmology [ ] YES [ ] NO
13. Orthopaedic surgery [ ] YES [ ] NO
14. Otolaryngology [ ] YES [ ] NO
15. Pathology [ ] YES [ ] NO
16. Pediatric surgery [ ] YES [ ] NO
17. Plastic surgery [ ] YES [ ] NO
18. Radiology [ ] YES [ ] NO
19. Urology [ ] YES [ ] NO

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

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

1. Will consultants in adult infectious diseases be available to the program for transition of 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. Dietitian(s) [ ] YES [ ] NO
4. Home health care liaison(s) [ ] YES [ ] NO
5. Infection preventionist(s) [ ] YES [ ] NO
6. Mental health professional(s) [ ] YES [ ] NO
7. Occupational therapist(s) [ ] YES [ ] NO
8. Pharmacist(s) [ ] YES [ ] NO
9. Physical therapist(s) [ ] YES [ ] NO
10. Public health liaison(s) [ ] YES [ ] NO
11. Respiratory therapist(s) [ ] YES [ ] NO
12. School and special education liaison(s) [ ] YES [ ] NO
13. Social worker(s) [ ] YES [ ] NO
14. Speech and language therapist(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** |
| --- | --- | --- | --- |
| Antimicrobial stewardship program at the clinical site(s) | Choose an item. | Choose an item. | Choose an item. |
| Clinical microbiology laboratories that have the capacity to identify infections caused by bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasite in tissues and body fluids  | Choose an item. | Choose an item. | Choose an item. |
| Clinical microbiology laboratory with readily available personnel | Choose an item. | Choose an item. | Choose an item. |
| Comprehensive laboratory  | Choose an item. | Choose an item. | Choose an item. |
| Imaging  | Choose an item. | Choose an item. | Choose an item. |
| Infection control program at the clinical site(s) | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric infectious diseases  | Choose an item. | Choose an item. | Choose an item. |
| Neonatal intensive care unit (NICU), indicate total number of beds  | # | # | # |
| Pathology  | Choose an item. | Choose an item. | Choose an item. |
| Pediatric intensive care unit (PICU), indicate total number of beds | # | # | # |
| Space in an ambulatory setting for evaluation and care of patients from newborn to early adulthood  | 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, including 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 and site numbers (as assigned in ADS) must be used for all patient data requested in this section of the application.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** | **To:** |
|  | **Site #1** | **Site #2** | **Site #3** |
| Total number of admissions to the pediatric infectious diseases service  | # | # | # |
| Number of NEW patients admitted each year (new patients are those who are being seen by members of the pediatric infectious diseases service for the first time) | # | # | # |
| Average length of stay of patients on the pediatric infectious diseases service | # | # | # |
| Total number of consultations by pediatric infectious diseases specialists on other inpatients | # | # | # |
| Number of consultations provided to the NICU | # | # | # |
| Number of consultations provided to the PICU | # | # | # |
| Average daily census of patients on the pediatric infectious diseases service, including consultations | # | # | # |

1. For the most recent 12-month academic or calendar year, how many pediatric patients with the following diseases were: a) seen in ambulatory settings; and b) admitted to and/or consulted on by the pediatric infectious disease service at the primary clinical site? Count only patients or new encounters and only one organ system/infection per encounter. The same timeframe should be used for each table requested in this section of the application.

|  |  |  |
| --- | --- | --- |
| **Infectious Diseases** | **Outpatient** | **Inpatient** |
| **Number of New Patients** | **Number of New Patients Seen by ID Service** |
| Blood stream infections and sepsis  | # | # |
| Bone and joint infections  | # | # |
| Cardiovascular infections  | # | # |
| Central nervous system infections  | # | # |
| Congenital and neonatal infections  | # | # |
| Ear, nose, and throat infections  | # | # |
| Foreign body and catheter-related infections  | # | # |
| Gastrointestinal tract/intra-abdominal infections/ hepatobiliary infections  | # | # |
| Health care-associated infections  | # | # |
| Human immunodeficiency virus (HIV) infections  | # | # |
| Infections in transplant patients  | # | # |
| Lower respiratory tract infections  | # | # |
| Ocular infections  | # | # |
| Prolonged and recurrent fever  | # | # |
| Reproductive tract infections  | # | # |
| Sexually transmitted infections  | # | # |
| Skin/soft tissue/muscle infections  | # | # |
| Surgical and traumatic wound infections  | # | # |
| Upper respiratory tract infections  | # | # |
| Urinary tract/renal infections  | # | # |
| Vasculitides, including Kawasaki disease | # | # |

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)

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

1. Provide the following information for the most recent 12-month academic or calendar year for each site that will be used to provide ambulatory care experiences. The same timeframe and site numbers (as assigned in ADS) should be used for each table requested in this section of the application.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| Is there a separate pediatric infectious diseases clinic? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Number of pediatric infectious diseases clinic/or office sessions per week during the 12-month period reported | # | # | # | # | # | # |
| Number of ambulatory pediatric infectious diseases visits during the 12-month period reported | # | # | # | # | # | # |
| Of the visits reported in the question above, how many are new patients? ("new" refers to those who are being seen by members of the infectious diseases service for the first time) | # | # | # | # | # | # |
| How many patients were initially seen on the inpatient service? | # | # | # | # | # | # |
| Estimate the number of pediatric infectious diseases clinics or sessions a fellow will attend during the entire period of the educational program | # | # | # | # | # | # |

1. List 150 consecutive admissions and/or consultation for the pediatric infectious diseases service. Identify when these admissions/consultations occurred, beginning on the date the first patient on the list was admitted and ending with the date the 150th patient was admitted (e.g., 01 July 2020 to 30 October, 2020). Submit a separate list for each site that will provide required rotations. Add tables as needed. Note: the date range should occur within the same 12-month timeframe used in this section of the application.

|  |  |
| --- | --- |
| **Site Name:** | Click here to enter text. |
| **Dates Admissions/ Consultations Occurred:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Patient**  | **Infectious Diseases Diagnosis****(may include secondary diagnosis if relevant)** |
| **Number** | **Age** |
| 1. | Age | Click here to enter text. |
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**Eligibility Criteria**

1. How will the program ensure all fellows have completed an 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)

|  |
| --- |
| 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 400 words)

|  |
| --- |
| 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)

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

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

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

|  |
| --- |
| 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 250 words)

|  |
| --- |
| 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 is sensitive to the patient’s developmental stage and culture, and demonstrating the ability to refer and/or co-manage patients with common behavioral and mental health issues?

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 using and interpreting results of laboratory tests, imaging, and diagnostic procedures?

Describe this competence be evaluated. (Limit 300 words)

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

1. How will graduating fellows demonstrate management in the outpatient emergency department and inpatient setting of healthy and acutely and chronically ill patients with infectious diseases, including the following?
2. Bloodstream infections, sepsis, and shock syndromes
3. Bone and joint infections
4. Cardiovascular infections
5. Central nervous system infections
6. Congenital and neonatal infections
7. Disorders of host defense
8. Ear, nose, and throat infections
9. Foreign-body and catheter-related infections
10. Gastrointestinal/intra-abdominal/hepatobiliary infections
11. Health care-associated infections
12. HIV infection
13. Infections in transplant patients
14. Ocular infections
15. Odontogenic infections
16. Prolonged, periodic, and recurrent fever
17. Reproductive tract infections
18. Sexually transmitted infections
19. Skin/soft tissue/muscle infections
20. Surgical and traumatic wound infections
21. Upper and lower respiratory tract infections
22. Urinary tract/renal infections
23. Vasculitides, to include Kawasaki disease

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

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

1. How will graduating fellows be assessed in their ability to promote antimicrobial stewardship based on microbiological data and pharmacological principles? (Limit 250 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

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

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1. How will graduating fellows demonstrate knowledge of principles of the following?
2. Disease control and prevention of health care-associated infections
3. Emerging pathogens
4. Immunization programs and/or vaccine preventable diseases

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

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1. How will graduating fellows demonstrate knowledge of the following?
2. Basic epidemiologic and biostatistical methods and their application to clinical research and patient care
3. Clinical pharmacology of antimicrobial agents, including drug interactions, adverse reactions, dose adjustments for age and abnormal physiology, and principles of pharmacokinetics and pharmacodynamics
4. Emerging infectious diseases and public health issues pertinent to pediatric infectious diseases
5. Indications for diagnostic procedures, including bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscesses, and be able to interpret their results
6. Mechanisms of protection against infection, such as active or passive immunization and immunomodulating agents
7. Methods of determining activity of antimicrobial agents and techniques to determine their concentrations in blood and other body fluids
8. Microbiological and immunologic factors that determine the outcome of the interaction between host and microbe
9. Microbiology laboratory techniques, including culture techniques, rapid diagnostic methods, and molecular methods for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in clinical specimens
10. The appropriate use of antimicrobial agents in a variety of clinical settings, their mechanisms of action, pharmacokinetics, and potential adverse reactions
11. The currently recommended immunization schedules for young infants, children, and adolescents, with knowledge of protective efficacy, risks, benefits of routinely administered vaccines, including the use of immunizations in special situations and immunocompromised hosts
12. The effects of underlying disease states and immunosuppressive therapies on host response to infectious agents
13. The functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories
14. The principles and practice of hospital epidemiology and infection control and prevention
15. The sensitivity, specificity, efficacy, benefits, and risks of contemporary technologies, such as those for rapid microbiologic diagnosis and diagnostic imaging
16. The understanding of adverse events attributed to immunomodulators

Provide examples of how knowledge will be assessed in seven of the 15 areas listed. (Limit 500 words)

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**Practice-based Learning and Improvement**

1. How will 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 skills will be evaluated. (Limit 300 words)

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**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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1. How will graduating fellows demonstrate leadership skills to enhance team junction, the learning environment, and/or the health care delivery system/environment with the ultimate goal of improving care of patients? (Limit 300 words)

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**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)

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**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 infectious diseases conferences occur regularly and involve active participation by the fellows in planning and implementation? (Limit 300 words)

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1. Will conferences include the following topics appropriate to pediatric infectious diseases?
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

1. Scientific, ethical, and legal implications of confidentiality and informed consent

 [ ] YES [ ] NO

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

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1. Will conferences address relationships among physicians and with patients, patients’ families, allied health professionals, and society at large? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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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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1. Will topics on management of an infection control program and antimicrobial stewardship be included?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Clinical Experiences**

* + - 1. How will the program ensure 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 infectious diseases faculty? (Limit 400 words)

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* + - 1. Will fellows’ longitudinal care experience include the following?
				1. A panel of patients that is representative of the types of infectious diseases 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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* + - 1. Will fellow education include experience serving as a role model and providing supervision to residents and/or medical students? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**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)

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

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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)

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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 infectious diseases or through collaboration with other departments? [ ] YES [ ] NO

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

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1. How will the program ensure each fellow’s 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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**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:**

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| Y-101. Introduction to pediatric infectious diseasesa) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric infectious diseases, 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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