**New Application: Pulmonary Disease**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| 1. Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.b)]
 |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | [ ]  YES [ ]  NO |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.b)] | [ ]  YES [ ]  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** |
| Pulmonary function testing laboratory [PR I.D.1.b).(5)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Bronchoscopy suite, including appropriate space and staffing for pulmonary procedure [PR I.D.1.b).(6)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Critical care services [PR I.D.1.b).(7)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Postoperative care services [PR I.D.1.b).(7)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Respiratory care services [PR I.D.1.b).(7)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Supporting laboratory to provide complete and prompt laboratory evaluation [PR I.D.1.c).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Bedside imaging services for patients in the critical care units [PR I.D.1.c).(2)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Pathology services [PR I.D.1.d).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Pathology services including exfoliative cytology [PR I.D.1.d).(1)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Thoracic surgery service [PR I.D.1.d).(2)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Laboratory for sleep-related breathing disorders [PR I.D.1.d).(3)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Anesthesiology services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Immunology services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Laboratory medicine services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Microbiology services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Occupational medicine services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Otolaryngology services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Physical and Rehabilitation medicine services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Radiology services [PR I.D.1.d).(4)] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | [ ]  YES [ ]  NO |
| What is the percentage of program director support? [PR II.A.2.c)] | % |

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | [ ]  YES [ ]  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following disorders?

|  |  |
| --- | --- |
| Acute lung injury, including radiation, inhalation, and trauma [PR IV.B.1.b).(1).(b).(i)] | [ ]  YES [ ]  NO |
| Management of circulatory failure [PR IV.B.1.b).(1).(b).(ii)] | [ ]  YES [ ]  NO |
| Diffuse interstitial lung disease [PR IV.B.1.b).(1).(b).(iii)] | [ ]  YES [ ]  NO |
| Disorders of the pleura and the mediastinum [PR IV.B.1.b).(1).(b).(iv)] | [ ]  YES [ ]  NO |
| Iatrogenic respiratory diseases, including drug -induced disease [PR IV.B.1.b).(1).(b).(v)] | [ ]  YES [ ]  NO |
| Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis [PR IV.B.1.b).(1).(b).(vi).(a)] | [ ]  YES [ ]  NO |
| Occupational and environmental lung diseases [PR IV.B.1.b).(1).(b).(vii)] | [ ]  YES [ ]  NO |
| Pulmonary embolism and pulmonary embolic disease [PR IV.B.1.b).(1).(b).(viii)] | [ ]  YES [ ]  NO |
| Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host (e.g., human immunodeficiency virus-related infections) [PR IV.B.1.b).(1).(b).(ix).(a)] | [ ]  YES [ ]  NO |
| Pulmonary malignancy - primary and metastatic [PR IV.B.1.b).(1).(b).(x)] | [ ]  YES [ ]  NO |
| Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs [PR IV.B.1.b).(1).(b).(xi)] | [ ]  YES [ ]  NO |
| Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes [PR IV.B.1.b).(1).(b).(xii).(a)] | [ ]  YES [ ]  NO |
| Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders [PR IV.B.1.b).(1).(b).(xiii)] | [ ]  YES [ ]  NO |
| Sleep-disordered breathing [PR IV.B.1.b).(1).(b).(xiv)] | [ ]  YES [ ]  NO |

For the procedures/technical skills listed, indicate whether instruction will be provided for fellows, and if proficiency will be documented in a logbook or equivalent method, when it is required.

|  |  |
| --- | --- |
| Interpreting data derived from various bedside devices commonly employed to monitor patients, as well as data from laboratory studies related to sputum, bronchopulmonary secretions, pleural fluid instruction provided? [PR IV.B.1.b).(2).(a)] | [ ]  YES [ ]  NO |
| Interpreting data derived from various bedside devices commonly employed to monitor patients, as well as data from laboratory studies related to sputum, bronchopulmonary secretions, pleural fluid proficiency documented? [PR IV.B.1.b).(2).(a)] | [ ]  YES [ ]  NO |
| Airway management instruction provided? [PR IV.B.1.b).(2).(b).(i)] | [ ]  YES [ ]  NO |
| Airway management proficiency documented? [PR IV.B.1.b).(2).(b).(i)] | [ ]  YES [ ]  NO |
| The use of a variety of positive pressure ventilatory modes, including initiation and maintenance of ventilator support instruction provided? [PR IV.B.1.b).(2).(b).(ii).(a)] | [ ]  YES [ ]  NO |
| The use of a variety of positive pressure ventilatory modes, including initiation and maintenance of ventilator support proficiency documented? [PR IV.B.1.b).(2).(b).(ii).(a)] | [ ]  YES [ ]  NO |
| Respiratory care techniques instruction provided? [PR IV.B.1.b).(2).(b).(ii).(b)] | [ ]  YES [ ]  NO |
| Respiratory care techniques proficiency documented? [PR IV.B.1.b).(2).(b).(ii).(b)] | [ ]  YES [ ]  NO |
| Withdrawal of mechanical ventilatory support instruction provided? [PR IV.B.1.b).(2).(b).(ii).(c)] | [ ]  YES [ ]  NO |
| Withdrawal of mechanical ventilatory support proficiency documented? [PR IV.B.1.b).(2).(b).(ii).(c)] | [ ]  YES [ ]  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry instruction provided? [PR IV.B.1.b).(2).(b).(iii)] | [ ]  YES [ ]  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry proficiency documented? [PR IV.B.1.b).(2).(b).(iii)] | [ ]  YES [ ]  NO |
| Flexible fiber-optic bronchoscopy procedures instruction provided? [PR IV.B.1.b).(2).(b).(iv)] | [ ]  YES [ ]  NO |
| Flexible fiber-optic bronchoscopy procedures proficiency documented? [PR IV.B.1.b).(2).(b).(iv)] | [ ]  YES [ ]  NO |
| How many flexible fiber-optic bronchoscopy procedures will each fellow perform during the training program? [PR IV.B.1.b).(2).(b).(iv)] | # |
| Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, exercise studies, and interpretation of the results of bronchoprovocation testing using methacholine or histamine instruction provided? [PR IV.B.1.b).(2).(b).(v)- IV.B.1.b).(2).(b).(v).(a)] | [ ]  YES [ ]  NO |
| 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 proficiency documented? [PR IV.B.1.b).(2).(b).(v)- IV.B.1.b).(2).(b).(v).(a)] | [ ]  YES [ ]  NO |
| Endotracheal intubation instruction provided? [PR IV.B.1.b).(2).(b).(vi).(a)]  | [ ]  YES [ ]  NO |
| Endotracheal intubation proficiency documented? [PR IV.B.1.b).(2).(b).(vi).(a)] | [ ]  YES [ ]  NO |
| Thoracentesis instruction provided? [PR IV.B.1.b).(2).(b).(vi).(a)] | [ ]  YES [ ]  NO |
| Thoracentesis proficiency documented? [PR IV.B.1.b).(2).(b).(vi).(a)] | [ ]  YES [ ]  NO |
| Chest tubes and drainage systems instruction provided? [PR IV.B.1.b).(2).(b).(vii)] | [ ]  YES [ ]  NO |
| Chest tubes and drainage systems proficiency documented? [PR IV.B.1.b).(2).(b).(vii)] | [ ]  YES [ ]  NO |
| Insertion of arterial catheters instruction provided? [PR IV.B.1.b).(2).(b).(viii)] | [ ]  YES [ ]  NO |
| Insertion of arterial catheters proficiency documented? [PR IV.B.1.b).(2).(b).(viii)] | [ ]  YES [ ]  NO |
| Insertion of central venous catheters instruction provided? [PR IV.B.1.b).(2).(b).(viii)] | [ ]  YES [ ]  NO |
| Insertion of central venous catheters proficiency documented? [PR IV.B.1.b).(2).(b).(viii)] | [ ]  YES [ ]  NO |
| Pulmonary artery balloon flotation catheters instruction provided? [PR IV.B.1.b).(2).(b).(viii)] | [ ]  YES [ ]  NO |
| Pulmonary artery balloon flotation catheters proficiency documented? [PR IV.B.1.b).(2).(b).(viii)] | [ ]  YES [ ]  NO |
| Operation of hemodynamic bedside monitoring systems instruction provided? [PR IV.B.1.b).(2).(b).(ix)] | [ ]  YES [ ]  NO |
| Operation of hemodynamic bedside monitoring systems proficiency documented? [PR IV.B.1.b).(2).(b).(ix)] | [ ]  YES [ ]  NO |
| Emergency cardioversion instruction provided? [PR IV.B.1.b).(2).(b).(x)] | [ ]  YES [ ]  NO |
| Emergency cardioversion proficiency documented? [PR IV.B.1.b).(2).(b).(x)] | [ ]  YES [ ]  NO |
| Use of ultrasound techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters instruction provided? [PR IV.B.1.b).(2).(b).(xi)] | [ ]  YES [ ]  NO |
| Use of ultrasound techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters proficiency documented? [PR IV.B.1.b).(2).(b).(xi)] | [ ]  YES [ ]  NO |
| Use of transcutaneous pacemaker’s instruction provided? [PR IV.B.1.b).(2).(b).(xii)] | [ ]  YES [ ]  NO |
| Use of transcutaneous pacemaker’s proficiency documented? [PR IV.B.1.b).(2).(b).(xii)] | [ ]  YES [ ]  NO |

**Practice-Based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

|  |
| --- |
| Click or tap here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click or tap here to enter text. |

**Systems Based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f] (Limit response to 400 words)

|  |
| --- |
| Click or tap here to enter text. |

**Medical Knowledge**

Will fellows demonstrate knowledge on the basic sciences, with particular emphasis on:

|  |  |
| --- | --- |
| Genetics and molecular biology as they relate to pulmonary diseases [PR IV.B.1.c).(3).(b).(i)] | [ ]  YES [ ]  NO |
| Developmental biology [PR IV.B.1.c).(3).(b).(ii)] | [ ]  YES [ ]  NO |
| Pulmonary physiology and pathophysiology in systemic diseases [PR IV.B.1.c).(3).(b).(iii)] | [ ]  YES [ ]  NO |
| Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease [PR IV.B.1.c).(3).(b).(iv)]  | [ ]  YES [ ]  NO |

Will fellows demonstrate knowledge of the following content areas for the items listed below:

|  |  |
| --- | --- |
| Imaging techniques commonly employed in the evaluation of patients with critical illness or pulmonary diseases, including the use of ultrasound [PR IV.B.1.c).(3).(a) ] | [ ]  YES [ ]  NO |
| Indications, complications and outcomes of lung transplantation [PR IV.B.1.c).(3).(c)]  | [ ]  YES [ ]  NO |
| Recognition and management of the critically ill from disasters, including those disasters caused by chemical and biological agents [PR IV.B.1.c).(3).(d)] | [ ]  YES [ ]  NO |
| Psychosocial and emotional effects of critical illness on patients and their families [PR IV.B.1.c).(3).(e)] | [ ]  YES [ ]  NO |
| Ethical, economic and legal aspects of critical illness [PR IV.B.1.c).(3).(f)] | [ ]  YES [ ]  NO |

**Curriculum Organization and Fellow Experiences**

|  |  |
| --- | --- |
| How many months of training will the fellowship program devote to clinical experiences? [PR IV.C.3.] | # |
| How many months of training will the fellowship program provide each fellow in the medical intensive care unit? [PR IV.C.3.a) | # |
| How many months of training will the fellowship program provide each fellow in non-critical care pulmonary disease rotations? [PR IV.C.3.b)] | # |

Will fellows receive clinical experience in the evaluation, and management of patients with the following?

|  |  |
| --- | --- |
| Genetic and developmental disorders of the respiratory system, including cystic fibrosis [PR IV.C.5.a)] | [ ]  YES [ ]  NO |
| Pulmonary rehabilitation [PR IV.C.5.b)] | [ ]  YES [ ]  NO |

Monitoring and supervising special services:

|  |  |
| --- | --- |
| Respiratory care units [PR IV.C.7.a)] | [ ]  YES [ ]  NO |
| Respiratory care techniques and services [PR IV.C.7.b)] | [ ]  YES [ ]  NO |
| Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards [PR IV.C.7.c)] | [ ]  YES [ ]  NO |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences [PR IV.C.12.b)]

|  |  |
| --- | --- |
| Core Curriculum Conference Series | [ ]  YES [ ]  NO |
| Clinical Case Conferences  | [ ]  YES [ ]  NO |
| Research Conferences | [ ]  YES [ ]  NO |
| Journal Club | [ ]  YES [ ]  NO |
| Morbidity and Mortality Conferences | [ ]  YES [ ]  NO |
| Quality Improvement Conferences | [ ]  YES [ ]  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.12.c)] | [ ]  YES [ ]  NO |

|  |
| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.12.a)] |
| Click here to enter text. |

**Educational Program Narrative**

|  |
| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.12.] |
| Click here to enter text. |

|  |
| --- |
| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.13.b)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.14.] | [ ]  YES [ ]  NO |

**Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

|  |  |
| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR V.A.1.a).(2)] | [ ]  YES [ ]  NO |

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| --- |
| Describe the method for assessment of procedural competence. [PR V.A.1.a).(2)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)  | [ ]  YES [ ]  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the faculty evaluations be written and confidential? [PR V.B.1.b)] | [ ]  YES [ ]  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR V.B.2.] | [ ]  YES [ ]  NO |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D.] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
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