Association
of Pulmonary and
Critical Care Medicine
Program Directors

2019
APCCMPD
Annual Conference

Awards Program

MARCH 13-15, 2019

Hotel Chaco and Hotel Albuquerque
Convention Center at Old Town
Albuquerque, New Mexico

@APCCMPD
#APCCMPD2019
www.apccmpd.org
Network. Learn. Implement.

Honoring Excellence in Pulmonary and/or Critical Care Medicine Education

2019 AWARDS PROGRAM

Association
of Pulmonary and
Critical Care Medicine
Program Directors

@APCCMPD
#APCCMPD2019
www.apccmpd.org
Network. Learn. Implement.

Darlene Buczak Abstract Award for Educational Excellence

The **Darlene Buczak Abstract Award for Educational Excellence** recognizes Pulmonary Medicine, Critical Care Medicine, and Pulmonary Critical Care Medicine training Program Directors, Associate Program Directors, faculty, and fellows-in-training for their outstanding contributions and commitment to medical education and training. The recipient is selected for success in applying an innovative educational method in his/her training program.

Congratulations to the 2019 awardee:

Stephen T. Doyle, DO, MBA
The Ohio State University

The APCCMPD would like to honor the contributions of all 2019 applicants:

Boning Li, MD
Rutgers Robert Wood Johnson Medical School

Mentorship During Training: Development of a Trainee Centered Mentorship Program

Authors: **Stephen T. Doyle, DO, MBA**
Jennifer McCallister, MD
The Ohio State University

INTRODUCTION

Mentorship can be defined as a formal or informal relationship between a more experienced (mentor) and a less experienced (mentee) person, with the unified purpose of furthering the mentee's professional career. This relationship is paramount in medical training, as physicians embark upon a career of lifelong learning. Studies show mentorship is associated with career success, greater career satisfaction, better career performance, and faculty retention at academic medical centers. Despite these known benefits, not all Pulmonary/Critical Care Medicine (PCCM) fellowships have an established mentorship program. In 2017, we surveyed PCCM fellows nationally and found that 49% of respondents lacked a formal mentorship program, 30% did not have an established mentor, and 40% were dissatisfied with the state of mentorship during their training. Only 27% of those with formal programs were provided the opportunity to evaluate their mentors. These responses mirrored those at our own institution, thus we developed a new mentorship program to address this.

ABSTRACT PRESENTATION

We created a fellow-centered mentorship program to aide in the fellows' career development by focusing on three key aspects: scholarship, clinical interests, and professional/career development. In July of the first-year of fellowship (F-1), the fellows are introduced to key concepts for successful mentoring in small-group discussions. Each F-1 is assigned a transition mentor during the first quarter of fellowship to assist with the transition to fellowship. Meetings are scheduled quarterly throughout the first-year, but are encouraged as often as beneficial. Topics for initial meetings focus on clinical skills development and early career interests, but evolve to focus on research and scholarship interests. Meetings with the transition mentor continue through the end of the F-3 year as needed to focus on development of clinical skills and career planning. In the winter of the F-1 year, each fellow identifies an area of interest for scholarship and research, and identifies a primary scholarship mentor. Meetings are scheduled monthly throughout the F-2 and F-3 year, but are encouraged as often as needed for success. During each meeting with the scholarship mentor, the fellow and mentor review and update a mentorship timeline that includes clinical service schedules, important dates, and SMART (specific, measurable, achievable, reasonable, timely) goals. For fellows who need additional resources for exploration, an external mentor is provided from a database of recent graduates of the program. This provides an opportunity for the fellow to get mentorship from those in a similar geographical areas or career paths to which they are applying (ie, private practice). See Table 1 for complete timeline. Mentors and mentees complete evaluations on the effectiveness of the mentoring relationship quarterly. This data and the scholarly-activity timeline are reviewed with program leadership at the semi-annual review to monitor fellow progress and to provide feedback on the effectiveness of the relationship.

DISCUSSION

In order for a trainee to be successful, it is important to pick the right mentor, take an active role in the relationship, evaluate the relationship, and develop a mentorship network. Having an effective mentorship program in place helps fosters this mentor-mentee relationship. Effective programs should be structured but dynamic, have outlined expectations, and offer opportunities for evaluation. Our program includes each of these, as well as educational opportunities for fellows on the mentee-mentor relationship and creating a mentorship network. Early feedback from this program has been overwhelmingly positive.

CONCLUSION

Our new mentorship program builds a mentorship network through connecting the fellow with three different mentors (transition, scholarship, external). It encourages the development of the trainee as a whole (scholarly, clinically, professionally), as well as providing a structured timeline to hold themselves accountable and help trainees succeed.

REFERENCES

1. Stamm M, Buddeberg-Fischer B. The impact of mentoring during postgraduate training. Med Educ. 2011;45(5):488-96.

2. Ries A, Wingard D, Gamst A, Larsen C, Farrell E, Reznik V. Measuring faculty retention and success in academic medicine. Acad Med. 2012;87(8):1046–1051.

3. Moores LK, Holley AB, Collen JF. Working With a Mentor: Effective Strategies During Fellowship and Early Career. CHEST. 2018;153(4):799-804.

TABLE 1. Mentorship Program Developmental Timeline

	F1 Year	F2 Year	F3 Year
Scholarship	• Discuss scholarship interests with mentor • Meet with prospective scholarly projects • Determine scholarship project and mentor • Mentor and mentee sign mentorship contract	• Start scholarly project during research months • Present project to the division with aide of mentor • Update scholarly-activity timeline quarterly • Mentor and mentee fill out evaluations quarterly • Submit scholarly work for presentation	• Update scholarly-activity timeline quarterly • Mentor and mentee fill out evaluations quarterly • Work with mentor to write manuscript • Present final project to division with aide of mentor
Clinical	• Mentor helps identify clinical strengths and weaknesses • Discuss SMART goals for year to improve clinical skills • Mentor and mentee fill out evaluations quarterly	• Discuss opportunities to improve clinical skills • Discuss interests and potential clinical niche • Discuss SMART goals for year to improve clinical skills	• Discuss further clinical niche development • Discuss SMART goals for year to improve clinical skills
Professional and Career	• Mentor helps identify interests and acts as a sponsor • Develop SMART goals for year • Discuss optimizing national conference experience • Mentor and mentee fill out evaluations quarterly	• Encourage and discuss professional development and involvement with mentor • Develop SMART goals for year	• Work with mentors to transition from fellow to attending • Discuss future career options • Provide access to external mentors • Provided tips/tricks sheet for first job search to discuss with mentors

It Matters! Teaching Social Determinants of Health in the Intensive Care Unit to Healthcare Providers

Boning Li, MD
Romala Surendran, MD
Pallak Agarwal, MD
Michaela Domaratzky, BA
Janis Li, HSD
Sabiha Hussain, MD
Rutgers Robert Wood Johnson Medical School

INTRODUCTION

Social determinants of health (SDOH) are factors such as transportation, housing, food, safety, economics, utilities, and social support that contribute to a person's health. When these factors are not addressed, the US healthcare system fails to achieve targets for health outcomes and fails to eliminate disparities in healthcare (1). It is important for healthcare providers to not only be aware and understand the SDOH in their patients but also be able to recognize the importance of addressing this in hospital settings such as the intensive care unit (ICU). It is important to address the social determinants of health in the ICU because this will impact readmission to ICU and mortality. Readmitted patients to the ICU have a mortality rate that is six times higher than those who are not readmitted (2).

ABSTRACT PRESENTATION

We developed a comprehensive education conference curriculum to teach about the social determinants of health. The curriculum included didactics, case-based discussion, and a panelist session with the goal to develop critical thinking and problem solving as it relates to SDOH. Our target population was healthcare providers from a wide range of healthcare areas. We used pre-survey and post-survey to assess the perception and knowledge of the social determinants of health. We conclude that our education curriculum was successful in not only increasing awareness but also improving knowledge regarding the social determinants of health to healthcare providers in the ICU.

DISCUSSION

After the education conference, more healthcare providers felt that the social determinants of health was not adequately addressed at present in the hospital. In addition, more healthcare providers believed that addressing SDOH in the ICU will make a difference. Healthcare providers felt more confident and prepared in recognizing SDOH (16.6% vs. 44.7%, p<0.05). Healthcare providers felt less inadequate in helping and directing their patients to meet their social needs (14.6% vs 2.13%, P<0.05).
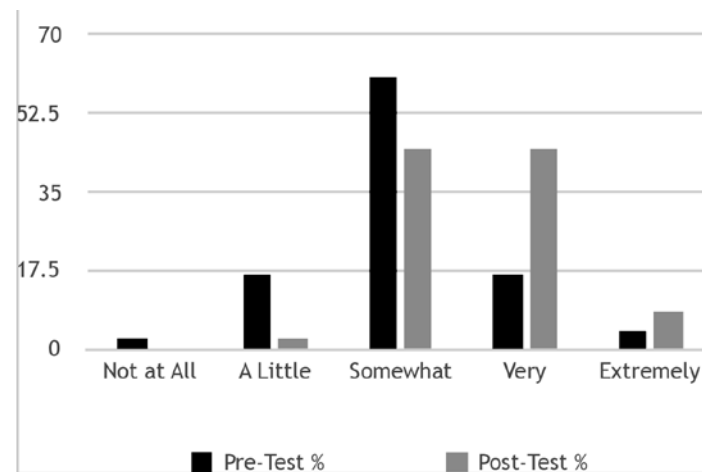
CONCLUSION

We conclude that our education curriculum was successful in not only increasing awareness but also improving knowledge regarding the social determinants of health to healthcare providers in the ICU.

REFERENCES

1. Eggleston EM, Finkelstein JA. Finding the Role of Health Care in Population Health. JAMA 2014;311(8):797-798.

2. Elliott, M. Readmission to the intensive care: a review of the literature. Aust Crit Care 2006 Aug;19(3):96-104.
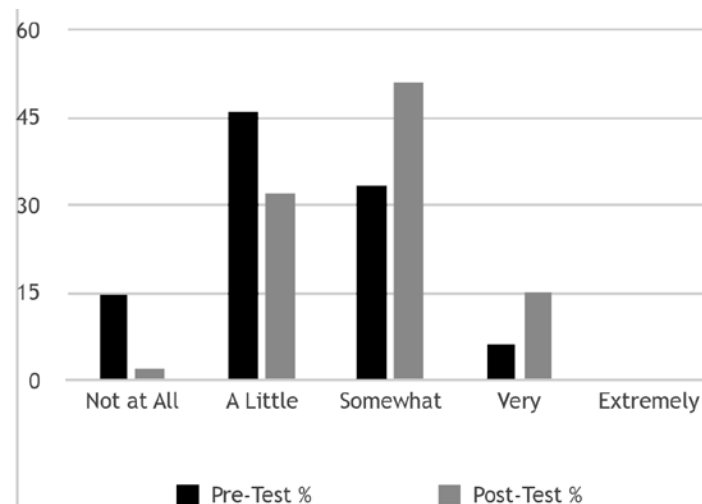
FIGURE 1. How confident and prepared do you feel in recognizing social determinants of health in a patient you might encounter?

Set B: Question 7

FIGURE 2. How confident and prepared do you feel in helping/directing your patients to help them meet their social needs?

Set B: Question 8

APCCMPD Abstract Award for Medical Education Research

The **APCCMPD Abstract Award for Medical Education Research** recognizes Pulmonary Medicine, Critical Care Medicine, and Pulmonary Critical Care Medicine training Program Directors, Associate Program Directors, key clinical faculty, and fellows-in-training for their outstanding contributions and commitment to medical education research. The recipient is selected for conducting innovative research focused on undergraduate or graduate medical education, in Pulmonary Medicine, Critical Care Medicine, and Pulmonary Critical Care Medicine.

Congratulations to the 2019 awardee:

Laura Hinkle, MD
Indiana University

The APCCMPD would like to honor the contributions of all 2019 applicants:

Shyam S. Ganti, MD
Wayne State University

Bilal A. Jalil, MD
University of Louisville

May M. Lee, MD
University of Southern California

The Good, The Bad, And The Ugly: Personal Statements From A Program Director's Perspective

Laura Hinkle, MD
William G. Carlos, MD
Gabriel Bosslet, MD
Indiana University School of Medicine

BACKGROUND

All candidates for residency or fellowship write a personal statement (PS). Writing the PS is often anxiety provoking and more often than not results in a product that is rather impersonal (1,2). Despite the universal nature of this requirement, little has been written about what postgraduate medical education program directors (PD) seek when evaluating the PS, although it has been demonstrated that certain features are common in the PS, which can create ambivalence in PDs who read them (3). We sought to gain a better understanding of how Pulmonary and Critical Care Medicine PDs view and interpret personal statements.

METHODS

We surveyed the membership of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) via their listserv. Quantitative data was collected regarding the importance of the PS in the candidate selection process. Qualitative, open-ended questions explored characteristics of good and bad PS, what the PS reveals about applicants, and advice for writing them. The data was collected via REDCap and the qualitative data was managed and analyzed using QSR International's NVivo 12. Grounded theory was utilized for coding and analysis of qualitative data.

RESULTS

Surveys were completed by 144/344 (33%) of PDs and Associate PDs. Qualitative analysis demonstrated good agreement between 2 raters (weighted kappa 0.73). Almost a quarter of respondents feel that the PS is either important or very important when deciding to offer an interview, while 15% feel it is important or very important when deciding rank order (Figure 1). Qualitative analysis revealed consistent themes across all questions. Major themes included Communication skills, Provision of Information Not Found Elsewhere, and Applicant Characteristics. Communication skills: PDs value an applicant's ability to communicate well, avoidance of misspellings and grammatical errors, and keeping the PS brief. Most feel that significant typographical errors indicate a lack of attention to detail that may carry over into clinical work. Provision of detail not found elsewhere: Most PDs felt it important to share information about the applicant that is unique, personal and unable to be gleaned from other parts of the application. This includes discussions of gaps in training or circumstances such as repeating a year of residency or failing a board exam. They stress inclusion of details about unusual career paths and defining experiences as these allow the PD to learn about the applicant as a person, and may set the applicant apart from others. Identifying career goals is also seen as important. Lack of this information or regurgitating other parts of the application are viewed negatively. Applicant Characteristics: PDs value personal writing that demonstrates insightfulness, resiliency, creativity, and motivation. Not surprisingly, applicants who seem arrogant, inauthentic, and are perceived as exaggerating their accomplishments stand out negatively. The advice PDs offer applicants is consistent with their previous answers (Figure 2). Recommendations focus on making it personal and including details not found elsewhere in the application. Many describe that applicants tend to write "cookie cutter" PS's, which describing a "big save" in the ICU, which often reveals little about the applicant. Finally, they advise allowing enough time to write well, proof read, and have at least one other person read the PS prior to submission.

CONCLUSIONS

Fellowship PDs view the PS as moderately important in the application process. They value succinct, quality writing that reveals personal details that would otherwise be unavailable to them. Hero stories about ICU saves are seen as lacking individuality, and should be avoided unless they reveal something truly formative about the candidate. The information presented can reduce the anxiety associated with writing the PS, while guiding applicants in writing a PS that strengthens their application.

REFERENCES

1. McNamee, T. (2012). In defense of the personal statement. Annals of internal medicine, 157(9), 675-675.

2. Campbell, B. H., Havas, N., Derse, A. R., & Holloway, R. L. (2016). Creating a Residency Application Personal Statement Writers Workshop: Fostering Narrative, Teamwork, and Insight at a Time of Stress. Acad Med, 91(3), 371-375.

3. Max, B. A., Gelfand, B., Brooks, M. R., Beckerly, R., & Segal, S. (2010). Have personal statements become impersonal? An evaluation of personal statements in anesthesiology residency applications. Journal of clinical anesthesia, 22(5), 346-351.

FIGURE 1. Program director responses regarding the importance of the personal statement in decision to offer an interview and determination of rank order.
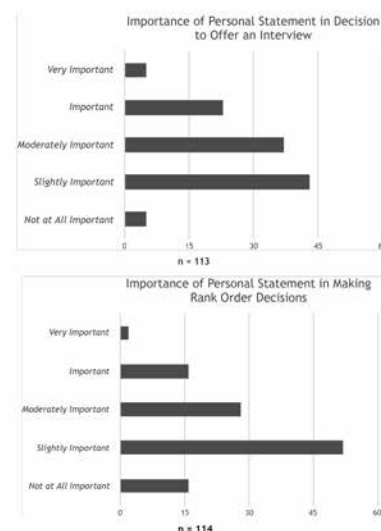

FIGURE 2. Word cloud - "What advice to you give applicants writing their personal statements?"

A Novel Simulation and Ultrasound-Based Curriculum for Shock Management in a Pulmonary & Critical Care Medicine (PCCM) Fellowship Training Program

Shyam S. Ganti, MD
Sammar Alsunaid, MD
Abdulghani Sankari, MD, PhD
Sarah Lee, MD
Mary-Jean Schenk, MD
Wayne State University Detroit Medical Center

BACKGROUND

Shock is a common and significant cause of morbidity & mortality in the intensive care units (ICUs). There is no standardized training to manage septic shock in the ICU. Simulation is known to improve clinical outcomes and enhance both patient and learner safety and satisfaction. Ultrasound (US) plays a major role in early detection and management of shock. We created a standardized curriculum that aims to improve knowledge and acquire competency in shock management using the US while practicing evidence-based medicine.

METHODS

The curriculum includes a baseline knowledge test made of 15 multiple-choice questions, a high-fidelity simulation manikin [Sim Man 3G®], a 29-item checklist to assess clinical competency in shock diagnosis & management, a Simbionix ultrasound simulator, and a 15-item checklist for the US use competency. The training team consisted of two clinical educator PCCM fellows and two critical care attendings. Each learner underwent the following chronological steps: 1) Baseline knowledge test, 2) A Baseline simulation session with a standardized case scenario testing shock and a baseline one-on-one US simulation session assessing US skills-both utilizing standardized competency checklists. These were conducted over 30-40 minute sessions followed by structured 10-minute debriefings. 3) A 60-minute didactic lecture, 4) Bedside US/shock teaching rounds in an ICU, 6) Post-course simulation sessions with debriefing and competency checklists similar to the initial sessions performed approximately 2 weeks prior, 7) Post-course knowledge test, and 8) Post-course survey using Likert scale (1-5) to evaluate learners' course satisfaction.

RESULTS

A total of eight first-year PCCM fellows completed the course as part of the fellowship orientation. All fellows showed significant improvement in baseline knowledge when compared to post course test scores [54.2% and 85.0%, $p<0.0001$](Fig. 1). The post-course shock simulation competencies improved significantly from a baseline of 45.7% (13.3/29) to 81% (23.8/29) ($p<0.001$) [Fig.1]. The average US competency also significantly improved from 73.3% (11/15) to 92.5% (13.9/15) ($p<0.01$) [Fig.1]. The course was highly rated by trainees with a mean score of 4.9/5 on the Likert scale.
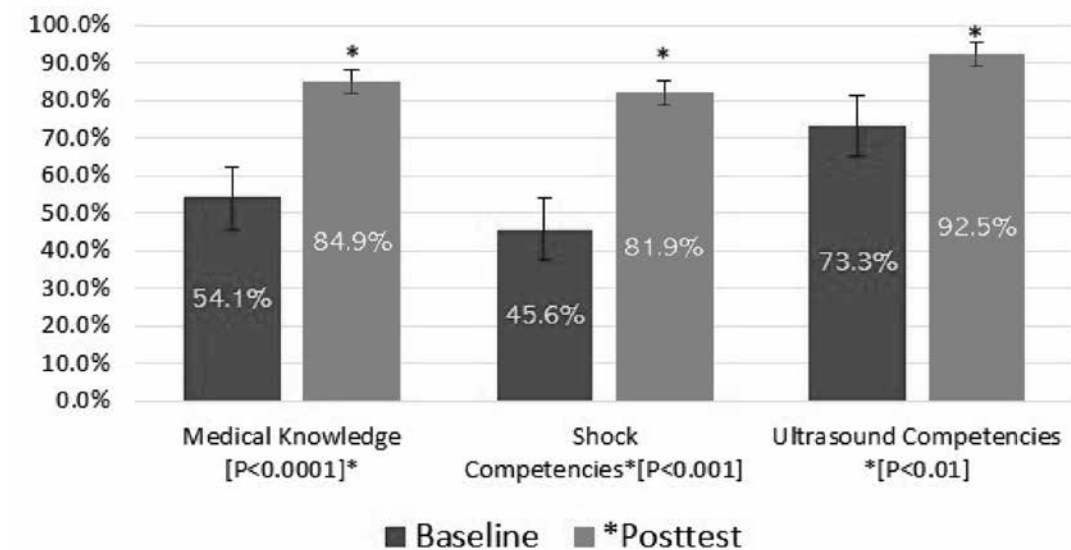
CONCLUSION

This novel standardized curriculum is an effective teaching method to improve new learners' competency in shock management using the US and high-fidelity simulation. The course was perceived as an effective interactive education curriculum by new learners. We are planning a further follow-up to assess long-term retention and feasibility of implementing this curriculum to different levels of trainees. This standardized method of training will likely affect clinical outcomes, but future studies are needed to assess its impact.

REFERENCES

1. Einar,O, et al., Evaluating the management of septic shock using patient simulation, Critical care medicine 35(3):769-75, April 2007

2. Dina,S, et al., Bedside Ultrasound in Resuscitation and the Rapid Ultrasound in Shock Protocol, Critical care research and practice, 2012; 2012: 503254.

FIGURE 1. Results of medical knowledge and competency assessment pre and post-training

Transforming the Classroom from the Bedside to the Cloud: Teaching Basic Bedside Echocardiography Using an Online Video-Based Curriculum

Bilal A. Jalil, MD
Jennifer A. Koch, MD
Hiram L. Rivas-Perez, MD
University of Louisville

BACKGROUND

As clinician educators, particularly in critical care, the bedside is often our classroom. Point-of-care ultrasound, an example of a skill primarily taught at the bedside, has rapidly been incorporated into clinical practice. Bedside echocardiography is frequently performed on patients with acute cardiopulmonary collapse and provides quick answers (1). While nurses are at the front lines in critical care units, rapid response teams and cardiac arrest scenarios, instruction in bedside echocardiography during internal medicine residency training is uncommon in the United States (2). Unfortunately, teaching echocardiography is laborious and done most effectively in small groups. The burden of clinical duties in busy critical care environments and the need for small-group teaching may limit individual scanning time for trainees. We designed an online video-based curriculum that teaches trainees ultrasound probe manipulation, surface anatomy, and basic echocardiographic anatomy of 5 views: parasternal long-axis, parasternal short-axis, apical 4-chamber, inferior vena cava and the subcostal 4-chamber. We used this curriculum as a virtual teaching tool to evaluate its effectiveness in equipping trainees with skills in basic bedside echocardiography.

METHODS

All 27 PGY-2 internal medicine and combined medicine-pediatrics residents at the University of Louisville were invited to participate in this study. The first 10 trainees to respond were enrolled and observed performing bedside echocardiography on a simulated patient before and one week after reviewing an online video-curriculum. The videos for this curriculum were created using computer animation, recorded video and saved ultrasound video clips. During the observed sessions, trainees were asked to obtain the 5 views and were assessed in 3 areas: knowledge of echocardiographic anatomy, image acquisition skills, and image quality. Echocardiographic anatomy knowledge was assessed using a 10 question multiple-choice test, image acquisition skills were graded during the observed sessions using a checklist, and image quality was assessed on saved ultrasound video clips. Trainees were scored in each area as a percentage and a total score was calculated as an average of the 3 scores. Perceived confidence in echocardiography was assessed separately using a questionnaire. The primary outcome was an increase in the total score. Secondary outcomes included an increase in scores for anatomy, acquisition skills, image quality, and perceived confidence. A paired t-test was used to determine differences between the baseline and post-intervention observations. P-values< 0.05 were considered to be significant for all statistical analyses.

RESULTS

Of the 10 PGY-2 trainees enrolled, 8 were internal medicine residents and 2 were combined medicine-pediatrics residents. Their baseline mean total score was 73.0%. This score increased by 19.3% to 92.3% (95% CI 12.7-25.9, p=0.00004) after the video-based curriculum. The mean scores in all 3 areas showed a statistically significant increase: anatomy knowledge increased by 17% (73.0% to 90.0%; 95% CI 1.7-32.3, p=0.0032), image acquisition by 13.9% (78.9% to 92.8%; 95% CI 4.7-23.0, p=0.006), and image quality by 27% (67.0% to 94.0%; 95% CI 13.7-40.3, p=0.001). Perceived confidence scores increased by 35% from 50.5% to 85.5% (95% CI 20.0-50.0, p=0.0002). The median number of views obtained increased from 3 to 5 (p=0.001). Total scanning time to obtain the 5 views was similar before and after the video-based curriculum (10.9 vs 11.0 minutes; 95% CI -5.05 to 4.92, p=0.9778).

CONCLUSION

An online video-based curriculum was successful at teaching basic bedside echocardiography to internal medicine trainees. This virtual teaching tool also made trainees feel much more confident in performing and teaching basic bedside echocardiography. Most importantly, it was able to homogenize the skillset of a group of trainees with different baseline levels of knowledge and confidence. Such video-based tools could be used as a 'primer' before critical care rotations and would maximize opportunities for trainees to recognize pathology at the bedside.

REFERENCES

1. Mok KL. Make it SIMPLE: enhanced shock management by focused cardiac ultrasound. J Intensive Care. 2016;4:51. Published 2016 Aug 15. doi:10.1186/s40560-016-0176-x

2. Schnobrich DJ, Gladding S, Olson AP, Duran-Nelson A. Point-of-Care Ultrasound in Internal Medicine: A National Survey of Educational Leadership. J Grad Med Educ. 2013;5(3):498-502.

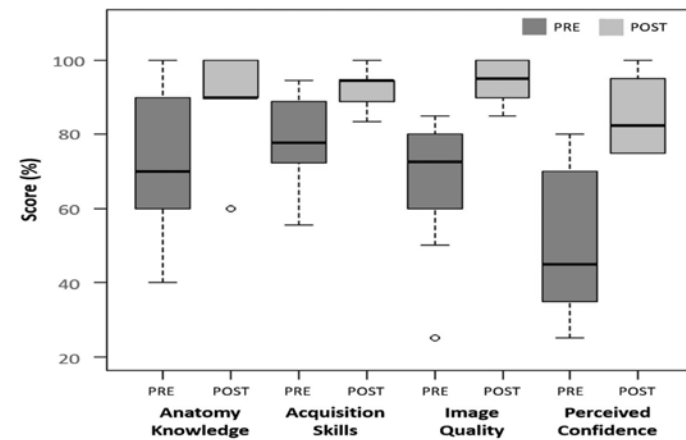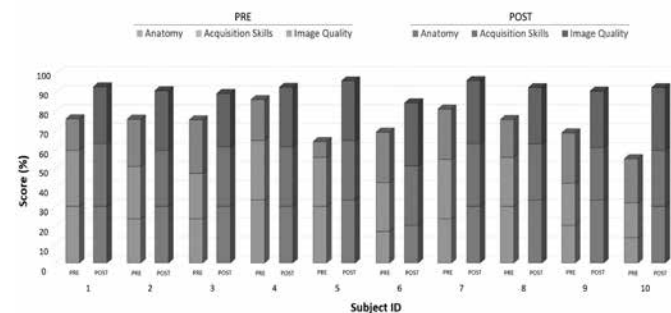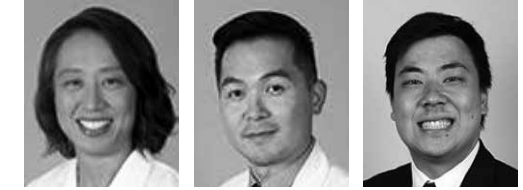FIGURE 1. Boxplot of Echocardiography Skills Before and After Video-based Curriculum

FIGURE 2. Individual Scores Before and After Video-Based Curriculum

---

Feasibility of an Adjunct Critical Care Ultrasound Curriculum Delivered Through a Social Media Platform (Facebook)

May M. Lee, MD
Alfredo Lee Chang, MD
Shiqian Li, MD
University of Southern California Keck Medical Center

BACKGROUND

Critical care ultrasound (CCUS) remains an important skill for critical care physicians. Currently, there is no standard approach to teaching CCUS. This study investigates the feasibility of using a social media platform to provide an adjunct CCUS curriculum and evaluating its impact on a fellow's interest in content and knowledge acquisition.
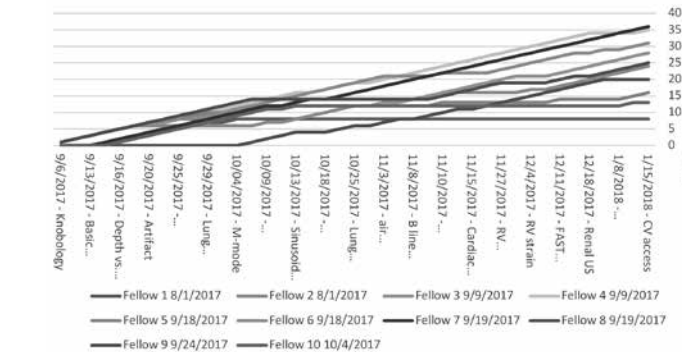
METHODS

All University of Southern California (USC) PCCM fellows were provided the usual CCUS curriculum, and all took a pre-knowledge assessment quiz. As part of the usual curriculum, first year attended a 2 day hands-on bootcamp. After the bootcamp, all fellows were invited to join a private CCUS Facebook group which provided 41 core skills divided into 5 systems delivered over 20 weeks. Posts included quizzes, cases, images, movies, and management-type questions along with links to webpages and articles. The number of views, and usage was monitored. Enrollment was voluntary. A post-intervention survey, utilizing a 5-point Likert scale, gauging the effectiveness of Facebook as an educational platform was

RESULTS

Usage: (figure 1) 10 of 21 fellows (47.6%) participated in the Facebook group, with 3 first year (30%), 4 second year (40%), and 2 third year (20%) fellows. Of the 41 posts, the mean number of posts viewed was 24 with a range of 8 to 36. The majority of those that participated continued to follow along. Survey: 90% responded to the post-intervention survey. 44% responded they would participate again in a Facebook education group with 33% responding maybe. 56% responded Facebook was an effective platform for delivering content. 89% responded the content was moderately to very useful. 56% responded it enhanced their CCUS education with 44% stating it motivated them to learn more. Pre and post testing: (table 1) The pre and post-test scores were compared using paired t-tests. The average pre and post intervention raw score means (of a total 41 questions) for those who did not participate (control) were 35.4±2.9 and 38.2±1.75 (p=0.005) those who participated (intervention) 37.56±1.94 and 38.0±1.50 (=0.602). Among first year fellows only, pre and post intervention raw score means amongst controls were 33.0±1.73 and 37.0±1.00 (p=0.020) and intervention were 36.3.0±2.52 and 37.7±0.58 (p=0.383).

CONCLUSIONS

Our principal aim was to determine the feasibility of using social media to implement an adjunct critical care ultrasound curriculum. Among a heterogeneous group of fellows at different years of training, the overall responses from the post-intervention survey were positive. Most of the fellows that participated would join a similar group again if given the choice again in the future and a small majority believed that the medium was an effective learning tool. We did not find a significant improvement in knowledge based on our pre and post test assessment in our intervention group. Those who chose to participate in the Facebook group had a higher baseline mean score compared to those that did not join. This self-selected group that participated in the Facebook intervention may have had more interest in critical care ultrasound to begin with as reflected in their higher baseline scores. This could also suggest that there was less overall knowledge to gain from the adjunct curriculum compared to those who did not join the Facebook group. Despite the test data, we do believe that a social media may be an acceptable platform to deliver an adjunct CCUS curriculum, however, we do not believe curriculum delivery via social media should replace a traditional curriculum. For learners, social media is easily accessible, widely available, has a potential broad reach, and may motivate increased interest in learning and its potential uses warrants further study.

REFERENCES

1. Eisen, L. A. (2010). Barriers to ultrasound training in critical care medicine fellowships: A survey of program directors. Crit Care Med, 38(10), 1978-1983.

2. Hempel, D., Haunhorst, S., Sinnathurai, S., et al. Social media to supplement point-of-care ultrasound courses: The "sandwich e-learning" approach. A randomized trial. Critical Ultrasound Journal, 2016; 8: 3.

3. Cheston CC, Flickinger TE, and Chisolm MS. Social Media Use in Medical Education: A Systematic Review Academic Medicine, 2018. 8(6)893-901.

FIGURE 1. Platform Usage

TABLE 1. Pre and Post Test Results

Group	Raw Pretest score means* (SD)	Mean pretest percent correct	Raw Posttest score means* (SD)	Mean posttest percent correct	p-value of pre and post test comparisons
All years control (n=11)	35.40 (2.91)	86.3%	38.20 (1.75)	93.2%	0.005
All years intervention (n=9)	37.56 (1.94)	91.6%	38.00 (1.50)	92.7%	0.602
First years control (n=3)	33.00 (1.73)	80.5%	37.00 (1.00)	90.2%	0.020
First years intervention (n=3)	36.33 (2.52)	88.6%	37.7 (0.58)	92.0%	0.383

*out of a total 41 questions

Outstanding Educator Award

Mid-Career Educator Award

APCCMPD members work diligently to foster excellence in education through the training and mentoring of the next generation of educators in Pulmonary Medicine, Critical Care Medicine and/or Pulmonary Critical Care Medicine. The annual **Outstanding Educator Award** recognizes clinicians who are exemplary clinician educators. The recipient is chosen by his/her peers for demonstrating excellence in the development of future physicians.

Congratulations to the 2019 awardee:

David Schulman, MD, MPH
Professor of Medicine
Emory University

David Schulman MD, MPH, is a Professor of Medicine at the Emory University School of Medicine in Atlanta, Georgia. After graduating from Yale College and Johns Hopkins School of Medicine, he completed internal medicine residency at the University of Rochester. During his fellowship in pulmonary and critical care medicine at Boston University, he obtained additional training in sleep medicine and performed research in sleep epidemiology using data from the Framingham Heart Study while finishing a Master's in Public Health.

In 2001, David joined the faculty of Emory as a clinician educator. While his clinical practice initially incorporated components of both pulmonary disease and critical care medicine, his current clinical focus is on the diagnosis and management of sleep disorders as part of the Emory Sleep Center. From the beginning of his career, he has taken an active role in the training of pulmonary and critical care medicine fellows, having served as Fellowship Program Director since 2006, and the Associate Division Director for Education since 2009. Dr. Schulman directs courses for undergraduate medical students in both evidence-based medicine and pulmonary disease, and created a new three-week-long course in 2017 focused on developing leadership skills in medical trainees. He also serves on a number of institutional committees related to education, including the Progress and Promotions Committee and the Executive Curriculum Committee of the School of Medicine.

Dr. Schulman has received numerous institutional teaching awards, including the Fellows Teaching Award from the Division of Pulmonary, Allergy, Critical Care and Sleep Medicine, Golden Apple Awards from the Emory internal medicine residency program, the Educator Impact Award from the Department of Medicine, and the Dean's Teaching Award from the School of Medicine. He currently serves as Chair of the Emory Department of Medicine's Academy of Medical Educators. Extramurally, his work in education has been recognized with a Fellowship Education Award from the American Thoracic Society and the Parker J. Palmer Courage to Teach Award from the Accreditation Council for Graduate Medical Education.

Dr. Schulman has served on a number of national committees. He served as President of the Association of Pulmonary and Critical Care Medicine Program Directors in 2013-2014. He is actively involved in the American College of Chest Physicians, where he serves on the Board of Regents, the Governance Committee and the Strategic Planning Committee; he has previously served on the Education Committee, the Training and Transitions Committee, and the Nominating Committee. He is an active member of both the Pulmonary and Sleep SEEK Editorial Boards. He was Program Chair for the CHEST 2018 International meeting in San Antonio, Texas, will chair the upcoming 2019 CHEST Congress in Bangkok, Thailand, and currently serves as Editor-in-Chief for CHEST Physician.

On a personal note, David is very appreciative of the support of his wife of twenty years, Kim, and his two children, Patrick and William, as well as the dozens of trainees with whom he has the chance to work. The opportunities to mentor (and be mentored by) program director colleagues from around the country have been the best parts of his career as an academic clinician educator.

The APCCMPD **Mid-Career Educator Award** honors mid-career individuals who are actively engaged in enhancing the practice and profession of Pulmonary Medicine, Critical Care Medicine and/or Pulmonary Critical Care Medicine through education. The medical educator selected for this award is actively making significant and innovative contributions to education in pulmonary and or critical care medicine.

The APCCMPD honors the contributions of all 2019 nominees:

Tisha Wang, MD
Associate Clinical Professor, Program Director
UCLA Department of Pulmonary and
Critical Care Medicine

Congratulations to the 2019 awardee:

Paru Patrawalla, MD
Assistant Professor of Medicine
ICAHN School of Medicine -
Mount Sinai St. Luke's-West-Beth Israel

Paru Patrawalla, MD is an Assistant Professor of Medicine at Icahn School of Medicine at Mount Sinai, Program Director of the Pulmonary and Critical Care Medicine Fellowship at Mount Sinai St. Luke's-West-Beth Israel and Director of Simulation and Ultrasound for the Department of Medicine at Mount Sinai Beth Israel. Dr. Patrawalla has been a committed clinical educator and is nationally recognized as an expert in critical care ultrasonography training with a focus on competency-based education.

Emerging Educator Award

The APCCMPD **Emerging Educator Award** honors an up-and-coming clinician educator. The recipient is selected for his/her work in delivering and promoting medical education in Pulmonary Medicine, Critical Care Medicine and/or Pulmonary Critical Care Medicine through various means at the local and regional level.

The APCCMPD honors the contributions of all 2019 nominees:

Stacey Kassutto, MD
Assistant Professor of Clinical Medicine
University of Pennsylvania

Brooks Kuhn, MD
Assistant Professor of Clinical Medicine
UC Davis Medical Center

Congratulations to the 2019 awardee:

Jared Chiarchiaro, MD, MS
Assistant Professor of Medicine
University of Pittsburgh

Jared Chiarchiaro is an Assistant Professor of Medicine in the Division of Pulmonary, Allergy, and Critical Care Medicine at the University of Pittsburgh. He received his medical degree with honors from the University of Texas Medical Branch, completed his internal medicine residency at Duke University Hospital and his Pulmonary and Critical Care fellowship training at the University of Pittsburgh. During his time as a fellow, he received a Masters in Clinical Research. He joined the faculty at the University of Pittsburgh in 2015 and currently serves as the Associate Program Director for the fellowship program in Pulmonary and Critical Care Medicine where he helped to design a dedicated fellowship track for medical educators. His educational focus is in communication and he works to develop and deliver novel programs in high stakes communication skills, feedback, and evaluation. He also serves as the course director for the University of Pittsburgh School of Medicine Pulmonary Pathophysiology course and as the Director for the second year Organ System Block where he works to innovate for undergraduate medical education.

APCCMPD, CHEST and ATS Education Research Award

APCCMPD, CHEST and ATS Medical Education Research Award is a monetary grant awarded to fellows-in-training, junior faculty within 5 years of program completion, associate program directors, and/or program directors, for research projects that further adult pulmonary, critical care and pulmonary critical care graduate medical education.

Congratulations to the 2019 awardee:

Lekshmi Santhosh, MD
University of California - San Francisco
Improving ICU-to-Ward Patient Safety Through Design Thinking and Documentation Evaluation

The APCCMPD honors the contributions of all 2019 applicants:

Sahar Ahmad, MD
Stony Brook University Hospital
A Novel Paradigm for Ultrasound Education in Pulmonary and Critical Care Medicine Fellowship

Asha Anandaiah, MD
Harvard Pulmonary and Critical Care Fellowship at Massachusetts General Hospital and Beth Israel Deaconess Medical Center
Development and Evaluation of a Novel Task-oriented Formative Feedback Tool for Pulmonary and Critical Care Fellows

Ernest DiNino, MD
Bay State Medical Center
Use of Specially Prepared Cadavers to Enhance Airway Training

Abdulghani Sankari, MD
Wayne State University
A Novel Simulation-based Curriculum for MV and Shock Management in Pulmonary and Critical Care Medicine (PCCM) Fellowship Training Program

Rebecca Sternschein, MD
Brigham and Women's Hospital
Understanding the Teaching Environment in the Medical ICU: Motivations and Challenges of ICU Fellows as Educators