



American College of Critical Care Medicine

Society of Critical Care Medicine
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October 2011

Dear Sponsor:

You are being requested to be a sponsor for an applicant for Fellowship in the American College of Critical Care Medicine (ACCM). When preparing your letter of support for the applicant, you must keep in mind that the American College of Critical Care Medicine is meant to be an honorary organization giving recognition to individuals who have demonstrated excellence and leadership in the field of collaborative multiprofessional critical care. The letters of support are a **primary mechanism** used by the Credentials Committee to evaluate the candidate. Therefore, your letter should validate the meritorious accomplishments that you feel make the applicant a candidate for Fellowship.

You should know the applicant well (please include the length of time you have known the candidate), particularly in regard to present activities. The letter should specifically state, to the best of your knowledge, the applicant's activity in the Society of Critical Care Medicine, traits of the applicant that demonstrate excellence in the field of collaborative multiprofessional critical care, honors that the applicant may have received pertaining directly to critical care, any personal insights that you may have that demonstrate outstanding excellence and leadership in critical care, and comments regarding the applicant's ethical standards.

Remember that Fellowship in the ACCM is not automatic, and the credential standards require evidence of additional efforts beyond that of the competent practice of critical care. Letters that are general, not specific, and based on only occasional or distant contact **may be detrimental to the credentials process**. If you do not have recent and contemporaneous information about the applicant, refer him to another ACCM Fellow or individual whose letter may be more insightful, or notify the College to help locate ACCM Fellows for the applicant.

The applicant must demonstrate excellence in collaborative multiprofessional practice model of critical care as well as **all** three areas delineated below including (1) Program Development, (2) Scholarly Activities Related to Critical Care, and (3) Leadership.

Your letter should include evidence of all of the areas listed below **presented in the following order**:

Collaborative Practice: care that coordinates the efforts of several disciplines to provide optimal care for the patient

1. **Program Development:** active participation in the development of programs or systems related to any aspect of critical care, including clinical, education, research or administrative programs
2. **Scholarly Activities Related to Critical Care:** educational contributions to physicians, nurses, medical students, and/or allied healthcare professionals; scientific or research contributions relevant to critical care
3. **Leadership:** active participation and leadership in organizations devoted to education, practice, administration, and/or research in collaborative critical care, in the form of committee service, chairmanship, or elected positions. Involvement in the SCCM is desirable but not required.

Occasionally, individuals who are not yet qualified to become a Fellow may ask you to be a sponsor. As a Fellow of the College, you have the responsibility and privilege to be an advisor to these individuals. **Reflect on your own accomplishments and examine the criteria for Fellowship carefully before agreeing to support a candidate.** As an example, someone in the academic field should have achieved a position of at least associate professor before applying. An applicant below that level should be advised to wait. Because there is a significant application fee of \$250, and numerous hours are required to complete the documentation required for submission to the Credentials Committee, if you feel the applicant has not yet fulfilled the criteria, your advice on how that could be achieved would provide an excellent service.

The following activities serve as examples of applicant activity that may demonstrate excellence:

1. **Program Development**

The emphasis here is on elements other than those routinely expected in the job context. 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 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. Scholarly activities that will be given credit include the following:

- Regular lectures on a regional/national level; must be clearly documented in either curriculum vitae or personal statement.
- High quality education as documented by teaching awards or learner scores on in-service examinations. These educational efforts can be routine local activities, but excellence in that teaching effort must be demonstrated.
- Development of regional/state/national educational symposia. It is important 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 multiprofessional 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. 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 (eg, ACCP, 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.

I hope that this letter will provide appropriate guidelines to you in the preparation of your sponsorship letter. If you have any questions regarding preparation of this letter, please do not hesitate to contact Carol Prendergast at, cprendergast@sccm.org

Thank you for your commitment to the American College of Critical Care Medicine.

Sincerely,



Robert C. Hyzy, MD, FCCM
Chair, Credentials Committee

Attachment: Sample sponsorship letter

P.S. Please submit your letter by March 15, 2012.

Sample Endorsement Letter

Current Date

Society of Critical Care Medicine
American College of Critical Care Medicine
500 Midway Drive
Mount Prospect, IL 60056 USA

RE: John Doe, MD

Dear Credentials Committee Members:

It is my sincere privilege to sponsor Dr. John Doe's application for Fellowship in the American College of Critical Care Medicine. I have worked with Dr. Doe for two years as his chairman and have known him for many more years. I can comment on his qualifications with authority.

Dr. Doe is currently Vice-Chair of the Department of Critical Care at National Medical Center and Associate Professor of Anesthesiology and Pediatrics at Thomas Jefferson School of Medicine. In addition, he is the coordinator of pediatric ECMO and Medical Director of the Respiratory Therapy Department. Dr. Doe has a substantial national reputation in the implementation of cutting-edge respiratory therapies and the provision of research data that support these therapies. Previously, Dr. Doe was educated at the University of Wisconsin and Marquette and did his clinical pediatrics at the University of Minnesota. His fellowship in Pediatric Critical Care was at the Department of Anesthesiology at Jackson Memorial Hospital. He remained on staff there from 1988 until 1996. During this time, he has acquired a number of substantial duties of responsibility, including Director of the Extracorporeal Membrane Oxygenation (ECMO) program, a nationally recognized program, and Director of the Pediatric ICU Respiratory Therapy Department. His departmental duties included Physician Coordinator of Departmental Quality Assurance.

Dr. Doe has demonstrated excellence and leadership in critical care.

Collaborative Multiprofessional Practice

Dr. Doe is a superb physician whose practice is multiprofessional. Daily rounds include critical care nurses, critical care fellows, residents, medical students, a dietitian, and a doctor of pharmacy. In addition, there is daily interaction with faculty members of subspecialties and other services including radiology, cardiology, gastrointestinal diseases, infectious diseases, surgery, rehabilitation medicine, speech therapists, social workers, and the clergy. Dr. Doe is the coordinator of the pediatric ECMO program, Medical Director of Respiratory Therapy, and principal investigator on clinical protocols, including nitric oxide administration at National Medical Center.

Program Development

Dr. Doe has been active in the development and implementation of regional care programs. He developed and ran the regional neonatal and pediatric ECMO program at the University of Florida. In New York, he runs our regional pediatric ECMO program and is the principal investigator for our liquid ventilation protocol. He has been an active national participant in the development of ECMO techniques and evaluations of these results.

Scholarly Contributions to Critical Care (Education and Research)

Dr. Doe's national and international lectures have involved aspects of ECMO including the 8th Congress of the Eastern Atlantic Association of Critical Care Medicine (Formosa, 1990), the 2nd World Congress, the Extracorporeal Membrane Oxygenation Symposium (Boston, 1991), and national ECMO conferences (Santa

Barbara, 1992 and Palo Alto, 1995). Regionally, he routinely lectures one to two times a year at the National Institutes of Health to the Critical Care Medicine Department on ECMO and innovative respiratory support methods and has presented to the Brownsville Area Critical Care Society.

Dr. Doe has been a productive researcher with 15 peer-reviewed publications, numerous abstracts, and 8 chapters. His primary scientific expertise is in the field of cerebral blood flow and ECMO. At National Medical Center, he is redirecting his efforts and is beginning a series of investigations concerning the physiology and benefit of intratracheal insufflation.

Leadership

Dr. Doe is Vice Chairman in the Department of Critical Care Medicine at National Medical Center, as well as Medical Director of Respiratory Therapy and regional coordinator for pediatric ECMO and liquid ventilation protocols.

SCCM Involvement

Dr. Doe is just beginning to enter the process of SCCM leadership. He has been an active member of SCCM and has recently become an officer of the regional critical care medicine society.

I believe that Dr. Doe is very qualified for Fellowship in the American College of Critical Care Medicine. I hope you look with favor on his application. Please call me if I can be of any further support to his application.

Sincerely,

Thomas Smith, MD, FCCM