**New Application: Interventional Pulmonology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

Describe the collaborative relationship between the interventional pulmonology fellowship program director and the pulmonary disease or combined pulmonary disease and critical care medicine fellowship program 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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| provide the broad range of facilities and clinical support services necessary to provide comprehensive and timely care of adult patients? [PR I.D.1.a).(1)] | YES  NO |
| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(2)] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR I.D.1.a).(2)] | 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).(3)] | YES  NO |
| provide access to an electronic health record? [PR I.D.1.a).(4)] | 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 fellow education and patient safety? [PR I.D.1.a).(5)] (Limit response to 300 words)

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

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| Interventional pulmonary laboratories or suites, each equipped with fluoroscopic equipment, digital imaging, recording devices, and resuscitative equipment [PR I.D.1.b).(1)] | YES  NO |
| Thoracic surgery [PR I.D.1.b).(2)] | YES  NO |
| Otolaryngology – head and neck surgery [PR I.D.1.b).(2)] | YES  NO |
| Radiation oncology [PR I.D.1.b).(2)] | YES  NO |
| Thoracic oncology [PR I.D.1.b).(2)] | YES  NO |
| Surgical and medical intensive care units [PR I.D.1.b).(3)] | YES  NO |
| Anatomic pathology and cytopathology programs [PR I.D.1.b).(4)] | YES  NO |
| Diagnostic radiology programs [PR I.D.1.b).(5)] | 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 both 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)

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For each procedure listed, indicate the number completed annually at the primary clinical site. [PR I.D.1.e)]

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| Rigid bronchoscopies [PR I.D.1.e).(1)] | # |
| Endobronchial/endotracheal stent placements [PR I.D.1.e).(2)] | # |
| Diagnostic medical thoracoscopies/pleuroscopies [PR I.D.1.e).(3)] | # |
| Navigation bronchoscopies [PR I.D.1.e).(4)] | # |
| Convex linear endobronchial ultrasound cases [PR I.D.1.e).(5)] | # |
| Endobronchial ablative procedures [PR I.D.1.e).(6)] | # |
| Image-guided thoracostomy tube placement procedures [PR I.D.1.e).(7)] | # |
| Tunneled pleural catheter placement procedures [PR I.D.1.e).(8)] | # |

**Personnel**

**Program Director**

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| Will the program appoint at least one of the interventional pulmonology core faculty members to be associate program director? [PR II.A.2.b)] | YES  NO |

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

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Describe the program director’s educational and/or administrative experience in an ACGME-accredited internal medicine pulmonary disease or combined pulmonary disease and critical care medicine fellowship, or in interventional pulmonology. [PR II.A.3.a).(1)] (Limit response to 300 words)

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| Has the program director completed an interventional pulmonology fellowship, or does the program director hold credentials in interventional pulmonology and have practiced as an interventional pulmonologist for at least five years? [PR II.A.3.d)] | YES  NO |

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

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| What percent of the program director’s practice is devoted to interventional pulmonology? [PR II.A.3.e)] | # |

**Faculty**

Indicate if the program will have access to and interaction with faculty members with expertise in the following: [PR II.B.1.a)]

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| Thoracic surgery | YES  NO |
| Otolaryngology – head and neck surgery | YES  NO |
| Thoracic oncology | YES  NO |
| Thoracic pathology | YES  NO |
| Radiation oncology | YES  NO |
| Anesthesiology | YES  NO |
| Congenital and acquired complex airway diseases | YES  NO |
| Pleural diseases | YES  NO |
| Pharmacology | YES  NO |
| Radiation and laser safety | YES  NO |
| Clinical, bench, or translational research | YES  NO |

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

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List the minimum required core interventional pulmonology faculty members. [PR II.B.4.c) - II.B.4.c).(3)] (Add rows as needed)

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| **Name** | **Completed an interventional pulmonology fellowship?** | **Credentialed in interventional pulmonology?** | **Percent of practice devoted to interventional pulmonology** |
| Click or tap here to enter text. | YES  NO | YES  NO | # % |
| Click or tap here to enter text. | YES  NO | YES  NO | # % |
| Click or tap here to enter text. | YES  NO | YES  NO | # % |
| Click or tap here to enter text. | YES  NO | YES  NO | # % |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate:

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| proficiency in the understanding and communication of the indications, contraindications, technical aspects, available alternative treatment options, and complications of interventional procedures?  [PR IV.B.1.b).(1).(a).(i)] | YES  NO |
| competence in the principles of palliative care and end-of-life decision making, including end-of-life discussions with patients and their families?  [PR IV.B.1.b).(1).(a).(ii)] | YES  NO |
| the ability to perform diagnostic and therapeutic procedures relevant to their specific career paths? [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| the ability to 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 |

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

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| Will the fellows’ procedural records include procedural types and volumes, diagnostic yield, patient outcomes and complications, and supervisor(s)? [PR IV.B.1.b).(2).(c)] | YES  NO |

Describe the method for assessment of procedural competence. [PR IV.B.1.b).(2).(d)] (Limit response to 250 words)

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Will fellows:

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| participate in pre-procedural planning, including the indications for the procedure and the selection of the appropriate procedure or instruments? [PR IV.B.1.b).(2).(e).(i)] | YES  NO |
| perform the critical technical manipulations of the procedure? [PR IV.B.1.b).(2).(e).(ii)] | YES  NO |
| demonstrate substantial involvement in post-procedure care? [PR IV.B.1.b).(2).(e).(iii)] | YES  NO |

Will fellows demonstrate competence in the performance of:

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| rigid bronchoscopy? [PR IV.B.1.b).(2).(f).(i)] | YES  NO |
| endobronchial stenting? [PR IV.B.1.b).(2).(f).(ii)] | YES  NO |
| pleuroscopy/diagnostic medical thoracoscopy? [PR IV.B.1.b).(2).(f).(iii)] | YES  NO |
| bronchoscopic navigation? [PR IV.B.1.b).(2).(f).(iv)] | YES  NO |
| mediastinal and hilar lymph node sampling using convex linear endobronchial ultrasound? [PR IV.B.1.b).(2).(f).(v)] | YES  NO |
| endobronchial ablative techniques ? [PR IV.B.1.b).(2).(f).(vi)] | YES  NO |
| image-guided thoracostomy tube placement and management? [PR IV.B.1.b).(2).(f).(vii)] | YES  NO |
| tunneled indwelling pleural catheter placement and management? [PR IV.B.1.b).(2).(f).(viii)] | YES  NO |

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

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**Medical Knowledge**

Will fellows demonstrate sufficient knowledge in the following areas:

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| The scientific method of problem solving and evidence-based decision making, including knowledge of study design, research ethics, and medical biostatistics?  [PR IV.B.1.c).(1).(a)] | YES  NO |
| Anatomic, physiologic, and physical principles as they relate to the practice of interventional pulmonology, including: [PR IV.B.1.c).(1).(b)] | YES  NO |
| detailed tracheal, bronchial, vascular, lymphatic, pulmonary, and cardiac anatomy, and physiology and pathophysiology? [PR IV.B.1.c).(1).(b).(i)] | YES  NO |
| pathophysiology of central airway obstruction? [PR IV.B.1.c).(1).(b).(ii)] | YES  NO |
| wound healing and host factor responses to injury? [PR IV.B.1.c).(1).(b).(iii)] | YES  NO |
| properties of endobronchial thermal and ablative treatment technologies? [PR IV.B.1.c).(1).(b).(iv)] | YES  NO |
| principles and physical properties of airway stents? [PR IV.B.1.c).(1).(b).(v)] | YES  NO |
| principles of advanced airway, mediastinal, and lung parenchymal imaging enhancement techniques? [PR IV.B.1.c).(1).(b).(vi)] | YES  NO |
| thoracic imaging modalities, to include computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), and thoracic ultrasound? [PR IV.B.1.c).(1).(b).(vii)] | YES  NO |
| pathophysiology and natural history of tracheal stenosis, tracheobronchomalacia, and excessive dynamic airway collapse? [PR IV.B.1.c).(1).(b).(viii)] | YES  NO |
| diagnosis, staging, and natural history of thoracic malignancies, to include lung cancer, mesothelioma, and thymoma? [PR IV.B.1.c).(1).(b).(ix)] | YES  NO |
| basic principles of radiotherapy, to include brachytherapy? [PR IV.B.1.c).(1).(b).(x)] | YES  NO |
| basic principles of chemotherapy as they apply to thoracic malignancies? [PR IV.B.1.c).(1).(b).(xi)] | YES  NO |
| evaluation, diagnosis, and management of pleural disease, to include malignant pleural effusion, recurrent benign pleural effusion and pleuritis, pneumothorax, and pleural space infection? [PR IV.B.1.c).(1).(b).(xii)] | YES  NO |
| managing moderate sedation? [PR IV.B.1.c).(1).(b).(xiii)] | YES  NO |
| prevention, evaluation, and management of both inpatients and outpatients with specific disease entities relevant to the practice of interventional pulmonology, including: [PR IV.B.1.c).(1).(b).(xiv)] | YES  NO |
| malignant airway obstruction? [PR IV.B.1.c).(1).(b).(xiv).(a)] | YES  NO |
| non-malignant airway obstruction? [PR IV.B.1.c).(1).(b).(xiv).(b)] | YES  NO |
| loss of airway integrity? [PR IV.B.1.c).(1).(b).(xiv).(c)] | YES  NO |
| pre-malignant and early-stage malignant airway disease? [PR IV.B.1.c).(1).(b).(xiv).(d)] | YES  NO |
| undiagnosed mediastinal and hilar lymphadenopathy? [PR IV.B.1.c).(1).(b).(xiv).(e)] | YES  NO |
| massive hemoptysis? [PR IV.B.1.c).(1).(b).(xiv).(f)] | YES  NO |
| solitary pulmonary nodules? [PR IV.B.1.c).(1).(b).(xiv).(g)] | YES  NO |
| undiagnosed pleural effusions? [PR IV.B.1.c).(1).(b).(xiv).(h)] | YES  NO |
| pneumothorax? [PR IV.B.1.c).(1).(b).(xiv).(i)] | YES  NO |
| parapneumonic effusion/empyema? [PR IV.B.1.c).(1).(b).(xiv).(j)] | YES  NO |
| malignant pleural effusion? [PR IV.B.1.c).(1).(b).(xiv).(k)] | YES  NO |
| chylothorax? [PR IV.B.1.c).(1).(b).(xiv).(l)] | YES  NO |
| hepatic hydrothorax/effusions due to refractory congestive heart failure? [PR IV.B.1.c).(1).(b).(xiv).(m)] | YES  NO |
| prevention and management of mechanical complications of interventional pulmonary procedures? [PR IV.B.1.c).(1).(b).(xiv).(n)] | YES  NO |
| safety, administrative, and business aspects related to the practice of interventional pulmonology? [PR IV.B.1.c).(1).(b).(xiv).(o)] | 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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| Will the program be structured to provide clinical experiences and protected time for research throughout the length of the program? [PR IV.C.3.] | YES  NO |

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

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Provide information for the fellows’ outpatient experience. [PR IV.C.4.]

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|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Name of experience | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Duration (weeks) | # | # | # | # | # |
| Half-day sessions per week | # | # | # | # | # |
| On-site concurrent faculty supervision present? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |

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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.5.] | YES  NO |
| Will additional experiences be made available for those fellows who express the need to perform specified procedures in their post-fellowship careers? [PR IV.C.6.] | YES  NO |

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

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**Didactic Experience**

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| Will fellows participate in diverse teaching conferences or didactic sessions, including those dedicated to quality improvement? [PR IV.C.7.a).(1)] | YES  NO |
| Will fellows regularly participate in a weekly multidisciplinary tumor board? [PR IV.C.7.b).(1)] | YES  NO |
| Will fellows regularly participate in a monthly complex airway conference? [PR IV.C.7.b).(2)] | YES  NO |
| What percentage of available complex airway conferences will the fellows attend? [PR IV.C.7.b).(2).(a)] | # |
| Will the faculty participate in required conferences? [PR IV.C.7.c)] | YES  NO |

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

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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.7.a).(2)] (Limit response to 300 words)

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Describe the program’s patient or case-based approach to clinical teaching. [PR IV.C.7.d)] (Limit response to 400 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.8.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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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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**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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