**New Application: Pediatric Surgery (Integrated)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 · [www.acgme-i.org](http://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 it 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 Surgery (Integrated). 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. |

**Table of Contents**

When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty Application**   | **Page(s)**   |
| **Int. Introduction**  | # |
| Duration of Education   | # |
| **I. Institution**  | # |
| I.A. Sponsoring Institution   | # |
| I.B. Participating Sites   | # |
| **II. Program Personnel and Resources**  | # |
| II.A. Program Director   | # |
| II.B. Faculty   | # |
| II.C. Other Program Personnel   | NA |
| II.D. Resources   | # |
| **III. Resident Appointment**  | # |
| III.A. Eligibility Criteria   | NA |
| III.B. Number of Residents   | # |
| III.C. Resident Transfers | NA |
| III.D. Appointment of Residents and Other Learners | NA |
| **IV. Specialty-Specific Educational Program**  | # |
| IV.A. ACGME-I Competencies  | # |
| IV.B. Regularly Scheduled Educational Activities  | # |
| IV.C. Clinical Experiences   | # |
| IV.D. Scholarly Activity  | # |
| **V. Evaluation**  | NA |
| **VI. The Learning and Working Environment**  | # |
| ​​​​​VI.A. Principles | NA |
| ​​​​​VI.B. Patient Safety | # |
| ​​​​​VI.C. Quality Improvement | NA |
| ​​​​​VI.D. Supervision and Accountability |    # |
| ​​​​​VI.E. Professionalism | NA |
| ​​​​​VI.F. Well-Being | NA |
| ​​​​​VI.G. Fatigue | NA |
| ​​​​​VI.H. Transitions of Care | NA |
| ​​​​​VI.I. Clinical Experience and Education | # |
| VI.J. On-Call Activities | NA |
| Appendix A. Formal Didactic Sessions by Academic Year   | # |
| Appendix B. Patient Population Data   | # |

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**Introduction**

**Duration and Scope of Education**

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

Choose an item.**Institution****Sponsoring Institution** |

1. Does the Sponsoring Institution sponsor an ACGME-I-accredited residency in general surgery?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will all participating sites used by the program have the following?
2. Adequate inpatient surgical admissions [ ] YES [ ] NO
3. Classification as a general hospital or a children’s hospital [ ] YES [ ] NO
4. Emergency medicine departments where the care of neonates, infants, and children can be managed 24 hours a day [ ] YES [ ] NO
5. Intensive care units for neonates and infants [ ] YES [ ] NO
6. Intensive care units for older children [ ] YES [ ] NO
7. Pathology departments that provide services to neonate, infants, and children 24 hours a day

 [ ] YES [ ] NO

1. Radiology departments that provide services to neonates, infants, and children 24 hours a day

 [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure the pediatric surgery (integrated) program does not negatively impact the education of residents in the general surgery residency?(Limit 300 words)

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

1. Will residents from an ACGME-I-accredited pediatrics residency rotate through the same participating site(s) as the residents in the pediatric surgery (integrated) program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will residents have experience working in the following?
2. Interprofessional teams that include pediatric residents [ ] YES [ ] NO
3. Surgical teams that include attending surgeons, residents and fellows, medical students, and other health care providers [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

**Participating sites**

1. Will the program ensure each participating site is in close geographic proximity to the primary clinical site? [ ] YES [ ] NO
2. When at a participating site, will residents be able to participate in joint conferences, grand rounds, basic science and clinical conferences, journal clubs, and quality improvement and patient safety reviews such as morbidity and mortality reviews? [ ] YES [ ] NO

 Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

**Program Personnel and Resources**

**Program Director**

1. How will the program ensure the program director’s appointment will be for at least three years? (Limit 300 words)

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

**Faculty**

1. How will the program director ensure faculty member appointments are of sufficient length to ensure continuity in the supervision and education of residents? (Limit 300 words)

|  |
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| Click here to enter text. |

1. Will the faculty include specialists in the following?
	1. Faculty with significant experience in pediatric urology [ ] YES [ ] NO
	2. Neonatal-perinatal medicine [ ] YES [ ] NO
	3. Neurological surgery [ ] YES [ ] NO
	4. Pediatric surgeons as core faculty members [ ] YES [ ] NO
	5. Pediatric critical care [ ] YES [ ] NO
	6. Pediatric surgery and critical care [ ] YES [ ] NO
	7. Plastic surgery [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Will the faculty include the following specialists with substantial experience in treating pediatric patients
	1. Anesthesiologist(s) [ ] YES [ ] NO
	2. Emergency medicine physician(s) [ ] YES [ ] NO
	3. Orthopaedic surgeon(s) [ ] YES [ ] NO
	4. Otolaryngologist(s) [ ] YES [ ] NO
	5. Pathologist(s) [ ] YES [ ] NO
	6. Radiologist(s) [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Will all faculty members participate in annual faculty development activities in resident evaluation and teaching? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

**Resources**

* + - 1. How will the program ensure the pediatric surgical service has a sufficient breadth and volume of procedures to allow residents to meet the defined minimum procedural requirements? (Limit 300 words)

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

* + - 1. Complete the table below indicating the total number of pediatric surgery procedures performed at each of the required participating sites. 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. If additional sites are not planned, leave rows blank. If other sites are planned, add rows as needed.

The data in the table below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Sites | Total Number of Pediatric Surgery Cases |
| #1 Primary clinical site | # |
| #2 | # |
| #3 | # |
| #4 | # |
| #5 | # |

**Resident Appointment**

**Number of Residents**

1. How will the program ensure there is at least one resident in each year of the program? (Limit 250 words)

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

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

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

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate the following?
	* + - 1. Compassion, integrity, and respect for others
	1. Responsiveness to patient needs that supersedes self-interest
	2. Respect for patient privacy and autonomy
	3. Accountability to patients, society, and the profession
	4. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Provide examples of how evaluation will be conducted in three of the five areas listed above. (Limit 300 words)

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

1. How will graduating residents demonstrate that they assume personal responsibility to complete all tasks to which they are assigned in a timely fashion and use established methods for handing off tasks when necessary to another member of the team so that patient care is not compromised?

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

|  |
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| Click here to enter text. |

**Patient Care and Procedural Skills**

1. How will graduating residents 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)

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

1. How will graduating residents demonstrate competence in surgical peri-operative management of the following?
2. Blood and vascular system
3. Clotting and coagulation disorders
4. Congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal system and other abdominal organs
5. Diaphragm and thorax, exclusive of the heart
6. Endocrine glands
7. Head and neck
8. Integument
9. Urogenital system

Provide examples of how competence will be assessed in four of the eight areas listed. (Limit 500 words)

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

1. How will graduating residents demonstrate competence in operative and non-operative traumatic conditions of the following?
2. Abdomen, chest, head and neck, and extremities
3. Children with sustained injuries to multiple organs
4. Children with trauma from child abuse

Provide examples of how competence will be assessed in each of the areas listed. (Limit 300 words)

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

1. How will graduating residents demonstrate competence in endoscopy of the airway and gastrointestinal tract, including bronchoscopy, esophagoscopy, gastroduodenoscopy, laryngoscopy, and lower intestinal endoscopy?

Provide examples of how competence will be assessed. Indicate if any of the procedures listed above will not be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. Provide examples of how graduating residents’ competence will be assessed in advanced laparoscopic and thoracoscopic techniques? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate competence in care of the critically ill infant or child, including in the following?
2. Cardiopulmonary resuscitation
3. Management of patients on ventilators
4. Nutritional assessment and management

Provide examples of how competence will be assessed in each of the areas listed. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate competence in the following?
2. Pre-operative evaluation of patients
3. Making provisional diagnoses
4. Initiating diagnostic procedures
5. Forming preliminary treatment plans
6. Providing outpatient follow-up care of surgical patients

Provide examples of how competence will be assessed in each of the areas listed. (Limit 400 words)

|  |
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| Click here to enter text. |

1. Provide examples of how graduating residents’ competence will be assessed in follow-up care, including short- and long-term evaluation and extended periodic longitudinal care, particularly with major congenital anomalies and neoplasm cases? (Limit 400 words)

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

**Medical Knowledge**

* + - 1. How will graduating residents 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)

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate knowledge of basic principles applicable to the pediatric population, including the following?
2. Anesthesia
3. Cardiothoracic surgery
4. Gynecology
5. Management of burns
6. Neurological surgery
7. Orthopaedic surgery
8. Otolaryngology
9. Transplant surgery
10. Urology
11. Vascular surgery

Provide examples of how knowledge will be assessed in six of the 10 areas listed. (Limit 600 words)

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate knowledge of the following?
2. Invasive and non-invasive monitoring techniques and interpretation
3. The principles of management of patients on ventilators and extracorporeal membrane oxygenation (ECMO)

Describe how knowledge will be assessed in each area. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate knowledge of the design, implementation, and interpretation of clinical research studies?

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

|  |
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| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How will graduating residents 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 this will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?
2. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. Identify and perform appropriate learning activities
4. Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Set learning and improvement goals
7. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
8. Use information technology to optimize learning

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

|  |
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| Click here to enter text. |

**Interpersonal and Communication Skills**

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

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

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

1. How will graduating residents demonstrate their ability to:
	* + - 1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds?
	1. communicate effectively with physicians, other health professionals, and health-related agencies?
	2. maintain comprehensive, timely, and legible medical records, if applicable?
	3. participate in the education of patients, patients’ families, medical students, other residents, and other health care professionals?

Provide examples of how skills will be assessed in three of the five areas listed. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will graduating residents’ skill be assessed in working effectively as a member or leader of a health care team, or other professional group? (Limit 300 words)

|  |
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| Click here to enter text. |

**Systems-based Practice**

1. How will graduating residents 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 this will be evaluated. (Limit 300 words)

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

1. How will graduating residents demonstrate their ability to:
	1. work effectively in various health care delivery settings and systems relevant to their clinical specialty?
	2. coordinate patient care within the health care system relevant to their clinical specialty?
	3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate?
	4. advocate for quality patient care and optimal patient care systems?
	5. work in interprofessional teams to enhance patient safety and improve patient care quality?
	6. participate in identifying system errors and implementing potential systems solutions?

Provide examples of how skill will be assessed in four of the six areas listed. (Limit 400 words)

|  |
| --- |
| 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 residents participate in the following?
3. Clinical presentations [ ] YES [ ] NO
4. Formal pediatric surgery conferences that are interdisciplinary [ ] YES [ ] NO
5. Formal pediatric surgery conferences that are specialty-specific [ ] YES [ ] NO
6. Journal clubs [ ] YES [ ] NO
7. Morbidity and mortality conferences [ ] YES [ ] NO
8. Quality improvement and/or patient safety conferences and workshops [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

1. In the final year of the program, will residents organize conferences? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

**Clinical Experiences**

Complete Appendix B., Patient Population Data, and attach to submission.

Will residents have core surgical education experiences During PGY-1 and -2?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

 If ‘YES,’ will the experience include the following?

* + - * 1. Airway management [ ] YES [ ] NO
1. At least 24 months of core surgical education [ ] YES [ ] NO
2. Critical care and trauma management [ ] YES [ ] NO
3. Pre-and post-operative evaluation and care [ ] YES [ ] NO
4. Surgical care in the emergency department [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

If ‘YES,’ will core surgical experiences include the following?

* 1. Abdominal and alimentary tact surgery [ ] YES [ ] NO
	2. Basic and advanced laparoscopic skills [ ] YES [ ] NO
	3. Burn surgery [ ] YES [ ] NO
	4. Cardiac surgery [ ] YES [ ] NO
	5. Cardiothoracic surgery [ ] YES [ ] NO
	6. Congenital heart surgery [ ] YES [ ] NO
	7. Endocrine surgery [ ] YES [ ] NO
	8. General surgery [ ] YES [ ] NO
	9. Gynecology [ ] YES [ ] NO
	10. Head and neck surgery [ ] YES [ ] NO
	11. Neurological surgery [ ] YES [ ] NO
	12. Plastic surgery [ ] YES [ ] NO
	13. Surgical oncology [ ] YES [ ] NO
	14. Thoracic surgery [ ] YES [ ] NO
	15. Transplantation [ ] YES [ ] NO
	16. Urologic surgery [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. Describe how, during PGY-1 and -2, the program will implement a level-specific, skill-based curriculum that complements clinical rotations in the development of operative and non-operative skills. How will resident skills be assessed? (Limit 400 words)

|  |
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| Click here to enter text. |

1. During residents’ PGY-3-6 (or -7), how many weeks per year will residents have experiences in clinical pediatric surgery?

|  |
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| Click here to enter text. |

1. Complete the table below to indicate the total number of months planned per resident in the following clinical rotations during the PGY-3-6 (or -7). If clinical rotations are not planned in the designated area, enter 0 (zero).

|  |  |
| --- | --- |
| **Clinical Rotations** | **Total Number of Months Planned**  |
| Neonatal intensive care unit | # |
| Pediatric intensive care unit | # |
| Pediatric anesthesiology | # |
| Pediatric cardiothoracic surgery | # |
| Pediatric gynecology | # |
| Pediatric burn management | # |
| Pediatric neurological surgery | # |
| Pediatric orthopaedic surgery | # |
| Pediatric otolaryngology | # |
| Pediatric plastic surgery | # |
| Pediatric transplant surgery | # |
| Pediatric urology | # |
| Pediatric vascular surgery | # |

1. Will all residents’ clinical care of surgical patients include involvement in the following?
2. Follow-up that is longitudinal and corresponds to each patient’s unique surgical problem [ ] YES [ ] NO
3. Pre-operative care [ ] YES [ ] NO
4. Post-operative care [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure all residents have primary patient care responsibility, under the supervision of pediatric surgery faculty members and the critical care specialist, to allow for development of competence in pre-, intra-, and post-operative care of critically ill surgical patients? (Limit 400 words)

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

1. Will residents have the following experiences?
	* + - 1. Decision-making around care [ ] YES [ ] NO
				2. Managing fluids/vasopressors [ ] YES [ ] NO
				3. Managing ventilators . [ ] YES [ ] NO
				4. Writing orders for total parenteral nutrition (TPN) [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure residents are actively engaged in coordination of care and developing collegial relationships among pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in complex critically ill patients? (Limit 400 words)

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

1. During critical care experiences, will residents:
2. engage in decision-making and leadership in the care of patients with primary surgical problems? [ ] YES [ ] NO
3. lead daily multidisciplinary rounds? [ ] YES [ ] NO

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

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

1. How will the program ensure faculty members in neonatology, pediatric critical care, and pediatric surgical critical care attest to the experience gained by each resident at the end of each critical care rotation? (Limit 300 words)

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

1. Before beginning critical care experiences, will all residents complete the following?
2. Advanced trauma life support (ATLS) [ ] YES [ ] NO
3. Neonatal resuscitation (NRP) [ ] YES [ ] NO
4. Pediatric advanced life support (PALS) [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

1. How will the program ensure all residents document 800 major pediatric surgery procedures as Surgeon and at least 50 and no more than 100 Teaching Assistant cases in ACGME-I’s Accreditation Data System (ADS)? (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will the program ensure residents do not share primary responsibility for the same patient or serve as a Teaching Assistant for a general surgery chief resident? (Limit 300 words)

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

1. Will all residents have:
	* + - 1. at least one half-day of outpatient experience weekly, averaged over 48 weeks in each year of the residency? [ ] YES [ ] NO
				2. responsibility for teaching junior residents and medical students? [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

|  |
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| Click here to enter text. |

**Scholarly Activity**

1. How will the program ensure the program director demonstrates scholarly activity annually in at least one of the following areas: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations. (Limit 400 words)

|  |
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| Click here to enter text. |

**The Learning and Working Environment**

**Patient Safety**

1. How will the program ensure all residents have a working knowledge of expected reporting relationships to maximize quality care and patient safety? (Limit 300 words)

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

**Supervision and Accountability**

Will the program:

ensure that faculty members have knowledge of each resident’s required level of supervision? [ ] YES [ ] NO

ensure that faculty members evaluate each resident’s supervision needs for each rotation? [ ] YES [ ] NO

review and document each resident’s required level of supervision at least annually? [ ] YES [ ] NO

Explain any ‘NO’ response(s). (Limit 250 words)

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

**Clinical Experience and Education**

1. How will the program ensure night float rotations do not exceed two months in succession, or three months in succession for rotations with night shifts? (Limit 300 words)

|  |
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| Click here to enter text. |

1. How will the program ensure residents have no more than four months of night float per year? (Limit 300 words)

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

1. How will the program ensure there are at least two months between each night float rotation? (Limit 300 words)

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

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

For each year of the residency, 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 residents will rotate, using the format below. If attended by residents 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 Surgerya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric surgery, 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 Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

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

|  |
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| Click here to enter text. |

**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which residents will rotate.

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. If additional sites are not planned, leave columns blank. If other sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_

Table 1. Annual Cases

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Defined Category** | **Site 1** | **Site 2** | **Site 3** | **Site 4** | **Site 5** |
| Bronchoscopy-Esophagoscopy | # | # | # | # | # |
| Esophageal Atresia – Tracheoesophageal Fistula | # | # | # | # | # |
| Gastroesophageal Reflux (Fundoplication) | # | # | # | # | # |
| Lung Resection | # | # | # | # | # |
| Congenital Diaphragmatic Hernia Repair | # | # | # | # | # |
| Infantile Hypertrophic Pyloric Stenosis | # | # | # | # | # |
| Intestinal Malrotation – Operative Reduction of Intussusception | # | # | # | # | # |
| Intestinal Atresia, including Duodenal Atresia | # | # | # | # | # |
| Appendectomy | # | # | # | # | # |
| Hirschsprung’s Disease (pull though) | # | # | # | # | # |
| Correction of Anorectal Malformation | # | # | # | # | # |
| Operative Correction Biliary Atresia Choledochal Cyst | # | # | # | # | # |
| Gastroschisis – Omphalocele | # | # | # | # | # |
| Inguinal Hernia Repair, patient less than six months | # | # | # | # | # |
| Orchiopexy | # | # | # | # | # |
| Ovarian and Fallopian Tube Operations | # | # | # | # | # |
| Resection of Wilm’s – Neuroblastoma | # | # | # | # | # |
| Head and Neck Procedures | # | # | # | # | # |
| Non-Operative Management of Multisystem Trauma | # | # | # | # | # |
| Neonatal Cases (patients less than 44 weeks gestational age) | # | # | # | # | # |
| Operative Resection of Tumors, including Wilm’s and neuroblastoma | # | # | # | # | # |

Required minimum procedure numbers for graduating residents are listed in the table below.

|  |  |
| --- | --- |
| **Defined Category** | **Minimum cases** |
| Bronchoscopy-Esophagoscopy | 15 |
| Esophageal Atresia – Tracheoesophageal Fistula | 5 |
| Gastroesophageal Reflux (Fundoplication) | 15 |
| Lung Resection | 5 |
| Congenital Diaphragmatic Hernia Repair | 6 |
| Infantile Hypertrophic Pyloric Stenosis | 10 |
| Intestinal Malrotation – Operative Reduction of Intussusception | 5 |
| Intestinal Atresia, including Duodenal Atresia | 5 |
| Appendectomy | 20 |
| Hirschsprung’s Disease (pull though) | 5 |
| Correction of Anorectal Malformation | 5 |
| Operative Correction Biliary Atresia Choledochal Cyst | 3 |
| Gastroschisis – Omphalocele | 5 |
| Inguinal Hernia Repair, patient less than six months | 15 |
| Orchiopexy | 5 |
| Ovarian and Fallopian Tube Operations | 5 |
| Resection of Wilm’s – Neuroblastoma | 6 |
| Head and Neck Procedures | 10 |
| Non-Operative Management of Multisystem Trauma | 90 |
| Neonatal Cases (patients less than 44 weeks gestational age) | 75 |
| Operative Resection of Tumors, including Wilm’s and neuroblastoma | 25 |
| **Total Major Cases as Surgeon** | **800** |
| **Total Teaching Assistant Cases** | **At least 50, no more than 100** |