

# PULMONARY FELLOWSHIP PROGRAMS

## FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from pulmonary fellowship programs. The answers provided represent a summary of the actions previously taken by the Committee. You should not interpret the answers as a second set of standards. The RRC-IM provides these answers to give training programs insight on how the peer review process works. Each program reviewed is unique. The RRC-IM interprets substantial compliance with the Program Requirements that reflect the unique composite of a given program. The Requirements are as stated.

### **Abbreviations Used**

PR = Program Requirement  
PD = Program Director  
APD = Associate Program Director  
Sub = Internal Medicine subspecialty program  
Sub-sub = Subspecialty requiring completion of training in a parent subspecialty (i.e., clinical cardiac electrophysiology, interventional cardiology, transplant hepatology)  
RRC-IM = Residency Review Committee for Internal Medicine  
ACGME = Accreditation council of Graduate Medical Education  
DIO = Designated Institutional Official (usually serves as chair of GMCEC)  
GMCEC = Graduate Medical Education Committee, as required by the IRC  
IRC = Institutional Review Committee  
PIF = Program Information Form  
KCF = Key Clinical Faculty  
Pub = Peer-reviewed publication or other acceptable product of scholarship as defined by the RRC-IM  
Pulm = Pulmonary  
Pulm-CC = Pulmonary-critical care  
CC = Critical care

### **Section I-VII General Subspecialty Program Requirements**

#### **General Subspecialty vs. Pulm Requirements**

##### Question:

*“Do the General Subspecialty Program Requirements apply to pulmonary programs?”*

##### Program Requirements:

For Sections I. through VIII., see:

- **ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine**
- **RRC-IM Web Subspecialty FAQ**

##### Answer:

Absolutely

Pulmonary PDs should study carefully the General Subspecialty Program Requirements, and the FAQs related to these PRs. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and PD qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.

Subspecialty fellowship programs are expected to be in full compliance with both the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.

## **Section VIII - XI Pulmonary Program Requirements**

### **Section VIII. Educational Program**

#### **Clinical Training**

##### Question:

*“Please describe the required minimum clinical training?”*

##### Program Requirement:

A minimum of 12 months must be devoted to clinical experiences. (Educational Program, Section VIII.C.)

A minimum of 9 months of training must be spent in non-critical care pulmonary disease rotations. (Educational Program, Section VIII.C.1.)

A minimum of 3 months of training must be spent in the medical intensive care unit. (Educational Program, Section VIII.C.2.)

##### Answer:

- A minimum twelve (12) months of clinical training is required.
  - i.e., no more than 12 months may be spent in research
  - Time in continuity clinic during research may not be used to reduce the 12 months clinical.
- Programs must be structured to provide a minimum 9 months in pulmonary diseases.
  - For rotations that combine pulmonary diseases with other (i.e., research), the fraction of time spent on pulmonary must be calculated, and the total time training in pulmonary must equal or exceed 9 months.
- Programs must be structured to provide a minimum 3 months in medical critical care (e.g., MICU, CCU).
  - For rotations that combine ICU with other (i.e., research), the fraction of time spent on medical ICU must be calculated, and the total time training in medical ICU must equal or exceed 3 months.

#### **Continuity Clinic while on ICU**

##### Question:

*“Can Fellows be excused from continuity clinic during ICU rotations?”*

##### Program Requirement:

Fellows must have continuity care clinic experience throughout the length of the training program. (Educational Program, Section VIII.C.3.)

##### Answer:

The Program Requirements for Pulm-CCM state: “Fellows may be excused from their continuity care clinic experience while on critical care rotations. (Educational Program, Section VIII.C.3.b).” There is no parallel PR for Pulmonary Disease programs.

The RRC-IM recognizes that fellows assigned to the medical intensive care unit may not be able to attend continuity clinic because of the unique needs for patient care and resident supervision in this high acuity environment.

Revised Committee Standard March 2007

- Programs must limit excused time from continuity clinic in Pulmonary Disease programs to 6 months in 2 years, while assigned to
  - The 3 months of required MICU rotations
  - Other critical care rotations
  - Away rotations up to 4 weeks per year
  - Does NOT include vacation time
- Blocks of clinic should be at least 6 continuous months in duration.
  - When blocks are interrupted by critical care or away rotations (so that the amount of time in the block is less than 6 months), then the continuity clinic block must be extended so that there is at least a 6 month experience.
  - Thus, programs must schedule at least 18 months continuity clinic for each fellow.

Some programs have fellows attend 1-2 clinics per month, or attend abbreviated clinics, while on critical care rotations to maintain continuity with their patient panel.  
Programs may be commended for this optional “best practice.”

## **Combined vs. Mono-Specialty Training**

### Question:

*“We are considering merging our Pulmonary Disease and Critical Care Medicine programs into a combined Pulm-CCM program. Can we still provide training for some fellows in Pulmonary Disease or Critical Care Medicine?”*

### Program Requirement (Pulm-CCM):

A combined subspecialty educational program in pulmonary disease and critical care medicine must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire the competency of a specialist in both disciplines. (Educational Program, Section VIII.A.)

The combined training program must be 3 years in duration and all of the educational experiences and program content explicitly required for a training program in each area must be present in the combined program. (Educational Program, Section VIII.B.)

### Answer:

Yes

- A three-year combined subspecialty training program in pulmonary disease and critical care medicine can provide two-year training in either pulmonary diseases or critical care medicine (or 1-year training in critical care for fellows who have completed an ACGME-accredited IM fellowship) by developing a curriculum and rotation schedule that meets the published program requirements for the specialty training, as stated in the Program Requirements for Fellowship Education in Pulmonary Diseases and Program Requirements for Fellowship Education in Critical Care Medicine.
  - If the endeavor is to be a routine track (i.e., 2 or more fellows in 3 years), the program director must submit the didactic and rotation schedules and narrative that describes the educational and clinical experience for the track(s) to the RRC-IM for approval.
  - If the accommodation is only for individual fellows on request (i.e., one fellow every 3 years), then RRC approval of the curriculum is not required.
- At all times, programs must stay within their approved complement.
  - Programs must request a temporary complement increase (via Web ADS) if the addition

- of a pulmonary or critical care fellow will cause the program to exceed their approved complement.
- The RRC-IM will grant temporary increases to accommodate additional critical care or pulmonary medicine trainees. If it becomes more than occasional (i.e., one fellow every 3 years), then the program should request a permanent complement increase and have the pulmonary or critical care track approved.

**Procedures**

Question:

*“What procedures does the program need to track for pulmonary fellows?”*

Answer:

<b>Pulm Procedures that Must be Documented In Fellow’s Procedure Log</b>	
1.	Fiberoptic bronchoscopy procedures including those with <ul style="list-style-type: none"> <li>- transbronchial biopsies</li> <li>- bronchoalveolar lavage</li> <li>- transbronchial needle aspiration</li> <li>- bronchial biopsies</li> </ul>
2.	Chest tube insertion
3.	Endotracheal intubation
4.	Arterial Line insertion
5.	Central venous line insertion
6.	Pulmonary artery catheter insertion
7.	Thoracentesis
8.	Cardiopulmonary exercise testing

**Section IX. Faculty**

**Minimum Key Clinical Faculty**

Question:

*“What is the minimum number of ABIM-certified KCF for our program.”*

*“How many publications are required by KCF”*

Program Requirement:

See General Subspecialty FAQ for additional details and program requirement.

Answer:

See below for calculation of minimum required key clinical faculty, and the scholarly productivity expected of the KCF.

## Pulmonary Diseases KCF and Research Productivity

**Minimum 3 KCF or 1:1.5 faculty-fellow ratio for programs with 6 or more fellows**

Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (51%)	PARTICIPATION KCF with at Least 1 Pub Past 3 Years	PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs)
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	3	3	9
7	5	3	3	9
8	6	4	4	12
9	6	4	4	12
10	7	4	4	12
11	8	5	5	15
12	8	5	5	15
13	9	5	5	15
14	10	6	6	18
15	10	6	6	18
16	11	6	6	18
17	12	7	7	21
18	12	7	7	21
19	13	7	7	21
20	14	8	8	24
21	14	8	8	24
22	15	8	8	24
23	16	9	9	27
24	16	9	9	27
25	17	9	9	27

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter.
- Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
- Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer review
- In press or accepted for publication counts. Submitted or in preparation does not count.
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
- Industry, pharmaceutical, or other non-peer-review grant does not count.
  - Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; Do not count multi-author papers more than once.
- Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.
- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
  - Certified KCF
  - Additional sub-specialty KCF (above minimum required, certified or non-certified)
  - Non-physician faculty and faculty in other specialties IF:

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| <ul style="list-style-type: none"><li>▪ Contribute to fellow education</li><li>▪ Devote at least 10 hours/ week to the program</li></ul> |
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## **Section X. Facilities and Resources**

### **Sleep Laboratory**

#### Question:

*“Does the sleep disorders laboratory need to be located at the primary training site? Does the laboratory need to be accredited?”*

#### Program Requirement:

There must be a diagnostic laboratory for sleep disorders (N.B.: These may be located at institutions other than the primary training site.). (Facilities and Resources, Other Facilities, Resources, and Support Services, Section X.D.4., CAAR-1308, CIT:1.E;)

#### Answer:

The sleep disorders laboratory may be located at an institution other than the primary training site. It does not need to be accredited by the American Academy of Sleep Medicine. However, institutions offering accredited training in Sleep Medicine must have an accredited sleep disorders laboratory.