

Acute Care Fellowship Accreditation Evaluation Checklist

Rating Scale:

1=meets requirement 2= needs improvement 3= does not meet requirement

★ These items are absolute requirements for accreditation

1. General Requirements

★1.1. ___ An accredited AC fellowship must exist in an institution with a pediatric residency or fellowship program(s) accredited by the Accreditation Council for Graduate Medical Education (ACGME).

★1.2 ___ The AC fellowship must have designated program director.

★1.3 ___ The AC program must have a mentor experienced in scholarly work to support fellows in their scholarly activity. PD may serve as mentor.

2. Institutional Organization

2.1 Sponsoring Organization

2.1.1. ___ The AC fellowship program must exist within or be sponsored by an academic institution with ACGME accredited training programs.

★2.1.2 ___ The sponsoring institution provides sufficient support to the Program Director, support staff and trainees to show an ongoing commitment to fellowship education, This support should be commensurate with the institution's guidelines for ACGME or non-ACGME accredited programs.

2.2 Appointment of AC Fellows

★2.2.1 ___ Prerequisite training for entry into a pediatric AC fellowship program should include the satisfactory completion of an ACGME-accredited pediatric residency or other residency judged suitable by the program director (e.g. internal medicine-pediatrics)

3. Duration and Scope of Training

★3.1 ___ AC fellowship must provide at least 1 year of AC clinical and educational training in which clinical, educational or research activities are dedicated to AC. This minimum 1 year can be supplemented with an additional year.

3.2 ___ The program must provide the AC fellow with clinical instruction and opportunities for effective interactions with patients, families, and professional associates in their role as clinical physicians.

★3.3. ___ Core AC clinical responsibilities must account for at least 30% of their time but not more than 60% averaged over the course of the fellowship. Core clinical responsibilities are defined as fellow as primary provider in the emergency department or acute/urgent care setting.

3.4 ___ The program develops in its fellows a commitment to lifelong learning and must emphasize scholarship, self-evaluation, self-directed learning, evidence based medicine and clinical decision making.

★3.5 ___ Each AC fellow should formulate a focus of scholarly activity to pursue during fellowship training. (e.g., quality improvement, clinical, academic, or education research)

Program Personnel

4.1 Program Director(s)

★4.1.1 ___ There must be dedicated support to at least a single AC program director based at the sponsoring institution to devote sufficient time to ensure achievement of the fellowship educational goals and objectives.

4.1.2 ___ The program director must possess the requisite clinical, educational, investigative, and administrative abilities, be committed to the program, and have an appointment in good standing at the sponsoring institution.

4.1.3. ___ The program director has a delegated program coordinator to assist in all aspects of fellowship who has sufficient protected time to ensure successful management of the administrative aspects of the program

4.1.4 ___ The program director must have a written curriculum that outlines the educational goals of the program with respect to knowledge, skills, and other attributes that the AC fellows must achieve by the end of training. The curriculum must also include a list of teaching activities and evaluation methods that are linked to the goals and objectives.

4.1.5 ___ This curriculum must be distributed to AC fellows when they enter the program, as well as to faculty. It should be reviewed and modified over time, based on periodic program evaluations.

4.1.6 ___ The program director oversees selection of the AC fellows for appointment to the program in accordance with institutional and departmental policies and procedures

4.1.7___ The program director collaborates in the selection and supervision of the core faculty and other program personnel at each institution participating in fellow education and scholarship.

4.1.8___ The director oversees implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and fellows' complaints or grievances.

4.1.9___ The director is responsible for the fellow accessing prompt, reliable communication, and interaction with supervisory physicians during clinical rotations.

4.1.10 ___ The director is responsible for fellow documentation of relevant procedural skills

4.1.11 ___ The director monitors and addresses mental or emotional conditions inhibiting performance or learning and drug- or alcohol- related dysfunction. Training situations that consistently produce unhealthy stress for fellows must be evaluated and modified.

4.1.12 ___ The program director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement

4.1.13 ___ The program director is responsible for submitting all required documentation for the accreditation process to the Academic Pediatric Association

4.2 Mentor

★4.2.1__ Each fellow must have at least one faculty member who will guide the fellow's career decisions through the training period. The mentor must supervise the academic advancement of the fellow, be present on the Scholarship Oversight Committee, and oversee the professional development of the fellow.

4.2.2 __ Mentorship program details are provided to the fellow at the start of fellowship.

4.3 Core Faculty

4.3.1__ There must be enough teaching staff to devote adequate time to the educational training program to enable it to meet its educational goals and objectives. In addition to the program director, there must be at least one other content expert who contributes to the fellow's professional development.

4.3.2 __ When experiences are conducted at sites other than academic hospital, a designated individual at the location/site is assigned to assume responsibility for the local activities in coordination with the AC fellowship.

4.3.3 __ The AC program staff must provide evidence of commitment to and productivity in the disciplines that are central to the program's core curriculum, including research and education, and ongoing pursuit of scholarship. Types of scholarship should parallel the ACGME requirements.

4.3.4__ Members of the teaching staff must demonstrate a strong interest in the fellows education, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing education, and participation in scholarly activities.

4.4 Other Professional Personnel

4.4.1 __ Consultants should be available as needed. Examples include medical specialists, research advisors, biostatisticians, data analysts, and quality improvement methodologists.

4.5 Scholarship Oversight Committee

★4.5.1__ Each AC fellow must have a Scholarship Oversight Committee. The Scholarship Oversight Committee should consist of at least two but preferably three members. The fellowship director(s) may serve as fellow mentors and participate in the oversight committee, but two of the three members should not be fellowship director(s).

4.5.2__ The Scholarship Oversight Committee performs the following:

- Determine whether a specific activity meets appropriate standards for scholarly activity
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
- Evaluate the fellow's progress as related to clinical and scholarly activity
- Require the fellow to present/defend the project related to their scholarly activity

- Advise the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities

4.5.3 ___ The SOC should meet twice a year, in the fall and in the spring

5. Facilities and Resources

5.1 ___ Fellows must have access to appropriate patient populations and facilities needed for the clinical experience.

5.2 ___ Fellows have access to a library or collection of appropriate books, journals, and electronic databases and other data processing applications.

5.3 ___ There must be adequate resources for scholarly activity, research, and critical analysis, as relates to the fellow's plan for scholarly development.

6. Educational Program

6.1 Program Design

★6.1.1 ___ The fellowship develops written educational goals and objectives (Curriculum Requirement A), learner needs assessment and progress tracking (Curriculum requirement B), learning activities (Curriculum Requirement C), and evaluation methods (Curriculum requirement D) for each educational experience. These must be reviewed and available to fellows and faculty members. They should be measurable, achievable, relevant to the field and realistic for program implementation.

★ 6.1.2 ___ The fellowship provides advanced clinical training for fellows to acquire expertise as physician, consultant, and care coordinator in the field of acute care medicine. These skills include: to recognize and provide care for acutely ill and/or injured pediatric patients presenting to the acute care setting, demonstrate competence in performing common procedures associated with the practice of pediatric acute care, assess level of patient acuity, provide appropriate stabilization and treatment while understanding the limitation of the acute care setting, and anticipate, facilitate and lead coordinated and safe transitions for care

6.1.3 ___ There must be clear delineation of fellow's responsibilities for patient care, progressive responsibility for patient management and graded supervision.

6.1.4 ___ The curriculum is reviewed and modified over time, based on periodic program evaluations.

★6.1.4 ___ In addition to clinical training, education must be provided in four academic competency domains: 1) professional development and leadership, 2) research/scholarship 3) education 4) quality improvement

6.1.5 ___ The program goals are sufficiently comprehensive within the six core competency domains delineated by the ACGME.

6.1.6 __ The fellowship program must address the competency of professionalism and evaluate trainees in this area.

6.1.7 __ The fellowship program must teach and demonstrate a commitment to continued learning and improvement

6.1.8 __ The fellows must learn the skills of time management and balancing multiple priorities

6.2 Clinical and Procedural Skills

6.2.1 __ The fellows' clinical and academic experiences should be integrated and complementary

6.2.2 __ Fellows will have a designated clinical supervisor available when working clinically.

★6.2.3 __ The program includes at least one emergency department rotation of no less than four weeks duration

★6.2.4 __ The program includes at least one orthopedics/sports medicine rotation of no less than four weeks duration

★6.2.5 __ The program includes at least four rotations (can be less than 4 weeks), out of the following selection: ophthalmology, radiology, dermatology, dental, ENT, burn/wound, child abuse, toxicology, gynecology, surgery.

6.2.6 __ Fellows must acquire the necessary procedural skills, and develop an understanding of their indications, risks, and limitations for pediatric patients of all ages.

★6.2.7 __ Fellows will display competency, real or sim, as approved and signed off by program director, in the following procedures.

- incision and drainage
- Wound closure indications and basic repair techniques. (minimum 1 each: tissue adhesive, staples, sutures, simple interrupted, mattresses, and multi-layer repairs)
- complex repairs
- splinting of fractures
- nursemaid's reduction
- foreign body removal
- non-invasive ventilation
- initial management of thermal/burn injuries
- epistaxis management, to include nasal packing
- digital block
- fluorescein eye exam
- ocular irrigation

6.2.8 __ Fellows should log all procedures throughout the year to be reviewed bi-annually with directors.

★6.2.9 __ Fellows will learn to evaluate a comprehensive array of signs and symptoms and be expected to diagnose and treat a broad scope of illness and injury that presents to a pediatric acute care setting

6.3 Educational Activities

6.3.1 __ Teaching and learning activities in the program are linked to the written goals and objectives of the fellowship curriculum.

6.3.2 __ There must be a formally structured educational program in acute care that uses an effective combination of didactic, interactive, and experiential and virtual activities. A reasonable diversity of learning activities is used (e.g., suitable for settings, adaptable to individual learning and teaching styles.)

6.3.3 __ The AC fellow actively participates in the planning and implementation of these educational activities, including conferences, experiential projects, and live and virtual teaching sessions with learners and clinicians at sponsoring and partner institutions.

6.3.4 __ At the time of entry into the program, the fellow develops an individual learning plan that includes both required and self-directed educational activities that will prepare the fellow for their chosen career path.

6.4 Teaching Experience

6.4.1 __ The fellows must be given the opportunity to teach learners of varying levels using a variety of methods and settings and may assume some departmental administrative responsibilities.

6.4.2 __ AC fellows should participate in clinical teaching of at least one type of learner group (i.e., trainees and practicing providers).

6.5 Scholarly Activity

6.5.1 __ The program engages fellows in scholarly activities that relate to the core academic competency domains of professional development and leadership, research, and/or education within the field of acute care.

6.5.2 __ All AC-related scholarly activity must be approved by the home institution's IRB when applicable

6.5.4 __ Fellows must acquire and analyze data, derive, and defend conclusions, place conclusions in the context of what is known about a specific topic and present their work in oral and written form to their SOC. An abstract is encouraged as an example of original scholarly product. Presentation of the scholarly product at an institutional, regional or national meeting is encouraged.

★6.5.2 __ Fellows submit an original scholarly product at completion of training. The fellowship curriculum supports execution of this scholarly product. Areas in which scholarly activity may be pursued but not limited to include basic, clinical, or translational biological or behavioral medicine; health services; quality improvement; bioethics; education; community advocacy; implementation science; public health and public policy.

7. Evaluation, Guidance, and Oversight

7.1 Evaluation of Fellows

★7.1.1 __ The program has formal mechanisms by which the knowledge, skills, and professional growth of the AC fellows, based on the program's written educational goals and objectives, are evaluated at least annually. A reasonable diversity of evaluation methods should be used, and the tools should be sound and informative.

7.1.2 __ The program should use multiple evaluators to assess trainee progress toward training objectives. (e.g., faculty members, peers, patients, self, and other professional staff members)

7.1.3 __ The fellow receives a copy of the written educational goals and objectives at the start of training. They should be told in advance that they will be evaluated based upon these goals and objectives and are aware of the evaluation process, and the frequency of evaluations (which should be no less than semi-annually).

7.1.4 __ A written record of these evaluations is maintained, and formally reviewed with the fellow at least twice a year. The written record is accessible to authorized personnel. More frequent informal assessment and feedback sessions between fellow and mentor are strongly recommended.

★7.1.5 __ The program will have a designated Clinical Competency Committee which meets semi-annually to discuss trainee progress. The Clinical Competency Committee can occur simultaneously with the Scholarly Oversight Committee

★7.1.6 __ The program director, in consultation with the teaching staff, and the Scholarship Oversight Committee, provides a written final evaluation for each fellow who completes the program. This final evaluation should be part of the AC fellow's permanent record and is maintained by the sponsoring institution.

7.1.7. _ The program director in consultation with teaching staff and SOC/COC will provide written final evaluation for each AC fellow who completes the program. The final evaluation should be part of the AC fellows permanent record, which must be maintained by the institution.

7.1.7 __ Remediation plans are developed and monitored for fellows with unsatisfactory progress.

7.1.8 __ Faculty should be given instruction on how to conduct good evaluations.

7.1.9. __ Evaluation tools are well constructed and informative (focused, specific, reliable)

7.1.10 __ The program has a plan for assessment and support of fellow wellness

7.2 Evaluation of Faculty

7.2.1 __ Core teaching faculty are evaluated at least annually. This evaluation must include a review of the faculty member's relevant abilities (clinical, teaching, professionalism, and/or research) and their commitment to AC goals and objectives.

7.2.2 __ Teaching faculty should receive formal feedback from these evaluations.

7.2.3 __ Faculty evaluation tools are focused, specific and reliable.

7.2.4 __ Teaching faculty should participate in professional development annually

- as educators
- in quality improvement and patient safety
- in fostering their own and their fellow/s' well-being

- in patient care based on their practice-based learning and improvement efforts
- in contributing to an inclusive work environment

7.3 Evaluation of the Program

7.3.1 __ The AC teaching staff must have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. They should annually review AC fellows time allocations and evaluate the fellows clinical and academic performance in relation to their educational goals and objectives.

★7.3.2 __ There should be an evaluation of the program. At least one AC fellow representative should participate in these annual reviews, The review should examine and document:

- Program goals and objectives
- Program effectiveness in achieving objective
- Rotations, educational experiences, volume and variety of patients, and procedural numbers
- Quality and supervision of the AC fellows
- Teaching quality of faculty
- Resources (financial, administrative, etc.) to support the program

7.3.3 __ Information from these evaluations should be used to implement improvements in the program.

7.3.4 __ Long term professional outcomes of fellows should be available and should suggest that the program is effective.

7.3.5 __ Past program evaluations should contribute to continuous quality improvement of the program

8. Commitment to Diversity, Equity, and Inclusion

★8.1.1 __ The program must have a written plan on how the program will advance diversity, equity, and inclusion for its trainees.

8.1.2 __ The program should have a written plan on how the program will achieve/ensure diversity in trainee recruitment, selection, and retention.

8.2.2 __ The program should be able to describe how the department promotes diversity, equity and inclusion for its faculty members and staff.

9. Acute Care Fellowship Mandatory Standards (culled from the entire document)

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