

<b>Pulmonary Fellowship Programs FAQ</b>	
<b>General Subspecialty Program Requirements</b>	
<b>Question</b>	<b>Answer</b>
Do the General Subspecialty Program Requirements apply to pulmonary programs? [see ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine] [see RRC-IM General Subspecialty FAQ]	<ul style="list-style-type: none"> <li>Absolutely. Pulmonary program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.</li> <li>Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.</li> </ul>
<b>Question</b>	<b>Answer</b>
Is a rotation in an electronic (virtual) Intensive Care Unit (ICU) permitted as an elective experience in a Pulmonary/Critical Care, Pulmonary, or Critical Care Medicine fellowship? [Program Requirement VIII.C.]	<p>Yes. However, rotations in an electronic (virtual) ICU (eICU) must conform to the same educational requirements as other clinical experiences. (i.e., written competency based and level specific goals and objectives, defined curriculum, adequate attending supervision and competency based evaluations). In addition, the rotations must be structured to offer an educational experience and not merely provide clinical service to the institution. Specifically, there must be in-person attending rounds with the fellow(s) on a daily basis. Totally off-site (remote) supervision is not permitted. For Pulmonary/Critical Care fellowships, the amount of time spent in an eICU is included in the 15 month ICU limitation.</p> <p>For eICU experiences, there must a PLA between the program and all sites that are being monitored by the fellow.</p>
Please describe the required minimum clinical training? [Program Requirement VIII.C.] [Program Requirement VIII.C.1.] [Program Requirement VIII.C.2.]	<ul style="list-style-type: none"> <li>A minimum twelve (12) months of clinical training is required. <ul style="list-style-type: none"> <li>i.e., no more than 12 months may be spent in research</li> <li>Time in continuity clinic during research may not be used to reduce the 12 months clinical.</li> </ul> </li> <li>Programs must be structured to provide a minimum 9 months in pulmonary diseases. <ul style="list-style-type: none"> <li>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.</li> </ul> </li> <li>Programs must be structured to provide a minimum 3 months in <u>medical</u> critical care (e.g., Medical Intensive Care Unit (MICU), Critical Care Unit (CCU)). <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul>
Can a rotation in an electronic (virtual) ICU (eICU) be counted as part of the required ICU experience in a Pulmonary/Critical Care, Pulmonary, or Critical Care Medicine fellowship? [Program Requirement VIII.C.2.]	<ul style="list-style-type: none"> <li>Yes, but only for Critical Care Medicine and Pulmonary/Critical Care Medicine fellowships. For these programs, a maximum of 1 month clinical experience in a MICU will be allowed. If the eICU experience consists of monitoring patients other than medically critically ill patients, only the percent of time spent monitoring MICU patients will be credited. The program director will be responsible for explaining how this is determined in the PIF. Credit will not be allowed towards the 3 months required of nonmedical critical care. No credit will be given for Pulmonary Medicine fellowships.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Rotations in an electronic (virtual) ICU (eICU) must conform to the same educational requirements as other clinical experiences. (i.e., written competency based and level specific goals and objectives, defined curriculum, adequate attending supervision and competency based evaluations). In addition, the rotations must be structured to offer an educational experience and not merely provide clinical service to the institution. Specifically, there must be in-person attending rounds with the fellow(s) on a daily basis. Totally off-site (remote) supervision is not permitted. For Pulmonary/Critical Care fellowships, the amount of time spent in an eICU is included in the 15 month ICU limitation.</li> <li>• For eICU experiences, there must be a PLA between the program and all sites that are being monitored by the fellow.</li> </ul>
<p>Can Fellows be excused from continuity clinic during ICU rotations? [Program Requirement VIII.C.3.]</p>	<ul style="list-style-type: none"> <li>• 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 program requirement for Pulmonary Disease programs.</li> <li>• 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.</li> <li>• Revised Committee Standard March 2007:             <ul style="list-style-type: none"> <li>○ Programs must limit excused time from continuity clinic in Pulmonary Disease programs to <u>6 months in 2 years</u>, while assigned to                 <ul style="list-style-type: none"> <li>▪ The 3 months of required MICU rotations</li> <li>▪ Other critical care rotations</li> <li>▪ Away rotations up to 4 weeks per year</li> <li>▪ Does NOT include vacation time</li> </ul> </li> <li>○ Blocks of clinic should be at least 6 continuous months in duration.                 <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Thus, programs must schedule at least 18 months continuity clinic for each fellow.</li> </ul> </li> </ul> </li> <li>• 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.</li> </ul>
<p>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 VIII.A.] [Program Requirement VIII.B.]</p>	<ul style="list-style-type: none"> <li>• 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 <u>curriculum and rotation schedule that meets the published program requirements</u> 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.             <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> </ul>

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	<p>approval.</p> <ul style="list-style-type: none"> <li>○ 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.</li> </ul> <ul style="list-style-type: none"> <li>• At all times, programs must stay within their approved complement. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> </ul>
What procedures does the program need to track for pulmonary fellows?	<p><u>Pulmonary procedures that must be documented in fellow's procedure log:</u></p> <ul style="list-style-type: none"> <li>• 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> </li> <li>• Chest tube insertion</li> <li>• Endotracheal intubation</li> <li>• Arterial Line insertion</li> <li>• Central venous line insertion</li> <li>• Pulmonary artery catheter insertion</li> <li>• Thoracentesis</li> <li>• Cardiopulmonary exercise testing</li> </ul>
Facilities and Resources	
Question	Answer
Does the sleep disorders laboratory need to be located at the primary training site? Does the laboratory need to be accredited? [Program Requirement X.D.4.]	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.

## Appendix I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Pulmonary Diseases				
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 (50%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years [259]	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	2	2	6
7	5	3	3	9
8	6	3	3	9
9	6	3	3	9
10	7	4	4	12
11	8	4	4	12
12	8	4	4	12
13	9	5	5	15
14	10	5	5	15
15	10	5	5	15
16	11	6	6	18
17	12	6	6	18
18	12	6	6	18
19	13	7	7	21
20	14	7	7	21
21	14	7	7	21
22	15	8	8	24
23	16	8	8	24
24	16	8	8	24
25	17	9	9	27
26	18	9	9	27
27	18	9	9	27
28	19	10	10	30
29	20	10	10	30
30	20	10	10	30

- 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