**New Application: Pediatric Gastroenterology (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 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 Gastroenterology. 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**

|  |
| --- |
| * + - 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](mailto:acgme-i@acgme-i.org) (Limit 250 words)

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

1. Will the fellowship program be geographically proximate to the affiliated core pediatric residency program? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

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

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

**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)

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

1. Will the program director mentor or guide fellows in the skills necessary to the practice of pediatric gastroenterology in the following areas?
2. Advocacy 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)

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

1. Will the program director ensure that all fellows:
2. are provided with mentorship to develop necessary skills? YES NO
3. document their individual procedural experience? YES NO

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

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

1. How will the program director coordinate, with the core residency and related subspecialty program directors, the incorporation of the Competencies into fellowship education to foster consistent expectations and fellow evaluation? (Limit 300 words)

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

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

If ‘YES,’ answer a. and b. below.

1. Will the meetings be documented? YES NO

1. 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)

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

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

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

**Faculty**

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

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| 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 gastroenterology? (Limit 400 words)

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

1. Will there be scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of pediatric gastroenterology?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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

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

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Neonatal-perinatal medicine |  |
|  |
|  |
|  |
| Pediatric cardiology |  |
|  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
|  |
| Pediatric endocrinology |  |
|  |
|  |
|  |
| Pediatric hematology-oncology |  |
|  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |
|  |
| Pediatric nephrology |  |
|  |
|  |
|  |
| Pediatric pulmonology |  |
|  |
|  |
|  |

List any faculty members not included in the table above, as well as their specialty.

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

1. Will faculty members from the following specialties/subspecialties and with substantial experience in treating pediatric problems be available to the program?
2. Anesthesiology YES NO
3. Child and adolescent psychiatry YES NO
4. Child neurology YES NO
5. Medical genetics YES NO
6. Pathology YES NO
7. Pediatric radiology YES NO
8. Pediatric surgery YES NO
9. Transplant hepatology YES NO

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

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

1. Will consultants in adult gastroenterology be available to the program for transition care of young adults? YES NO

Explain if ‘NO.’ (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. Dietitian(s) YES NO
4. Mental health professional(s) YES NO
5. Nurses(s) YES NO
6. Occupational therapist(s) YES NO
7. Pharmacist(s) YES NO
8. Physical therapist(s) YES NO
9. Respiratory therapist(s) YES NO
10. School and special education liaison(s) YES NO
11. Social worker(s) YES NO
12. Speech and language therapist(s) YES NO

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

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

**Resources**

1. Indicate the availability of the following facilities and service/resources for fellow education. Site numbers should correspond to the numbering of participating sites as entered in ADS. Site #1 is the primary clinical site.

| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| An inpatient area with pediatric and related services staffed by pediatric residents and faculty members | Choose an item. | Choose an item. | Choose an item. |
| Comprehensive laboratory | Choose an item. | Choose an item. | Choose an item. |
| Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments | Choose an item. | Choose an item. | Choose an item. |
| Imaging | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric gastroenterology | Choose an item. | Choose an item. | Choose an item. |
| Pathology | Choose an item. | Choose an item. | Choose an item. |
| Pediatric Intensive Care Unit (PICU), indicate total number of beds | Choose an item. | Choose an item. | Choose an item. |
| Neonatal Intensive Care Unit (NICU), indicate total number of beds | # | # | # |
| Space in an ambulatory setting for optimal evaluation and care of patients | # | # | # |

For every facility/service that is not available at any of the sites, provide an explanation below, including how the service is provided for patients. (Limit 300 words)

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

1. Provide the requested information for the most recent 12-month period. The same timeframe and site numbers (as assigned in ADS) must be used for all patient data requested in subsequent sections of the application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inclusive Dates** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | |
|  | **Site #1** | **Site #2** | | **Site #3** |
| Total number of admissions to the pediatric gastroenterology service | # | # | | # |
| Number of NEW patients admitted each year (new patients are those who are being seen by gastroenterologists for the first time) | # | # | | # |
| Average length of stay of patients on the pediatric gastroenterology service | # | # | | # |
| Total number of consultations by pediatric gastroenterologists on other inpatients | # | # | | # |
| Number of consultations provided to the NICU | # | # | | # |
| Number of consultations provided to the PICU | # | # | | # |
| Average daily census of patients on the pediatric gastroenterology service, including consultations | # | # | | # |
| Number of patients requiring follow-up care by the pediatric gastroenterology service as outpatients during the 12-month period reported | # | # | | # |
| PROCEDURAL DATA |  |  | |  |
| Diagnostic upper endoscopy, including biopsy | # | # | | # |
| Diagnostic and therapeutic colonoscopy, including biopsy | # | # | | # |

1. If there are fewer than three patients in any rows in the table above, how will fellows be exposed to the care of those patients? (Limit 300 words)

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

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

|  |
| --- |
| 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 specific required experience, such as transplant, cardiology, intensive care, etc. Duplicate this table as needed. Note the same timeframe and site numbers (as assigned in ADS) should be used for each table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | | **To:** Click here to enter a date. | | |
|  | | **Site #1** | | **Site #2** | **Site #3** |
| Name of Service: | |  | | | |
| 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. List 150 consecutive admissions and/or consultation for the pediatric gastroenterology service. Identify when these admissions/consultations occurred, beginning on the date the first patient on the list was admitted and ending with the date the 150th patient was admitted (e.g., 01 July 2020 to 30 October, 2020). Submit a separate list for each site that provides required rotations. Add tables as needed. Note: the date range should occur within the same 12-month period used in previous sections.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site Name:** | | | Click here to enter text. | | |
| **Dates Admissions/ Consultations Occurred:** | | | **From:** Click here to enter a date. | | **To:** Click here to enter a date. |
| **Patient ID** | | **Number of Days in Hospital** | | **Gastroenterologic Diagnosis**  **(may include secondary diagnosis if relevant)** | |
| **Number** | **Age** |
| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |
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| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |
| # | Age | # | | Click here to enter text. | |

1. During the same 12-month timeframe used on previous sections, how many pediatric patients with the following gastrointestinal problems seen in the ambulatory setting were admitted to and/or consulted on by the pediatric gastroenterologists at the primary clinical site?

|  |  |  |  |
| --- | --- | --- | --- |
| **Gastroenterology**  **Diagnosis/Disorder** | **Outpatient** | **Inpatient** | |
| **Number of Patients** | **Number on Gastro Service** | **Number of Consults** |
| Growth failure and malnutrition | # | # | # |
| MALABSORPTION, MALDIGESTION |  | | |
| * Celiac disease | # | # | # |
| * Cystic fibrosis | # | # | # |
| * Gastrointestinal allergy | # | # | # |
| * Pancreatic insufficiency | # | # | # |
| * Peptic ulcer disease | # | # | # |
| HEPATOBILIARY DISEASES |  | | |
| * Autoimmune liver disease | # | # | # |
| * Biliary atresia | # | # | # |
| * Diseases of the gallbladder | # | # | # |
| * Fatty liver | # | # | # |
| * Intrahepatic cholestasis | # | # | # |
| * Metabolic liver diseases | # | # | # |
| * Viral hepatitis | # | # | # |
| Liver failure, including evaluation and follow-up care of patient requiring liver transplant | # | # | # |
| Congenital digestive tract anomalies, including Hirschsprung’s disease | # | # | # |
| Inflammatory bowel disease | # | # | # |
| FUNCTIONAL BOWEL DISORDERS |  |  |  |
| * Acute and chronic abdominal pain | # | # | # |
| * Acute and chronic diarrhea | # | # | # |
| * Constipation | # | # | # |
| * Gastrointestinal bleeding | # | # | # |
| * Motility disorders | # | # | # |
| * Vomiting, including gastrointestinal reflux | # | # | # |
| Pancreatitis, acute and chronic | # | # | # |
| Gastrointestinal problems in the immunocompromised host | # | # | # |
| TRANSPLANTATION |  |  |  |
| * Liver | # | # | # |
| * Small bowel | # | # | # |

**Eligibility Criteria**

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

|  |
| --- |
| 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, 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)

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

**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)

|  |
| --- |
| 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)

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

1. How will graduating fellows demonstrate competence in providing transfers of care that ensure 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)

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

1. How will graduating fellows demonstrate competence in providing for or coordinating care for patients with complex and chronic diseases?

Describe how competence will be evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in selecting, performing, and evaluating procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal, pancreatic, and hepatobiliary diseases and nutritional disorders?

Describe how competence will be evaluated. (Limit 250 words)

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

1. How will graduating fellows demonstrate competence in the following?
   * + - 1. Assessment of nutritional status
         2. Assessment of pancreatic function
         3. Histological interpretation of biopsy specimens
         4. Tests of digestive function
         5. Use of imaging techniques

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

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

1. How will graduating fellows demonstrate competence in diagnosing and managing infants, children, and adolescents with the following?
2. Acute and chronic liver disease
3. Biliary/cholestatic disease
4. Digestive tract anomalies
5. Functional bowel disorders
6. Gastrointestinal allergy
7. Gastrointestinal bleeding
8. Gastrointestinal complications of eating disorders
9. Gastrointestinal infections
10. Gastrointestinal problems in the immune-compromised host, including graft versus host disease
11. Growth failure and malnutrition, including an understanding of nutritional assessment and parenteral and enteral support
12. Hepatobiliary diseases, such as biliary atresia, diseases of the gallbladder, fatty liver, intrahepatic cholestasis autoimmune liver disease, viral hepatitis, acute liver failure, and metabolic live disease
13. Inflammatory bowel disease
14. Liver transplants
15. Malabsorption/maldigestion, such as celiac disease, cystic fibrosis, and pancreatic insufficiency
16. Motility disorders
17. Pancreatitis, acute and chronic
18. Peptic ulcer disease

Describe how fellows will be evaluated, and include if any of the conditions listed above will not be available to fellows. (Limit 300 words)

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

1. How will graduating fellows be assessed on their ability to competently use and interpret the results of laboratory tests and imaging? (Limit 250 words)

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

1. How will graduating fellows be assessed on their ability to competently perform and interpret results of medical, diagnostic, and surgical procedures considered essential for the practice of pediatric gastroenterology, including the following?
2. Breath hydrogen analysis
3. Colonoscopy, both diagnostic and therapeutic
4. Diagnostic gastrointestinal endoscopy
5. Endoscopic placement of feeding tubes, to include percutaneous endoscopic gastrostomy placement
6. Endoscopic removal of gastrointestinal foreign bodies
7. Esophageal impedance/pH testing
8. Gastrointestinal mamometry
9. Hemostatis techniques for variceal and non-variceal gastrointestinal bleeding
10. Pancreatic function testing
11. Paracentesis
12. Percutaneous live biopsy
13. Rectal suction biopsy
14. Videocapsule endoscopy

Describe how the procedures above will be evaluated, and indicate if any of the procedures listed above will not be available to fellows. (Limit 400 words)

|  |
| --- |
| 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)

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

1. How will graduating fellows demonstrate knowledge of methods of initial evaluation and criteria for follow-up for patients requiring liver transplantation and with intestinal failure who require small bowel transplantation?

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

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

**Practice-based Learning and Improvement**

1. How will 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 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)

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

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

|  |
| --- |
| 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)

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

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How will the program ensure pediatric gastroenterology conferences occur regularly and involve active participation by the fellows in planning and implementation? (Limit 300 words)

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

1. Will conferences include the following topics appropriate to pediatric gastroenterology?
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

1. Scientific, ethical, and legal implications of confidentiality and informed consent

YES NO

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

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

1. Will the conference include relationships among physicians and with patients, patients’ families, allied health professionals, and society at large? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| 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. |

1. Will structured and scheduled interdisciplinary conferences occur with the following specialties?
2. Pediatric pathology YES NO
3. Pediatric radiology YES NO
4. Pediatric surgery YES NO

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

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

**Clinical Experiences**

* + - 1. How will the program ensure that fellows, throughout their educational program, have responsibility for providing longitudinal care to a panel of patients that is supervised by one or more members of the pediatric gastroenterology faculty? (Limit 400 words)

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

* + - 1. Will fellows’ longitudinal care experience include the following?
         1. A panel of patients that is representative of the types of pediatric gastroenterology disorders fellows are likely to encounter in practice YES NO
         2. Outpatient care YES NO

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

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

**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 planned, and if the curriculum will be a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

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

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

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

1. Will the program have a Scholarship Oversight Committee for each fellow? YES NO

If ‘YES,’ answer a. and b. below.

1. Will the Scholarship Oversight Committee oversee and evaluate each fellow’s progress on scholarly activity? YES NO
2. Will the Scholarship Oversight 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 each fellow’s designated mentor:
2. be approved by the Scholarship Oversight Committee? YES NO
3. have expertise in the fellow’s area of scholarly interest, either as a faculty member in pediatric gastroenterology or through collaboration with other departments? YES NO

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

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

1. How will the program ensure each fellow’s scholarly experience begins in the first year and continue for the entire length of the educational 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)

|  |
| --- |
| 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 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:**

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| Y-1  01. Introduction to pediatric gastroenterology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric gastroenterology, 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 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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