**New Application: Pediatric Hospital Medicine**

**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*](https://www.acgme.org/what-we-do/accreditation/program-application-information/)*.”*

*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 hospital medicine program is an integral part of a core pediatric residency program, including how the faculty of each program, residents, and fellows will interact. [PR I.B.1.a)]

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

**Resources**

Indicate whether the program has access to the following facilities and services/resources for fellow education:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| An acute care hospital with dedicated general pediatric inpatient service [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Facilities and services, including a comprehensive laboratory, pathology, and imaging [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |

**Other Learners and Other Care Providers**

Briefly describe how the program will ensure that the presence of pediatric hospital medicine fellows will not diminish the educational experiences of the pediatrics residents and other learners. [PR I.E.]

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

**Institutions [PR I.]**

**Hospital Medicine Service Inpatient Data [PR I.D.1.c)]**

Provide the following inpatient data for the most recent 12-month academic or calendar year. Only report data for the participating sites where fellows rotate to complete their required 24 weeks of inpatient experiences. **Note: Use the same timeframe throughout the form.**

|  |  |  |
| --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
|  | **Site #1** | **Site #2** | **Site #3** |
| Total number of admissions to the pediatric hospital medicine service (do not include term newborns, neonatal intensive care unit (NICU), or pediatric intensive care unit (PICU) patients) | # | # | # |
| Average daily census of patients on the pediatric hospital medicine service | # | # | # |
| Average length of stay of patients on the pediatric hospital medicine service  | # | # | # |
| Total number of consultations by pediatric hospitalists on other inpatients | # | # | # |
| Total number of transfers from the NICU or PICU to the pediatric hospital medicine service | # | # | # |
| Total number of surgical transfers to the pediatric hospital medicine service | # | # | # |

**Consecutive Diagnoses for Pediatric Hospital Medicine Inpatient Experience**

For each participating site (including community sites) at which the fellows have **pediatric inpatient experiences that count towards the required 24 weeks,** provide two lists of 100 consecutive final discharge diagnoses for patients 20 years old and younger who were admitted to the pediatric teaching service, excluding the PICU. Add a secondary diagnosis if the patient has a chronic or underlying disease.

1. The lists for each site should cover different portions of the most recent 12-month period, which should be the same as was used for the inpatient data on this form. **Document the beginning and end dates needed to accrue these 100 admissions.**
2. **Do not include term newborns, NICU patients, or PICU patients. Include surgical admissions only if they are cared for by pediatric hospital medicine fellows.**
3. Only include one-day admissions [i.e., those involving a length of stay less than 24 hours (excluding one-day surgical admissions)] if fellows are significantly involved with these patients. Report one-day admissions as 23 hours in the “Number of Days in Site” column below.
4. For each list, calculate and note the average length of stay for the 100 patients.
5. Duplicate the table as needed for each site.
6. Review the information provided on the lists of diagnoses for consistency with the patient data provided in this form.

**General Pediatric Inpatient**

|  |  |  |  |
| --- | --- | --- | --- |
| Site Name: Click or tap here to enter text. | Site #: # | List #: # | Page #: # |
| Inclusive dates (start date to end date for accumulating 100 consecutive admissions) from the year reported during which these discharges occurred: | 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 05/14/22) |
| For each list of 100 diagnoses, provide the average length of stay (ALS):  | ALS: Click or tap here to enter text. |
| **Patient ID Number** | **Primary Discharge Diagnosis (may Include Secondary Diagnosis)** | **Age** | **Number of Days in Site** |
| # | Click or tap here to enter text. | # | # |
| # | Click or tap here to enter text. | # | # |
| # | Click or tap here to enter text. | # | # |

**Program Leadership and Other Personnel**

Provide a summary of the program’s leadership and other personnel, 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.1.]

|  |  |  |
| --- | --- | --- |
| **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**

In the table below, indicate the number of program personnel who are present in each of the required disciplines. [PR II.D.1-II.D.1.o)]

| **Discipline** | **Number of Essential Faculty Members** |
| --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| **Other Program Personnel with Pediatric Focus and Experience\*** | **Indicate with an “X” if Personnel is Available at Each Site** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Advanced practice provider(s) |[ ] [ ] [ ] [ ] [ ]
| Audiologist(s) |[ ] [ ] [ ] [ ] [ ]
| Child life therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Hospice and palliative care professional(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ] [ ]
| Personnel for care coordination and utilization management |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| Physical and occupational therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Public health liaison(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, explain:*Click here to enter text. |

**Educational Program [PR: IV.]**

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

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)** |
| --- | --- | --- |
| Developing clinical skills needed in pediatric hospital medicine[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, 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. |
| Providing compassionate end-of-life care [PR IV.B.1.b).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognizing, evaluating, and managing patients with: | Click or tap here to enter text. | Click or tap here to enter text. |
| multiple comorbidities[PR IV.B.1.b).(1).(h).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| special health care needs[PR IV.B.1.b).(1).(h).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| complex conditions and diseases [PR IV.B.1.b).(1).(h).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| palliative care needs[PR IV.B.1.b).(1).(h).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| sedation and pain management needs[PR IV.B.1.b).(1).(h).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| serious acute complications of common conditions[PR IV.B.1.b).(1).(h).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| technology dependencies[PR IV.B.1.b).(1).(h).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Participating in team-based care of patients whose primary problem is surgical[PR IV.B.1.b).(1).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Coordinating care and collegial relationships among pediatric surgeons and pediatric hospitalists concerning the management of medical problems in these patients [PR IV.B.1.b).(1).(i).(i)] | 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 develop an understanding of the indications, risks and limitations, and interpretations as needed. 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)** |
| --- | --- | --- |
| Arterial puncture[PR IV.B.1.b).(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bag mask ventilation[PR IV.B.1.b).(2).(a).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bladder catheterization[PR IV.B.1.b).(2).(a).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Intubation [PR IV.B.1.b).(2).(a).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Lumbar puncture[PR IV.B.1.b).(2).(a).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neonatal resuscitation[PR IV.B.1.b).(2).(a).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric resuscitation and stabilization[PR IV.B.1.b).(2).(a).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Placement and/or replacement of feeding tubes, including nasogastric, orogastric, and gastrostomy[PR IV.B.1.b).(2).(a).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Procedural sedation[PR IV.B.1.b).(2).(a).(x)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Tracheostomy tube replacement [PR IV.B.1.b).(2).(a).(xi)] | Click or tap here to enter text. | Click or tap here to enter text. |

1. Briefly describe the mechanism to be used to determine fellows’ procedural competence.

[PR IV.B.1.b).(2).(a)]

***Limit the response to 100 words.***

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

1. Briefly explain the process that will be used to remediate fellows when deficiencies in procedural competence are identified. [PR IV.B.1.b).(2).(a)]

***Limit the response to 100 words.***

|  |
| --- |
| 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 which method(s) will be used to evaluate fellow competence in each area. [PR IV.B.1.c).(1)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Biostatistics  | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical research methodology | Click or tap here to enter text. | Click or tap here to enter text. |
| Laboratory research methodology | Click or tap here to enter text. | Click or tap here to enter text. |
| Study design | 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 | Click or tap here to enter text. | Click or tap here to enter text. |
| Critical literature review | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of evidence-based medicine | Click or tap here to enter text. | Click or tap here to enter text. |
| Ethical principles involving clinical research | Click or tap here to enter text. | Click or tap here to enter text. |
| Teaching methods | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

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

|  |
| --- |
| 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)]

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

1. Core Pediatric Hospital Medicine Skills [PR IV.C.3.-IV.C.3.b)]
	1. Describe how fellows will have experiences in the full spectrum of general pediatric inpatient medicine, including the care of newborns, care of patients with complex chronic diseases, care of patients with surgical problems, the performance of procedural sedation, and care of patients receiving palliative care. [PR IV.C.3.a)]

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

* 1. Briefly describe the fellows’ subspecialty and complex care experiences, and at which site(s) these experiences will occur. [PR IV.C.3.a).(1)]

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

* 1. Briefly describe the fellows’ community experience and at which site(s) this experience will occur. [PR IV.C.3.a).(2)]

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

* 1. Briefly describe the patient care experiences at the community site, clarifying the amount and type of general pediatric admissions and whether there is any newborn care and/or emergency room evaluation done at this site. [PR IV.C.3.a).(2).(a)]

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

* 1. Explain how the remaining eight weeks of clinical experiences will be used to advance the fellows’ pediatric hospital medicine skills, consistent with program aims. [PR IV.C.3.b)]

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

1. Individualized Curriculum [PR IV.C.4.]

a) Will the individual fellows have an additional 32 weeks of an individualized curriculum determined by their learning needs and career plans? [ ]  YES [ ]  NO

1. Briefly describe how the individualized curriculum will be implemented.

***Limit the response to 200 words.***

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

1. Briefly explain how a faculty mentor will guide the development of the individualized curriculum.

***Limit the response to 200 words.***

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

1. Indicate in what post-graduate years these experiences will occur.

***Limit the response to 200 words.***

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

1. Identify any individualized experiences that will occur longitudinally.

***Limit the response to 200 words.***

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

**Conferences**

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 or optional. **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.5.a)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Conference** | **Site #** | **Frequency** | **Attendance (Select Required or Optional)** | **Role of the Fellow(s)** |
| 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 |

**General Subspecialty Curriculum**

Identify the conferences or other teaching sessions during which fellows will receive instruction appropriate to pediatric hospital medicine in the areas listed below. Also, indicate which learners participate (i.e., pediatric hospital medicine fellows, pediatric hospital medicine and other subspecialty fellows, or residents and pediatric hospital medicine 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.5.b).(1)] | Click here to enter text. | # | [x]  | [ ]  | [ ]  |
| Physiology[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Biochemistry[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Embryology[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathology [PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Microbiology[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pharmacology[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Immunology[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Genetics [PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Nutrition/metabolism[PR IV.C.5.b).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathophysiology of disease [PR IV.C.5.b).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Reviews of recent advances in clinical medicine and biomedical research[PR IV.C.5.b).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Conferences dealing with complications and death[PR IV.C.5.b).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR IV.C.5.b).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Bioethics [PR IV.C.5.b).(3)] | Click 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.5.b).(4)]  | Click 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 Five Years** |
| --- | --- | --- |
| **Program Director:** |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for a pediatric hospital medicine program, only list the pediatric hospital medicine 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 | # | # |

1. 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., Primary Investigator, Co-Primary Investigator, 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**

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

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

|  |
| --- |
| Click 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 the response to 500 words.***

|  |
| --- |
| Click 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 the response to 500 words.***

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