**Continued Accreditation Application: Respiratory Medicine (Internal Medicine)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty Application is for programs applying for **Continued Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Respiratory Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

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| * + - 1. What is the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in internal medicine? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Program Personnel and Resources**

**Resources**

1. Are the following facilities and services available to the program?
2. A bronchoscopy suite that includes appropriate space and staffing for pulmonary procedures
 [ ] YES [ ] NO
3. A pulmonary function testing laboratory [ ] YES [ ] NO
4. Critical care [ ] YES [ ] NO
5. Post-operative care [ ] YES [ ] NO
6. Respiratory care [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Are the following laboratory and imaging services present at the primary clinical site?
2. A supporting laboratory that provides complete and prompt laboratory evaluation [ ] YES [ ] NO
3. Bedside imaging for patients in critical care [ ] YES [ ] NO
4. Bedside ultrasound [ ] YES [ ] NO
5. Computed tomography (CT) imaging [ ] YES [ ] NO
6. CT angiography [ ] YES [ ] NO
7. Echocardiogram [ ] YES [ ] NO
8. Portable chest x-ray [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Are the following patient services available to the program?
2. A laboratory for sleep-related breathing disorders [ ] YES [ ] NO
3. Anesthesiology [ ] YES [ ] NO
4. Immunology [ ] YES [ ] NO
5. Laboratory medicine [ ] YES [ ] NO
6. Microbiology [ ] YES [ ] NO
7. Occupational medicine [ ] YES [ ] NO
8. Otolaryngology [ ] YES [ ] NO
9. Pathology, including exfoliate cytology [ ] YES [ ] NO
10. Physical medicine and rehabilitation [ ] YES [ ] NO
11. Radiology [ ] YES [ ] NO
12. Thoracic surgery [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Is there an average daily census of at least five patients per follow during assignments to critical care units? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Eligibility Criteria**

1. How does the program ensure all fellows have completed an ACGME-I-accredited internal medicine residency program or another internal medicine residency program acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles? (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? (Limit 300 words)

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1. How do graduating fellows demonstrate competence in a variety of health care settings, including inpatient and ambulatory settings?. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the following?
	1. Providing care for patients with whom they have limited or no physical contact through telemedicine
	2. Using critical thinking and evidence-based tools
	3. Using population-based data

Describe how competence is evaluated for each area listed. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in prevention, evaluation, and management of patients with the following?

Acute lung injury, including inhalation and trauma

Circulatory failure

Diffuse interstitial lung disease

Disorders of the pleura and the mediastinum

Iatrogenic respiratory diseases, including drug-induced disease

Obstructive lung diseases, including asthma, bronchiectasis, bronchitis, and emphysema

Occupational and environmental lung diseases

Pulmonary embolism and pulmonary embolic disease

Describe how competence is evaluated in five of the eight areas listed. (Limit 500 words)

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1. How do graduating fellows demonstrate competence in prevention, evaluation, and management of patients with pulmonary infections, including tuberculous, fungal infections, atypical mycobacterial infections, and those infections in the immunocompromised host (e.g., human immunodeficiency virus (HIV)-related infections)?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in prevention, evaluation, and management of patients with the following?
	* + - 1. Primary and metastatic pulmonary malignancy
				2. Pulmonary manifestations of systemic disease, including collagen vascular disease and diseases that are primary in other organs
				3. Pulmonary vascular disease, including primary and secondary pulmonary hypertension and vasculitis and pulmonary hemorrhage syndromes
				4. Respiratory failure, including acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
				5. Sleep-disordered breathing

Describe how competence is evaluated in three of the five areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in interpreting data from various bedside devices commonly employed to monitor patients, as well as data from laboratory studies related to sputum, bronchopulmonary secretions, and pleural fluid?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in procedural and technical skills, including the following?
2. Airway management
3. Emergency cardioversion
4. Flexible fiber-optic bronchoscopy procedures, to include those with endobronchial and transbronchial biopsies and transbronchial needle aspiration
5. Image acquisition, image interpretation at the point of care
6. Insertion of arterial and central venous catheters
7. Operation of bedside hemodynamic monitoring systems
8. Placement and management of chest tubes and pleural drainage systems

Describe how competence is evaluated in four of the seven areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in procedural and technical skills related to pulmonary function tests, including spirometry, flow volume studies, lung volume, diffusing capacity, arterial blood gas analysis, and exercise studies, as well as interpretation of the results of bronchoprovocation testing using methacholine or histamine? (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the use of a variety of positive ventilator modes, including the following?
2. Chest tubes and drainage systems
3. Humidifiers
4. Incentive spirometry
5. Initiation and maintenance of ventilator support
6. Nebulizers
7. Respiratory care techniques
8. Ultrasound techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters
9. Use of reservoir masks and continuous positive airway pressure masks
10. Use of transcutaneous pacemakers
11. Withdrawal of mechanical ventilator support

Describe how competence is evaluated in five of the 10 areas listed. (Limit 500 words)

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**Medical Knowledge**

1. How do graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care? (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the scientific method of problem solving and evidence-based decision-making? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of indications, contraindications, and techniques for, and limitations, complications, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests and procedures? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of imaging techniques commonly employed in the evaluation of patients with respiratory disease or critical illness, including use of ultrasound and interpretation of ultrasound images at point of care? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of basic sciences, including the following?
	1. Biochemistry and physiology, to include cell and molecular biology and immunology as they relate to respiratory medicine
	2. Developmental biology
	3. Genetics and molecular biology as they relate to respiratory medicine
	4. Pulmonary physiology and pathophysiology in systemic disease

Describe how knowledge is evaluated in three of the four areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the following?
	1. Indications, complications, and outcomes of lung transplantation
	2. Indications, complications, and outcomes of placement of arterial, central venous, and pulmonary artery balloon flotation catheters
	3. Recognition and management of patients critically ill from disasters, including those disasters caused by chemical and biological agents
	4. Ethical, economic, and legal aspects of critical illness
	5. Psychosocial and emotional effects of critical illness on patients and patients’ families

Describe how knowledge is evaluated in three of the five areas listed. (Limit 300 words)

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1. How do fellows demonstrate knowledge of the application of technology appropriate for the clinical context, including evolving technologies? (Limit 300 words)

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**Practice-Based Learning and Improvement**

* + - 1. How do graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning? (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients’ families, and health professionals? (Limit 300 words)

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**Systems-Based Practice**

1. How do graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care? (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Do fellows have the following?
3. Opportunity to review all knowledge content from conferences they cannot attend [ ] YES [ ] NO
4. Educational activities that allow for fellow-to-fellow interaction [ ] YES [ ] NO
5. Educational activities that allow for fellow-to-faculty member interaction [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Do fellows have didactic experiences that enable them to monitor and supervise the following?
	* + - 1. Pulmonary function laboratories, including quality control, quality assurance, and competence standards [ ] YES [ ] NO
				2. Respiratory care techniques and services [ ] YES [ ] NO
				3. Respiratory care units [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Clinical Experiences**

* + - 1. How does the program ensure that rotations are structured to:
1. allow fellows to function as part of an effective interprofessional team;
2. minimize conflicting inpatient and outpatient responsibilities;
3. minimize the frequency of transitions;
4. provide continuity of patient care;
5. provide ongoing supervision of fellows; and,
6. provide meaningful assessment and feedback?

Describe how this is achieved. (Limit 300 words)

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1. Do fellows have the following?
	* + - 1. Educational experiences in team-based care with other health care professionals [ ] YES [ ] NO
				2. Elective experiences relevant to their future practice [ ] YES [ ] NO
				3. Experience in the role of a pulmonary medicine consultant in both an inpatient and outpatient setting [ ] YES [ ] NO
				4. Training using simulation [ ] YES [ ] NO
				5. A structured continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of pulmonary medicine? [ ] YES [ ] NO

 Explain any ‘NO’ responses. (Limit 250 words)

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1. How does the program ensure each fellow has a minimum of 12 months devoted to clinical experiences during the educational program? (Limit 300 words)

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1. Does each fellow’s schedule include the following?
	* + - 1. At least nine months in non-critical care respiratory medicine [ ] YES [ ] NO
				2. At least three months in a medical intensive care unit [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How does the program ensure all fellows have opportunities to assume continuing responsibility for both acutely and chronically ill patients in order to learn both the natural history of respiratory medicine and the effectiveness of therapeutic programs? (Limit 350 words)

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1. Do fellows have clinical experience in the following?
	* + - 1. Evaluation and management of patients in pulmonary rehabilitation [ ] YES [ ] NO
				2. Examining and recognizing the histologic changes of lung tissue [ ] YES [ ] NO
				3. Genetic and developmental disorders of the respiratory system, including cystic fibrosis [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Do fellows have clinical experiences in monitoring and supervising special services, including the following?
	* + 1. Pulmonary function laboratories [ ] YES [ ] NO
			2. Respiratory care techniques and services [ ] YES [ ] NO
			3. Respiratory care units [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Do fellows assume continuing responsibility for both acutely and chronically ill patients? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Do fellows have an average of one half-day a week in the ambulatory clinic throughout the educational program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Is fellows’ continuing patient care experience interrupted by more than one month, excluding vacation?

 [ ] YES [ ] NO

Explain if ‘YES.’ (Limit 250 words)

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**Scholarly Activity**

**Fellows’ Scholarly Activity**

How does the program ensure that all fellows engage in scholarly activity? (Limit 300 words)

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**The Learning and Working Environment**

**Duty Hour and Work Limitations**

How does the program ensure direct supervision of procedures performed by each fellow occurs until competence has been acquired and documented by the program director? (Limit 300 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Respiratory Medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of care in respiratory medicine, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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