Pediatric Acute Care Fellowship Accreditation Application

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This form is designed to follow the outline of the APA Fellowship Program Accreditation, found at https: www.academicpeds.org/publications-resources/fellowships/resources-for-fellowship-directors

Pediatric Acute Care Fellowship (PAC) Accreditation Application Fellowship Description Form

I. BASIC INFORMATION

| Program Information | | | |
|---|---|--|--|
| Date: | | | |
| Title of Program: | | | |
| Address: | | | |
| Program Director: | Email: | | |
| Assistant Director : | Email: | | |
| Program Coordinator: | Email: | | |
| Department Chair: | Email: | | |
| Participating Sites | | | |
| Sponsoring Institution (the university or hospit | al that has administrative responsibility for | | |
| this program) | | | |
| Name of Sponsor: | | | |
| Address: | | | |
| | | | |
| Healthcare entity Recognized by: | | | |
| Type of Institution: | | | |
| Name of Designated Institutional Official: | | | |
| Does sponsor have affiliation with medical school: | | | |
| Name of Medical School: | | | |
| Does your sponsoring institution host a pediatric residency and/or fellowship | | | |
| program(s) accredited by the ACGME (mandatory)? | | | |
| | | | |

| Primary Clinical Site #1 | | | |
|--|------------------------------------|--|--|
| Name: | | | |
| Required rotation: | Type of relationship with program: | | |
| Length of rotation (months): | | | |
| | | | |
| Participating Site #2 | | | |
| Name: | | | |
| Address: | | | |
| Length of rotation (months): | | | |
| Does this institution sponsor its own program in this specialty? | | | |
| Distance between site and primary clinical site | | | |
| | | | |

| Brief Educational | Miles: | Minutes: |
|--------------------------|--------|----------|
| Rationale: | | |

II. PROGRAM DESCRIPTION

Please note: An accredited PAC fellowship must provide at least 1 year of training and must exist in an institution with a pediatric residency or fellowship program(s) accredited by the Accreditation Council for Graduate Medical Education (ACGME).

In the space below please provide a brief description of the program (2-page max) Please include:

- 1. Overall mission of fellowship (goals, themes)
- 2. Brief history: when program began, number of fellows graduated
- 3. Length of fellowship training program in years
- 4. Total percent of clinical time per year
- 5. Career plans of fellows targeted for recruitment
- 6. Integration with other fellowship programs in the institutions (shared didactics, clinical experiences, etc.)
- 7. Other information to help demonstrate overall purpose and plan for the fellowship

III. FELLOW INFORMATION

| Fellowship Data |
|--|
| Number of fellow positions offered in 2023: |
| Number of positions filled in 2023: |
| Number of fellows completed program in past 5 years: |
| Funding & Source of Salary Support |
| Hospital: |
| Practice Generated: |
| NIH: |
| Other Federal: |
| Other: |
| |
| Do you have a funded training grant? |

| Fellow ' | Fellow Training | | | | | |
|----------|-----------------------------------|---------------------------------|------------------------------|--------------------------|----------------------------------|-------------------------|
| Name | Pediatric Residency Program | Date Residency Graduation | ABP Certification Date | Fellowship Start date | Fellowship Completion Date | Current Position |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Fellows Block Schedule | | | |
|------------------------|--------------------|--|--|
| Name of Rotation | Total Weeks | | |
| | | | |
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Describe how the fellowship achieves diversity in program participants, including trainees, faculty, administrative personnel.

IV. PROGRAM PERSONNEL

| Faculty/Teaching Staff |
|--|
| |
| Program Director information |
| Name: |
| |
| Title: |
| Date appointed Program Director |
| Average hours per week devoted to education: |
| Primary certification: |
| Secondary certification: |
| Other professional responsibilities: |

| CV: see Appendix A | | |
|--------------------|--|--|
| | | |

Name:
Title:
Date Appointed
Average hours per week devoted to education:
Primary Certification
Secondary certification:
Other professional responsibilities:
CV: see Appendix A

| Name: | |
|--|--|
| Title: | |
| Date Appointed: | |
| Average hours per week devoted to education: | |
| Primary Certification: | |
| CV: See Appendix A | |

Describe the primary role of the program directors

Describe the primary role of the assistant program director

B. MENTORING PROGRAM

Each trainee must have at least one faculty member who will guide the fellows career decisions through the training period

Please provide a brief description of the mentor-mentee selection process and program

Please provide a brief description of the formation of the scholarship oversight committee

TEACHING STAFF

Identify the essential faculty members who are direct contributors to the program, including program directors. List the core faculty, outside division directors, and other mentors who participate in training. Attach CV or biographical sketch for all core program faculty in Appendix B. Use NIH bio sketch form, or a similar form, max 2-3 pages per faculty.

| Name | Specialty | Role in Program |
|------|-----------|-----------------|
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A. OTHER PROFESSIONAL PERSONNEL

Name

Other physician and non-physician teaching and consultant faculty working with the acute care fellow at participating sites. Complete the chart identifying the main person(s) involved. This chart should identify all faculty in any discipline (education, social work, etc.) involved in the training program. It is understood that certification is not available in all the disciplines involved List most recent certification or recertification, name of Board, and date. **Do not include CVs or biographical sketches.**

Role in Program

| V. Facilities and Resources | |
|--|---|
| Describe the resources that the fellowship offelibraries, electronic databases, etc.) | ers for scholarly activity (e.g., personnel, |
| Does the fellowship offer certification or adva available to the fellow? | nced degree conferring academic programs |
| ☐ Yes (please clarify which certifications or de required to obtain.)☐ No | grees available, academic affiliation, and if |
| Does the fellowship offer structured education designed for fellow training that are not include seminars, case-based activities, supplemental exp | ed in degree programs, for example courses, |
| ☐ Yes (please clarify name of the experience, the 2-3 sentence description of the experience and he | |
| □ No | |

VI. EDUCATIONAL PROGRAM

A. CURRICULUM DESIGN

Please see **Addendum A, Core Curriculum Requirements,** for a detailed description of the five curriculum requirements for accreditation. In Section x of the Fellowship Program Description Form, you are asked to provide information documenting your program's fulfillment of each of these five requirements.

Curriculum Requirement A: Goals and Objectives

In <u>Appendix C</u>, include a <u>Curriculum Table</u> and list in Column 1 of the table the educational goals and objectives for your fellows. The goals and objectives must address the following competency domains:

Competency Domain 1: Critical Inquiry and Analysis

Competency Domain 2: Education

Competency Domain 3: Professionalism

Competency Domain 4: Systems based practice/Leadership

Competency Domain 5: Clinical Practice

Goals within these five domains are <u>required</u> (listed in **Core curriculum documents**); other goals may be added. Your program should develop its own specific objectives for each required goal. **Addendum B: Academic Goals and Objectives for Acute Care Fellows** should provide a useful resource. It lists suggested objectives for the required goals, plus other recommended goals. Each objective should have an assigned priority for teaching and evaluation, which should be indicated in the **Curriculum Table**, column 2 (1=optional, 2=important, 3=essential).

Curriculum Requirement B: Learner Needs Assessments and Progress Tracking

Describe in the box below the process by which you track the learning needs and progress of Acute Care fellows at the beginning and end of the program, and at least yearly in between. Be prepared to show the site visit team a record of the dates of these meetings for each fellow, and the resulting individual learning plans. In addition, provide copies of more detailed written remediation plans developed with individual fellows who were not making satisfactory progress (if any). Programs should mask personal identifiers on any remediation plans to be reviewed by the site visit team.

Curriculum Requirement C: Learning Activities

In the <u>Curriculum Table</u>, use Column 3 to indicate for each objective how you teach it or how AC fellows learn it. A list of teaching/learning activity codes is suggested in the model but programs should add or delete items on the list so it matches their actual program activities.

For the primary area of educational emphasis in your fellowship program (e.g., research, education, advocacy), describe in the box below the program's particular strengths and innovations.

Curriculum Requirement D: Fellow Evaluation Methods

In your <u>Curriculum Table</u>, use Column 4 to indicate for each objective how you evaluate whether AC fellow/s have accomplished it. A list of evaluation codes is suggested, but programs should add or delete items on this list so it matches their actual evaluation methods. <u>Please include copies of the evaluation tools in addendum E</u>. These will be discussed at the site visit.

In the box below, describe the process in place to evaluate fellows. Discuss timing of evaluations, who completes the evaluations, discussion of the evaluations with fellows, and follow-up for monitoring or remediation of problems identified.

Describe below the program's plan for assessment and support of fellow wellness/well-being.

Describe below the process in place to track long term outcomes of fellows. Provide a list of major career achievements of the fellows who completed the program in the past five years, if possible.

Curriculum Requirement E: Program Evaluation and Improvement

Faculty must be evaluated by fellows at least yearly. **Describe the process by which faculty are evaluated.** Copies of the evaluation tools and completed evaluations of faculty must be made available for review by the site visit team.

Programs must conduct self-evaluations each year and respond to the results as needed. **Describe** the process by which your program conducts these self-evaluations.

VII. Evaluation, Guidance, and Oversight

In **Appendix D** provide a list of fellows important accomplishments.

In **Appendix** E, provide:

- 1. A summary of the results of annual evaluations since the last accreditation review
- 2. Sample evaluations of fellow
- 3. Sample evaluations by fellow
- 4. Faculty assessments of the program (e.g., recruitment and retention, quality of learning activities, adequacy of resources) In response to faculty assessments, we have installed a co-director and assistant director to improve recruitment and the quality of learning activities. Areas of focus include more procedural shifts, improved elective experiences, and more preceptored shifts in the main ED.
- 5. Program's plan for improvement, based on information in 1-3, above, with special attention to areas of weakness that are identified. (see Annual Program Evaluation and Self Studies, the second document in appendix E)

In Appendix F, provide a written final evaluation for a fellow who completes the program

Please provide any additional information about the evaluation process that was not covered in section V, Curriculum requirements D and E.

III. CURRICULUM PLAN

Note: When you insert this table into Appendix C, use landscape mode.

| Appendix C: Curriculum Table | Priority for Teaching and | Teaching Activities | Evaluation Methods |
|---------------------------------------|---------------------------|------------------------|-----------------------|
| | Evaluating | | |
| | 1= optional | [list for all] | [list for essentials |
| | 2= important | | only] |
| | 3= essential | | |
| Competency Domain 1: | | | |
| GOAL: | | | |
| | | | |
| Competency Domain 2: Research | | | |
| | | | |
| Competency Domain 3: Education | | | |
| | | | |
| | | | |
| OTHER DOMAINS AND GOALS MAY BE ADDED. | | | |

Note: Add to or delete the codes on the lists below to match the activities and methods of your program.

| Suggested Codes for | Suggested Codes for |
|---|--|
| Teaching/Learning Activities | Evaluation Methods |
| 1. Clinical encounters 2. Lectures 3. Seminars 4. Readings/modules 5. Morning report 6. M&M conference 7. Individual community project 8. Individual research project 9. Web search and report 10. Portfolio 11. QI activity 12. Supervisory/teaching activity 13. Presentation by fellow 14. Written abstract 15. Written journal article 16. Written grant proposal 17. Written educational plan/product 18. Other 19. Other 20. Other | a. Competency-based global rating b. Direct observation with checklist c. Expert opinion/comparison d. 360° ratings e. Written examination f. Patient surveys g. Case/procedure logs h. EBM activity f. QI activity g. Faculty review of writings k. Peer review of articles, grants l. Systems error activity n. Self-assessment n. Teaching assessment o. Individual learning plans p. Critical incident reports q. Other r. Other r. Other |