

ACGME Program Requirements for Graduate Medical Education in Pediatric Pulmonology

Effective: July 1, 2009

Introduction

Int.A. Scope of Training

- Int.A.1. Pediatric pulmonology programs must provide fellows with the background to diagnose and manage pediatric patients with acute and chronic respiratory disorders, and to prepare the fellow for scholarly activity in this field. The program should emphasize normal pulmonary physiology in pediatric patients and correlation of pathophysiology with clinical disorders.
- Int.A.2. The training program must be designed to develop the fellow's competence in the clinical diagnosis, pathophysiology, and medical treatment of respiratory disorders in pediatric patients. There must be training in the selection, performance, and evaluation of procedures necessary for morphologic and physiologic assessment of pulmonary diseases.

VIII. Program Personnel and Resources

VIII.A. Faculty

VIII.A.1. Pediatric Pulmonology Specialists

There must be at least two pediatric pulmonologists. There must be faculty with expertise in cardio-respiratory sleep disorders and sleep studies. These specialists may be pediatric pulmonologist(s) or sleep medicine specialist(s).

VIII.A.2. Other Physician Teaching and Consultant Faculty

The following physician faculty from other disciplines must be available: pediatric surgery, cardiothoracic surgery, allergy/immunology, and pediatric otolaryngology. In addition, consultants should be available in the following areas: genetics, pediatric neurology, child and adolescent psychiatry, and adult medicine pulmonary consultants for transition care of young adults.

VIII.B. Other Program Personnel

The professional staff must include: pediatric respiratory therapy staff, specialized pulmonary nursing staff, social workers, nutritionist/registered dietician, clinical pharmacologist, physical and occupational therapist, child life therapist, and speech therapist.

VIII.C. Resources

VIII.C.1. A program must have the following facilities:

- VIII.C.1.a) Inpatient and Outpatient
- VIII.C.1.a).(1) There must be a designated pediatric inpatient area including pediatric and neonatal intensive care units. Inpatient services must be capable of meeting the specific needs of adolescent/young adults with pulmonary disease.
- VIII.C.1.a).(2) Space in an ambulatory setting must be available for evaluation and care of patients.
- VIII.C.1.b) Laboratory and Support Services
- At the primary site there must be full support services, including:
- VIII.C.1.b).(1) comprehensive diagnostic imaging, laboratory, nuclear medicine, and pathology, and
- VIII.C.1.b).(2) a pediatric pulmonary function laboratory capable of performing bronchoprovocation studies and measuring flows, gas exchange, and lung volumes, including the use of body plethysmography.
- VIII.C.1.c) Pediatric polysomnography
- VIII.C.1.d) Facilities in which Flexible bronchoscopy examinations in child and adolescent patients can be performed
- VIII.C.2. Patient Population
- The patient population must be sufficiently varied and frequently encountered so as to ensure that the pediatric pulmonology fellow has the opportunity to become clinically competent.
- IX. Educational Program
- IX.A. Patient Care
- IX.A.1. Fellows should have opportunity to provide consultation on a variety of patients to enable them to become familiar with the pulmonary manifestations of a broad spectrum of pediatric illnesses. Fellows must have consultative experience in pulmonary intensive care, and must have the opportunity to develop an understanding of how a patient's critical respiratory problems affect other organ systems. Fellows must have continuing responsibility for the care of patients with chronic pulmonary problems.
- IX.A.2. The clinical experience must include but not be limited to the following categories:
- IX.A.2.a) Asthma and allergic disorders affecting the respiratory system
- IX.A.2.b) Chronic lung disease of infancy

- IX.A.2.c) Cystic fibrosis
- IX.A.2.d) Lower respiratory tract infections
- IX.A.2.e) Newborn respiratory diseases
- IX.A.2.f) Sleep disordered breathing, such as apnea
- IX.A.2.g) Chronic ventilatory assistance, including home mechanical ventilation, bi-level positive airway pressure ventilation, and tracheostomy management
- IX.A.2.h) Aspiration syndromes
- IX.A.2.i) Congenital anomalies of the respiratory system
- IX.A.2.j) Acquired upper airway obstruction
- IX.A.2.k) Chronic suppurative lung disease
- IX.A.2.l) Respiratory infections in the immunocompromised host
- IX.A.2.m) Other diseases such as pulmonary hypertension, interstitial lung disease, hemosiderosis and acute lung injuries
- IX.A.2.n) Pre-operative and post-operative management of children with respiratory disorders

IX.A.3. Diagnostic Tests and Procedures

Fellows must have clinical experience in the interpretation of a variety of diagnostic tests, including diagnostic imaging. The performance of procedures, including tests of pulmonary function and evaluation of respiration during sleep must be part of training. The fellow must demonstrate competence in performing bronchoscopy and managing of patients requiring chronic mechanical ventilation, including non-invasive ventilation. Fellows must demonstrate understanding of the techniques of airway clearance and pulmonary rehabilitation.

IX.B. Medical Knowledge

The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide experience for fellows in the basic and fundamental principles related to the lung, including allergy and immunology, immunopathology and environmental influences on respiratory disease. Training must be provided in the evaluation of the psychosocial aspects of chronic pulmonary disease as they affect the pediatric patient and his or her family.

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