**New Application: Neonatology (Pediatrics)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 · [www.acgme-i.org](http://www.acgme-i.org)

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Neonatology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?

Choose an item. |

**Institution**

**Sponsoring Institution**

1. Will the neonatal-perinatal fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics? [ ] YES [ ] NO

Explain if ‘NO.’ For information on independent subspecialty status, email acgme-i@acgme-i.org (Limit 250 words)

|  |
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1. Will the Sponsoring Institution:
2. have an affiliation with an ACGME-I-accredited program in obstetrics and gynecology [ ] YES [ ] NO
3. sponsor an ACGME-I-accredited program in pediatrics? [ ] YES [ ] NO

Explain any ‘NO’ responses (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will the affiliated obstetrics and gynecology program be within the same geographic location as the proposed neonatology fellowship program? [ ] YES [ ] NO
2. Will the affiliated obstetrics and gynecology program have certified maternal-fetal medicine specialist physicians? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 3 and 4 above. (Limit 250 words)

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**Program Personnel and Resources**

**Faculty**

1. Will the fellowship have at least four full-time neonatologists actively contributing sufficient time and effort to the educational program to fulfill the supervisory, teaching, and mentoring requirements of the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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

2. Will the full range of pediatric subspecialists necessary for teaching and consultation be available to the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

3. Will appropriate consultants, including the following, routinely be available to the program?

1. Consultant skilled in neurodevelopment [ ] YES [ ] NO
2. Geneticist [ ] YES [ ] NO
3. Pediatric neurologist [ ] YES [ ] NO
4. Pediatric radiologist [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

4. Will the program have a full range of surgical subspecialists with experience in pediatrics necessary for teaching and consultation in the following?

1. Cardiothoracic surgery [ ] YES [ ] NO
2. Neurological surgery [ ] YES [ ] NO
3. Ophthalmology [ ] YES [ ] NO
4. Orthopedic surgery [ ] YES [ ] NO
5. Otolaryngology [ ] YES [ ] NO
6. Pediatric surgery [ ] YES [ ] NO
7. Urology [ ] YES [ ] NO

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

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| Click here to enter text. |

**Other Program Personnel**

1. Will the following professional staff member, skilled in the care of critically ill and/or premature neonates, be routinely available?

1. Medical social workers skilled in management of families in crisis and end-of-life care [ ] YES [ ] NO
2. Nurses [ ] YES [ ] NO
3. Nutritionists skilled in the management of both enteral and parenteral nutrition

 [ ] YES [ ] NO

1. Pharmacists [ ] YES [ ] NO
2. Respiratory therapists [ ] YES [ ] NO
3. Specialists in physical and occupational therapy applied in a developmentally appropriate way [ ] YES [ ] NO
4. Specialists in the assessment of hearing [ ] YES [ ] NO
5. Therapists skilled in evaluating feeding difficulties initially or in follow-up [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 350 words)

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| Click here to enter text. |

**Resources**

* + - 1. Will a neonatal database of all patient admissions, diagnoses, and outcomes be available for fellow education? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will the primary clinical site have a specially-designated neonatal intensive care unit (NICU)? [ ] YES [ ] NO

If ‘YES,’ answer Questions 3-8 below.

Explain if ‘NO.’ (Limit 250 words)

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

1. Will the facilities and equipment in the NICU meet the generally accepted standards of modern intensive care units? [ ] YES [ ] NO
2. Will appropriate laboratory services be available 24 hours a day? [ ] YES [ ] NO
3. Will the facilities and resources include the following?
4. Echocardiography (ECG) [ ] YES [ ] NO
5. Electroencephalogram (EEG) [ ] YES [ ] NO
6. Neonatal ECG [ ] YES [ ] NO
7. Portable X-ray [ ] YES [ ] NO
8. Ultrasound imaging [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 3-5 above. (Limit 250 words)

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1. Will the EEG services be available on a 24-hour a day basis with 24-hour a day interpretation services? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 300 words)

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| Click here to enter text. |

1. Will the NICU follow-up clinic have staff members with expertise in performing developmental assessments? [ ] YES [ ] NO
2. Will the NICU follow-up clinic have skilled neonatal or pediatric faculty members as teachers? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 7 and 8 above. (Limit 250 words)

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| Click here to enter text. |

1. Will the perinatal service have facilities and equipment that meet the generally accepted standards for high-risk newborn resuscitation? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will the primary teaching site meet the generally accepted standards for modern laboratories and services needed for management of high-risk pregnancies and critically ill neonates?

 [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 9 and 10 above. (Limit 250 words)

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| Click here to enter text. |

1. Check the correct response in the table below indicating the laboratories and services that will be available at the primary clinical site.

|  |  |
| --- | --- |
| **Laboratories and services** | **At the Primary Clinical Site?** |
|  | **YES** | **NO** |
| Accessible computed tomography (CT) facility  |[ ] [ ]
| Accessible magnetic resonance imaging (MRI) facility  |[ ] [ ]
| Blood bank  |[ ] [ ]
| Blood gas analysis  |[ ] [ ]
| Diagnostic bacteriology laboratory  |[ ] [ ]
| Hematology laboratory  |[ ] [ ]
| Microchemistry laboratory  |[ ] [ ]
| Pathology services, including those for evaluation of placental pathology  |[ ] [ ]
| Perinatal diagnostic laboratory  |[ ] [ ]
| Virology laboratory  |[ ] [ ]

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

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| Click here to enter text. |

1. Will participating sites have access to the following?
2. Audiology services [ ] YES [ ] NO
3. Clinical toxicology laboratory [ ] YES [ ] NO
4. Cytogenetic laboratory [ ] YES [ ] NO
5. Nuclear medicine facilities [ ] YES [ ] NO
6. Screening laboratory for inborn errors of metabolism [ ] YES [ ] NO

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

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1. Will the program provide the patient care experiences necessary for fellows to acquire skill in delivery room stabilization of critically ill neonates? [ ] YES [ ] NO
2. Will the program provide the patient care experiences necessary for fellows to acquire skill in delivery room resuscitation of critically ill neonates? [ ] YES [ ] NO
3. Will there be a sufficient number and variety of high-risk obstetrical patients to ensure fellows become knowledgeable in identifying high-risk pregnancies? [ ] YES [ ] NO
4. Will there be a sufficient number and variety of high-risk obstetrical patients to ensure fellows become knowledgeable in evaluating fetal well-being and maturation? [ ] YES [ ] NO
5. Will there be a sufficient number of discharged infants available in a NICU? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 13-17 above. (Limit 250 words)

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**Fellow Appointment**

**Eligibility Criteria**

1. Prior to appointment in the program, will fellows have completed an ACGME-I accredited residency program in pediatrics or another pediatrics residency acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles?

Describe how these traits will be evaluated. (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

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

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1. How will graduating fellows demonstrate competence in the following?
2. Consulting in neonatal perinatal medicine
3. Coordination of care between pediatric surgeons, neonatologists, and critical care intensivists
4. Evaluation, diagnosis, and pre-/post-operative management of neonatal-perinatal patients
5. Evaluating various modalities of therapy used in the neonatal perinatal disorders
6. Factors that may compromise the fetus during the intrapartum period
7. Family dynamics surrounding the birth and care of a sick neonate
8. Follow-up of high-risk neonate
9. Identifying high-risk pregnancy
10. Providing care of neonates requiring cardiac surgical procedures and their post-operative complications
11. Providing ventilatory assistance to neonates
12. Psychosocial implications of disorders of the fetus, neonate, and young infant
13. Recognizing the signs of fetal distress
14. The methods used to evaluate fetal well-being and maturation

Provide examples of how competence will be assessed in seven of the 13 areas listed. (Limit 700 words)

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**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

|  |
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1. How will graduating fellows demonstrate knowledge of the following?
	1. Basic disciplines related to pregnancy, the fetus, and the neonate
	2. Breast feeding and lactation
	3. Cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate
	4. Fetal development
	5. Fetal physiology
	6. Genetics
	7. Growth and nutrition
	8. Maternal physiological, biochemical, and pharmacological influences on the fetus
	9. Placental function (placental circulation, gas exchange, growth)
	10. Physiological and biochemical adaptation to birth
	11. Psychology of pregnancy and maternal-infant interaction
	12. Techniques of collation and critical interpretation of data pertaining to immediate outcome and sequelae of various diseases
	13. The relevant basic sciences
	14. The tabulation and evaluation of an institutional database

Provide examples of how knowledge will be assessed in seven of the 14 areas listed. (Limit 700 words)

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**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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**Systems-based Practice**

1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills will be evaluated. (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year and attach to submission.
2. For each core educational session will at least one faculty member be present?

 [ ] YES [ ] NO

1. Will each core educational session be scheduled to ensure peer-peer and peer-faculty member interaction? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 2 and 3 above. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will patient-based teaching include the following?
2. Bedside teaching members [ ] YES [ ] NO
3. Direct interaction between fellows and faculty [ ] YES [ ] NO
4. Discussion of pathophysiology [ ] YES [ ] NO
5. The use of current evidence in diagnostic decisions [ ] YES [ ] NO
6. The use of current evidence in therapeutic decisions [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will patient-based teaching be conducted:
2. formally on all inpatient, outpatient, and consultative services? [ ] YES [ ] NO
3. with a frequency and duration that ensures a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) and fellows? [ ] YES [ ] NO

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

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1. Will the above formal didactics include the following?
2. Breast feeding and lactation [ ] YES [ ] NO
3. Cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate [ ] YES [ ] NO
4. Fetal development [ ] YES [ ] NO
5. Fetal physiology [ ] YES [ ] NO
6. Genetics [ ] YES [ ] NO
7. Growth and nutrition [ ] YES [ ] NO
8. Maternal physiological, biochemical, and pharmacological influences on the fetus

 [ ] YES [ ] NO

1. Physiological and biochemical adaptation to birth [ ] YES [ ] NO
2. Placental function (placental circulation, gas exchange, growth) [ ] YES [ ] NO
3. Practice management relevant to neonatology [ ] YES [ ] NO
4. Psychology of pregnancy and maternal-infant interaction [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will didactic sessions include formal instruction in the general principles of critical care? [ ] YES [ ] NO

If ‘YES,’ will formal instruction in the general principles of critical care include the following?

1. Continuous monitoring [ ] YES [ ] NO
2. Endotracheal intubation [ ] YES [ ] NO
3. Evacuation of air leaks [ ] YES [ ] NO
4. Nutritional support [ ] YES [ ] NO
5. Preparation for transport [ ] YES [ ] NO
6. Techniques of neonatal resuscitation [ ] YES [ ] NO
7. Temperature control [ ] YES [ ] NO
8. Venous and arterial access [ ] YES [ ] NO
9. Ventilator support [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will didactic sessions include instruction in the psychosocial implications of disorders of the following?
2. Fetus [ ] YES [ ] NO
3. Neonate [ ] YES [ ] NO
4. Young infant [ ] YES [ ] NO
5. Will fellows have instruction in the family dynamics surrounding the birth and care of a sick neonate? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 8 and 9 above. (Limit 250 words)

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| Click here to enter text. |

1. Will didactic sessions include instruction that prepares fellows to:
2. be effective consultants in neonatal-perinatal medicine? [ ] YES [ ] NO
3. conduct and interpret relevant scholarly efforts in neonatal-perinatal medicine?

 [ ] YES [ ] NO

1. teach neonatal-perinatal medicine effectively? [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will all fellows acquire knowledge of the care of neonates requiring cardiac surgical procedures and their post-operative complications? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will fellows receive instruction on the following?
2. Factors that compromise the fetus during intrapartum period [ ] YES [ ] NO
3. Identifying the high-risk pregnancy [ ] YES [ ] NO
4. Methods used to evaluate fetal maturation [ ] YES [ ] NO
5. Methods to evaluate fetal well-being [ ] YES [ ] NO
6. Signs of fetal distress [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will fellows receive instruction about and participate in the education of physicians and other health care professionals regarding emerging issues and factors impacting regional perinatal morbidity and mortality? [ ] YES [ ] NO
2. Will the program provide all fellows with knowledge about the tabulation and evaluation of an institutional database? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 13 and 14 above. (Limit 250 words)

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| Click here to enter text. |

1. Will there be instruction and experience in techniques of collation and critical interpretation of data pertaining to immediate outcome and sequelae of various diseases? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

If ‘YES,’ describe the content. (Limit 300 words)

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| Click here to enter text. |

**Clinical Experiences**

1. Complete Appendix B., Patient Population Data and attach to submission.
2. Will fellows’ experience with critically ill surgical patients include the following?
3. Evaluation [ ] YES [ ] NO
4. Diagnosis [ ] YES [ ] NO
5. Pre-operative management [ ] YES [ ] NO
6. Post-operative management [ ] YES [ ] NO

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

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| Click here to enter text. |

1. How will the coordination of care and collegial relationships among pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically ill patients be facilitated? (Limit 400 words)

|  |
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| Click here to enter text. |

1. Will all fellows have clinical experience adequate for them to manage critically ill neonates, specifically including the following?
2. Continuous monitoring techniques [ ] YES [ ] NO
3. Endotracheal intubation [ ] YES [ ] NO
4. Evacuation of air leaks [ ] YES [ ] NO
5. Neonatal resuscitation [ ] YES [ ] NO
6. Nutrition support [ ] YES [ ] NO
7. Preparation for transport [ ] YES [ ] NO
8. Temperature control [ ] YES [ ] NO
9. Venous and arterial access [ ] YES [ ] NO
10. Ventilator support [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 350 words)

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| Click here to enter text. |

1. Will fellows have clinical experience in identifying the high-risk pregnancy? [ ] YES [ ] NO
2. Will fellows have experiences in the methods used to evaluate fetal well-being and maturation? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 5 and 6 above. (Limit 250 words)

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| Click here to enter text. |

1. Will all fellows have experiences with factors that may compromise the fetus during the intrapartum period? [ ] YES [ ] NO
2. Will all fellows have experiences in recognizing the signs of fetal distress? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 7 and 8 above. (Limit 250 words)

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| Click here to enter text. |

1. Will all fellows participate in the follow-up of high-risk neonates? [ ] YES [ ] NO
2. Will all fellows have exposure to critically ill neonates with diverse medical and surgical conditions?

 [ ] YES [ ] NO

1. Will all fellows participate in the care of a sufficient number of neonates who require ventilatory assistance and become skilled in their management? [ ] YES [ ] NO
2. Will all fellows participate in the care of neonates requiring cardiac surgical procedures and their post-operative complications? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 9-12 above. (Limit 250 words)

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| Click here to enter text. |

1. Will all fellows have clinical experience in the following?
2. Communication with referring physicians [ ] YES [ ] NO
3. Organizing transport of neonates within the framework of an integrated regional system with different levels of perinatal care [ ] YES [ ] NO
4. Patient consultation [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will NICU follow-up clinic experiences enable fellows to:
2. become aware of the socioeconomic impact and psychosocial stress that such infants may place on a family? [ ] YES [ ] NO
3. understand the relationship between neonatal illnesses and later health and development? [ ] YES [ ] NO

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

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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Neonatologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of neonatology and perinatal care, including approaches to clinical work with minority populations.d) Weekly, for 8 sessions.02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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| Click here to enter text. |

**Appendix B. Patient Population Data**

Complete and attach the following table summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which fellows will rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

|  |  |  |  |
| --- | --- | --- | --- |
|  From: | Click here to enter text. | To: | Click here to enter text. |

Table 1. General Patient Population Data

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| 1. Number of births per year | # | # | # | # |
| 2. Number of neonatal ICU admissions per year | # | # | # | # |
| a) Number of admissions in NICU. Of these, how many had a birth weight< 1,500 grams | # | # | # | # |
| b) Number of admissions in NICU. Of these, how many had a birth weight < 1,000 grams | # | # | # | # |
| c) Number of admissions inborn | # | # | # | # |
| d) Number of patients outborn/transported | # | # | # | # |
| 3. Average daily census in NICU | # | # | # | # |
| 4. Average Length of Stay in NICU  | # | # | # | # |
| 5. Number of patients requiring ventilatory support: | # | # | # | # |
| a) CPAP only (without mechanical ventilation) | # | # | # | # |
| b) Ventilator | # | # | # | # |
| c) Extra corporeal membrane oxygenation (ECMO) | # | # | # | # |
| 6. Number of neonatal surgical cases | # | # | # | # |
| a) cardiac | # | # | # | # |
| b) general | # | # | # | # |