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**National Institute for Health Specialties**

**Pediatric Program Information Form**

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| **Application Information** | | |
| Date: | Click or tap here to enter text. | |
| Application Type: | New (Initial Accreditation Application)  Renewal (Continued Accreditation Application) | |
| Program Name: | Click or tap here to enter text. | |
| Institution Name: | Click or tap here to enter text. | |
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| When you have the completed forms, **number each page sequentially in the bottom**. Report this pagination in the Table of Contents and submit this cover page with the completed Program Information Form. | | |
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| **1. INTRODUCTION** | | |
| **A. Duration of Education** | | |
| What will be the length, in months, of the educational program? | Click or tap here to enter text. | |
| **2. INSTITUTIONS** | | |
| **A. Participating Sites** | | |
| 1. Will the program be structured to provide at least 30 months of required education at the primary clinical site and other participating sites? | Yes | No |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. PROGRAM PERSONNEL AND RESOURCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Faculty** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will there be a core faculty member responsible for each required educational unit? | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If ‘YES’ to Question 1 above, will the core faculty member responsible for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Curriculum Development | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| 1. Ensuring Residents are oriented to the rotation | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| 1. Ensuring adequate resident supervision | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| 1. Ensuring sufficient teaching of residents | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| 1. Ensuring faculty provide timely feedback and evaluation of residents | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will program leadership and core faculty members participate in faculty development or leadership development each year? | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will ensure that all faculty members involved in the education of residents participate in programs to enhance the effectiveness of their skills as educators. (Limit 350 words)   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will there be faculty members with expertise in general pediatrics who have ongoing responsibility for the care of general paediatric patients? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If ‘YES’ to Question 5 above, will these faculty members: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Participate in formal teaching sessions. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Serve as attending physicians for inpatients. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Serve as attending physicians for outpatients. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Serve as attending physicians for term newborns. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ Responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will there be faculty members with subspecialty certification in the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Adolescent Medicine. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Developmental-behavioural pediatrics. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Neonatal-perinatal medicine. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Pediatric critical care. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Pediatric emergency medicine. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ Responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe the qualifications of other faculty members in subspecialties not included in Question 7 above. (Limit 350 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will faculty members in the subspecialty areas listed in Questions 7 and 8 above function on an ongoing basis as an integral part of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The clinical component of the program. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. The instructional component of the program. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Inpatient care. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Outpatient care. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will there be at least one physician certified in each of the following available for clinical consultation and teaching of residents at the primary clinical site? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Diagnostic radiology. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Pathology. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Surgery. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will the program have access to an intensive care facility? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 1 above, will the facility be: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - * 1. Appropriately equipped. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * 1. Adequately staffed. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * 1. Able to care for a sufficient number of critically ill pediatric patients. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * 1. Able to provide required experiences for the number of residents in the program. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Will the program have access to an emergency facility? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. If ‘YES’ to Question 3 above, will the facility: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - * 1. Specialize in the care of pediatric patients. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * + - * 1. Receive pediatric patients transported via an Emergency Medical Services system, if available. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. RESIDENTS APPOINTMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Number of Residents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe how the program will ensure that there is a minimum of four residents per year in the program at all times. (Limit 300 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Describe how the program will ensure that resident attrition does not have a negative impact on the stability of the educational environment. (Limit 300 words)   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. SPECIALTY- SPECIFIC EDUCATIONAL PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Regularly Scheduled Didactic Sessions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Using the format provided, please complete Appendix-A, Formal Didactic Sessions by Academic Year, and attach to submission. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will the didactic program be based on the core knowledge content areas in pediatrics? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will all required core conferences include the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. At least one faculty member present. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * 1. Peer-peer interaction. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * 1. Peer-faculty interaction. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will patient-based teaching: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Include direct interaction between residents and attending physicians. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include bedside teaching. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include discussion of pathophysiology. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include the use of current evidence in diagnostic and therapeutic decisions. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Occur on all inpatient services. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Occur on all consultative services. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Occur with a frequency and duration to ensure a meaningful and continuous teaching relationship between supervising faculty members and residents. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Clinical Experiences** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Describe how the program will organize the curriculum as educational units, as a block of at least four weeks, or as a longitudinal experience (Appendix-B) (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will the curriculum include the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - * 1. An outpatient educational unit of at least 32 half-day sessions. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * + - * 1. An inpatient education unit of at least 200 hours. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Complete the below clinical experiences schedule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rotations** | | | **PGY1** | | | **PGY2** | | | | | **PGY3** | | | | | | | **PGY4** | | | | | | **Total** | | | | | |
| **Core Requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Inpatients (CTU) | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Ped. Community | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| New Born | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| NICU | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| PICU | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| ER | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Behaviour/ Development | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Adolescent Medicine | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| **Sub-Specialty Rotations (Mandatory)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious Diseases | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pulmonary | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Cardiology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Endocrine | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Haematology/Oncology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Nephrology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Neurology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Gastroenterology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Surgery | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Metabolic/Genetics | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Allergy/Immunology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Dermatology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Rheumatology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| **Electives:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any of the above list or:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child & Adolescent Psychiatry | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Genetics | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Radiology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Physical Medicine and Rehabilitation | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Rheumatology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Child & Adolescent Psychiatry | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Genetics | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Radiology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Physical Medicine and Rehabilitation | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Surgery Subspecialty Clinics | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| (Orthopedics, ENT, Ophthalmology) | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Pediatric Anaesthesiology | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Research | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| Vacations | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| **Total blocks** | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |
| * + - 1. Will residents act in a supervisory role, under faculty member guidance, for at least five educational units during the last 24 months of education? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Describe how the program will ensure that all residents have a minimum of six educational units of an individualized curriculum determined by their learning needs and career plans. (Limit 350 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will the program include a minimum of 10 educational units of inpatient care experiences? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 5 above, will there be: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Five educational units in inpatient pediatrics. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. No more than five units devoted to the care of patients in a single subspecialty. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Two educational units in the neonatal intensive care unit (NICU). | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Two educational units in the pediatric critical care unit (PICU). | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. At least one educational unit in term newborn care. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. No more than six educational units in the NICU and PICU combined. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will the program include a minimum of nine educational units of additional subspecialty experiences? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 8 above, will subspecialty experiences include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. At least one unit of adolescent medicine. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. At least one unit of developmental-behavioural pediatrics. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 8 above, complete the table below to indicate the number of educational units planned in each of the pediatric subspecialties listed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pediatric subspecialty** | | | | | | | | | **If experiences are provided in the subspecialty, indicate the number of educational units** | | | | | | | | | | | | **Check here if experiences are not provided in the subspecialty** | | | | | | | | |
| Medical genetics | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric allergy and immunology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric cardiology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric dermatology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric endocrinology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric gastroenterology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric hematology-oncology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric infectious diseases | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric nephrology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric neurology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric pulmonology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| Pediatric rheumatology | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| **Totals for subspecialties listed above** | | | | | | | | | # | | | | | | | | | | | |  | | | | | | | | |
| * + - 1. If ‘YES’ to Question 8 above, complete the table below to indicate the number of educational units planned in each of the pediatric subspecialties listed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pediatric subspecialty** | | | | | | | | | **If experiences are provided in the subspecialty, indicate the number of educational units** | | | | | | | | | | | | **Check here if experiences are not provided in the subspecialty** | | | | | | | | |
| Child and adolescent psychiatry. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Neurodevelopmental disabilities. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric anesthesiology. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric ophthalmology. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric orthopaedic surgery. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric otolaryngology. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric rehabilitative medicine. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric radiology. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric surgery. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Pediatric sports medicine. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| **Totals for subspecialties listed above** | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| * + - 1. Will the program include a minimum of five educational units of ambulatory experiences? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 11 above, will two of these educational units of ambulatory experiences include elements of community pediatrics and child advocacy? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 12 above, will these ambulatory experiences include a children’s Emergency Department setting? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * + - 1. Will ambulatory experiences in a children’s Emergency Department allow residents to provide care for children with non-serious acute illnesses? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * + - * 1. Will these experiences be supervised by a general pediatrician? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will the program include three educational units in pediatric emergency medicine and acute illness? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 16 above, will at least two units take place in the Emergency Department? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * + - 1. Will experiences in the Emergency Department allow residents to provide first-contact evaluation of pediatric patients? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| * + - 1. Complete the table below indicating if residents will have either real or simulated experience performing the following procedures: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Procedure** | | | | | | | | | **Will real or simulated experience be provided? Check the appropriate box.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | YES | | | | | | | | | | | | NO | | | | | | | | |
| Arterial line placement. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Arterial puncture. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Chest tube placement. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Endotracheal intubation of non-neonates. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Procedural sedation. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Thoracentesis. | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Explain if experience in any of the procedures listed above will not be provided. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will each resident have a minimum of 36 half-day sessions per year of longitudinal outpatient experience over a four-year period? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. If ‘YES’ to Question 19 above, will these outpatient experiences: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Occur more than 26 weeks per year. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include an adequate volume of patients to ensure exposure to the spectrum of normal development at all age levels. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include the longitudinal management of children with special health care needs. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include the longitudinal management of children with chronic conditions. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Include a longitudinal working experience between each resident and a single or core group of faculty member(s) with expertise in primary care pediatrics and the principles of medical home. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. For PGY-1 and PGY-2, residents include a longitudinal general pediatric outpatient experience that provides a medical home for a spectrum of pediatric patients. | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will the outpatient experiences for PGY-3 residents continue in the same clinical site at which these experiences took place during their PGY-1 and PGY-2, or, if appropriate for a resident’s career goals, in a longitudinal subspecialty clinic or alternate primary care site? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Will residents maintain certification in Pediatric Advanced Life Support? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Will the certification include simulated placement of intraosseous line? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| 1. Will the certification include Neonatal Resuscitation? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Explain any ‘NO’ responses. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. CORE COMPETENCIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Patient Care** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will judge that graduating residents demonstrate proficiency in the following:    1. Gathering essential and accurate information about the patients.    2. Organizing and prioritizing responsibilities to provide patient care that is safe, effective, and efficient.    3. Providing transfer of care that ensures seamless transitions.    4. Interviewing patients and families about particulars of the medical condition for which they seek care with special attention to behavioural, psychosocial, environmental, and family unit correlates of disease.   Provide an example of how proficiency will be assessed in three of the five areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will judge that graduating residents demonstrate proficiency in the following:    1. Performing complete and accurate physical exams.    2. Making informed diagnostic and therapeutic decisions that result in optimal clinical judgement.    3. Developing and implementing management plans.    4. Counselling patients and families.    5. Providing effective health maintenance and anticipatory guidance.    6. Providing appropriate role modelling.    7. Providing appropriate supervision.   Provide an example of how proficiency will be assessed in four of the seven areas listed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will determine that graduating residents demonstrate proficiency in performing procedures used by a pediatrician in general practice, including being able to describe the steps in the procedure, indications, contraindications, complications, pain management, post-procedure care, and interpretation of applicable results. Provide an example of how proficiency will be assessed. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will determine that graduating residents demonstrate proficiency in performing all medical, diagnostic, and therapeutic procedures considered essential for pediatric practice, including the following: 2. Bag-mask ventilation. 3. Bladder catheterization. 4. Developmental screening. 5. Giving immunizations. 6. Lumbar puncture. 7. Neonatal endotracheal intubation. 8. Peripheral intravenous catheter placement. 9. Procedural sedation and pain management. 10. Reduction of simple dislocation. 11. Simple laceration repair. 12. Simple removal of foreign body. 13. Temporary splinting of fracture. 14. Tympanometry and audiometry interpretation. 15. Venepuncture. 16. Vision screening.   Provide an example of how proficiency will be assessed for eight of the 14 procedures listed.  (Limit 600 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Medical Knowledge** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. How will graduating residents demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care? Describe how these traits will be evaluated. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will determine that graduating residents demonstrate proficiency in their knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indication for and use of screening tests/procedures. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will determine that graduating residents demonstrates proficiency in their knowledge of the following: 2. Presentation and management of isolated and multi-organ system failure and assessment of its reversibility. 3. Variations in organ system dysfunction by age of patient. 4. Invasive and non-invasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions. 5. The appropriate roles of the generalist pediatrician and the intensivist/neonatologist. 6. Resuscitation and care of newborns in the delivery room. 7. Evaluation and management of patients following traumatic injury during the pediatric intensive care experience.   Provide an example of how proficiency will be assessed for four of the six areas listed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will determine that graduating residents demonstrate proficiency in their knowledge of the following: 2. Normal and abnormal child behaviour and development, including cognitive, language, motor, social, and emotional components. 3. Adolescent medicine. 4. Interviewing parents and children. 5. Psychosocial and developmental screening techniques. 6. Behavioural counselling and referral.   Provide an example of how proficiency will be assessed in four of the six areas listed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe how the program will determine that graduating residents demonstrate proficiency in their knowledge of the following: 2. Management strategies for children with developmental disabilities or special needs. 3. Needs of children at risk (e.g., those in poverty, from fragmented or substance abusing families, or victims of child abuse/neglect). 4. The impact of chronic diseases, terminal conditions, and death on patients and their families.   Provide an example of how proficiency will be assessed in two of the three areas listed. (Limit 200 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Practice-Based Learning and Improvement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents 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 life-long learning? Describe how these skills will be evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents demonstrate that 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. Set learning and improvement goals. 4. Identify and perform appropriate learning activities. 5. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement. 6. Incorporate formative evaluation feedback into daily practice. 7. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems. 8. Use information technology to optimize learning. 9. Participate in the education of patients, families, students, residents, and other health professionals. 10. Be an effective teacher. 11. Participate in the education of students, residents, and other health professionals. 12. Take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and experience-specific goals and objectives and attendance at conferences. 13. Obtain procedure-specific informed consent by competently educating patients about the rationale, technique, and complications of procedures. 14. Apply new knowledge to the management and care of patients.   Provide an example of how these skills will be assessed in seven of the 13 areas listed. (Limit 700 words)  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. 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, their families, and other health professionals? Describe how these skills will be evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents demonstrate their ability to:   A. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.  B. communicate effectively with physicians, other health professionals, and health-related agencies.  C. work effectively as a member or leader of a health care team or other professional group.  D. act in a consultative role to other physicians and health professionals.  E. maintain comprehensive, timely, and legible medical and administrative records.  F. demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.  Provide an example of how these skills will be assessed in **four** of the six areas listed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. Professionalism** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles? Describe how these skills will be evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents’ demonstrate the following:   A. compassion, integrity, and respect for others.  B. responsiveness to patient needs that supersedes self-interest.  C. respect for patient privacy and autonomy.  D. accountability to patients, society and the profession.  E. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.  Provide an example of how these traits will be assessed in three of the five areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents demonstrate a commitment to engaging in personal and professional development that will sustain them in balancing a commitment to their profession with a healthy and productive personal life, including the following: 2. Self-awareness of one’s own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviours. 3. Healthy responses to stressors. 4. Managing conflict between one’s personal and professional responsibilities. 5. Flexibility and maturity in adjusting to change with the capacity to alter one’s own behaviours. 6. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. 7. Leadership skills that enhance team function. 8. Self-confidence that puts patients, families, and members of the health care team at ease. 9. The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty.   Provide an example of how these traits will be assessed in five of the eight areas listed. (Limit 500 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents demonstrate the following: 2. High standards of ethical behaviour, including maintaining appropriate professional boundaries and relationships with other physicians, and avoiding conflicts of interest. 3. A commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.   Provide an example of how these traits will be assessed. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. 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 these skills will be evaluated. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will graduating residents demonstrate their ability to:   A. work effectively in various health care delivery settings and systems relevant to their clinical specialty.  B. coordinate patient care within the health care system relevant to their clinical specialty.  C. incorporate considerations of cost awareness and risk-benefit analysis in-patient and/or population based care as appropriate.  D. advocate for quality patient care and optimal patient care systems.  E. work in inter-professional teams to enhance patient safety and improve patient care quality.  F. participate in identifying system errors and implementing potential systems solutions.  G. advocate for the promotion of health and the prevention of disease and injury in populations.  Provide an example of how these traits will be assessed in four of the seven areas listed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. APPENDIX** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Formal Didactic Sessions by Academic Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For each year of residency, please attach (Label: Appendix A) a list of all scheduled didactic courses (which includes discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating institutions attended by residents using the format below. If attended by residents from multiple years, list in each year but provide a full description only the first time it 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, etc.)  b) Required or elective  c) Brief description (three or four sentences)  d) Frequency, length of session and total number of sessions   |  | | --- | | **Y 1-4**   1. **Pediatric Core Curriculum Academic Blocks** 2. Resident Academic Lectures 3. Required Y1-4 4. Approaches & updates in key general pediatric & pediatric subspecialty topics including all pediatric subspecialties, Dietetics, Dermatology, ER, PICU, and Neonatology Faculty and invited guest speakers to present current approaches & recent updates to diseases. 5. Weekly, 200 sessions (over 4 years). 6. **Resident Case Studies** 7. Case Presentation. 8. Required Y1-4. 9. Resident led and presented case studies from their rotations with discussion/feedback session with Pediatric institute faculty. 10. Every week 36 sessions/year. 11. **Journal Club** 12. Resident-led review of current publications on a broad scope of various Pediatric topics. 13. Required Y2-4. 14. Monthly, one-hour in length, 12 sessions/year. 15. **Department Rounds:** 16. Academic Presentation & Discussion. 17. Required Y1-4. 18. Weekly Pediatric Department Rounds presenting Pediatric topics and updates followed by discussion. 19. Conducted by faculty from pediatric and related subspecialties. 20. Weekly, 150 sessions (over 3 years). 21. **Resident Wellness program:**     1. Didactic/discussion and workshops.     2. Mandatory Y1 to Y4.     3. Covering a broad range of professional development issues, including communication, culture/ethics, healthcare systems and resources, inter-health alliance relations, writing medical reports, telephone consultations, medication errors/safety, confidentiality, end of life issues, discussing death, teaching techniques and conflict management.     4. 4 hour in length, 2-3 workshops/year. 22. **Pediatric Interdepartmental M & M Rounds** 23. Case Presentation/Discussion 24. Required Y2 to Y4 25. M & M Case review from Pediatrics or PICU and inter-departmental review/discussion 26. Monthly, 36 Sessions (over 3 years) 27. **Pediatric Board Review** 28. Conference (locally and/or regionally conducted) 29. Recommended Y2 & Y4 30. On week long board review is specifically designed to prep residents for the Board Step I & Step II exams 31. Annually, 2 sessions 32. **Med Study: The Course**     1. Conference     2. Elective Y2 & Y3     3. A week-long board review, specifically designed to prepare residents to sit for the American Pediatrics Board.     4. Annually, 42 hours in length, 1 session/year 33. **Research workshop:**     1. Workshop     2. Required Y2 & Y3     3. A 3-day long research workshop specifically designed to teach residents how to identify a research topic and hypothesis, prepare investigative tools, collect, and analyze information/data.     4. Annually, 3 days in length, 1 session/year 34. **Minor Surgery Workshop**     1. Workshop     2. Required Y1 to Y4     3. Hosted by Pediatric ER department. A half-day workshop specifically designed to teach residents proper suturing techniques, common orthopedics emergency including simple removal of foreign body, dislocation and uncomplicated fracture, simple laceration repair, pediatric intubation and interosseous line insertion.     4. At least once per academic curriculum, one half-day in length integrated as part of Pediatric Emergency module. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B: Patient population data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites  Participating sites are indicated by a number which must correspond to the number designated for that site in the foundational accreditation application. The primary site must be designated as Site #1. If additional sites are not planned, columns can be left blank.  The data in Table 1 below is for a one-year period  From Date: \_\_\_\_\_\_\_\_\_\_\_\_ to Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Table 1. Patient census data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Institution # 1** | | | | | **Institution #2** | | | | | | | **Institution #3** | | | | | | **Institution #4** | | | | | | |
| **Inpatient data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total admissions for the year: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Annual admissions of patients of pediatric age – Medical: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Annual admissions of patients of pediatric age – Surgical: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Average Daily Census (total): | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Average daily census of medical patients: | | Average length of stay for medical patients: | | |  | | |  | |  | | |  | | | |  | | | |  | |  | | | | |  | |
| Average daily census of surgical patients: | | Average length of stay for surgical patients: | | |  | | |  | |  | | |  | | | |  | | | |  | |  | | | | |  | |
| **Emergency Room data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total visits per year: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| If combined adult and pediatrics, what is the % of patients under 22: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| **Neonatal Intensive Care Unit (NICU) data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICU Level 2 or 3: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Annual NICU admissions: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Total number of NICU beds: | | Number of these designated for stepdown or intermediate care: | | |  | | |  | |  | | |  | | | |  | | |  | | |  | | | |  | | |
| Average daily census: | | Average length of stay: | | |  | | |  | |  | | |  | | | |  | | |  | | |  | | | |  | | |
| Annual admissions less than 1500 grams: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Annual number of neonates requiring mechanical ventilation: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Annual number of deaths in NICU: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| **Pediatric Intensive Care Unit (PICU) data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual PICU admissions: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Total number of PICU beds: | Number designated for stepdown or intermediate care: | | | Are stepdown or intermediate care located outside the PICU? (YES or NO): |  | |  | |  |  | |  | |  | | |  | |  | | |  |  | |  | | | |  |
| Average daily census: | | Average length of stay: | | |  | | |  | |  | | |  | | | |  | | | |  | |  | | |  | | | |
| Are post-operative cardiac patients admitted to this unit? (YES or NO): | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Are other surgical patients admitted to this unit? ( YES or NO): | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Annual number of deaths in PICU: | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |

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| C. Residency Program Block Diagram/Schedule |
| A block diagram is a representation of the rotation schedule for a resident in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.   * Create and upload a PDF of your program’s block diagram using the information below as a guide. * Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below. * In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. * **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. * When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site. * Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted. * Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such, and should not be associated with a participating site. * If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.   **Sample Block Diagrams**  **Block Diagram 1(1)** *In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | | **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 |  | | **Rotation Name** | Wards | Wards | ER | CCU | ICU | Wards | ER | ICU | Clinic | Wards | Clinic | Elec/Vac | | **% Outpatient** | 20 | 20 | 100 | 0 | 0 | 40 | 100 | 0 | 100 | 20 | 100 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |   **Block Diagram 2 (1)** *In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | | **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 3 |  | | **Rotation Name** | Wards | Wards | ER | CCU | ICU | Wards | Wards | ICU | Clinic | Wards | Wards | Clinic | Elec/Vac | | **% Outpatient** | 30 | 30 | 100 | 0 | 0 | 20 | 20 | 0 | 100 | 0 | 0 | 100 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |   **Block Diagram 3 (1)** *In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | | **Site** | Site 1 | Site 1 | Site 2 | Site 2 | Site 3 |  | | **Rotation Name** | CCU | Med. Outpt. | Wards | ER | Wards | Elective/Vacation | | **% Outpatient** | 0 | 100 | 0 | 100 | 0 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |  | | --- | --- | --- | --- | | **Notes** | Possible electives: |  | | |  | Cardiology Inpatient Site 1  Cardiology Outpatient Site 2 | Pulmonary Disease Inpatient Site 2  Pulmonary Disease Outpatient Site 3 | Gastroenterology Inpatient Site 3  Gastroenterology Outpatient Site 1 |   **Block Diagram 4 (1)** *In this example for a subspecialty program, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the resident’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | | **Site** | Site 1 | Site 2 | Site 2 |  | | **Rotation Name** | Specialty Outpatient | Specialty Outpatient | Wards | Research | | **% Outpatient** | 100 | 100 | 0 |  | | **% Research** | 0 | 40 | 0 | 100 |   (1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken. |