**New Application: Pediatric Pathology**

**Review Committee for Pathology**

**ACGME**

**Oversight**

**Participating Sites**

1. Will the sponsoring institution also sponsor ACGME-accredited residencies in the following specialties? [PR.I.B.1.a)]
2. Diagnostic Radiology [ ]  YES [ ]  NO
3. Pediatrics [ ]  YES [ ]  NO
4. Surgery [ ]  YES [ ]  NO

Explain any “NO” responses.

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

**Resources**

1. Describe the office space, meeting rooms, and laboratory space available to support patient care-related teaching, educational, research activities, and clinical service work. [PR I.D.1.a)]

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

1. Provide the following data for each participating site listed in ADS for the most recent academic year available. Add or delete rows and columns as necessary. [PR I.D.1.b).(1)]

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| Total number of beds | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric beds (including bassinets) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Just bassinets | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric ICU beds | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric inpatient admissions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric outpatient admissions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ER visits | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric cytopathology accessions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric surgical pathology accessions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric OR consultations | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric deaths | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pediatric autopsies | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Cytogenetic accessions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Describe the method for indexing clinical materials as to permit retrieval of archived records in a timely manner. [PR I.D.1.c).(2)]

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

1. Will laboratories be equipped to perform all tests required for the education of fellows? [PR I.D.1.d)]
 [ ]  YES [ ]  NO

If ”NO,” explain.

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

1. Indicate the equipment available for fellow education at each participating site. [PR I.D.1.c).(1)]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** |
| # of multi-headed microscopes | # | # | # |
| # of individual fellow microscopes | # | # | # |
| # of data handling systems | # | # | # |
| Square feet of cytopathology laboratory space | # | # | # |
| Do fellows have individual work stations? (Yes or No) | Choose an item. | Choose an item. | Choose an item. |

**Other Learners and Other Care Providers**

1. Provide the following information for other educational programs (e.g., other GME programs from this and other sites, residency/fellowship programs for medical technologists, masters and doctoral programs, or post-doctoral programs for clinical scientists) that use program facilities for educational experiences in pathology. Add rows as necessary. [PR I.E.1.]

| **Name of Site and Type of Program** | **Length of rotation****(in weeks)** | **Maximum number of learners per year** | **Maximum number of learners present at the same time** |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Personnel**

**Other Program Personnel**

1. Briefly describe and qualified laboratory technical personnel that will provide support for the clinical, teaching, educational, and research activities of the fellowship. Is the support of the program in this area satisfactory at all program sites? [PR II.D.1.]

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

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in the following. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.b).(2); PR V.A.1.c)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Performing pediatric autopsies, including general pediatric, metabolic, forensic, perinatal, embryo-fetal, and stillborn autopsies[PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Diagnosing common and unusual pediatric problems, including metabolic, prenatal, genetic, and neoplastic diseases[PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Interpreting the results of laboratory assays used in pediatric pathology, to include immunopathologic and histochemical assays, and molecular techniques, including diagnostic assays for metabolic diseases[PR IV.B.1.b).(2).(c)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate competence in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess resident competence. [PR IV.B.1.c).(1); PR V.A.1.c)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Cytopathology, ultrastructural pathology, and cytogenetics[PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| General and systemic aspects of autopsy and surgical pathology, to include embryo-fetal, perinatal, and placental pathology[PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Pediatric aspects of dermatopathology, gynecological and obstetrical pathology, forensic pathology, and neuropathology[PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to demonstrate an ability to evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care. [PR IV.B.1.d)] (Limit response to 400 words)

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

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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

**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health: [PR IV.B.1.f)] (Limit response to 400 words)

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

**Curriculum Organization and Fellow Experiences**

1. Describe the clinical experience for fellows’ in all aspects of pediatric pathology. Outline the educational activities specific to supervision of trainees and/or laboratory personnel, and graded responsibility, including independent diagnosis and decision making. [PR IV.C.3.a)] (Limit response to 400 words)

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

1. Outline the educational activities specific to pediatric pathology, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. [PR IV.C.3.b)] (Limit response to 400 words)

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

1. List the planned conference schedule for fellows. Add rows as necessary. [PR IV.C.4.]

| **Name of Conference** | **Frequency** | **Responsible Department** | **Required?(Yes/No)** | **Attendance Taken?(Yes/No)** |
| --- | --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Describe fellow participation in these conferences. How much responsibility will they have for their preparation and presentation? [PR IV.C.4.a)] (Limit response to 400 words)

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

1. What experience will fellows have in quality assurance? [PR IV.C.4.b)] (Limit response to 400 words)

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