**New Application: Sleep Medicine**

**Review Committee for Internal Medicine, Neurology, or Psychiatry**

**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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| 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.g.] (Limit response to 300 words) |
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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the following:

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| in the diagnosis and management of patients with sleep-wake disorders in outpatient and inpatient settings? [PR 4.4.a.] | YES  NO |
| as a consultant in both inpatient and outpatient settings? [PR 4.4.b.] | 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 clinical competence in:

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| Conducting the tests unique to sleep medicine, including electrode and sensor application, calibrations, maintenance of signal integrity, and protocols for initiating and terminating the tests [PR 4.5.d.] | YES  NO |
| Evaluating, diagnosing, and comprehensively treating patients over the entire spectrum of pediatric and adult sleep disorders, as well as those medical, neurological, and psychiatric disorders that may present with sleep-related complaints in both the inpatient and outpatient settings [PR 4.5.e.] | YES  NO |
| Integrating information obtained from patient history, physical examination, physiologic recordings, imaging studies as they relate to sleep disorders, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan [PR 4.5.f.] | YES  NO |
| Integrating relevant biological, psychological, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients’ sleep disorders [PR 4.5.g.] | YES  NO |
| Interpreting psychological and psychometric tests as they relate to sleep disorders [PR 4.5.h.] | YES  NO |
| Interpreting psychological and psychometric tests as they relate to sleep disorders [PR 4.5.h.] | YES  NO |
| Performing physical, neurological, and mental status examinations relevant to the practice of sleep medicine [PR 4.5.j.] | YES  NO |
| Selecting the appropriate sleep investigation(s) to facilitate a patient’s diagnosis and treatment [PR 4.5.l.] | YES  NO |
| Scoring and interpreting: portable sleep monitor recordings [PR 4.5.m.1.] | YES  NO |
| Scoring and interpreting: actigraphy [PR 4.5.m.2.] | YES  NO |
| Scoring and interpreting: downloads from positive pressure devices [PR 4.5.m.3.] | YES  NO |
| Scoring and interpreting: sleep diaries [PR 4.5.m.4.] | YES  NO |
| Scoring and interpreting: standardized scales of sleepiness [PR 4.5.m.5.] | YES  NO |

Will fellows demonstrate competence in the ability to:

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| Score and interpret recordings of various diagnostic types, including polysomnograms, multiple sleep latency tests, and maintenance of wakefulness tests [PR 4.5.c.] | YES  NO |
| Approximately, how many these recordings will fellows score during the course of the fellowship? [PR 4.5.c.1.] | # |
| How many will be adult recordings? [PR 4.5.c.1.a.] | # |
| How many will be pediatric recordings from infants, children, and adolescents? [PR 4.5.c.1.b.] | # |
| How many in-laboratory polysomnograms will fellows interpret? [PR 4.5.c.2.] | # |
| How many will be from adults? | # |
| How many will be from children? | # |
| How many multiple sleep latency tests and/or maintenance of wakefulness tests will fellows interpret? [PR 4.5.c.3.] | # |

**Medical Knowledge**

Will fellows demonstrate knowledge of the following?

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| Neurobiology of sleep and wakefulness, sleep-related anatomy and physiology, and the neural structures mediating circadian rhythms [PR 4.6.a.] | YES  NO |
| Fundamental mechanisms of sleep, major theories in sleep medicine, and the generally-accepted facts of basic sleep mechanisms including: [PR 4.6.a.1.] | YES  NO |
| Basic neurologic mechanisms controlling sleep and wakefulness [PR 4.6.a.1.a.] | YES  NO |
| Cardiovascular physiology and pathophysiology related to sleep and sleep disorders [PR 4.6.a.1.b.] | YES  NO |
| Changes in sleep across the life span [PR 4.6.a.1.c.] | YES  NO |
| Chronobiology [PR 4.6.a.1.d.] | YES  NO |
| Endocrine physiology and pathophysiology related to sleep and sleep disorders [PR 4.6.a.1.e.] | YES  NO |
| Gastrointestinal physiology and pathophysiology related to sleep and sleep disorders [PR 4.6.a.1.f.] | YES  NO |
| Neurologic physiology and pathophysiology related to sleep and sleep disorders [PR 4.6.a.1.g.] | YES  NO |
| Ontogeny of sleep [PR 4.6.a.1.h.] | YES  NO |
| Respiratory physiology and pathophysiology related to sleep and sleep disorders [PR 4.6.a.1.i.] | YES  NO |
| Upper airway anatomy, normal and abnormal, across the life span [PR 4.6.a.2.] | YES  NO |
| Effects of impaired sleep on others, including bed partners [PR 4.6.a.3.] | YES  NO |
| Nosology for sleep disorders as described in the current edition of The International Classification of Sleep Disorders [PR 4.6.a.4.] | YES  NO |
| Etiopathogenic characterization of sleep disorders [PR 4.6.a.5.] | YES  NO |
| Effects of medications and substance use/misuse on sleep and sleep disorders [PR 4.6.a.6.] | YES  NO |
| Clinical manifestations of sleep disorders, including: |  |
| Insomnia and other disorders of initiating and maintaining sleep [PR 4.6.a.7.a.] | YES  NO |
| Sleep-related breathing disorders in both adults and children [PR 4.6.a.7.b.] | YES  NO |
| Disorders of hypersomnolence [PR 4.6.a.7.c] | YES  NO |
| Circadian rhythm sleep-wake disorders [PR 4.6.a.7.d.] | YES  NO |
| Parasomnias [PR 4.6.a.7.e.] | YES  NO |
| Sleep-related movement disorders [PR 4.6.a.7.f.] | YES  NO |
| Interactions between therapies for sleep disorders and other medical, neurologic, and psychiatric treatments [PR 4.6.a.7.g.] | YES  NO |
| Medical, neurologic, psychiatric, and substance use disorders, including withdrawal syndromes and the signs and symptoms likely to be related to sleep disorders (e.g., the association between hypertension and sleep apnea) [PR 4.6.a.7.h.] | YES  NO |
| Neonatal and pediatric sleep disorders [PR 4.6.a.7.i.] | YES  NO |
| Safe infant sleep practices [PR 4.6.a.7.j.] | YES  NO |
| Sudden Infant Death Syndrome [PR 4.6.a.7.k.] | YES  NO |
| Diagnostic strategies in sleep disorders, including differences between children and adults [PR 4.6.a.8.] | YES  NO |
| Treatment strategies in sleep disorders incorporating: |  |
| Approaches for obstructive sleep apnea, including CPAP, bilevel and other advanced modes of PAP therapy; maxillofacial and upper airway surgery, implantable devices, oral appliances; positional therapy; weight management strategies; medication and substance use counseling; and education [PR 4.6.a.9.a.] | YES  NO |
| Approaches for insomnia, including cognitive-behavioral therapies and pharmacological therapy [PR 4.6.a.9.b.] | YES  NO |
| Approaches for narcolepsy and other central disorders of hypersomnolence [PR 4.6.a.9.c.] | YES  NO |
| Approaches for parasomnias [PR 4.6.a.9.d.] | YES  NO |
| Approaches for circadian rhythm disorders [PR 4.6.a.9.e.] | YES  NO |
| Understanding the differences in approaches between children and adults [PR 4.6.a.9.f.] | YES  NO |
| Operation of polysomnographic monitoring equipment, including polysomnographic trouble shooting and ambulatory monitoring methodology [PR 4.6.a.10.] | YES  NO |
| Financing and regulation of sleep medicine [PR 4.6.a.11.] | YES  NO |
| Research methods in the clinical and basic sciences related to sleep medicine [PR 4.6.a.12.] | YES  NO |
| Medical ethics and its application in sleep medicine [PR 4.6.a.13.] | YES  NO |
| Legal aspects of sleep medicine [PR 4.6.a.14.] | YES  NO |
| The impact of sleep disorders on the patient’s family and society [PR 4.6.a.15.] | YES  NO |
| Appropriate indications, potential pitfalls, limitations, administration, and interpretation of diagnostic tests used in sleep medicine, including polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring [PR 4.6.b.] | YES  NO |
| Indications and contraindications, proper patient preparation, and potential shortcomings of the tests used in sleep medicine [PR 4.6.b.1.] | YES  NO |
| Principles of recording bioelectric signals, including polarity, dipoles, electrodes, derivations, montages, amplifiers, sampling, and digital display [PR 4.6.b.2.] | 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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| 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 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.e.] | 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 |

**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 |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR 4.11.f.] |
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Describe how the program will ensure that fellows have an opportunity to review allcontent from conferences that they were unable to attend. [PR 4.11.f.2.] (Limit response to 300 words)

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

Will the program provide fellows with didactic instruction in: [PR 4.11.f.4.-4.11.f.5.]

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| Clinical ethics | YES  NO |
| Interdisciplinary topics | YES  NO |
| Medical genetics | YES  NO |
| Patient safety | YES  NO |
| Physician impairment | YES  NO |
| Quality assessment and improvement | YES  NO |
| Risk management | YES  NO |
| Methods for teaching sleep testing | YES  NO |

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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| Describe the method for assessment of procedural competence. .[PR 5.1.] |
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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 |