**New Application: Pediatric Cardiology**

**Review Committee for Pediatrics**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Oversight**

**Participating Sites**

Briefly describe how the pediatric cardiology program is an integral part of a core pediatric residency program, including how the faculty members of each program, residents, and fellows will interact. [Program Requirement (PR) I.B.1.a)]

***Limit response to 500 words.***

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

**Resources**

1. Indicate with a check mark if the following services are available at each participating site.

|  | **Available** | **Available****24 Hours/Day** |
| --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #1** | **Site #2** | **Site #3** |
| **1. Diagnostic imaging facilities****[PR I.D.1.c).(1)]** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Diagnostic |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Flat panel detector |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Angiocardiogram |[ ] [ ] [ ] [ ] [ ] [ ]
| * Single- and bi-plane
 |[ ] [ ] [ ] [ ] [ ] [ ]
| d) Digital computerized imaging |[ ] [ ] [ ] [ ] [ ] [ ]
| e) Cardiac MRI and/or CT scanning |[ ] [ ] [ ] [ ] [ ] [ ]
| f) Nuclear cardiology |[ ] [ ] [ ] [ ] [ ] [ ]
| **2. Diagnostic & Interventional cardiac catheterization laboratory facilities, including physiological equipment as follows: [PR I.D.1.c).(2)]** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Blood oxygen |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Blood gas and pH analysis |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Indicator-dilution techniques |[ ] [ ] [ ] [ ] [ ] [ ]
| d) Stress test |[ ] [ ] [ ] [ ] [ ] [ ]
| e) Cardiac output |[ ] [ ] [ ] [ ] [ ] [ ]
| f) Electrophysiology |[ ] [ ] [ ] [ ] [ ] [ ]
| g). Pressure |[ ] [ ] [ ] [ ] [ ] [ ]
| **3. Echocardiography laboratory****[PR I.D.1.c).(3)]** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) 2D |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Doppler |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Fetal |[ ] [ ] [ ] [ ] [ ] [ ]
| d) Transesophageal |[ ] [ ] [ ] [ ] [ ] [ ]
| **4. Non-invasive electrophysiology laboratory with facilities for performing and interpreting [PR I.D.1.c).(4)]:** |[ ] [ ] [ ] [ ] [ ] [ ]
| a) Standard  |[ ] [ ] [ ] [ ] [ ] [ ]
| b) Ambulatory |[ ] [ ] [ ] [ ] [ ] [ ]
| c) Exercise |[ ] [ ] [ ] [ ] [ ] [ ]
| **5. Clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiological studies and catheter ablation. [PR I.D.1.c).(5)]** |[ ] [ ] [ ] [ ] [ ] [ ]

2. For any “NO” response above, explain how the service is provided for patients. If the facility or service is concentrated in one institution, explain how patients in the other institutions access these services or facilities.

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

**Inpatient Service/Outpatient Services**

1. Indicate the availability of the following at each of the participating sites. For inpatient services, indicate the number of available beds.

| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Space in an ambulatory setting for optimal evaluation and care of patients | Choose an item. | Choose an item. | Choose an item. |
| An inpatient area with full pediatric and related services (including surgery and psychiatry) staffed by pediatric residents and faculty | Choose an item. | Choose an item. | Choose an item. |
| Pediatric intensive care unit (total number of beds) | # | # | # |
| Neonatal intensive care unit (total number of beds) | # | # | # |
| Cardiac Intensive Care Units (total number of beds) | # | # | # |
| Other intensive care units where children <18 years are cared for (total number of beds) | # | # | # |

2. For each location listed below where postoperative care is provided, indicate the planned role of the fellow in that care for each of the following age groups: neonates, infants, children, and adolescents.

|  |  |
| --- | --- |
| **Facility** | **Role of Cardiology Fellow in Patient Care****Designate as: Primary Provider (PP), Consultant (C)** |
| Inpatient Area (exclusive of intensive care) | Click or tap here to enter text. |
| PICU | Click or tap here to enter text. |
| NICU | Click or tap here to enter text. |
| CICU | Click or tap here to enter text. |
| Other ICU | Click or tap here to enter text. |

**Patient Population [PR I.D.1.d)-f)]**

**Patient Data**

1. Provide patient data for the most recent 12-month period. **Note the same timeframe should be used throughout the forms.**

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Inpatient** | **Site #1** | **Site #2** | **Site #3** |
| 1. Total number of admissions for whom the pediatric cardiology service assumed major clinical responsibility | # | # | # |
| a) Average daily census of patients on the pediatric cardiology service | # | # | # |
| b) Number of new patients admitted each year (“new” refers to those who are being seen by pediatric cardiologists for the first time) | # | # | # |
| c) Average length of stay of patients on the pediatric cardiology service: | Length | Length | Length |
| 2. Number of consultations by pediatric cardiologists 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? | # | # | # |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ambulatory Visits** | **Site #1** | **Site #2** | **Site #3** |
| 1. Is there a separate cardiology clinic? | Choose an item. | Choose an item. | Choose an item. |
| 2. If not, where are the ambulatory pediatric cardiology patients seen (e.g., offices, clinics, location)? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Number of pediatric cardiology ambulatory visits per year available to fellows. | # |
| 4. Of this number, how many are new patients (“new” refers to those who are being seen by members of the pediatric cardiology service for the first time)? | # |
| 5. Number of pediatric cardiology clinic sessions per week: | # |
|  | **1st Year:** | **2nd Year:** | **3rd Year:** |
| 6. Estimate the number of pediatric cardiology clinics a fellow will attend per year in the program. | # | # | # |

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. **Note the same timeframe should be used throughout the forms.**

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Name of Service: | Click or tap here 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 | # | # | # |

**Ambulatory Pediatric Cardiology Experience for All Years of Training**

Provide the following information for all years of training.Add rows as necessary.

| **Name of Experience Use Site/Other Setting Identifier** | **Duration of Experience (in wks./yr.)** | **Number of Sessions Per Week Per Fellow** | **Number of New Patients Per Fellow Per Session** | **Number of Return Patients Per Fellow Per Session** | **Role of Fellow in Care of Patients – Designate as Primary Provider (PP) or Consultant (C)** | **Average Number Teaching Attending Per Session** |
| --- | --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | # | # | # | # | Click or tap here to enter text. | # |
| Click or tap here to enter text. | # | # | # | # | Click or tap here to enter text. | # |
| Click or tap here to enter text. | # | # | # | # | Click or tap here to enter text. | # |
| Click or tap here to enter text. | # | # | # | # | Click or tap here to enter text. | # |
| Click or tap here to enter text. | # | # | # | # | Click or tap here to enter text. | # |
| Click or tap here to enter text. | # | # | # | # | Click or tap here to enter text. | # |

**List of Diagnoses**

List 150 consecutive admissions (A) and consultations (C) by the Pediatric Cardiology service. Identify the period during which these admissions/consultations occurred. The date range should occur within the same 12-month period used in previous sections. The dates must begin on the date the first patient on the list was admitted and end with the date the 150th patient was admitted (e.g., Patient #1 - July 1, 2022; Patient #150 - October 20, 2022). Submit a separate list for each site that provides required rotations. Duplicate tables as necessary.

|  |  |
| --- | --- |
| **Site Name:** | Click or tap here to enter text. |
| **Inclusive Dates:** | **From:** | Click or tap to enter a date. | **To:** | Click or tap to enter a date. |
| **Patient ID** | **Cardiac Diagnosis** | **Major Cardiac/Surgical Procedure(s)** |
| **Number** | **Age** |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |

**Pediatric Cardiology Surgical Statistics**

List 150 **CONSECUTIVE** cardiac operations on infants and children. Identify the period during which these admissions/consultations occurred. The date range should occur within the same 12-month period used in previous sections. The dates must begin on the date the first patient on the list underwent corrective heart surgery and end with the date the one hundred and fiftieth patient underwent corrective heart surgery (e.g., Patient #1 - July 1, 2022; Patient #150 - October 20, 2022). Submit a separate list for each site that provides required rotations. Duplicate tables as necessary.

|  |  |
| --- | --- |
| **Site Name:** | Click or tap here to enter text. |
| **Inclusive Dates:** | **From:** | Click or tap to enter a date. | **To:** | Click or tap to enter a date. |
| **Patient ID** | **Primary Cardiac Diagnosis** | **Major Surgical Procedure(s)** |
| **Number** | **Age** |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |
| # | Age | Click or tap here to enter text. | Click or tap here to enter text. |

**Pediatric Cardiac Catheterization Statistics**

Provide patient statistics in the table below. The date range should occur within the same 12-month period used in previous sections.

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| **Number of pediatric cardiac catheterizations during this interval:** |
| Age 0 - 30 days | # | # | # |
| Age 1 - 12 months | # | # | # |
| 13 months - 16 years | # | # | # |
| Over 16 years | # | # | # |
| **Procedures** |
| a) Therapeutic  |
| 1. Septostomies | # | # | # |
| 2. Valvuloplasties | # | # | # |
| 3. Placement of devices | # | # | # |
| b) Electrophysiologic  |
| 1. Diagnostic (EPS)  | # | # | # |
| 2. Therapeutic (Ablation)  | # | # | # |
| c) Pacemaker placement |
| 1. Transcutaneous | # | # | # |
| 2. Permanent | # | # | # |

**Pediatric Procedures**

Summarize the procedures available for fellow experience. Do not include procedures on "private" or "non-teaching" services which do not involve fellows. Indicate the total number performed and the number of deaths (if applicable) for each procedure (e.g., 12/2). Include all procedures in the same 12-month period used on previous pages.

| **Closed Procedures** | **<1 month of age** | **≥1 month and <1 year of age** | **1-21 Years of age** |
| --- | --- | --- | --- |
| **Total Performed/# of Deaths** | **Total Performed/# of Deaths** | **Total Performed/# of Deaths** |
| 1. Shunts | # | # | # |
| 2. PDA repair | # | # | # |
| 3. Coarctation of aorta repair | # | # | # |
| 4. Pulmonary artery banding | # | # | # |
| **Open Procedures** |
| 1. VSD closure | # | # | # |
| 2. Semilunar valvotomy | # | # | # |
| 3. Tetralogy of Fallot repair | # | # | # |
| 4. Transposition repair | # | # | # |
| a. Simple | # | # | # |
| b + VSD, or VSD + PS | # | # | # |
| 5. Secundum ASD closure | # | # | # |
| 6. Primum ASD closure | # | # | # |
| 7. Complete AV canal – repair | # | # | # |
| 8. Pulm. Atresia + VSD, truncus  | # | # | # |
| 9. Single ventricle, tricuspid atresia  | # | # | # |
| 10. Valve replacement (aortic, mitral) | # | # | # |
| 11. Pacemaker implants | # | # | # |
| 12. Cardioverter defibrillator | # | # | # |

|  |  |  |  |
| --- | --- | --- | --- |
| **Noninvasive Diagnostic Procedures** | **0-30 Days of Age** | **1-12 Months of Age** | **1-21 Years of Age** |
| **Total Performed** | **Total Performed** | **Total Performed** |
| 1. ECG  | # | # | # |
| 2. Fetal echocardiogram | # |  |  |
| 3. Transesophageal echocardiogram | # | # | # |
| 4. 2-dimensional echocardiogram | # | # | # |
| 5. Nuclear medicine procedures | # | # | # |
| 6. Stress tests with ECG monitoring |  |  | # |
| 7. Ambulatory ECG monitoring (Holter, Event) | # | # | # |

**Personnel**

**Program Leadership and Other Personnel**

1. Using the table below, provide a summary of the program’s leadership and support staff, including the name and percent full-time equivalent (FTE) dedicated time. 1.0 FTE is greater than or equal to 40 hours per week. Add rows as needed. [PR II.A.2.-II.A.2.a); II.C.2.]

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Dedicated Time for the Administration of the Program (excluding Scholarly Activity)** |
| Program Director | Name | #% |
| Associate Program Director(s) | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| **Administrative/Support Personnel**  | **Number of Administrative Personnel** | **% FTE in This Fellowship Program for Each** |
| *e.g., Fellowship Coordinator* | *1* | *100%* |
| *e.g., Administrative Assistant* | *1.5* | *100%/50%* |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |

**Other Program Personnel**

1. Indicate whether program personnel are present in each of the required disciplines [II.D.1.a)-II.D.1.j)]:

|  |  |
| --- | --- |
| **Other Program Personnel with Pediatric Focus and Experience\*** | **Indicate with an “X” if these Personnel are Available at Each Site** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Child life therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| Physical and occupational therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Respiratory therapist(s) |[ ] [ ] [ ] [ ] [ ]
| School and special education contacts |[ ] [ ] [ ] [ ] [ ]
| Social worker(s) |[ ] [ ] [ ] [ ] [ ]
| Speech and language therapist(s) |[ ] [ ] [ ] [ ] [ ]

|  |
| --- |
| *\* If the other program personnel listed above are not present at the participating sites listed in ADS, please explain:*  |

**Educational Program**

**Patient Care and Procedural Skills [PR IV.B.1.b)]**

1. Provide the settings and activities in which fellows will develop competence in the following areas of patient care. Also, indicate which method(s) will be used to evaluate competence.

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence****(e.g., structured observation checklist, procedure log, course completion)**  |
| --- | --- | --- |
| Clinical skills needed in pediatric cardiology[PR IV.B.1.b).(1).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and development and carrying out management plans [PR IV.B.1.b).(1).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing transfer of care that ensures seamless transitions[PR IV.B.1.b).(1).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family[PR IV.B.1.b).(1).(d).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Referring and/or co-managing patients with common behavioral and mental health issues along with appropriate specialists when indicated[PR IV.B.1.b).(1).(d).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing or coordinating care with a medical home for patients with complex and chronic diseases[PR IV.B.1.b).(1).(e)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Using and interpreting laboratory tests and imaging, and other diagnostic procedures[PR IV.B.1.b).(1).(f)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fellows must be able to diagnose and manage a broad range of congenital and acquired cardiac problems, including: |  |  |
| Cyanotic congenital heart disease (CHD) in the newborn[PR IV.B.1.b).(1).(g).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Left to right shunt lesions[PR IV.B.1.b).(1).(g).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Outflow obstruction lesions[PR IV.B.1.b).(1).(g).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Acquired heart disease in children[PR IV.B.1.b).(1).(g).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cardiac manifestation of genetic syndromes[PR IV.B.1.b).(1).(g).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Diagnosing and managing patients with arrhythmias and conduction abnormalities[PR IV.B.1.b).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Diagnosing, managing, and referring children with advanced or end~~-~~stage heart failure and pulmonary hypertension for medical therapy, extracorporeal membrane oxygenation, ventricular assist devices, and/or cardiac transplantation[PR IV.B.1.b).(1).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Prevention, Diagnosis, and management of patients with risk factors for hypertensive and atherosclerotic heart disease, including hyperlipidemic states[PR IV.B.1.b).(1).(j)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing and interpreting echocardiograms[PR IV.B.1.b).(1).(k)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpreting transesophageal echocardiography (TEE), cardiac magnetic resonance imaging (MRI), and other relevant cardiac imaging[PR IV.B.1.b).(1).(l)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients [PR IV.B.1.b).(1).(m)] | Click or tap here to enter text. | Click or tap here to enter text. |

1. Indicate the settings and activities in which fellows will develop competence in the following procedural skills and an understanding of the indications, risks, and limitations. Also, indicate the method which will be used to evaluate competence. [PR IV.B.1.b).(2).(a)- IV.B.1.b).(2).(c).(x)]

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Proficiency****(e.g., Structured observation checklist, procedure log, course completion)**  |
| --- | --- | --- |
| Performing and interpreting cardiac catheterization data and care for patients who require catheter-based interventions [PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Techniques, indications, contraindications, complications, and interpretation of pericardiocentesis, cardiopulmonary resuscitation, cardioversion, and temporary pacing [PR IV.B.1.b).(2).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge [PR IV.B.1.c)]**

Indicate the activities (e.g., lectures, conferences, journal clubs, clinical teaching rounds) in which fellows will develop competence in their knowledge in each of the following areas. Also, indicate the method(s) which will be used to evaluate fellow competence in each area. [PR IV.B.1.c.(1)-IV.B.1.c).(2)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Biostatistics [PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical research methodology[PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Laboratory research methodology (if appropriate) [PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Study design [PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of applications for funding and/or approval of clinical research protocols[PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Critical literature review[PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of evidence-based medicine [PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ethical principles involving clinical research [PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Teaching methods [PR IV.B.1.c).(1)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Embryology and anatomy of the normal heart and vascular system, clinical morphologic correlations, and potential deviations from normal [PR IV.B.1.c).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Normal and abnormal cardiovascular and cardiopulmonary physiology and metabolism, and fundamentals of cardiovascular pharmacology, including mechanisms of drug action, therapeutic indications, and side effects [PR IV.B.1.c).(2).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cardiovascular pathology that includes structured educational experiences to examine various types of congenital cardiovascular anomalies [PR IV.B.1.c).(2).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. What responsibilities will the fellows have for inpatients and how and by whom will they be supervised when assigned to inpatient services? [PR IV.C.4.a)]

***Limit response to 500 words.***

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

1. Describe the responsibilities that fellows will have for outpatients and how and by whom fellows will be supervised. [PR IV.B.1.b).(1)-IV.B.1.b).(1).(k); IV.C.1.a); IV.C.4.]

***Limit response to 500 words.***

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

1. Describe the experience fellows will have in providing longitudinal care in an outpatient setting. Include opportunities that fellows will have to provide outpatient care for patients whom they have treated on the inpatient service. [PR IV.C.4.]

***Limit response to 500 words.***

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

1. Briefly explain how rotations are structured to minimize the frequency of rotational transitions, and provide quality educational experiences, especially they relate to continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. [PR IV.C.1.a)]

***Limit response to 500 words.***

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

1. Explain how fellows will function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. [PR IV.C.1.b)]

***Limit response to 500 words.***

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

1. Describe how fellows serve as role models and provide supervision to residents and/or medical students [PR IV.C.4.d)]

***Limit response to 250 words.***

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

**Conferences**

1. List regular subspecialty and interdepartmental conferences, rounds, etc. that are a part of the program. Identify the Site by using the corresponding number as it appears in the ADS portion of the application. Indicate the frequency (e.g., weekly, monthly) and whether conference attendance is required (R) or optional (O). List the planned role of the fellow in this activity (e.g., conducts conference, presents the case and participates in discussion, case presentation only, participation limited to Q and A component). Add rows as needed. [PR IV.C.4.e).(2)

| **Conference** | **Site #** | **Frequency** | **Attendance (Select Required or Optional)** | **Role of the Fellow** |
| --- | --- | --- | --- | --- |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |

2. Describe the mechanism that will be used to ensure fellow attendance at required conferences. State the degree to which faculty member attendance is expected, and how this will be monitored. [PR IV.C.4.e).(2)]

***Limit response to 500 words.***

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

**General Subspecialty Curriculum**

Identify the conferences and other teaching sessions where fellows will receive instruction related to pediatric cardiology in the areas listed below. Also, indicate which learners will participate (i.e., pediatric cardiology fellows, pediatric cardiology fellows and other subspecialty fellows, or residents and pediatric cardiology fellows).

| **Topic** | **Where Taught in Curriculum (Name Should Match Name in Conference List)** | **# of Structured Teaching Hours Dedicated to Topic Area** | **Participants (Place an "X" in the Appropriate Column)** |
| --- | --- | --- | --- |
|  |  |  | **Fellows in this Discipline Attend** | **All Subspecialty Fellows Attend** | **Residents and Subspecialty Fellows Attend** |
| *e.g., Biostatistics* | *Research Course* | *14* |  | *X* |  |
| Anatomy[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Physiology [PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Biochemistry[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Embryology[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Pathology [PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Microbiology[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Pharmacology[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Immunology[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Genetics [PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Nutrition/metabolism[PR IV.C.4.e).(3).(a)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Pathophysiology of disease [PR IV.C.4.e).(3).(b)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Reviews of recent advances in clinical medicine and biomedical research[PR IV.C.4.e).(3).(b)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Conferences dealing with complications and death[PR IV.C.4.e).(3).(b)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR IV.C.4.e).(3).(b)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Bioethics; including attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships [PR IV.C.4.e).(3).(c)- IV.C.4.e).(3).(c).(i)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Economics of health 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[PR IV.C.4.e).(3).(d)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Review of pathologicspecimens with clinical correlation [PR IV.C.4.f)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Multidisciplinary conferences including neonatology, anesthesiology, critical care, congenital cardiothoracic surgery, and cardiac radiology (such as MRI)[PR IV.C.4.g)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Cardiac catheterization conferences to develop the knowledge required for decision making and planning corrective cardiac surgery [PR IV.C.4.h)] | Click or tap here to enter text. | # |[ ] [ ] [ ]
| Basic cardiac physiology, cardiac pharmacology, and other fundamental disciplines related to the heart and cardiovascular system. PR IV.C.4.i) | Click or tap here to enter text. | # |[ ] [ ] [ ]

**Scholarship**

**Faculty Scholarly Activity**

1. Complete the table below regarding the involvement of faculty members in scholarly activities. Add rows as needed. [PR II.A.3.c); IV.D.2.-IV.D.2.b).(2)]

| **Name** | **# of Current Grant Leadership** | **# of Publications in Peer-Review Journals in the Last 5 Years** |
| --- | --- | --- |
| **Program Director:** |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for a Pediatric Cardiology Program, Only List the Pediatric Cardiology Faculty Members):** |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| **Non-Physician Research Mentors or Physician Faculty Members from Other Subspecialties:** |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |

2. List active research projects in the subspecialty. Add rows as needed. [PR II.A.3.c); IV.D.2.-IV.D.2.b).(2)]

| **Project Title** | **Funding Source** | **Place an "X" if Funding Awarded by Peer Review Process** | **Years of Funding (Dates)** | **Faculty Investigator and Role in Grant (i.e., PI, Co-PI, Co-Investigator)** |
| --- | --- | --- | --- | --- |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |

**Fellow Scholarly Activity**

**Scholarship Oversight Committee (SOC)**

1. Describe the process for SOC oversight and evaluation of the fellows’ scholarly projects. [PR IV.D.3.c)-IV.D.3.c).(1)]

***Limit response to 500 words.***

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

1. Explain how the program will ensure a meaningful supervised research experience for fellows beginning in their first year and extending throughout the educational program. [PR IV.D.3.d)]

***Limit response to 500 words.***

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

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit response to 500 words.***

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