

## American College of Critical Care Medicine (ACCM) Fellowship Application Instructions

Fellowship in the ACCM is meant to recognize individuals who have demonstrated significant contributions and have made an impact on the profession at a regional, state, or national level. The Credentials Committee reviews each completed application with the intent that each qualified applicant is accepted to the College and other applicants receive appropriate feedback, as that many may reapply in the future. This document has been developed in order to assist you in the preparation of your application.

To become a member of ACCM, you must meet the following criteria:

- Be an active member of the Society of Critical Care Medicine for at least two years immediately prior to application
- Be licensed (if license available) to practice in a healthcare category in the U.S. or Canada. If you are applying as a physician member, then you must be U.S. board-certified.
- Have a certificate of special competence in critical care or its equivalency, as determined by the category of your application. For physician and nurse candidates, see *Equivalencies Criteria* (below).
- Have devoted at least 50% of time to critical care in practice, research, administration, or teaching for at least two years prior to applying to ACCM.
- Be able to demonstrate a collaborative model of critical care, in which the efforts of several disciplines are coordinated to provide optimal patient care.
- Have made significant contributions to the perception, delivery, or management of the critically ill in the three areas of Program Development, Scholarly Contributions, and Leadership
- Be sponsored by two individuals, at least one who is an active ACCM Fellow, who can substantiate the professional history and outstanding merit of the applicant, with particular emphasis on areas of demonstrated excellence and leadership in a collaborative model of critical care.

A minimum of five to seven years of critical care activity after completion of training is usually required to meet the leadership criteria set by the ACCM.

Occasionally, the Credentials Committee is unable to offer Fellowship to qualified applicants. For the most part, this occurs due to **absent or inadequate documentation** of activities and achievements related to critical care. These guidelines will help you develop the details of your application in a way that best highlights your credentials.

The most common reason that an otherwise strong candidate would not be accepted into the College is incomplete documentation of **specific contributions to critical care**. For example, it is not sufficient to say, "I have lectured extensively at national meetings." Such lectures should be documented in the curriculum vitae or specific examples should be given in your personal statement. Similarly, in your personal statement, you should pay particular attention to program development by providing a description of what went into that specific accomplishment.

### **Curriculum Vitae**

The Credentials Committee heavily weighs your curriculum vitae. It is suggested that you reformat your curriculum vitae according to the template included in your folder in order to highlight your accomplishments for the Committee.

## **Personal Statement**

Please enclose a personal statement not more than two pages long. In order to optimally highlight your accomplishments, it is important to organize your personal statement and curriculum vitae in a way that fully highlights your contributions. In the personal statement and the supporting letters, the following recommended headings should be followed:

- *Collaborative Practice*
- *Program Development*
- *Scholarly Contributions*
- *Leadership*

### ➤ **Collaborative Practice**

Participation in a collaborative multiprofessional model of critical care is mandatory for acceptance into the College. Describe your role in the multidisciplinary team, i.e., development of a team, clinical rounding and leadership, participation in a collaborative practice team, and performance improvement activities with a multidisciplinary team.

You must also demonstrate excellence in all three areas delineated below including (1) Program Development, (2) Scholarly Activities Related to Critical Care, and (3) Leadership.

### 1. **Program Development**

Active participation in the development of programs or systems related to any aspect of critical care includes clinical, educational, research, or administrative programs.

The emphasis here is on elements other than those routinely expected in the job context. Although such job-related activities carry some weight, contributions above and beyond those expected of a working critical care professional are central. These can include the following:

- Implementation of the critical care intensivist model to an ICU
- Development or organization of local, regional, or national critical care educational symposia
- Development of regional/state/national programs related to clinical management of the critically ill, e.g., transport, triage, emergency department interface, etc
- Development of critical care training programs, such as critical care fellowship programs
- Development of ICU-related research programs
- Development of novel local educational/clinical programs if emulated by other organizations
- Development of quality improvement activities and evidence of improvement of patient care

### 2. **Scholarly Activities Related to Critical Care**

These activities include educational activities, research (either clinical or basic in areas related to critical care), and publications. The educational accomplishments may include activities in critical care education directed toward physician, nurses, students, allied health professionals, and/or the lay public and should be accomplishments beyond what is routinely expected in your job. Research contributions can include either clinical or basic research but must be in an area directly applicable to critical care medicine. The

weight of the contribution is highest for those with funded research and peer-reviewed publications, but credit can also be given for early career work and for contributions to pharmaceutical trials. The weight will depend on your career path. For example, participation in industry-sponsored clinical trials would be given more weight for a non-academic intensivist.

Scholarly activities that will be given credit include the following:

- Regular lectures on a regional/national level. These must be clearly documented in either your curriculum vitae or personal statement.
- High quality education, as documented by teaching awards or learner scores on in-service examinations. These educational efforts may be routine local activities, but excellence in teaching effort must be demonstrated.
- Development of regional/state/national educational symposia. It is important for the regional symposia to document the type of learner and, if possible, the numbers in attendance. Also documentation of the impact or quality of the symposia is helpful.
- Development of Web-based educational programs that are available to a broad audience and often are in conjunction with professional societies
- Multiple peer-reviewed or non-peer-reviewed educational publications, such as book chapters and review articles.
- Educational research when the learners are involved in critical care practice.
- Grants from local/regional/state/national granting agencies.
- Original scientific peer-reviewed publications.
- Clinical quality improvement programs.
- Active participation in development of evidence-based clinical guidelines.

### 3. Leadership

Activities in this area include active participation and leadership in organizations devoted to education, practice, administration, and/or research in collaborative multi-professional critical care. This may include committee service chairmanship, elected positions, or active membership in task forces. Involvement in the SCCM is desirable but not required.

This is a straightforward requirement. In general, this has been interpreted to mean significant (and active) committee work (national), an elected office (regional or national) within SCCM, or a significant elected office in other related societies involved in critical care (e.g., AACN, ATS, etc). Other credible activities with governmental/professional society/academic organizational groups can also be credited.

As a general rule, significant contributions and impact on the profession at a regional, state, or national level are required. Major contributions on a local/institutional level, while laudable, carry only modest weight in evaluation unless excellence in these achievements is documented.

For those candidates who have made exceptional contributions in only one area but may not have made significant contributions in other areas, the Credentials Committee and the Board of Regents will review the application as a special circumstance.

Applicants should note that specific contributions and achievements will only count in one area. For example, development of education symposia may provide credit in either program development or scholarly activity, but not both.

Applicants from community settings are evaluated on a basis similar with modifications in weighting of the contributions. However, **all** applicants are still required to have significant contributions and/or achievements in all three core areas, in addition to the mandatory collaborative practice requirement.

### **Sponsor Endorsement Letters**

Please identify two individuals, at least one of whom must be an active ACCM Fellow, who will sponsor your Fellowship.\* Their endorsement letters should attest to your significant contributions in collaborative critical care. It is very important to give each of them a sponsor letter and sample endorsement letter (included in this packet), which provides information on the content and format required for the letters. Envelopes are provided, so the person writing the endorsement letter may mail the letter directly to our office.

It is also important that the person writing your letter of support follow a format similar to your personal statement including the four major headings. **Please note that a general letter of support without specific reference to your contributions to the field of critical care will not suffice.**

\* Fellows are listed alphabetically on SCCM's Web site ([www.sccm.org](http://www.sccm.org)) under the Membership section. Applicants should contact the SCCM office for suggestions on how to locate Fellows if they live in a geographical area where there are few Fellows.

### **Documentation of Professional Time Devoted to Critical Care**

You must devote more than 50% of your total time to critical-care-related activities (administrative, clinical, research, educational). In order to confirm this time commitment, please provide the enclosed documentation form and cover letter to two individuals who can confirm your professional time commitment in critical care. This documentation may come from your chief of staff, department or division chairman, hospital administrator, or clinical colleagues who are capable of attesting to your time commitment. An envelope is provided, so the person confirming your professional time commitment in critical care may mail the form directly to our office.

The Credentials Committee requests that you carefully review these guidelines and the other documentation provided. By following guidelines, the ability of the Credentials Committee to fairly and completely evaluate your application will be enhanced.

### **For International Applicants:**

- All documents should be submitted in English or with English translations
- Provide documentation of selected major publications or local program development
- Statement explaining basis of equivalency to U.S. critical care training (i.e., on what basis is foreign certification similar and dissimilar to U.S. training/certification)

### **Equivalencies Criteria for U.S. and Canadian Applicant**

Acceptable equivalencies to a certificate of special competence in critical care include the following:

## **PHYSICIANS**

- Certification by the American Board of Pediatrics in neonatal-perinatal medicine.
- Certification by an American Osteopathic Association (AOA) board in critical care. Individuals who have satisfied the critical care training requirement but who have split their residency and fellowship training between an allopathic program and an osteopathic program, and thus are ineligible to be certified by either an allopathic or osteopathic board, will be considered on an individual basis.
- Certification by an American Board of Medical Specialties (ABMS) and completion of a fellowship in critical care. Individuals who do not have access to certification in critical care and are actively involved in the practice of critical care will be considered on an individual basis.

## **NURSES**

- Must be licensed to practice nursing in the U.S. or Canada and possess an advanced degree at the Master's level or higher. One of the following special competency certification is also required:
  - Certification as a critical care registered nurse (CCRN) by the American Association of Critical-Care Nurses (AACN).
  - Certification as an acute care nurse practitioner (ACNP) by the American Nurses Credentialing Center (ANCC).
  - Certification as a critical care nurse specialist (CCNS) by the American Association of Critical-Care Nurses (AACN).
  - Certified nurse anesthetists (CRNA) with a primary focus in critical care.

## **Equivalencies Criteria for International Applicant**

Acceptable equivalencies to a certificate of special competence in critical care include the following:

## **PHYSICIANS**

- Certification by the American Board of Pediatrics in neonatal-perinatal medicine.
- Certification by an American Osteopathic Association (AOA) board in critical care. Individuals who have satisfied the critical care training requirements but who have split their residency and fellowship training between an allopathic program and an osteopathic program, and thus are ineligible to be certified by either an allopathic or osteopathic board, will be considered on an individual basis.
- Certification by an American Board of Medical Specialties (ABMS) and completion of a fellowship in critical care. Individuals who do not have access to certification in critical care and are actively involved in the practice of critical care, will be considered on an individual basis.
- International certification after formal critical care training. If the international applicant has no certification process available in his/her country or specialty, applicants must provide at least one additional letter of recommendation affirming the applicant's training and qualifications.

## **NURSES**

- Nurses must possess an advanced degree at the Master's level or higher, if available. In addition, applicant must have certification of special competence in critical care equivalent to the following:
  - Certification as a critical care registered nurse.
  - Certification as an acute care nurse practitioner.
  - Certification as a critical care clinical nurse specialist.
  - Certified nurse anesthetists (CRNA) with a primary focus in critical care, as documented in their reference letters.