**New Application: Interventional Pulmonology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

Describe the collaborative relationship between the interventional pulmonology fellowship program director and the pulmonary disease or combined pulmonary disease and critical care medicine fellowship program director. [PR 1.2.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 1.6.a.] | [ ]  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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| provide the broad range of facilities and clinical support services necessary to provide comprehensive and timely care of adult patients? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR 1.8.b.] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.b.] | [ ]  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 1.8.c.] | [ ]  YES [ ]  NO |
| provide access to an electronic health record? [PR 1.8.d.] | [ ]  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 fellow education and patient safety? [PR 1.8.e.] (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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| Interventional pulmonary laboratories or suites, each equipped with fluoroscopic equipment, digital imaging, recording devices, and resuscitative equipment [PR 1.8.f.] | [ ]  YES [ ]  NO |
| Thoracic surgery [PR 1.8.g.] | [ ]  YES [ ]  NO |
| Otolaryngology – head and neck surgery [PR 1.8.g.] | [ ]  YES [ ]  NO |
| Radiation oncology [PR 1.8.g.] | [ ]  YES [ ]  NO |
| Thoracic oncology [PR 1.8.g.] | [ ]  YES [ ]  NO |
| Surgical and medical intensive care units [PR 1.8.h.] | [ ]  YES [ ]  NO |
| Anatomic pathology and cytopathology programs [PR 1.8.i.] | [ ]  YES [ ]  NO |
| Diagnostic radiology programs [PR 1.8.j.] | [ ]  YES [ ]  NO |

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

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Describe how the program will provide fellows with a patient population representative of both 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 1.8.l.] (Limit response to 300 words)

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For each procedure listed, indicate the number completed annually at the primary clinical site. [PR 1.8.m.]

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| Rigid bronchoscopies [PR 1.8.m.1.]  | # |
| Endobronchial/endotracheal stent placements [PR 1.8.m.2.] | # |
| Diagnostic medical thoracoscopies/pleuroscopies [PR 1.8.m.3.] | # |
| Navigation bronchoscopies [PR 1.8.m.4.] | # |
| Convex linear endobronchial ultrasound cases [PR 1.8.m.5.] | # |
| Endobronchial ablative procedures [PR 1.8.m.6.] | # |
| Image-guided thoracostomy tube placement procedures [PR 1.8.m.7.] | # |
| Tunneled pleural catheter placement procedures [PR 1.8.m.8.] | # |

**Personnel**

**Program Director**

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| Will the program appoint at least one of the interventional pulmonology core faculty members to be associate program director? [PR 2.3.b.] | [ ]  YES [ ]  NO |

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

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Describe the program director’s educational and/or administrative experience in an ACGME-accredited internal medicine pulmonary disease or combined pulmonary disease and critical care medicine fellowship, or in interventional pulmonology. [PR 2.4.b.] (Limit response to 300 words)

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| Has the program director completed an interventional pulmonology fellowship, or does the program director hold credentials in interventional pulmonology and have practiced as an interventional pulmonologist for at least five years? [PR 2.4.a.2.] | [ ]  YES [ ]  NO |

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

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| What percent of the program director’s practice is devoted to interventional pulmonology? [PR 2.4.a.3.] | # |

**Faculty**

Indicate if the program will have access to and interaction with faculty members with expertise in the following: [PR 2.6.a.]

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| Thoracic surgery | [ ]  YES [ ]  NO |
| Otolaryngology – head and neck surgery | [ ]  YES [ ]  NO |
| Thoracic oncology | [ ]  YES [ ]  NO |
| Thoracic pathology | [ ]  YES [ ]  NO |
| Radiation oncology | [ ]  YES [ ]  NO |
| Anesthesiology | [ ]  YES [ ]  NO |
| Congenital and acquired complex airway diseases | [ ]  YES [ ]  NO |
| Pleural diseases | [ ]  YES [ ]  NO |
| Pharmacology | [ ]  YES [ ]  NO |
| Radiation and laser safety | [ ]  YES [ ]  NO |
| Clinical, bench, or translational research | [ ]  YES [ ]  NO |

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

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List the minimum required core interventional pulmonology faculty members. [PR 2.10.b.-2.10.d.] (Add rows as needed)

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| **Name** | **Completed an interventional pulmonology fellowship?** | **Credentialed in interventional pulmonology?** | **Percent of practice devoted to interventional pulmonology** |
| Click or tap here to enter text. | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | # % |
| Click or tap here to enter text. | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | # % |
| Click or tap here to enter text. | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | # % |
| Click or tap here to enter text. | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | # % |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate:

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| proficiency in the understanding and communication of the indications, contraindications, technical aspects, available alternative treatment options, and complications of interventional procedures? [PR 4.4.a.] | [ ]  YES [ ]  NO |
| competence in the principles of palliative care and end-of-life decision making, including end-of-life discussions with patients and their families?[PR 4.4.b.] | [ ]  YES [ ]  NO |
| the ability to perform diagnostic and therapeutic procedures relevant to their specific career paths? [PR 4.5.a.] | [ ]  YES [ ]  NO |
| the ability to treat their patients’ conditions with practices that are patient centered, safe, scientifically based, effective, timely, and cost effective? [PR 4.5.b.] | [ ]  YES [ ]  NO |

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

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| Will the fellows’ procedural records include procedural types and volumes, diagnostic yield, patient outcomes and complications, and supervisor(s)? [PR 4.5.d.] | [ ]  YES [ ]  NO |

Describe the method for assessment of procedural competence. [PR 4.5.e.] (Limit response to 250 words)

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Will fellows:

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| participate in pre-procedural planning, including the indications for the procedure and the selection of the appropriate procedure or instruments? [PR 4.5.f.] | [ ]  YES [ ]  NO |
| perform the critical technical manipulations of the procedure? [PR 4.5.g.] | [ ]  YES [ ]  NO |
| demonstrate substantial involvement in post-procedure care? [PR 4.5.h.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the performance of:

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| rigid bronchoscopy? [PR 4.5.i.1.] | [ ]  YES [ ]  NO |
| endobronchial stenting? [PR 4.5.i.2.] | [ ]  YES [ ]  NO |
| pleuroscopy/diagnostic medical thoracoscopy? [PR 4.5.i.3.] | [ ]  YES [ ]  NO |
| bronchoscopic navigation? [PR 4.5.i.4.] | [ ]  YES [ ]  NO |
| mediastinal and hilar lymph node sampling using convex linear endobronchial ultrasound? [PR 4.5.i.5.] | [ ]  YES [ ]  NO |
| endobronchial ablative techniques ? [PR 4.5.i.6.] | [ ]  YES [ ]  NO |
| image-guided thoracostomy tube placement and management? [PR 4.5.i.7.] | [ ]  YES [ ]  NO |
| tunneled indwelling pleural catheter placement and management? [PR 4.5.i.8.] | [ ]  YES [ ]  NO |

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

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**Medical Knowledge**

Will fellows demonstrate sufficient knowledge in the following areas:

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| The scientific method of problem solving and evidence-based decision making, including knowledge of study design, research ethics, and medical biostatistics?[PR 4.6.a.] | [ ]  YES [ ]  NO |
| Anatomic, physiologic, and physical principles as they relate to the practice of interventional pulmonology, including: [PR 4.6.b.] | [ ]  YES [ ]  NO |
| detailed tracheal, bronchial, vascular, lymphatic, pulmonary, and cardiac anatomy, and physiology and pathophysiology? [PR 4.6.b.1.] | [ ]  YES [ ]  NO |
| pathophysiology of central airway obstruction? [PR 4.6.b.2.] | [ ]  YES [ ]  NO |
| wound healing and host factor responses to injury? [PR 4.6.b.3.] | [ ]  YES [ ]  NO |
| properties of endobronchial thermal and ablative treatment technologies? [PR 4.6.b.4.] | [ ]  YES [ ]  NO |
| principles and physical properties of airway stents? [PR 4.6.b.5.] | [ ]  YES [ ]  NO |
| principles of advanced airway, mediastinal, and lung parenchymal imaging enhancement techniques? [PR 4.6.b.6.] | [ ]  YES [ ]  NO |
| thoracic imaging modalities, to include computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), and thoracic ultrasound? [PR 4.6.b.7.] | [ ]  YES [ ]  NO |
| pathophysiology and natural history of tracheal stenosis, tracheobronchomalacia, and excessive dynamic airway collapse? [PR 4.6.b.8.] | [ ]  YES [ ]  NO |
| diagnosis, staging, and natural history of thoracic malignancies, to include lung cancer, mesothelioma, and thymoma? [PR 4.6.b.9.] | [ ]  YES [ ]  NO |
| basic principles of radiotherapy, to include brachytherapy? [PR 4.6.b.10.] | [ ]  YES [ ]  NO |
| basic principles of chemotherapy as they apply to thoracic malignancies? [PR 4.6.b.11.] | [ ]  YES [ ]  NO |
| evaluation, diagnosis, and management of pleural disease, to include malignant pleural effusion, recurrent benign pleural effusion and pleuritis, pneumothorax, and pleural space infection? [PR 4.6.b.12.] | [ ]  YES [ ]  NO |
| managing moderate sedation? [PR 4.6.b.13.] | [ ]  YES [ ]  NO |
| prevention, evaluation, and management of both inpatients and outpatients with specific disease entities relevant to the practice of interventional pulmonology, including: [PR 4.6.b.14.] | [ ]  YES [ ]  NO |
| malignant airway obstruction? [PR 4.6.b.14.a.]  | [ ]  YES [ ]  NO |
| non-malignant airway obstruction? [PR 4.6.b.14.b.] | [ ]  YES [ ]  NO |
| loss of airway integrity? [PR 4.6.b.14.c.] | [ ]  YES [ ]  NO |
| pre-malignant and early-stage malignant airway disease? [PR 4.6.b.14.d.] | [ ]  YES [ ]  NO |
| undiagnosed mediastinal and hilar lymphadenopathy? [PR 4.6.b.14.e.] | [ ]  YES [ ]  NO |
| massive hemoptysis? [PR 4.6.b.14.f.] | [ ]  YES [ ]  NO |
| solitary pulmonary nodules? [PR 4.6.b.14.g.] | [ ]  YES [ ]  NO |
| undiagnosed pleural effusions? [PR 4.6.b.14.a.] | [ ]  YES [ ]  NO |
| pneumothorax? [PR 4.6.b.14.i.] | [ ]  YES [ ]  NO |
| parapneumonic effusion/empyema? [PR 4.6.b.14.j.] | [ ]  YES [ ]  NO |
| malignant pleural effusion? [PR 4.6.b.14.k.] | [ ]  YES [ ]  NO |
| chylothorax? [PR 4.6.b.14.l.] | [ ]  YES [ ]  NO |
| hepatic hydrothorax/effusions due to refractory congestive heart failure? [PR 4.6.b.14.m.] | [ ]  YES [ ]  NO |
| prevention and management of mechanical complications of interventional pulmonary procedures? [PR 4.6.b.14.n.] | [ ]  YES [ ]  NO |
| safety, administrative, and business aspects related to the practice of interventional pulmonology? [PR 4.6.b.14.o.] | [ ]  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 4.7.(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 4.8.] (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 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| Will the program be structured to provide clinical experiences and protected time for research throughout the length of the program? [PR 4.11.a.] | [ ]  YES [ ]  NO |

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

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Provide information for the fellows’ outpatient experience. [PR 4.11.b.]

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|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Name of experience | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Duration (weeks) | # | # | # | # | # |
| Half-day sessions per week | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

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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 4.11.c.] | [ ]  YES [ ]  NO |
| Will additional experiences be made available for those fellows who express the need to perform specified procedures in their post-fellowship careers? [PR 4.11.d.] | [ ]  YES [ ]  NO |

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

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 **Didactic Experience**

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| Will fellows participate in diverse teaching conferences or didactic sessions, including those dedicated to quality improvement? [PR 4.11.e.1.] | [ ]  YES [ ]  NO |
| Will fellows regularly participate in a weekly multidisciplinary tumor board? [PR 4.11.e.2.] | [ ]  YES [ ]  NO |
| Will fellows regularly participate in a monthly complex airway conference? [PR 4.11.e.3.] | [ ]  YES [ ]  NO |
| What percentage of available complex airway conferences will the fellows attend? [PR 4.11.e.4.] | # |
| Will the faculty participate in required conferences? [PR 4.11.e.5.] | [ ]  YES [ ]  NO |

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

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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 4.11.e.1.] (Limit response to 300 words)

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Describe the program’s patient or case-based approach to clinical teaching. [PR 4.11.f.] (Limit response to 400 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.g.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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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 5.1.b.1.] | [ ]  YES [ ]  NO |

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

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**Faculty Evaluation**

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| Will the evaluations of faculty members be written and confidential? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR 5.4.c.] | [ ]  YES [ ]  NO |

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

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| Click or tap here to enter text. |