



December 8, 2009

Wendy Levinson, MD
Chair, Board of Directors
American Board of Internal Medicine
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RE: Proposed Pathway to certification in Emergency Medicine - Critical Care Medicine

Dr. Levinson,

As leaders of various pulmonary and critical care medicine societies, we have recently learned of an American Board of Internal Medicine (ABIM) proposal to offer Critical Care Medicine (CCM) certification to physicians with an Emergency Medicine (EM) background and successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited fellowship in CCM. We understand the precedent of offering fellowships to candidates of diverse backgrounds (*eg* Sleep Medicine and Palliative Care); however, this proposal would set a new standard by offering a fellowship established over 20 years ago, and of 2 year's duration, to individuals without a background in Internal Medicine (IM). The initial response to this proposal within each of our societies has been mixed, but we share specific questions about this proposal. We hope you can address these questions prior to implementing this decision.

- 1) The opportunity to expand CCM training to other disciplines would enhance the diversity of CCM practice around the country. However, candidates with diverse backgrounds would likely need different curricula to achieve the CCM competencies outlined by the ABIM and our multiple societies.¹ For decades, CCM fellowships have adapted curricula to the needs of graduates of ACGME-accredited IM residencies. Would a separate, parallel curriculum be necessary for EM graduates? Specific differences might include foundation knowledge in IM. Training program directors and the ACGME would need to understand the impact of a parallel curriculum on an existing curriculum.
- 2) Do the minimum Emergency Medicine requirements sufficiently prepare trainees for CCM fellowship training? Upon reviewing the ACGME's program requirements for EM,² only 2 months of inpatient critical care (any ICU) are required. No other inpatient experiences are required, either on general IM, subspecialty, or surgical services. Several EM physicians completing critical care training experiences at the various non-accredited programs report substantively more preparation for their critical care fellowships. Examples include EM residencies with over 5 months in various inpatient ICUs, along with rotations in cardiology, nephrology, infectious diseases, and transplant. Should a specific "critical care pathway" within an EM residency be required?

- 3) Would a 2-year CCM fellowship be adequate for an EM trainee? Current requirements for IM based CCM fellowships require 12 clinical months with an additional twelve elective/research months. However, unlike EM training, because of the IM background, these trainees are well versed with not only the acute presentations of chronic illnesses but also the hospital course of chronic illness, continuity of care in an ambulatory setting, and longitudinal care of critically ill patient's with multi-organ involvement.
- 4) How would the ABIM respond to queries from hospital credentialing departments about specific competencies for EM-CCM physicians, since many of these departments currently have different ICU privileges, depending on background in CCM, Anesthesia-CC and Surgery-CC?
- 5) Less than ten years ago, the American Board of Emergency Medicine and ABIM agreed to support a 6-year combined EM/IM/CCM training program, with rigorously defined clinical rotations in all 6 years. There are now three such programs in the country, some with vacancies. How would EM/CCM training opportunities impact the current EM/IM/CCM programs or even EM/IM programs?
- 6) Will ongoing discussion with key stakeholders regarding the implementation of this decision be solicited?

In an ideal world, we would have clearly defined milestones with valid and precise assessment tools to measure achievement in the specific competencies of CCM. If these were available, training duration and curricula could be tailored to individual learners. Until then, we must rely on the specific and required educational experiences spelled out in detail by the ABIM and ACGME. Therefore, we believe it is important that any changes to these educational experiences be carefully considered. Before moving forward on this proposal, we ask the ABIM to address these questions.

Sincerely,



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President, American College of Chest Physicians



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President, American Thoracic Society

1. Multisociety Task Force for Development of Competencies in Pulmonary Medicine and Internal Medicine-Based Critical Care, *Am J Resp Crit Care Med* 2009;180:290-5
2. ACGME, Emergency Medicine Program Requirements, 2007, www.acgme.org/acWebsite/RRC_110/110_prIndex.asp