**New Application: Pediatric Developmental-Behavioral Pediatrics (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 Developmental-Behavioral Pediatrics. 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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**New Application: Pediatric Developmental-Behavioral Pediatrics (Pediatrics)**

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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.’ (Limit 250 words) For information on independent subspecialty status, email acgme-i@acgme-i.org.

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| Click here to enter text. |

1. Will the fellowship program be geographically proximate to the affiliated pediatrics residency program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. How will 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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**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)

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| Click here to enter text. |

1. Will the program director mentor or guide fellows in the skills necessary to the practice of developmental-behavioral pediatrics 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)

|  |
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| Click here to enter text. |

1. Will the program director ensure that each fellow is provided with mentorship to develop necessary clinical, educational, scholarship, and administrative skills? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. How will 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 fellow evaluations? (Limit 300 words)

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

If “YES,” will these 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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1. What will the extent of the program director’s authority and responsibility be 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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**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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1. How will the program ensure that 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 developmental-behavioral pediatrics? (Limit 400 words)

|  |
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1. Will scholarly activities be in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of developmental-behavioral pediatrics? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

|  |  |
| --- | --- |
| Practice Area | Faculty Member Name(s) |
| Adolescent medicine |  |
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| Child and adolescent psychiatry |  |
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| Child neurology |  |
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| Medical genetics |  |
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List any faculty members not included in the table above, as well as their specialty.

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1. Will faculty members in the following specialties, and who have substantial experience in treating pediatric problems, be available to the program?
2. Allergy and immunology [ ] YES [ ] NO
3. Dermatology [ ] YES [ ] NO
4. Neonatology [ ] YES [ ] NO
5. Neurological surgery [ ] YES [ ] NO
6. Ophthalmology [ ] YES [ ] NO
7. Orthopaedic surgery [ ] YES [ ] NO
8. Otolaryngology [ ] YES [ ] NO
9. Palliative care [ ] YES [ ] NO
10. Pediatric cardiology [ ] YES [ ] NO
11. Pediatric child abuse specialist [ ] YES [ ] NO
12. Pediatric endocrinology [ ] YES [ ] NO
13. Pediatric gastroenterology [ ] YES [ ] NO
14. Pediatric hematology/oncology [ ] YES [ ] NO
15. Pediatric infectious diseases [ ] YES [ ] NO
16. Pediatric nephrology [ ] YES [ ] NO
17. Pediatric pulmonary medicine [ ] YES [ ] NO
18. Pediatric rheumatology [ ] YES [ ] NO
19. Pediatric surgery [ ] YES [ ] NO
20. Physiatry [ ] YES [ ] NO
21. Radiology [ ] YES [ ] NO
22. Urology [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will consultants be available 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. Will the following health care professionals with pediatric focus and experience be available to the program?
2. Audiologist(s) [ ] YES [ ] NO
3. Child life therapist(s) [ ] YES [ ] NO
4. Child psychologist(s) [ ] YES [ ] NO
5. Dietitian(s) [ ] YES [ ] NO
6. Nurses(s) [ ] YES [ ] NO
7. Occupational therapist(s) [ ] YES [ ] NO
8. Pediatric mental health counselors [ ] YES [ ] NO
9. Pharmacist(s) [ ] YES [ ] NO
10. Physical therapist(s) [ ] YES [ ] NO
11. Public health liaison(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’ response(s). (Limit 250 words)

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**Resources**

* + 1. Identify the community-based resources that fellows will utilize. Indicate all major roles performed during the fellowship at each type of setting.

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| **Type of Community-Based Resource** | **Name of Setting** | **Frequency of Interaction** | **Planned Role of Fellows in the Care of Patients (Indicate All Major Roles)** |
| Agencies that serve children with mental health conditions |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Agencies that serve children with serious developmental physical or emotional disabilities  |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Agencies that serve children with visual impairment  |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Childcare program |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Child welfare/protective services |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Early intervention program |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Schools |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

1. Will the program have access to the following?
2. Comprehensive laboratory [ ] YES [ ] NO
3. Imaging [ ] YES [ ] NO
4. Laboratories performing testing specific to developmental-behavioral pediatrics [ ] YES [ ] NO
5. Pathology [ ] YES [ ] NO

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

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1. List 100 consecutive encounters/consultations in which fellows were engaged with the developmental-behavioral pediatrics service *or* list three months of data from each clinic or clinical site in the developmental-behavioral pediatrics outpatient service. Identify the period during which the consultations/encounters occurred. The dates must begin on the date of the first patient encounter and end with the date of the 100th patient encounter. Duplicate the table as needed.

|  |
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| Site Name: Click or tap here to enter text. |
| Inclusive dates (start date to end date for accumulating 100 consecutive encounters/consultations. | Date of Case 1: Click or tap to enter a date.Date of Case 100: Click or tap to enter a date.(Example: from 04/01/22 to 05/03/22) |
| **Number** | **Developmental-Behavioral Pediatrics Diagnosis (may include secondary diagnosis if relevant)** | **Age** |
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**Eligibility Criteria**

1. How will the program ensure all fellows have completed an Accreditation Council for Graduate Medical Education- or ACGME-I-accredited pediatric residency or another pediatrics 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 will 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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**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)

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| 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 this will be evaluated. (Limit 400 words)

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1. How will graduating fellows demonstrate competence in providing transfer of care that ensures seamless transitions and providing for or coordinating with a medical home for patients with complex and chronic diseases?

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Completing neurodevelopmental assessments to make accurate diagnoses
3. Identifying and managing behavioral variations, problems and disorders
4. Providing care that is sensitive to the developmental stage of patients with common behavioral and mental health issues

Describe how competence in each of the above will be evaluated. (Limit 300 words)

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Advising families of complementary and alternative approaches
3. Interpreting and advising patients’ families of the early intervention, education, and child welfare and/or protection systems
4. Providing genetic counseling
5. Providing reasonable modifications to procedures and practices to accommodate people with disabilities, including the use of accessible medical equipment
6. Recommending the appropriate medical, educational, and behavioral interventions

Describe how competence in each of the above will be evaluated. (Limit 300 words)

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1. How will graduating fellows demonstrate competence in providing patient education adapted to the developmental stage of the patient and their caregivers? (Limit 300 words)

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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in using leadership skills to enhance team function? (Limit 300 words)

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| 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 this will be evaluated. (Limit 400 words)

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| Click here to enter text. |

1. How will 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 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 following?
	1. Process of normal and abnormal development from infancy through young adulthood, including biological mechanisms and social/cultural determinates of health and disease
	2. An understanding of the major diagnostic classifications of mental health and developmental disorders of infancy and childhood

Describe how knowledge will be assessed in each of the areas listed above. (Limit 300 words)

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| Click here to enter text. |

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

Describe how this will be evaluated. (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 this will be 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. Will 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 will the program ensure developmental-behavioral pediatric 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 developmental-behavioral pediatrics?
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. 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. |

1. Will there be instruction on providing consultation? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Clinical Experiences**

* + - 1. How will the program ensure that fellows clinical responsibilities are structured so that progressive clinical technical and consultative experiences are provided? (Limit 400 words)

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| Click here to enter text. |

* + - 1. Will fellows have longitudinal responsibility for providing care to a panel of patients throughout their educational program? [ ] YES [ ] NO

If ‘NO,’ explain. (Limit 250 words)

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If ‘YES,’ will the panel of patients be representative of the types of developmental-behavioral patients that fellows are likely to encounter in practice? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will fellows have 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 developmental-behavioral pediatrics with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

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| 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 this committee oversee and evaluate each fellow’s progress on scholarly activity? [ ] YES [ ] NO
2. Will this committee be 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. 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 developmental- behavioral pediatrics or through collaboration with other departments? [ ] YES [ ] NO

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

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| Click here to enter text. |

1. How will the program ensure the 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)

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| Click here to enter text. |

Faculty Scholarly Activity

1. How will the program ensure that faculty members have scholarly activity in an area such as basic science, clinical, health policy, quality improvement or education as it relates to developmental-behavioral pediatrics?(Limit 250 words)

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| Click here to enter text. |

Clinical Experience and Education

1. How will the program ensure that lines of responsibility for the fellows are clearly defined?(Limit 250 words)

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Appendix A. Formal Didactic Sessions by Academic Year

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

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| Y-101. Introduction to developmental-behavioral pediatricsa) Seminarb) Required Y-1c) Survey of contemporary methods and styles of developmental-behavioral pediatrics, 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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