Message from the President

Welcome to the initial issue of the APCCMPD’s Electronic Newsletter! We are always striving for new ways to improve services for our members and this Newsletter is our latest endeavor. The goal is to offer frequent updates on issues relevant to Pulmonary/Critical Care Program Directors. This Newsletter will also serve to update our members on activities of the APCCMPD and include information about upcoming events and such.

In this inaugural issue, Jack Buckley gives an update on the current status of the ABIM’s consideration of allowing Emergency Medicine trained folks sit for the critical care boards. There has been some confusion and misinformation dispersed about this important topic and Jack’s summary will update you on our current understanding of this issue. In addition we are trialing an “Ask the Program Director” section where we will attempt to answer a question from one of our members about a Pulmonary/Critical Care Program issue. We offer this to assist Program Directors with resources or input based on our own experiences with the caveat we are not the ACGME so there are no guarantees that our input is 100% sanctioned and we make no claims any of our answers are going to be accepted by the ACGME at a site visit.

We appreciate any feedback on this Newsletter and if there are topics, issues, features or other suggestions you have for future issues please sent those as well as any questions to us at: apccmpd@chestnet.org

John G. Mastronarde, M.Sc, M.D.
The Ohio State University

Critical Care Medicine Fellowship Opportunities for Emergency Medicine Physicians

For several years, the American Board of Emergency Medicine (ABEM) and American Board of Internal Medicine (ABIM) have been discussing opportunities for co-sponsorship of the ABIM subspecialty in Critical Care Medicine (CCM). There has been strong interest among EM-trained physicians and evidence of success in unaccredited CCM training programs in the United States. After much internal discussion, the two organizations agreed to move forward with the idea of co-sponsorship, which must be ultimately approved by the American Board of Medical Specialties (ABMS).

Last year, the APCCMPD became aware of the proposed co-sponsorship and together with the American College of Chest Physicians and the American Thoracic Society drafted a letter to the ABIM outlining a series of questions regarding the proposal. At this time, the ABIM has been considering our questions and suggestions along with those from the residency review committee for IM at the Accreditation Council for Graduate Medical Education. We anticipate the ABIM will be sharing a full rationale with all key stakeholders prior to final submission to the ABMS. Copies of the letters to the ABIM and their response are available on the APCCMPD website http://www.apccmpd.org/apccmpd-correspondence. Key questions that remain include:

1) What specific training requirements of EM candidates will be required beyond those obtained in a traditional EM residency?
2) What types of changes to the CCM curriculum will be necessary to accommodate learners from different backgrounds?
3) Would faculty members board-certified in EM-CCM be permitted to supervise IM residents during a core MICU rotation?

While the ABIM and ACGME continue to explore the logistical issues of co-sponsorship, the APCCMPD has expressed our interest in remaining involved to ensure the proper training of any and all CCM trainees.

Jack D. Buckley, MD, FCCP

Upcoming Events

- **November 1, 2010**: APCCMPD Business Meeting held in conjunction with CHEST 2010 in Vancouver, BC, Canada
  - 6:30-7:00PM - Reception
  - 7:00-8:30 PM - Business Meeting
- **March 26-27, 2011**: 7th Annual APCCMPD Annual Spring Conference in Hollywood, FL
- **May 15, 2011**: Business Meeting held in conjunction with ATS 2011 in Denver, CO
  - 6:30-7:00PM - Reception
  - 7:00-8:30PM - Business Meeting
- **TBD**: 2011 Pulmonary and Critical Care In-service Exam Registration and Testing Dates
- **TBD**: 2011 Critical Care In-service Exam Registration and Testing Dates
Darlene Buczak Award for Innovations in Education

The Darlene Buczak Award for Innovations in Education was established by the Association of Pulmonary and Critical Care Medicine Program Directors in 2009 to honor Ms Buczak’s service to the organization. This award is given to an individual who demonstrates excellence and innovation in the education of pulmonary and critical care medicine fellows. The award is given on a yearly basis.

Dr Jennifer McCallister, Associate Fellowship Director for the Ohio State University pulmonary and critical care medicine training program, was the first recipient of the award. Dr McCallister has developed a month-long immersion curriculum that is delivered to all incoming first-year fellows during the month of July. This curriculum is designed to establish minimum cognitive and procedural competencies in key topics and procedures in the field prior to the new fellow beginning actual patient care responsibilities.

In the program, lectures and computer-based lessons are used to review relevant basic physiology, core clinical topics, and essential procedures. Technical skills and baseline procedural competencies are established through the use of simulators, cadaver laboratories, direct faculty instruction, and wet labs. Each first-year fellow is introduced to the available clinical services using an apprentice model where he or she works closely with the faculty and a senior fellow. The assessment of competency is achieved through the administration of a written pretest and posttest and direct observation of skills by faculty members. The curriculum is in its third year and has been well received by both fellows and faculty.

Dr Laura Evans, Associate Fellowship Director for New York University pulmonary and critical care medicine training program, was this year’s recipient of the award. Dr Evans has developed a structured research curriculum for fellows in an attempt to address some of the perceived barriers to academic careers and to improve the career development process. This curriculum has been in place for the last 2 years and is started during the first year of the training program.

In the fall of the first year in fellowship, fellows attend a 2-day “research retreat.” The goal of this retreat is to introduce each fellow to the research activities that are ongoing within the division, to introduce the research faculty to the fellows, and to provide the fellows with an overview of possible pathways toward an academic career. Each fellow is then expected to meet with potential research mentors over the ensuing months and to choose a research project by the spring of their first year. At the beginning of their second year in training, a series of research methodology lecture courses is provided. Each fellow assesses the effectiveness of the research retreat and the core lecture series in meeting his or her goals and the utility of the program as an introduction to a research-based career. The curriculum has been perceived to be beneficial from both the faculty and fellow perspectives.

Assessment of competency of cognitive and procedural skills and development of clinician scientists are just two of many aspects of training that are essential to the education of pulmonary and critical care fellows. Both Drs McAllister and Evans have developed innovative methods to address these two issues and have shown the positive outcomes that have occurred following institution of these programs. These two projects show the innovations in education and training that form the basis for the Darlene Buczak award.

Brian Carlin, MD, FCCP
Allegheny General Hospital
Ask the Program Director

Q. I am a new Program Director. I understand there needs to be a formal letter in each fellow’s file at the end of each year and at the end of fellowship. Do you have a template(s) for these letters?

A. You are correct regarding the need for summative evaluation letters for each fellow at the conclusion of each year and at the end of fellowship. The requirement is detailed in the ACGME’s General Requirements for Medical Subspecialties (version 7/07) which can be found on the ACGME web page at: http://www.acgme.org/acWebsite/RRC_140/140_prIndex.asp

In this document you will also see they make a special note that these letters are in addition to the requirements for yearly summary of training required by the ABIM. I certainly struggled at first in my role as a Program Director understanding all the various regulations governing fellows until it became clear to me that there are rules from the ACGME (both general and specific to subspecialty) and rules from the ABIM. These are totally separate requirements from 2 independent bodies. It seems quite intuitive to me now but at first this was very confusing so I only offer this point up in case you may have some question about who needs what each year.

I have placed a template of a letter we use at The Ohio State University for both end of the year and end of fellowship letters in the Toolbox for the PD on the APCCMP’s web page. You are free to copy or amend it as it suits your needs. http://apccmpd.org/resources

I hope this answers your question and was of value.

John G. Mastronarde, M.Sc, M.D.
The Ohio State University

Excerpt from the ACGME General Policies guidelines regarding these letters:

V.A.2. Summative Evaluation
The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must become part of the fellow’s permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy. This evaluation must:

V.A.2.a) document the fellow’s performance during the final period of education, and

V.A.2.b) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

V.A.2.b).(1) The program director must also prepare annually a written summative evaluation of the clinical competence of each fellow. (N.B.: This summative evaluation is in addition to the completion of the ABIM tracking form.)

V.A.2.b).(2) The summative evaluation must stipulate the degree to which the fellow has achieved the level of performance expected in each Competency.