



Program-Relevant Information for Training Sites Pediatrics Residency Training Program

Instruction: Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

Institution:

Date:

Department Name:

Note: Information provided must be about program-specific advanced specialty requirements:

A. Pediatric Specialty Resources	Y	N	NA	Number	Comments
In-Patient Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Daycare Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Intensive Care Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Neonatal Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subspecialty Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Average Length of Stay:					
• General Wards					
• NICU					
• PICU					
Average Occupancy Rate:					
• General Wards					
• NICU					
• PICU					
Mortality Rate:					
• General Wards					
• NICU					
• PICU					

B. Pediatric Specialty Workload	Y	N	Number	Comments
General and Subspecialty (specify the number of cases in the last 12 months)				
• General Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>		
• Neonatology	<input type="checkbox"/>	<input type="checkbox"/>		
• Pediatric Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>		
• High-Dependency	<input type="checkbox"/>	<input type="checkbox"/>		
• Pediatric Emergency	<input type="checkbox"/>	<input type="checkbox"/>		
• Ambulatory Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>		
• Adolescent Medicine	<input type="checkbox"/>	<input type="checkbox"/>		
• Pediatric Cardiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Immunology and Allergy	<input type="checkbox"/>	<input type="checkbox"/>		
• Developmental Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>		
• Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>		
• Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>		
• Genetics	<input type="checkbox"/>	<input type="checkbox"/>		
• Hematology-Oncology	<input type="checkbox"/>	<input type="checkbox"/>		
• Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>		
• Metabolic	<input type="checkbox"/>	<input type="checkbox"/>		
• Nephrology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neurology	<input type="checkbox"/>	<input type="checkbox"/>		
• Respiratory	<input type="checkbox"/>	<input type="checkbox"/>		
• Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>		
• Child Protection	<input type="checkbox"/>	<input type="checkbox"/>		
• Pediatric Surgeries	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment (Y/N) / Procedures (specify the number of procedures performed in the last 12 months)				
• Electroencephalogram	<input type="checkbox"/>	<input type="checkbox"/>		
• Electromyogram	<input type="checkbox"/>	<input type="checkbox"/>		

B. Pediatric Specialty Workload	Y	N	Number	Comments
• Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>		
• Pulmonary Function Test	<input type="checkbox"/>	<input type="checkbox"/>		
• Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>		
• Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiac Catheter	<input type="checkbox"/>	<input type="checkbox"/>		
• Nerve Conduction Studies	<input type="checkbox"/>	<input type="checkbox"/>		
• Sleep Studies	<input type="checkbox"/>	<input type="checkbox"/>		
• Developmental Screening	<input type="checkbox"/>	<input type="checkbox"/>		
• Procedural Sedation	<input type="checkbox"/>	<input type="checkbox"/>		
• Comprehensive Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>		
• Comprehensive Diagnostic Imaging Services	<input type="checkbox"/>	<input type="checkbox"/>		

C. Pediatric Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Specialists/Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior House Officers/Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specialized Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Subspecialized Staff				
• Neonatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Adolescent Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Immunology and Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Developmental Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Pediatric Human Resources	Y	N	NA	Comments
• Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Hematology-Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Metabolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Child and Adolescent Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Neurodevelopmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Orthopedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Rehabilitation Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Allied Health Staff				
• Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dietitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Pediatric Human Resources	Y	N	NA	Comments
• Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Child Life Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Physical Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Occupational Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Speech And Language Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Others, please specify:				

D. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	NA	Number	Comments
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Availability of Library Resources					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Pediatric-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Morning Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ward Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedside Teachings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Department Lectures/Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic/Teaching Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mock Simulation Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mortality and Morbidity Rounds/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interdepartmental Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Review Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Safety Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QA Activities, please specify					
Other activities, please specify					

F. Other Resources Relevant to Training and Education:

Approved by:

(Name of HoD)

Head of Department / Representative

Signature

Date