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February 11, 2020

Dr. Peter Lenz
Association of Pulmonary and Critical Care Medicine Program Directors
2506 North Clark, Suite 431
Chicago, IL 60641

Dear Dr. Lenz,

The American Board of Internal Medicine (ABIM) Pulmonary and Critical Care Medicine Boards would like to ask you for your insights into an issue raised during our Fall 2019 meeting. You were a welcome guest at the Fall 2019 Critical Care Medicine Board meeting to discuss this matter.

A year ago, you advised the ABIM Internal Medicine Board on the question of whether or not a specific set of procedural competencies should be required of all graduating internal medicine residents. The Internal Medicine Board and ABIM Council subsequently approved the recommendation that all IM residents should do some procedures, but not to require a common set of procedural competencies across all graduating residents. Further, residents *must* have the opportunity to develop competence in procedures which will further their development as fellows in their chosen subspecialty or as independent practitioners in their intended fields if entering practice after residency.

In June 2019, the ABIM Council charged all ABIM Specialty Boards to work collaboratively with the education stakeholders to determine whether there were any procedural competencies that would be expected for residents to gain experience or competency prior to entering fellowship training in their discipline specifically, i.e. “pre-fellowship procedures”. These pre-fellowship procedures would not be required for certification eligibility in Internal Medicine or Pulmonary Disease/Critical Care Medicine, but would be a way to guide internal medicine residents (and residency program directors) about what kinds of procedural skills they should have, if any, before entering fellowship in Pulmonary Disease/Critical Care Medicine.

We are asking now specifically, and only, whether residents should be trained in any procedures in particular before entering fellowship in your discipline. On behalf of the Pulmonary and Critical Care Medicine Boards Board, we respectfully request your input on the following question:

What, if any, “pre-fellowship procedures” exposures and/or competencies should be expected for an incoming pulmonary/critical care fellow?

Thank you for sharing the results of a membership survey you conducted on this question. If you would like us to accept that as APCCMPD’s official comment on this matter, we would be glad to do so. ABIM will be surveying program directors and current/recent fellows in your field to help create a robust picture of what these suggested procedures might be. We understand that you would be interested in helping us to further amplify this request to the pulmonary /critical care medicine community. Any additional formal responses can be sent to Ms. Anamika Gavhane, Director of Medical Specialties and Policy Coordination at agavhane@abim.org. We appreciate your response on or before **April 7, 2020.**

Many thanks for the thoughtful feedback you've shared already, and if there's anything else that you want us to know about the idea of pre-fellowship procedures for pulmonary/critical care, please do feel free to include that in your comments.

Sincerely,

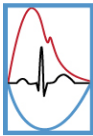
A handwritten signature in black ink, appearing to read "Serpil Erzurum". The signature is fluid and cursive, with the first name being more prominent.

Dr. Serpil Erzurum
Chair, Pulmonary Board

A handwritten signature in black ink, appearing to read "J. Christopher Farmer". The signature is cursive and somewhat stylized, with the first name being the most legible part.

Dr. J. Christopher Farmer
Chair, Critical Care Medicine Board

CC: Dr. Gabriel Bosslet, Ms. Joyce Reitzner



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December 23, 2019

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510 Walnut Street, Suite 1700
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Dear Drs. McDonald and Farmer,

Hugo Carmona, MD
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Joyce Reitzner, MBA, MPH
Executive Director

The APCCMPD appreciates the opportunity afforded by the ABIM for us to participate in the ABIM Critical Care Medicine Board Meeting and look forward to our continued dialogue. As discussed from action plans created at the meeting on November 8th, we write you today to inform you of next steps on gaining input from our membership and sharing our timeline and processes to create a task force that will be charged with creating a recommendation statement for pre-fellowship procedural requirements and recommendations for residents seeking fellowship training in Pulmonary Medicine (PM), Critical Care Medicine (CCM), and Pulmonary Critical Care Medicine (PCCM). The APCCMPD Board of Directors (BOD) had the opportunity to discuss **ways in which the APCCMPD could assist the ABIM to gain perspectives from Program Directors (PDs), and Fellows-in-Training** on pre-fellowship procedural recommendations and we share these below, **along with the outline to create our task-force that will provide the ABIM with our written recommendation statement.**

The APCCMPD would be happy to work with the ABIM in the following ways:

- **To aid in surveying PDs:** Per our policy, for surveys intended for PDs, the APCCMPD can distribute a survey link to our membership on behalf of the ABIM, via email, to each APCCMPD Member PD. The APCCMPD will follow-up with up to two email reminders.
- **To aid in surveying fellows-in-training:** Per our policy, for surveys intended for fellows-in-training, the APCCMPD can email a survey link to fellows-in-training on behalf of the ABIM, via APCCMPD Member PDs. The APCCMPD does not collect the email addresses of all fellows-in-training. Therefore, the APCCMPD would email a survey link to our PD and request that the PD forward the survey link to their fellows-in-training. With this, we are unable to guarantee that all fellows-in-training will be provided the link and we are unable to provide an accurate sample size.

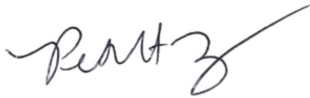
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- **Providing the ABIM with our written recommendation statement:**
The APCCMPD would like to convene a taskforce with the goal of drafting a position paper on procedural requirements prior to Pulmonary, CCM or PCCM Fellowship training. The APCCMPD intends on comprising this taskforce with 6 BOD Members and 4 at large members, including a fellow-in-training. The APCCMPD will ensure that the various types and sizes of fellowship programs, including academic and community based programs, are represented on this taskforce. Data from the surveys above will be beneficial to the task force. Therefore, our task force aims to submit our recommendation statement to the ABIM approximately 4-6 months after the ABIM has shared the data from the surveys mentioned above with us.
- **A note for all survey-directed input:** For all surveys, which the APCCMPD distributes to our membership, we would like the opportunity to share the results of the survey data with our membership. If the intention is to publish the survey results the APCCMPD requests the ABIM provide a link or a PDF of the manuscript upon publication. The APCCMPD would post the manuscript on apccmpd.org. If the intention is not to publish the survey results the APCCMPD requests that the ABIM provide the results to the APCCMPD staff to post on apccmpd.org. The APCCMPD may invite the ABIM to present the results at an APCCMPD business meeting or conference.

We hope this approach is amenable to the ABIM. On behalf of the APCCMPD Board of Directors, we look forward to working together on this effort and your response.

Sincerely,



Peter Lenz, MD, MEd
President
Association of Pulmonary and Critical Care Medicine Program Directors

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April 15, 2019

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Asher A. Tulsky, MD
Chair, ABIM Internal Medicine Board
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

Dear Dr. Tulsky:

On behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) Board of Directors (BOD) we appreciate this opportunity to comment on the proposed revisions for the procedural competencies required of all graduating residents to be eligible for initial certification in Internal Medicine. We thank the IM Board for confirming the essential nature and importance of having residents gain both exposure and opportunities to develop competence in performing invasive procedures and applaud the new learner-centered approach.

The APCCMPD BOD reviewed the ABIM IM Board's recent recommendations and surveyed our membership regarding the potential impact on readiness for fellowship. The survey was sent to 229 Pulmonary, Critical Care Medicine (CCM), and combined Pulmonary Critical Care Medicine (PCCM) program directors, with a response rate of 33% (n = 75). **In summary, we endorse this proposal with the following additional thoughts:**

- Our members continue to find value in procedural experience for incoming fellows. In fact, **the majority of respondents (87%) answered that a resident's application to our field is strengthened by performing procedures in residency.** Our BOD and members certainly recognize the difficulty in meeting a wide array of requirements expected of trainees with diverse career plans, but also feel that prospective fellows and their residency programs should be aware that candidates who have acquired additional procedural training during residency may be more competitive applicants for fellowship positions.
- Survey respondents also mentioned that **it is generally expected that residents will have at least some experience performing invasive procedures** before entering a PCCM or CCM fellowship. Therefore, we feel it is important to familiarize residents and training programs with the notion that procedural experience during residency can assist in preparation for pulmonary and critical care fellowship training.

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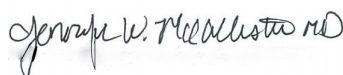
Joyce Reitzner, MBA, MIPH
Executive Director

Asher A. Tulsy, MD
April 15, 2019
Page 2

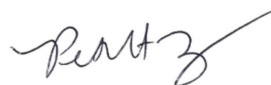
- Procedures remain an important and integral component of our specialty so it will be important that IM programs continue to offer opportunities for residents to gain experience in invasive procedures when it is relevant to their chosen career paths. Communicating these experiences to future employers and program directors will be important.
- The logical next step could include *written statements from organizations such as ours* to guide applicants and programs on optimal fellowship and procedural preparation. Furthermore, *a standardized letter from IM Residency Program Directors* that includes a statement describing an applicant's skills and preparation for fellowship could also prove useful.

In conclusion, we thank the ABIM IM Board for placing a priority on opportunities and exposure to invasive procedures during residency and endorse the proposed revisions outlined by the board. We also appreciate the opportunity to have this dialogue with the board and hope our input and considerations for next steps are helpful.

Sincerely,



Jennifer McCallister, MD
President, APCCMPD
Fellowship Program Director,
The Ohio State University
Pulmonary and Critical Care Medicine
Medicine

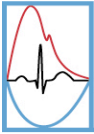


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Fellowship Program Director,
University of Cincinnati
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Dr. Jeffrey Wiese and Dr. Asher Tulskey
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

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.

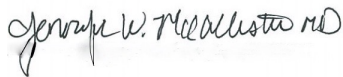
Finally, a near majority of 44% (46/103) felt that Pap smears/Endocervical cultures should be removed from the procedural requirements, as these are not necessary for a smooth transition to PCCM fellowship.

(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.

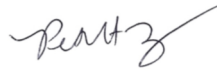
Some survey respondents who answered "no" to question two above cited that the definition of Know/Understand/Explain is unclear and that measuring learners by this definition is difficult and cumbersome. Others suggested that having knowledge of a procedure should be covered under the medical knowledge 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,



Jennifer McCallister, MD
President, APCCMPD
Fellowship Program Director,
The Ohio State University
Pulmonary and Critical Care Medicine



Peter Lenz, MD, MEd
President-Elect, APCCMPD
Fellowship Program Director,
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