**New Application: Undersea and Hyperbaric Medicine**

**Review Committees for Emergency Medicine or Preventive Medicine**

**ACGME**

*This application is locked for filling in forms only, so some features of Word may not be available.*

**Oversight**

**Participating Sites**

1. Does the Sponsoring Institution also sponsor an ACGME-accredited program in either emergency medicine or preventive medicine? [PR I.B.1.a)] YES [ ]  NO [ ]

Explain if NO. (Limit response to 500 words)

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1. Will the program be based at a primary hospital? [PR I.B.5.] YES [ ]  NO [ ]

**Resources**

1. Describe how the program will ensure provision of appropriate support services for an adequate educational experience. [PR I.D.1.a) – I.D.1.a).(1)] (Limit response to 500 words)

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1. Provide the following information for each site to which fellows will rotate. Add columns as necessary. [PR I.D.1.b)-I.D.e).(2).(b)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Is there a hyperbaric chamber available? [PR I.D.1.c).(1)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Is there a full-service clinical laboratory available at all times? [PR I.D.1.c).(2)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are radiologic services available at all times? [PR I.D.1.c).(3)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are pediatric inpatient facilities available? [PR I.D.1.e).(2).(b)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are adult inpatient facilities available? [PR I.D.1.e).(2).(b)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are pediatric surgical and intensive units available? [PR I.D.1.e).(2).(b)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are adult surgical and intensive care units available? [PR I.D.1.e).(2).(b)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are outpatient facilities available? [PR I.D.1.c).(4)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Is administrative/study space for faculty members and fellows available? [PR I.D.1.b)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Is conference and teaching space available? [PR I.D.1.b).(1)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

1. Provide the following information for each site to which fellows are assigned for required rotations. If more than four sites are involved, copy this section and continue with Site #5. Add columns as necessary. [PR I.D.1.d).(1); I.D.1.e).(2).(a)]

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics | FROM: Click or tap to enter a date. | TO: Click or tap to enter a date. |

| **Hospital Data** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Row Total** |
| --- | --- | --- | --- | --- | --- |
| Number of Hospital Beds | # | # | # | # | # |
| Total Hospital Admissions | # | # | # | # | # |
| Average Bed Occupancy (%) | # % | # % | # % | # % | # % |
| # of Hyperbaric Patients | # | # | # | # | # |

1. Provide the following information for each site to which fellows will rotate. Add columns as necessary. [PR I.D.1.e).(1);I.D.1.e).(2).(a)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Are physical therapy services available? | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are social services available? | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are occupational medicine services available? | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are psychologic and psychological testing services available? | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Are hyperbaric medicine services available on a 24- hour basis?  | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

1. Are the inpatient and outpatient facilities, including intensive care units, capable of addressing the following patient care needs? [PR I.D.1.c).(4)]
2. Respiratory toxicants [ ]  YES [ ]  NO
3. Gas forming infections [ ]  YES [ ]  NO
4. Wound healing problems [ ]  YES [ ]  NO
5. Gas embolisms [ ]  YES [ ]  NO
6. Other conditions requiring hyperbaric treatment [ ]  YES [ ]  NO

Explain any NO responses.

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**Personnel**

**Program Director**

1. How many fellow positions have been requested for the program? [PR II.A.2.a)] #
2. How much dedicated time and support will the program director be provided for the administration of the program? #FTE
3. List where and how long (start and end dates) the program director previously served as a faculty member in ACGME-accredited program(s). [PR II.A.3.a).(1)]

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**Faculty**

1. List those individuals who are available to the undersea and hyperbaric medicine program for consultation and academic lectures. Add rows as necessary to identify other disciplines as they pertain to the comprehensive treatment of the clinical hyperbaric patient. [PR II.B.1.a)]

| **Special Expertise** | **Name** | **Qualifications** |
| --- | --- | --- |
| Anesthesiology | Name | Qualifications |
| Critical Care | Name | Qualifications |
| Emergency Medicine | Name | Qualifications |
| Infectious Disease | Name | Qualifications |
| Plastic Surgery | Name | Qualifications |
| Preventive Medicine | Name | Qualifications |
| Rehabilitative Medicine | Name | Qualifications |
| Vascular Surgery | Name | Qualifications |
| Ophthalmology | Name | Qualifications |
| Other (specify): Specify | Name | Qualifications |
| Specify | Name | Qualifications |

**Program Coordinator**

1. Is there at least one 0.2 FTE program coordinator dedicated to the program? [PR II.C.2.a)]
 YES[ ]  …NO [ ]

Explain if NO. (Limit response to 500 words)

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**Educational Program**

* + 1. Describe the program’s approach to teaching fellows the basic skills and knowledge that constitute the foundations of hyperbaric medicine practice. [PR IV.C.3.a)] (Limit response to 500 words)

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* + 1. Describe the program’s planned educational experiences, including content and time allocated. [PR IV.C.3.e)] (Limit response to 500 words)

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* + 1. List the conferences, seminars, journal clubs, etc. in which fellows will participate. [PR IV.C.3.d); IV.C.3.e).(2).(a)-(e)]

|  |  |  |
| --- | --- | --- |
| **Name of Conference**  | **Frequency** | **Individual(s) or Department Responsible for Sessions** |
| Medical Morbidity and Mortality | Click or tap here to enter text. | Click or tap here to enter text. |
| Journal Club/Review | Click or tap here to enter text. | Click or tap here to enter text. |
| Administrative Seminars | Click or tap here to enter text. | Click or tap here to enter text. |
| Research Methods | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (specify): | Click or tap here to enter text. | Click or tap here to enter text. |
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* + 1. How will the program ensure that fellows will participate, on average, in at least 70 percent of the planned didactic experiences [PR IV.C.3.f)]? (Limit response to 500 words)

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* + 1. Describe how fellows will participate in the formal didactic experiences offered (attendance, planning, presenting, etc.). [PR IV.C.3.f)] (Limit response to 500 words)

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**Curriculum Organization and Fellow Experiences**

1. Does the curriculum include the following academic and clinical content? [PR IV.C.4.a)- IV.C.4.p)]

1. History of undersea and hyperbaric medicine [ ]  YES [ ]  NO
2. Decompression theory and physiology [ ]  YES [ ]  NO
3. Oxygen physiology [ ]  YES [ ]  NO
4. Pathophysiology of decompression illness and arterial gas embolism [ ]  YES [ ]  NO
5. Diving operations and human performance in hypo/hyperbaric environments [ ]  YES [ ]  NO
6. Medical examination/standards for divers [ ]  YES [ ]  NO
7. Effects of hyperbaric oxygenation on infectious diseases [ ]  YES [ ]  NO
8. Principles of treating gas exposures [ ]  YES [ ]  NO
9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds [ ]  YES [ ]  NO
10. Tissue oxygen measurement [ ]  YES [ ]  NO
11. Multiplace and monoplace hyperbaric chamber operations [ ]  YES [ ]  NO
12. Evaluation for clinical hyperbaric treatment [ ]  YES [ ]  NO
13. Hazards of standard electrical standards [ ]  YES [ ]  NO
14. Emergency procedures for monoplace and multiplace installations [ ]  YES [ ]  NO
15. Saturation diving [ ]  YES [ ]  NO
16. Systems management [ ]  YES [ ]  NO
17. Describe how the program will provide fellows experience in the evaluation and management of patients with both acute and non-emergency indications for hyperbaric oxygen therapy. [PR (IV.C.5.a).(2)] (Limit response to 500 words)

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1. Explain how the program will ensure that fellows are provided an opportunity to evaluate patients for treatment initiation of hyperbaric therapy or fitness to dive, including bedside evaluation and management. Include the minimum number of patients each fellow will have the opportunity to evaluate. [PR IV.C.5.a).(2).(a)] (Limit response to 500 words)

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1. How will fellows maintain their primary board skills during the educational program? [PR IV.E.2.]

(Limit response to 500 words)

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1. Will fellows have the opportunity to teach undersea and hyperbaric medicine to health care learners and professionals, including medical students, interns, other fellows, and nurses? [PR IV.C.5.b)]

 [ ]  YES [ ]  NO

**Patient Care and Procedural Skills**

Indicate the settings and activities in which residents will develop competence in the following areas of patient care. Also indicate the method(s) that will be used to evaluate competence. [PR IV.B.1.b).(1).(a)- IV.B.1.b).(1).(a).(vii)]

| **Competency Area** | **List in bulleted format the learning activities and settings used to address the core knowledge area** | **List in bulleted format the method(s) used to evaluate fellow competence\*** |
| --- | --- | --- |
| Assessment of prospective divers for fitness to dive | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Assessment of hyperbaric chamber personnel | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Assessment of patients with suspected decompression sickness | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Assessment of patients with specific problem wounds | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Assessment and management of patients with complications of hyperbaric therapy | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Management of critically-ill patients in the hyperbaric environment | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Assessment of indications for hyperbaric oxygen therapy | * Learning Activity and Setting
 | * Evaluation method(s)
 |
| Assessment of patient with toxic gas exposure | * Learning Activity and Setting
 | * Evaluation method(s)
 |

\*Examples of evaluation methods for competence may include: direct observation, global assessment, multisource assessment; practice/billing audit; patient survey; record/chart review; review of patient outcomes; simulations/models; structured case discussion; in-house written examination; in-training examination; oral examination; computer-based learning.

**Medical Knowledge**

Describe the activities and settings in which fellows will have opportunities to develop knowledge in the following topics. Include the methods used to evaluate this competence.

| **Competency Area** | **List in bulleted format the learning activities and settings used to address the core knowledge area** | **List in bulleted format the method(s) used to evaluate fellow competence\*** |
| --- | --- | --- |
| Indications for hyperbaric oxygen therapy [PR IV.B.1.c).(1)] | * Learning Activity and Setting
 | * Evaluation method(s)
 |

**Fellow Scholarly Activity**

Describe how the curriculum will address the principles of research, and identify the scholarly activity opportunities that will be made available for fellow participation. [PR IV.D.3.a) - IV.D.3.b).(3)] (Limit response to 500 words)

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**Evaluation**

1. Will the program evaluate the fellows’ knowledge, skills, and professional growth at least quarterly? [PR V.A.1.a).(1)] YES [ ]  NO [ ]

Explain if NO. (Limit response to 350 words)

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1. Will fellows who complete the program be provided a final evaluation? [PR V.A.2.a)]
 YES [ ]  NO [ ]

Explain if NO. (Limit response to 350 words)

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