**New Application: Sleep Medicine**

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

**ACGME**

**Administration of the Fellowship Program**

1. Will the Sponsoring Institution provide adequate support (25-50 percent of the program director’s salary or protected time) to the program director for the administrative activities of the program?   
   [PR I.A.3.]  YES  NO
2. Will the program director be required to generate clinical or other income to provide administrative support? [PR I.A.3.a)]  YES  NO
3. Will the Sponsoring Institution and participating sites share appropriate faculty performance data with the program director? [PR I.A.4.b)]  YES  NO
4. Will the program director have a reporting relationship with the program director of the parent core specialty residency to ensure compliance with all applicable ACGME accreditation requirements? [PR II.A.3.g)]  YES  NO
5. Describe how the fellowship program will function as an integral part of an ACGME-accredited residency in one of the following specialties: child neurology, internal medicine, neurology, pediatrics, or psychiatry.

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**Program Personnel and Resources**

Indicate whether American Board of Medical Specialties board-certified faculty members in each of the following specialties will be available to the program: [PR II.B.7.]

1. Anesthesiology  YES  NO
2. Family medicine  YES  NO
3. Internal medicine  YES  NO
4. Neurology  YES  NO
5. Otolaryngology  YES  NO
6. Pediatrics  YES  NO
7. Psychiatry  YES  NO
8. Pulmonology  YES  NO

**Other Program Personnel**

Indicate whether there will be services available from the following health care professionals:   
[PR II.C.1.]

1. Dietitians  YES  NO
2. Language interpreters  YES  NO
3. Nurses  YES  NO
4. Occupational therapists  YES  NO
5. Physical therapists  YES  NO
6. Social workers  YES  NO

**Facilities and Resources**

1. Indicate whether each of the following will be available at each site participating in the program:   
   [PR II.D.1.] *Add columns as needed.*

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| AASM-accredited sleep center |  |  |  |  |
| # of fully-equipped sleep bedrooms |  |  |  |  |
| Adequate laboratory support area |  |  |  |  |
| Clinic support staff |  |  |  |  |
| Outpatient clinic |  |  |  |  |
| Diagnostic facilities |  |  |  |  |
| Therapeutic facilities |  |  |  |  |
| Research facilities |  |  |  |  |
| Access to a lounge facility |  |  |  |  |
| Secure space for fellows’ belongings |  |  |  |  |

1. Will access to an electronic health record be provided? [PR II.D.4.]  YES  NO

If NO, describe how the Sponsoring Institution has demonstrated commitment to its development and progress toward its implementation.

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**Rotation Schedule Narrative**

1. Explain the back-up support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care. [PR VI.C.2]

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1. If the program will have at-home call, explain how time will be monitored to ensure compliance with the 80-hour work week and one-day-off-in-seven requirements. [PR VI.F.8.]

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1. If the questions in this section or their format do not permit you to describe accurately or optimally the rotations in the program, provide a narrative that more completely or accurately describes this particular component of the program. (Limit 200 words)

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**Educational Program**

1. Will the overall goals and objectives be distributed to faculty members and fellows annually?   
   [PR IV.A.1.]  YES  NO
2. Will the goals and objectives reviewed by the fellows at the start of each new rotation/assignment?  
   [PR IV.A.1]  YES  NO

**Patient Care**

Will the program provide experience for fellows to demonstrate clinical competence in the following:

1. Diagnosis and management of patients with sleep disorders in outpatient and inpatient settings   
   [PR IV.A.2.a).(1).(a)]  YES  NO
2. Acting as a consultant in both inpatient and outpatient settings [PR IV.A.2.a).(1).(b)].  YES  NO
3. 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.A.2.a).(2).(a)]  YES  NO
4. Evaluating, diagnosing, and comprehensively treating patients over the entire spectrum of pediatric and adult sleep and circadian rhythm 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.A.2.a).(2).(b)]  YES  NO
5. 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.A.2.a).(2).(c)]  YES  NO
6. Integrating relevant biological, psychological, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients’ sleep disorders [PR IV.A.2.a).(2).(d)]  YES  NO
7. Interpreting psychological and psychometric tests as they relate to sleep disorders   
   [PR IV.A.2.a).(2).(e)]  YES  NO
8. Performing cardiopulmonary resuscitation [PR IV.A.2.a).(2).(f)]  YES  NO
9. Performing physical, neurological, and mental status examinations relevant to the practice of sleep medicine [PR IV.A.2.a).(2).(g)]  YES  NO
10. Planning and implementing therapeutic treatment, including pharmaceutical, medical device, behavioral, and surgical therapies [PR IV.A.2.a).(2).(h)]  YES  NO
11. Selecting the appropriate sleep investigation(s) to facilitate a patient’s diagnosis and treatment   
    [PR IV.A.2.a).(2).(i)]  YES  NO
12. Scoring and interpreting: [PR IV.A.2.a).(2).(j)]
13. Polysomnograms [PR IV.A.2.a).(2).(j).(i)]  YES  NO
14. Multiple sleep latency and maintenance of wakefulness testing [PR IV.A.2.a).(2).(j).(ii)]  
      YES  NO
15. Portable sleep monitor recordings [PR IV.A.2.a).(2).(j).(iii)]  YES  NO
16. Actigraphy [PR IV.A.2.a).(2).(j).(iv)]  YES  NO
17. Downloads from positive pressure devices [PR IV.A.2.a).(2).(j).(v)]  YES  NO
18. Sleep diaries [PR IV.A.2.a).(2).(j).(vi)]  YES  NO
19. Standardized scales of sleepiness [PR IV.A.2.a).(2).(j).(vii)]  YES  NO

**Medical Knowledge**

Will the program provide experience for fellows to demonstrate knowledge of the following:

1. Neurobiology of sleep and wakefulness, sleep-related anatomy and physiology, and the neural structures mediating circadian rhythms [PR IV.A.2.b).(1)]  YES  NO
2. Sleep physiology and mechanisms:
3. Basic neurologic mechanisms controlling sleep and wakefulness [PR IV.A.2.b).(1).(a).(i)]  
     YES  NO
4. Cardiovascular physiology and pathophysiology related to sleep and sleep disorders   
   [PR IV.A.2.b).(1).(a).(ii)]  YES  NO
5. Changes in sleep across the lifespan [PR IV.A.2.b).(1).(a).(iii)]  YES  NO
6. Chronobiology [PR IV.A.2.b).(1).(a).(iv)]  YES  NO
7. Endocrine physiology and pathophysiology related to sleep and sleep disorders   
   [PR IV.A.2.b).(1).(a).(v)]  YES  NO
8. Gastrointestinal physiology and pathophysiology related to sleep and sleep disorders   
   [PR IV.A.2.b).(1).(a).(vi)]  YES  NO
9. Ontogeny of sleep [PR IV.A.2.b).(1).(a).(vii)]  YES  NO
10. Respiratory physiology and pathophysiology related to sleep and sleep disorders   
    [PR IV.A.2.b).(1).(a).(viii)]  YES  NO
11. Upper airway anatomy [PR IV.A.2.b).(1).(b)]  YES  NO
12. Effects of impaired sleep on bed partners [PR IV.A.2.b).(1).(c)]  YES  NO
13. Nosology for sleep disorders as described in the current edition of *The International Classification of Sleep Disorders* [PR IV.A.2.b).(1).(d)]  YES  NO
14. Etiopathogenic characterization of sleep disorders [PR IV.A.2.b).(1).(e)]  YES  NO
15. Effects of medications on sleep and sleep disorders [PR IV.A.2.b).(1).(f)]  YES  NO
16. Clinical manifestations of sleep disorders: [PR IV.A.2.b).(1).(g)]
17. Circadian rhythm disorders [PR IV.A.2.b).(1).(g).(i)]  YES  NO
18. Disorders of excessive sleepiness [PR IV.A.2.b).(1).(g).(ii)]  YES  NO
19. Interactions between therapies for sleep disorders and other medical, neurologic, and psychiatric treatments [PR IV.A.2.b).(1).(g).(iii)]  YES  NO
20. Insomnia and other disorders of initiating and maintaining sleep [PR IV.A.2.b).(1).(g).(iv)]  
      YES  NO
21. Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders [PR IV.A.2.b).(1).(g).(v)]  YES  NO
22. Neonatal and pediatric sleep disorders [PR IV.A.2.b).(1).(g).(vi)]  YES  NO
23. Parasomnias [PR IV.A.2.b).(1).(g).(vii)]  YES  NO
24. Safe infant sleep practices [PR IV.A.2.b).(1).(g).(viii)]  YES  NO
25. Sleep-related breathing disorders [PR IV.A.2.b).(1).(g).(ix)]  YES  NO
26. Sleep-related movement disorders [PR IV.A.2.b).(1).(g).(x)]  YES  NO
27. Sudden Infant Death Syndrome and related respiratory disorders [PR IV.A.2.b).(1).(g).(xi)]  
      YES  NO
28. Diagnostic strategies in sleep disorders including differences between adults and children   
    [PR IV.A.2.b).(1).(h)]  YES  NO
29. Treatment strategies in sleep disorder incorporating: [PR IV.A.2.b).(1).(i)]
30. Approaches for obstructive sleep apnea, including nasal CPAP, bilevel and other modes of PAP, maxillofacial and upper airway surgery, oral appliances, and positron education   
    [PR IV.A.2.b).(1).(i).(i)]  YES  NO
31. Approaches for insomnia, including cognitive-behavioral therapies and pharmacological therapy [PR IV.A.2.b).(1).(i).(ii)]  YES  NO
32. Approaches for narcolepsy and other hypersomnias of central origin [PR IV.A.2.b).(1).(i).(iii)]  
      YES  NO
33. Approaches for parasomnias [PR IV.A.2.b).(1).(i).(iv)]  YES  NO
34. Approaches for circadian rhythm disorders [PR IV.A.2.b).(1).(i).(v)]  YES  NO
35. Understanding the differences in approaches between children and adults   
    [PR IV.A.2.b).(1).(i).(vi)]  YES  NO
36. Operation of polysomnographic monitoring equipment, including: [PR IV.A.2.b).(1).(j)]
37. Polysomnographic troubleshooting [PR IV.A.2.b).(1).(j)]  YES  NO
38. Ambulatory monitoring methodology [PR IV.A.2.b).(1).(j)]  YES  NO
39. Financing and regulation of sleep medicine [PR IV.A.2.b).(1).(k)]  YES  NO
40. Research methods in the clinical and basic sciences related to sleep medicine   
    [PR IV.A.2.b).(1).(l)]  YES  NO
41. Medical ethics and its application to sleep medicine [PR IV.A.2.b).(1).(m)]  YES  NO
42. Legal aspects of sleep medicine [PR IV.A.2.b).(1).(n)]  YES  NO
43. The impact of sleep disorders on family and society [PR IV.A.2.b).(1).(o)]  YES  NO
44. Indications, contraindications, proper patient preparation, and potential shortcomings of the tests used in sleep medicine [PR IV.A.2.b).(2).(a)]  YES  NO
45. Principles of recording bioelectric signals, including polarity, dipoles, electrodes, derivations, montages, amplifiers, sampling, and digital display [PR IV.A.2.b).(2).(b)]  YES  NO

**Practice-Based Learning and Improvement**

1. Describe an example of a learning activity in which fellows will develop competence in systematically analyzing practice using quality improvement methods and implementing changes with the goal of practice improvement. [PR IV.A.2.c).(1)]

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1. Describe one example of a learning activity in which fellows will develop the skills needed to locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems. [PR IV.A.2.c).(2)]

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which fellows will develop competence in communicating effectively with patients, their families, and health professionals. [PR IV.A.2.d).(1)]

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1. Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in communication with patients and families? [PR V.A.2.b).(1).(d).(i)]  YES  NO
2. Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in teamwork?   
   [PR V.A.2.b).(1).(d).(ii)]  YES  NO
3. Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in communication with peers, including during transitions of care? [PR V.A.2.b).(1).(d).(iii)]  YES  NO
4. Will the program use both direct observation and multi-source evaluation, including patients, peers, and non-physician team members, to assess fellow performance in record keeping?   
   [PR V.A.2.b).(1).(d).(iv)]  YES  NO

**Professionalism**

1. Describe at least one learning activity, other than lecture, by which fellows will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.  
   [PR IV.A.2.e)]

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1. Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow’s honesty and integrity? [PR V.A.2.b).(1).(e).(i)]  YES  NO
2. 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.2.b).(1).(e).(ii)]  YES  NO
3. Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow’s ability to maintain appropriate professional relationships with patients and colleagues? [PR V.A.2.b).(1).(e).(iii)]  YES  NO
4. Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow’s commitment to self-improvement? [PR V.A.2.b).(1).(e).(iv)]  
     YES  NO

**Systems-based Practice**

1. Describe the settings and learning activities in which fellows will gain an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.A.2.f)]

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1. Will the program use multi-source evaluation, including peers and non-physician team members, to assess each fellow’s ability to provide care coordination, including during transition of care?   
   [PR V.A.2.b).(1).(f).(i)]  YES  NO
2. Will the program use multi-source evaluation, including peers and non-physician team members, to assess each fellow’s ability to work in interdisciplinary teams? [PR V.A.2.b).(1).(f).(ii)]  YES  NO
3. Will the program use multi-source evaluation, including peers and non-physician team members, to assess each fellow’s advocacy for quality of care? [PR V.A.2.b).(1).(f).(iii)]  YES  NO
4. Will the program use multi-source evaluation, including peers and non-physician team members, to assess each fellow’s ability to identify system problems and participate in improvement activities? [PR V.A.2.b).(1).(f).(iv)]  YES  NO

**Competency Evaluation Narrative**

1. If the questions in the Competency sections or their format do not permit you to describe accurately or optimally the program director’s evaluation method(s) of fellows in any of the competencies listed above, provide a narrative that more completely or accurately describes the evaluation method(s).

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**Curriculum Organization and Fellow Experiences**

*Didactic Program*

1. Will fellows routinely participate in the following:

1. Core curriculum conference series [PR IV.A.3.d)]  YES  NO
2. Clinical case conferences [PR IV.A.3.d).(1)]  YES  NO
3. Journal club [PR IV.A.3.d).(1)]  YES  NO
4. Research conferences [PR IV.A.3.d).(1)]  YES  NO
5. Morbidity and mortality conferences [PR IV.A.3.d).(1)]  YES  NO
6. Quality improvement conferences [PR IV.A.3.d).(1)]  YES  NO

2. Will faculty members participate in required conferences? [PR IV.A.3.d).(3)]  YES  NO

*Didactic Program Narrative*

1. Briefly describe the program’s core curriculum conference series.

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1. 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.A.3.d).(1)]

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1. Describe how faculty members and fellows are educated about fatigue and its negative effects.   
   [PR VI.D.1.a)]

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1. Indicate whether didactic topics will include the following: [PR IV.A.3.d).(4)]
2. Clinical ethics  YES  NO
3. Interdisciplinary topics  YES  NO
4. Medical genetics  YES  NO
5. Patient safety  YES  NO
6. Physician impairment  YES  NO
7. Preventive medicine  YES  NO
8. Quality assessment  YES  NO
9. Quality improvement  YES  NO
10. Risk management  YES  NO

*Clinical Experiences*

1. Provide the data requested below for the most recent academic year. [PR IV.A.2.a).(1)-IV.A.2.a).(1).(b)] *Add columns as needed.*

| **Adult** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Outpatient consultations |  |  |  |  |
| Inpatient consultations |  |  |  |  |
| Follow-up outpatient visits |  |  |  |  |
| Polysomnographies performed |  |  |  |  |
| Multiple sleep latency tests performed |  |  |  |  |
| **Pediatric** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Visits per year |  |  |  |  |
| Follow-up outpatient visits per year |  |  |  |  |
| Polysomnographies performed per year |  |  |  |  |
| **Patient Data** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Patients with the following major categories of sleep disorders: | | | | |
| Circadian rhythm disorders |  |  |  |  |
| Idiopathic hypersomnia |  |  |  |  |
| Insomnia |  |  |  |  |
| Narcolepsy |  |  |  |  |
| Parasomnias |  |  |  |  |
| Sleep problems related to other factors and diseases, such as medications and psychiatric and medical disorders |  |  |  |  |
| Sleep-related breathing disorders |  |  |  |  |
| Sleep-related movement disorders |  |  |  |  |

*Experience with Continuity Ambulatory Patients*

1. Provide the information listed below regarding the fellows’ continuity ambulatory clinic experience. [PR IV.A.3.e).(1)-IV.A.3.e).(1).(c)] *Add columns as needed.*

| **Adult** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Number of half-day sessions per sleep medicine fellow during the 12-month program |  |  |  |  |
| Number of new patients per sleep medicine fellow during the 12-month program\* |  |  |  |  |
| Number of follow-up visits per sleep medicine fellow during the 12-month program |  |  |  |  |
| Average number of patients seen by an sleep medicine fellow during a half-day clinic session |  |  |  |  |
| Number of on-site faculty members assigned to supervise the clinic session |  |  |  |  |
| **Pediatric** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Number of half-day sessions per sleep medicine fellow during the 12-month program |  |  |  |  |
| Number of new patients per sleep medicine fellow during the 12-month program\* |  |  |  |  |
| Number of follow-up visits per sleep medicine fellow during the 12-month program |  |  |  |  |
| Average number of patients seen by an sleep medicine fellow during a half-day clinic session |  |  |  |  |
| Number of on-site faculty members assigned to supervise the clinic session |  |  |  |  |

\*Patients seen by the sleep medicine fellow for a comprehensive evaluation.

1. Provide a narrative that describes how each fellow will gain experience in the longitudinal management of patients for whom he or she is the primary physician under the supervision of a faculty member. [PR IV.A.3.e).(1).(b)]

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**Evaluation**

**Fellow Evaluation**

1. Will faculty members discuss evaluations with each fellow at least once every three months?   
   [PR V.A.2.a).(1)]  YES  NO

**Faculty Evaluation**

1. Will faculty member evaluations be confidential and reviewed with each faculty member annually? [V.B.4.]  YES  NO

**Program Evaluation and Improvement**

1. Will the program document formal, systematic evaluation of the curriculum at least annually?   
   [PR V.C.2.]  YES  NO
2. Will the program monitor and track performance of program graduates on the certification examination? [PR V.C.2.d)]  YES  NO
3. Will the program monitor and track program quality? [PR V.C.2.e)]  YES  NO
4. Will fellows have the opportunity to evaluate the program confidentially and in writing at least annually? [PR V.C.2.e).(1)]  YES  NO
5. Will faculty members have the opportunity to evaluate the program confidentially and in writing at least annually? [PR V.C.2.e).(1)]  YES  NO
6. Describe how the program will use the results of fellows' assessments of the program together with other program evaluation results to improve the program. [PR V.C.2.e).(2)]

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1. List the representative program personnel who will review program goals and objectives and the effectiveness with which they are achieved. [PR V.C.4.]

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