



**ACGME International**

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

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# **ACGME International Advanced Specialty Program Requirements for Graduate Medical Education in Infectious Disease (Internal Medicine)**

## **I Introduction**

### **I.A. Definition and Scope of 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.

### **I.B. Duration of Education**

- I.B.1. The education program in infectious disease must be 24 or 36 months in length.

## **II Institutions**

### **II.A. Sponsoring Institutions**

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

### **II.B. Participating Sites**

See International Subspecialty Foundational Requirements, Section I.B.

## **III Program Personnel and Resources**

### **III.A. Program Director**

See International Subspecialty Foundational Requirements, Section II.A.

### **III.B. Faculty**

See International Subspecialty Foundational Requirements, Section II.B.

### **III.C. Other Program Personnel**

See International Subspecialty Foundational Requirements, Section II.C.

### **III.D. Resources**

- III.D.1. A laboratory for clinical microbiology must be conveniently located for routine fellow access to laboratory personnel.
- III.D.2. Facilities for the isolation of patients with infectious diseases must be available.

## **IV Fellow Appointment**

### **IV.A. Eligibility Criteria**

- IV.A.1. Prior to appointment in the program, fellows should have completed an ACGME International (ACGME-I)-accredited core specialty program in internal medicine.

### **IV.B. Number of Fellows**

See International Subspecialty Foundational Requirements, Section III.B.

## **V Specialty-Specific Educational Program**

### **V.A. Regularly Scheduled Didactic Sessions**

See International Subspecialty Foundational Requirements, Section IV.A.

### **V.B. Clinical Experiences**

- V.B.1. At least 12 months of education must be devoted to clinical experience.
- V.B.2. Fellows must participate in the management of outpatient antibiotic therapy, including interaction with pharmacy, nursing, and other home care services.
- V.B.3. Each fellow must provide patient care consultations or directly oversee students or residents performing consultations.
- V.B.3.a) Each fellow must have at least 250 new patient consults with infectious disease problems.
- V.B.3.b) Fellows should have experience with pediatric infectious diseases.
- V.B.4. Fellows should have a structured ambulatory experience in the longitudinal care of patients with human immunodeficiency virus (HIV) infection under the supervision of a physician experienced in the management of HIV infection.
- V.B.4.a) Fellows should be assigned to an HIV clinic for a period of at least 12 months.
- V.B.5. Fellows should have direct and frequent interaction with microbiology laboratory personnel.
- V.B.6. Fellows should have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of infectious disease.

- V.B.6.a) This experience should include an appropriate distribution of patients of each gender and a diversity of ages.
- V.B.6.b) This experience should average one half-day each week throughout the education program.
- V.B.6.c) Each fellow should, on average, be responsible for four to eight patients during each half-day session.
- V.B.6.c).(1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session.
- V.B.6.d) The continuing patient care experience should not be interrupted by more than one month, excluding a fellow's vacation.

**V.C. Fellows' Scholarly Activities**

See International Subspecialty Foundational Requirements, Section IV.C.

**V.D. Duty Hour and Work Limitations**

See International Subspecialty Foundational Requirements, Section VI.

**VI ACGME-I Competencies**

**VI.A. Patient Care**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate proficiency in:

- VI.A.1. 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,
- VI.A.2. the diagnosis and management of the following infectious disease areas:
  - VI.A.2.a) fungal infections;
  - VI.A.2.b) health care-associated infections;
  - VI.A.2.c) HIV/acquired immune deficiency syndrome (AIDS);
  - VI.A.2.d) infections in patients in intensive care units;
  - VI.A.2.e) infections in patients with impaired host defenses;
  - VI.A.2.f) infections in surgical patients;

- VI.A.2.g) infections in travelers;
- VI.A.2.h) mycobacterial infections;
- VI.A.2.i) parasitic infections;
- VI.A.2.j) prosthetic device infections;
- VI.A.2.k) sepsis syndromes;
- VI.A.2.l) sexually transmitted infections; and,
- VI.A.2.m) viral infections.

**VI.B. Medical Knowledge**

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 proficiency in knowledge of:

- VI.B.1. the mechanisms of action and adverse reactions of antimicrobial agents, antimicrobial and antiviral resistance, and drug-drug interactions between antimicrobial agents and other compounds;
- VI.B.2. 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;
- VI.B.3. the appropriate procedures for specimen collection relevant to infectious disease, including bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities;
- VI.B.4. the principles of prophylaxis and immunoprophylaxis to enhance resistance to infection;
- VI.B.5. 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;
- VI.B.6. the fundamentals of host defense and mechanisms of microorganism pathogenesis;
- VI.B.7. the development of appropriate antibiotic utilizations and restriction policies; and,
- VI.B.8. infection control and hospital epidemiology.

**VI.C. Practice-based Learning and Improvement**

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 life-long learning.

**VI.D. Interpersonal and Communication Skills**

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

**VI.E. Professionalism**

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

**VI.F. Systems-based Practice**

Fellows must 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.