Development of a Career Development Curriculum for Anesthesiology Critical Care Medicine Fellows: A Needs Assessment

Purpose & Objectives:

Critical care medicine is a subspecialty with high risk for physician burnout and faculty attrition. Compounded with a climate of intensivist shortages, complex clinical workload and patient and familyrelated emotional exhaustion, Anesthesiology Critical Care Medicine (ACCM) fellows enter a tumultuous clinical environment while also learning to navigate the non-clinical expectations of academic medicine. Through this needs assessment, we aimed to identify areas for educational programming and recognize barriers to the development of an ACCM fellowship career development curriculum.

Methods:

This was a cross-sectional survey study. Six experts with a background in anesthesiology critical care medicine or medical education developed the survey, which was sent to ACCM Fellowship Program Directors, ACCM Fellows, and ACCM faculty at institutions with ACCM fellowship training programs in the United States. To improve survey tool validity, the survey underwent Delphi assessment with 3 iterations by the expert panel. Questions with > 80% agreement were included on the finalized survey. The survey was sent by email to program directors of ACCM fellowships, with request to both complete the survey and to also distribute the survey to their program's ACCM fellows and faculty for participation.

Results:

Forty-two participants completed the survey, consisting of 9 ACCM fellows (21.4%), 12 Program Directors (28.6%), 14 ACCM faculty with the title of Instructor or Assistant Professor (33.3%) and 7 ACCM faculty with the title of Associate or Full Professor (16.7%). Of current ACCM fellows, 66.7% reported receiving learning sessions on career development during their fellowship. Four of 12 (33%) Program Directors described a career development curriculum as part of their fellowship program, and 42% felt that this programming should be a required part of fellowship. Of the ACCM fellows and faculty at all levels, 59.5% reported participating in learning sessions directed at career development. Most of this learning occurred during fellowship (47%), or after the completion of medical training (50%). Of 9 ACCM fellows, one (11.1%) had started a scholarly dossier, and only 2 (22.2%) felt comfortable in creating a scholarly dossier.

The majority of described curricula included topics on professional development (wellness, selfassessment, time management) (80%), job search (80%), mentorship (72%), timeline & expectations for academic promotion (60%), teaching theory & medical education (56%), leadership (52%), and research training (52%).

Insufficient non-clinical time for faculty to develop and teach content was the most common barrier to inclusion of career development education for ACCM fellowships (41.5%). Insufficient time for fellows to participate was another major barrier (26.2%), followed by insufficient faculty expertise (20%), and lack of fellow buy-in for participation (10.8%).

Conclusions:

Learning opportunities for career development are included in a minority of ACCM Fellowship programs participating in this study. Early career development may benefit fellows as they transition into junior

faculty roles. Insufficient time for both faculty development and teaching, as well as protected time for fellow learning, present barriers to development of Career Development Curricula. This needs assessment provides an initial step in the development of a content outline for a fellow-level ACCM career development curriculum.