

**Pediatric Fellowship Directors Meeting
Meeting Minutes
Society of Critical Care Medicine
January 30, 2003
San Antonio, TX**

Attendees:

Angela Slaucettier	Rich Brill
Mary Lih-Lai	Ken Banasiak
B. Craig Weldon	Amy Hardin
Margaret Winkler	Emily Dobyns
Tony Slonim	Ken Tegtmeyer
Denise Goodman	Charlie Schleien
Vinay Nadkarni	Deborah Lupez
Michael Ushay	Madolin Witte
Steve Kernie	Tom Rice
Brad Peterson	John Downie
Mona McPherson	Michele Mariscalco
Michele Moss	Stephanie Storgion
Mohan Mysore	

The meeting was called to order at 7am. The minutes from the previous meeting were unanimously approved.

1. Match Issue/Results:

- a. Spreadsheet attached to minutes showing results
A motion was made by Jeff Burns, M.D. and seconded by Michele Mariscalco, M.D. that the match continues. This was unanimously approved
- b. There will be an on-line survey for fellows regarding the match and other issues in training.
- c. Career choice of those taking the 2000 Critical Care Medicine Board Exam: 94/145 are full-time academic and 18/145 practice full-time.
- d. A discussion was held on AMG vs. IMG issues. IMG's in 2001 accounted for approximately 1/3 of all positions and each year this is important as visa issues have changed. It was recommended that IMG trainees have sufficient number of years left on their J1 visa prior to beginning training in critical care medicine, and that they not leave the country during the time of their training as visa rules seem to be in a time of change and they may encounter circumstances that would not allow them to return.
- e. The gender ratio of trainees is now matching that in pediatrics, with the 2001-2002 male to female ratio 52:48%

2. Online PICU Course: Mohan Mysore, M.D. and Ken Tegtmeyer (www.picucourse.org)

- a. This site is a very active and an on-line exam is up and running. Each site has its own administrator. There will be additional 1-2 exams by the end of this summer. The administrative support of this project will shift to the Society. However, the content and other issues will remain in the hands of the resident education committee in the pediatric section.

3. Evidence-based Medicine Journal Club

- a. A multi-use license from iSILO for trainees is available. Contact Barry Markovitz for information on how to do this.

4. ACGME Work Force Issues

- a. A long discussion ensued regarding how different programs are addressing this with fellows, and in looking at the role of physician extenders and their interactions with fellows as ways to perhaps make this work. It was also discussed that not everyone agrees as to how the 80-hour work - week really reflects what we do in practice.
- b. Two examples were given: Columbia has gone to 7:00 a.m. conferences for residents, but not for fellows, and fellows who are going off call tend to miss afternoon conferences; whereas, Cornell will bring trainees back for educational experiences.
- c. Chicago is using fellows on a day/night type of cycle and finding some success with this.
- d. Since New York has been under state regulation for a while, it was suggested that we look to programs in New York as a model to develop educational strategies.
- e. It was felt that program directors should share their successes and failures for meeting these workforce strategies so that everyone doesn't need to reinvent the wheel.

5. Competencies: Michele Mariscalco

- a. Programs that had recently gone through the ACGME RRC site review gave suggestions including nurse evaluation of fellows, and linking teaching tools to specific outcomes. Good faith participation of the workforce initiative seemed to be a major issue for these site reviews. Evaluation process is important and they look very closely at how often people actually sit down with their fellows and discuss issues.
- b. It was recommended highly that there be a paper trail of exit interviews during these reviews. It was recommended that there be documentation of procedural competencies and post-graduate inquiry was suggested asking fellows once they have finished, what they thought of the training program that they had competed
- c. Some of the competencies might include procedures, how well they were performed, and associated complications.
- d. It was recommended that our fellowship director committee develop 2-3 bullet items under each core competencies, so that we could continue to develop these competencies.

6. Recruiting and Retention Issues:

- a. It was felt that we need to get a better handle on fellows who resign from training programs after the first or second year and those who complete their training, but either don't practice critical care medicine after training or have a very short time in practice. We also had further discussions of IMG issues as mentioned above.
- b. Board requirements were again pointed out, suggesting that there may be changes; however, none have been made yet.

7. Portrayal of Pediatric Critical Care Medicine as a Career

- a. It was felt that we need to look at our selves, look at our lifestyles and try to project a positive image as to what life is like as a pediatric intensivist. It was felt that we need bring the fellows into the loop of the value of critical care medicine as we try to recruit younger physicians into our specialty

8. Chair Position

- a. The chair position will be open next year. We are seeking nominations for this upcoming election. Please contact Stephanie Storgion, Michele Moss or Rich Brilll if you are or know of a fellowship director who would be interested in serving in this position.

There being no further business the meeting was adjourned.

Respectfully submitted;

Stephanie A. Storgion, M.D.
Chairperson, Pediatric Fellowship Directors

PCCM Match Statistics	2002	TOTAL			
# Programs	59				
# Positions	265	272			
2003 Results					
	2002	2003			
Programs	46 (1withdrew)	47 (1withdrew)			
Programs Filled	20 (43%)	28 (60%)			
Unfilled	26 (57%)	19 (40%)			
Positions Filled	52 (63%)	60 (67%)			
Unfilled	31 (37%)	29 (33%)			
Applicants Registered	76				
Withdrawn	19 (no ROL)	9+6 (no ROL) = 15			
Active	57				
Matched	52 (91%)	60 (94%)			
Unmatched	5 (9%)	4 (6%)			
Programs Not In Match					
Univ. of Wisconsin					
Puerto Rico					
Thomas Jefferson-DuPont					
Univ. of Cleveland/Case Western - Rainbow Babies					
Chapel Hill					
Jewish Health Center					
UMDJ					
Iowa					
Advocate Lutheran Park Ridge Illinois					
Miami Children's					
Georgetown					
Stanford					
Oakland					