

ATS / ASDA / ACCP / APCCMPD STATEMENT ABOUT TRAINING OF PULMONARY PHYSICIANS IN SLEEP DISORDERS

In recognition of the need for training of pulmonary physicians in sleep disorders, a joint, ad hoc committee was formed by the American Thoracic Society, the American College of Chest Physicians, the American Sleep Disorders Association, and the Association of Pulmonary - Critical Care Medicine Program Directors. This committee offers the following statement and recommendations as a result of its deliberations.

INTRODUCTION

Diagnosis and management of patients with sleep-related breathing disorders is recognized as a necessary area of clinical training for pulmonary physicians. Thus, pulmonary medicine fellowship programs should provide training in the basic aspects of sleep-disordered respiration. Further, the prevalence of sleep-related breathing disorders, particularly sleep apnea, has led many pulmonologists to specialize in this area, or in the broader area of sleep medicine. Such specialization requires more in-depth training in sleep-disordered breathing and more broad-based training in the **diagnosis** and management of all sleep disorders. Thus, additional training is needed for those pulmonary physicians who aspire to include sleep medicine as a significant portion of their practice. Therefore, the committee feels that two levels of training are needed in the sleep disorders area for pulmonary physicians. The first level would be provided to all pulmonary physicians within the traditional clinical pulmonary fellowship and emphasize sleep-disordered breathing. The second level of training would involve a six-month fellowship period to include more broad-based training in sleep medicine in addition to the routine sleep training provided to pulmonary fellows. This could be accomplished within a three-year pulmonary fellowship.

LEVEL 1 TRAINING

Pulmonary Training Including Sleep-Related Breathing Disorders

This training experience will allow the practitioner to manage patients with sleep disordered breathing and make appropriate referrals for other sleep disorders.

This person would not provide consultative service for all sleep disorders nor run a sleep center, but might participate in conducting and interpreting sleep studies aimed at cardiopulmonary disorders. This is considered Level 1 and is applicable to all pulmonary fellows in training.

FUND OF KNOWLEDGE:

- * Understanding of basic sleep mechanisms and physiology
- * Sleep apnea, diagnosis and treatment
- * Knowledge of symptomatology of sleep disorders
- * Differential diagnosis of excessive daytime sleepiness
- * Clinical utilization and basic interpretation of reports of overnight polysomnography
- * How respiratory disease and drugs interact with sleep
- * Clinical utilization of multiple sleep latency testing

PROCESS .

Pulmonary physicians in training should obtain experience in the diagnosis and management of patients with sleep disorders, in particular sleep apnea syndrome. This would be best done by having pulmonary physicians in clinical training doing a formal rotation in a sleep disorders center. It is expected that as part of a pulmonary clinical training program arrangements will be made for pulmonary fellows to evaluate patients with sleep disorders and be involved in their management. Specific training should be provided on basic interpretation of polysomnography reports and the other topics discussed above under the heading, Fund of Knowledge.

LEVEL 2 TRAINING

Pulmonary Fellow Training in Sleep Medicine

This is an intensive six-month period of training that is intended for a sub-group of pulmonary fellows who aspire to provide consultative service for a wide spectrum of sleep disorders, interpret all diagnostic sleep procedures, and potentially sit for the American Board of Sleep Medicine examination. The trainee will be expected to learn primarily the non-pulmonary aspects of sleep disorders medicine during this six-month period. For this six months of intensive training in sleep medicine to supplant the usual 12 month requirement for Board eligibility, several stipulations exist. First, the

assumption is made that during the remaining 30 months of pulmonary fellowship, the applicant will spend a reasonable quantity of time involved in the care of patients with primarily respiratory sleep disorders. This is the previously described Level 1 training. When this education is combined with the six-month intensive training period, roughly 12 months of total training time should have accrued. The director of the individuals' pulmonary training program must attest to such education. If such additional training (amounting to roughly 6 months) does not occur during the pulmonary fellowship, it can also be acquired after completion of the fellowship in equivalent sleep **medicine-**related activities. Second, the individual must have completed an internal medicine training program and be certified by the American Board of Internal Medicine.

As stated above, this six-month training period will be focused on basic sleep physiology, sleep monitoring, and non-respiratory disorders of sleep.

FUND OF KNOWLEDGE:

- 1) Conducting a sleep study
 - a) Electrophysiologic instrumentation and recording
 - b) **Electroencephalographic** interpretation
 - c) Basic scoring of sleep
 - d) Full interpretation of sleep reports

 - 2) All aspects of sleep physiology including basic neurophysiology

 - 3) Recognition and treatment of patients with virtually all types of sleep disorders including:
 - a) Insomnias of all types
 - b) Pediatric sleep disorders
 - c) Psychiatric disease and its impact on sleep

 - d) Disorders causing hypersomnolence, including:
 - i) Narcolepsy
 - ii) Idiopathic CNS hypersomnolence
 - iii) Periodic leg movements
 - e) Respiratory disorders of sleep (most training previously)
 - f) Parasomnias
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- g) Aging and its impact on sleep
- h) Circadian rhythm disorders

PROCESS

Pulmonary fellows will obtain the fund of knowledge described above in a sleep center under the guidance of a physician who is Board Certified in Sleep Disorders Medicine. This training center must be accredited by the Joint Committee on the Training of Pulmonary Physicians in Sleep Disorders. This committee will contain representation from the American Thoracic Society, American College of Chest Physicians, American Sleep Disorders Association, and the Pulmonary Program Directors. Such credentialing will require a document describing the training program, but no site visit.

Ideally, the fellow will spend a six-month period of time on a sleep disorders medicine service with multidisciplinary faculty input. Although a great deal of the information provided the trainee may come from the sleep fellowship director, interaction with multiple disciplines is believed to be important for the fellow to be well grounded in all aspects of sleep. This would include:

- 1) Neurology: Particularly as relates to nocturnal seizures, movement disorders, and narcolepsy.
- 2) Psychiatry: The approach to psychoses, affective disorders, and anxiety states should be provided.
- 3) Pulmonary: If gaps exist in the training regarding respiratory disorders of sleep, they should be filled.

The trainee over the course of the six months in the sleep laboratory should participate in a variety of activities each of which will improve specific areas of knowledge. These activities will be under the overall guidance of the fellowship director, but should involve a variety of physicians and technicians as described above.

These activities should include:

- 1) Instrumentation and conducting of all types of sleep studies and MSLT's for a variety of indications including insomnia, parasomnias, seizure disorders, and others.
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- 2) Scoring and formal interpretation of the sleep studies described above.
- 3) Attending a formal lecture series on all major topics in sleep, particularly basic sleep physiology.
- 4) Observing and participating in a frequently occurring clinical sleep conference in which a variety of cases are discussed and various diagnostic and therapeutic strategies are addressed. The trainee should actively participate often presenting didactic material and cases.
- 5) Conducting formal history and physical examinations on patients in the outpatient setting with a wide variety of sleep disorders and following these patients through diagnostic procedures and therapeutic interventions.
- 6) Hospital consultations for any disorder affecting sleep.
- 7) Specific training in the electroencephalogram as it relates to sleep and seizure activity.

When the six months of active sleep instruction and participation described above is combined with the individuals' previous training in internal medicine and pulmonary diseases (particularly respiratory disorders of sleep), the fellow would be eligible to sit for the examination of the American Board of Sleep Medicine.