ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Pediatrics

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Pediatrics encompasses the study and practice of physical and mental health promotion, disease prevention, diagnoses, care, and treatment of infants, children adolescents, and young adults during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific model of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

Int. II. Duration of Education

Int. II.A. The educational program in pediatrics must be 36 or 48 months in length.

I. Institution

I.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

II.B.1. There must be a core faculty member for each required educational unit ~~(four-week or one-month block, or longitudinal experience), a core faculty member must be~~who is responsible for curriculum development and for ensuring orientation, supervision, teaching of, and timely feedback and evaluation to the residents.

II.B.2. At least annually, program leaders and core faculty members must participate in faculty or leadership development relevant to their role in the program.

II.B.3. All faculty members involved in the education of residents should participate in faculty development programs, such as courses, mentoring, and/or workshops, to enhance the effectiveness of their skills as educators~~, based on their roles in the program~~.

II.B.4. There must be faculty members with expertise in general pediatrics who have ongoing responsibility for the care of general pediatric patients. These faculty members must:

II.B.4.a) participate actively in formal teaching sessions; and,

II.B.4.b) serve as attending physicians for inpatients, outpatients, and/or term newborns.

II.B.5. Faculty members with ~~subspecialty certification~~ expertise in the following subspecialty areas of pediatrics must function on an ongoing basis as integral parts of the clinical and instructional components of the program in both inpatient and outpatient settings, including a faculty member in each of the following:

~~II.B.5.a) adolescent medicine;~~

~~II.B.5.b) developmental-behavioral pediatrics;~~

II.B.5.a) neonatal-perinatal medicine;

II.B.5.b) pediatric critical care;

II.B.5.c) pediatric emergency medicine; and,

II.B.5.d) at least five other distinct pediatric medical disciplines.

II.B.6. At the primary clinical site, there must be at least one physician from the following areas available when needed for clinical consultation and teaching of residents~~who is certified in of the following areas~~:

II.B.6.a) diagnostic radiology;

II.B.6.b) pathology; and,

II.B.6.c) surgery.

II.B.7. Faculty members must maintain awareness of and respond to patient volumes and acuity as they affect the workload and well-being of the residents, and the safety of the patients.

II.B.8. Faculty members with expertise in adolescent medicine and developmental-behavioral pediatrics should be available for education and consultation.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

II.D.1. The program must have an intensive care facility that is appropriately equipped and staffed for the care of a sufficient number of critically ill pediatric patients.

II.D.2. There must be an emergency facility that specializes in the care of pediatric patients and that receives pediatric patients who have been transported via the Emergency Medical Services system, if it is available in the country or jurisdiction.

II.D.3. There must be a sufficient number of patients being treated in the intensive care unit to support the required experiences for the number of residents in the program.

III. Resident Appointment

III.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

III.B. Number of Residents

III.B.1. There should be at least four residents at each level of education.

~~III.B.2. Resident attrition must not have a negative impact on the stability of the educational environment.~~

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:

IV.A.1.a).(1).(a)	compassion, integrity, and respect for others;
IV.A.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest;
IV.A.1.a).(1).(c)	respect for patient privacy and autonomy;
IV.A.1.a).(1).(d)	accountability to patients, society, and the profession;
IV.A.1.a).(1).(e)	sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
IV.A.1.a).(1).(f)	a commitment to engage in personal and professional development that will sustain them in balancing a commitment to their profession with a healthy and productive personal life, including:
IV.A.1.a).(1).(f).(i)	self-awareness of one's own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors;
IV.A.1.a).(1).(f).(ii)	healthy responses to stressors;
IV.A.1.a).(1).(f).(iii)	manage conflict between one's personal and professional responsibilities;
IV.A.1.a).(1).(f).(iv)	flexibility and maturity in adjusting to change with the capacity to alter one's own behaviors;
IV.A.1.a).(1).(f).(v)	trustworthiness that makes colleagues feel secure when one is responsible for the care of patients;
IV.A.1.a).(1).(f).(vi)	leadership skills that enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients;
IV.A.1.a).(1).(f).(vii)	self-confidence that puts patients, patients' families, and members of the health care team at ease; and,
IV.A.1.a).(1).(f).(viii)	the capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty.
IV.A.1.a).(1).(g)	high standards of ethical behavior, including maintaining appropriate professional boundaries

and relationships with other physicians and avoiding conflicts of interest; and,

IV.A.1.a).(1).(h) a commitment to lifelong learning and an attitude of caring derived from humanistic and professional values.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health, and demonstrate the ability to provide comprehensive medical care to infants, children, and adolescents, including ~~competence in~~:

IV.A.1.b).(1).(a) gathering essential and accurate information about each patient;

IV.A.1.b).(1).(b) organizing and prioritizing responsibilities to provide patient care that is safe, effective, and efficient;

IV.A.1.b).(1).(c) conducting health supervision, minor sick and acute severe illness encounters, in addition to managing complex or chronic conditions; ~~providing transfer of care that ensures seamless transitions;~~(Move to Systems-Based Practice)

IV.A.1.b).(1).(d) interviewing patients and patients' families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease;

IV.A.1.b).(1).(e) performing complete and accurate physical examinations;

IV.A.1.b).(1).(f) making informed diagnostic and therapeutic decisions that result in optimal clinical judgment;

IV.A.1.b).(1).(g) developing and implementing management plans;

IV.A.1.b).(1).(h) incorporating consideration of the impacts of social determinants of health and advocating for social justice; ~~counseling patients and their families~~; (moved to Interpersonal and Communication Skills)

IV.A.1.b).(1).(i) providing effective health maintenance and anticipatory guidance;

IV.A.1.b).(1).(j) recognizing normal variations in growth, development, and wellness, and anticipating, preventing, and detecting disruptions in health and well-being;

IV.A.1.b).(1).(k)	providing appropriate role modeling;
IV.A.1.b).(1).(l)	assessing growth and development from birth through the transition to adult practitioners; ~~providing appropriate supervision;~~ (moved to Interpersonal and Communication Skills)
IV.A.1.b).(1).(m)	providing medical care that addresses concerns of groups of patients;
IV.A.1.b).(1).(n)	participating in real or simulated end-of-life care coordination and grief and bereavement management;
IV.A.1.b).(1).(o)	identifying and managing common behavioral/mental health conditions of childhood;
IV.A.1.b).(1).(p)	referring patients who require consultation, including those with surgical problems;
IV.A.1.b).(1).(q)	resuscitating, stabilizing, and triaging patients to align care with severity of illness;
~~IV.A.1.b).(1).(l)~~	~~performing procedures used by a pediatrician in general practice, including being able to describe the steps in the procedure, indications, contraindications, complications, pain management, post-procedure care, and interpretation of applicable results;~~ and
IV.A.1.b).(1).(r)	performing all medical, diagnostic, and therapeutic procedures considered essential for pediatric practice in the country or jurisdiction, including:
~~IV.A.1.b).(1).(r).(i)~~	~~arterial line placement;~~
IV.A.1.b).(1).(r).(i)	bag-mask ventilation;
~~IV.A.1.b).(1).(r).(iii)~~	~~arterial puncture;~~
~~IV.A.1.b).(1).(r).(iv)~~	~~bladder catheterization;~~
~~IV.A.1.b).(1).(r).(v)~~	~~chest tube placement;~~
IV.A.1.b).(1).(r).(ii)	developmental screening;
IV.A.1.b).(1).(r).(iii)	~~giving~~immunizations;
IV.A.1.b).(1).(r).(iv)	lumbar puncture;
IV.A.1.b).(1).(r).(v)	~~neonatal endotracheal intubation;~~neonatal delivery room stabilization; and,
IV.A.1.b).(1).(r).(vi)	peripheral intravenous catheter placement.

~~IV.A.1.b).(1).(r).(xi) procedural sedation and pain management;~~

~~IV.A.1.b).(1).(r).(xii) thoracentesis~~

~~IV.A.1.b).(1).(r).(xii) reduction of simple dislocation;~~

~~IV.A.1.b).(1).(m).(x) simple laceration repair;~~

~~IV.A.1.b).(1).(m).(xi) simple removal of foreign body;~~

~~IV.A.1.b).(1).(m).(xii) temporary splinting of fracture;~~

~~IV.A.1.b).(1).(m).(xiii) tympanometry and audiometry interpretation;~~

~~IV.A.1.b).(1).(r).(xiv) venipuncture.~~

~~IV.A.1.b).(1).(m).(xv) vision screening.~~

IV.A.1.b).(1).(s) Residents must achieve and maintain competence in advanced life support skills in pediatrics and advanced life support skills in neonates. (Moved from Clinical Experiences)

IV.A.1.c) Medical Knowledge

IV.A.1.c).(1) Residents must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate knowledge of:

IV.A.1.c).(1).(a) indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indication for and use of screening tests/procedures;

IV.A.1.c).(1).(b) selection and interpretation of screening tools and tests;

IV.A.1.c).(1).(c) the full spectrum of inpatient and outpatient care of well and sick infants, children, and adolescents through the transition to adult care, in addition to the diagnosis and management of common presentations;

IV.A.1.c).(1).(d) presentation and management of isolated and multi-organ system failure and assessment of its reversibility;

~~IV.A.1.c).(1).(c) variations in organ system dysfunction by patient~~

~~age;~~	
~~IV.A.1.c).(1).(d)~~	~~invasive and non-invasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions;~~
~~IV.A.1.c).(1).(e)~~	~~understanding of the appropriate roles of the generalist pediatrician and the intensivist/ neonatologist;~~
~~IV.A.1.c).(1).(f)~~	~~resuscitation and care of newborns in the delivery room;~~
IV.A.1.c).(1).(e)	evaluation and management of patients following traumatic injury during the pediatric intensive care experience;
IV.A.1.c).(1).(f)	normal and abnormal child behavior and development;~~including cognitive, language, motor, social, and emotional components~~
IV.A.1.c).(1).(g)	evaluation and management of adolescent patients;
IV.A.1.c).(1).(h)	family structure, adoption, and foster care;
IV.A.1.c).(1).(i)	interviewing parents and children;
IV.A.1.c).(1).(j)	psychosocial and developmental screening techniques;
~~IV.A.1.c).(1).(m)~~	~~behavioral counseling and referral;~~
IV.A.1.c).(1).(k)	management strategies for children with developmental disabilities or special needs;
IV.A.1.c).(1).(l)	needs of children at risk (e.g., those in poverty, from fragmented or substance abusing families, or victims of child abuse/neglect);
IV.A.1.c).(1).(m)	impact of chronic diseases, terminal conditions, and death on patients and patients' families;
IV.A.1.c).(1).(n)	evidence-based guidelines that inform care;
IV.A.1.c).(1).(o)	components of quality improvement and patient safety;
IV.A.1.c).(1).(p)	medication side effects and identification of adverse events; and,
IV.A.1.c).(1).(q)	psychosocial and developmental screening techniques.

IV.A.1.d) Practice-Based Learning and Improvement

IV.A.1.d).(1) Residents must 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. Residents are expected to develop skills and habits to be able to meet the following goals:

IV.A.1.d).(1).(a) apply new knowledge to the management and care of their patients;

~~IV.A.1.d).(1).(b) be an effective teacher;~~

~~IV.A.1.d).(1).(c) identify and perform appropriate learning activities;~~

IV.A.1.d).(1).(b) identify strengths, deficiencies, and limits in one's knowledge and expertise;

IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;

IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

IV.A.1.d).(1).(e) obtain procedure-specific informed consent by competently educating patients about the rationale, technique, and complications of procedures;

IV.A.1.d).(1).(f) participate in the education of patients, patients' families, students, other residents, and other health professionals;

IV.A.1.d).(1).(g) set learning and improvement goals;

IV.A.1.d).(1).(h) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

IV.A.1.d).(1).(i) take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and experience-specific goals and objectives and attendance at conferences; and,

IV.A.1.d).(1).(j) use information technology to optimize learning.

IV.A.1.e) Interpersonal and Communication Skills

IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients' families, and health professionals. Residents must:

IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies <u>to exchange information on patient care, enhance teamwork, and receive and give feedback</u>;

IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;

IV.A.1.e).(1).(d) act in a consultative role to other physicians and health professionals;

IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable;

IV.A.1.e).(1).(f) <u>provide appropriate supervision; and,</u>
(moved from Patient Care and Procedural Skills)

IV.A.1.e).(1).(g) demonstrate insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.

IV.A.1.f) Systems-Based Practice

IV.A.1.f).(1) Residents must 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. Residents must:

IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

IV.A.1.f).(1).(b) coordinate patient care within the health care system relevant to their clinical specialty;

IV.A.1.f).(1).(c) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

IV.A.1.f).(1).(d) advocate for quality patient care and optimal patient

care systems;

IV.A.1.f).(1).(e) work in interprofessional teams to enhance patient safety and improve patient care quality;

IV.A.1.f).(1).(f) provide transfer of care that ensures seamless transitions; (Moved from Patient Care and Procedural Skills)

IV.A.1.f).(1).(g) collaborate with community organizations, including schools and/or leaders in health care systems, to improve health care and the well-being of patients;

IV.A.1.f).(1).(h) participate in identifying system errors and implementing potential systems solutions; and,

IV.A.1.f).(1).(i) advocate for the promotion of health and the prevention of disease and injury in populations.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. The core curriculum must include a didactic program that is based on the core knowledge content in pediatrics.

IV.B.2. All required core conferences should have at least one faculty member present and be scheduled to ensure peer-peer and peer-faculty member interaction.

IV.B.3. Patient-based teaching must include direct interaction between residents and attending physicians, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. The teaching must be:

IV.B.3.a) formally conducted on all inpatient and consultative services; and,

IV.B.3.b) conducted with a frequency and duration sufficient to ensure a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) and residents.

IV.C. Clinical Experiences

IV.C.1. The program must be structured to provide at least 30 months of the required education at the primary clinical site and other participating sites.

IV.C.2. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback.

IV.C.3. The overall structure of the program ~~curriculum~~ must be organized in educational units.

IV.C.3.a) An educational unit should be at least four weeks or one month, or a longitudinal experience.

IV.C.3.a).(1) An outpatient educational unit should be a minimum of 32 half-day sessions.

IV.C.3.a).(2) An inpatient educational unit should be a minimum of 200 hours.

IV.C.3.b) Residents must act in a supervisory role, under faculty member guidance for a minimum of five educational units during the last 24 months of education.

IV.C.4. The overall structure of the program must include:

IV.C.4.a) ~~a minimum of six educational units of~~ an individualized curriculum, determined by the learning needs and career plans of each resident, and developed through the guidance of a faculty mentor.

IV.C.4.b) a minimum of 10 educational units of inpatient care experiences, including:

IV.C.4.b).(1) six educational units of inpatient medicine, with a minimum of four educational units of general pediatrics or pediatric hospital medicine service. The remaining time must be spent on the general pediatrics or pediatric hospital medicine service or other subspecialty services;

~~IV.C.3.b).(1) five educational units in inpatient pediatrics;~~

IV.C.4.b).(1).(a) No more than one educational unit ~~of the five required educational units~~ should be devoted to the care of patients in a single subspecialty.

~~IV.C.3.b).(2) two educational units in the neonatal intensive care unit (NICU);~~

~~IV.C.3.b).(3) two educational units in the pediatric critical care unit (PICU); and,~~

IV.C.4.b).(2) ~~a minimum of~~one educational unit in term newborn care; and,

IV.C.4.b).(3) three educational units of critical care experience ~~in the NICU and PICU~~ to include a minimum of one educational unit in the PICU and a minimum of one educational unit in the NICU.

IV.C.4.b).(3).(a) For a 36-month program, critical care experience cannot exceed six educational units.

IV.C.4.b).(3).(b) For a 48-month program, critical care experience cannot exceed eight educational units.

IV.C.4.c) a minimum of nine educational units of additional subspecialty experiences, including:

IV.C.4.c).(1) one educational unit in adolescent medicine;

IV.C.4.c).(2) one educational unit in developmental-behavioral pediatrics;

IV.C.4.c).(3) four educational units of four key subspecialties from among the following:

IV.C.4.c).(3).(a) child abuse;

IV.C.4.c).(3).(b) medical genetics;

IV.C.4.c).(3).(c) pediatric allergy and immunology;

IV.C.4.c).(3).(d) pediatric cardiology;

IV.C.4.c).(3).(e) pediatric dermatology;

IV.C.4.c).(3).(f) pediatric endocrinology;

IV.C.4.c).(3).(g) pediatric gastroenterology;

IV.C.4.c).(3).(h) pediatric hematology-oncology;

IV.C.4.c).(3).(i) pediatric infectious diseases;

IV.C.4.c).(3).(j) pediatric nephrology;

IV.C.4.c).(3).(k) pediatric neurology;

IV.C.4.c).(3).(l) pediatric pulmonology; or,

IV.C.4.c).(3).(m) pediatric rheumatology.

IV.C.4.c).(4) three educational units consisting of single subspecialties or combinations of subspecialties, made up of experiences from the list above or from among the following:

IV.C.4.c).(4).(a) child and adolescent psychiatry;

IV.C.4.c).(4).(b) hospice and palliative medicine;

IV.C.4.c).(4).(c) neurodevelopmental disabilities;

IV.C.4.c).(4).(d) pediatric anesthesiology;

IV.C.4.c).(4).(e) pediatric dentistry;

IV.C.4.c).(4).(f) pediatric ophthalmology;

IV.C.4.c).(4).(g) pediatric orthopaedic surgery;

IV.C.4.c).(4).(h) pediatric otolaryngology;

IV.C.4.c).(4).(i) pediatric rehabilitation medicine;

IV.C.4.c).(4).(j) pediatric radiology;

IV.C.4.c).(4).(k) pediatric surgery;

IV.C.4.c).(4).(l) sleep medicine; or,

IV.C.4.c).(4).(m) sports medicine.

IV.C.4.d) a minimum of 10 educational units ~~five educational units~~of primarily ambulatory care experiences, including elements of community pediatrics and child advocacy, to include a minimum of:

IV.C.4.d).(1) two educational units of general ambulatory pediatric clinic experience;~~two educational units of the ambulatory experience that include elements of community pediatrics and child advocacy; and,~~

IV.C.4.e).(2) one educational unit of subspecialty outpatient experience, composed of not fewer than two subspecialties; and,

~~IV.C.3.e).(1).(a) Ambulatory experiences should include a children's emergency department setting where residents provide care for children with non-serious acute illnesses with supervision provided by general pediatricians.~~

IV.C.4.d).(3) three educational units in pediatric emergency medicine and acute illness.

IV.C.4.e).(3).(a) At least two of these educational units must be in the emergency department.

IV.C.4.e).(3).(b) Residents must have first-contact evaluation of pediatric patients in the emergency department.

IV.C.5. Residents should have real or simulated experiences in the ~~following~~ procedures ~~if they are~~important for a resident's post-residency position as defined in the resident's individualized learning plan, including:

IV.C.5.a) arterial line placement;

IV.C.5.b) arterial puncture;

IV.C.5.c) chest tube placement;

IV.C.5.d) endotracheal intubation of non-neonates; and,

IV.C.5.e) procedural sedation.

~~IV.C.5.f) thoracentesis.~~

IV.C.6. Each resident should have a minimum of 36 half-day sessions per year of a longitudinal outpatient experience. ~~over a three-year period.~~

~~IV.C.6.a) These sessions must not be scheduled for fewer than 26 weeks per year.~~

~~IV.C.6.b) There must be an adequate volume of patients to ensure exposure to the spectrum of normal development at all age levels, as well as to the longitudinal management of children with special health care needs and chronic conditions.~~

~~IV.C.6.c) There must be a longitudinal working experience between each resident and a single or core group of faculty members with expertise in primary care pediatrics and the principles of the medical home.~~

~~IV.C.6.d) PGY-1 and PGY-2 residents must have a longitudinal general pediatric outpatient experience in a setting that provides primary care a medical home for the spectrum of pediatric patients.~~

~~IV.C.6.e) PGY-3 residents should continue this experience at the same clinical site or, if appropriate for an individual resident's career goals, in a longitudinal subspecialty clinic or alternate primary care site.~~

~~IV.C.5.e).(1) The medical home model of Care must focus on wellness and prevention, coordination of care, and longitudinal management of children with special health care needs and chronic conditions and provide a patient- and family-centered approach to care.~~

~~IV.C.5.e).(2) Consistent with the concept of the medical home, Residents must care for a panel of patients who identify the resident as their primary care provider.~~

IV.C.7. ~~Residents must maintain certification in Pediatric Advanced Life Support, including simulated placement of an intraosseous line and neonatal resuscitation~~. (moved to Patient Care and Procedural Competency)

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.