Association
of Pulmonary and
Critical Care Medicine
Program Directors

August 31, 2020

Dr. Serpil Erzurum
Chair, Pulmonary Board

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

American Board of Internal Medicine
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

Dear Drs. Erzurum and Farmer,

In June 2019, the ABIM Council charged all ABIM Specialty Boards to work collaboratively with 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 (PCCM), 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 our specialty. We appreciate the opportunity to give direct input on this matter and wish to resume the dialogue which was interrupted by the COVID pandemic. Prior to the COVID pandemic, the ABIM asked specifically for our input on the following question: *"What, if any, "pre-fellowship procedure" exposures and/or competencies should be expected for an incoming pulmonary/critical care fellow?"*

As you may recall, the ABIM asked for initial input on this matter in 2018-2019 and we surveyed our members and found 11 procedures felt to be important for residents to have experience with prior to matriculating to PCCM fellowship. This past spring we surveyed our members again, this time focusing on the question raised above. On behalf of our Board of Directors (BOD), we share the results of our spring survey in the attached document and highlight our recommendations and position on these matters below, *highlighting three conclusions regarding pre-fellowship procedures.*

I. <u>Competence</u> should be expected for these four procedures:
EKG interpretation, Drawing venous blood, Drawing arterial blood, and ACLS (advanced cardiac life support).

Rationale: The overwhelming majority of PDs surveyed felt that <u>competence</u> should be the expectation for these four procedures prior to entry in to our specialties. Opportunities during residency to encounter these procedures is felt to be adequate and fairly universal. EKG interpretation and ACLS certification are widely accepted standards for residents to achieve. To clarify, venous and arterial blood sampling are not meant to represent routine venipuncture or blood gas sampling as these are often covered by phlebotomy. Rather we are endorsing that residents have competence to

APCCMPD
2506 North Clark Street
Suite 431
Chicago, IL 60614
Phone: (877) 301-6800

Email: joycereitzner@apccmpd.org
www.apccmpd.org
@APCCMPD

obtain venous or arterial blood in advanced clinical situations or emergent code conditions.

II. Residents should have <u>experience performing</u> these seven procedures:
Lumbar puncture, Paracentesis, Thoracentesis, Placement of venous line, Placement of arterial line, Placement of central venous line, Placement of nasogastric tube.

Rationale: While about 40-50% of PDs surveyed also wanted competence achieved for these procedures, close to 80-90% of PDs surveyed felt residents should have at least experience performing them. The APCCMPD BOD recognizes that opportunities to perform these procedures are not universally equal across training programs. As such, we feel it is a reasonable expectation that trainees heading into our specialties should have experience performing these procedures.

III. Residents applying to PCCM should be aware that performing procedures in residency <u>can aid applications to our specialties</u>.

Rationale: In 2018-2019, 87% of APCCMPD members reported that a resident's application to our field is strengthened by performing procedures in residency. We further quantified this and found out that performing procedures in residency is at least moderately important to 69% of the combined PCCM PDs and 90% of the CCM PDs surveyed this past spring. While the ABIM is not directly involved with application services for entry in to our specialties, it should also be noted that 76% of PDs surveyed in our fields felt that it would be useful to place information into applications summarizing procedures performed by applicants. Applicants should also expect to be asked about procedural experience by PDs during the interview and application process.

We appreciate the opportunity to have this dialogue and hope our input and considerations for next steps are helpful.

Sincerely,

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