**New Application: Nephrology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| 1. Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.c)]
 |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** |
| Biochemistry laboratory [PR I.D.1.c).(1).(a)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Serologic laboratory [PR I.D.1.c).(1).(a)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Ultrasound [PR I.D.1.c).(1).(b)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Computerized tomography [PR I.D.1.c).(1).(b)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Diagnostic radionuclide laboratory [PR I.D.1.c).(1).(b)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Magnetic resonance imaging [PR I.D.1.c).(1).(b)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Surgical and pathological support available for the modern practice of nephrology [PR I.D.1.d).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Surgery for vascular and peritoneal dialysis access [PR I.D.1.d).(2)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Renal transplantation services [PR I.D.1.d).(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Electron and immunofluorescence microscopy, and other special studies for the preparation and valuation of renal biopsy material [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Acute and chronic hemodialysis [PR I.D.1.d).(5)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Continuous renal replacement therapy [PR I.D.1.d).(5)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Peritoneal dialysis [PR I.D.1.d).(5)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Renal biopsy [PR I.D.1.d).(5)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| A close working relationship with dietary and/or nutrition services, social services, as well as specialists in general surgery, urology, obstetrics and gynecology, psychiatry, pathology, and diagnostic radiology [PR II.D.1.-2.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Access to training using simulation [PR IV.C.4.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | [ ]  YES [ ]  NO |
| What is the percentage of Program Director support? [PR II.A.2.c)] | % |

**Program Coordinator**

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | [ ]  YES [ ]  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the evaluation and management of the following?

|  |  |
| --- | --- |
| Acute kidney injury [PR IV.B.1.b).(1).(b).(i)] | [ ]  YES [ ]  NO |
| Chronic kidney disease [PR IV.B.1.b).(1).(b).(ii)] | [ ]  YES [ ]  NO |
| Disorders of fluid, electrolyte, and acid-base regulation [PR IV.B.1.b).(1).(b).(iii)] | [ ]  YES [ ]  NO |
| Disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy [PR IV.B.1.b).(1).(b).(iv)] | [ ]  YES [ ]  NO |
| Drug dosing adjustments and nephrotoxicity associated with alterations in drug metabolism and pharmacokinetics in renal disease [PR IV.B.1.b).(1).(b).(v)] | [ ]  YES [ ]  NO |
| End-stage renal disease [PR IV.B.1.b).(1).(b).(vi)] | [ ]  YES [ ]  NO |
| Genetic and inherited renal disorders, including inherited diseases of transport, cystic diseases, and other congenital disorders [PR IV.B.1.b).(1).(b).(vii)] | [ ]  YES [ ]  NO |
| Geriatric aspects of nephrology [PR IV.B.1.b).(1).(b).(viii)] | [ ]  YES [ ]  NO |
| Glomerular and vascular diseases, including the glomerulonephritides, diabetic nephropathy, and atheroembolic renal disease [PR IV.B.1.b).(1).(b).(ix)] | [ ]  YES [ ]  NO |
| Hypertensive disorders [PR IV.B.1.b).(1).(b).(x)] | [ ]  YES [ ]  NO |
| Renal disorders of pregnancy [PR IV.B.1.b).(1).(b).(xi)] | [ ]  YES [ ]  NO |
| Renal transplant patients [PR IV.B.1.b).(1).(c)] | [ ]  YES [ ]  NO |
| Tubulointerstitial renal diseases [PR IV.B.1.b).(1).(b).(xii)] | [ ]  YES [ ]  NO |
| Urinary tract infections [PR IV.B.1.b).(1).(b).(xiii)] | [ ]  YES [ ]  NO |

For the procedures listed, indicate whether instruction will be provided for fellows, and will proficiency be documented in a logbook or equivalent method.

|  |  |
| --- | --- |
| Acute and chronic hemodialysis instruction provided? [PR IV.B.1.b).(2).(b).(i)] | [ ]  YES [ ]  NO |
| Acute and chronic hemodialysis proficiency documented? [PR IV.B.1.b).(2).(b).(i)] | [ ]  YES [ ]  NO |
| Continuous renal replacement therapy instruction provided? [PR IV.B.1.b).(2).(b).(ii)] | [ ]  YES [ ]  NO |
| Continuous renal replacement therapy proficiency documented? [PR IV.B.1.b).(2).(b).(ii)] | [ ]  YES [ ]  NO |
| Percutaneous biopsy of both autologous and transplanted kidneys instruction provided? [PR IV.B.1.b).(2).(b).(iii)] | [ ]  YES [ ]  NO |
| Percutaneous biopsy of both autologous and transplanted kidneys proficiency documented? [PR IV.B.1.b).(2).(b).(iii)] | [ ]  YES [ ]  NO |
| Peritoneal dialysis instruction provided? [PR IV.B.1.b).(2).(b).(iv)] | [ ]  YES [ ]  NO |
| Peritoneal dialysis proficiency documented? [PR IV.B.1.b).(2).(b).(iv)] | [ ]  YES [ ]  NO |
| Placement of temporary vascular access for hemodialysis and related procedures instruction provided? [PR IV.B.1.b).(2).(b).(v)] | [ ]  YES [ ]  NO |
| Placement of temporary vascular access for hemodialysis and related procedures proficiency documented? [PR IV.B.1.b).(2).(b).(v)] | [ ]  YES [ ]  NO |
| Urinalysis instruction provided? [PR IV.B.1.b).(2).(b).(vi)] | [ ]  YES [ ]  NO |
| Urinalysis proficiency documented? [PR IV.B.1.b).(2).(b).(vi)] | [ ]  YES [ ]  NO |

**Medical Knowledge**

Will fellows demonstrate knowledge of the following:

|  |  |
| --- | --- |
| Clinical pharmacology, including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function [PR IV.B.1.c).(3).(a)] | [ ]  YES [ ]  NO |
| Normal and abnormal blood pressure regulation [PR IV.B.1.c).(3).(c)] | [ ]  YES [ ]  NO |
| Normal and disordered fluid, electrolyte, and acid-base metabolism [PR IV.B.1.c).(3).(d)] | [ ]  YES [ ]  NO |
| Normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis [PR IV.B.1.c).(3).(e)] | [ ]  YES [ ]  NO |
| Nutritional aspects of renal disorders [PR IV.B.1.c).(3).(f)] | [ ]  YES [ ]  NO |
| Immunologic aspects of renal disease [PR IV.B.1.c).(3).(g)] | [ ]  YES [ ]  NO |
| Indications for and interpretations of radiologic tests of the kidney and urinary tract [PR IV.B.1.c).(3).(h)] | [ ]  YES [ ]  NO |
| Pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders [PR IV.B.1.c).(3).(i)] | [ ]  YES [ ]  NO |
| Renal anatomy, physiology, and pathology [PR IV.B.1.c).(3).(j)] | [ ]  YES [ ]  NO |
| Management of renal disorders in non-renal organ transplantation [PR IV.B.1.c).(3).(l)] | [ ]  YES [ ]  NO |
| The principles and practice of hemodialysis and peritoneal dialysis [PR IV.B.1.c).(3).(n)] | [ ]  YES [ ]  NO |
| The technology of peritoneal dialysis [PR IV.B.1.c).(3).(o)] | [ ]  YES [ ]  NO |
| The pharmacology of commonly used medications and their kinetic and dosage alteration with peritoneal dialysis [PR IV.B.1.c).(3).(p)] | [ ]  YES [ ]  NO |
| The psychosocial and ethical issues of dialysis [PR IV.B.1.c).(3).(q)] | [ ]  YES [ ]  NO |

***Renal Transplantation***

|  |  |
| --- | --- |
| Biology of transplantation rejection [PR IV.B.1.c).(3).(k).(i)] | [ ]  YES [ ]  NO |
| Indications for and contraindications to renal transplantation [PR IV.B.1.c).(3).(k).(ii)] | [ ]  YES [ ]  NO |
| Principles of transplant recipient evaluation and selection [PR IV.B.1.c).(3).(k).(iii)] | [ ]  YES [ ]  NO |
| Principles of evaluation of transplant donors, both living and cadaveric, including histocompatibility testing [PR IV.B.1.c).(3).(k).(iv)] | [ ]  YES [ ]  NO |
| Principles of organ harvesting, preservation, and sharing [PR IV.B.1.c).(3).(k).(v)] | [ ]  YES [ ]  NO |
| Psychosocial aspects of organ donation and transplantation [PR IV.B.1.c).(3).(k).(vi)] | [ ]  YES [ ]  NO |
| The pathogenesis and management of acute renal allograft dysfunction [PR IV.B.1.c).(3).(k).(vii)] | [ ]  YES [ ]  NO |

***Geriatric medicine:***

|  |  |
| --- | --- |
| Physiology and pathology of the aging kidney [PR IV.B.1.c).(3).(m).(i)] | [ ]  YES [ ]  NO |
| Drug dosing and renal toxicity in elderly patients [PR IV.B.1.c).(3).(m).(ii)] | [ ]  YES [ ]  NO |

***Dialysis and extracorporeal therapy:***

|  |  |
| --- | --- |
| The indication for each mode of dialysis [PR IV.B.1.c).(3).(b).(i)]] | [ ]  YES [ ]  NO |
| Dialysis modes and their relation to metabolism [PR IV.B.1.c).(3).(b).(ii)] | [ ]  YES [ ]  NO |
| Dialysis water treatment, delivery systems, and reuse of artificial kidneys [PR IV.B.1.c).(3).(b).(iii)] | [ ]  YES [ ]  NO |
| The kinetic principles of hemodialysis and peritoneal dialysis [PR IV.B.1.c).(3).(b).(iv)] | [ ]  YES [ ]  NO |
| The principles of dialysis access (acute and chronic vascular and peritoneal), including indications, techniques, and complications [PR IV.B.1.c).(3).(b).(v)] | [ ]  YES [ ]  NO |
| The short-term and long-term complications of each mode of dialysis and their management [PR IV.B.1.c).(3).(b).(vi)] | [ ]  YES [ ]  NO |
| The artificial membranes used in hemodialysis and biocompatibility [PR IV.B.1.c).(3).(b).(vii)]  | [ ]  YES [ ]  NO |
| Urea kinetics and protein catabolic rate [PR IV.B.1.c).(3).(b).(viii)] | [ ]  YES [ ]  NO |

**Practice-Based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

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

**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop 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. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f] (Limit response to 400 words)

|  |
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**Curriculum Organization and Fellow Experiences**

Will fellows receive supervised involvement in the decision-making for patients during the pre- and post-transplant care, which includes the following?

|  |  |
| --- | --- |
| Clinical and laboratory diagnosis of all forms of rejection [PR IV.C.7.a)] | [ ]  YES [ ]  NO |
| Evaluation and selection of transplant candidates [PR IV.C.7.b)] | [ ]  YES [ ]  NO |
| Management in the intensive care unit setting for patients with renal disorders [PR IV.C.7.e)] | [ ]  YES [ ]  NO |
| Medical management of rejection, including use of immunosuppressive drugs and other agents [PR IV.C.7.f)] | [ ]  YES [ ]  NO |
| Preoperative evaluation and preparation of transplant recipients and donors [PR IV.C.7.g)] | [ ]  YES [ ]  NO |
| The psychosocial and ethical issues of renal transplantation [PR IV.C.7.h)] | [ ]  YES [ ]  NO |
| Recognition and medical management of the surgical and nonsurgical complications of transplantations [PR IV.C.7.i)] | [ ]  YES [ ]  NO |

Will fellows demonstrate competency in the following?

|  |  |
| --- | --- |
| Dialysis therapy [PR IV.C.6.] | [ ]  YES [ ]  NO |

Will the fellows' clinical experiences include the following?

|  |  |
| --- | --- |
| Dialysis therapy [PR IV.C.6.] | [ ]  YES [ ]  NO |
| Assessment of hemodialysis and peritoneal dialysis efficiency [PR IV.C.6.a)] | [ ]  YES [ ]  NO |
| Complications of hemodialysis and peritoneal dialysis [PR IV.C.6.b)] | [ ]  YES [ ]  NO |
| Determining special nutritional requirements of patients undergoing hemodialysis and peritoneal dialysis [PR IV.C.6.c)] | [ ]  YES [ ]  NO |
| End-of-life care and pain management in the care of patients undergoing chronic dialysis [PR IV.C.6.d)] | [ ]  YES [ ]  NO |
| Evaluation of end-stage renal disease patients for various forms of therapy and their instruction regarding treatment options [PR IV.C.6.e)] | [ ]  YES [ ]  NO |
| Evaluation and management of medical complications in patients during and between hemodialyses and peritoneal dialysis [PR IV.C.6.f)] | [ ]  YES [ ]  NO |
| Evaluation and selection of patients for acute hemodialysis or continuous renal replacement therapies [PR IV.C.6.g)] | [ ]  YES [ ]  NO |
| Long-term follow-up of patients undergoing chronic hemodialysis and peritoneal dialysis [PR IV.C.6.h)] | [ ]  YES [ ]  NO |
| Modification of drug dosage during hemodialysis and peritoneal dialysis [PR IV.C.6.i)] | [ ]  YES [ ]  NO |
| How many months are devoted to clinical experiences? [PR IV.C.3.] | # |
| How many months does the fellow have exposure to dialysis therapies during the training program? [PR IV.C.3.a)] | # |
| How many months of clinical experience on an active renal transplant service does each fellow have? [PR IV.C.3.b)] | # |
| Will each fellow receive instruction and specialized clinical experiences in an active renal transplant service? [IV.C.3.b)] | [ ]  YES [ ]  NO |
| How long (in months) do the fellows follow their transplant patients? [PR IV.C.7] | # |
| How many new renal transplantations were performed at the primary training site in the past year? | # |
| How many follow-up renal transplantation patients were cared for at the primary training site in the past year? [PR IV.C.7] | # |
| How many new renal transplant recipients does each fellow administer immunosuppressant agents? [PR IV.C.7.c)] | # |
| How many months does each fellow spend in patient-care activities in the ambulatory setting? [PR IV.C.7.d)] | # |
| How many renal transplant recipients will each fellow follow in the ambulatory setting? [PR IV.C.7.d)] | # |
| Will the training program ensure adequate exposure of fellows to patients with acute renal failure and chronic dialysis, including patients who utilize home dialysis treatment modalities, in order to ensure adequate training in chronic dialysis? [PR I.D.4.a).(1).(a)] | [ ]  YES [ ]  NO |
| Will the training program have access to a sufficient population of inpatients and outpatients representing the full range of nephrologic disorders? [PR I.D.4.a).(3)] | [ ]  YES [ ]  NO |

Indicate whether the residency program provides formal instruction regarding indications for and interpretation of the results of the following procedural/technical skills listed:

|  |  |
| --- | --- |
| Balloon angioplasty of vascular access, or other procedures utilized in the maintenance of chronic vascular access patency [PR IV.C.8.c).(1)] | [ ]  YES [ ]  NO |
| Management of peritoneal catheters [PR IV.C.8.c).(2) | [ ]  YES [ ]  NO |
| Radiology of vascular access [PR IV.C.8.c).(3)] | [ ]  YES [ ]  NO |
| Renal Imaging [PR IV.C.8.c).(4)] | [ ]  YES [ ]  NO |
| Therapeutic plasmapheresis [PR IV.C.8.c).(5)] | [ ]  YES [ ]  NO |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences [PR IV.C.9.b)]:

|  |  |
| --- | --- |
| Core Curriculum Conference Series | [ ]  YES [ ]  NO |
| Clinical Case Conferences  | [ ]  YES [ ]  NO |
| Research Conferences | [ ]  YES [ ]  NO |
| Journal Club | [ ]  YES [ ]  NO |
| Morbidity and Mortality Conferences | [ ]  YES [ ]  NO |
| Quality Improvement Conferences | [ ]  YES [ ]  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.9.c)] | [ ]  YES [ ]  NO |

|  |
| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.9.a)] |
| Click here to enter text. |

**EDUCATIONAL PROGRAM NARRATIVE**

|  |
| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.9.] |
| Click here to enter text. |

|  |
| --- |
| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.10.b)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.11.] | [ ]  YES [ ]  NO |

**Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

|  |  |
| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR V.A.1.a).(2)] | [ ]  YES [ ]  NO |

|  |
| --- |
| Describe the method for assessment of procedural competence. [PR V.A.1.a).(2)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the faculty evaluations be written and confidential? [PR V.B.1.b)] | [ ]  YES [ ]  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | [ ]  YES [ ]  NO |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D.] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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