



Guidelines for PhD Training in Sleep Disorders Medicine

I. General

A. Introduction

The guidelines contained within this document have been developed to provide a common foundation in the field of sleep for those professionals who are in the final years of training for their doctoral degree in Psychology and those who are pursuing postgraduate training. The current eligibility requirements (1999) by the American Board of Sleep Medicine for PhD applicants intending to take the American Board of Sleep Medicine examination are reasonable. These requirements reflect an appropriate amount of training years and the minimum level of training needed to be eligible to take the examination. However, the training of PhDs in Sleep Medicine that currently exists has been occurring in a number of settings, and under various training rationales and philosophies. Without a common unifying set of guidelines for training, the individuals in these various training programs have sometimes worked hard to achieve what they believe is an appropriate training Sleep Medicine, only to find out that they do not meet the eligibility criteria to take the American Board of Sleep Medicine Examination. Therefore, these guidelines have been designed to establish a common basic training philosophy for all PhD training sites while allowing each site to individualize its program. The guidelines are to assure that any PhD who pursues training in Sleep Medicine at a recognized site will meet the eligibility requirements to take the Board Examination.

It is the expectation of the committee that established these guidelines that any modification of the eligibility requirements for Ph.D. applicants to the American Board of Sleep Medicine will be instituted only after consultation with this committee and recognition of the impact of the modifications on the PhDs currently receiving training under these guidelines.

B. Eligibility for Program Approval

1. The following are required for program eligibility:
 - a. The program must consist of at least one year of fulltime training. Programs may offer more than on year of training, if desired.
 - b. The program must meet the guidelines for training in sleep medicine as described herein, and should meet guidelines for the training of psychologists, as described by the American Psychological Association or state regulations.
 - c. The program must be directed by a board certified sleep specialist with a Ph.D. Co-directorships with physicians are encouraged so that training in the medical aspects of sleep disorders can be addressed.

- d. A fellow of an AASM-accredited sleep fellowship training program should be financially supported by the fellowship program or an organization sponsoring the fellow.

2. Program Size

- a. At least one training position must be available each year.
- b. No limit is placed the maximum number of trainees in a program, but programs in which the number of trainees exceeds the requisite resources of patient population, faculty or facilities for their adequate training will be considered deficient on the basis of size. All programs must have adequate patient population for each mode of required training and, minimally, must include organized clinical services.

3. Program Quality

A well-planned, high quality educational program includes specific, assessable objectives for program components and criteria for completion of training. These must be written by the faculty and provided to each trainee. Generally speaking, the quality of the training program is reflected by the ability of its trainees to conceptualize sleep disorders in terms of the related factors, such as medical, neurological, psychiatric and psychological (behavioral, emotional and social). Trainees must be able to accomplish data gathering (interviewing, polysomnographic and psychological data), differential diagnosis, formulation of a treatment plan and implementation of treatment and follow-up.

Clinical record must include an adequate history, including sleep history, medical history, family history, psychological history that includes lifestyle areas. Documentation of consultation with other relevant professionals (e.g. neurologist, pulmonologist, general practitioner) must be included. The trainees should detail an adequate treatment plan, regular progress notes, and adequate justification for diagnostic and therapeutic procedures performed. The training program must have a mechanism that ensures that records are regularly reviewed for supervisory and educational purposes. Documentation of this review is recommended by countersignature of the supervising clinician.

Performance of trainees on examination for certification by the American Board of Sleep Medicine may be one measure of the programs quality. Therefore, programs are encouraged to solicit such information from previous trainees of the program.

The general academic level of the teaching environment, as reflected by the interaction with training programs in related fields (e.g., Neurology, Pulmonary Medicine, Psychiatry, Pediatrics, Otolaryngology, Cardiology), is another measure of program quality.

In addition to clinical experience, emphasis should be placed on the understanding of the basic mechanisms for sleep and wakefulness. Learning objectives pertinent to these basic mechanisms would be helpful in guiding the reading and learning of the trainee.

C. Entry Requirements

Trainees must have received their PhD from an APA accredited program, or have had equivalent clinical training, prior to entry into the Fellowship program.

D. Trainee Orientation

An adequate orientation at the beginning of the training program should be given in order to appropriately incorporate the trainee in the educational and clinical experience.

II. Objectives of Training

All programs should state specifically, as clearly as possible, the objectives and competencies required for successful completion of the program. These objectives and criteria should be made available to applicants of the program.

The primary objective of fellowship training is the development of clinical competence. Such competence requires attainment of the necessary substantive knowledge, skills and professional attitudes.

1. Requisite knowledge includes:

- a. knowledge of the major theories and view points in sleep medicine, together with a thorough understanding of the generally accepted facts and basic sleep mechanisms.
- b. understanding of the biological, psychological, social, economic, ethnic and familial factor that significantly influence the evaluation and treatment of sleep disorders.
- c. comprehension of the etiologies, prevalence, diagnosis and treatment of all of the sleep disorders in the current nosology of sleep medicine.
- d. thorough knowledge of the use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
- e. familiarity with the issues of financing and regulation of sleep medicine.
- f. solid grounding in ethics and its application to sleep medicine.
- g. familiarity with the legal aspects of sleep medicine.
- h. understanding of when and how to refer to other professionals.
- i. knowledge of and skills in research methods in the clinical and basic sciences related to sleep medicine.

2. Requisite skills include:

- a. experience and competence with all age groups in the elements of clinical diagnosis, such as interviewing, clear and accurate history taking, and complete and systematic recording of findings along with diagnostic impressions.
- b. competence in relating history and clinical findings to the relevant medical neurological, psychiatric and social issues associated with etiology and treatment.
- c. competence in formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
- d. ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurological, and psychiatric conditions, to formulate appropriate treatment plans, and to make appropriate referrals.
- e. experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatments, behavioral treatments, and other somatic therapies.

- f. experience and competence in providing continuous care for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities.
- g. competence in sleep medicine consultation in a variety of medical and psychiatric settings.
- h. being especially conversant with medical, neurological, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring).
- i. being especially cognizant of the nature of the interactions between treatments for sleep disorders and other medical, neurological and psychiatric treatments.
- j. being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity.
- k. technical skills necessary to perform polysomnography from preparation of the patient to the completion of the study, including multiple sleep latency tests and, if available, NPT studies.
- l. competence in scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection.
- m. competence with administration and interpretation of psychological tests.
- n. certification in cardiopulmonary resuscitation,
- o. experience in participation and leadership of interdisciplinary teams.
- p. ability to appraise critically the professional and scientific literature and apply new contributions to management and care of patients.

3. Requisite attitudes include:

- a. Trainees must have a strong sense of responsibility for patients. The attitudes required of a sleep specialist are those expected of all health professionals. These attitudes begin to be acquired in graduate school and are broadened in the specialty training of the sleep medicine specialist.
- b. Other important attitudinal components for trainees to develop include a desire to be aware of their own strengths and limitations, an awareness of feelings toward themselves and others, a commitment to high ethical standards, and a commitment to continuing professional development.

C. Curriculum

1. Methods of Meeting Training Objectives

- a. An approved program must have a described education curriculum including methods and content.
- b. Training in sleep medicine demands long hours and disciplined effort. The program should carefully monitor any activity outside the program that interferes with education, performance or clinical responsibility.
- c. Formal educational activity must have high priority in the allotment of the trainee's time and energy. Clinical responsibilities must not prevent the trainee from obtaining the requisite didactic educational activities and formal instruction.
- d. Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis. In a progressive manner, it should expose trainees to topics appropriate to their level of training. Systematically organized instructions should be an essential part of the program. Staff presentations, clinical case conferences, journal clubs, and lectures by visitors are desirable.
- e. The curriculum must include adequate and systematic instruction in basic biological and clinical sciences relevant to sleep medicine in adults, infants and children, and relevant treatment modalities.

- f. Didactic exercises should include the presentation and discussion of clinical case material at conferences attended by faculty and other trainees. This training should involve experiences in formulating and discussion of the theoretical and practical issues involved in the diagnosis and management of specific cases.
- g. Carefully supervised clinical care of patients is the core of an adequate training program. The clinical services must be organized such that trainees have major responsibility for the care of a significant portion of all patients assigned to them, and that they have sufficient high quality supervision. The amount and type of patient care responsibility a trainee assumes should increase as the trainee advances in the program.
- h. Each trainee must have primary responsibility for the diagnosis and treatment of a reasonable number and adequate variety of patients with both acute and chronic sleep disorders. The number and variety of patients should meet, if not exceed, the requirements set forth for the board examination. Each trainee must have supervised experience in the evaluation and treatment of patients of both sexes and of various ages.
- i. The number of patients for which trainees have primary responsibility at any one time must be sufficiently small to permit them to conduct a detailed study of each patient, to provide each patient with appropriate treatment, and to have sufficient time for other aspects of their educational program. At the same time, the number must be sufficiently large to provide an adequate depth and variety of clinical experience.
- j. The curriculum must include a significant number of interdisciplinary clinical conferences and didactic seminars in which sleep medicine faculty members collaborate with colleagues from other specialties and disciplines.
- k. Attendance at national, international, and local sleep medicine conferences is strongly recommended.

2. The following content areas should be addressed in the curriculum to provide familiarity with the broad range of basic science and clinical issues relevant to sleep medicine:

- a. Basic neurological sleep mechanisms
- b. Chronobiological mechanisms
- c. Cardiovascular physiology during sleep
- d. Pulmonary sleep physiology
- e. Endocrine sleep physiology
- f. Sexual physiology during sleep
- g. Gastrointestinal sleep physiology and pathophysiology
- h. Dream physiology
- i. Psychopharmacology of sleep
- j. Sleep and development
- k. Sleep and aging
- l. Sleep and the infant, child and adolescent
- m. Disorders of excessive sleepiness
- n. Disorders of initiating and maintaining sleep
- o. Biological rhythm disorders
- p. Parasomnias
- q. Sleep hygiene in the adult
- r. Conducting a psychological interview
- s. Treatment modalities for a variety of disorders
- t. Ambulatory monitoring devices
- u. Operation of polysomnographic monitoring equipment
- v. Interpretation of the polysomnogram
- w. The sleep history
- x. Ontogeny of sleep

3. The following are specific examples of content for these areas:

a. Cardiology

Skills should be developed in understanding the cardiac evaluation and recognition of the impact of common cardiovascular diseases, such as hypertension and congestive heart failure, on sleep disorders, as well as their psychological impact on health. Recognition and understanding of significant cardiac arrhythmias should be included.

b. Neurology

Emphasis should be on understanding the neurological examination, including indications for other diagnostic procedures, and recognition and understanding of neurological disorders that may present as sleep disorders, with special attention to seizure disorders, headaches, pain syndromes, movement disorders, post-traumatic syndromes, dementias, and neuromuscular disorders. Skills in the ability to recognize normal and abnormal electroencephalographic tracings should be obtained. The ability to conduct a neuropsychological interview and examination is crucial, and obtain an understanding of the neuropsychological presentation of sleep-related disorders.

c. Otolaryngology and Oral Maxillofacial Surgery

Emphasis should be on understanding the importance of a proper otolaryngological examination and understanding the role of surgical intervention for sleep apnea. Understanding the importance of evaluation and management of allergies should be achieved. A review of terminology regarding cephalometric examinations, dental occlusion types and surgical procedures should be provided.

d. Pediatrics

The training program should include specific training experiences to provide an understanding of the unique aspects of sleep medicine relevant to infants, children and adolescents. Emphasis should be placed on assessment and treatment of sleep-related complaints in the context of the family with a framework of normal development and behavioral issues. Special attention should be paid to the psychosocial dynamics of the family as it relates to the presentation of sleep disorders in a pediatric population. Age-related differences in polysomnographic methods and findings should be addressed.

e. Pulmonary Medicine

An understanding of the pulmonary system, including respiratory muscles, arterial blood gases, and pulmonary function testing is essential. Emphasis should be on the impact of sleep on common pulmonary diseases such as COPD, asthma, restrictive lung disease, and hypoventilation syndrome. Training in understanding the measurement of respiratory parameters (oximetry, airflow, respiratory effort) is necessary. Knowledge of the current treatment modes (positive airway pressure devices, supplemental oxygen, medications) is required.

f. Psychiatry and Psychology

Learning how to perform the mental status exam and conduct a proper psychological/psychiatric interview is crucial. Skills in interpretation of personality inventories, mood scales, and cognitive and motor tests should be gained. Familiarity with pharmacological management of psychiatric disorders and psychiatric aspects of sleep disorders is essential. Skills in delivery of behaviorally-based techniques, such as relaxation training, biofeedback, sleep hygiene, sleep restriction, stimulus control and others, must be achieved.

Each experience should be arranged in such a way as to provide a clinically useful overview of each subspecialty area. During the time that a trainee is attending services in these subspecialty areas of the Sleep Medicine Training Program director should maintain contact with trainee for support and coordination of the educational experiences. Any trainee who has achieved the learning objectives for each of these areas prior to the training program should be exempt from

the requirement to spend additional time in that specific area. Written evaluation of the trainees performance in the subspecialty areas should be provided to the training program director by the faculty of the subspecialty area.

4. Recommended Core Reference Materials:

Books

- 1) Carskadon MA(ed) Encyclopedias of Sleep and Dreaming. New York,Macmillan,1992.
- 2) Cheitlin MD, Sokolow M, McIlroy MB. Clinical Cardiology, 6th ed. Norwalk, Conn: Appleton & Lange, 1993.
- 3) Chokroverty S(ed) Sleep Disorders Medicine: Basic Science, Technical Considerations, and Clinical Aspects, 2nd Edition. Boston: Butterworth-Heinenann, 1999.
- 4) Daly DD, Pedley TA (eds) Current Practice of Clinical EEG, 2nd ed. New York: Raven, 1990.
- 5) Dean E. Cardiopulmonary Anatomy. In Principles and Practice of Cardiopulmonary Physical Therapy, 3rd ed. St. Louis: Mosby,1995.
- 6) Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Washington C: American Psychiatric Association, 1994.
- 7) Ferber R, Kryger MH (eds) Principles and Practice of Sleep Medicine in the Child. Philadelphia: Saunders, 1995.
- 8) Grant I, Adams KM. Neuropsychological Assessment of Neuropsychiatric Disorders, 2d ed. New York: Oxford University Press, 1996.
- 9) Guilleminault C (ed) Sleep and its Disorders in Children. New York: Raven, 1987.
- 10) Hauri P (ed) Case Studies in Insomnia. New York: Plenum, 1991.
- 11) Horne JA. Why We Sleep. Oxford: Oxford University, 1988.
- 12) Kryger MH, Roth T, Dement WC (eds) Principles and Practice of Sleep Medicine, 2d ed. Philadelphia: Saunders, 1994.
- 13) Lydic R, Biebuyck JF (eds) Clinical Physiology of Sleep. New York: Oxford University Press, 1988.
- 14) Mendelson W. Human Steep: Research and Clinical Care. New York: Plenum,1988.
- 15) Morin CM. Insomnia: Psychological Assessment and Management. New York: Guilford, 1993.
- 16) Pressman MW, Orr W. Understanding Sleep: The Evaluation and Treatment of Sleep Disorders. Washington DC: American Psychological Association, 1997.
- 17) Rowland LP. Merritt's Textbook of Neurology, 9th ed. Baltimore: Williams Wilkins, 1995.
- 18) Schwartz MS. Biofeedback: A Practitioner's Guide, 2nd ed. New York: Guilford, 1997
- 19) Shapiro BA. Clinical Application of Blood Gases, 5th ed. St. Louis: Mosby, 1994.
- 20) Shepard JW (ed). Atlas of Sleep Medicine. Mt. Kisco, NY: Futura, 1991.
- 21) Sigler B. Ear, Nose and Throat Disorders. St. Louis: Mosby, 1993.
- 22) Thorpy MJ (ed). Handbook of Sleep Disorders. New York: Marcel Decker, 1990.
- 23) Tyler P, Knot JR, Mayer WB. Fundamentals of EEG Technology, Vol I: Basic Concepts and Methods. New York: Raven, 1993.
- 24) Wagner GS. Marriott's Practical Electrocardiology, 9th ed. Baltimore: Williams & Wilkins,1994.
- 25) West JB. Pulmonary Pathophysiology - the Essentials, 4th ed. Baltimore: Williams & Wilkins,1992.

Recommended Guidelines

- 1) Anders T, Parmalee, A, Emde, RN. A Manual of Standardized Terminology, Technology and Criteria for Scoring of States of Sleep and Wakefulness in Newborn Infants. Los Angeles: UCLA Brain Information Service / Brain Research and Publications, 1971.
- 2) Carskadon et al. Guidelines for the multiple sleep latency test (MSLT): a standard measure of sleepiness. *Sleep* 9 (4): 519 -24, 1986.
- 3) International Classification of Sleep Disorders: Diagnostic and Coding Manual, revised. Rochester, MN: American Sleep Disorders Association, 1997.
- 4) Phillipson EA Indications and standards for cardiopulmonary sleep studies. *American Review of Respiratory Diseases*, 139: 559 -68, 1989.
- 5) Rechtschaffen and Kales A. A Manual of Standardized Terminology, Techniques, and Scoring System for the Sleep Stages of Human Subjects. Los Angeles: UCLA Brain Information Service/ Brain Research Institute Publications, 1968.
- 6) Practice parameters issued by the American Sleep Disorders Association, as published in the journal *Sleep*.

III. Administration of the Program

A. Institutional Support

The administration of the sponsoring institution(s) should be understanding of the educational goals of the training program and should show a willingness to support these goals philosophically and financially.

B. Program Direction

1. Each training program must be under the direction (or co-direction) of an individual who is a diplomate of the ABSM. It is the responsibility of this director to maintain an excellent educational program.

2. A change in program directorship must be reported to the AASM within 90 days of the change, and may result in a reevaluation of the program by the Training Committee.

3. The director of the training program should establish an *Educational Policy Committee* composed of members of the teaching staff and at least one trainee. This committee should participate actively in planning, developing, implementing, and evaluating all features of the training program including the selection of trainees, determination of the curriculum goals and objectives, and evaluation of the teaching staff and the trainees. Each program should have a written description of this committee including its responsibility to the sponsoring institution/department and to the program director.

C. Trainee Selection

1. The program director is responsible for maintaining a process for selecting trainees who are personally and professionally suited for training in sleep medicine. It is recommended that each program have a trainee selection committee to advise the program director.

2. The program should document the procedures to select trainees. Application records should document information from graduate education.

3. A documented procedure should be in place for checking the credentials, the clinical training experiences, and the past performance and professional integrity of trainees transferring from another program. This procedure must include solicitation and documentation of relevant information from the training directors of previous programs. Those trainees selected must have satisfied the training objectives cited above for reaching the program's level of training. A transferring trainee's educational program must be sufficiently individualized so that the training will have met all the usual education requirements of the program necessary for completion.

4. The training program director must be aware that applicants should have a command of language sufficient to facilitate accurate, unimpeded communication with patients, teachers and colleagues.

5. The program director is responsible for providing applicants with written descriptions of the clinical rotations and educational program. Written information must be provided regarding financial compensation, liability coverage, and the policies concerning vacation, sick leave, and maternity/paternity leave, and other special leaves.

D. Evaluation of Competence

1. Regular, systematic, documented evaluation of the achievements of each fellow should be maintained, including explicit statements regarding the trainee's progress toward educational objectives, and their major strengths and areas for improvement.

2. The program must maintain a record of specific cases treated by trainees in a manner which does not identify patients, but which illustrates each trainee's clinical experience within the program. This record must demonstrate that each trainee has met the education requirements of the program with regard to variety of patients, diagnoses, and treatment modalities.

3. The program should provide and document regularly scheduled meetings between the trainee and program director. These meetings should be of sufficient frequency, length and depth to ensure that the fellows are continually aware of the quality of their progress toward attainment of professional competence. These evaluation sessions should be held at least semiannually. During these sessions the trainees should be allowed to provide evaluations of the program and the various faculty members. In the event of unsatisfactory performance on the part of the trainee, provision should be made for remediation.

4. The program must formally examine the cognitive knowledge of each trainee at least once during the course of training. The use of examinations during the training year is one possible method of examination.

5. A written set of due process procedure must be in place for resolving problems which occur when a trainee's performance fails to meet the required standards. These must include the criteria for any adverse action, such as placing the trainee on probation or termination. The procedures should be fair to the trainee, patients, and the training program. A document describing such procedures should be provided to the fellows at the beginning of training.

6. Readily available procedures for assisting the trainee to obtain appropriate assistance for personal or professional problems should be in place.

7. The director, upon the trainee's completion of the program, will affirm in the training record that there is no documented evidence of unethical behavior, unprofessional behavior, or serious question of clinical competence. Where evidence to any of the aforementioned behaviors

does exist, it should be comprehensively recorded, along with interventions or remediations attempted.

8. The program will maintain records of all evaluations and these records will be made available upon review of the program.

E. Faculty

1. The training program must be staffed with a sufficiently appropriate number of capable, qualified sleep specialist and other health professionals related to sleep medicine in order to achieve the goals and objectives of the training program. The teachers should participate regularly and systematically in the training program and be readily available for consultation whenever a trainee is faced with a major therapeutic or diagnostic problem.

2. A written record of the educational responsibilities of all staff and faculty members who participate directly in the education of trainees is essential. That record should include the qualifications and experience of each faculty member, as well as the nature and frequency of the teaching activity.

IV. Program Facilities and Resources

A. Clinical Facilities

1. Training programs must have adequate facilities, clinics, agencies, and other suitable placements where the trainees can meet the educational objectives of the program. The program should specify the facilities in which the goals and objectives are to be implemented.

2. All trainees must have facilities available to them that are adequate in size and décor to enable them to interview patients in a professional manner. The facility must also provide adequate and designated areas in which trainees can perform the basic interview and other diagnostic procedures.

3. The facility should have a minimum of two bedrooms for conducting polysomnography. It is highly desirable that all offices, clinical and educational components be conducted in the same locale.

B. Other Educational Resources

1. The administration of the facility must provide ample space and equipment for educational activities.

2. The program must have available such basic teaching aids as slide projectors, video cassette recorders, computers, and teaching materials such as audio cassettes and videotapes.

3. The program must promote an atmosphere of scholarly inquiry and encourage the trainee to think in terms of advancing scientific knowledge.

4. The institution must provide trainees with ready access to a library that contains a substantial number of current basic textbooks in sleep medicine, as well as journals in sleep medicine and related fields. These materials should be sufficient for an excellent

educational program. Through this library the trainee must be capable of obtaining textbooks and journals through loan services and carrying out information searches via computer databases. It must be readily available to trainees on weekends and during the evening hours. It is desirable that the Sleep Disorders Center have its own library of basic sleep materials; although this is not required.



American Academy of Sleep Medicine

**FELLOWSHIP TRAINING PROGRAM – PH.D. TRACK
Application For Accreditation
(New Program)**

Name of Institution _____

Departmental Affiliation _____

Program Director _____

Additional Contact Person _____

Date of Application _____

Correspondence Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

E-Mail _____

Notice: This form must be signed and dated by the Director of the Fellowship Training Program.

I certify that the statements made in this application are true and complete to the best of my knowledge.

Signature

Print Name Clearly

Date

Title

INSTRUCTIONS

Answers to the questions contained in this application constitute the Application for Accreditation of your Fellowship Training Program for PhDs in sleep medicine.

Self-assessment is an integral part of any accreditation process. The Application is made up of questions designed to enable a program to assess all aspects of accreditation as determined by the Accreditation Council for Graduate Medical Education (ACGME). As a result of answering the questions, the program can determine its own areas of strength and weakness, identify needs, and make improvements, as appropriate. Fellowship programs need not be comprehensive to receive accreditation, yet each program should be aware of these potential regulatory issues.

The application should be typed or word processed on 8 ½ x 11” white paper (or submitted as an e-mail attachment). In responding to a question, begin by copying the question and its number; then give the answer or statement. Please be specific but concise. A question which is not applicable must be copied and answered “not applicable” with an explanation stating why it is not applicable. Do not delete any questions from the application.

Exhibits and other materials should be included as numbered attachments. All attachments should be labeled with tabs for ease of reference and be put together at the end of the application.

The face sheet of this application form should be used as the face sheet of your application. Please note that it must be signed by the Director of the Fellowship Training Program. When completed, **send the original application and three copies** to the:

**Fellowship Training Committee
American Academy of Sleep Medicine
One Westbrook Corporate Center, Ste. 920
Westchester, IL 60154**

Phone#: (708) 492-0930

Fax#: (708) 492-0943

1. Does the program provide for the equivalent of one year of full-time fellowship? Is it completed within one year or is it spread over more than one year?
2. Will all applicants to your training program have completed an APA-approved graduate program and internship?
3. Is the program affiliated with a primary sleep disorders center accredited by the American Academy of Sleep Medicine? If so, what is the name of the center, and what date does center accreditation expire?
4. Is the program directed by a Diplomate of the American Board of Sleep Medicine?
5. How many fellows are currently in your program?
6. How many fellows have graduated from your program? Give the number and year of completion.
7. To your knowledge, how many trainees have subsequently passed the examination for Board Certification in sleep medicine?
8. Do you have a fellowship training committee? List the committee members.
9. Briefly describe the administrative structure between the program director and the sponsoring department and institution.
10. Does the institution or department have grievance and dismissal procedures applicable to your trainees? If not, briefly describe your approach to these issues.
11. Briefly describe trainee salary information and contract agreements.
12. Briefly describe policies regarding (1) liability coverage, (2) sick leave, (3) vacation time, and (4) transfer of trainees between programs.
13. What orientation procedures are utilized? How and how often are individual meetings with each fellow scheduled for the purpose of discussing progress and weaknesses during the fellowship training experience? (Attach copies of forms used to evaluate fellows' progress.)
14. Briefly describe your method of handling situations in which fellows are not performing up to expectations.
15. Are "mock" Board exams given and, if so, at what intervals?
16. How is didactic instruction given? What topics are covered during the year of training? Is there a list of required readings? (If so, please attach.)
17. Is there a journal club? How often does it meet?
18. Is a sleep medicine library available to the fellows?
19. Is a general medical library available to fellows?

20. Do fellows provide teaching for other staff, students and/or the community? If so, please describe or give examples. How is this activity supervised?
21. Provide a brief description of the educational programs in the following areas:
- Cardiology
 - Neurology
 - Neuropsychology/Behavioral Psychology
 - Oral and Maxillofacial Surgery
 - Otorhinolaryngology
 - Pediatrics
 - Psychiatry
 - Pulmonology
22. How do fellows continue involvement in sleep clinic activities while on other clinical services? Describe.
23. Indicate whether fellows are provided financial support for attending national and regional sleep medicine seminars. List meetings that fellow(s) have attended.
24. Describe the research program(s), if any, in which each fellow is involved.
25. Approximately how many patients are personally evaluated and treated by fellows during the year?
26. Of the above patients, give approximate percentages of the types of sleep disorders evaluated by the fellows:
- | | |
|--|---|
| <p>_____ Sleep Apnea</p> <p>_____ Narcolepsy</p> <p>_____ Parasomnias</p> <p>_____ Nocturnal Myoclonus</p> | <p>_____ Restless Legs Syndrome</p> <p>_____ Biological Rhythms Disorders</p> <p>_____ Psychophysiologic Insomnia</p> <p>_____ Insomnia of Other Causes</p> |
|--|---|
27. Of the above patients, give approximate percentages that fall in the following age groups:
- | | |
|---|--|
| <p>_____ Neonatal</p> <p>_____ Child/adolescent</p> <p>_____ Adult</p> <p>_____ Geriatric</p> | |
|---|--|
28. Briefly describe the roles of the trainees and the supervising faculty in evaluating, treating, and following patients.
29. Does each of the fellows have his/her own office or work area?
30. Do fellows have access to a suitable exam room, appropriately equipped?
31. Give a description of formal instruction on the technical aspects of polysomnographic recording.
32. How many polysomnograms do the fellows typically score?

33. How are fellows checked on the accuracy of scoring and by whom?
34. How many times do the fellows attach monitoring devices and personally perform complete polysomnograms on patients?
35. What, if any, experience with NPT recordings do fellows receive?
36. How much experience with neonatal polysomnography is received? Describe the extent of training.

Attachments which should be included:

1. CV of program director.
2. List of all faculty involved in providing training with their specialty, titles, and training responsibilities. Include CV's.
3. CV's of current fellows.
4. Evidence of CPR certification for all current fellows.
5. Overall program schedule for a "representative" fellow.
6. List of required readings, if applicable.
7. Fellows' progress evaluation forms.
8. Copy of certificate given at the completion of training, if applicable.