**New Application: Adolescent 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*](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 competing 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 adolescent medicine 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 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** |
| --- | --- | --- | --- |
| Comprehensive laboratory [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Pathology [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to adolescent medicine [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |

**Inpatient Data [PR I.D.1.c); I.D.1.d)]**

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

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

Regardless of whether there is a separate adolescent medicine service, in 1. and 2. below, separate out those admissions for whom the fellows have primary care responsibility from those being seen only in consultation.

| **Inpatient** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| 1. Total number of admissions for which the adolescent medicine service assumed primary responsibility
 | # | # | # | # |
| 1. Total number of consultations by adolescent medicine specialists on other inpatient services
 | # | # | # | # |
| **Total Number of Admissions and Consultations (Total of lines 1 and 2)** | # | # | # | # |
| 1. Number of admissions (from the row above) requiring follow-up care as outpatients by adolescent medicine service
 | # | # | # | # |

1. Identify the types of inpatient settings in which fellows will participate in addressing the needs of hospitalized adolescents by placing an X in the box under the appropriate participating site. For inpatient services indicate the number of available beds.

| **Inpatient** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| General Pediatric Unit |[ ] [ ] [ ] [ ]
| Intensive Care Units |[ ] [ ] [ ] [ ]
| Separate Adolescent Medicine Unit |[ ] [ ] [ ] [ ]
| Psychiatric Unit |[ ] [ ] [ ] [ ]
| Detoxification Unit or Substance Abuse Facility |[ ] [ ] [ ] [ ]
| Inpatient Services | # | # | # | # |
| Other: Click here to enter text. |[ ] [ ] [ ] [ ]
| Other: Click here to enter text. |[ ] [ ] [ ] [ ]

1. List 50 consecutive admissions and/or consultations in which the Adolescent Medicine service participated. Identify the time 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 fiftieth patient was admitted, (e.g., July 1, 2020 through October 20, 2020). Submit a separate list for each site that provides required rotations. Use additional tables as necessary.

|  |  |
| --- | --- |
| **Site Name:** | Click here to enter text. |
| **Inclusive Dates:** | **From:** | **mm/dd/yy** | **To:** | **mm/dd/yy** |
| **Patient ID** | **Primary Diagnosis** | **Secondary Diagnosis****Adolescent Issues** |
| **Number** | **Age** |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |

**List of Continuity Experience Diagnoses**

List 50 consecutive patient visits to a representative setting used for fellows’ continuity experience. This list can be consecutive patient visits from one fellow’s log or consecutive patient visits to one site. 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 fiftieth patient was admitted, (e.g., July 1, 2020 through October 20, 2020). Use additional tables as necessary. [PR I.D.1.c); I.D.1.d)]

|  |  |
| --- | --- |
| **Clinical Site:** | Click here to enter text. |
| **Inclusive Dates:** | **From:** | **mm/dd/yy** | **To:** | **mm/dd/yy** |
| **Patient ID** | **Primary Diagnosis** | **Secondary Diagnosis****Adolescent Issues** |
| **Number** | **Age** |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |
| # | Age | Click here to enter text | Click here to enter text |

**Ambulatory Adolescent Medicine Training Sites**

List the name of the setting used to address core knowledge areas for each participating site listed in ADS, as well as for all sites used for fellows’ continuity experience. Designate continuity clinic sites with an asterisk (\*). Also list the duration of the experience, number of sessions, annual number of patient visits, and role of the fellow in the care of patients – designate as: primary provider (PP); consultant (C); observer (O); multidisciplinary care team member (T); and/or counselor (CS). Add rows as necessary.

| **Name of Setting Used to Address Core Knowledge Areas** | **Duration of Experience (in weeks/year)** | **# of Sessions per Week per Fellow** | **Annual # of Patient Visits (State N/A if non-medical sites)** | **Role of Fellow in Care of Patients** |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |
| Click here to enter text. | Duration | # | # | Choose an item. |

**Personnel**

**Program Leadership and Other Personnel**

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

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Protected 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 personnel member** |
| *e.g., Fellowship Coordinator* | *1* | *100%* |
| *e.g., Administrative Assistant* | *1.5* | *100%/50%* |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |

**Faculty Disciplines and Other Program Personnel**

1. Indicate the number of faculty members who are present in each of the required disciplines [PR: II.B.3.d).(1).(a)-II.B.3.d).(1).(i); II.B.3.d).(2).(a)-II.B.3.d).(2).(l); II.D.1.a)-II.D.1.i)]:

| **Discipline** | **Number of Essential Faculty Members** |
| --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Other Subspecialty Faculty Members** |
| Pediatric cardiology | # | # | # | # |
| Pediatric critical care medicine | # | # | # | # |
| Pediatric endocrinology | # | # | # | # |
| Pediatric gastroenterology | # | # | # | # |
| Pediatric hematology/oncology | # | # | # | # |
| Pediatric infectious diseases | # | # | # | # |
| Pediatric nephrology | # | # | # | # |
| Pediatric pulmonology | # | # | # | # |
| Pediatric rheumatology | # | # | # | # |
| **Faculty Members with Substantial Experience with Pediatric Problems** |
| Allergist and immunologist(s) |  |  |  |  |
| Anesthesiologist(s) | # | # | # | # |
| Child and adolescent psychiatrist(s) | # | # | # | # |
| Child neurologist(s) | # | # | # | # |
| Dermatologist(s) | # | # | # | # |
| Diagnostic radiologist(s) | # | # | # | # |
| Obstetrician(s) and gynecologist(s) | # | # | # | # |
| Orthopaedic surgeon(s) | # | # | # | # |
| Pathologist(s) | # | # | # | # |
| Pediatric surgeon(s) | # | # | # | # |
| Sports medicine physician(s) | # | # | # | # |
| Urologist(s) | # | # | # | # |
| **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** |
| Child life therapist(s) |[ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ]
| Physical and occupational 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:* |

1. Indicate the types of personnel available to consult for transitioning the care of young adults. [PR II.B.3.d).(3)]

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

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

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

1. Indicate the settings and activities in which fellows will develop competence in each of the following areas of patient care. Also indicate the method which will be used to evaluate competence. [PR IV.B.1.b).(1).(a)-IV.B.1.b).(2).(a)]

| **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 adolescent 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 direct and consultative care to adolescents and young adults of various socioeconomic and racial backgrounds in both hospital and community settings[IV.B.1.b).(1).(e)] | 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).(f)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Using and interpreting laboratory tests, imaging, and other diagnostic procedures[IV.B.1.b).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Assume continuing responsibility for adolescent patients with acute and chronic health problems[PR IV.B.1.b).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance of breast examinations[PR IV.B.1.b).(1).(i).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance of genitourinary examinations[PR IV.B.1.b).(1).(i).(ii)] | 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).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Understanding of the indications, risks, complications, and limitations of long acting reversible contraception (LARC), and have experience with LARC insertion/removal [PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) 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.

| **Competency Area** | **Settings/Activities** | **Method 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. |
| Physical, physiologic, and psychosocial changes associated with pubertal maturation and its disorders [PR IV.B.1.c).(1).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Organ-specific conditions frequently encountered during the adolescent years [PR IV.B.1.c).(1).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The effects of adolescence on preexisting conditions[PR IV.B.1.c).(1).(d)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Mental illnesses of adolescence, including psychophysiologic disorders and their treatment, to include psychopharmacology and psychotherapy/counseling[PR IV.B.1.c).(1).(e)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Family dynamics, conflicts, problems, and effective parenting practices [PR IV.B.1.c).(1).(f)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Physical, psychological, and socio-economic factors of adolescent parenthood [PR IV.B.1.c).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Disorders affecting learning, including disorders of cognition and attention [PR IV.B.1.c).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Social and emotional development of the adolescent, including the impact of cultural or ethnic factors [PR IV.B.1.c).(1).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Chronic disability conditions, including chronic illness complicated by psychological factors [PR IV.B.1.c).(1).(j)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Disorders of the endocrine system and metabolism[PR IV.B.1.c).(1).(k)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sexuality, including sexual identity, development, sexual health problems, gender identity, dysphoria, and special needs of members of the LGBTQ community [PR IV.B.1.c).(1).(l)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Prevention, diagnosis, and treatment of sexually transmitted infections [PR IV.B.1.c).(1).(m)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Reproductive health problems of males and females (e.g., menstrual disorders and gynecomastia) and the principles of contraception, pregnancy, and fertility [PR IV.B.1.c).(1).(n)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations [PR IV.B.1.c).(1).(o)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Health promotion, disease prevention, screening, and immunizations [PR IV.B.1.c).(1).(p)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Infectious diseases, including epidemiology, microbiology, and treatment and prevention[PR IV.B.1.c).(1).(q)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacology and toxicology[PR IV.B.1.c).(1).(r)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Detection, evaluation, and initial management of substance abuse problems, including alcohol and tobacco [PR IV.B.1.c).(1).(s)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Eating disorders [PR IV.B.1.c).(1).(t)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Social/environmental morbidities, including emotional, physical, and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence [PR IV.B.1.c).(1).(u)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Juvenile justice/the legal system, including local laws regarding age of majority, consent, assent, competency; privacy laws; and laws involved with reproductive health [PR IV.B.1.c).(1).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sports medicine [PR IV.B.1.c).(1).(w)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Legal and ethical issues, including confidentiality and advocacy[PR IV.B.1.c).(1).(x)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interviewing/short-term counseling skills for adolescents and their parents [PR IV.B.1.c).(1).(y)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Public health issues, including demographics, social epidemiology, population-based interventions, and adolescent health promotion[PR IV.B.1.c).(1).(z)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Financing adolescent health care in public, private, and academic managed care environments[PR IV.B.1.c).(1).(aa)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sleep and sleep disorders[PR IV.B.1.c).(1).(bb)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Transition to adult providers[PR IV.B.1.c).(1).(cc)] | 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 it relates 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 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 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 here to enter text. |

1. Describe how fellows serve as a role models and provide supervision to residents and/or medical students, [PR IV.C.7.] Limit response to 250 words.

|  |
| --- |
| Click 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 or optional. List the planned role of the fellow in this activity (e.g., conducts conference, presents case and participates in discussion, case presentation only, participation limited to Q&A component). Add rows as needed. [PR IV.C.8.b); IV.C.8.c).(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 |

**General Subspecialty Curriculum**

Identify the conferences or other teaching sessions where fellows will receive instruction in the following areas as related to adolescent medicine. Also indicate which learners participate (i.e., adolescent medicine fellows, adolescent medicine fellows and other subspecialty fellows, or residents and adolescent 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.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Physiology[PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Biochemistry [PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Embryology [PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathology [PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Microbiology [PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pharmacology[PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Immunology [PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Genetics [PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Nutrition/metabolism[PR IV.C.8.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathophysiology of disease [PR IV.C.8.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Reviews of recent advances in clinical medicine and biomedical research[PR IV.C.8.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Conferences dealing with complications and death[PR IV.C.8.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR IV.C.8.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Bioethics, including attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships [PR IV.C.8.c).(3)-IV.C.8.c).(3).(a)] | 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.8.c).(4)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Health education, current health care legislation, preventive services, and educational methodology, assessment, and feedback [PR IV.C.8.c).(5)] | 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 5 Years** |
| --- | --- | --- |
| **Program Director:** |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for an Adolescent Medicine Program, Only List the Adolescent 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 | # | # |

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 here to enter text |

2. 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 here to enter text |

**If there are any unique scenarios occurring in the program that do not fit within the confines of this form, please explain.** Limit response to 500 words.

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