

Sleep Medicine Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to Internal-Medicine Sleep Medicine? [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"> Absolutely. Internal-Medicine Sleep Medicine 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. 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.
Program Personnel and Resources	
Question	Answer
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?" [Common Program Requirement III.A.3.] [Common Program Requirement III.B.3.]	The committee requires that the program director and key clinical faculty 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.
In a Sleep Medicine Fellowship, can appropriately qualified non-physicians supervise fellows in the ambulatory setting? [Common Program Requirement XIII.B.5.]	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., psychophysiologic 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 nonphysicians on inpatient services.
Educational Program	
Question	Answer
What is the maximum amount of time during the fellowship that can be devoted to research? [Program Requirement X.B.]	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.
Can rotations or experience in Sleep Medicine done during previous training count towards the 12 month clinical experience required during a Sleep Medicine Fellowship? [Program Requirement X.B.1.]	No. Credit for sleep training during pulmonary-critical care or other training cannot be given for the 12 month clinical experience required for a Sleep Medicine fellowship.

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Who may be accepted into a Sleep Medicine fellowship? [Program Requirement X.C.]	<ul style="list-style-type: none"> Fellows may enter a sleep fellowship after completing core residency in any of the five sponsoring specialties: internal medicine, neurology, otolaryngology, pediatrics, family medicine and psychiatry. Fellows may also enter a sleep fellowship after completing an internal medicine subspecialty fellowship (e.g., pulmonary or pulmonary-critical care).
Can more than one Sleep Medicine training program, even if they have a different sponsoring institution, utilize the same training facility? [Program Requirement X.D.]	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.
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 X.E.]	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.
Facilities and Resources	
Question	Answer
What is the minimum volume of clinical encounters expected for each Sleep Medicine fellow? [Program Requirement XII.A.1.]	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 <u>each</u> fellow in the program. <p style="text-align: center;"> New adult patients 200 Follow-up adult patients 300 New pediatric patients 40 Follow-up pediatric patients 40 Inpatient consultations 10 </p>
What is meant by the required experience in evaluation of hospitalized sleep disorder patients? [Program Requirement XII.A.1.a)]	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.
Must continuity clinics be held weekly, or can there be an alternative clinic schedule?	<ul style="list-style-type: none"> 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

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[Program Requirement XII.A.1.b)]	<p>preferable, the following formats are acceptable.</p> <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> • Switching continuity clinics more frequently than every 6 months is not permitted.
<p>Is it required that the sleep laboratory be accredited by the American Academy of Sleep Medicine? [Program Requirement XII.B.1]</p>	<p>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.</p>
Specific Program Content	
Question	Answer
<p>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 Requirement XIII.B.1.a.1.]</p>	<p>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.</p>
<p>What is the minimum number of MSLT's and MWT's that a fellow must interpret during their training program? [Program Requirement XIII.B.1.a.2.]</p>	<p>A fellow must interpret at a minimum 25 multiple sleep latency or maintenance of wakefulness tests.</p> <p>A maximum of 5 multiple sleep latency tests or maintenance of wakefulness tests may be archived studies.</p>

APPENDIX I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Sleep Medicine				
Minimum 2 KCF or 1:2 faculty-fellow ratio for programs with 5 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]
1	2	1	1	3
2	2	1	1	3
3	2	1	1	3
4	2	1	1	3
5	3	2	2	6
6	3	2	2	6
7	4	2	2	6
8	4	2	2	6
9	5	3	3	9
10	5	3	3	9
11	6	3	3	9
12	6	3	3	9
13	7	4	4	12
14	7	4	4	12
15	8	4	4	12
16	8	4	4	12
<ul style="list-style-type: none"> • Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter. • As of September 2007, scholarly case reports acceptable 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. <ul style="list-style-type: none"> ○ 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