**New Application: Sleep Medicine**

**Review Committee for Internal Medicine, Neurology, or Psychiatry**

**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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| 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.f)] (Limit response to 300 words) |
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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the following:

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| in the diagnosis and management of patients with sleep-wake disorders in outpatient and inpatient settings? [PR IV.B.1.b).(1).(a)] | [ ]  YES [ ]  NO |
| as a consultant in both inpatient and outpatient settings? [PR IV.B.1.b).(1).(b)] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to:

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? [PR IV.B.1.b).(2).(a).(i)] | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient centered, safe, scientifically based, effective, timely, and cost effective? [PR IV.B.1.b).(2).(a).(ii)] | [ ]  YES [ ]  NO |

Will fellows demonstrate clinical competence in:

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| Conducting the tests unique to sleep medicine, including electrode and sensor application, calibrations, maintenance of signal integrity, and protocols for initiating and terminating the tests [PR IV.B.1.b).(2).(b).(i)] | [ ]  YES [ ]  NO |
| Evaluating, diagnosing, and comprehensively treating patients over the entire spectrum of pediatric and adult sleep disorders, as well as those medical, neurological, and psychiatric disorders that may present with sleep-related complaints in both the inpatient and outpatient settings [PR IV.B.1.b).(2).(b).(ii)] | [ ]  YES [ ]  NO |
| Integrating information obtained from patient history, physical examination, physiologic recordings, imaging studies as they relate to sleep disorders, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan [PR IV.B.1.b).(2).(b).(iii)] | [ ]  YES [ ]  NO |
| Integrating relevant biological, psychological, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients’ sleep disorders [PR IV.B.1.b).(2).(b).(iv)] | [ ]  YES [ ]  NO |
| Interpreting psychological and psychometric tests as they relate to sleep disorders [PR IV.B.1.b).(2).(b).(v)] | [ ]  YES [ ]  NO |
| Interpreting psychological and psychometric tests as they relate to sleep disorders [PR IV.B.1.b).(2).(b).(v)] | [ ]  YES [ ]  NO |
| Performing physical, neurological, and mental status examinations relevant to the practice of sleep medicine [PR IV.B.1.b).(2).(b).(vii)] | [ ]  YES [ ]  NO |
| Performing physical, neurological, and mental status examinations relevant to the practice of sleep medicine [PR IV.B.1.b).(2).(b).(vii)] | [ ]  YES [ ]  NO |
| Selecting the appropriate sleep investigation(s) to facilitate a patient’s diagnosis and treatment [PR IV.B.1.b).(2).(b).(ix)] | [ ]  YES [ ]  NO |
| Scoring and interpreting: portable sleep monitor recordings [PR IV.B.1.b).(2).(b).(x).(a)] | [ ]  YES [ ]  NO |
| Scoring and interpreting: actigraphy [PR IV.B.1.b).(2).(b).(x).(b)] | [ ]  YES [ ]  NO |
| Scoring and interpreting: downloads from positive pressure devices [PR IV.B.1.b).(2).(b).(x).(c)] | [ ]  YES [ ]  NO |
| Scoring and interpreting: downloads from positive pressure devices [PR IV.B.1.b).(2).(b).(x).(d)] | [ ]  YES [ ]  NO |
| Scoring and interpreting: downloads from positive pressure devices [PR IV.B.1.b).(2).(b).(x).(e)] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to:

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| Score and interpret recordings of various diagnostic types, including polysomnograms, multiple sleep latency tests, and maintenance of wakefulness tests [PR IV.B.1.b).(2).(a).(iii)] | [ ]  YES [ ]  NO |
|  Approximately, how many these recordings will fellows score during the course of the fellowship? [PR IV.B.1.b).(2).(a).(iii).(a)] | # |
|  How many will be adult recordings? [PR IV.B.1.b).(2).(a).(iii).(a).(i)] | # |
|  How many will be pediatric recordings from infants, children, and adolescents? [PR IV.B.1.b).(2).(a).(iii).(a).(ii)] | # |
|  How many in-laboratory polysomnograms will fellows interpret? | # |
|  How many will be from adults? | # |
|  How many will be from children? | # |
|  How many multiple sleep latency tests and/or maintenance of wakefulness tests will fellows interpret? | # |

**Medical Knowledge**

Will fellows demonstrate knowledge of the following?

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| Neurobiology of sleep and wakefulness, sleep-related anatomy and physiology, and the neural structures mediating circadian rhythms [PR IV.B.1.c).(1)] | [ ]  YES [ ]  NO |
| Fundamental mechanisms of sleep, major theories in sleep medicine, and the generally-accepted facts of basic sleep mechanisms including: [PR IV.B.1.c).(1).(a)] | [ ]  YES [ ]  NO |
|  Basic neurologic mechanisms controlling sleep and wakefulness [PR IV.B.1.c).(1).(a).(i)] | [ ]  YES [ ]  NO |
|  Cardiovascular physiology and pathophysiology related to sleep and sleep disorders [PR IV.B.1.c).(1).(a).(ii)] | [ ]  YES [ ]  NO |
|  Changes in sleep across the life span [PR IV.B.1.c).(1).(a).(iii)] | [ ]  YES [ ]  NO |
|  Chronobiology [PR IV.B.1.c).(1).(a).(iv)] | [ ]  YES [ ]  NO |
|  Endocrine physiology and pathophysiology related to sleep and sleep disorders [PR IV.B.1.c).(1).(a).(v)] | [ ]  YES [ ]  NO |
|  Gastrointestinal physiology and pathophysiology related to sleep and sleep disorders [PR IV.B.1.c).(1).(a).(vi)] | [ ]  YES [ ]  NO |
|  Neurologic physiology and pathophysiology related to sleep and sleep disorders [PR IV.B.1.c).(1).(a).(vii)] | [ ]  YES [ ]  NO |
|  Ontogeny of sleep [PR IV.B.1.c).(1).(a).(viii)] | [ ]  YES [ ]  NO |
|  Respiratory physiology and pathophysiology related to sleep and sleep disorders [PR IV.B.1.c).(1).(a).(ix)] | [ ]  YES [ ]  NO |
| Upper airway anatomy, normal and abnormal, across the life span [PR IV.B.1.c).(1).(b)] | [ ]  YES [ ]  NO |
| Effects of impaired sleep on others, including bed partners [PR IV.B.1.c).(1).(c)] | [ ]  YES [ ]  NO |
| Nosology for sleep disorders as described in the current edition of The International Classification of Sleep Disorders [PR IV.B.1.c).(1).(d)] | [ ]  YES [ ]  NO |
| Etiopathogenic characterization of sleep disorders [PR IV.B.1.c).(1).(e)] | [ ]  YES [ ]  NO |
| Effects of medications and substance use/misuse on sleep and sleep disorders [PR IV.B.1.c).(1).(f)] | [ ]  YES [ ]  NO |
| Clinical manifestations of sleep disorders, including: |  |
|  Insomnia and other disorders of initiating and maintaining sleep [PR IV.B.1.c).(1).(g).(i)] | [ ]  YES [ ]  NO |
|  Sleep-related breathing disorders in both adults and children [PR IV.B.1.c).(1).(g).(ii)] | [ ]  YES [ ]  NO |
|  Disorders of hypersomnolence [PR IV.B.1.c).(1).(g).(iii)] | [ ]  YES [ ]  NO |
|  Circadian rhythm sleep-wake disorders [PR IV.B.1.c).(1).(g).(iv)] | [ ]  YES [ ]  NO |
|  Parasomnias [PR IV.B.1.c).(1).(g).(v) ] | [ ]  YES [ ]  NO |
|  Sleep-related movement disorders [PR IV.B.1.c).(1).(g).(vi)] | [ ]  YES [ ]  NO |
|  Interactions between therapies for sleep disorders and other medical, neurologic, and psychiatric treatments [PR IV.B.1.c).(1).(g).(vii)] | [ ]  YES [ ]  NO |
|  Medical, neurologic, psychiatric, and substance use disorders, including withdrawal syndromes and the signs and symptoms likely to be related to sleep disorders (e.g., the association between hypertension and sleep apnea) [PR IV.B.1.c).(1).(g).(viii)] | [ ]  YES [ ]  NO |
|  Neonatal and pediatric sleep disorders [PR IV.B.1.c).(1).(g).(ix)] | [ ]  YES [ ]  NO |
|  Safe infant sleep practices [PR IV.B.1.c).(1).(g).(x)] | [ ]  YES [ ]  NO |
|  Sudden Infant Death Syndrome [PR IV.B.1.c).(1).(g).(xi)] | [ ]  YES [ ]  NO |
| Diagnostic strategies in sleep disorders, including differences between children and adults [PR IV.B.1.c).(1).(h)] | [ ]  YES [ ]  NO |
| Treatment strategies in sleep disorders incorporating: |  |
|  Approaches for obstructive sleep apnea, including CPAP, bilevel and other advanced modes of PAP therapy; maxillofacial and upper airway surgery, implantable devices, oral appliances; positional therapy; weight management strategies; medication and substance use counseling; and education [PR IV.B.1.c).(1).(i).(i)] | [ ]  YES [ ]  NO |
|  Approaches for insomnia, including cognitive-behavioral therapies and pharmacological therapy [PR IV.B.1.c).(1).(i).(ii)] | [ ]  YES [ ]  NO |
|  Approaches for narcolepsy and other central disorders of hypersomnolence [PR IV.B.1.c).(1).(i).(iii)] | [ ]  YES [ ]  NO |
|  Approaches for parasomnias [PR IV.B.1.c).(1).(i).(iv)] | [ ]  YES [ ]  NO |
|  Approaches for circadian rhythm disorders [PR IV.B.1.c).(1).(i).(v)] | [ ]  YES [ ]  NO |
|  Understanding the differences in approaches between children and adults [PR IV.B.1.c).(1).(i).(vi)] | [ ]  YES [ ]  NO |
| Operation of polysomnographic monitoring equipment, including polysomnographic trouble shooting and ambulatory monitoring methodology [PR IV.B.1.c).(1).(j)] | [ ]  YES [ ]  NO |
| Financing and regulation of sleep medicine [PR IV.B.1.c).(1).(k)] | [ ]  YES [ ]  NO |
| Research methods in the clinical and basic sciences related to sleep medicine [PR IV.B.1.c).(1).(l)] | [ ]  YES [ ]  NO |
| Medical ethics and its application in sleep medicine [PR IV.B.1.c).(1).(m)] | [ ]  YES [ ]  NO |
| Legal aspects of sleep medicine [PR IV.B.1.c).(1).(n)] | [ ]  YES [ ]  NO |
| The impact of sleep disorders on the patient’s family and society [PR IV.B.1.c).(1).(o)] | [ ]  YES [ ]  NO |
| Appropriate indications, potential pitfalls, limitations, administration, and interpretation of diagnostic tests used in sleep medicine, including polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring [PR IV.B.1.c).(2)] | [ ]  YES [ ]  NO |
|  Indications and contraindications, proper patient preparation, and potential shortcomings of the tests used in sleep medicine [PR IV.B.1.c).(2).(a)] | [ ]  YES [ ]  NO |
|  Principles of recording bioelectric signals, including polarity, dipoles, electrodes, derivations, montages, amplifiers, sampling, and digital display [PR IV.B.1.c).(2).(b)] | [ ]  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.3.] | # |

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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.7.] | [ ]  YES [ ]  NO |

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

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**CONTINUITY AMBULATORY 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 |

**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 |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.8.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.8.a).(2)] (Limit response to 300 words)

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

Will the program provide fellows with didactic instruction in: [PR IV.C.8.b) – c)]

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| Clinical ethics | [ ]  YES [ ]  NO |
| Interdisciplinary topics | [ ]  YES [ ]  NO |
| Medical genetics | [ ]  YES [ ]  NO |
| Patient safety | [ ]  YES [ ]  NO |
| Physician impairment | [ ]  YES [ ]  NO |
| Quality assessment and improvement | [ ]  YES [ ]  NO |
| Risk management | [ ]  YES [ ]  NO |
| Methods for teaching sleep testing | [ ] YES [ ]  NO |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.9.] (Limit response to 300 words)

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**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 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 |