**New Application: Pediatric Gastroenterology**

**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.*

**Introduction**

**Oversight**

**Participating Sites**

Briefly describe how the pediatric gastroenterology 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.

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

**Resources**

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

| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Comprehensive laboratory [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric gastroenterology [PR I.D.1.b)] | 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. |
| Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments [PR I.D.1.b).(1)] | Choose an item. | Choose an item. | Choose an item. |

**Inpatient Service/Outpatient Services**

1. Indicate the availability of the following by checking the appropriate box. For inpatient services, indicate the number of available beds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| Space in an ambulatory setting for optimal evaluation and care of patients [PR I.D.1.a)] | Choose an item. | Choose an item. | Choose an item. |
| An inpatient area with pediatric and related services staffed by pediatric residents and faculty [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |
| PICU (indicate total number of beds)[PR I.D.1.a)] | # | # | # |
| NICU (indicate total number of beds)[PR I.D.1.a)] | # | # | # |

1. For every facility/service that is not available at any of the sites, provide an explanation below. Explain how the service is provided for patients.

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

**Ambulatory Pediatric Gastroenterology Experience for All Years of Training**

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

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

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

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| Click here to enter text. |

**Patient Data [PR I.D.1.c)-I.D.1.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 Gastroenterology service | # | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the Gastroenterology service for the first time.) | # | # | # |
| Average length of stay of patients on the Pediatric Gastroenterology service  | # | # | # |
| Total number of consultations by pediatric gastroenterologists 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 Gastroenterology service, including consultations | # | # | # |
| Number of patients requiring follow-up care by the Pediatric Gastroenterology 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 | # | # | # |

**List of Diagnoses**

List 150 **consecutive** admissions and/or consultations to the Pediatric Gastroenterology 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 150th patient was admitted (e.g., July 1, 2020 through October 20, 2020). Submit a separate list for each site that provides required rotations. Add additional 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. |
| **Give inclusive 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** | **Gastroenterologic 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. |

**12-Month Summary: Outpatient Clinics/Inpatient Services**

1. During the same 12-month period as used in previous sections, how many pediatric patients with the following gastroenterology problems were: a) seen in the ambulatory settings; b) were admitted to and/or consulted on by the pediatric gastroenterologists at the primary site?

|  |  |  |
| --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Gastroenterology Diagnosis/Disorder** | **Outpatients** | **Inpatients** |
| **Total # of Patients** | **Total # of Patients on Gastro Service** | **Total # of Patients Seen in Consultation** |
| Growth failure and malnutrition[PR IV.B.1.b).(1).(j).(i)] | # | # | # |
| Malabsorption/maldigestion [PR IV.B.1.b).(1).(j).(ii)]: |  |
| * Celiac disease
 | # | # | # |
| * Cystic fibrosis
 | # | # | # |
| * Pancreatic insufficiency
 | # | # | # |
| Gastrointestinal allergy [PR IV.B.1.b).(1).(j).(iii)] | # | # | # |
| Peptic ulcer disease [PR IV.B.1.b).(1).(j).(iv)] | # | # | # |
| Hepatobiliary disease [PR IV.B.1.b).(1).(j).(v)] |  |
| * Biliary atresia
 | # | # | # |
| * Diseases of the gallbladder
 | # | # | # |
| * Fatty liver
 | # | # | # |
| * Intrahepatic cholestasis
 | # | # | # |
| * Autoimmune liver disease
 | # | # | # |
| * Viral hepatitis
 | # | # | # |
| * Metabolic liver diseases
 | # | # | # |
| Liver failure (including evaluation and follow-up care of patient requiring liver transplantation) [PR IV.B.1.b).(1).(j).(v)] | # | # | # |
| Congenital Digestive tract anomalies (including Hirschsprung’s disease) [PR IV.B.1.b).(1).(j).(vi)] | # | # | # |
| Inflammatory bowel disease[PR IV.B.1.b).(1).(j).(vii)] | # | # | # |
| Functional bowel disorders[PR IV.B.1.b).(1).(j).(viii)] |  |
| * Vomiting (including gastroesophageal reflux)
 | # | # | # |
| * Acute and chronic abdominal pain
 | # | # | # |
| * Acute and chronic diarrhea
 | # | # | # |
| * Constipation
 | # | # | # |
| * Gastrointestinal bleeding
 | # | # | # |
| * Motility disorders
 | # | # | # |
| Pancreatitis (acute and chronic)[PR IV.B.1.b).(1).(j).(ix)] | # | # | # |
| Gastrointestinal problems in the immune-compromised host [PR IV.B.1.b).(1).(j).(xi)] | # | # | # |
| Transplantation [PR IV.B.1.c).(2)] |  |
| * Liver
 | # | # | # |
| * Small Bowel
 | # | # | # |

1. Describe how fellows will gain knowledge of the methods of initial evaluation and criteria for referral and follow-up care of the patient requiring liver transplantation and those with intestinal failure/requiring small bowel transplantation. [PR IV.B.1.c).(2)]

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

**Procedure Data**

Indicate whether the program provides experience in each of the following procedures. Use the same 12-month period as indicated on the previous sections. For procedures not performed at any of the participating sites, provide an explanation.

|  |  |  |
| --- | --- | --- |
| **Give inclusive dates during which these admissions/consultations occurred:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **# Performed on Service(s)** | **Site #1** | **Site #2** | **Site #3** |
| Diagnostic upper endoscopy (including biopsy)[PR IV.B.1.b).(2).(c).(i)] | # | # | # |
| Diagnostic and Therapeutic Colonoscopy (including biopsy) [PR IV.B.1.b).(2).(c).(ii)] | # | # | # |

**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.2.]

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Protected Time for the Administration of the Program (excluding Scholarly Activity)** |
| Program Director | Name | #% |
| Associate Program Director(s) | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| **Administrative/Support Personnel**  | **Number of Administrative Personnel** | **% FTE in this Fellowship Program for Each Personnel member** |
| *e.g., Fellowship Coordinator* | *1* | *100%* |
| *e.g., Administrative Assistant* | *1.5* | *100%/50%* |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |

**Faculty Disciplines and Other Program Personnel**

1. In the table below, indicate the number of faculty members and other personnel who 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).(i); II.D.1.a)-II.D.1.j)]

| **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 critical care  | # | # | # | # | # |
| Pediatric endocrinology | # | # | # | # | # |
| Pediatric hematology-oncology | # | # | # | # | # |
| Pediatric infectious diseases | # | # | # | # | # |
| Pediatric nephrology | # | # | # | # | # |
| Pediatric pulmonology | # | # | # | # | # |
| **Faculty Members with Substantial Experience with Pediatric Problems** |
| Allergist and immunologist(s) | # | # | # | # | # |
| Anesthesiologist(s) | # | # | # | # | # |
| Child and adolescent psychiatrist(s) | # | # | # | # | # |
| Child neurologist(s) | # | # | # | # | # |
| Dermatologist(s) | # | # | # | # | # |
| Medical geneticist(s) | # | # | # | # | # |
| Pathologist(s) | # | # | # | # | # |
| Pediatric radiologist(s) | # | # | # | # | # |
| Pediatric 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) |[ ] [ ] [ ] [ ] [ ]
| 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 child pediatric gastroenterology[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 interpret 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. |
| Fellows must demonstrate competence in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal, pancreatic, and hepatobiliary diseases and nutritional disorders[PR IV.B.1.b).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fellows must demonstrate competence in utilizing a variety of diagnostic tests, e.g., the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and hepatobiliary and pancreatic function[PR IV.B.1.b).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fellows must demonstrate an understanding of the indications, risks, and limitations, and be able to interpret the test results, of rectal suction biopsy, gastrointestinal manometry, paracentesis, and endoscopic retrograde cholangiopancreatography (ERCP) [PR IV.B.1.b).(1).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of infants, children, and adolescents with acute and chronic gastrointestinal and liver diseases, biliary/cholestatic disease, pancreatic disorders, nutritional disorders and those requiring liver transplantation, including: [PR IV.B.1.b).(1).(j)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Growth failure and malnutrition, to include an understanding of nutritional assessment and parenteral and enteral nutrition support [PR IV.B.1.b).(1).(j).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Malabsorption/maldigestion (celiac disease, cystic fibrosis, pancreatic insufficiency, etc.[PR IV.B.1.b).(1).(j).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gastrointestinal allergy[PR IV.B.1.b).(1).(j).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Peptic ulcer disease[PR IV.B.1.b).(1).(j).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Hepatobiliary disease (biliary atresia, diseases of the gallbladder, fatty liver, intrahepatic cholestasis, autoimmune liver disease, viral hepatitis, acute liver failure, and metabolic liver diseases) [PR IV.B.1.b).(1).(j).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Digestive tract anomalies[PR IV.B.1.b).(1).(j).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Inflammatory bowel disease[PR IV.B.1.b).(1).(j).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Functional bowel disorders[PR IV.B.1.b).(1).(j).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pancreatitis (acute and chronic) [PR IV.B.1.b).(1).(j).(ix)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gastrointestinal infections[PR IV.B.1.b).(1).(j).(x)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gastrointestinal problems in the immune-compromised host, to include graft versus-host (GVH) disease[PR IV.B.1.b).(1).(j).(xi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Motility disorders[PR IV.B.1.b).(1).(j).(xii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gastrointestinal bleeding[PR IV.B.1.b).(1).(j).(xiii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gastrointestinal complications of eating disorders[PR IV.B.1.b).(1).(j).(xiv)] | 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 and an understanding of the indications, risks, and limitations. Also indicate the method which will be used to evaluate competence. [PR IV.B.1.b).(2).(a)- IV.B.1.b).(2).(c).(x)]

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Proficiency****(e.g., Structured observation checklist, procedure log, course completion)**  |
| --- | --- | --- |
| Performing medical procedures related to gastrointestinal and liver disease for screening, surveillance, diagnosis, and intervention [PR IV.B.1.b).(2).(b)] | Click or tap here to enter text. |  |
| Performing upper gastrointestinal endoscopy, both diagnostic and therapeutic procedures[PR IV.B.1.b).(2).(c).(i)] | Click or tap here to enter text. |  |
| Performing colonoscopy, both diagnostic and therapeutic procedures[PR IV.B.1.b).(2).(c).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing esophageal impedance/pH testing procedures[PR IV.B.1.b).(2).(c).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing pancreatic function testing [PR IV.B.1.b).(2).(c).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing breath hydrogen analysis procedures [PR IV.B.1.b).(2).(c).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance of endoscopic placement of feeding tubes, including percutaneous endoscopic gastrostomy placement [PR IV.B.1.b).(2).(c).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing videocapsule endoscopy procedures[PR IV.B.1.b).(2).(c).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Removal of gastrointestinal foreign bodies[PR IV.B.1.b).(2).(c).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing hemostatic techniques for variceal and nonvariceal gastrointestinal bleeding[PR IV.B.1.b).(2).(c).(ix)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing percutaneous liver biopsy [PR IV.B.1.b).(2).(c).(x)] | 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)]

| **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. |
| Methods of initial evaluation and criteria for referral and follow-up care of the patient requiring liver transplantation and those with intestinal failure/requiring small bowel transplantation[PR IV.B.1.c).(2)] | 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).(k);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 fellows will be supervised. [PR IV.B.1.b).(1)-IV.B.1.b).(1).(k); IV.C.1.a); IV.C.4.] Limit response to 500 words.

|  |
| --- |
| 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.

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

1. Explain how fellows will function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. [PR IV.C.1.b)] Limit response to 500 words.

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

1. Describe the experience fellows will have in providing longitudinal care in an outpatient setting. Include opportunities that fellows will have to provide outpatient care for patients whom they have treated on the inpatient service. [PR IV.C.4.] Limit response to 500 words.

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

1. Describe how fellows serve as role models and provide supervision to residents and/or medical students [PR IV.C.5.] Limit response to 250 words.

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

**Conferences**

List regular subspecialty and interdepartmental conferences, rounds, etc. that are a part of the program. Identify the "Site" by using the corresponding number as it appears in the ADS portion of the application. Indicate the frequency (e.g., weekly, monthly) and whether conference attendance is required or optional. List the planned role of the fellow in this activity (e.g., conducts conference, presents case and participates in discussion, case presentation only, participation limited to Q&A component). Add rows as needed. [PR IV.C.6.b); IV.C.7.]

| **Conference** | **Site #** | **Frequency** | **Attendance (Select Required or Optional)** | **Role of the Fellow** |
| --- | --- | --- | --- | --- |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |

**General Subspecialty Curriculum**

Identify the conferences and other teaching sessions where fellows will receive instruction in the following areas as appropriate to pediatric gastroenterology. Also indicate which learners participate (i.e., pediatric gastroenterology fellows, pediatric gastroenterology fellows and other subspecialty fellows, or residents and pediatric gastroenterology fellows). [PR IV.C.6.c).(1)-IV.C.6.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.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Physiology [PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Biochemistry[PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Embryology [PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Pathology [PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Microbiology[PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Pharmacology[PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Genetics [PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Nutrition/metabolism[PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Pathophysiology of disease [PR IV.C.6.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Reviews of recent advances in clinical medicine and biomedical research[PR IV.C.6.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Conferences dealing with complications and death[PR IV.C.6.c).(2)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR IV.C.6.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.6.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.6.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 Gastroenterology Program, Only List the Pediatric Gastroenterology 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.

|  |
| --- |
| 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.** Limit response to 500 words.

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