ALLIANCE
for ACADEMIC INTERNAL MEDICINE

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Asher Tulsky, MD
Chair, Internal Medicine Board
American Board of Internal Medicine
510 Walnut Street, Suite 1700
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Dear Dr. Tulsky:

On behalf of the Alliance for Academic Internal Medicine (AAIM), thank you for requesting feedback on procedural competencies for initial American Board of Internal Medicine (ABIM) certification.

The Alliance formed a work group composed of residency program directors, fellowship program directors, and department chairs to prepare feedback. To begin discussions, the work group developed a definition of procedures: "An invasive test or method for evaluating, monitoring, or treating a patient that carries additional risk to the patient and generally involves informed consent."

AAIM's responses to the questions include:

(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).*

No, ABIM should not require competency in procedures for initial Board certification for all residents regardless of their career plans.

Existing Accreditation Council for Graduate Medical Education (ACGME)/ABIM internal medicine milestones broadly address procedural competency as enumerated in Table 1. Although not named specifically, advanced cardiac life support (ACLS) training and pulmonary artery catheter placement, for example, may reasonably fall under the third milestone: "Appropriately manage situations requiring urgent or emergent care." This language sets uniform standards that are not overly prescriptive, yet provide a framework to assess resident progression. Moreover, the milestones reflect an inherent autonomy of programs to determine learner readiness for independent practice.

Given the substantial variability in size, mission, and resources of internal medicine training programs, the Alliance believes that similar autonomy should underpin procedural requirements. Whereas programs are independent of ACGME to determine specific evaluation methodology for milestones assessment and for readiness to graduate, programs should have the flexibility to provide training in procedures, depending on the aims of their programs and available resources. AAIM's belief is that phasing out of procedural requirements for initial certification will not result in diminution of procedural training as a core feature of internal medicine training. Rather, programs that seek to ready their learners for fellowship training or who resolve that certain procedures are important to graduate will continue to uphold those standards. The recommendation to remove procedural requirements seeks to acknowledge institutional barriers and ensures resident access to perform procedures and emergence of non-physician hospital teams for procedures within health care.

Invariably, a shift in policy raises important concerns for learner ease of transition to fellowship and independent practice, including barriers related to hospital credentialing. Generally, entering internal medicine fellows are not required to have specialty-specific procedural experiences. However, AAIM believes that programs should make available opportunities to develop skills for residents who are planning subspecialty training or careers in fields that require procedure skills. For example, a resident entering pulmonary/critical care training should have skills in placing central lines and performing thoracentesis, potentially even endotracheal intubation. A trainee who plans to work as an internist in a rural setting, where she or he may be expected to care for patients in an intensive care unit (ICU) setting, should have the option of developing competency in intubations, thoracentesis, and central line placement. Graduates who subsequently change their career plans and require procedure training can develop these skills through other means. Finally, increasing reliance on non-physician procedural teams diminishes the potential barriers for residents to be credentialed. AAIM does not anticipate major changes in current program practices that would impede graduates' ability to be placed.

Table 1 – Internal Medicine Milestones Addressing Procedural Competency

- Milestone #3: "Appropriately manages situations requiring urgent or emergent care." This likely covers ACLS training and pulmonary artery catheter placement. "Manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders...." This likely covers such topics as contraceptive implants, suboxone training, joint injections, Foley placement, and skin biopsy.

- Milestone #4: "Possesses the technical skill for completion of common procedures." "Maximizes patient comfort and safety when performing procedures." "Seeks to independently perform additional procedures anticipated for future practice." These likely cover the performance of any invasive procedures as well as tools to enhance safety.

- Milestone #7: "Interprets basic diagnostics tests accurately." "Interprets complex diagnostic tests accurately." These likely cover EKGs, diagnostic POCUS, and sleep study interpretation.

- The "know, understand and explain" standard could well be covered by Milestone #6: "Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex conditions and comprehensive preventive care."

(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.*

N/A

(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?*

N/A

(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.*

Overall, the updated website is an improvement. Text-heavy section carry a cognitive load and may benefit from editing and reduction. Providing a rationale for procedure requirements would benefit program directors and learners.

Again, thank you for the opportunity to provide feedback on the procedural competencies for initial ABIM certification. If you have any questions or need additional information, please contact me at (703) 341-4540 or AAIM@im.org.

Sincerely,

D. Craig Brater, MD
President and CEO
Alliance for Academic Internal Medicine