**New Application: Pediatric Infectious Diseases**

**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**

Briefly describe how the pediatric infectious diseases 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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**Resources**

1. Indicate whether the program has access to the following facilities and services/resources for fellow education. For inpatient services, indicate the number of available beds.

| **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 in order to perform testing specific to pediatric infectious diseases [PR I.D.1.b)] | Choose an item. | Choose an item. | Choose an item. |
| Clinical microbiology laboratory with readily available personnel is [PR I.D.1.c)] | Choose an item. | Choose an item. | Choose an item. |
| Clinical microbiology laboratories that have the capacity to identify infections caused by bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in tissues and body fluids [PR I.D.1.d)] | Choose an item. | Choose an item. | Choose an item. |
| Infection control program at the clinical site(s)  [PR I.D.1.e)] | Choose an item. | Choose an item. | Choose an item. |
| Antimicrobial stewardship program at the clinical site(s) [PR I.D.1.e)] | Choose an item. | Choose an item. | Choose an item. |
| Space in an ambulatory setting for evaluation and care of patients from newborn to early adulthood [PR I.D.1.f).(1)] | Choose an item. | Choose an item. | Choose an item. |
| PICU (indicate number of beds) [PR I.D.1.f).(1)] | # | # | # |
| NICU (indicate number of beds) [PR I.D.1.f).(1)] | # | # | # |

1. Provide an explanation if “**NO”** is indicated for any of the above facilities and/or services across all sites:

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**Patient Population**

**Inpatient**

1. 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 infectious diseases service | | # | | # | # |
| Number of new patients admitted each year (“new” refers to those who are seen by members of the pediatric infectious diseases service for the first time.) | | # | | # | # |
| Average length of stay of patients on the pediatric infectious diseases service | | # | | # | # |
| Total number of consultations by pediatric infectious disease specialists 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 infectious diseases service, including consultations | | # | | # | # |

**Outpatient**

1. Provide the following information for the most recent 12-month academic or calendar year.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | | | **To:** Click here to enter a date. | | | |
|  | | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #5** |
| Is there a separate pediatric infectious diseases clinic? | | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Number of pediatric infectious diseases clinic/or office sessions per week during 12-month period reported: | | # | # | # | # | # | # |
| Number of ambulatory pediatric infectious diseases visits during 12-month period reported: | | # | # | # | # | # | # |
| Of the visits reported in the question above, how many are new patients? ("new" refers to those who are being seen by members of the infectious diseases service for the first time) | | # | # | # | # | # | # |
| How many patients were initially seen on the inpatient service? | | # | # | # | # | # | # |
| Estimate the number of pediatric infectious diseases clinics or sessions office a fellow attends (will attend) during the entire training period: | | # | # | # | # | # | # |

1. For each outpatient site where patients with infectious diseases will be seen by fellows 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 the director will monitor the experience, and fellow performance. [PR: I.D.1.f).-I.D.1.f).(1); IV.C.4]

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

1. For the most recent 12-month academic or calendar year, how many pediatric patients with the following diseases were: a) seen in the ambulatory settings; b) were admitted to and/or consulted on by the pediatric infectious diseases at the primary site? Count only patients or new encounters and only one organ system/infection per encounter. The full academic or calendar year must be identical to the period used in other sections.

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| --- | --- | --- | --- | --- |
| **Site Name:** | Click here to enter text. | | | |
| **Inclusive dates:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | |
| **Infectious Diseases** | | **Inpatients** | | **Outpatients** |
| **# New Patients Seen by ID Service** | | **# of New Patients** |
| Upper respiratory tract infections  [PR IV.B.1.b).(1).(i).(ii)] | | # | | # |
| Lower respiratory tract infections  [PR IV.B.1.b).(1).(i).(ii)] | | # | | # |
| Central nervous system infections  [PR IV.B.1.b).(1).(i).(iii)] | | # | | # |
| Urinary tract/renal infections  [PR IV.B.1.b).(1).(i).(iv)] | | # | | # |
| Cardiovascular infections  [PR IV.B.1.b).(1).(i).(v)] | | # | | # |
| Bone and joint infections  [PR IV.B.1.b).(1).(i).(vi)] | | # | | # |
| Skin/soft tissue/muscle infections  [PR IV.B.1.b).(1).(i).(vii)] | | # | | # |
| Gastrointestinal tract/intra-abdominal infections/hepatobiliary infections  [PR IV.B.1.b).(1).(i).(viii)] | | # | | # |
| Ear, nose, and throat infections  [PR IV.B.1.b).(1).(i).(ix) | | # | | # |
| Ocular infections [PR IV.B.1.b).(1).(i).(x)] | | # | | # |
| Reproductive tract infections  [PR IV.B.1.b).(1).(1).(xi)] | | # | | # |
| Sexually transmitted infections  [PR IV.B.1.b).(1).(i).(xii)] | | # | | # |
| Foreign-body and catheter-related infections  [PR IV.B.1.b).(1).(i).(xiii)] | | # | | # |
| HIV infection [PR IV.B.1.b).(1).(i).(xiv)] | | # | | # |
| Healthcare-associated infections  [PR IV.B.1.b).(1).(i).(xv)] | | # | | # |
| Surgical and traumatic wound infections  [PR IV.B.1.b).(1).(i).(xvi)] | | # | | # |
| Congenital and neonatal infections  [PR IV.B.1.b).(1).(i).(xvii)] | | # | | # |
| Infections in transplant patients  [PR IV.B.1.b).(1).(i).(xviii)] | | # | | # |
| Prolonged and recurrent fever  [PR IV.B.1.b).(1).(i).(xix)] | | # | | # |
| Bloodstream infections and sepsis  [PR IV.B.1.b).(1).(i).(xx)] | | # | | # |
| Vasculitides, including Kawasaki Disease  [PR IV.B.1.b).(1).(i).(xxi) | | # | | # |

1. If an opportunity to see patients with any of these conditions is limited, describe how fellows will learn to provide clinical consultations for this group of patients.

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**List of Diagnoses**

List 150 **consecutive** admissions and/or consultations to the Pediatric Infectious Diseases inpatient 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. Duplicate tables as necessary. **Note, the date range should occur within the same 12-month period used in the 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** | | **Infectious Diseases Diagnosis**  **(may include secondary diagnosis if relevant)** | | |
| **Number** | **Age** |
| # | Age | Click here to enter text. | | |
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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.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. In the table below, indicate the number of faculty members who are present in each of the required disciplines. [PR II.B.3.d).(1).(a)-I.B.3.d).(1).(j); II.B.3.d).(2).(a)-II.B.3.d).(2).(r); II.D.1.a)-II.D.1.l)]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 cardiology | # | # | # | # | # |
| Pediatric critical care medicine | # | # | # | # | # |
| Pediatric emergency medicine | # | # | # | # | # |
| Pediatric gastroenterology | # | # | # | # | # |
| Pediatric hematology-oncology | # | # | # | # | # |
| Pediatric nephrology | # | # | # | # | # |
| Pediatric pulmonology | # | # | # | # | # |
| Pediatric rheumatology | # | # | # | # | # |
| **Faculty Members with Substantial Experience with Pediatric Problems** | | | | | |
| Allergist and immunologist(s) | # | # | # | # | # |
| Anesthesiologist(s) | # | # | # | # | # |
| Cardiac surgeon(s) | # | # | # | # | # |
| Child and adolescent psychiatrist(s) | # | # | # | # | # |
| Child neurologist(s) | # | # | # | # | # |
| Dermatologist(s) | # | # | # | # | # |
| Medical geneticist(s) | # | # | # | # | # |
| Microbiologist(s) | # | # | # | # | # |
| Neurological surgeon(s) | # | # | # | # | # |
| Neuroradiologist(s) | # | # | # | # | # |
| Ophthalmologist(s) | # | # | # | # | # |
| Orthopaedic surgeon(s) | # | # | # | # | # |
| Otolaryngologist(s) | # | # | # | # | # |
| Pathologist(s) | # | # | # | # | # |
| Pediatric surgeon(s) | # | # | # | # | # |
| Plastic surgeon(s) | # | # | # | # | # |
| 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) |  |  |  |  |  |
| Dietician(s) |  |  |  |  |  |
| Home health care liaison(s) |  |  |  |  |  |
| Infection preventionist(s) |  |  |  |  |  |
| Mental health professional(s) |  |  |  |  |  |
| Pharmacist(s) |  |  |  |  |  |
| Physical and occupational therapist(s) |  |  |  |  |  |
| Public health liaison(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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**Educational Program [PR: SECTION IV.]**

**Patient Care and Procedural Skills [PR IV.B.1.b)]**

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 used in pediatric infectious diseases  [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. |
| The indications and interpretation of diagnostic tests  [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 the indications, contraindications, and risks, and the ability to interpret results of diagnostic and therapeutic procedures [PR IV.B.1.b).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Odontogenic infections  [PR IV.B.1.b).(1).(i).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Upper and lower respiratory tract infections [PR IV.B.1.b).(1).(i).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Central nervous system infections  [PR IV.B.1.b).(1).(i).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Urinary tract/renal infections  [PR IV.B.1.b).(1).(i).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cardiovascular infections  [PR IV.B.1.b).(1).(i).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bone and joint infections  [PR IV.B.1.b).(1).(i).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Skin/soft tissue/muscle infections  [PR IV.B.1.b).(1).(i).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gastrointestinal /intra-abdominal/hepatobiliary infections  [PR IV.B.1.b).(1).(i).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ear, nose, and throat infections  [PR IV.B.1.b).(1).(i).(ix)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ocular infections  [PR IV.B.1.b).(1).(i).(x)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Reproductive tract infections  [PR IV.B.1.b).(1).(i).(xi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sexually transmitted infections  [PR IV.B.1.b).(1).(i).(xii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Foreign-body and catheter-related infections  [PR IV.B.1.b).(1).(i).(xiii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| HIV infection  [PR IV.B.1.b).(1).(i).(xiv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Health care-associated infections  [PR IV.B.1.b).(1).(i).(xv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Surgical and traumatic wound infections  [PR IV.B.1.b).(1).(i).(xvi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Congenital and neonatal infections  [PR IV.B.1.b).(1).(i).(xvii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Infections in transplant patients  [PR IV.B.1.b).(1).(i).(xviii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Prolonged and recurrent fever  [PR IV.B.1.b).(1).(i).(xix)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bloodstream infections and sepsis [PR IV.B.1.b).(1).(i).(xx)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Vasculitides, to include Kawasaki Disease [PR IV.B.1.b).(1).(i).(xxi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Disorders of host defense  [PR IV.B.1.b).(1).(i).(xxii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Promoting antimicrobial stewardship based on microbiological data and pharmacological principles  [PR IV.B.1.b).(1).(j)] | 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. |
| The necessary procedural skills and develop an understanding of their indications, risks, and limitations [PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |

Describe the planned fellows’ involvement with a hospital antimicrobial utilization program: [PR: IV.B.1.b).(1).(j)]

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| Click here to enter text. |

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

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will develop competence in their knowledge in each of the following areas. Also indicate the method(s) which will be used to evaluate fellow competence in each area. [PR IV.B.1.c.(1)- IV.B.1.c).(3).(o)]

| **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. |
| Knowledge of the principles of, and manage disease control, prevention of, health care-associated infections, emerging pathogens, immunization programs, and/or vaccine-preventable diseases  [PR IV.B.1.c).(2)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Basic epidemiologic and biostatistical methods and their application to clinical research and patient care [PR IV.B.1.c).(3).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories [PR IV.B.1.c).(3).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The appropriate use of antimicrobial agents in a variety of clinical settings, their mechanisms of action, pharmacokinetics, and potential adverse reactions  [PR IV.B.1.c).(3).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Microbiological and immunologic factors that determine the outcome of the interaction between host and microbe [PR IV.B.1.c).(3).(d)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Microbiology laboratory techniques, including culture techniques, rapid diagnostic methods, and molecular methods for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in clinical specimens  [PR IV.B.1.c).(3).(e)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The effects of underlying disease states and immunosuppressive therapies on host response to infectious agents  [PR IV.B.1.c).(3).(f)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Mechanisms of protection against infection, e.g., active or passive immunization and immunomodulating agents  [PR IV.B.1.c).(3).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical pharmacology of antimicrobial agents including drug interactions, adverse reactions, dose adjustments for age and abnormal physiology, and principles of pharmacokinetics and pharmacodynamics  [PR IV.B.1.c).(3).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Methods of determining activity of antimicrobial agents and techniques to determine their concentrations in blood and other body fluids  [PR IV.B.1.c).(3).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indications for diagnostic procedures, including bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscesses, and be able to interpret their results  [PR IV.B.1.c).(3).(j)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The sensitivity, specificity, efficacy, benefits, and risks of contemporary technologies, such as those for rapid microbiologic diagnosis and diagnostic imaging  [PR IV.B.1.c).(3).(k)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The principles and practice of hospital epidemiology and infection control and prevention  [PR IV.B.1.c).(3).(l)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The currently recommended immunization schedules for young infants, children, and adolescents, with knowledge of protective efficacy, risks, and benefits of routinely administered vaccines, including the use of immunizations in special situations and immunocompromised hosts  [PR IV.B.1.c).(3).(m)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The understanding of adverse events attributed to immunomodulators  [PR IV.B.1.c).(3).(n)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Emerging infectious diseases and public health issues pertinent to pediatric infectious diseases  [PR IV.B.1.c).(3).(o)] | 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).(k); IV.C.1.a)]

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| Click here to enter text. |

1. Describe the experience the 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]

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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)]

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| Click here to enter text. |

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

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| Click here to enter text. |

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

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| 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.6.c).(2)]

| **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 infectious diseases. Also indicate which learners participate (i.e., pediatric infectious diseases fellows, pediatric infectious diseases fellows and other subspecialty fellows, or residents and pediatric infectious diseases fellows). [PR IV.C.6.c).(1); IV.C.6.c).(2); IV.C.6.c).(3)-IV.C.6.c).(3).(a); 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. | # | ☐ | ☐ | ☐ |
| Immunology  [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. | # | ☐ | ☐ | ☐ |
| Antibiotic stewardship  [PR IV.C.6.c).(1)] | Click here to enter text. | # | ☐ | ☐ | ☐ |
| Infection control  [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)- 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 Infectious Disease Program, Only List the Pediatric Infectious Disease 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 IV.D.2.b).(1).(a)]

| **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. |