ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Infectious Disease (Internal Medicine)

Reformatted: 1 April 2022
Revised: 12 December 2015, Effective: 1 July 2016
Initial Approval: 2 October 2012
**ACGME International Specialty Program Requirements for Graduate Medical Education in Infectious Disease (Internal Medicine)**

**Int. Introduction**

*Background and Intent:* Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

**Int. I. Definition and Scope of the Specialty**

The medicine-based specialty of infectious disease concerns the interface between humans and the microbial world, and the associated consequences of infection, including the development and employment of strategies to prevent and treat infectious diseases.

**Int. II. Duration of Education**

Int. II.A. The educational program in infectious disease must be 24 or 36 months in length.

**I. Institution**

I.A. **Sponsoring Institution**

I.A.1. A fellowship in infectious disease must function as an integral part of ACGME-I-accredited residency in internal medicine.

I.B. **Participating Sites**

See International Foundational Requirements, Section I.B.

**II. Program Personnel and Resources**

II.A. **Program Director**

See International Foundational Requirements, Section II.A.

II.B. **Faculty**

See International Foundational Requirements, Section II.B.

II.C. **Other Program Personnel**

See International Foundational Requirements, Section II.C.

II.D. **Resources**
II.D.1. A laboratory for clinical microbiology must be conveniently located for routine fellow access to laboratory personnel.

II.D.2. Facilities for the isolation of patients with infectious diseases must be available.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in internal medicine, or an internal medicine residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

IV.A.1.b).(1).(a) the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of each gender from adolescence to old age, during health and all stages of infectious disease illness; and,

IV.A.1.b).(1).(b) the diagnosis and management of the following infectious disease areas:

IV.A.1.b).(1).(b).(i) fungal infections;

IV.A.1.b).(1).(b).(ii) health care-associated infections;
IV.A.1.b).(1).(b).(iii) human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS);

IV.A.1.b).(1).(b).(iv) infections in patients in intensive care units;

IV.A.1.b).(1).(b).(v) infections in patients with impaired host defenses;

IV.A.1.b).(1).(b).(vi) infections in surgical patients;

IV.A.1.b).(1).(b).(vii) infections in travelers;

IV.A.1.b).(1).(b).(viii) mycobacterial infections;

IV.A.1.b).(1).(b).(ix) parasitic infections;

IV.A.1.b).(1).(b).(x) prosthetic device infections;

IV.A.1.b).(1).(b).(xi) sepsis syndromes;

IV.A.1.b).(1).(b).(xii) sexually transmitted infections; and,

IV.A.1.b).(1).(b).(xiii) viral infections.

IV.A.1.c) Medical Knowledge

IV.A.1.c).(1) Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:

IV.A.1.c).(1).(a) the mechanisms of action and adverse reactions of antimicrobial agents, antimicrobial and antiviral resistance, and drug-drug interactions between antimicrobial agents and other compounds;

IV.A.1.c).(1).(b) 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;

IV.A.1.c).(1).(c) the appropriate procedures for specimen collection relevant to infectious disease, including bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities;

IV.A.1.c).(1).(d) the principles of prophylaxis and immunoprophylaxis to enhance resistance to infection;

Infectious Disease 3
IV.A.1.c).(1).(e) 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;

IV.A.1.c).(1).(f) the fundamentals of host defense and mechanisms of microorganism pathogenesis;

IV.A.1.c).(1).(g) the development of appropriate antibiotic utilizations and restriction policies; and, infection control and hospital epidemiology.

IV.A.1.d) Practice-based Learning and Improvement

IV.A.1.d).(1) Fellows must demonstrate the 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.

IV.A.1.e) Interpersonal and Communication Skills

IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

IV.A.1.f) Systems-based Practice

IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

See International Foundational Requirements, Section IV.B.

IV.C. Clinical Experiences

IV.C.1. At least 12 months of education must be devoted to clinical experiences.

IV.C.2. Fellows must participate in the management of outpatient antibiotic therapy, including interaction with pharmacy, nursing, and other home care services.
IV.C.3. Each fellow must provide patient care consultations or directly oversee students or residents performing consultations.

IV.C.3.a) Each fellow must have at least 250 new patient consults with infectious disease problems.

IV.C.3.b) Fellows should have experience with pediatric infectious diseases.

IV.C.4. Fellows should have a structured ambulatory experience in the longitudinal care of patients with HIV infection under the supervision of a physician experienced in the management of HIV infection.

IV.C.4.a) Fellows should be assigned to an HIV clinic for a period of at least 12 months.

IV.C.5. Fellows should have direct and frequent interaction with microbiology laboratory personnel.

IV.C.6. Fellows should have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of infectious disease.

IV.C.6.a) This should include an appropriate distribution of patients of each gender and a diversity of ages.

IV.C.6.b) This experience should average one half-day each week throughout the education program.

IV.C.6.b).(1) Each fellow should, on average, be responsible for four to eight patients during each half-day session.

IV.C.6.b).(1).(a) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session.

IV.C.6.c) The continuing patient care experience should not be interrupted by more than one month, excluding a fellow's vacation.

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.