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

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | [ ]  YES [ ]  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR.I.D.1.a).(1)] | [ ]  YES [ ]  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | [ ]  YES [ ]  NO |

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

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.d)] (Limit response to 300 words) |
| Click here to enter text. |

Indicate if the following will be present at the primary clinical site.

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| Medical intensive care unit (MICU) or its equivalent [PR I.D.1.c).(6)] | [ ]  YES [ ]  NO |
| Timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units [PR I.D.1.b).(1)] | [ ]  YES [ ]  NO |
| Computed tomography (CT) imaging, including CT angiography [PR I.D.1.b).(2)] | [ ]  YES [ ]  NO |

Will the following facilities/laboratories/services be available for fellows’ education?

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| Bronchoscopy suite, including appropriate space, time allocation, and staffing for pulmonary procedures [PR I.D.1.c).(1)] | [ ]  YES [ ]  NO |
| Pulmonary function testing laboratory [PR I.D.1.c).(2)] | [ ]  YES [ ]  NO |
| Supporting laboratory that provides complete and prompt laboratory evaluation and reliable and timely return of test results [PR I.D.1.c).(3)] | [ ]  YES [ ]  NO |
| An active open heart surgery program [PR I.D.1.c).(4).(a)] | [ ]  YES [ ]  NO |
| Diagnostic laboratory for sleep disorders [PR I.D.1.c).(4).(b)] | [ ]  YES [ ]  NO |
| Pathology services, including exfoliative cytology [PR I.D.1.c).(4).(c)] | [ ]  YES [ ]  NO |
| Thoracic surgery service [PR I.D.1.c).(4).(d)] | [ ]  YES [ ]  NO |
| Active emergency service [PR I.D.1.c).(4).(e)] | [ ]  YES [ ]  NO |
| Postoperative care and respiratory care services [PR I.D.1.c).(4).(f)] | [ ]  YES [ ]  NO |
| Nutritional support services [PR I.D.1.c).(4).(g)] | [ ]  YES [ ]  NO |
| Equipment, expertise and personnel to provide continuous and intermittent renal replacement therapy in the CCU(s) [PR I.D.1.c).(4).(h)] | [ ]  YES [ ]  NO |
| Surgical intensive care unit (SICU) [PR I.D.1.c).(5).(a)] | [ ]  YES [ ]  NO |
| Coronary intensive care unit (CICU) [PR I.D.1.c).(5).(a)] | [ ]  YES [ ]  NO |
| Facilities for the care of patients with: |
|  acute myocardial infarction [PR I.D.1.c).(7)] | [ ]  YES [ ]  NO |
|  severe trauma [PR I.D.1.c).(7)] | [ ]  YES [ ]  NO |
|  shock [PR I.D.1.c).(7)] | [ ]  YES [ ]  NO |
|  recent open-heart surgery [PR I.D.1.c).(7)] | [ ]  YES [ ]  NO |
|  recent major thoracic or abdominal surgery [PR I.D.1.c).(7)] | [ ]  YES [ ]  NO |
|  severe neurologic and neurosurgical conditions [PRI.D.1.c).(7)] | [ ]  YES [ ]  NO |
| Other services: |
|  Anesthesiology [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Immunology [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Laboratory medicine [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Microbiology [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Occupational medicine [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Otolaryngology – head and neck surgery [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Pathology [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Physical medicine and rehabilitation [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |
|  Radiology [PR I.D.1.c).(8)] | [ ]  YES [ ]  NO |

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

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**Faculty**

Will the program have ABIM- or AOBIM-subspecialty certified clinical faculty members in the following areas participating in the program? [PR II.B.3.c).(1)]

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| Cardiology | [ ]  YES [ ]  NO |
| Gastroenterology | [ ]  YES [ ]  NO |
| Hematology | [ ]  YES [ ]  NO |
| Infectious Disease | [ ]  YES [ ]  NO |
| Medical Oncology | [ ]  YES [ ]  NO |
| Nephrology | [ ]  YES [ ]  NO |

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

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Will faculty members from the following disciplines be available to participate in the education of the fellows? [PR II.B.3.c).(2)]

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| Anesthesiology | [ ]  YES [ ]  NO |
| Cardiovascular Surgery | [ ]  YES [ ]  NO |
| Emergency Medicine | [ ]  YES [ ]  NO |
| Neurological Surgery | [ ]  YES [ ]  NO |
| Obstetrics and Gynecology | [ ]  YES [ ]  NO |
| Orthopaedic Surgery | [ ]  YES [ ]  NO |
| Thoracic Surgery | [ ]  YES [ ]  NO |
| Urology | [ ]  YES [ ]  NO |
| Vascular Surgery | [ ]  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 evaluation, and management of both inpatients and outpatients with the following?

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

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

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Will fellows demonstrate competence in the ability to: [PR IV.B.1.b).(2).(a).(i) – (ii)

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the following procedural and technical skills?

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| In interpreting data derived from various bedside devices commonly employed to monitor patients [PR IV.B.1.b).(2).(b)] | [ ]  YES [ ]  NO |
| In interpreting data from laboratory studies related to sputum, bronchopulmonary secretions, and pleural fluid [PR IV.B.1.b).(2).(b)] | [ ]  YES [ ]  NO |
| Airway management [PR IV.B.1.b).(2).(c).(i)] | [ ]  YES [ ]  NO |
| Initiation and maintenance of ventilatory support [PR IV.B.1.b).(2).(c).(ii).(a)] | [ ]  YES [ ]  NO |
| Respiratory care techniques [PR IV.B.1.b).(2).(c).(ii).(b)] | [ ]  YES [ ]  NO |
| Liberation from mechanical ventilatory support, including terminal extubation [PR IV.B.1.b).(2).(c).(ii).(c)] | [ ]  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).(c).(iii)] | [ ]  YES [ ]  NO |
| Flexible fiber-optic bronchoscopy procedures including those where endobronchial and transbronchial biopsies, and transbronchial needle aspiration are performed [PR IV.B.1.b).(2).(c).(iv)] | [ ]  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).(c).(v)] | [ ]  YES [ ]  NO |
| Diagnostic and therapeutic procedures, including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related procedures[PR IV.B.1.b).(2).(c).(vi)] | [ ]  YES [ ]  NO |
| Placement and management of chest tubes and pleural drainage systems [PR IV.B.1.b).(2).(c).(vii)] | [ ]  YES [ ]  NO |
| Operation of bedside hemodynamic monitoring systems [PR IV.B.1.b).(2).(c).(viii)] | [ ]  YES [ ]  NO |
| Emergency cardioversion [PR IV.B.1.b).(2).(c).(ix)] | [ ]  YES [ ]  NO |
| Interpretation of intracranial pressure monitoring [PR IV.B.1.b).(2).(c).(x)] | [ ]  YES [ ]  NO |
| Nutritional support [PR IV.B.1.b).(2).(c).(xi)] | [ ]  YES [ ]  NO |
| Skills essential to critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters [PR IV.B.1.b).(2).(c).(xii)] | [ ]  YES [ ]  NO |
| Use of transcutaneous pacemakers [PR IV.B.1.b).(2).(c).(xiii)] | [ ]  YES [ ]  NO |
| Use of paralytic agents and sedative and analgesic drugs in the critical care unit [PR IV.B.1.b).(2).(c).(xiv)]  | [ ]  YES [ ]  NO |

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

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.11.] | [ ]  YES [ ]  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.12.] | [ ]  YES [ ]  NO |

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

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**Medical Knowledge**

Will fellows demonstrate knowledge in the following?

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| The indications, contradictions, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters [PR IV.B.1.c).(1)] | [ ]  YES [ ]  NO |
| The indications, contraindications, and complications of placement of percutaneous tracheostomies [PR IV.B.1.c.(2)] | [ ]  YES [ ]  NO |
| Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders, including the technical and procedural use of ultrasound and interpretation of ultrasound images at the point of care for medical decision-making [PR IV.B.1.c).(5).(a)] | [ ]  YES [ ]  NO |
| Monitoring and supervising special services, including |  |
|  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 |
| Basic sciences, with particular emphasis on [PR IV.B.1.c).(5).(c)] | [ ]  YES [ ]  NO |
|  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).(d)] | [ ]  YES [ ]  NO |
| Indications, complications, and outcomes of lung transplantation [PR IV.B.1.c).(5).(e)] | [ ]  YES [ ]  NO |
| Pericardiocentesis [IV.B.1.c).(5).(f)] | [ ]  YES [ ]  NO |
| Percutaneous needle biopsies [IV.B.1.c).(5).(g)] | [ ]  YES [ ]  NO |
| Renal replacement therapy [IV.B.1.c).(5).(h)] | [ ]  YES [ ]  NO |
| Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness [IV.B.1.c).(5).(i)] | [ ]  YES [ ]  NO |
| Principles and techniques of administration and management of a MICU [IV.B.1.c).(5).(j)] | [ ]  YES [ ]  NO |
| Ethical, economic, and legal aspects of critical illness [IV.B.1.c).(5).(k)] | [ ]  YES [ ]  NO |
| Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents [IV.B.1.c).(5).(l)] | [ ]  YES [ ]  NO |
| The psychosocial and emotional effects of critical illness on patients and patients’ families [IV.B.1.c).(5).(m)] | [ ]  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 structural and 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**

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| How many months are devoted to clinical experiences? [PR IV.C.4.] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.10.] | [ ]  YES [ ]  NO |

Explain “NO” response. (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 patients with pulmonary diseases? [IV.C.4.a)] | # |
| 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.4.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.4.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.4.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.4.c).(1)] | # |
| How many months of intensive care unit experiences will the program provide for each fellow? [PR IV.C.4.d)] | # |
| What will be the average daily census per fellow during assignments to critical care units? [PR I.D.1.c).(6).(a)] | # |

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

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

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

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| Will fellows have experience in managing patients with tracheostomies, including their specific complications? [PR IV.C.8.] | [ ]  YES [ ]  NO |

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

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**CONTINUITY AMBULATORYCLINIC 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.9.)]

|  | **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.7.a)]

|  | **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: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.13.a)] |
| Click here to enter text. |

Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.13.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | [ ]  YES [ ]  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR IV.C.14.] (Limit response to 300 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.15.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR V.A.1.a).(1)] |
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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 |

**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. |