**New Application: Pediatric Emergency Medicine**

**Review Committees for Emergency Medicine and 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.*

**introduction**

1. Briefly describe how the pediatric emergency medicine program is an integral part of a core pediatric or emergency medicine 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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1. Does the Sponsoring Institution or participating sites sponsor an ACGME-accredited residency program in the reciprocal discipline (i.e., pediatrics for those programs administered by an emergency medicine program; emergency medicine for those administered by a pediatrics program)? [PR I.B.1.b)]…………………………………………………………………….Yes [ ]  No [ ]

**Oversight**

**Resources**

1. Provide the following information for each EM department with pediatric patients in which the fellows provide care.

| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| An acute care facility that receives patients via ambulance from the pre-hospital setting and is equipped to handle trauma of any severity[PR I.D.1.a)] |[ ] [ ] [ ]
| Is this facility accredited by the Joint Commission? [PR I.D.1.a).(1)] |[ ] [ ] [ ]
| Is this facility approved as a 911-receiving facility or its equivalent and be part of an emergency medical services system?[PR I.D.1.a).(2)] |[ ] [ ] [ ]
| Comprehensive radiologic and laboratory support systems [PR I.D.1.b)] |[ ] [ ] [ ]
| Readily available operative suites [PR I.D.1.b)] |[ ] [ ] [ ]
| Intensive care unit beds [PR I.D.1.b)] | # | # | # |
| Clinical laboratories [PR I.D.1.c)] |[ ] [ ] [ ]
| Intensive care [PR I.D.1.c)]  |[ ] [ ] [ ]
| Nutrition [PR I.D.1.c)]  |[ ] [ ] [ ]
| Occupational and physical therapy [PR I.D.1.c)]  |[ ] [ ] [ ]
| Pathology [PR I.D.1.c)]  |[ ] [ ] [ ]
| Pharmacology [PR I.D.1.c)]  |[ ] [ ] [ ]
| Mental health [PR I.D.1.c)]  |[ ] [ ] [ ]
| Imaging [PR I.D.1.c)]  |[ ] [ ] [ ]
| Respiratory therapy [PR I.D.1.c)]  |[ ] [ ] [ ]
| Social services [PR I.D.1.c)] |[ ] [ ] [ ]
| Number of pediatric patient care locations | # | # | # |
| Number of pediatric critical/resuscitation rooms/beds | # | # | # |
| Average number of pediatric patients seen in 24-hours  | # | # | # |
| Operating suite/room available on-site 24-hours | Choose an item. | Choose an item. | Choose an item. |
| Pediatric intensive care beds available onsite | Choose an item. | Choose an item. | Choose an item. |
| Comprehensive diagnostic imaging services available 24-hours | Choose an item. | Choose an item. | Choose an item. |
| Urgent care/Fast track that is part of the emergency department | Choose an item. | Choose an item. | Choose an item. |
| Observation beds (23-hour unit) within the emergency department | Choose an item. | Choose an item. | Choose an item. |

1. Does the program offer a specific EMS rotation? [PR I.D.1.d); I.D.1.e); I.D.1.f)] [ ]  YES [ ]  NO
2. If there is an urgent care/fast track area of the emergency department, describe the role of the fellows in caring for those patients below:

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| Click here to enter text. |

1. If there are observation beds (23-hour unit) in the emergency department, describe the role of the fellows in caring for those patients below:

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| Click here to enter text. |

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

1. Provide patient data in the table below. Provide the requested information for the most recent 12-month period or academic year using the same timeframe for all patient and procedural data provided on subsequent pages.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
|  | **PrimaryClinical Site** | **Site #2** | **Site #3** |
| TOTAL # ED Patient visits (include urgent care/fast track if part of the ED) | # | # | # |
| 1. Indicate if “pediatric patients” is defined at your institution as <18 or <21
 | Choose an item. | Choose an item. | Choose an item. |
| 1. Total # of ED pediatric patients (include urgent care/fast track if part of the ED)
 | # | # | # |
| 1. Number of ED pediatric patients years treated in urgent care
 | # | # | # |
| TOTAL Number of Pediatric and adult EM patients by Clinical Condition. If the site(s) sees both children and adults in the ED, enter data in each column. | Peds | Adult | Peds | Adult | Peds | Adult |
| 1. Trauma (major and minor)
 | # | # | # | # | # | # |
| 1. Airway insufficiency
 | # | # | # | # | # | # |
| 1. Ingestions
 | # | # | # | # | # | # |
| 1. Obstetric and gynecologic disorders
 | # | # | # | # | # | # |
| 1. Psychosocial disturbances
 | # | # | # | # | # | # |
| 1. Psychiatric
 | # | # | # | # | # | # |
| Percentage of patients hospitalized following treatment (excluding pediatric ED observation beds) | % | % | % | % | % | % |
| Percentage of ED patients admitted to CRITICAL CARE following treatment (excluding step-down units) | % | % | % | % | % | % |
| Percentage of ED patients taken directly to the operating suite following treatment | % | % | % | % | % | % |
| Number of deaths in ED (exclude patients who are DOA) | # | # | # | # | # | # |

**List of Pediatric Diagnoses** [PR I.D.1.d); I.D.1.e); I.D.1.f)]

List 150 **consecutive** Emergency Department visits to the PEDIATRIC EMERGENCY MEDICINE service for four distinct time periods: beginning July 1, beginning October 1, beginning January 1, beginning April 1 of the most recent academic or calendar year. Identify the time period during which these visits occurred. The date range should occur within the same 12-month period used in the previous section. The dates must begin on the date the first patient on the list was seen and end with the date the 150th patient was seen, (e.g., July 1, 2020 through July 3, 2020). Provide a separate list for each time period in each site that provides required rotations.

|  |  |
| --- | --- |
| **Site Name:** | Click here to enter text. |
| **Inclusive Dates:** | **From:** | mm/dd/yy | **To:** | mm/dd/yy |
| **Patient ID** | **Pediatric Emergency Medicine Primary Diagnosis** | **Secondary Diagnosis****(include if relevant)** |
| **Number** | **Age** |
| # | Age | Click here to enter text. | Click here to enter text. |
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# List of Adult Diagnoses [PR I.D.1.d); I.D.1.e); I.D.1.f)]

List 150 **consecutive** Emergency Department visits to the ADULT EMERGENCY MEDICINE service for four distinct time periods: beginning July 1, beginning October 1, beginning January 1, beginning April 1 of the most recent academic or calendar year. Identify the time period during which these visits occurred. The date range should occur within the same 12-month period used in the previous sections. The dates must begin on the date the first patient on the list was seen and end with the date the 150th patient was seen, (e.g., July 1, 2020 through July 3, 2020). Provide a separate list for each time period in each site that provides required rotations.

|  |  |
| --- | --- |
| **Site Name:** | Click here to enter text. |
| **Inclusive Dates:** | **From:** | mm/dd/yy | **To:** | mm/dd/yy |
| **Patient ID** | **Adult Emergency Medicine Primary Diagnosis** | **Secondary diagnosis****(include if relevant)** |
| **Number** | **Age** |
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**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. [PR II.A.2.-II.A.2.a); II.C.-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**

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

| **Discipline** | **Number of Essential Faculty Members** |
| --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| **Pediatric Subspecialties** |
| Pediatric cardiology | # | # | # | # | # |
| Pediatric critical care medicine | # | # | # | # | # |
| Pediatric endocrinology | # | # | # | # | # |
| Pediatric gastroenterology | # | # | # | # | # |
| Pediatric hematology/oncology | # | # | # | # | # |
| Pediatric infectious diseases | # | # | # | # | # |
| Neonatal-perinatal medicine | # | # | # | # | # |
| Pediatric nephrology | # | # | # | # | # |
| Pediatric pulmonology | # | # | # | # | # |
| Pediatric rheumatology | # | # | # | # | # |
| **Specific to Pediatric Emergency Medicine** |
| Anesthesiology | # | # | # | # | # |
| Child and adolescent psychiatry | # | # | # | # | # |
| Neurology with specialty qualification in child neurology | # | # | # | # | # |
| Surgery | # | # | # | # | # |
| Medical Genetics | # | # | # | # | # |
| Neurological surgery | # | # | # | # | # |
| Ophthalmology | # | # | # | # | # |
| Orthopaedic Surgery | # | # | # | # | # |
| Otolaryngology | # | # | # | # | # |
| Pathology-Anatomic and Clinical | # | # | # | # | # |
| Pediatric surgery | # | # | # | # | # |
| Radiology-Diagnostic | # | # | # | # | # |
| Medical toxicology | # | # | # | # | # |
| Trauma | # | # | # | # | # |
| Urology | # | # | # | # | # |
| **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) |[ ] [ ] [ ] [ ] [ ]
| Respiratory therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Social worker(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 [PR: 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.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| 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).(a)] | Click here to enter text. | Click here to enter text. |
| Providing transfer of care that ensures seamless transitions, counsel patients and families, use information technology to optimize patient care, and provide appropriate role modeling and supervision[PR IV.B.1.b).(1).(b)] | Click here to enter text. | Click 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).(c).(i)] | Click here to enter text. | Click 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).(c).(ii)] | Click here to enter text. | Click here to enter text. |
| Developing 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).(d)] | Click here to enter text. | Click here to enter text. |
| Providing initial evaluation and treatment to all patients presenting to the emergency department [PR IV.B.1.b).(1).(e).(i)] | Click here to enter text. | Click here to enter text. |
| Providing care for acutely ill and/or injured pediatric patients [PR IV.B.1.b).(1).(e).(ii)] | Click here to enter text. | Click here to enter text. |
| Differentiating between high acuity and low acuity patients [PR IV.B.1.b).(1).(e).(iii)] | Click here to enter text. | Click here to enter text. |
| Performing age- and developmentally-appropriate, precise history and physical exam [PR IV.B.1.b).(1).(e).(iv)] | Click here to enter text. | Click here to enter text. |
| Developing a complaint-based and age-appropriate differential diagnosis using evidence-guided reasoning and pattern recognition [PR IV.B.1.b).(1).(e).(v)] | Click here to enter text. | Click here to enter text. |
| Developing and initiating a prioritized diagnostic evaluation and therapeutic management plan that is complaint- and disease-specific, evidence-guided, culturally competent, and cost effective[PR IV.B.1.b).(1).(e).(vi)] | Click here to enter text. | Click here to enter text. |
| Accurately documenting patient encounters[PR IV.B.1.b).(1).(e).(vii)] | Click here to enter text. | Click here to enter text. |
| Demonstrating family-centered care with informed and/or shared decision-making with patients/families that is developmentally appropriate and within state statute[PR IV.B.1.b).(1).(e).(viii)] | Click here to enter text. | Click here to enter text. |
| Developing appropriate patient dispositions[PR IV.B.1.b).(1).(e).(ix)] | Click here to enter text. | Click here to enter text. |
| Performing rapid and concise evaluations on patients with undifferentiated chief complaints and diagnoses, with simultaneous stabilization of any life-threatening conditions, and to ensuring appropriate life-saving interventions before arriving at a definitive diagnosis[PR IV.B.1.b).(1).(e).(x)] | Click here to enter text. | Click here to enter text. |
| Providing care for medically and technologically complex pediatric patients in the emergency department [PR IV.B.1.b).(1).(e).(xi)] | Click here to enter text. | Click here to enter text. |
| Developing a diagnostic and management plan that takes into consideration the interaction between the acute problem and the underlying chronic illness with its associated co-morbidities [PR IV.B.1.b).(1).(e).(xii)] | Click here to enter text. | Click here to enter text. |
| Demonstrating compassion for the stress associated with sudden illness, injury, and death in responding to the emotional needs of patients, their families, and emergency department staff [PR IV.B.1.b).(1).(e).(xiii)] | Click here to enter text. | Click here to enter text. |
| Demonstrating the skills necessary to prioritize and simultaneously manage the emergency care of multiple patients [PR IV.B.1.b).(1).(e).(xiv)] | Click here to enter text. | Click here to enter text. |
| Assuming leadership responsibility for the pediatric emergency department[PR IV.B.1.b).(1).(e).(xv)] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows will develop competence in each of the following procedural skills. Also indicate the method which will be used to evaluate competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Proficiency** |
| --- | --- | --- |
| Fellows must demonstrate competence in performing and interpreting the results of imaging and diagnostic procedures and the resulting laboratory tests for use in patient care [PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Abscess incision and drainage[PR IV.B.1.b).(2).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Airway and assisted ventilation, to include bag-valve-mask ventilation, rapid sequence intubation, and supraglottic device insertion[PR IV.B.1.b).(2).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| External cardiac pacing[PR IV.B.1.b).(2).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Cardioversion/defibrillation [PR IV.B.1.b).(2).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Central venous catheterization[PR IV.B.1.b).(2).(b).(v)] | Click here to enter text. | Click here to enter text. |
| Closed reduction/splinting of fractures and dislocations[PR IV.B.1.b).(2).(b).(vi)] | Click here to enter text. | Click here to enter text. |
| Conversion of supraventricular tachycardia[PR IV.B.1.b).(2).(b).(vii)] | Click here to enter text. | Click here to enter text. |
| Cricothyrotomy – translaryngeal ventilation [PR IV.B.1.b).(2).(b).(viii)] | Click here to enter text. | Click here to enter text. |
| Point of care ultrasound[PR IV.B.1.b).(2).(b).(ix)] | Click here to enter text. | Click here to enter text. |
| Epistaxis management, to include nasal packing[PR IV.B.1.b).(2).(b).(x)] | Click here to enter text. | Click here to enter text. |
| Foreign body removal[PR IV.B.1.b).(2).(b).(xi)] | Click here to enter text. | Click here to enter text. |
| Gastrostomy tube replacement[PR IV.B.1.b).(2).(b).(xii)] | Click here to enter text. | Click here to enter text. |
| Initial management of thermal injuries versus initial management of burn injuries[PR IV.B.1.b).(2).(b).(xiii)] | Click here to enter text. | Click here to enter text. |
| Intraosseous access[PR IV.B.1.b).(2).(b).(xiv)] | Click here to enter text. | Click here to enter text. |
| Laceration repair[PR IV.B.1.b).(2).(b).(xv)] | Click here to enter text. | Click here to enter text. |
| Lumbar puncture[PR IV.B.1.b).(2).(b).(xvi)] | Click here to enter text. | Click here to enter text. |
| Mechanical ventilation[PR IV.B.1.b).(2).(b).(xvii)] | Click here to enter text. | Click here to enter text. |
| Medical and trauma resuscitation in pediatric patients ranging in age from newborn to young adulthood[PR IV.B.1.b).(2).(b).(xviii)] | Click here to enter text. | Click here to enter text. |
| Non-invasive ventilation[PR IV.B.1.b).(2).(b).(xix)] | Click here to enter text. | Click here to enter text. |
| Pericardiocentesis[PR IV.B.1.b).(2).(b).(xx)] | Click here to enter text. | Click here to enter text. |
| Procedural sedation[PR IV.B.1.b).(2).(b).(xxi)] | Click here to enter text. | Click here to enter text. |
| Regional anesthesia[PR IV.B.1.b).(2).(b).(xxii)] | Click here to enter text. | Click here to enter text. |
| Slit lamp examination[PR IV.B.1.b).(2).(b).(xxiii)] | Click here to enter text. | Click here to enter text. |
| Tracheostomy tube replacement[PR IV.B.1.b).(2).(b).(xxiv)] | Click here to enter text. | Click here to enter text. |
| Tube thoracostomy and needle decompression of pneumothorax[PR IV.B.1.b).(2).(b).(xxv)] | Click here to enter text. | Click here to enter text. |
| Umbilical vessel catheterization[PR IV.B.1.b).(2).(b).(xxvi)] | Click here to enter text. | Click here to enter text. |
| Vaginal delivery[PR IV.B.1.b).(2).(b).(xxvii)] | Click here to enter text. | Click here to enter text. |

**Resuscitations [PR IV.B.1.b).(2).(b).(xviii)]**

1. Indicate the average number of resuscitations performed at each site.

| **Number of Resuscitations\*** | **<2 Years** | **≥2 Years** | **Adults** |
| --- | --- | --- | --- |
| **Site #1** | # | # | # |
| **Site #2** | # | # | # |
| **Site #3** | # | # | # |
| **Site #4** | # | # | # |
| **Site #5** | # | # | # |
| **Site #6** | # | # | # |

\*Count cardiac and respiratory arrests, patients in respiratory distress who require intubation, those in shock who require large amounts of IV fluids or pressors, patients in status epilepticus who require airway management, patients with multi-system level I trauma that require a coordinated evaluation that includes airway control, etc.

**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)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Biostatistics [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Clinical research methodology[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Laboratory research methodology (if appropriate) [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Study design [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Preparation of applications for funding and/or approval of clinical research protocols [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Critical literature review[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Principles of evidence-based medicine [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Ethical principles involving clinical research [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Teaching methods [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |

**Curriculum Organization and Fellow Experiences [PR IV.C]**

**Program Design [PR IV.C.1; IV.C.3]**

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.

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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)] Limit response to 500 words.

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| Click here to enter text. |

**Specialty Experiences [PR IV.C.3.b)]**

1. Identify the training sites (Site #) and learning activities (clinical experience, conference series, journal club, tumor board, etc.) that will be used to address the required core knowledge area.

| **Core Curriculum** | **List the Learning Activities Used to Address the Core Knowledge Area** | **List the Corresponding Setting in Which These Learning Activities Take Place** | **Year(s) of Training** |
| --- | --- | --- | --- |
| **Core Medical Knowledge** |
| Blunt and penetrating trauma and psychiatric emergencies[PR IV.C.3.b).(5)] | Click here to enter text. | Click here to enter text. | # |
| Emergency medical services for children (EMSC) [PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Administration[PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Legal issues[PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Procedures [PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Patient safety[PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Medical errors[PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Ethics [PR IV.C.3.b).(6)] | Click here to enter text. | Click here to enter text. | # |
| Professionalism[PR IV.C.3.b).(6)] | Click here to enter text. | 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 (R) or optional (O). 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.4.b); IV.C.4.d); IV.C.5; IV.C.6.]

| **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 |

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.b).(1); IV.C.4.b).(2)]

***Limit response to 50 words***

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

**General Subspecialty Curriculum**

Identify the conferences and other teaching sessions where fellows will receive instruction in the following areas as appropriate to pediatric emergency medicine. Also indicate which learners participate (i.e., pediatric emergency medicine fellows, pediatric emergency medicine fellows and other subspecialty fellows, or residents and pediatric emergency medicine). [PR IV.C.4.c).(1)- IV.C.4.(3)]

| **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.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Physiology [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Biochemistry [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Embryology [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathology [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Microbiology [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pharmacology[PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Immunology [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Genetics [PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Nutrition/metabolism[PR IV.C.4.c).(1)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathophysiology of disease [PR IV.C.4.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Reviews of recent advances in clinical medicine[PR IV.C.4.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Biomedical research[PR IV.C.4.c).(2)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| The economics of health care and current health care management issues, such as: |  |  |  |  |  |
| Cost-effective patient care [PR IV.C.4.c).(3)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Practice management[PR IV.C.4.c).(3)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Preventive care[PR IV.C.4.c).(3)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Population health[PR IV.C.4.c).(3)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Quality improvement[PR IV.C.4.c).(3)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Resource allocation[PR IV.C.4.c).(3)] | Click here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Clinical outcomes[PR IV.C.4.c).(3)] | 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 Pediatric Emergency Medicine Program, Only List the Pediatric Emergency 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.a)-IV.D.3.b)] 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.c)] 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. |