

#### 2012 APCCMPD Annual Member Survey Program Characteristics and Leadership

This is the first annual survey of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD). Our goal is to track important trends in fellowship administration, training, and staffing in our field, and report the findings to membership. Please take a few minutes to complete this anonymous 19-question survey.

156- RECEIVED THE SURVEY 45- BEGAN SURVEY 44- COMPLETED THE SURVEY

#### 1. Fellowship type:

Pulmonary/Critical Care Medicine- **84.4%** Critical Care Medicine only- **8.9%** Pulmonary Medicine only- **6.7%** 

#### 2. Total number of Fellows

- 3 responded 3
- 2 responded 4
- 3 responded 5
- 3 responded 6
- 4 responded 7
- 1 responded 8
- 6 responded 9
- 2 responded 10
- 12 responded 12
- 2 responded 14
- 4 responded 14
- 4 responded 18
- 2 responded 21
- 1 responded 24

### 3. Do you have an Assistant or Associate Program Director for your fellowship?

Yes- 62.2% No- 37.8%

#### 4. Within the next 2 years, do you plan to step down as Program Director?

Yes- 31.8% No- 68.2%



#### 5. If "Yes" to Question 4 above, what is your PRIMARY reason for doing so?

Other career opportunity- **7.1%** Concerns about promotion- **0%** Burden of regulations- **50%** Clinical time demands- **14.3%** Research time demands- **0%** Retirement- **21.4%** Other- **7.1%** 

#### Comments:

- The RRC gets more and more onerous every year;
- I am also the Division Chief not enough time and I think it is a conflict to do both.
- I just haven't had anyone who is 5 years out of training with sufficient objectivity to take it over yet.

## 6. Within the next 2 years, do you plan to change the size of your fellowship program?

No change -**51.%** Increase -**40%** Decrease -**9%** 

### 7. If yours is a combined PCCM fellowship, do you offer occasional positions for:

CCM only -**15.9%** Pulmonary only -**18.2%** Neither (just PCCM) -**54.5%** N/A (not a PCCM fellowship) -**11.4%** 

#### ICU

### 8. For your medical ICU rotations, do your fellows take in-house, overnight call?

- Yes -57.8% No -42.2% If Yes, how many nights per month. 1 responded 1 3 responded 3 6 responded 4 2 responded 5 2 responded 6 1 responded 7
- 3 responded Night Float



#### 9. Are these shifts paid or unpaid?

Paid -26.5%: Unpaid -73.5%

#### 10. Do your attendings take in-house, overnight ICU call?

Yes -**35.6%** No -**64.4%** If Yes, how many nights per month. 1 responded 1 4 responded 2 2 responded 3 1 responded full-time nocturnist 1 responded on call until midnight

#### 11. Is this voluntary or a shared duty among all faculty?

Voluntary - **32%** Shared (required) - **68%** 

#### 12. Are these shifts paid or unpaid?

Paid -50% Unpaid -50%

13. Do you use non-IM trained intensivists (anesthesiologists, surgical intensivists, etc.) to supervise PCCM fellows in your medical ICU? Yes -15.9% No -84.1%

Ultrasound Training

**14. Do your fellows have access (for their own use, with or without supervision) to an ultrasound machine with a vascular probe?** Yes -100% No -0%

15. Do your fellows have access (for their own use, with or without supervision) to an ultrasound machine with a cardiac/abdominal probe? Yes -90.9% No -9.1%

16. Do you have a formal curriculum in critical care ultrasound for fellows? Yes -63.6% No -34.4%



# 17. Which of the following areas of ultrasound use do you teach? (check all that apply)

Vascular access **-97.7%** Vascular diagnostic (DVT study) **-25.5%** Pleural/lung **-100%** Abdominal **-39.5%** Cardiac **-62.8%** 

#### 18. How do you assess fellow competency in ultrasound? (check all that apply)

(Check all that apply) Global assessment by faculty **-73.8%** Medical knowledge examination **-16.7%** Bedside or SP skills examination **-52.4%** 

### **19. Number of PCCM faculty competent to perform critical care ultrasound?**

42 responses