**New Application: Infectious Disease**

**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 1.2.b.] (Limit response to 300 words) |
| Click here to enter text. |

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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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| Click or tap here to enter text. |

Will the following ACGME-accredited training programs be available for fellow education? [PR 1.6.b.]

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| General Surgery | YES  NO |
| Obstetrics and Gynecology | YES  NO |
| Pediatrics | YES  NO |
| Other medical and surgical subspecialties | YES  NO |

Explain any “NO” responses. (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 1.8.a.] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.a.] | 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.b.] | YES  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | YES  NO |
| provide fellows convenient access to a laboratory for clinical microbiology? [PR 1.8.e.] | 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 1.8.d.] (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 1.8.f.] (Limit response to 300 words) |
| Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the in the following areas of both possible and proven infectious disease?

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| Bacterial infections [PR 4.4.a.1.] | YES  NO |
| Fungal infections [PR 4.4.a.2.] | YES  NO |
| Health care-associated infections [PR 4.4.a.3.] | YES  NO |
| HIV/AIDS [PR 4.4.a.4.] | YES  NO |
| Infections in patients in intensive care units [PR 4.4.a.5.] | YES  NO |
| Infections in patients with impaired host defenses [PR 4.4.a.6.] | YES  NO |
| Infections in surgical patients [PR 4.4.a.7.] | YES  NO |
| Infections in travelers [PR 4.4.a.8.] | YES  NO |
| Parasitic infections [PR 4.4.a.9.] | YES  NO |
| Prosthetic device infections [PR 4.4.a.10.] | YES  NO |
| Sepsis syndromes [PR 4.4.a.11.] | YES  NO |
| Emerging infectious diseases [PR 4.4.a.12.] | YES  NO |
| Infections in pregnancy and post-partum states [PR 4.4.a.13.] | YES  NO |
| Sexually transmitted infections [PR 4.4.a.14.] | YES  NO |
| Viral infections [PR 4.4.a.15.] | YES  NO |
| The appropriate use and management of antimicrobial agents in a variety of clinical settings, including the hospital, ambulatory practice, non-acute care units, and the home [PR 4.4.a.16.] | YES  NO |

**Medical Knowledge**

Will fellows demonstrate sufficient knowledge of the following?

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| Diagnostic reasoning, including the ability to formulate a prioritized differential diagnosis, to include atypical presentations; the ability to modify a diagnosis based on a patient’s clinical course; and the ability to recognize sources of diagnostic error [PR 4.6.a.] | YES  NO |
| Diagnostic evaluation, including the indications for diagnostic evaluation of uncommon pathogens, antimicrobial resistance, and therapeutic drug monitoring [PR 4.6.b.] | YES  NO |
| Interpretation of diagnostic evaluations for pathogens and clinical syndromes, considering performance characteristics, limitations, and nuances  [PR 4.6.b.] | YES  NO |
| Anti-infectives, immunoprophylaxis, and adjunctive therapies, including resistance mechanisms, drug interactions, dosing, monitoring, adverse effects, and relative effectiveness [PR 4.6.c.] | YES  NO |
| Infection prevention, antimicrobial stewardship, and the epidemiological impact of infectious diseases on population health [PR 4.6.d.] | YES  NO |
| Pathophysiological and foundational science concepts pertaining to infectious diseases and host response [PR 4.6.e.] | YES  NO |
| The appropriate procedures for specimen collection relevant to infectious disease, including but not limited to bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities [PR 4.6.f.] | YES  NO |
| The principles of prophylaxis and immunoprophylaxis to enhance resistance to infection [PR 4.6.g.] | YES  NO |
| The characteristics, use, and complications of antiretroviral agents, mechanisms, and clinical significance of viral resistance to antiretroviral agents, and recognition and management of opportunistic infections in patients with HIV/AIDS [PR 4.6.h.] | YES  NO |
| The fundamentals of host defense and mechanisms of microorganism pathogenesis [PR 4.6.i.] | YES  NO |
| The development of appropriate antibiotic utilizations and restriction policies [PR 4.6.j.] | YES  NO |
| Infection control and hospital epidemiology [PR 4.6.k.] | YES  NO |

**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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| Click or tap here to enter text. |

**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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| How many months are devoted to clinical experiences? [PR 4.11.a.] | # |

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| Will fellows participate in the management of anti-infective therapy across the range of clinical settings, including the home? [PR 4.11.b.] | YES  NO |

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| Will fellows be provided with direct oversight by a physician experienced in the longitudinal care of patients with HIV infection? [PR 4.11.c.4.] | YES  NO |

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| How many months are fellows assigned to an HIV clinic? [PR 4.11.c.4.a.] | # |

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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.d.] | YES  NO |

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

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| Click or tap here to enter text. |

**CONTINUITY AMBULATORY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ 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: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ 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: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR 4.11.e.] |
| Click here to enter text. |

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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| Will the faculty participate in required conferences? [PR 2.7.d.] | YES  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR 4.11.f.] (Limit response to 300 words)

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| Click or tap here to enter text. |

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**

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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 |

**Faculty Evaluation**

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| Will the evaluations of faculty 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 |