**Initial Accreditation Application: Pulmonary Disease and Critical Care Medicine
(Internal Medicine)**

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

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial 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 Pulmonary and Critical Care 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).**Initial Accreditation Application: Pulmonary Disease and Critical Care Medicine**

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| Program Name:Click here to enter text. |

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**Initial Accreditation Application: Pulmonary Disease and Critical Care Medicine
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**Introduction**

**Duration and Scope of Education**

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

Choose an item. |

**Institutions**

**Sponsoring Institutions**

1. Will 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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| Click here to enter text. |

**Faculty**

1. How will the program ensure that, in addition to the program director, there are at least three core faculty members? (Limit 250 words)

|  |
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1. Will clinical faculty members from the following specialties/subspecialties regularly participate in the program?
2. Cardiology [ ] YES [ ] NO
3. Gastroenterology [ ] YES [ ] NO
4. Hematology [ ] YES [ ] NO
5. Infectious diseases [ ] YES [ ] NO
6. Nephrology [ ] YES [ ] NO
7. Oncology [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will clinical faculty members from the following specialties/subspecialties be available to participate in the program?
2. Anesthesiology [ ] YES [ ] NO
3. Cardiovascular surgery [ ] YES [ ] NO
4. Emergency medicine [ ] YES [ ] NO
5. General surgery [ ] YES [ ] NO
6. Neurological surgery [ ] YES [ ] NO
7. Neurology [ ] YES [ ] NO
8. Obstetrics and gynecology [ ] YES [ ] NO
9. Orthopaedic surgery [ ] YES [ ] NO
10. Thoracic surgery [ ] YES [ ] NO
11. Urology [ ] YES [ ] NO
12. Vascular surgery [ ] YES [ ] NO

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

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| Click here to enter text. |

**Other Program Personnel**

1. Will services from nurses and technicians skilled in critical care instrumentation, respiratory function and laboratory medicine be available? [ ] YES [ ] NO

Explain if ‘NO.’. (Limit 250 words)

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| Click here to enter text. |

**Resources**

1. Will the following be available at the primary clinical site?
2. Bedside ultrasound [ ] YES [ ] NO
3. Computed tomography (CT) imaging [ ] YES [ ] NO
4. CT angiography [ ] YES [ ] NO
5. Echocardiogram [ ] YES [ ] NO
6. Portable chest x-ray [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will the following be available as either separate or combined facilities?
2. Coronary intensive care unit (CICU) [ ] YES [ ] NO
3. Medical Intensive Care Unit (MICU) [ ] YES [ ] NO
4. Surgical intensive care unit (SICU) [ ] YES [ ] NO

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

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1. Indicate the availability of the following by checking the appropriate box. Site numbers should correspond to the numbering of participating sites entered into ADS. Site #1 is the primary clinical site.

|  |  |  |  |  |  |
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|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Active emergency medicine service | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Active open heart surgery program  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Anesthesiology services  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| A supporting diagnostic laboratory to provide reliable and timely laboratory evaluation  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Bronchoscopy suite, including appropriate space and staffing for pulmonary procedures | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Continuous and intermittent renal replacement therapy in the critical care units  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to care for patients with acute myocardial infarction | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to care for patients with recent major thoracic or abdominal surgery | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to care for patients with severe neurologic and neurosurgical conditions  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to care for patients with recent open heart surgery | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to care for patients with severe trauma  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Facilities to care for patients with shock | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Immunology services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Laboratory medicine services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Microbiology services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Nutrition support services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Occupational medicine services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Otolaryngology | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Pathology services, including exfoliative cytology | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Physical medicine and rehabilitation services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Post-operative care services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Pulmonary function testing laboratory | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Radiology services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Respiratory care services | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Timely bedside imaging services available to all patients in the critical care units | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Thoracic surgery service | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

Add information on the above services at any additional clinical sites. (Limit 250 words)

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1. What will be the average daily patient census per fellow during assignments to critical care units?

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**Fellow Appointment**

**Eligibility Criteria**

1. How will the program ensure that, prior to appointment, fellows have completed an ACGME-I-accredited internal medicine 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 will graduating fellows demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles, including maintaining professional boundaries and relationships with other physicians and other health team members, and avoiding conflicts of interest? (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How will 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 will 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 will 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 will be evaluated in each area listed. (Limit 300 words)

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1. How will graduating fellows demonstrate competence in prevention, evaluation, and management of both inpatients and outpatients with pulmonary problems, including the following?
2. Acute lung injury, to include radiation, inhalation, and trauma
3. Diffuse interstitial lung disease
4. Disorders of the pleura and the mediastinum
5. Iatrogenic respiratory diseases, to include drug-induced disease
6. Obstructive lung disease, to include asthma, bronchitis, emphysema, and bronchiectasis
7. Occupational and environmental lung diseases
8. Pulmonary embolism and pulmonary embolic disease
9. Pulmonary infections, to include tuberculosis, fungal, and infections in the immunocompromised host, such as human immunodeficiency virus (HIV) -related infections
10. Pulmonary malignancy, both primary and metastatic
11. Pulmonary manifestations of systemic disease, to include collagen vascular disease and diseases that are primary in other organs
12. Pulmonary vascular disease, to include pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
13. Respiratory failure, to include acute respiratory distress syndrome, acute and chronic respiratory failure in chronic obstructive diseases, and neuromuscular respiratory drive disorders
14. Sleep-disordered breathing

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

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1. How will graduating fellows demonstrate competence in prevention, evaluation, and management of critical illness, including the following?
2. Acute metabolic disturbances, to include overdosages and intoxication syndromes
3. Anaphylaxis and acute allergic reactions in the critical care unit
4. Cardiovascular disease in the critical care unit
5. Circulatory failure
6. Detection and prevention of iatrogenic and nosocomial problems in critical care medicine
7. Hypertensive emergencies
8. Immunosuppressed conditions in the critical care unit
9. Metabolic, nutritional, and endocrine effects of critical illness
10. Hematologic and coagulation disorders associated with critical illness
11. Multi-system organ failure
12. Renal disorders in the critical care unit, to include electrolyte and acid-base disturbance and acute renal failure
13. Peri-operative critically ill patients, including hemodynamic and ventilator support
14. Sepsis and septic shock
15. Severe organ dysfunction resulting in critical illness, to include disorders of the gastrointestinal, neurologic, endocrine, hematologic, musculoskeletal, and immune systems, as well as infections and malignancies
16. Shock syndrome

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

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1. How will graduating fellows demonstrate competence in the following?
2. End-of-life issues and palliative care
3. Psychosocial and emotional effects of critical illness in patients and patients’ families

Describe how competence will be evaluated in each of the areas listed. (Limit 300 words)

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1. How will graduating fellows demonstrate competence in interpreting data derived from various bedside devices commonly used to monitor patients, and data from laboratory studies related to sputum, bronchopulmonary secretions, and pleural fluid? (Limit 300 words)

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1. How will graduating fellows demonstrate competence in the following procedural and technical skills associated with pulmonary function?
2. Airway management
3. Flexible fiberoptic bronchoscopy procedures, including those with endobronchial and transbronchial biopsies and transbronchial needle aspiration
4. Initiation and maintenance of ventilator support
5. Placement and management of chest tubes and drainage systems
6. Respiratory care techniques
7. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
8. Withdrawal of mechanical ventilator support

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

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

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1. How wikl graduating fellows demonstrate competence in the following critical care procedural and technical skills?
2. Endotracheal intubation
3. Emergency cardioversion
4. Insertion of arterial, central venous, and pulmonary balloon flotation catheters
5. Interpretation of intracranial pressure monitoring
6. Lumbar puncture
7. Nutrition support
8. Operation of bedside hemodynamic monitoring systems
9. Paracentesis
10. Thoracentesis
11. Use of paralytic agents and sedative and analgesic drugs in the critical care unit
12. Use of transcutaneous pacemakers
13. Use of ultrasound techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters

Describe how competence will be evaluated in seven of the areas listed. (Limit 700 words)

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**Medical Knowledge**

* + - 1. How will 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 will 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 will 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 indication for and use of screening tests/procedures? (Limit 300 words)

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1. How will graduating fellows demonstrate knowledge of the indications, contraindications, and complications of placement of percutaneous tracheostomies? (Limit 300 words)

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1. How will graduating fellows demonstrate knowledge of the imaging techniques commonly employed in the evaluation of patients with pulmonary disease or critical illness, including the use of ultrasound? (Limit 300 words)

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1. How will graduating fellows demonstrate knowledge of monitoring and supervising special services, including respiratory care units; pulmonary function laboratories, including quality control, quality assurance, and competence standards; and respiratory care techniques and services? (Limit 400 words)

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1. How will graduating fellows demonstrate knowledge of basic science with emphasis on biochemistry, physiology, genetics and molecular biology as related to pulmonary disease; developmental biology; and pulmonary physiology, including cell and molecular biology and immunology? (Limit 400 words)

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1. How will graduating fellows demonstrate knowledge of the following?
2. Arterial, central venous, and pulmonary artery balloon flotation catheters
3. Ethical, economic, and legal aspects of critical illness
4. Indications, complications, and outcomes of lung transplantation
5. Pericardiocentesis
6. Percutaneous needle biopsies
7. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness
8. Principles and techniques of administration and management of a MICU
9. Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents
10. Renal replacement therapy
11. The psychosocial and emotional effects of critical illness on patients and patients’ families.

Describe how knowledge will be evaluated in five of the areas listed. (Limit 500 words)

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1. How will graduating fellows demonstrate knowledge of 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 will 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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1. How will graduating fellows demonstrate the ability to obtain procedure-specific informed consent by competently educating patients about rationale, techniques, and complications of procedures? (Limit 300 words).

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**Interpersonal and Communication Skills**

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

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**Systems-Based Practice**

1. How will 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. How will the program ensure the didactic curriculum is based upon core knowledge content in pulmonary disease and critical care medicine? (Limit 300 words)

|  |
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| Click here to enter text. |

1. Will all fellows have the following?
2. Opportunity to review topics covered in conferences they are unable to attend [ ] YES [ ] NO
3. A sufficient number of conferences to ensure fellow-to-fellow interaction [ ] YES [ ] NO
4. A sufficient number of conferences to ensure faculty member-to-fellow interaction [ ] YES [ ] NO

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

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**Clinical Experiences**

* + - 1. How will the program ensure that rotations are structured to:
1. allow fellows to function as part of an effective interprofessional team;
2. minimize conflicting inpatient 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 will be achieved. (Limit 300 words)

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1. Will 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. Opportunities to manage adult patient with a wide variety of serious illnesses in a critical care setting [ ] YES [ ] NO
				4. Training using simulation [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will all fellows have the following?
2. At least 18 months of clinical experience [ ] YES [ ] NO
3. At least nine months of patient care responsibility for inpatients and outpatients with a wide variety of pulmonary diseases [ ] YES [ ] NO
4. At least nine months in critical care medicine [ ] YES [ ] NO
5. At least six months devoted to the care of critically ill medical patients [ ] YES [ ] NO
6. At least three months devoted to the care of critically ill non-medical patients [ ] YES [ ] NO
7. Experience as a pulmonary disease consultant [ ] YES [ ] NO
8. Experience as a critical care medicine consultant in the inpatient setting [ ] YES [ ] NO
9. Training using simulation [ ] YES [ ] NO

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

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1. How many months of required intensive care unit experiences will all fellows have?

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| Click here to enter text. |

1. Will fellows’ clinical experiences include the following?
	* + - 1. Continuing responsibility for acutely ill pulmonary patients [ ] YES [ ] NO
2. Continuing responsibility for chronically ill pulmonary patients [ ] YES [ ] NO
3. Managing adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting [ ] YES [ ] NO
4. Examination and interpretation of lung tissue for infectious agents, cytology, and histopathology [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Will all fellows have clinical experience in management and evaluation of patients:
2. following discharge from the burn unit? [ ] YES [ ] NO
3. that are undergoing pulmonary rehabilitation? [ ] YES [ ] NO
4. with critical obstetric and gynecologic disorders? [ ] YES [ ] NO
5. with genetic and developmental disorders of the respiratory system, including cystic fibrosis?

 [ ] YES [ ] NO

1. with neurosurgical emergencies? [ ] YES [ ] NO
2. with trauma? [ ] YES [ ] NO
3. with tracheostomies? [ ] YES [ ] NO

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

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1. Will fellows have a structured continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of pulmonary critical care medicine? [ ] YES [ ] NO
2. Will fellows have an average of one half-day per week in the ambulatory clinic throughout the educational program? [ ] YES [ ] NO

Explain if ‘NO’. (Limit 250 words)

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| Click here to enter text. |

1. Will fellows be informed of the status of their continuity patients when such patients are hospitalized?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Scholarly Activity**

How will 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 will the program ensure direct supervision of procedures performed by each fellow will occur 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 will 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 Pulmonary Disease and Critical Care Medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of practice in pulmonary disease and critical care 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 Y-4c) 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 will be monitored, explain how this is to be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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| Click here to enter text. |