**New Application: Pediatric Critical Care Medicine (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for the application to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Critical Care Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics?
 [ ] YES [ ] NO

Explain if ‘NO.’ For information on independent subspecialty status, email acgme-i@acgme-i.org (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the pediatric critical care medicine fellowship program be geographically proximate to the affiliated core pediatric residency program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure the pediatric critical care medicine fellowship does not negatively affect the education of residents in the affiliated pediatric residency program? (Limit 300 words)

|  |
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**Program Personnel and Resources**

**Program Director**

1. Will the program director have ongoing involvement in scholarly activity? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the program director mentor or guide fellows in the skills necessary to the practice of pediatric critical care medicine in the following areas?
2. Administrative [ ] YES [ ] NO
3. Clinical care [ ] YES [ ] NO
4. Quality improvement [ ] YES [ ] NO
5. Research [ ] YES [ ] NO
6. Teaching [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the program director ensure that fellows document their procedural experience? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the program ensure that meetings with the program director of the residency program and all pediatric subspecialty programs occur at least semiannually? [ ] YES [ ] NO

If ‘YES’, will the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the Competencies, and evaluation? [ ] YES [ ] NO

 Explain any ‘NO’ responses. (Limit 250 words)

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1. What will the extent of the program director’s authority and responsibility be to set and adjust fellows’ clinical responsibilities and ensure fellows have appropriate clinical responsibilities and patient loads? (Limit 400 words)

|  |
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| Click here to enter text. |

**Faculty**

1. Will there be at least four faculty members, including the program director? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure faculty members encourage and support fellows in scholarly activities, including mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine with implications for the field of pediatric critical care medicine? (Limit 400 words)

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| Click here to enter text. |

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Name(s) |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric emergency medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric gastroenterology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |
|  |
| Pediatric nephrology |  |
|  |
|  |
|  |
| Pediatric neurology |  |
|  |
|  |
|  |

List the names and specialty for any faculty members not included in the table above.

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

1. Will faculty members in the following specialties/subspecialties and with substantial experience in treating pediatric problems be available to the program?
2. Allergy and immunology [ ] YES [ ] NO
3. Anesthesiology [ ] YES [ ] NO
4. Child abuse pediatrics [ ] YES [ ] NO
5. Child and adolescent psychiatry [ ] YES [ ] NO
6. Congenital cardiac surgery [ ] YES [ ] NO
7. Medical genetics [ ] YES [ ] NO
8. Neurological surgery [ ] YES [ ] NO
9. Neuroradiology [ ] YES [ ] NO
10. Orthopaedic surgery [ ] YES [ ] NO
11. Otolaryngology [ ] YES [ ] NO
12. Pediatric surgery [ ] YES [ ] NO
13. Physiatry [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

**Other Program Personnel**

1. Will the following health care professionals with pediatric focus and experience be available to the program?
2. Child life therapist(s) [ ] YES [ ] NO
3. Critical care nurse(s) [ ] YES [ ] NO
4. Dietitian(s) [ ] YES [ ] NO
5. Hospice and palliative medicine professional(s) [ ] YES [ ] NO
6. Pharmacist(s) [ ] YES [ ] NO
7. Occupational therapist(s) [ ] YES [ ] NO
8. Physical therapist(s) [ ] YES [ ] NO
9. Respiratory therapist(s) [ ] YES [ ] NO
10. Social worker(s) [ ] YES [ ] NO
11. Speech and language therapist(s) [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

**Resources**

* + 1. Will the program be based in a specifically-designed pediatric intensive care unit (PICU)?
		 [ ] YES [ ] NO
1. If ‘YES,’ is the PICU at the primary clinical site? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

* + 1. Provide the following information for the most recent 12-month academic or calendar year for each PICU (or its equivalent) that will be used by the program. Participating sites are indicated by a number that must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1.

Data in the table below is for the time period of \_#\_ to \_ # \_

|  |  |  |  |
| --- | --- | --- | --- |
| **Pediatric Intensive Care Unit** | **Site #1** | **Site #2** | **Site #3** |
| Average daily census  | # | # | # |
| Average length of stay  | # | # | # |
| Number of admissions  | Length | Length | Length |
| Number of beds  | # | # | # |

* + 1. Provide the following information about fellows’ clinical experience at each planned participating site. Use site numbers as listed in ADS and above.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 1** | **Year 2** | **Year 3** | **Year 1** | **Year 2** | **Year 3** |
| Number of fellows assigned to the PICU; do not include those fellows covering only nights and weekends with no daytime responsibilities | # | # | # | # | # | # | # | # | # |
| Average number of patients per fellow per week | # | # | # | # | # | # | # | # | # |
| Average number of consultations outside the PICU provided by each fellow per week | # | # | # | # | # | # | # | # | # |

* + 1. Will the following facilities and equipment be available in the PICU on a 24-hour basis?
1. Acute hemodialysis [ ] YES [ ] NO
2. Continuous renal replacement therapy [ ] YES [ ] NO
3. Electroencephalogram (EEG) services [ ] YES [ ] NO
4. Laboratories that provide prompt evaluation specific to pediatric critical care medicine

 [ ] YES [ ] NO

1. Pediatric cardiac catheterization facility [ ] YES [ ] NO
2. Timely bedside pediatric imaging [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

* + 1. Will pathology and imaging services be available to the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. How will the program ensure there are adequate numbers and variety of PICU patients ranging in age from newborn through young adulthood available to provide a broad experience for fellows? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Provide the following information for the most recent 12-month academic or calendar year for each site that will be used to provide a specific required experience, such as cardiology, intensive care, etc.Use the same site numbers as noted in ADS and in the previous table. If additional sites are not planned, columns can be left blank. Add columns, as needed.

Data in the table below is for the time period of \_ # \_ to \_ # \_

|  | **Site #1** | **Site #** # | **Site #** # |
| --- | --- | --- | --- |
| Name of service | Click here to enter text. | Click here to enter text. | 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 | # | # | # |

1. Complete the following table to indicate the number of pediatric patients in the followingcategories who were admitted to or consulted on by the critical care service at the primary clinical site during the same 12-month period as noted above.

|  | **Number of Patients Available to Fellows** |
| --- | --- |
| **Number on Critical Care Medicine Service** | **Number Seen in Consultation or on a Shared Service** |
| Single organ failure | # | # |
| Multi-system organ failure | # | # |
| Severe trauma | # | # |
| Major neurologic or neurosurgical problems  | # | # |
| Solid organ transplantation | # | # |

1. For the same time period and using the same site numbers as in ADS and above, complete the following table.

| **Procedure** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Airway |
| Endotracheal intubation | # | # | # |
| Breathing, ventilation  |
| Mechanical ventilation (indicate the number of patients) | # | # | # |
| Placement of thoracostomy tubes | # | # | # |
| Circulation |
| Insertion of arterial catheter | # | # | # |
| Insertion of central venous catheters | # | # | # |
| Continuous infusion of vasoactive agents | # | # | # |
| Renal replacement therapy (hemodialysis, peritoneal dialysis) | # | # | # |
| Procedural sedation | # | # | # |
| Exposure to invasive intracranial pressure monitoring (fellows analyze data and adjust monitors, etc.) | # | # | # |
| Exposure to non-invasive intracranial pressure monitoring  | # | # | # |

1. Which site will the program use for pediatric cardiac surgery experience?

|  |
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| Click here to enter text. |

1. Using the same 12-month period as indicated above, how many pediatric cardiac surgeries were performed at this site?

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**Eligibility Criteria**

1. How will the program ensure all fellows have completed an ACGME-I-accredited pediatric residency or another pediatric residency acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

|  |
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| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including trustworthiness, leadership skills, and the capacity to recognize that ambiguity is part of clinical medicine and to respond by utilizing appropriate resources in dealing with uncertainty? (Limit 400 words)

|  |
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**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans?

Describe how competence will be evaluated. (Limit 400 words)

|  |
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1. How will graduating fellows demonstrate competence in providing transfer of care that ensures seamless transitions, counseling patients and patients’ families, using information technology to optimize patient care, and providing appropriate role modeling and supervision?

Describe how competence will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Diagnosing and managing patients with acute life-threatening problems
3. Providing or coordinating with a medical home for care of patients with complex and chronic diseases

Describe how competence will be evaluated in each of the above. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing compassionate end-of-life care and performing an accurate brain death examination?

Describe how competence will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in providing safe transport for a critically ill patient?

Describe how competence will be evaluated. (Limit 300 words)

|  |
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1. How will graduating fellows demonstrate competence in participating in team-based care of critically ill patients whose primary problem is surgical?

Describe how competence will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows be assessed in their ability to competently use and interpret the results of laboratory tests and imaging?

Describe how competence will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the performance and interpretation of the following?
2. Central arterial and venous catheterization
3. Endotracheal intubation
4. Peripheral arterial and venous catheterization
5. Procedural sedation
6. Resuscitation
7. Throacostomy tube placement

Provide examples of how competence will be evaluated in four of the six procedures listed. (Limit 400 words)

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| Click here to enter text. |

**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate knowledge of the following?
	1. Bioethics
	2. Biostatistics
	3. Clinical and laboratory research methodology
	4. Critical literature review
	5. Ethical principles involving clinical research
	6. Preparation of applications for funding and/or approval of clinical research protocols
	7. Principles of evidence-based medicine
	8. Study design
	9. Teaching methods

Provide examples of how knowledge will be assessed in five of the nine areas listed. (Limit 500 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate knowledge of pharmacologic principles and the application of these principles to the critically ill patient? (Limit 300 words)

|  |
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1. How will graduating fellows demonstrate knowledge of life-sustaining therapies? (Limit 300 words)

|  |
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| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate skill in teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars, as well as by electronic and print modalities? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate skill in providing feedback to learners and assessing educational outcomes? (Limit 300 words)

|  |
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| Click here to enter text. |

**Systems-based Practice**

1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will the didactic curriculum include the following?
3. Case discussions [ ] YES [ ] NO
4. Journal club [ ] YES [ ] NO
5. Lectures [ ] YES [ ] NO
6. Pediatric critical care medicine conferences [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will the didactic sessions:
2. actively involve the fellows in planning and implementation? [ ] YES [ ] NO
3. include topics on basic sciences related to pediatric critical care medicine? [ ] YES [ ] NO
4. include topics on clinical sciences in pediatric critical care medicine? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will conferences include the following topics appropriate to pediatric critical care medicine?
2. Anatomy and physiology [ ] YES [ ] NO
3. Biochemistry [ ] YES [ ] NO
4. Bioethics [ ] YES [ ] NO
5. Complications of care [ ] YES [ ] NO
6. Embryology [ ] YES [ ] NO
7. End-of-life care [ ] YES [ ] NO
8. Genetics [ ] YES [ ] NO
9. Immunology [ ] YES [ ] NO
10. Microbiology [ ] YES [ ] NO
11. Nutrition and metabolism [ ] YES [ ] NO
12. Palliation and death [ ] YES [ ] NO
13. Pathology [ ] YES [ ] NO
14. Pathophysiology of disease [ ] YES [ ] NO
15. Pharmacology [ ] YES [ ] NO
16. Reviews of recent advances in clinical medicine and biomedical research [ ] YES [ ] NO
17. Scientific, ethical and legal implications of confidentiality and informed consent [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will conferences include topics on the economics of heath 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? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Clinical Experiences**

* + - 1. Will cardiovascular post-operative care be provided in a pediatric cardiac surgical ICU separate from the PICU? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

|  |
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| # of months |

* + - 1. Indicate the number of months of planned fellow clinical experience in critical care settings other than the PICU, such as burn, medical or neonatal intensive care.

**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered, the type and number of sessions, and if the curriculum will be a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

|  |
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| Click here to enter text. |

2. How will the program ensure each fellow designs and conducts a scholarly project in the area of pediatric critical care medicine with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

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

1. Will the program establish a Scholarship Oversight Committee for each fellow? [ ] YES [ ] NO

If ‘YES,’ answer a. and b. below.

1. Will the committee oversee and evaluate the fellow’s progress on scholarly activity? [ ] YES [ ] NO
2. Will the committee be a collaborative effort involving other pediatric subspecialty programs or other experts? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will all fellows’ designated mentors:
2. be approved by the Scholarship Oversight Committee? [ ] YES [ ] NO
3. have expertise in the fellow’s area of scholarly interest? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure fellows’ scholarly experience begins in the first year and continues for the entire length of the program, and is structured to allow development of skills in research and scholarship with sufficient time for project completion and presentation of results to the Scholarship Oversight Committee? (Limit 400 words)

|  |
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**The Learning and Working Environment**

**Supervision and Accountability**

1. How will the lines of responsibility for the fellows be defined? (Limit 400 words)

|  |
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1. How will the program ensure clinical responsibilities are structured so that progressive clinical, technical, and consultative experiences are provided to enable fellows to develop expertise as a pediatric critical care consultant? (Limit 400 words)

|  |
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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to pediatric critical care medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric critical care medicine, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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