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2018-2019**

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Dr. Jeffrey Wiese and Dr. Asher Tulskey
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

Dear Drs. Wiese and Tulskey,

On behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) Board of Directors (BOD) we appreciate the opportunity to provide feedback on current Procedures Required for Internal Medicine.

The APCCMPD is an independent not-for-profit national medical specialty society. Our membership is comprised of 95% of all ACGME Accredited Pulmonary, Critical Care, and combined Pulmonary Critical Care Fellowship Training Programs. Members include Program Directors, Associate Program Directors, Key Clinical Faculty and Fellowship Administrators including Program Coordinators.

The APCCMPD BOD reviewed and discussed the questions posed and also surveyed Program Directors within our membership. 103 of 229 (45%) Program Directors responded to the survey. Ultimately, the APCCMPD BOD has provided a response based on the BOD discussion and the Program Director Survey. **Our responses are listed in bold** below each of the four inquiry items you requested.

(1) Should competency in procedures be required of all residency graduates for initial certification in Internal Medicine regardless of their career plans?

Yes, competency in some procedures should be required of all residency graduates for initial certification in Internal Medicine (IM). Whereas some procedures should be required for only certain and specific career trajectories, there are "universal" expectations for a certain set of procedures detailed below. 71% of our survey respondents answered yes to this question. Many of those that answered no cited that more advanced procedures should be based on career plans and practice relevancy.

If so, which procedures should be included? If not, please share your reasoning (also if you recommend against procedure requirements for internal medicine then you do not need to answer the questions which follow).

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There were eight procedures that at least 50% of respondents felt should be included in this *required by all* category:

- **Abdominal Paracentesis (52/103)**
- **Lumbar Puncture (53/103)**
- **Nasogastric Intubation (53/103)**
- **Placing Peripheral Venous Line (58/103)**
- **Electrocardiogram (59/103)**
- **Drawing Arterial Blood (59/103)**
- **Drawing Venous Blood (60/103)**
- **ACLS (67/103)**

(2) The current procedure requirements include those that the graduate must “perform competently” and some that they must “Know, Understand, and Explain” Is that a useful framing?

Yes, this is a useful framing. 84% of survey respondents felt this framework was useful.

Should this categorization be retained, modified, or eliminated? Please share the reasons for your recommendation.

A majority of respondents (65%) said it should be maintained whereas 31% felt it should be modified and 3% said it should be eliminated. We highlight suggestions from our respondents for modification in question four below.

(3) In order to successfully transition to fellowship training in your discipline, are there any procedures that should be added to, or eliminated from, the procedural requirements?

There were three procedures that the majority of our respondents felt should be added to the procedural requirements to successfully transition to fellowship in pulmonary critical care medicine (PCCM). These were:

- **Arterial Line Placement (53/103)**
- **Abdominal Paracentesis (55/103)**
- **Central Venous Line Placement (60/103)**

It should be noted that Lumbar Puncture (45/103) and Thoracentesis (45/103) were close to the majority threshold but did not cross 50%.

As such, our BOD discussed these findings and acknowledge that exposure and opportunities to perform these procedures are not consistent amongst all IM residency training programs and therefore making it a requirement to perform these procedures in residency for future PCCM fellows could prove difficult. Short of requirement however, residents entering PCCM should be given ample opportunity to learn these procedures if interested and should have adequate exposure with an opportunity for assessment of competency.

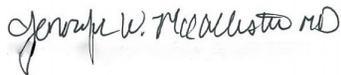
Finally, a near majority of 44% (46/103) felt that Pap smears/Endocervical cultures should be removed from the procedural requirements, as these are not necessary for a smooth transition to PCCM fellowship.

(4) Please feel free to share your thought about how the procedural requirements for Internal medicine certification are communicated on our ABIM's Website, especially if there are specific things you find confusing or complex.

Some survey respondents who answered "no" to question two above cited that the definition of Know/Understand/Explain is unclear and that measuring learners by this definition is difficult and cumbersome. Others suggested that having knowledge of a procedure should be covered under the medical knowledge evaluation sections and should not be included in the procedural requirements. Consider only listing procedures required by all in the requirements to make it less confusing. Listing complications and detailing exactly what is expected by evaluators for those procedures categorized as "Know/Understand/Explain" could help clarify. Any procedure requiring competent performance by the graduate should have the competency guidelines and proficiency levels defined in detail on the website.

Again, we are thankful for this opportunity to comment on procedural requirements for IM graduates seeking certification. We also look forward to any opportunities forthcoming in the near future that request our comment on procedures for our own pulmonary/critical care medicine subspecialty.

Sincerely,



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