**New Application: Pulmonary Disease and Critical Care Medicine**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the reporting relationship between the fellowship program director and the internal medicine residency program director. [PR I.B.1.d)] (Limit response to 300 words) |
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**Resources**

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

Explain any “NO” responses. (Limit response to 250 words)

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Complete the following table. Use site numbers as they appear in the Accreditation Data System (ADS) for the participating sites used by the program.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Will the following facilities/laboratories/resources be available?** | | | | | | |
| An accredited internal medicine-cardiovascular disease program [PR I.B.1.b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| An accredited internal medicine-gastroenterology program [PR I.B.1.b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| An accredited internal medicine-infectious disease program [PR I.B.1.b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| An accredited internal medicine-nephrology program [PR I.B.1.b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| A supporting diagnostic 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 |
| Pulmonary function testing laboratory [PR I.D.1.c).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Timely bedside imaging services available to all patients in the critical care units [PR I.D.1.c).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Computed tomography (CT) imaging, including CT angiography [PR I.D.1.c).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Bronchoscopy suite, including appropriate space and staffing for pulmonary procedures [PR I.D.1.c).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| An active open heart surgery program [PR I.D.1.d).(1).(a)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Diagnostic sleep laboratory for sleep disorders [PR I.D.1.d).(1).(b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Pathology services, including exfoliative cytology [PR I.D.1.d).(1).(c)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Thoracic surgery service [PR I.D.1.d).(1).(d)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Active emergency medicine service [PR I.D.1.d).(1).(e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Post-operative care services [PR I.D.1.d).(1).(f)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Respiratory care services [PR I.D.1.d).(1).(f)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Nutritional support services [PR I.D.1.d).(1).(g)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Surgical intensive care unit (SICU) [PR I.D.1.d).(2).(a)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Coronary intensive care unit (CICU) [PR I.D.1.d).(2).(a)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Medical intensive care unit (MICU) [PR I.D.1.d).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities to care for patients with acute myocardial infarction [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities to care for patients with severe trauma [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities to care for patients with shock [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities to care for patients with recent open heart surgery [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities to care for patients with recent major thoracic or abdominal surgery [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities to care for patients with severe neurologic and neurosurgical conditions [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Anesthesiology services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Immunology services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Laboratory medicine services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Microbiology services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Occupational medicine services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Otolaryngology services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Pathology services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Physical and rehabilitation medicine services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Radiology services [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Electronic health record? [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to training using simulation [PR IV.C.5.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

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| If at the primary clinical site there are fewer than two ACGME-accredited programs in the noted internal medicine subspecialties (cardiovascular disease, gastroenterology, infectious diseases, nephrology), explain how the program will ensure the fellows are educated in a multidisciplinary clinical environment with the opportunity to interact with and learn from other subspecialty fellows and faculty members as they provide care to critically-ill patients. [PR I.B.1.b)] (Limit response to 500 words) |
| Click here to enter text. |

If any of the above facilities/laboratories/resources are not available at the primary clinical site, explain how the program will ensure these resources are available for fellows’ education. (Limit response to 250 words)

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**Personnel**

**Other Faculty**

Indicate if faculty members from the following disciplines will participate in the program. [PR II.B.3.d).(1).(b)]

|  |  |
| --- | --- |
| Anesthesiology | YES  NO |
| Cardiovascular surgery | YES  NO |
| Emergency medicine | YES  NO |
| General surgery | YES  NO |
| Neurological surgery | YES  NO |
| Neurology | YES  NO |
| Obstetrics and gynecology | YES  NO |
| Orthopaedic surgery | YES  NO |
| Thoracic surgery | YES  NO |
| Urology | YES  NO |
| Vascular surgery | YES  NO |

|  |  |
| --- | --- |
| Will there be specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine? [PR II.D.2] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**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?

|  |  |
| --- | --- |
| Acute lung injury, including radiation, inhalation, and trauma [PR IV.B.1.b).(1).(b).(i)] | YES  NO |
| Acute metabolic disturbances, including overdosages and intoxication syndrome [PR IV.B.1.b).(1).(b).(ii)-(ii).(a)] | YES  NO |
| Anaphylaxis and acute allergic reactions [PR IV.B.1.b).(1).(b).(iii)] | YES  NO |
| Cardiovascular diseases in the critical care unit [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Circulatory failure [PR IV.B.1.b).(1).(b).(v)] | YES  NO |
| Iatrogenic and nosocomial problems in critical care medicine [PR IV.B.1.b).(1).(b).(vi)] | YES  NO |
| Diffuse interstitial lung disease [PR IV.B.1.b).(1).(b).(vii)] | YES  NO |
| Disorders of the pleura and mediastinum [PR IV.B.1.b).(1).(b).(viii)] | YES  NO |
| End-of-life issues and palliative care [PR IV.B.1.b).(1).(b).(ix)] | YES  NO |
| Hypertensive emergencies [PR IV.B.1.b).(1).(b).(x)] | YES  NO |
| Iatrogenic respiratory diseases, including drug-induced disease [PR IV.B.1.b).(1).(b).(xi)-(xi).(a)] | YES  NO |
| Metabolic, nutritional, and endocrine effects of critical illnesses [PR IV.B.1.b).(1).(b).(xiii)] | YES  NO |
| Hematologic and coagulation disorders associated with critical illness [PR IV.B.1.b).(1).(b).(xiii)] | YES  NO |
| Multi-organ system failure [PR IV.B.1.b).(1).(b).(xiv)] | YES  NO |
| Obstructive lung diseases, including asthma, bronchitis, emphysema, and bronchiectasis [PR IV.B.1.b).(1).(b).(xv)-(xv).(a)] | YES  NO |
| Occupational and environmental lung diseases [PR IV.B.1.b).(1).(b).(xvi)] | YES  NO |
| Perioperative critically-ill patients, including hemodynamic and ventilatory support [PR IV.B.1.b).(1).(b).(xvii)-(xvii).(a)] | YES  NO |
| Psychosocial and emotional effects of critical illnesses on patients and their families [PR IV.B.1.b).(1).(b).(xviii)] | YES  NO |
| Pulmonary embolism and pulmonary embolic disease [PR IV.B.1.b).(1).(b).(xix)] | 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).(xx)] | YES  NO |
| Pulmonary malignancy, both primary and metastatic [PR IV.B.1.b).(1).(b).(xxi)] | 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).(xxii)-(xxii).(a)] | 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).(xxiii)-(xxiii).(a)] | YES  NO |
| Renal disorders in the critical care unit, including electrolyte and acid-base disorders [PR IV.B.1.b).(1).(b).(xxiv)] | 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).(xxv)-(xxv).(a)] | YES  NO |
| Sepsis and sepsis syndrome [PR IV.B.1.b).(1).(b).(xxvi)] | YES  NO |
| 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 [PR IV.B.1.b).(1).(b).(xxvii)] | YES  NO |
| Shock syndromes [PR IV.B.1.b).(1).(b).(xxviii)] | YES  NO |
| Sleep-disordered breathing [PR IV.B.1.b).(1).(b).(xxix)] | YES  NO |
| Use of paralytic agents and sedative and analgesic drugs [PR IV.B.1.b).(2).(b).(xiv)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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

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| **Procedure/Technical Skills** | **Instruction Provided?** | **Competence Documented?** |
| Airway management [PR IV.B.1.b).(2).(b).(i)] | YES  NO | YES  NO |
| Initiation and maintenance of ventilatory support [PR IV.B.1.b).(2).(b).(i)] | YES  NO | YES  NO |
| Respiratory care techniques [PR IV.B.1.b).(2).(b).(ii).(a)] | YES  NO | YES  NO |
| Withdrawal of mechanical ventilatory support [PR IV.B.1.b).(2).(b).(ii).(c)] | YES  NO | YES  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry [PR IV.B.1.b).(2).(b).(iii)] | YES  NO | YES  NO |
| Flexible fiber-optic bronchoscopy procedures [PR IV.B.1.b).(2).(b).(iv)] | YES  NO | 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, exercise studies, and the interpretation of the results of bronchoprovocation testing using methacholine or histamine [PR IV.B.1.b).(2).(b).(v)-(v).(a)] | YES  NO | YES  NO |
| Endotracheal intubation [PR IV.B.1.b).(2).(b).(vi).(a)] | YES  NO | YES  NO |
| Use of chest tubes and drainage systems [PR IV.B.1.b).(2).(b).(vii)] | YES  NO | YES  NO |
| Operation of bedside hemodynamic monitoring systems [PR IV.B.1.b).(2).(b).(viii)] | YES  NO | YES  NO |
| Emergency cardioversion [PR IV.B.1.b).(2).(b).(ix)] | YES  NO | YES  NO |
| Interpretation of intracranial pressure monitoring [PR IV.B.1.b).(2).(b).(x)] | YES  NO | YES  NO |
| Nutritional support [PR IV.B.1.b).(2).(b).(xi)] | YES  NO | YES  NO |
| Thoracentesis [PR IV.B.1.b).(2).(b).(xii)] | YES  NO | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How many fiber-optic bronchoscopy procedures will be performed by each fellow? [PR IV.B.1.b).(2).(iv)] | # |

Will fellows demonstrate knowledge of the following?

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| --- | --- |
| Use of transvenous pacemakers [PR IV.B.1.b).(2).(b).(xiv)] | YES  NO |
| Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders [PR IV.B.1.c).(5).(a)] | YES  NO |
| Indications, complications, and outcomes of lung transplantation [PR IV.B.1.c).(5).(d)] | YES  NO |
| Pericardiocentesis [PR IV.B.1.c).(5).(e)] | YES  NO |
| Percutaneous needle biopsies [PR IV.B.1.c).(5).(f)] | YES  NO |
| Renal replacement therapy [PR IV.B.1.c).(5).(g)] | YES  NO |
| Pharmacodynamics [PR IV.B.1.c).(5).(h)] | YES  NO |
| Pharmacokinetics [PR IV.B.1.c).(5).(h)] | YES  NO |
| Drug metabolism and excretion in critical illness [PR IV.B.1.c).(5).(h)] | YES  NO |
| Principles and techniques of administration and management of a MICU [PR IV.B.1.c).(5).(i)] | YES  NO |
| Ethical, economic, and legal aspects of critical illness [PR IV.B.1.c).(5).(j)] | YES  NO |
| Recognition and management of the critically-ill from disasters, including those caused by chemical and biological agents [IV.B.1.c).(5).(k)-(k).(i)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of monitoring and supervising special services, including the following?

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| Respiratory care units [PR IV.B.1.c).(5).(b).(i)] | YES  NO |
| Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards [PR IV.B.1.c).(5).(b).(ii)] | YES  NO |
| Respiratory care techniques and services [PR IV.B.1.c).(5).(b).(iii)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will fellows demonstrate knowledge of relevant basic sciences, with particular emphasis on the following?

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| Genetics and molecular biology as they relate to pulmonary diseases [PR IV.B.1.c).(5).(c).(i)] | YES  NO |
| Developmental biology [PR IV.B.1.c).(5).(c).(ii)] | YES  NO |
| Pulmonary physiology and pathophysiology in systemic diseases [PR IV.B.1.c).(5).(c).(iii)] | YES  NO |
| Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease [PR IV.B.1.c).(5).(c).(iv)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Medical Knowledge**

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

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| --- | --- | --- |
| **Procedure/Technical Skills** | **Instruction Provided?** | **Competence Documented?** |
| Insertion of arterial catheters [PR IV.B.1.c).(3)] | YES  NO | YES  NO |
| Insertion of central venous catheters [PR IV.B.1.c).(3)] | YES  NO | YES  NO |
| Insertion of pulmonary artery balloon flotation catheters [PR IV.B.1.c).(3)] | YES  NO | YES  NO |
| Examination and interpretation of lung tissues for infectious agents, cytology, and histopathology [PR IV.C.7] | YES  NO | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Practice-Based Learning and Improvement**

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)

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**Interpersonal and Communication Skills**

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)

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**Systems-based Practice**

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)

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**Curriculum Organization and Fellow Experiences**

Will fellows have clinical experience in the evaluation and management of patients:

|  |  |
| --- | --- |
| With genetic development disorders of the respiratory system, including cystic fibrosis? [PR IV.C.6.c).(1)-(1).(a)] | YES  NO |
| Undergoing pulmonary rehabilitation? [PR IV.C.6.c).(2)] | YES  NO |
| With trauma? [PR IV.C.6.c).(3)] | YES  NO |
| With neurosurgical emergencies? [PR IV.C.6.c).(4)] | YES  NO |
| With critical obstetric and gynecologic disorders? [PR IV.C.6.c).(5)] | YES  NO |
| After discharge from the critical care unit? [PR IV.C.6.c).(6)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How many months of experience will the program provide for each fellow in the care of critically-ill medical patients (i.e., MICU/CICU or equivalent)? [PR IV.C.3.b)] | # |
| How many months of experience will the program provide each fellow in the care of critically-ill non-medical patients (i.e., SICU, burn unit, transplant unit, neurointensive care unit, or equivalent)? [PR IV.C.3.c)] | # |
| Of the time spent in the care of critically-ill non-medical patients, how many months of experience will the program provide each fellow in direct patient care activity? [PR IV.C.3.c).(1)] | # |
| Of the time spent in the care of critically-ill non-medical patients, how many months of experience will the program provide each fellow in consultative activities? [PR IV.C.3.c).(1)] | # |
| How many months of intensive care unit experiences will the program provide for each fellow? [PR IV.C.3.d)] | # |
| How many months of required clinical experience will the program provide for each fellow? [PR IV.C.4.] | # |
| How many months of experience will the program provide each fellow with meaningful patient care responsibility for inpatients and outpatients with a wide variety of pulmonary disease, with an educational emphasis on pulmonary physiology and its correlation with clinical disorders? [PR IV.C.3.a)] | # |
| Will fellows participate in training using simulation? [PR IV.C.5.] | YES  NO |
| How many months of ambulatory experience will the program provide for each fellow? [PR IV.C.8.b).(1).-b).(2)] | # |
| How many months will be devoted to continuity care clinical experience? [PR IV.C.8.b).(1)-(2) | # |

**CONTINUITY CLINIC EXPERIENCES**

Provide the requested information for the fellows' continuity experience and patient distribution for all years of and for all sites used by the educational program. Use site numbers as listed in ADS and throughout this application document. [PR IV.C.8.c).(1)

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| Half-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 patients: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide the requested information for the fellows' other ambulatory experience and patient distribution for all years of and for all sites used by the educational program. Use site numbers as listed in ADS and throughout this application document. [PR IV.C.8.b)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| Half-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 patients: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following? [PR IV.C.10.]

|  |  |
| --- | --- |
| 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 members of the faculty participate in required conferences? [PR IV.C.10.c)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Describe how the program will ensure the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.10.a)] (Limit response to 300 words) |
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**EDUCATIONAL PROGRAM NARRATIVE**

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| --- |
| Describe the conduct of the program’s core curriculum conference series. [PR IV.C.10.] (Limit response to 300 words) |
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| Describe the program's teaching rounds, including the frequency and duration per week. [PR IV.C.11.b)] (Limit response to 300 words) |
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| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.12.] | YES  NO |

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

To demonstrate a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50 percent of its required minimum number of core faculty members annually engage in a variety of scholarly activity. **List one example** of scholarly activity for the program’s core faculty members during the past academic year.

*Identify academic year:* Academic Year

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

**Fellow Evaluation**

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| Will the fellows’ procedure logs be reviewed in order to document that each fellow has performed the minimum number of and achieved competence in invasive procedures? [PR IV.C.9.a)] | YES  NO |

Explain if NO. (Limit response to 250 words)

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| Click here to enter text. |

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| Describe the method for assessment of fellows’ procedural competence. [PR IV.C.9.b)] (Limit response to 300 words) |
| Click here to enter text. |

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| 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 |

Explain if NO. (Limit response to 250 words)

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| Click here to enter text. |

**Faculty Evaluation**

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| Will the evaluations of faculty members be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click here to enter text. |

**The Learning and Working Environment**

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| Describe how faculty members and residents will be educated about fatigue and its negative effects. [PR VI.D.] (Limit response to 500 words) |
| Click here to enter text. |