**Continued 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 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 Pulmonary Disease 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).

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| Program Name:Click here to enter text. |

**Table of Contents**

When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty Continued Application**   | **Page(s)**   |
| **Int. Introduction** | # |
| Duration of Education | # |
| **I. Institution** | # |
| I.A. Sponsoring Institution | # |
| I.B. Participating Sites | NA |
| **II. Program Personnel and Resources** | # |
| II.A. Program Director | # |
| II.B. Faculty | # |
| II.C. Other Program Personnel | # |
| II.D. Resources | # |
| **III. Fellow Appointment** | # |
| III.A. Eligibility Criteria | #  |
| III.B. Number of Fellows | NA |
| **IV. Specialty-Specific Educational Program** | # |
| IV.A. ACGME-I Competencies | # |
| IV.B. Regularly Scheduled Educational Activities | # |
| IV.C. Clinical Experiences | # |
| IV.D. Scholarly Activity | # |
| **V. Evaluation** | NA |
| **VI. The Learning and Working Environment** | # |
| ​​​​​​VI.A. Principles | NA |
| ​​​​​​VI.B. Patient Safety | NA |
| ​​​​​​VI.C. Quality Improvement | NA |
| ​​​​​​VI.D. Supervision and Accountability | ​​​​​​ # |
| ​​​​​​VI.E. Professionalism | NA |
| ​​​​​​VI.F. Well-Being | NA |
| ​​​​​​VI.G. Fatigue | NA |
| ​​​​​​VI.H. Transitions of Care | NA |
| ​​​​​​VI.I. Clinical Experience and Education | NA |
| VI.J. On-Call Activities | NA |
| Appendix A. Formal Didactic Sessions by Academic Year | # |

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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 an item. |

**Institutions**

**Sponsoring Institutions**

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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| Click here to enter text. |

1. Does the primary clinical site have at least three ACGME-I-accredited subspecialty programs from among the following?
	1. Cardiovascular disease [ ] YES [ ] NO
	2. Gastroenterology [ ] YES [ ] NO
	3. Infectious disease [ ] YES [ ] NO
	4. Nephrology [ ] YES [ ] NO
	5. Pulmonary disease [ ] YES [ ] NO

Explain if at least three of the above are not present. (Limit 250 words)

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1. Is the fellowship within a department of internal medicine or administrative unit whose primary mission is the advancement of internal medicine subspecialty education? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. How does the Sponsoring Institution provide the program director with adequate support for the administrative activities associated with the fellowship? (Limit 250 words)

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1. Do the Sponsoring Institution and participating sites share appropriate inpatient and outpatient faculty performance data with the program director? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Program Director**

1. How does the program director monitor fellow stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction? (Limit 300 words)

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| Click here to enter text. |

1. How does the program director ensure fellows have access to timely confidential counseling and psychological support services? (Limit 300 words)

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1. Does the program director:
2. ensure that fellows’ service responsibilities are limited to patients for whom the teaching service has diagnostic and therapeutic responsibility? [ ] YES [ ] NO
3. evaluate and modify situations that demand excessive service? [ ] YES [ ] NO
4. evaluate and modify situations that produce undesirable stress on fellows? [ ] YES [ ] NO
5. participate in academic societies and educational programs designed to enhance educational and administrative skills? [ ] YES [ ] NO

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

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| Click here to enter text. |

**Faculty**

1. Do faculty members teach and supervise fellows in the performance and interpretation of procedures?

 [ ] YES [ ] NO

1. Are procedures, including indications, complications, post-procedural diagnoses, and supervisor(s), documented in each fellow’s records? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 1 and 2. (Limit 250 words)

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1. In addition to the program director, how many core faculty members are there? (Limit 250 words)

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1. Do core faculty members:
2. assist the program director in planning, implementing, monitoring, and evaluating fellows’ clinical and research education? [ ] YES [ ] NO
3. include active clinicians with knowledge of, experience in, and commitment to pulmonary disease and/or critical care medicine as a specialty? [ ] YES [ ] NO
4. include one individual who is knowledgeable in evaluation and assessment of the ACGME-I Competencies and who devotes significant time to evaluating fellows, including by direct observation? [ ] YES [ ] NO

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

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| Click here to enter text. |

1. Do clinical faculty members from the following specialties regularly participate in the program?
2. Cardiology [ ] YES [ ] NO
3. Gastroenterology [ ] YES [ ] NO
4. Hematology [ ] YES [ ] NO
5. Infectious disease [ ] 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. Are clinical faculty members from the following specialties 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. Are services from the following health care professionals available to the program?
2. Dietitian(s) [ ] YES [ ] NO
3. Language interpreter(s) [ ] YES [ ] NO
4. Nurse(s) [ ] YES [ ] NO
5. Occupational therapist(s) [ ] YES [ ] NO
6. Physical therapist(s) [ ] YES [ ] NO
7. Social worker(s) [ ] YES [ ] NO

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

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| Click here to enter text. |

1. How does the program ensure there is appropriate and timely consultation from other specialties? (Limit 300 words)

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| Click here to enter text. |

**Resources**

1. How does the Sponsoring Institution ensure a broad range of facilities and clinical support services that provide comprehensive care of adult patients is available to the program? (Limit 300 words)

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| Click here to enter text. |

1. How does the program ensure inpatient and outpatient systems are in place to prevent fellows from performing routine clerical functions? (Limit 300 words)

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| Click here to enter text. |

1. Are critical care units:
2. designed and constructed specifically for the care of critically ill patients? [ ] YES [ ] NO
3. located in a designated area within the hospital? [ ] YES [ ] NO
4. the focus of the teaching service in a medical intensive care unit (MICU) or its equivalent at the primary clinical site? [ ] YES [ ] NO

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

|  |
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| Click here to enter text. |

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

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

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| Click here to enter text. |

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
|  Active emergency medicine service | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| An 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 complete and prompt 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 |
| Computed tomography (CT) imaging, including CT angiography | [ ]  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 recent open heart 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 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 |
| General surgical support  | [ ]  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 |
| Nutritional 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 services | [ ]  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 |
| 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 |
| Specially-trained nurses and technicians skilled in critical care instrumentation, respiratory function, and laboratory medicine | [ ]  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. How does the program ensure a sufficient number of patients of all genders, a broad range of ages, and with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting are available for the education of fellows? (Limit 300 words)

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1. What is the average daily patient census per fellow during assignments to critical care units? (Limit 250 words)

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**Fellow Appointment**

**Eligibility Criteria**

1. How does 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 do 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?

Describe how this will be evaluated. (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?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the practice in health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness?

Describe how competence is evaluated. (Limit 300 words)

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| Click here to enter text. |

1. How do 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, including asthma, bronchitis, emphysema, and bronchiectasis
7. Occupational and environmental lung diseases
8. Pulmonary embolism and pulmonary embolic disease
9. Pulmonary infections, to include tuberculosis, fundal, and infections in the immunocompromised host, such as human immunodeficiency virus (HIV) infection-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 primary and secondary 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

Provide examples of how competence is assessed in five of the areas listed. (Limit 500 words)

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| Click here to enter text. |

1. How do 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 sepsis syndromes
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

Provide examples of how competence is assessed in five of the areas listed. (Limit 500 words)

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| Click here to enter text. |

1. How do 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 their families

Provide examples of how competence is assessed in each of the areas listed. (Limit 300 words)

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1. How do 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 do graduating fellows demonstrate competence in the following procedural and technical skills associated with pulmonary function?
2. Airway management
3. Flexible fiber-optic bronchoscopy procedures, including those with endobronchial and transbronchial biopsies and transbronchial needle aspiration
4. Initiation and maintenance of ventilator support
5. Respiratory care techniques
6. Use of chest tubes and drainage systems
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

Provide examples of how competence is assessed in four of the 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 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 do 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. Nutritional 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

Provide examples of how competence is assessed in seven of the areas listed. (Limit 700 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?

Describe how knowledge is evaluated. (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?

Describe how knowledge is evaluated. (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 indication for and use of screening tests/procedures?

Describe how knowledge is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the indications, contraindications, and complications of placement of percutaneous tracheostomies?

Describe how knowledge is evaluated. (Limit 300 words)

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1. How do 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?

Describe how knowledge is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of monitoring and supervising special services, including respiratory care units; pulmonary function laboratories, to include quality control, quality assurance, and competence standards; and respiratory care techniques and services?

Describe how knowledge is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of basic science with emphasis on genetics and molecular biology as relates to pulmonary disease; developmental biology; and pulmonary physiology, to include cell and molecular biology and immunology?

Describe how knowledge is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the following?
2. Ethical, economic, and legal aspects of critical illness
3. Indications, complications and outtomes of lung ttransplantation
4. Pericardiocentesis
5. Percutaneous needle biopsies
6. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness
7. Principles and techniques of administration and management of a MICU
8. Recognition and management of the critically-ill from disasters, including those caused by chemical and biological agents
9. Renal replacement therapy
10. The psychosocial and emotional effects of critical illness on patients and their families.

Provide examples of how knowledge is assessed in five of the areas listed. (Limit 500 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?

Describe how these skills are evaluated. (Limit 300 words).

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1. How do graduating fellows demonstrate the ability to obtain procedure-specific informed consent by competently educating patients about rationale, techniques, and complications of procedures?

Describe how these skills are evaluated. (Limit 300 words).

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| Click here to enter text. |

**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, their families, and other health professionals?

Describe how this is evaluated. (Limit 300 words)

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| Click here to enter text. |

**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?

Describe how this is evaluated. (Limit 300 words)

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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How does 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. Do all fellows:
2. have the opportunity to review topics covered in conferences they are unable to attend?

 [ ] YES [ ] NO

1. participate in clinical case conferences? [ ] YES [ ] NO
2. participate in journal clubs? [ ] YES [ ] NO
3. participate in morbidity and mortality or quality improvement conferences? [ ] YES [ ] NO
4. participate in research conferences? [ ] YES [ ] NO

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

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| Click here to enter text. |

**Clinical Experiences**

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

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

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| Click here to enter text. |

1. How many months of required intensive care unit experiences do all fellows have? (Limit 250 words)

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| Click here to enter text. |

1. Do 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. Do 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

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

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1. Do fellows have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of pulmonary critical care medicine? [ ] YES [ ] NO
2. Does the experience described in Question 5 above include an appropriate distribution of patients of all genders and a diversity of ages? [ ] YES [ ] NO
3. Do fellows have an average of one half-day per week in the ambulatory clinic throughout the educational program? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 5-7 above. (Limit 250 words)

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1. How does the program ensure that each fellow, on average, is responsible for four to eight patients during each half-day ambulatory clinic session? (Limit 300 words)

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1. Are fellows 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**

1. How does the program ensure that at least 50 percent of the faculty, averaged over three years, demonstrates evidence of scholarship, including peer-reviewed funding, or publishing original research, review articles, editorials, case reports in peer-reviewed journals, or chapters in textbooks? (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:**

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

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