**New Application: Pediatric Endocrinology**

**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 endocrinology program is an integral part of a core pediatric residency program, including how the faculty members of each program, residents, and fellows will interact. [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** |
| 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 pediatric endocrinology. [I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |

**Patient Data [PR I.D.1.c)-d)]**

Provide the following information for the most recent 12-month academic or calendar year. **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. |
|  | **Site #1** | **Site #2** | **Site #3** |
| Total number of admissions to the Pediatric Endocrinology service | # | # | # |
| Total number of diabetic patients | # | # | # |
| Total number of non-diabetic patients | # | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the Endocrinology service for the first time) | # | # | # |
| Average length of stay of patients on the pediatric Endocrinology service  | Length | Length | Length |
| Total number of consultations by pediatric Endocrinology | # | # | # |
| Number of consultations provided to the NICU | # | # | # |
| Number of consultations provided to the PICU | # | # | # |
| Average daily census of patients cared for by the Pediatric Endocrinologists. Include those on the Endocrinology service as well as consultations | # | # | # |
| Number of patients requiring follow-up care by Endocrinology service as outpatients during 12-month period reported | # | # | # |
| Total number of diabetic patients | # | # | # |
| Total number of non-diabetic patients | # | # | # |

**Ambulatory Pediatric Endocrinology Experience for All Years of the Educational Program**

1. Provide the following information for all years of the educational program.Add rows as necessary.

| **Name of Experience****Site/Other Setting Identifier** | **Duration of Experience****(in wks./yr.)** | **Planned Number of Sessions per Week per Fellow** | **Estimated Number of New Patients Per Fellow Per Session** | **Estimated Number of Return Patients per Fellow per Session** | **Estimated Average Number Teaching Attendings per Session** |
| --- | --- | --- | --- | --- | --- |
| Click here to enter text. | # | # | # | # | # |
| Click here to enter text. | # | # | # | # | # |
| Click here to enter text. | # | # | # | # | # |
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| Click here to enter text. | # | # | # | # | # |
| Click here to enter text. | # | # | # | # | # |

1. If the experience is in a private office, provide full details, including the name and credentials of the supervisor, numbers and types of patients, degree of fellow responsibility for their care, frequency of attendance at the office, and how the program director monitors the experience and fellow performance.

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| Click here to enter text. |

**12-Month Summary - Outpatient/Inpatient Service**

Summarize how many pediatric patients with the following endocrinology problems were seen in the ambulatory setting and how many were admitted to or consulted on by the endocrinology service at the primary clinical site during the most recent 12-month period. **Note the same timeframe should be used throughout the forms**.

|  |  |
| --- | --- |
| **Site Name:** | Name |
| **Dates during which these admissions/ consultations occurred:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Endocrine Disorders** | **Outpatients** | **Inpatients** |
| **Number of Patients** | **Number on Endocrine Service** | **Number of Consults** |
| Disorders of growth | # | # | # |
| Disorders of anterior pituitary hormone physiology | # | # | # |
| Disorders of posterior pituitary hormone physiology | # | # | # |
| Disorders of thyroid hormone physiology (including secretion and synthesis) | # | # | # |
| Endocrine neoplasia | # | # | # |
| Disorders of adrenal gland physiology | # | # | # |
| Disorders of androgen and estrogen physiology, including adolescent reproductive endocrinology | # | # | # |
| Disorders of sexual differentiation and development | # | # | # |
| Disorders of parathyroid gland physiology | # | # | # |
| Disorders of Calcium, Phosphorous, and Vitamin D) | # | # | # |
| Disorders of bone physiology | # | # | # |
| Disorders of fluid and electrolyte balance | # | # | # |
| Disorders of Carbohydrate Metabolism, including diabetes mellitus and hypoglycemia | # | # | # |
| Disorders of nutrition | # | # | # |
| Obesity including obesity related endocrine disorders (e.g., polycystic ovarian syndrome, impaired glucose tolerance, metabolic syndrome and type 2 diabetes) | # | # | # |

**List of Diagnoses**

List 150 **consecutive** patient encounters (inpatient and outpatient, excluding diabetes) to the Pediatric Endocrinology service. Identify the time period during which these admissions/consultations occurred. The dates must begin on the date of the first patient encounter on the list and end with the date of the one hundred-fiftieth patient encounter, (e.g., July 1, 2020 through October 20, 2020). Submit a separate list for each site that provides required rotations. Add tables as necessary. **Note, the date range should occur within the same 12-month period used in previous sections**.

|  |  |
| --- | --- |
| **Site Name:** | Click here to enter text. |
| **Dates during which these encounters occurred:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Patient ID** | **Endocrinology Diagnosis****(may include secondary diagnosis if relevant)** |
| **Number** | **Age** |
| # | Age | Click here to enter text. |
| # | Age | Click here to enter text. |
| # | Age | Click here to enter text. |
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| # | Age | Click here to enter text. |

**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.a); II.C.2.]

|  |  |  |
| --- | --- | --- |
| **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. | % |
| Title | Click or tap here to enter text. | % |
| Title | Click or tap here to enter text. | % |

**Faculty Disciplines and Other Program Personnel**

1. Indicate the number of faculty members and other program personnel present in each of the required disciplines. [PR II.B.3.d).(1).(a)-II.B.3.d).(1).(f); II.B.3.d).(2).(a)-II.B.3.d).(2).(m); II.D.1.a)- II.D.1.g)]

|  |  |
| --- | --- |
| **Discipline** | **Number of Essential Faculty Members** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| **Other Pediatric Subspecialty Faculty Members** |
| Adolescent medicine | # | # | # | # | # |
| Neonatal-perinatal medicine | # | # | # | # | # |
| Pediatric critical care medicine | # | # | # | # | # |
| Pediatric emergency medicine | # | # | # | # | # |
| Pediatric gastroenterology | # | # | # | # | # |
| Pediatric hematology-oncology | # | # | # | # | # |
| **Faculty Members with Substantial Experience with Pediatric Problems** |
| Anesthesiologist(s) | # | # | # | # | # |
| Child and adolescent psychiatrist(s) | # | # | # | # | # |
| Child neurologist(s) | # | # | # | # | # |
| Medical geneticist(s) | # | # | # | # | # |
| Neurological surgeon(s) | # | # | # | # | # |
| Neuroradiologist(s) | # | # | # | # | # |
| Nuclear medicine physician(s) | # | # | # | # | # |
| Obstetrician(s) and gynecologist(s) | # | # | # | # | # |
| Ophthalmologist(s) | # | # | # | # | # |
| Pathologist(s) | # | # | # | # | # |
| Pediatric surgeon(s) | # | # | # | # | # |
| Interventional radiologist(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** | **Site #5** |
| Child life therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Diabetes educator(s) |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| School and special education contacts |[ ] [ ] [ ] [ ] [ ]
| 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:* |

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

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| 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.

| **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 endocrinology [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. |
| 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. |
| Acute care of patients with endocrine disorders in the ambulatory, emergency, and inpatient settings, including such care of patients with endocrine emergencies [PR IV.B.1.b).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Longitudinal care, monitoring, care coordination, and facilitation of the transition to adult health care of patients with chronic endocrine disorders, including diabetes mellitus, in the ambulatory and inpatient settings [PR IV.B.1.b).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Care of patients with disorders of: | Click or tap here to enter text. | Click or tap here to enter text. |
| Growth [PR IV.B.1.b).(1).(i).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Anterior pituitary hormone physiology [PR IV.B.1.b).(1).(i).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Posterior pituitary hormone physiology[PR IV.B.1.b).(1).(i).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Thyroid hormone physiology[PR IV.B.1.b).(1).(i).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Endocrine neoplasia[PR IV.B.1.b).(1).(i).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Adrenal gland physiology[PR IV.B.1.b).(1).(i).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Androgen and estrogen physiology, including adolescent reproductive endocrinology[PR IV.B.1.b).(1).(i).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sexual differentiation and development, including patients with gender dysphoria[PR IV.B.1.b).(1).(i).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Parathyroid gland physiology [PR IV.B.1.b).(1).(i).(ix)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Calcium, phosphorus, and vitamin D [PR IV.B.1.b).(1).(i).(x)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bone physiology[PR IV.B.1.b).(1).(i).(xi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fluid and electrolyte balance[PR IV.B.1.b).(1).(i).(xii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Carbohydrate metabolism, including diabetes mellitus and hypoglycemia[PR IV.B.1.b).(1).(i).(xiii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Disorders of nutrition[PR IV.B.1.b).(1).(i).(xiv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Patients with obesity including obesity-related endocrine disorders[PR IV.B.1.b).(1).(i).(xv)] | 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).(j)] | 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).(2).(c)]

| **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 [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. |
| Principles of laboratory techniques, including the measurements of hormones [PR IV.B.1.c).(2)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Limitations of interpretation of laboratory results [PR IV.B.1.c).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpretation of endocrine laboratory results, including stimulation and suppression tests [PR IV.B.1.c).(2).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Choice of the most appropriate imaging modality for a given endocrine disorder[PR IV.B.1.c).(2).(c)]  | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. What responsibilities will the fellows have for inpatients and how and by whom will they be supervised when assigned to inpatient services? [PR IV.B.1.b).(1)-IV.B.1.b).(1).(j); IV.C.1.a)] Limit response to 500 words.

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

1. Describe the responsibilities that fellows will have for outpatients and how and by whom they will be supervised when assigned to outpatient services. [PR IV.B.1.b).(1)-IV.B.1.b).(1).(j); IV.C.1.a); IV.C.5.] Limit response to 500 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)] 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. |

1. Explain how fellows will learn through patient care about normal and abnormal hormone regulation. [PR IV.C.4.a)] Limit response to 250 words.

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| Click here to enter text. |

1. Explain how the interaction of endocrine pathology and psychosocial problems will be addressed. [PR IV.C.4.b)] Limit response to 250 words.

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| 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.5.] Limit response to 250 words.

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

1. Describe how fellows serve as role models and provide supervision to residents and/or medical students. [PR IV.C.6.] Limit response to 250 words.

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

**Conferences [PR IV.C.7.b); IV.C.7.c).(2)]**

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 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 endocrinology. Also indicate which learners participate (i.e., pediatric endocrinology fellows, pediatric endocrinology fellows and other subspecialty fellows, or residents and pediatric endocrinology fellows). [PR IV.C.7.-IV.C.7.c).(4)]

| **Topic** | **Where Taught in Curriculum (Name Should Match Name in Conference List)** | **Number 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.7.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Physiology [PR IV.C.7.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Biochemistry[PR IV.C.7.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Embryology[PR IV.C.7.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Microbiology[PR IV.C.7.c).(1)] | Click here to enter text.  | # | ☐ | ☐ | ☐ |
| Pathology [PR IV.C.7.c).(1)] | Click here to enter text.  | # | ☐ | ☐ | ☐ |
| Pharmacology[PR IV.C.7.c).(1)] | Click here to enter text.  | # | ☐ | ☐ | ☐ |
| Immunology[PR IV.C.7.c).(1)] | Click here to enter text.  | # | ☐ | ☐ | ☐ |
| Genetics [PR IV.C.7.c).(1)] | Click here to enter text.  | # | ☐ | ☐ | ☐ |
| Nutrition/metabolism[PR IV.C.7.c).(1)] | Click here to enter text.  | # | ☐ | ☐ | ☐ |
| Pathophysiology of disease [PR IV.C.7.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Reviews of recent advances in clinical medicine and biomedical research[PR IV.C.7.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Conferences dealing with complications and death[PR IV.C.7.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR IV.C.7.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.7.c).(3)-IV.C.7.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.7.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 Endocrinology Program, Only List the Pediatric Endocrinology 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., 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.

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| 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.

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| 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.

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| Click here to enter text. |