

# **SLEEP MEDICINE FELLOWSHIP PROGRAMS**

## **FREQUENTLY ASKED QUESTIONS**

The Residency Review Committee for Internal Medicine has answered the following questions from Sleep Medicine 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 GMEC)  
GMEC = 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  
Sleep = Internal-Medicine Sleep Medicine

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

#### **Question:**

*“Do the General Subspecialty Program Requirements apply to Internal-Medicine Sleep Medicine?”*

#### **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

Internal-Medicine Sleep Medicine 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.

Question:

*“Are the program director and key clinical faculty members of a Sleep Medicine training program required to hold current board certification by a member board of the American Board of Medical Specialties?”*

Program Requirement:

For Sections I. through VIII., see:

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

Answer:

The committee requires that the PD and KCF to be certified in Sleep Medicine. Until January 1, 2012, the committee will accept certification in Sleep Medicine by the American Board of Sleep Medicine or certification by a member board of the American Board of Medical Specialties as evidence of meeting these requirements. After January 1, 2012, only certification in Sleep Medicine by a member board of the American Board of Medical Specialties will be acceptable. For program accredited by the Internal Medicine RC, at least 1 Key Clinical Faculty member must be certified in Internal Medicine or one of its subspecialties by the American Board of Internal Medicine.

Question:

*“In a Sleep Medicine Fellowship, can appropriately qualified non-physicians supervise fellows in the ambulatory setting?”*

Program Requirement:

For Sections I. through VIII., see:

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

Answer:

The committee believes that it is important for Sleep Medicine Fellows to have training in Cognitive Behavioral Therapy and other non-pharmacologic approaches to the management of sleep disorders. Therefore, in the ambulatory setting, appropriately qualified non-physicians (e.g., Ph.D. faculty certified in Behavioral Sleep Medicine) may serve as faculty and supervise Sleep Medicine Fellows in the evaluation and management of patients where non-pharmacologic approaches are commonly utilized (e.g., psychophysiological insomnia) provided that they have the appropriate institutional appointment. In addition, the program must assure that the non-physician faculty is authorized to do so by applicable institutional policies and state regulations. However, the Committee will not accept the supervision of fellows by non-physicians on inpatient services.

## **Section VIII-XI. Internal-Medicine Sleep Medicine Program Requirements**

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

#### **Clinical vs. Research Experience**

Question

*“What is the maximum amount of time during the fellowship that can be devoted to research?”*

Program Requirement(s)

A subspecialty educational program in sleep medicine must be organized to provide educational and supervised experience at a level sufficient for the fellows to acquire competence in the field. (Educational Program, Definition and Scope of Sleep Medicine, Section VIII.A.)

[Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:] [epidemiological issues:] research methods in the clinical and basic sciences related to sleep medicine. (Specific Program Content, Formal Instruction, Section XI.C.3.m.)

Answer

The Committee expects that each program will provide sufficient clinical and didactic experiences for the fellows to acquire expertise as a specialist in Sleep Medicine. Although a research experience is not required of all fellows, programs may include research in the training program. An adequate amount of clinical experience is essential, particularly in a fellowship of only 12 months duration. Programs with a curriculum in which more than 25% of the fellow’s time is spent in non-clinical activities will not be approved.

**Procedures**

Question:

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

Answer:

<b>Sleep</b>	No required procedures
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**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.

**KCF Minimums and Research Productivity**

<b>Sleep Medicine</b>					
<b>2 KCF or 1:2 ratio for programs with 5 or more fellows</b>					
<b>Approved Fellow Complement</b>	<b>Minimum Certified KCF (incl PD)</b>	<b>Majority of Minimum KCF (51%)</b>	<b>PARTICIPATION KCF with at Least 1 Pub Past 3 Years</b>	<b>PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs)</b>	
1	2	2	2	6	
2	2	2	2	6	
3	2	2	2	6	
4	2	2	2	6	
5	3	2	2	6	

6	3	2	2	6
7	4	3	3	9
8	4	3	3	9
9	5	3	3	9
10	5	3	3	9

- 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:
    - Contribute to fellow education
    - Devote at least 10 hours/ week to the program

## **Section X. Facilities and Resources**

### **Accreditation of Sleep Laboratory**

#### Question:

*“Is it required that the sleep laboratory be accredited by the American Academy of Sleep Medicine?”*

#### Program Requirement:

The American Academy of Sleep Medicine or an equivalent body should accredit the sleep laboratories and other related facilities and equipment for the use of both adults and children. (Facilities and Resources, Facilities, Section X.B.1)

#### Answer:

Sleep centers at the primary training site must be accredited by the American Academy of Sleep Medicine. The Committee does not recognize any alternative accreditation. Programs will be asked to supply with their program information form a copy of their accreditation certificate.

### **Multiple Sleep Medicine Training Programs**

#### Question

*“Can more than one Sleep Medicine training program, even if they have a different sponsoring institution, utilize the same training facility?”*

#### Program Requirement

A sponsoring institution may have only one accredited sleep medicine program. [VIII.D. Program Requirements for Fellowship Education in Sleep Medicine]

#### Answer

With the exception of Pediatric facilities (i.e., sleep laboratory, clinic or hospital), facilities used by one Sleep Medicine training program cannot be used as an essential component of another Sleep Medicine training program. The Committee believes that sharing of facilities will lead to dilution of the clinical experience by the host program. In the case of Pediatric facilities, the committee recognizes that there may be a shortage of Pediatric resources in certain geographical areas. Therefore, more than one Sleep Medicine training program can utilize the same Pediatric facility provided the Pediatric facility can demonstrate that there is a sufficient volume of patients and/or polysomnograms to support the number of trainees utilizing the facility, and that there are adequate numbers of supervising faculty. Documentation of patient and/or laboratory volume, as well as the number of trainees and faculty using the facility must be supplied with submission of the PIF.

## **Section XI. Specific Program Content**

### **Required Minimum Faculty Expertise**

#### Question

*“Is a program required to have faculty and a training program in each of the following disciplines: pulmonary medicine, psychiatry, neurology, otolaryngology and pediatrics?”*

#### Program Requirement

[Fellows must receive formal instruction, clinical experience, and demonstrate competence in:] integrating information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan. [It is suggested that the above experiences are attained by multidisciplinary cooperation in the diagnosis and treatment of sleep patients.] (Specific Program Content, Clinical Experience, Section XI.A.1.b.)

[Fellows should receive clinical experiences that provide for basic and advanced education, as well as professional development, including:] clinical consults and teaching from the following disciplines as related to sleep disorders: cardiology, neurology, otolaryngology, oral maxillofacial surgery, pediatrics, pulmonary medicine, psychiatry, and psychology, and radiology services. [It is suggested that the above experiences are attained by multidisciplinary cooperation in the diagnosis and treatment of sleep patients.] (Specific Program Content, Clinical Experience, Section XI.A.3.f.)

#### Answer

Although a training program is not required to have key faculty and/ or residency programs in each of the above disciplines, the training program must demonstrate that fellows are able to acquire the experience and knowledge from each of these disciplines as they relate to the practice of Sleep Medicine. The Committee will closely examine whether fellows receive adequate training in all of the aforementioned disciplines. Programs are advised to use the PIF to demonstrate the presence of appropriate faculty and consultative expertise in internal medicine, pulmonology, psychiatry, pediatrics, neurology, and otorhinolaryngology, particularly expertise in the specialty as it relates to sleep medicine.

### **Minimum Number of Clinical Encounters**

#### Question

*“What is the minimum volume of clinical encounters expected for each Sleep Medicine fellow?”*

#### Program Requirement:

There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the broad spectrum of sleep disorders. (Facilities and Resources, Patient Population, Section X.A.1.)

#### Answer:

There must be an adequate volume of sleep laboratory and clinic patients to support the education of fellows in the program. Based on a review of clinical volumes in current training programs, and on recommendations of the Sleep Medicine Advisory Committee, the Committee has determined that a training program should have the following minimum clinical activity per year for **each** fellow in the program.

New adult patients	200
Follow-up adult patients	300
New pediatric patients	40
Follow-up pediatric patients	40
Inpatient consultations	10

### **Inpatient Consultation**

#### Question:

*“What is meant by the required experience in evaluation of hospitalized sleep disorder patients?”*

#### Program Requirement

There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the broad spectrum of sleep disorders. (Facilities and Resources, Patient Population, Section X.A.1.)

Experience should include evaluation of hospitalized sleep disorder patients. (Facilities and Resources, Patient Population, Section X.A.1.a.)

Fellows should make regular patient management rounds and record review with the attending faculty. (Facilities and Resources, Patient Population, Section X.A.1.a.)

#### Answer:

The Committee requires that every program provide clinical experience in performing inpatient sleep consultations for hospitalized patients. In particular, the Committee expects fellows to have adequate experience with clinical conditions encountered in inpatients that relate to sleep, sleep disorders, or sleep medicine. The minimum number of required consultations during a one year fellowship should be at least 10 per fellow. However, programs are **not** expected to provide the capability to perform polysomnography for inpatients.

### **Continuity Clinic Definition**

#### Question

*“Must continuity clinics be held weekly, or can there be an alternative clinic schedule?”*

#### Program Requirement

Fellows must have a continuity ambulatory clinic experience a half day each week to develop a continuous healing relationship with patients for whom they provide subspecialty care. (Educational Program, Clinical, Section IV.E.2.a.)

This continuity experience should expose fellows to the breadth and depth of the subspecialty. (N.B.: May vary by subspecialty.) This may be accomplished by either: a single continuity clinic for the length of the accredited fellowship, or blocks of at least six months duration for the length of the accredited fellowship. (Educational Program, Clinical, Section IV.E.2.a.)

Experience should include longitudinal management of patients for whom the fellow is the primary physician (but acting under the supervision of a faculty member). (Facilities and Resources, Patient Population, Section X.A.1.b.)

#### Answer

The committee expects that fellows will have the opportunity to follow patients for an extended period of time. Thus, while a weekly ½ day clinic at the same location for 12 months is preferable, the following formats are acceptable.

- Two 6-month continuous blocks, each representing a different educational experience or at a different location
- Two clinics, each representing a different educational experience or at a different location, occurring on alternate weeks for 12 months

Switching continuity clinics more frequently than every 6 months is not permitted.

### **Minimum PSG Performance**

#### Question:

*"What are the minimum numbers of polysomnograms, multiple sleep latency and maintenance of wakefulness tests that a fellow must score and interpret during their Sleep Medicine Fellowship?"*

#### Program Requirements

[Fellows must receive formal instruction, clinical experience, and demonstrated competence at the completion of education in:] [the indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include:] polysomnography, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection. (Specific Program Content, Technical and Other Skills, Section XI.B.1.a.1.)

[Fellows must receive formal instruction, clinical experience, and demonstrated competence at the completion of education in:] [the indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include:] multiple sleep latency testing. (Specific Program Content, Technical and Other Skills, Section XI.B.1.a.2.)

[Fellows must receive formal instruction, clinical experience, and demonstrated competence at the completion of education in:] [the indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include:] maintenance of wakefulness testing. (Specific Program Content, Technical and Other Skills, Section XI.B.1.a.3.)

#### Answer

To meet these requirements, a fellow must interpret at a minimum 200 polysomnograms and 25 multiple sleep latency or maintenance of wakefulness tests. At least 40 polysomnograms must be in children. A maximum of 5 multiple sleep latency tests or maintenance of wakefulness tests may be archived studies. In addition, they must score at least 25 polysomnograms, of which 5 must be in children.