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June 28, 2018

Dr. D. Craig Brater
President
Alliance for Academic Internal Medicine
330 John Carlyle Street
Alexandria, VA 22304

Dear Dr. Brater:

As the current Chair and Chair-Elect of the American Board of Internal Medicine (ABIM) Specialty Board in Internal Medicine, we seek your guidance on ways in which internal medicine residencies can better prepare their graduates for the demands of independent practice or continuing to advance their graduate medical education via subspecialty fellowship training. As important partners in the work of advancing learning and practice in your discipline, the feedback of the Alliance for Academic Internal Medicine is important to us. We encourage you to share this invitation with the training committees within the Alliance for Academic Internal Medicine as well.

You may know already that the Accreditation Council for Graduate Medical Education (ACGME) has launched an initiative to update the training requirements for accredited internal medicine residency programs. Because ABIM sets the duration of training and procedural requirements for Internal Medicine certification, which are then incorporated into the program accreditation requirements, the Internal Medicine Board has begun to consider how the procedural requirements might better meet the needs of the graduating trainees and the communities they serve.

Program directors have told us that they find the way the current Internal Medicine procedural requirements are communicated confusing, and that not all are relevant to all of their trainees' career goals. The [current Procedures Required for Internal Medicine](#) are available on our website and in the attached table:

We'd like to hear the Alliance for Academic Internal Medicine's views about the following:

- (1) Should competency in procedures be required of all residency graduates for initial certification in Internal Medicine regardless of their career plans?**

If so, which procedures should be included? If not, please share your reasoning (also if you recommend against procedure requirements for internal medicine then you do not need to answer the questions which follow).

- (2) The current procedure requirements include those that the graduate must "perform competently" and some that they must "Know, Understand, and Explain." See the above link for an explanation of each category.**

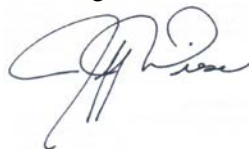
Is that a useful framing? Should this categorization be retained, modified, or eliminated? Please share the reasons for your recommendation.

- (3) In order to successfully transition to fellowship training in your discipline, are there any procedures that should be added to, or eliminated from, the procedural requirements?**
- (4) Please feel free to share your thoughts about how the procedural requirements for Internal Medicine certification are communicated on ABIM's website, especially if there are specific things you find confusing or complex.**

On behalf of ABIM, we thank you for lending your consideration and your voices to this conversation. Your feedback will be shared with the Internal Medicine Board this fall. The Internal Medicine Board will determine what, if any, procedures will be required for initial certification in Internal Medicine and inform ACGME of these new requirements for inclusion in the Internal Medicine Program Requirements. Those requirements will undergo further public vetting per the ACGME process, which we anticipate will be completed in early 2019.

Please send your questions, comments or responses to Ms. Anamika Gavhane via email to agavhane@abim.org. We appreciate your thoughtful and timely replies on or prior to September 6th.

Kind regards,



Dr. Jeffrey Wiese
Chair, ABIM Internal Medicine Board



Dr. Asher Tulskey
Chair-Elect, ABIM Internal Medicine Board

Attachment: Table of Current Internal Medicine certification procedural requirements

Cc: Margaret Breida, Director Academic Affairs, Bergitta Cotroneo, Deputy CEO, EVP

Table of Current Internal Medicine Certification Procedural Requirements

Know, Understand, Explain	Perform Safely, Competently
Abdominal Paracentesis	ACLS
Arterial Line Placement	Drawing Venous Blood
Arthrocentesis	Drawing Arterial Blood
Central Venous Line Placement	Pap Smear / Endocervical Culture
Electrocardiogram	Placing Peripheral Venous Line
Incision/Drainage of Abscess	
Lumbar Puncture	
Nasogastric Intubation	
Pulmonary Artery Catheter Placement	
Thoracentesis	