UPDATE ON THE PHYSICIAN SUB-BOARD INITIATIVE FOR PEDIATRIC CARDIAC CRITICAL CARE

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No Financial Disclosures
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The first dedicated CICUs were established in the early 1990’s
• Historical debates whether CICUs should be staffed by cardiologists or intensivists.

• With a smaller number of cardiac intensivists training through anesthesiology, surgery, or neonatology

“In training programs where pediatric cardiology fellows provide primary care of pediatric cardiac patients in the ICU (generally programs that have a separate cardiac ICU), a minimum of two months full-time experience in the ICU is recommended.”
• Historical debates whether CICUs should be staffed by cardiologists or intensivists.

• With a smaller number of cardiac intensivists training through anesthesiology, surgery, or neonatology

“...The physician who wishes to fulfill both the cardiologist and intensivist roles in the cardiac ICU should follow the 5-year path outlined by the American Board of Pediatrics for dual certification in both cardiology and critical care medicine. There can be no shortcuts in the care of critically ill children.”
Overtime three primary training pathways for pediatric cardiac critical care have evolved:

- Dual boarding in pediatric cardiology and pediatric critical care medicine
- Categorical fellowship in pediatric cardiology followed by 4th year training in CICU
- Categorical fellowship in pediatric critical care medicine followed by 4th year training in CICU
THREE PRIMARY TRAINING PATHWAYS FOR PEDIATRIC CARDIAC INTENSIVE CARE:

no standardized curriculum
THE NEED....

- Currently there are 125 centers performing congenital heart surgery in North American reporting to the Society of Thoracic Surgeons data registry
- Over 50 dedicated pediatric cardiac intensive care units
- Advanced technologies
• Currently there are 125 centers performing congenital heart surgery in North American reporting to the STS
• Over 50 dedicated pediatric cardiac intensive care units
• Advanced technologies
• Increased complexity of patients undergoing congenital heart surgery
THE NEED....

- Currently there are 125 centers performing congenital heart surgery in North American reporting to the STS
- Over 50 dedicated pediatric cardiac intensive care units
- Advanced technologies
- Increased complexity of patients undergoing congenital heart surgery
- Emphasis on improved quality
- Increased transparency of systems and outcomes
THE JOURNEY TOWARDS AN AMERICAN BOARD OF PEDIATRICS SUB BOARD IN PEDIATRIC CARDIAC CRITICAL CARE
THE REASONING....

- **PICU** PEDIATRIC CRITICAL CARE MEDICINE CERTIFICATION
- **NICU** NEONATAL-PERINATAL MEDICINE CERTIFICATION
- **CICU**
THE REASONING...

- Current system does not adequately provide training oversight or certification for pediatric cardiac intensive care
- Training oversight is not regulated or standardized
- Cardiology and critical care medicine board questions are insufficient
THE REAL REASONING...
THE JOURNEY ...

• July 2015: Jim Fortenberry (ABP CCM committee lead) brought together an advisory committee comprised of dual boarded, cardiology trained and critical care medicine trained cardiac intensivists

• Under the guidance of Gail McGuinness (ABP Executive Vice President) a white paper application was submitted to the ABP for consideration of a pediatric cardiac critical care subboard
October 2016: representatives of the ABP Cardiology sub-board (Andy Atz and Jennifer Li), Critical Care sub-board (Jim Fortenberry and myself) meet with Gail McGuiness and ABP President David Nichols.

- ABP recommends:
  - Society endorsement
  - Standardized curriculum
  - Consensus on dual boarding
  - Survey to determine numbers for third tier certification
• December 2016: PCICS BOD endorses the project
• December 2016: CICU fellowship directors from the twenty identified 4th year training programs agree to support participation in standardizing training
A letter of endorsement is sent to the American Board of Pediatrics from the Pediatric Cardiac Intensive Care Society

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December 15, 2016
WORKGROUP VOLUNTEERS

4th YEAR PROGRAM DIRECTORS

- Sarah Teele (Boston Children's)
- Carly Scahill (Denver Children's)
- Mary McBride (Luire Children's, Chicago)
- Ron Bronicki (lead, Texas Children's)
- Andrew Smith (Vanderbilt)
- Ritu Asjia (Stanford)
- Gabe Owen (Michigan)
- Jodi Chen (CHOP)
- Leslie Rhodes (Birmingham)
- Tilman Humpl (Sick Kids, Toronto)

- John Berger (Children's National, DC)
- Tony Rossi (Miami Children's)
- Michael Wolf (Emory, Atlanta)
- David Cooper (Cincinnati Children's)
- Jennifer Duncan (Washington University, St Louis)
- Matt Bochkoris (Pittsburgh Children's)
- Punkaj Gupta (Arkansas)
- Charles Bergstrom (Wisconsin)
- Sinai Zyblewski (MUSC)
ADDITIONAL VOLUNTEERS

- Sarah Tabbutt (lead, UCSF)
- Nancy Ghanayem (Texas Children's)
- Steve Roth (Stanford)
- Jake Scott (Wisconsin)
- Chad Connor (Cincinnati)
- Dave Kwiatkowski (Stanford)
- Samir Shah (Memphis)
- Travis Vessel (Duke)
- Steve Schwartz (Sick Kids Toronto)
- Jonny Byrnes (Cincinnati)
- John Charpie (Michigan)
- Jeremy Affolter (Kansas City)
- David Hehir (Delaware)
- Justin Yeh (San Diego)
- Tim Hoffman (Chapel Hill)
DUAL-BOARDS WORKGROUP

VOLUNTEERS

- Catherine Krawczeski (lead, cardiology liaison, Washington University integrated, Stanford)
- Sarah Tabbutt (Boston/Boston, UCSF)
- David Cooper (Cincinnati/Dallas, Cincinnati)
- Steve Schwartz (Michigan/Boston, Sick Kids)
- Jennifer Schuette (critical care medicine liaison, Hopkins)
- Lisa Dipeitro (Cincinnati/Boston, current fellow)
- David Hehir (CHOP integrated, Delaware)
- Jonathon Byrnes (Arkansas integrated, Cincinnati)
- Andy Koth (Stanford/to-be PICU Seattle)
- Josh Salvin (Boston/Boston, Boston)
- Michael Wolf (New York/Atlanta, Atlanta)
2017

• Volunteers recruited and 12 work-groups established
• Curriculum and learning objectives from twenty 4th year programs collated and distributed to the work groups along with a copy of the PCICS Curriculum for Pediatric Cardiac Critical Care Medicine
• Comprehensive learning objectives for training in pediatric cardiac critical care were created by the work-groups
THE JOURNEY …

- December 2017 (PCICS) and early 2018 email/conference calls
- Minimal rotational requirements for 4th year training following categorical pediatric cardiology fellowship established
- Minimal rotational requirements for 4th year training following categorical pediatric critical care fellowship established
- Minimal rotational requirements for those dual boarding established
- Recommended rotational requirements for dual boarding with integrated training
- Minimal institutional requirements to support a 4th year fellowship in PCCC established.
- With the same requirements for at least one of the institutions for those dual boarding.
• Pediatric Critical Care Medicine: supportive

• Pediatric Cardiology: concerns
  • Third tier certificate may deter trainees
  • Suggested using the PCICS rather than ACGME as the regulatory body to alleviate regulatory and financial burden with same outcome
  • Concern that the institutional costs of adding ACGME regulated PCCC training may take away from current cardiology and critical care fellowships
  • Will third tier physicians request higher salaries?
  • Increased cost to the individual of maintaining additional boards
The ABP sincerely appreciates all of the effort that you and your colleagues from the Pediatric Cardiac Intensive Care Society (PCICS) have put into the creation of a curriculum for cardiac critical care trainees.

The question of a separate subspecialty certificate or a Focused Practice Designation through MOC for Pediatric Cardiac Critical Care has been vetted internally at ABP and with relevant committees, subboards and most recently our Board of Directors. Currently there is significant disagreement between the Cardiology and the Critical Care Medicine subboards with respect to next steps for this training and whether formal recognition by the ABP is needed. This situation makes it very difficult at this time for the ABP to envision a way to move forward that is dependent on both groups.
AUGUST 2018: REPLY FROM THE ABP

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AUGUST 2018: REPLY FROM THE ABP

The ABP sincerely appreciates all of the effort that you and your colleagues from the Pediatric Cardiac Intensive Care Society (PCICS) have put into the creation of a curriculum for cardiac critical care trainees. This is a major step in improving the training of pediatric cardiac intensivists who complete an Accredited Residency Program in Cardiology (AGS) and who have completed a fellowship program in Pediatric Cardiac Critical Care (AGS). This curriculum is already being used in the training of pediatric Cardiologists and Cardiologists who have undergone fellowship training in Pediatric Cardiac Critical Care.

Currently there is significant disagreement between Cardiology and Critical Care Medicine subboards.....This situation makes it very difficult at this time for the ABP to envision a way to move forward.
However, we feel the excellent work you have done could be shared more broadly with the cardiac critical care community through publication which could aid training programs with the structure and standardization of a curriculum and be beneficial for the care of children. The ABP could investigate ways to help encourage curricular consistency, which was already addressed with the Cardiology subboard. In addition, the PCICS might consider recognizing those advanced fourth year programs that adhere to the recommended curriculum. Although recognition by a specialty society does not carry the weight of accreditation by ACGME, other disciplines have taken this approach to standardize training.
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While this is the current situation, it may be possible we could re-examine this issue in the future.

David G. Nichols, MD, MBA
President, CEO

Suzanne K Woods, MD
Executive Vice President
NOT TO BE DISCOURAGED...

- December 2018: Manuscript ready for submission

Standardized Training for Physicians Practicing Pediatric Cardiac Critical Care: Consensus from the Pediatric Cardiac Intensive Care Society

- To be paired with a manuscript proposing the Entrustable Professional Activities (EPAs) for pediatric cardiac critical care [Werho et. al]
NEXT STEPS
NEXT STEPS....

- PCICS BOD and our workgroup feel strongly to continue to pursue ACGME/ABP third tier certificate
- April 2019 meet with ABP subboards
- Discuss initial intermediate step of PCCC specific MOC testing to begin to bank CICU specific test questions