**New Application: Pulmonary 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) |
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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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| 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 |

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.o.] (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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| Timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units [PR 1.8.h.] | YES  NO |
| Computed tomography (CT) imaging, including CT angiography [PR 1.8.i.] | 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 1.8.f.] | YES  NO |
| Pulmonary function testing laboratory [PR 1.8.e.] | YES  NO |
| Critical care, post-operative care, and respiratory care services [PR 1.8.g.] | YES  NO |
| Supporting laboratory that provides complete and prompt laboratory evaluation and reliable and timely return of test results [PR 1.8.j.] | YES  NO |
| Laboratory for sleep-related breathing disorders [PR 1.8.m.] | YES  NO |
| Pathology services, including exfoliative cytology [PR 1.8.k.] | YES  NO |
| Thoracic surgery service [PR 1.8.l.] | YES  NO |
| Other services: | |
| Anesthesiology [PR 1.8.n.] | YES  NO |
| Immunology [PR 1.8.n.] | YES  NO |
| Laboratory medicine [PR 1.8.n.] | YES  NO |
| Microbiology [PR 1.8.n.] | YES  NO |
| Occupational medicine [PR 1.8.n.] | YES  NO |
| Otolaryngology – head and neck surgery [PR 1.8.n.] | YES  NO |
| Pathology [PR 1.8.n.] | YES  NO |
| Physical medicine and rehabilitation [PR 1.8.n.] | YES  NO |
| Radiology [PR 1.8.n.] | 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 prevention, evaluation and management of both inpatients and outpatients with the following disorders?

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| Acute lung injury, including radiation, inhalation, and trauma [PR 4.4.a.1.] | YES  NO |
| Circulatory failure [PR 4.4.a.2.] | YES  NO |
| Diffuse interstitial lung disease [PR 4.4.a.3.] | YES  NO |
| Disorders of the pleura and the mediastinum [PR 4.4.a.4.] | YES  NO |
| Iatrogenic respiratory diseases, including drug -induced disease [PR 4.4.a.5.] | YES  NO |
| Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis [PR 4.4.a.6.] | YES  NO |
| Occupational and environmental lung diseases [PR 4.4.a.7.] | YES  NO |
| Pulmonary embolism and pulmonary embolic disease, including tuberculous, fungal, and those infections in the immunocompromised host (e.g., HIV-related infections) [PR 4.4.a.8] | YES  NO |
| Pulmonary infections [PR 4.4.a.9.] | YES  NO |
| Pulmonary malignancy - primary and metastatic [PR 4.4.a.10.] | YES  NO |
| Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs [PR 4.4.a.11.] | YES  NO |
| Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes [PR 4.4.a.12.] | 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 4.4.a.13.] | YES  NO |
| Sleep-disordered breathing [PR 4.4.a.14.] | YES  NO |

Will fellows demonstrate competence in the ability to:

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? [PR 4.5.a.] | YES  NO |
| treat their patients’ conditions with practices that are patient centered, safe, scientifically based, effective, timely, and cost effective? [PR 4.5.b.] | YES  NO |

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

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| Airway management [PR 4.5.d.] | YES  NO |
| Initiation and maintenance of ventilatory support [PR 4.5.e.1.] | YES  NO |
| Respiratory care techniques [PR 4.5.e.2.] | YES  NO |
| Liberation from mechanical ventilatory support, including terminal extubation [PR 4.5.e.3.] | YES  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry [PR 4.5.f.] | YES  NO |
| Flexible fiber-optic bronchoscopy procedures including those where endobronchial and transbronchial biopsies, and transbronchial needle aspiration are performed [PR 4.5.g.] | 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 4.5.h.] | YES  NO |
| Diagnostic and therapeutic procedures, including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related procedures  [PR 4.5.i.] | YES  NO |
| Placement and management of chest tubes and pleural drainage systems [PR 4.5.j.] | YES  NO |
| Operation of bedside hemodynamic monitoring systems [PR 4.5.k.] | YES  NO |
| Emergency cardioversion [PR 4.5.l.] | YES  NO |
| Use of transcutaneous pacemakers [PR 4.5.n.] | YES  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR 4.11.i.] | 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 4.11.j.] | 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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| In the indications, contraindications, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters [PR 4.6.a.] | 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 4.6.b.] | YES  NO |
| Basic sciences, with particular emphasis on [PR 4.6.c.] | YES  NO |
| Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease [PR 4.6.c.1.] | YES  NO |
| Developmental biology [PR 4.6.c.2.] | YES  NO |
| Genetics and molecular biology as they relate to pulmonary diseases [PR 4.6.c.3.] | YES  NO |
| Pulmonary physiology and pathophysiology in systemic diseases [PR 4.6.c.4.] | YES  NO |
| Indications, complications, and outcomes of lung transplantation [PR 4.6.d.] | YES  NO |
| Ethical, economic, and legal aspects of critical illness [PR 4.6.g.] | YES  NO |
| Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents [PR 4.6.e.] | YES  NO |
| The psychosocial and emotional effects of critical illness on patients and patients’ families [PR 4.6.f.] | YES  NO |

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

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| Click here to enter text. |

**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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| How many months are devoted to clinical experiences? [PR 4.11.a.3.] | # |

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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.h.] | YES  NO |

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

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| How many months of training will the fellowship program provide each fellow in the medical intensive care unit? [PR 4.11.a.1.] | # |
| How many months of training will the fellowship program provide each fellow in non-critical care pulmonary disease rotations? [PR 4.11.a.2.] | # |
| What will be the average daily census per fellow during assignments to critical care units? [PR 1.8.p.] | # |

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| Will fellows have clinical experience in clinical experience in examination and interpretation of lung tissue for infectious agents, cytology, and histopathology? [PR 4.11.c.] | YES  NO |

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

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Will fellows receive clinical experience in the evaluation, and management of patients with the following?

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| Genetic and developmental disorders of the respiratory system, including cystic fibrosis [PR 4.11.b.1.] | YES  NO |
| Pulmonary rehabilitation [PR 4.11.b.2.] | YES  NO |

Will fellows acquire knowledge regarding the following monitoring and supervising special services?

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| Respiratory care units [PR 4.11.d.3.] | YES  NO |
| Respiratory care techniques and services [PR 4.11.d.2.] | YES  NO |
| Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards [PR 4.11.d.1.] | YES  NO |

**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.k.] |
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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.k.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.l.] (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.m.] (Limit response to 300 words)

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**Evaluation**

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| Describe the method for assessment of procedural competence. .[PR 5.1.h.] |
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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 faculty evaluations be written and confidential? [PR 5.4.b.] | YES  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR 5.4.c.] | YES  NO |