**New Application: Pulmonary Disease and Critical Care Medicine**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | YES  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR.I.D.1.a).(1)] | YES  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | YES  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.d)] (Limit response to 300 words) |
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Indicate if the following will be present at the primary clinical site.

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| Medical intensive care unit (MICU) or its equivalent [PR I.D.1.c).(6)] | YES  NO |
| Timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units [PR I.D.1.b).(1)] | YES  NO |
| Computed tomography (CT) imaging, including CT angiography [PR I.D.1.b).(2)] | YES  NO |

Will the following facilities/laboratories/services be available for fellows’ education?

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| Bronchoscopy suite, including appropriate space, time allocation, and staffing for pulmonary procedures [PR I.D.1.c).(1)] | YES  NO |
| Pulmonary function testing laboratory [PR I.D.1.c).(2)] | YES  NO |
| Supporting laboratory that provides complete and prompt laboratory evaluation and reliable and timely return of test results [PR I.D.1.c).(3)] | YES  NO |
| An active open heart surgery program [PR I.D.1.c).(4).(a)] | YES  NO |
| Diagnostic laboratory for sleep disorders [PR I.D.1.c).(4).(b)] | YES  NO |
| Pathology services, including exfoliative cytology [PR I.D.1.c).(4).(c)] | YES  NO |
| Thoracic surgery service [PR I.D.1.c).(4).(d)] | YES  NO |
| Active emergency service [PR I.D.1.c).(4).(e)] | YES  NO |
| Postoperative care and respiratory care services [PR I.D.1.c).(4).(f)] | YES  NO |
| Nutritional support services [PR I.D.1.c).(4).(g)] | YES  NO |
| Equipment, expertise and personnel to provide continuous and intermittent renal replacement therapy in the CCU(s) [PR I.D.1.c).(4).(h)] | YES  NO |
| Surgical intensive care unit (SICU) [PR I.D.1.c).(5).(a)] | YES  NO |
| Coronary intensive care unit (CICU) [PR I.D.1.c).(5).(a)] | YES  NO |
| Facilities for the care of patients with: | |
| acute myocardial infarction [PR I.D.1.c).(7)] | YES  NO |
| severe trauma [PR I.D.1.c).(7)] | YES  NO |
| shock [PR I.D.1.c).(7)] | YES  NO |
| recent open-heart surgery [PR I.D.1.c).(7)] | YES  NO |
| recent major thoracic or abdominal surgery [PR I.D.1.c).(7)] | YES  NO |
| severe neurologic and neurosurgical conditions [PRI.D.1.c).(7)] | YES  NO |
| Other services: | |
| Anesthesiology [PR I.D.1.c).(8)] | YES  NO |
| Immunology [PR I.D.1.c).(8)] | YES  NO |
| Laboratory medicine [PR I.D.1.c).(8)] | YES  NO |
| Microbiology [PR I.D.1.c).(8)] | YES  NO |
| Occupational medicine [PR I.D.1.c).(8)] | YES  NO |
| Otolaryngology – head and neck surgery [PR I.D.1.c).(8)] | YES  NO |
| Pathology [PR I.D.1.c).(8)] | YES  NO |
| Physical medicine and rehabilitation [PR I.D.1.c).(8)] | YES  NO |
| Radiology [PR I.D.1.c).(8)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the evaluation, and management of both inpatients and outpatients with the following?

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| Acute lung injury, including radiation, inhalation, and trauma [PR IV.B.1.b).(1).(a).(i)] | YES  NO |
| Acute metabolic disturbances, including overdosages and intoxication syndrome [PR IV.B.1.b).(1).(a).(ii)] | YES  NO |
| Anaphylaxis and acute allergic reactions [PR IV.B.1.b).(1).(a).(iii)] | YES  NO |
| Cardiovascular diseases in the critical care unit [PR IV.B.1.b).(1).(a).(iv)] | YES  NO |
| Circulatory failure [PR IV.B.1.b).(1).(a).(v)] | YES  NO |
| Iatrogenic and nosocomial problems in critical care medicine [PR IV.B.1.b).(1).(a).(vi)] | YES  NO |
| Diffuse interstitial lung disease [PR IV.B.1.b).(1).(a).(vii)] | YES  NO |
| Disorders of the pleura and mediastinum [PR IV.B.1.b).(1).(a).(viii)] | YES  NO |
| End-of-life issues and palliative care [PR IV.B.1.b).(1).(a).(ix)] | YES  NO |
| Hypertensive emergencies [PR IV.B.1.b).(1).(a).(x)] | YES  NO |
| Iatrogenic respiratory diseases, including drug-induced disease [PR IV.B.1.b).(1).(a).(xi)] | YES  NO |
| Metabolic, nutritional, and endocrine effects of critical illnesses [PR IV.B.1.b).(1).(a).(xiii)] | YES  NO |
| Hematologic and coagulation disorders associated with critical illness [PR IV.B.1.b).(1).(a).(xiii)] | YES  NO |
| Multi-organ system failure [PR IV.B.1.b).(1).(a).(xiv)] | YES  NO |
| Obstructive lung diseases, including asthma, bronchitis, emphysema, and bronchiectasis [PR IV.B.1.b).(1).(a).(xv)] | YES  NO |
| Occupational and environmental lung diseases [PR IV.B.1.b).(1).(a).(xvi)] | YES  NO |
| Perioperative critically-ill patients, including hemodynamic and ventilatory support [PR IV.B.1.b).(1).(a).(xvii)] | YES  NO |
| Psychosocial and emotional effects of critical illnesses on patients and patients’ families [PR IV.B.1.b).(1).(a).(xviii)] | YES  NO |
| Pulmonary embolism and pulmonary embolic disease [PR IV.B.1.b).(1).(a).(xix)] | YES  NO |
| Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host (e.g., human immunodeficiency virus-related infections) [PR IV.B.1.b).(1).(a).(xx)] | YES  NO |
| Pulmonary malignancy, both primary and metastatic [PR IV.B.1.b).(1).(a).(xxi)] | YES  NO |
| Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs [PR IV.B.1.b).(1).(a).(xxii)] | YES  NO |
| Pulmonary vascular disease, including pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes [PR IV.B.1.b).(1).(a).(xxiii)] | YES  NO |
| Renal disorders in the critical care unit, including electrolyte and acid-base disorders [PR IV.B.1.b).(1).(a).(xxiv)] | YES  NO |
| Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders [PR IV.B.1.b).(1).(a).(xxv)] | YES  NO |
| Sepsis and septic shock [PR IV.B.1.b).(1).(a).(xxvi)] | YES  NO |
| Severe organ dysfunction resulting in critical illness to include disorders of the gastrointestinal, neurologic, endocrine, hematologic, musculoskeletal, and immune systems, as well as infections and malignancies [PR IV.B.1.b).(1).(a).(xxvii)] | YES  NO |
| Shock syndromes [PR IV.B.1.b).(1).(a).(xxviii)] | YES  NO |
| Sleep-disordered breathing [PR IV.B.1.b).(1).(a).(xxix)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate competence in the ability to: [PR IV.B.1.b).(2).(a).(i) – (ii)

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | YES  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | YES  NO |

Will fellows demonstrate competence in the following procedural and technical skills?

|  |  |
| --- | --- |
| In interpreting data derived from various bedside devices commonly employed to monitor patients [PR IV.B.1.b).(2).(b)] | YES  NO |
| In interpreting data from laboratory studies related to sputum, bronchopulmonary secretions, and pleural fluid [PR IV.B.1.b).(2).(b)] | YES  NO |
| Airway management [PR IV.B.1.b).(2).(c).(i)] | YES  NO |
| Initiation and maintenance of ventilatory support [PR IV.B.1.b).(2).(c).(ii).(a)] | YES  NO |
| Respiratory care techniques [PR IV.B.1.b).(2).(c).(ii).(b)] | YES  NO |
| Liberation from mechanical ventilatory support, including terminal extubation [PR IV.B.1.b).(2).(c).(ii).(c)] | YES  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry [PR IV.B.1.b).(2).(c).(iii)] | YES  NO |
| Flexible fiber-optic bronchoscopy procedures including those where endobronchial and transbronchial biopsies, and transbronchial needle aspiration are performed [PR IV.B.1.b).(2).(c).(iv)] | YES  NO |
| Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, exercise studies, and the interpretation of the results of bronchoprovocation testing using methacholine or histamine [PR IV.B.1.b).(2).(c).(v)] | YES  NO |
| Diagnostic and therapeutic procedures, including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related procedures  [PR IV.B.1.b).(2).(c).(vi)] | YES  NO |
| Placement and management of chest tubes and pleural drainage systems [PR IV.B.1.b).(2).(c).(vii)] | YES  NO |
| Operation of bedside hemodynamic monitoring systems [PR IV.B.1.b).(2).(c).(viii)] | YES  NO |
| Emergency cardioversion [PR IV.B.1.b).(2).(c).(ix)] | YES  NO |
| Interpretation of intracranial pressure monitoring [PR IV.B.1.b).(2).(c).(x)] | YES  NO |
| Nutritional support [PR IV.B.1.b).(2).(c).(xi)] | YES  NO |
| Skills essential to critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters [PR IV.B.1.b).(2).(c).(xii)] | YES  NO |
| Use of transcutaneous pacemakers [PR IV.B.1.b).(2).(c).(xiii)] | YES  NO |
| Use of paralytic agents and sedative and analgesic drugs in the critical care unit [PR IV.B.1.b).(2).(c).(xiv)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.11.] | YES  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.12.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Medical Knowledge**

Will fellows demonstrate knowledge in the following?

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| The indications, contradictions, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters [PR IV.B.1.c).(1)] | YES  NO |
| The indications, contraindications, and complications of placement of percutaneous tracheostomies [PR IV.B.1.c.(2)] | YES  NO |
| Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders, including the technical and procedural use of ultrasound and interpretation of ultrasound images at the point of care for medical decision-making [PR IV.B.1.c).(5).(a)] | YES  NO |
| Monitoring and supervising special services, including |  |
| Respiratory care units [PR IV.B.1.c).(5).(b.(i)] | YES  NO |
| Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards [PR IV.B.1.c).(5).(b.(ii)] | YES  NO |
| Respiratory care techniques and services [PR IV.B.1.c).(5).(b.(iii)] | YES  NO |
| Basic sciences, with particular emphasis on [PR IV.B.1.c).(5).(c)] | YES  NO |
| Genetics and molecular biology as they relate to pulmonary diseases [PR IV.B.1.c).(5).(c).(i)] | YES  NO |
| Developmental biology [PR IV.B.1.c).(5).(c).(ii)] | YES  NO |
| Pulmonary physiology and pathophysiology in systemic diseases [PR IV.B.1.c).(5).(c).(iii)] | YES  NO |
| Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease [PR IV.B.1.c).(5).(d)] | YES  NO |
| Indications, complications, and outcomes of lung transplantation [PR IV.B.1.c).(5).(e)] | YES  NO |
| Pericardiocentesis [IV.B.1.c).(5).(f)] | YES  NO |
| Percutaneous needle biopsies [IV.B.1.c).(5).(g)] | YES  NO |
| Renal replacement therapy [IV.B.1.c).(5).(h)] | YES  NO |
| Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness [IV.B.1.c).(5).(i)] | YES  NO |
| Principles and techniques of administration and management of a MICU [IV.B.1.c).(5).(j)] | YES  NO |
| Ethical, economic, and legal aspects of critical illness [IV.B.1.c).(5).(k)] | YES  NO |
| Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents [IV.B.1.c).(5).(l)] | YES  NO |
| The psychosocial and emotional effects of critical illness on patients and patients’ families [IV.B.1.c).(5).(m)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Practice-Based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems-based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| How many months are devoted to clinical experiences? [PR IV.C.4.] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.10.] | YES  NO |

Explain “NO” response. (Limit response to 250 words)

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| How many months of experience will the program provide for each fellow in the care of patients with pulmonary diseases? [IV.C.4.a)] | # |
| How many months of experience will the program provide for each fellow in the care of critically-ill medical patients (i.e., MICU/CICU or equivalent)? [PR IV.C.4.b)] | # |
| How many months of experience will the program provide each fellow in the care of critically-ill non-medical patients (i.e., SICU, burn unit, transplant unit, neurointensive care unit, or equivalent)? [PR IV.C.4.c)] | # |
| Of the time spent in the care of critically-ill non-medical patients, how many months of experience will the program provide each fellow in direct patient care activity? [PR IV.C.4.c).(1)] | # |
| Of the time spent in the care of critically-ill non-medical patients, how many months of experience will the program provide each fellow in consultative activities? [PR IV.C.4.c).(1)] | # |
| How many months of intensive care unit experiences will the program provide for each fellow? [PR IV.C.4.d)] | # |
| What will be the average daily census per fellow during assignments to critical care units? [PR I.D.1.c).(6).(a)] | # |

Will fellows have clinical experience in the evaluation and management of patients:

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| --- | --- |
| with genetic development disorders of the respiratory system, including cystic fibrosis? [PR IV.C.5.c).(1)] | YES  NO |
| undergoing pulmonary rehabilitation? [PR IV.C.5.c).(2)] | YES  NO |
| with trauma? [PR IV.C.5.c).(3)] | YES  NO |
| with neurosurgical emergencies? [PR IV.C.5.c).(4)] | YES  NO |
| with critical obstetric and gynecologic disorders? [PR IV.C.5.c).(5)] | YES  NO |
| after discharge from the critical care unit? [PR IV.C.5.c).(6)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Will fellows have experience in managing patients with tracheostomies, including their specific complications? [PR IV.C.8.] | YES  NO |

Explain “NO” response. (Limit response to 250 words)

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**CONTINUITY AMBULATORYCLINIC EXPERIENCES**

Provide the requested information for the fellows' continuity experience and patient distribution for all years of and for all sites used by the educational program. Use site numbers as listed in ADS and throughout this application document. [PR IV.C.9.)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| Half-day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female patients: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide the requested information for the fellows' other ambulatory experience and patient distribution for all years of and for all sites used by the educational program. Use site numbers as listed in ADS and throughout this application document. [PR IV.C.7.a)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| Half-day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female patients: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.13.a)] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.13.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | YES  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR IV.C.14.] (Limit response to 300 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.15.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR V.A.1.a).(1)] |
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| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

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| --- | --- |
| Will the evaluations of faculty members be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click here to enter text. |