**New Application: Pediatric Nephrology**

**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**

1. Briefly describe how the pediatric nephrology 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)]

|  |
| --- |
| 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** |
| Renal replacement therapy [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Renal biopsy [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Renal transplantation [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Comprehensive laboratory [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |
| Pathology [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric nephrology [I.D.1.c)] | Choose an item. | Choose an item. | Choose an item. |

**Patient Population [PR** **I.D.1.d)-I.D.1.d).(1)]**

1. Provide the following information for the most recent 12-month academic or calendar year for each site that fellows rotate on the pediatric nephrology service. **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 Nephrology service | # | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the Pediatric Nephrology service for the first time.) | # | # | # |
| Average length of stay of patients on the Pediatric Nephrology service  | Length | Length | Length |
| Total number of consultations by Pediatric Nephrologists on other inpatients | # | # | # |
| Number of consultations provided to the NICU | # | # | # |
| Number of consultations provided to the PICU | # | # | # |
| Average daily census of patients on the Pediatric Nephrology service, including consultations | # | # | # |
| Number of patients requiring follow-up care by Pediatric Nephrology service as outpatients during 12-month period reported | # | # | # |

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.Duplicate this table as necessary. **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** |
| 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 | # | # | # |

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

1. Provide the following information for all years of the educational program.Include all sites listed in ADS, as well as all sites used for fellows’ continuity experience. Designate continuity clinic sites with an asterisk (\*). Add rows as necessary.

| **Name of Experience****Site/Other Setting Identifier** | **Duration of Experience****(in wks./yr.)** | **Planned # of Sessions per Week per Fellow** | **Estimated # of New Patients per Fellow per Session** | **Estimated # of Return Patients per Fellow per Session** | **Estimated Average # Teaching Attendings per Session** |
| --- | --- | --- | --- | --- | --- |
| Click here to enter text. | # | # | # | # | # |
| 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. | # | # | # | # | # |
| 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, the degree of fellow responsibility for their care, the frequency of attendance at office, and how the program director will monitor the experience and fellow performance.

|  |
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| Click here to enter text. |

**12-Month Summary - Inpatient Services**

Summarize how many pediatric patients with the following nephrology problems were admitted to or consulted on by the Nephrology service at the primary clinical site. **Note the same timeframe should be used throughout the forms**.

|  |  |
| --- | --- |
| **Site Name:** | Name |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Primary Renal Disorders** | **Total # of Patients on Nephrology Service** | **Total # of Patients on Nephrology Service** |
| Hypertension | # | # |
| Chronic kidney disease and end-stage renal disease | # | # |
| Kidney transplantation | # | # |
| Fluid and electrolyte and acid base disorders | # | # |

**36-Month Summary - Patient Procedures**

Provide patient data for the most recent 36-month period for which records can be obtained. Indicate the number available of the following at each participating site.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Dialysis:** | **Site #1** | **Site #2** | **Site #3** |
| Total number of new and chronic dialysis patients cared for by the pediatric service in the past three years: | # | # | # |
| * Hemodialysis
 | # | # | # |
| * Peritoneal dialysis
 | # | # | # |
| Total number of acute dialysis treatments performed in the past three years  | # | # | # |
| * Acute renal injury
 | # | # | # |
| * Toxin removal
 | # | # | # |
| Total number of patients that fellows are exposed to that utilize home dialysis treatment modalities: | # | # | # |
| **Renal Transplantation:** |  |  |  |
| Total number of patients who have undergone transplantation in the past three years  | # | # | # |
| New Renal Transplantation | # | # | # |
| * Living related donor
 | # | # | # |
| * Deceased donor
 | # | # | # |
| **Other Procedures:** |  |  |  |
| Patients started on Continuous Renal Replacement Therapy  | # | # | # |
| Kidney Biopsy  | # | # | # |

# List of Diagnoses

# List 150 consecutive admissions and/or consultations to the Pediatric Nephrology service. Identify the time period during which these admissions/consultations occurred. The dates must begin on the date the first patient on the list was admitted and end with the date the one hundred-fiftieth 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. Note, the date range should occur within the same 12-month period used in previous sections.

|  |  |
| --- | --- |
| **Site Name:** | Name |
| **Dates during which these admissions/consultations occurred:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Patient ID** | **Number of Days in Hospital** | **Nephrology 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. |
| # | Age | # | Click here to enter text. |
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| # | Age | # | Click here to enter text. |
| # | Age | # | Click here to enter text. |
| # | Age | # | Click here to enter text. |

**Personnel**

**Program Leadership and Other Program Personnel**

Provide a summary of the program’s leadership and other program 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.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 personnel member** |
| *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 present in each of the required disciplines. [PR II.B.3.d).(1).(a)-(l); II.B.3.d).(2).(a)-(i); II.D.1.a)-k)]

|  |  |
| --- | --- |
| **Discipline** | **Number of Essential Faculty Members** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| **Other Pediatric Subspecialty Faculty Members** |
| Adolescent medicine | # | # | # | # | # |
| Developmental-behavioral pediatrics | # | # | # | # | # |
| Neonatal-perinatal medicine | # | # | # | # | # |
| Pediatric cardiology | # | # | # | # | # |
| Pediatric critical care medicine | # | # | # | # | # |
| Pediatric emergency medicine | # | # | # | # | # |
| Pediatric endocrinology | # | # | # | # | # |
| Pediatric gastroenterology | # | # | # | # | # |
| Pediatric hematology-oncology | # | # | # | # | # |
| Pediatric infectious diseases | # | # | # | # | # |
| Pediatric pulmonology | # | # | # | # | # |
| Pediatric rheumatology | # | # | # | # | # |
| **Faculty Members with Substantial Experience with Pediatric Problems** |
| Anesthesiologist(s) | # | # | # | # | # |
| Child and adolescent psychiatrist(s) | # | # | # | # | # |
| Child neurologist(s) | # | # | # | # | # |
| Medical geneticist(s) | # | # | # | # | # |
| Pathologist(s) | # | # | # | # | # |
| Pediatric surgeon(s) | # | # | # | # | # |
| Pediatric urologist(s) | # | # | # | # | # |
| Radiologist(s) | # | # | # | # | # |
| Transplant 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) |[ ] [ ] [ ] [ ] [ ]
| Dialysis support staff |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| Physical and occupational therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Respiratory therapist(s) |[ ] [ ] [ ] [ ] [ ]
| School and special education contacts |[ ] [ ] [ ] [ ] [ ]
| 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:* |

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 nephrology[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. |
| Evaluating the psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the family, and counseling both acutely ill and chronically-ill patients and their families [PR IV.B.1.b).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Competence in the prevention, evaluation, and management of acute electrolyte and kidney disorders, including hypertension and disorders of the urinary tract[PR IV.B.1.b).(1).(h).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Competence in the prevention, evaluation, and management of chronic electrolyte and kidney disorders, including hypertension and disorders of the urinary tract[PR IV.B.1.b).(1).(h).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Competence in the prevention, evaluation, and management of end-stage renal disease and kidney transplant[PR IV.B.1.b).(1).(h).(iii)] | 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. |

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)** |
| --- | --- | --- |
| Native and transplant kidney biopsy [PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Acute and chronic peritoneal dialysis [PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Acute and chronic hemodialysis [PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Continuous renal replacement therapy [PR IV.B.1.b).(2).(a)] | 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)]

| **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. |

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

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).(i); IV.C.1.a); IV.C.5.] Limit response to 500 words

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

1. What responsibilities will the fellows have for outpatients and how and by whom will they be supervised during the provision of outpatient care? [PR IV.B.1.b).(1)-IV.B.1.b).(1).(i); IV.C.1.a)]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 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. Will fellows participate in the management of care for patients with renal and other related disorders in the intensive care unit setting? [PR IV.C.4.]……….…………....................................Yes ☐ No ☐
2. Describe the experience the fellows will have in providing longitudinal care in an outpatient setting. Include opportunities they will have to provide outpatient care for patients whom they have treated on the inpatient service. [PR IV.C.5.] Limit response to 500 words

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

1. Describe how fellows will 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 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.

| **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 nephrology. Also indicate which learners participate (i.e., pediatric nephrology fellows, pediatric nephrology fellows and other subspecialty fellows, or residents and pediatric nephrology fellows). [PR IV.C.7.c).(1).-(4); IV.C.7.d)-e)]

| **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.7.c).(1)] | Click to enter text. | # | ☐ | ☐ | ☐ |
| Physiology [PR IV.C.7.c).(1)] | Click to enter text. | # | ☐ | ☐ | ☐ |
| Biochemistry[PR IV.C.7.c).(1)] | Click to enter text. | # | ☐ | ☐ | ☐ |
| Embryology[PR IV.C.7.c).(1)] | Click to enter text. | # | ☐ | ☐ | ☐ |
| Pathology [PR IV.C.7.c).(1)] | Click to enter text. | # | ☐ | ☐ | ☐ |
| Microbiology[PR IV.C.7.c).(1)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Pharmacology[PR IV.C.7.c).(1)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Immunology[PR IV.C.7.c).(1)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Genetics [PR IV.C.7.c).(1)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Nutrition/metabolism[PR IV.C.7.c).(1)] | Click to enter text. | # | ☐ | ☐ | ☐ |
| Pathophysiology of disease [PR IV.C.7.c).(2)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Reviews of recent advances in clinical medicine and biomedical research[PR IV.C.7.c).(2)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Conferences dealing with complications and death[PR IV.C.7.c).(2)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR IV.C.7.c).(2)] | Click 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 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 to enter text | # | ☐ | ☐ | ☐ |
| The system-based aspects of the economics, regulations, and practice management issues involved with dialysis and renal transplantation[PR IV.C.7.d)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Laboratory diagnostic techniques [PR IV.C.7.e)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Radiologic imaging[PR IV.C.7.e)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Renal development and physiology [PR IV.C.7.e)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Pathophysiology[PR IV.C.7.e)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Immunopathology[PR IV.C.7.e)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Cell and molecular biology [PR IV.C.7.e)] | Click to enter text | # | ☐ | ☐ | ☐ |
| Genetics [PR IV.C.7.e)] | Click 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 Nephrology Program, Only List the Pediatric Nephrology 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. |