**Continued Accreditation Application: Neonatology (Pediatrics)**

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

**Submission for Continued Accreditation:** This Advanced Specialty Application is for programs applying for **Continued 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 Neonatology. 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](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto: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**

|  |
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| * + - 1. What is the length, in months, of the educational program?   Choose an item. |

**Institution**

**Sponsoring Institution**

1. Does the neonatal-perinatal fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Does the Sponsoring Institution:
2. have an affiliation with an ACGME-I-accredited program in obstetrics and gynecology? YES NO
3. sponsor an ACGME-I-accredited program in pediatrics? YES NO

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

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| Click here to enter text. |

1. Are the affiliated ACGME-I-accredited programs within the same geographic location as the neonatology fellowship program? YES NO
2. Does the ACGME-I-accredited obstetrics and gynecology program have certified maternal-fetal medicine specialist physicians? YES NO

Explain any ‘NO’ responses to Questions 3 and 4. (Limit 250 words)

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**Program Personnel and Resources**

**Faculty**

1. Does the fellowship have at least four full-time neonatologists actively contributing sufficient time and effort to the educational program to fulfill the supervisory, teaching, and mentoring requirements of the program? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

2. Are the full range of pediatric subspecialists necessary for teaching and consultation available?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

3. Are appropriate consultants, including the following, routinely available to the program?

1. Consultant skilled in neurodevelopment YES NO
2. Geneticist YES NO
3. Pediatric neurologist YES NO
4. Pediatric radiologist YES NO

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

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| Click here to enter text. |

4. Does the program have a full range of surgical subspecialists with experience in pediatrics necessary for teaching and consultation in the following areas?

1. Cardiothoracic surgery YES NO
2. Neurological surgery YES NO
3. Ophthalmology YES NO
4. Orthopaedic surgery YES NO
5. Otolaryngology YES NO
6. Pediatric surgery YES NO
7. Urology YES NO

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

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| Click here to enter text. |

**Other Program Personnel**

1. Are the following professional staff members, skilled in the care of critically ill and/or premature neonates, routinely available to the program?

1. Medical social workers skilled in management of families in crisis and end-of-life care YES NO
2. Nurses YES NO
3. Nutritionists skilled in the management of both enteral and parenteral nutrition

YES NO

1. Pharmacists YES NO
2. Respiratory therapists YES NO
3. Specialists in physical and occupational therapy applied in a developmentally appropriate way

YES NO

1. Specialists in the assessment of hearing YES NO
2. Therapists skilled in evaluating feeding difficulties initially or in follow up YES NO

Explain any ‘NO’ responses. (Limit 350 words)

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| Click here to enter text. |

**Resources**

* + - 1. Is a neonatal database of all patient admissions, diagnoses, and outcomes available for fellow education? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

* + - 1. Does the primary clinical site have a specially-designated neonatal intensive care unit (NICU)?

YES NO

If ‘YES’, answer Questions 3-8 below.

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

3. Do the facilities and equipment in the NICU meet the generally-accepted standards of modern intensive care units? YES NO

4. Are appropriate laboratory services available 24 hours a day? YES NO

1. Do the facilities and resources include the following?
2. Echocardiography (ECG) YES NO
3. Electroencephalogram (EEG) YES NO
4. Neonatal ECG YES NO
5. Portable X-ray YES NO
6. Ultrasound imaging YES NO

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

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| Click here to enter text. |

1. Are EEG services available on a 24-hour basis with 24-hour interpretation services?

YES NO

Explain if ‘NO.’ (Limit 300 words)

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1. Does the NICU follow-up clinic have staff members with expertise in performing developmental assessments? YES NO
2. Do the NICU follow-up clinic skilled neonatal or pediatric faculty members teach fellows? YES NO

Explain any ‘NO’ responses to Questions 7 and 8. (Limit 250 words)

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9. Does the perinatal service have facilities and equipment that meet the generally-accepted standards for high-risk newborn resuscitation? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Does the primary clinical site meet the generally accepted standards for modern laboratories and services needed for management of high-risk pregnancies and critically ill neonates?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

11. Check the correct response in the table below indicating the laboratories and services available at the primary clinical site.

|  |  |  |
| --- | --- | --- |
| **Laboratories and services** | **At the Primary Clinical Site?** | |
| **YES** | **NO** |
| Accessible computed tomography (CT) facility |  |  |
| Accessible magnetic resonance imaging (MRI) facility |  |  |
| Blood bank |  |  |
| Blood gas analysis |  |  |
| Diagnostic bacteriology laboratory |  |  |
| Hematology laboratory |  |  |
| Microchemistry laboratory |  |  |
| Pathology services, including those for evaluation of placental pathology |  |  |
| Perinatal diagnostic laboratory |  |  |
| Virology laboratory |  |  |

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

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| Click here to enter text. |

12. Do participating sites have access to the following?

1. Audiology services YES NO
2. Clinical toxicology laboratory YES NO
3. Cytogenetic laboratory YES NO
4. Nuclear medicine facilities YES NO
5. Screening laboratory for inborn errors of metabolism YES NO

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

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| Click here to enter text. |

13. Does the program provide the patient care experiences necessary for the fellows to acquire skill in delivery room stabilization of critically ill neonates? YES NO

14. Does the program provide the patient care experiences necessary for the fellows to acquire skill in delivery room resuscitation of critically ill neonates? YES NO

15. Are there a sufficient number and variety of high-risk obstetrical patients to ensure the fellows become knowledgeable in identifying high-risk pregnancies? YES NO

16. Are there a sufficient number and variety of high-risk obstetrical patients to ensure the fellows become knowledgeable in evaluating fetal well-being and maturation? YES NO

17. Are there a sufficient number of discharged infants available in a NICU? YES NO

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

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**Fellow Appointment**

**Eligibility Criteria**

1. Prior to appointment in the program, have fellows completed an ACGME-I-accredited residency program in pediatrics or another pediatrics residency program acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? YES NO

Explain if ‘NO’ (Limit 250 words).

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| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles?

Describe how these traits are evaluated (Limit 300 words).

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**Patient Care and Procedural Skills**

1. How do 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 is evaluated (Limit 300 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in the following?
2. Consulting in neonatal perinatal medicine
3. Coordination of care between pediatric surgeons, neonatologists, and critical care intensivists
4. Evaluation, diagnosis, and pre-/post-operative management of neonatal-perinatal patients
5. Evaluating various modalities of therapy used in the neonatal perinatal disorders
6. Factors that may compromise the fetus during the intrapartum period
7. Family dynamics surrounding the birth and care of a sick neonate
8. Follow-up of high-risk neonate
9. Identifying high-risk pregnancy
10. Providing care of neonates requiring cardiac surgical procedures and their post-operative complications
11. Providing ventilatory assistance to neonates
12. Psychosocial implications of disorders of the fetus, neonate, and young infant
13. Recognizing the signs of fetal distress
14. The methods used to evaluate fetal well-being and maturation

Provide examples of how competence is assessed in seven of the 13 areas listed. (Limit 700 words)

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**Medical Knowledge**

1. How do 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 is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the following?
   1. Basic disciplines related to pregnancy, the fetus, and the neonate
   2. Breast feeding and lactation
   3. Cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate
   4. Fetal development
   5. Fetal physiology
   6. Genetics
   7. Growth and nutrition
   8. Maternal physiological, biochemical, and pharmacological influences on the fetus
   9. Placental function (placental circulation, gas exchange, growth)
   10. Physiological and biochemical adaptation to birth
   11. Psychology of pregnancy and maternal-infant interaction
   12. Techniques of collation and critical interpretation of data pertaining to immediate outcome and sequelae of various diseases
   13. The relevant basic sciences
   14. The tabulation and evaluation of an institutional database

Provide examples of how knowledge is assessed in seven of the 14 areas listed. (Limit 700 words)

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| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How do graduating fellows demonstrate their 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 are evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

How do 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 are evaluated. (Limit 300 words)

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| Click here to enter text. |

**Systems-based Practice**

1. How do 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 are 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. For each core educational session, is at least one faculty member present? YES NO
3. Is each core educational session scheduled to ensure peer-peer and peer-faculty member interaction?

YES NO

Explain any ‘NO’ responses to Questions 2 and 3 above. (Limit 250 words)

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| Click here to enter text. |

1. Does patient-based teaching include the following?
2. Bedside teaching YES NO
3. Direct interaction between fellows and faculty members YES NO
4. Discussion of pathophysiology YES NO
5. The use of current evidence in diagnostic decisions YES NO
6. The use of current evidence in therapeutic decisions YES NO

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

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| Click here to enter text. |

1. Is patient-based teaching conducted:
2. formally on all inpatient, outpatient, and consultative services? YES NO
3. with a frequency and duration that ensures a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) and fellows? YES NO

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

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| Click here to enter text. |

1. Do the above formal didactics include the following?
2. Breast feeding and lactation YES NO
3. Cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate YES NO
4. Fetal development YES NO
5. Fetal physiology YES NO
6. Genetics YES NO
7. Growth and nutrition YES NO
8. Maternal physiological, biochemical, and pharmacological influences on the fetus

YES NO

1. Physiological and biochemical adaptation to birth YES NO
2. Placental function (placental circulation, gas exchange, growth) YES NO
3. Practice management relevant to neonatology YES NO
4. Psychology of pregnancy and maternal-infant interaction YES NO

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

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| Click here to enter text. |

1. Do didactic sessions include formal instruction in the general principles of critical care?

YES NO

If ‘YES,’ does formal instruction in the general principles of critical care include the following?

1. Continuous monitoring YES NO
2. Endotracheal intubation YES NO
3. Evacuation of air leaks YES NO
4. Nutritional support YES NO
5. Preparation for transport YES NO
6. Techniques of neonatal resuscitation YES NO
7. Temperature control YES NO
8. Venous and arterial access YES NO
9. Ventilator support YES NO

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

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| Click here to enter text. |

1. Do didactic sessions include instruction in the psychosocial implications of disorders of the following?
2. Fetus YES NO
3. Neonate YES NO
4. Young infant YES NO
5. Do fellows have instruction in the family dynamics surrounding the birth and care of a sick neonate? YES NO

Explain any ‘NO’ responses to Questions 8 and 9 above. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Do didactic sessions include instruction that prepares fellows to:
2. be effective consultants in neonatal-perinatal medicine? YES NO
3. conduct and interpret relevant scholarly efforts in neonatal-perinatal medicine?

YES NO

1. teach neonatal-perinatal medicine effectively? YES NO

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

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| Click here to enter text. |

1. Do all fellows acquire knowledge of the care of neonates requiring cardiac surgical procedures and their post-operative complications? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Do fellows receive instruction on the following?
2. Factors that compromise the fetus during intrapartum period YES NO
3. Identifying the high-risk pregnancy YES NO
4. Methods used to evaluate fetal maturation YES NO
5. Methods to evaluate fetal well-being YES NO
6. Signs of fetal distress YES NO

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

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| Click here to enter text. |

1. Do fellows receive instruction about and participate in the education of physicians and other health care professionals regarding emerging issues and factors impacting regional perinatal morbidity and mortality? YES NO
2. Does the program provide all fellows with knowledge about the tabulation and evaluation of an institutional database? YES NO

Explain any ‘NO’ responses to Questions 13 and 14. (Limit 250 words)

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| Click here to enter text. |

1. Is there instruction and experience in techniques of collation and critical interpretation of data pertaining to immediate outcomes and sequelae of various diseases? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

If ‘YES,’ describe the content. (Limit 300 words)

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| Click here to enter text. |

**Clinical Experiences**

1. Does fellows’ experience with critically ill surgical patients include the following?
2. Evaluation YES NO
3. Diagnosis YES NO
4. Pre-operative management YES NO
5. Post-operative management YES NO

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

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1. How is the coordination of care and collegial relationships among pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically ill patients facilitated? (Limit 400 words)

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

1. Do all fellows have adequate clinical experience to effectively prepare them to manage critically ill neonates, specifically including the following?
2. Continuous monitoring techniques YES NO
3. Endotracheal intubation YES NO
4. Evacuation of air leaks YES NO
5. Neonatal resuscitation YES NO
6. Nutrition support YES NO
7. Preparation for transport YES NO
8. Temperature control YES NO
9. Venous and arterial access YES NO
10. Ventilator support YES NO

Explain any ‘NO’ responses. (Limit 350 words)

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| Click here to enter text. |

1. Do fellows have clinical experience in identifying the high-risk pregnancy? YES NO
2. Do fellows have experiences in the methods used to evaluate fetal well-being and maturation?

YES NO

Explain any ‘NO’ responses to Questions 4 and 5 above. (Limit 250 words)

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1. Do all fellows have experiences with factors that may compromise the fetus during the intrapartum period? YES NO
2. Do all fellows have experiences in recognizing the signs of fetal distress? YES NO

Explain any ‘NO’ responses to Questions 6 and 7 above. (Limit 250 words)

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| Click here to enter text. |

1. Do all fellows participate in the follow-up care of high-risk neonates? YES NO
2. Do all fellows have exposure to critically ill neonates with diverse medical and surgical conditions?

YES NO

1. Do all fellows participate in the care of a sufficient number of neonates who require ventilatory assistance, and become skilled in their management? YES NO
2. Do all fellows participate in the care of neonates requiring cardiac surgical procedures and their post-operative complications? YES NO

Explain any ‘NO’ responses to Questions 8-11 above. (Limit 250 words)

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| Click here to enter text. |

1. Do all fellows have clinical experience in the following?
2. Communication with referring physicians YES NO
3. Organizing transport of neonates within the framework of an integrated regional system with different levels of perinatal care YES NO
4. Patient consultation YES NO

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

|  |
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| Click here to enter text. |

1. Do the NICU follow-up clinic experiences enable fellows to:
2. become aware of the socioeconomic impact and psychosocial stress that such infants may place on a family? YES NO
3. understand the relationship between neonatal illnesses and later health and development? YES NO

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

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| Click here to enter text. |

**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 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-1  01. Introduction to Neonatology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of neonatology and perinatal care, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions.  02. Departmental Grand Rounds  a) Discussion groups  b) 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 is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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