**New Application: Pediatric Critical Care 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**

1. Briefly describe how the pediatric critical care 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.

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| Click here to enter text. |

**Resources**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| A pediatric intensive care unit (PICU) with up-to-date facilities and equipment, which is appropriately staffed, and available 24 hours a day, including the following: [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |
| Pediatric cardiac catheterization facility  [PR I.D.1.b).(1)] | Choose an item. | Choose an item. | Choose an item. |
| Availability of continuous renal replacement therapy and acute hemodialysis [PR I.D.1.b).(2)] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories that provide complete and prompt evaluation and support [PR I.D.1.b).(3)] | Choose an item. | Choose an item. | Choose an item. |
| Timely bedside pediatric imaging and EEG services for patients [PR I.D.1.b).(4)] | Choose an item. | Choose an item. | Choose an item. |

**Pediatric Intensive Care Units**

1. Provide the following information for the PICU (or its equivalent used by the program) in each site. **Provide the requested information for the most recent 12-month period**.If a single site has more than one intensive care unit used by the program, copy this table as necessary. Site numbers should be consistent with ADS. [PR I.D.1.e)]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Inclusive Dates:** | **From:** | | mm/dd/yy | | | | **To:** | | | | mm/dd/yy | | |
| **Pediatric Intensive Care Unit** | | **Site #1** | | | | **Site #2** | | | | **Site #3** | | | |
| Number of beds | | # | | | | # | | | | # | | | |
| Average daily census | | # | | | | # | | | | # | | | |
| Average length of stay | | # | | | | # | | | | # | | | |
| Annual number of admissions | | # | | | | # | | | | # | | | |
|  | | **PGY-1** | | **PGY-2** | **PGY-3** | **PGY-1** | | **PGY-2** | **PGY-3** | **PGY-1** | | **PGY-2** | **PGY-3** |
| Planned number of fellows assigned to the PICU (do not include those fellows covering only nights and weekends with no daytime responsibilities) | | # | | # | # | # | | # | # | # | | # | # |
| Planned average number of patients per fellow per week | | # | | # | # | # | | # | # | # | | # | # |
| Planned average number of consultations outside the ICU provided by each fellow per week | | # | | # | # | # | | # | # | # | | # | # |

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. **Note the same timeframe should be used throughout the forms**. Duplicate the table for each required experience, as necessary. [PR I.D.1.e)]

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Name of service: | Click 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 | # | # | # |

**12-Month Summary-Inpatient Service**

1. Summarize how many pediatric patients in the followingcategories were admitted to or consulted on by the critical care service at the primary clinical site. **This should include patients in the same 12-month period used in the previous sections**. [PR I.D.1.e).(2); I.D.1.e).(5)]

| **Intensive Care Unit Patients** | **Number of Patients Available to Fellows** | |
| --- | --- | --- |
| **# on Critical Care Medicine Service** | **# Seen in Consultation or on a Shared Service** |
| Mechanical ventilation | # | # |
| Single or multi-system organ failure | # | # |
| Severe trauma | # | # |
| Major neurologic or neurosurgical problems | # | # |
| Solid organ transplantation | # | # |

1. Is there an affiliated pediatric cardiac surgical program with a volume of at least 100 cases per year? [PR I.D.1.e).(4)] ………………………………………….…………………..……. Yes ☐ No ☐
2. If the program does not meet the minimum number of patients as specified in the Program Requirements, provide an explanation as to how fellows will become competent in these areas. If participating sites are used to supplement the experience at the primary clinical site, replicate and complete the table above for each site. [PR I.D.1.e).(1).(a)] Limit response to 500 words.

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**List of Diagnoses**

List 100 consecutive admissions and consultations by the Pediatric Critical Care service. 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 one-hundredth patient was admitted, (e.g., July 1, 2020 through October 20, 2020). Submit a separate list for each site that provides required rotations. Duplicate tables as necessary.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Name:** | | Click here to enter text. | | | | | |
| **Inclusive Dates:** | | **From:** | mm/dd/yy | | **To:** | | mm/dd/yy |
| **Patient ID** | | **Length of ICU stay** | | **Primary Critical Care Diagnosis** | | **Major Procedures** | |
| **Number** | **Age** |
| # | Age | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
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**Procedure Data**

Provide the numbers of each procedure performed in the most recent 12-month period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inclusive Dates:** | **From:** mm/dd/yy | | **To:** mm/dd/yy | | |
| **Procedures** | | **Site #1** | | **Site #2** | **Site #3** |
| **Airway** | |  | | | |
| Endotracheal intubation | | # | | # | # |
| **Breathing, Ventilation** | |  | | | |
| Mechanical ventilation (indicate the number of patients) | | # | | # | # |
| Placement of thoracostomy tubes | | # | | # | # |
| **Circulation** | |  | | | |
| Insertion of arterial catheter | | # | | # | # |
| Insertion of central venous catheters | | # | | # | # |
| **Renal Replacement Therapy** (hemodialysis, peritoneal dialysis) | | # | | # | # |
| **Procedural Sedation** | | # | | # | # |
| **Exposure to Non-invasive Hemodynamic Monitoring** (i.e., fellows analyze data and adjust monitors, etc.) [PR I.D.1.e).(3)] | | # | | # | # |
| **Exposure to Non-invasive Intracranial Pressure Monitoring** [PR I.D.1.e).(3)] | | # | | # | # |

**Personnel**

**Program Leadership and Other Personnel**

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. [PR II.A.2-II.A.2.a); II.C.1]

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Protected Time for the Administration of the Program (Excluding Scholarly Activity)** |
| Program Director | Click or tap here to enter text. | % |
| Associate Program Director(s) | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
| **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 | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |
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| Title | Click or tap here to enter text. | % |

**Faculty Disciplines and Other Program Personnel**

In the table below, indicate the number of faculty members and other program personnel that are present in each of the required disciplines. [PR II.B.3.d).(1)-II.B.3.d).(1).(h); II.B.3.d).(2).(a)-II.B.3.d).(2).(p); II.D.1.-I.D.1.i)]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Discipline** | **Number of Essential Faculty Members** | | | | |
| **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| **Other Pediatric Subspecialty Faculty Members** | | | | | |
| Neonatal-perinatal medicine | # | # | # | # | # |
| Pediatric cardiology | # | # | # | # | # |
| Pediatric endocrinology | # | # | # | # | # |
| Pediatric emergency medicine | # | # | # | # | # |
| Pediatric gastroenterology | # | # | # | # | # |
| Pediatric hematology-oncology | # | # | # | # | # |
| Pediatric infectious diseases | # | # | # | # | # |
| Pediatric nephrology | # | # | # | # | # |
| **Faculty Members with Substantial Experience with Pediatric Problems** | | | | | |
| Allergist(s) and immunologist(s) | # | # | # | # | # |
| Anesthesiologist(s) | # | # | # | # | # |
| Child abuse pediatrician(s) | # | # | # | # | # |
| Child and adolescent psychiatrist(s) | # | # | # | # | # |
| Child neurologist(s) | # | # | # | # | # |
| Congenital cardiac surgeon(s) | # | # | # | # | # |
| Medical geneticist(s) | # | # | # | # | # |
| Neurological surgeon(s) | # | # | # | # | # |
| Neuroradiologist(s) | # | # | # | # | # |
| Orthopaedic surgeon(s) | # | # | # | # | # |
| Otolaryngologist(s) | # | # | # | # | # |
| Pathologist(s) | # | # | # | # | # |
| Pediatric surgeon(s) | # | # | # | # | # |
| Physiatrist(s) | # | # | # | # | # |
| Radiologist(s) | # | # | # | # | # |
| Trauma Surgeon(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** | **Site #5** |
| Child life therapist(s) |  |  |  |  |  |
| Dietician(s) |  |  |  |  |  |
| Hospice and palliative medicine professional(s) |  |  |  |  |  |
| Critical care nurse(s) |  |  |  |  |  |
| Pharmacist(s) |  |  |  |  |  |
| Physical and occupational therapist(s) |  |  |  |  |  |
| Respiratory therapist(s) |  |  |  |  |  |
| Social worker(s) |  |  |  |  |  |
| Speech and language therapist(s) |  |  |  |  |  |

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| *\* 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. 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.

| **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 critical care 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 developing 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. |
| Use and interpretation of 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. |
| Diagnosis and management of patients with acute, life-threatening problems  [PR IV.B.1.b).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing compassionate end-of-life care and performing an accurate brain death examination  [PR IV.B.1.b).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Safe direct transport of a critically-ill patient  [PR IV.B.1.b).(1).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Participation in team-based care of critically-ill patients whose primary problem is surgical [PR IV.B.1.b).(1).(j)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in complex critically-ill patients [PR IV.B.1.b).(1).(j).(i)] | 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).(k)] | 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 each of the following procedural skills, including an understanding of their indications, risks, and limitations. Also indicate the method which 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)** |
| --- | --- | --- |
| Peripheral arterial and venous catheterization  [PR IV.B.1.b).(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Central venous catheterization  [PR IV.B.1.b).(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Endotracheal intubation  [PR IV.B.1.b).(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Thoracostomy tube placement  [PR IV.B.1.b).(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Resuscitation and procedural sedation  [PR IV.B.1.b).(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |

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

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. [PR IV.B.1.c.(1)-IV.B.1.c).(3)]

| **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. |
| Physiologic and pharmacologic principles and their application to the critically-ill patient  [PR IV.B.1.c).(2)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Life-sustaining therapies  [PR IV.B.1.c).(3)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Describe the responsibilities that the fellows will have for inpatients when assigned to inpatient services. [PR IV.B.1.b); IV.C.1.a)] Limit response to 500 words.

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| Click here to enter text. |

1. Describe how and by whom the fellows will be supervised. For each site, describe daytime, night, and weekend supervision by attending critical care faculty members. Include whether this supervision is on site, by phone, etc. State the extent to which supervising faculty members are readily available at these times. [PR IV.B.1.b); IV.C.1.a)] Limit response to 250 words.

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1. State how many hours per week fellows will participate in rounds with faculty members. Describe this experience and the objectives of these rounds. [PR IV.B.1.b); IV.C.1.a)] Limit response to 250 words.

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| Click here to enter text. |

1. Briefly explain how rotations are structured to minimize the frequency of rotational transitions and to 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)]

|  |
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| 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)]

|  |
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| Click here to enter text. |

1. Will the fellows’ experience in critical care settings other than the PICU, such as a burn, medical or neonatal ICU, be for no more than four months? [PR IV.C.3.b)]………………….......Yes ☐ No ☐
2. If there is a separate pediatric cardiac ICU, will the fellows’ experience on rotations other than the PICU be for no more than six months over the 36 months of the educational program?

[PR IV.C.3.b)] ……...…………………………………………………………………....Yes ☐ No ☐

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

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

**Conferences [PR IV.C.5.b); IV.C.5.c).(2)]**

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 fellows 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.

| **Conference** | **Site #** | **Frequency** | **Attendance Required (R) or Optional (O)** | **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 and other teaching sessions where fellows will receive instruction in the following areas as related to pediatric critical care medicine. Also indicate which learners participate (i.e., pediatric critical care medicine fellows, pediatric critical care medicine fellows and other subspecialty fellows, or residents and pediatric critical care fellows). [PR IV.C.5.c).(1)-IV.C.5.c).(4)]

| **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.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Physiology  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Biochemistry  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Embryology  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Pathology [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Microbiology  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Pharmacology  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Immunology  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Genetics [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Nutrition/metabolism  [PR IV.C.5.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Pathophysiology of disease [PR IV.C.5.c).(2)] | Click here to enter text. |  |  |  |  |
| Reviews of recent advances in clinical medicine and biomedical research  [PR IV.C.5.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Conferences dealing with complications and death  [PR IV.C.5.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Scientific, ethical, and legal implications of confidentiality and informed consent  [PR IV.C.5.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.5.c).(3)-IV.C.5.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.5.c).(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 5 Years** |
| --- | --- | --- |
| **Program Director:** | | |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for a Pediatric Critical Care Medicine Program, Only List the Pediatric Critical Care 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. |

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 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.**

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