**New Application: Infectious Disease**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.c)] |
| Click here to enter text. |

**Resources**

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| --- | --- |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | YES  NO |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | YES  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** | | | | | | |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.d)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Will fellows have access to an electronic health record? [PR I.D.1.d)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** | | | | | | |
| Convenient access to a laboratory for clinical microbiology, such that direct and frequent interaction with microbiology laboratory personnel [PR I.D.1.b).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities for the isolation of patients with infectious diseases [PR I.D.1.b).(6)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Training program in general surgery [PR I.D.1.c)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Training program in obstetrics and gynecology [PR I.D.1.c)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Training program in other medical and surgical subspecialties [PR I.D.1.c)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Training program in pediatrics [PR I.D.1.c)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to training using simulation [PR IV.C.5] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | YES  NO |
| What is the percentage of program director support? [PR II.A.2.c)] | % |

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the diagnosis and management of the following?

|  |  |
| --- | --- |
| Bacterial infections [PR IV.B.1.b).(1).(b).(i)] | YES  NO |
| Fungal infections [PR IV.B.1.b).(1).(b).(ii)] | YES  NO |
| Health care-associated infections [PR IV.B.1.b).(1).(b).(iii)] | YES  NO |
| HIV/AIDS [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Infections in patients in intensive care units [PR IV.B.1.b).(1).(b).(v)] | YES  NO |
| Infections in patients with impaired host defenses [PR IV.B.1.b).(1).(b).(vi)] | YES  NO |
| Infections in surgical patients [PR IV.B.1.b).(1).(b).(vii)] | YES  NO |
| Infections in travelers [PR IV.B.1.b).(1).(b).(viii)] | YES  NO |
| Parasitic infections [PR IV.B.1.b).(1).(b).(ix)] | YES  NO |
| Prosthetic device infections [PR IV.B.1.b).(1).(b).(x)] | YES  NO |
| Sepsis syndromes [PR IV.B.1.b).(1).(b).(xi)] | YES  NO |
| Sexually transmitted infections [PR IV.B.1.b).(1).(b).(xii)] | YES  NO |
| Viral infections [PR IV.B.1.b).(1).(b).(xiii)] | YES  NO |
| Will fellows be given opportunities to manage adult and geriatric patients with a wide variety of infectious diseases in both an inpatient and ambulatory basis? [PR IV.B.1.b).(1).(a)] | YES  NO |

**Medical Knowledge**

Will fellows demonstrate knowledge of the following?

|  |  |
| --- | --- |
| Mechanisms of action and adverse reactions of antimicrobial agents [PR IV.B.1.c).(3).(a)] | YES  NO |
| Antimicrobial and antiviral resistance [PR IV.B.1.c).(3).(a)] | YES  NO |
| Drug-drug interactions between antimicrobial agents and other compounds [PR IV.B.1.c).(3).(a)] | 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 IV.B.1.c).(3).(b)] | YES  NO |
| 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 IV.B.1.c).(3).(c)] | YES  NO |
| Principles of prophylaxis and immunoprophylaxis to enhance resistance to infection [PR IV.B.1.c).(3).(d)] | YES  NO |
| 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 IV.B.1.c).(3).(e)] | YES  NO |
| Fundamentals of host defense and mechanisms of microorganism pathogenesis [PR IV.B.1.c).(3).(f)] | YES  NO |
| Appropriate antibiotic utilizations and restriction policies? [PR IV.B.1.c).(4)] | YES  NO |
| Hospital epidemiology and infection control? [PR IV.B.1.c).(5)] | YES  NO |

**Practice-Based Learning and Improvement**

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

**Interpersonal and Communication Skills**

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

**Systems Based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the 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 will you assess the competency of your fellows in Infectious Disease consultations? [PR IV.C.7] |
| Click here to enter text. |

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| --- | --- |
| How many consultations on average will be provided per fellow during the period in which the fellows are rotating on inpatient teaching services? These consultations may be provided in a variety of clinical settings. [PR IV.C.7] | # |
| Will fellows receive experience with pediatric infectious diseases? [PR IV.C.7.b)] | # |

**CONTINUITY 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: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences [PR IV.C.8.b)]:

|  |  |
| --- | --- |
| Core Curriculum Conference Series | YES  NO |
| Clinical Case Conferences | YES  NO |
| Research Conferences | YES  NO |
| Journal Club | YES  NO |
| Morbidity and Mortality Conferences | YES  NO |
| Quality Improvement Conferences | YES  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.8.c)] | YES  NO |

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| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). |
| Click here to enter text. |

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| How many months will be devoted to clinical experiences? [PR IV.C.3.] | # |
| How many months of experience will the fellowship program provide for each fellow in continuity ambulatory care? [PR IV.C.6.] | # |
| How many months of longitudinal care, with direct supervision of each patient, will be included in ambulatory training? [PR IV.C.6.] | # |
| What is the percentage of female patients that will be represented on each fellow's panel of patients? [PR IV.C.6.c)] | # |
| Will fellows be provided with direct oversight by a physician experienced in the longitudinal care of patients with HIV infection? [PR IV.C.6.d)] | YES  NO |

**EDUCATIONAL PROGRAM NARRATIVE**

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| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.8.] |
| Click here to enter text. |

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| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.9.] |
| Click here to enter text. |

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| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.10.] | YES  NO |

**Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

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| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR V.A.1.a).(2)] | YES  NO |

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| --- |
| Describe the method for assessment of procedural competence. [V.A.1.a).(2)] |
| Click here to enter text. |

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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 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 |

**The Learning and Working Environment**

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| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
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