



## **2014 APCCMPD Annual Member Survey: Program Characteristics and Leadership**

### **2014**

Survey sent to 198 members between November 1, 2014-December 31, 2014  
67 (39%) Initiated the Survey

#### **1. Fellowship Type Response n=67**

	<b>2014</b>
<b>Fellowship</b>	<b>Frequency</b>
Pulmonary/Critical Care Medicine	63
Critical Care Medicine	14
Pulmonary Medicine	3

#### **2. Total Number of Fellows**

<b>Total Number of Fellows</b>	<b>Response N/67</b>
1	2
2	2
3	3
4	3
5	1
6	9
7	0
8	0
9	8
10	6
11	0
12	10
13	1
14	1
15	2
16	3
17	3
18	6
20	2
22	1
23	1
24	1
27	1

**3. Plans to Step Down as Program Director within the Next Two Years**

<b>Plans</b>	<b>Response N/67</b>
Yes	15 (22.38%)
No	52 (77.6%)

**4. Primary Reason for Stepping Down as Program Director, Reference Question 3- Response N/15**

<b>Reasons</b>	<b>Frequency</b>
Other Career Opportunity	7 (46.6%)
Burden of Regulations	6 (40)
Clinical Time Demands	5 (33.3%)
Research Time Demands	1 (6.6%)
Retirement	3 (20%)

**5. For Combined PCCM Fellowships, Offerings of Occasional Positions**

<b>Positions</b>	<b>Response N/60</b>
CCM Only	16 (27%)
Pulmonary Only	2 (2%)
Neither, all candidates are PCCM	28 (47%)
N/A (not a PCCM fellowship)	9 (15%)
Pulmonary, Critical Care	5 (8%)

**6. Do Fellows Take In-House Overnight Call Other than Elective**

<b>Yes/No</b>	<b>Response N/67</b>
Yes	49 (73%)
No	18 (27%)

**7. How Many Total Nights of Overnight Call on Average During Fellowship Reference Question 6**

<b>Number</b>	<b>Response N/50</b>
Two Weeks or Less	7 (14%)
Between Two Weeks and One Month	5 (10%)
Between One and Two Months	16 (32%)
More than Two Months	22 (44%)

**8. Are Faculty In-House to Supervise Fellows During These Shifts, Reference Question 6**

<b>Yes/No</b>	<b>Response N/51</b>
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Yes	16 (31%)
Sometimes	13 (25%)
No	22 (44%)

**9. Fellows Moonlight in Intensive Care Units for Additional Elective Paid Shifts**

Yes/No	Response N/67
Yes	27 (40%)
No	40 (60%)

**10. Formal Curriculum in Critical Care Ultrasound for Fellows**

Yes/No	Response N/67
Yes	46 (69%)
No	21 (31%)

**11. Areas of Ultrasound Use Taught- Response N/65**

Areas	Frequency
Vascular Access	63 (96.92%)
Vascular Diagnostic (DVT Study)	29 (44.61%)
Pleural/Lung	65 (100%)
Abdominal	38 (58.46%)
Cardiac	56 (86.15%)

**12. Assessment of Fellow Competency in Ultrasound- Response Rate/63**

Assessment	Frequency
Global Assessment by Faculty	56
Medical Knowledge Examination	20
Bedside of SP Skills Examination	37

**13. Percentage of Trainee Supervisory Faculty that are Competent to Teach and Perform Critical Care Ultrasound**

Percent	Response N/66
<10%	13 (20%)
10-24%	31 (47%)
25-49%	18 (27%)
>50%	4 (6%)

**14. Pulmonary or PCCM Program: Percentage of Fellows that Receive Sufficient Experience and Training in the Use of**

**Endobrochial Ultrasound (EBUS) to Perform Independently Upon Conclusion of Fellowship**

Percent	Response N/67
0%	8 (12%)
1-24%	6 (9%)
25-49%	4 (6%)
50-99%	27 (40%)
100%	16 (24%)
Our Program is a Purely CCM	6 (9%)

**15. Previous Certification of Fellows as Competent in Performance of EBUS Upon Graduation**

Yes/No	Response N/67
Yes	39 (58%)
No	28 (42%)

**16. Percentage of Trainee Supervisory Faculty in Performance of Bronchoscopy Competent to Teach and Perform Endobrochial Ultrasound**

Percent	Response N/65
<10%	18 (28%)
10-24%	27 (42%)
25-49%	9 (13%)
>50%	11 (17%)

**17. Percentage of Fellows that Receive Sufficient Experience and Training in Performance of Bedside Tracheostomy to Perform Independently Upon Conclusion of Fellowship**

Percent	Response N/67
0%	32 (49%)
1-24%	17 (25%)
25-49%	6 (9%)
50-99%	9 (13%)
100%	3 (4%)

**18. Previous Certification of Fellows as Competent in Performance of Bedside Tracheostomy Upon Graduation**

Yes/No	Response N/67
Yes	24 (36%)
No	43 (64%)

**19. Types of Simulation Used in Training Program- Response N/67**

Type	Frequency
Standardized Patients	16
Full-Scale Mannequin	41
Bronchoscopy Simulator	53
Screen-Based Simulation (Computer modules)	19
In Situ Simulation (Simulation activities that take place in the point of health-care delivery, such as inpatient rooms)	11
Role Playing	8
Ultrasound Task Training Simulator	24
Central Line Task Training Simulator	32
Mechanical Ventilation Simulator	21
Other (Airway management)	1

## 20. Dedicated Simulation Center within Institution

Yes/No	Response N/67
Yes	59 (88%)
No	8 (12%)

## 21. Satisfaction with Facilities Offered within Simulation Center, Reference Question 20

Yes/No	Response Rate/62
Yes	46 (74%)
No	16 (26%)
<p>Specification if No:</p> <p>It is in evolutionary stages - the one with the University is currently being built.</p> <p>Not enough resources or time slots available</p> <p>Insufficient size; difficult to schedule due to conflicts. We are in the planning stages of expansion.</p> <p>we don't have unlimited access</p> <p>Caters mostly to med students</p> <p>,No formal programs for fellows</p> <p>,Difficult to reserve times/dates</p> <p>It would be nice to have a centralized location. Although we have created our own necessary simulation models for our trainees.</p> <p>No bronchoscopy simulator; high costs to use facility</p> <p>Limited variety of challenging scenarios for post introductory training (basic=position,</p>	

<p>sterile technique, using kit</p> <p>We do not have much access. Run by surgery don't have one yet.</p> <p>We only have vascular access simulator and we have just acquired a bronchoscopy simulator.</p> <p>The center is great but it needs a lot more money.</p> <p>Do not have easy access</p> <p>Our institution charges our Department for services.</p> <p>Our center is relatively new, and is under effective leadership that is working to rapidly expand its capabilities.</p> <p>We use frozen cadavers in our bioskills training center to teach fellows percutaneous tracheostomy, chest tube and tunneled pleural catheter placement.</p> <p>We can do free bronchoscopy simulation at a center close by.</p> <p>The fellows do simulation workshop on advanced airway and hemodynamics at an affiliate hospital facility.</p> <p>The fellows spend a weekend attending a simulation course on advanced airway and hemodynamics</p>	
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**22. Should Competence to Insert a Pulmonary Catheter be a Requirement of Fellowship Training**

<b>Pulmonary</b>	<b>Response N/67</b>
Yes	16 (24%)
No	51 (76%)

<b>PCCM/CCM</b>	<b>Response N/67</b>
Yes	34 (51%)
No	33 (49%)

**23. Should Competence to Interpret and Apply Findings from a Pulmonary Artery Catheter be a Requirement of Fellowship Training**

<b>Pulmonary</b>	<b>Response N/67</b>
Yes	49 (73%)

No	18 (27%)
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<b>PCCM/CCM</b>	<b>Response N/67</b>
Yes	61 (91%)
No	6 (9%)