# Making a mountain out of a molehill – pearls learned while developing a new training program



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# Introduction

Lung transplant (LTx) is a subspeciality area of pulmonary medicine which requires additional training beyond what is provided in adult pulmonary and critical care (PCCM) fellowship. As such, most fellows interested in lung transplant elect to participate in an additional, intensive year of training in the field.

Currently there are 75 adult LTx programs in the United States, 195 adult PCCM fellowship programs, and 10-15 programs that offer non-GME LTx fellowship programs. These programs function autonomously and are heterogeneous with regards to trainee experience.

We made the decision to develop a LTx training program at CU Anschutz based on:

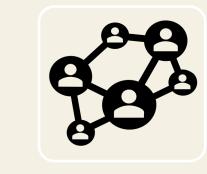
- a desire to contribute to the transplant community and meet growing clinical demands
- faculty interest
- external inquiry from interested trainees
- desire to create an internal pipeline for potential faculty recruits

Here we outline a narrative of the process from conception to approval for a new training program and a discussion of how this evolved from local project to a national effort.

The geographic distribution of adult LTx programs in the United States.







#### Initiate the process:

From start to finish this took approximately a year (during the pandemic). The GME office can provide a schedule of their meetings so you can set deadlines

Joshua B. Smith, MD

## The molehill

## **Identifying A Need**

- We recognized a need for a training program as a potential pipeline for new faculty.
- Plan initially was for a needs assessment, however this evolved into a national endeavor (see: the mountain).



#### **Educator Resources**

- Within the University of Colorado PCCM program, there is a medical education working group that enables participants to solicit guidance and mentorship
- The Teaching Scholars Program is an 18-month longitudinal program to cultivate skills for medical educators.

## Aligning with Stakeholders

- This included alignment within the lung transplant group, the Transplant Center, the Pulmonary and Critical Care Division, Department of Medicine, and UC Health
- Integral to this aspect was securing reliable funding. Some trainees may come with their own external funding, but this is not going to reliably fund a program year to year.

## **Curriculum Development**

- Take advantage of the expertise of your stakeholders and colleagues.
- It does not have to be created from scratch our current fellowship program has many educational opportunities built in for fellows that are applicable to the transplant trainee (for example: Research in Progress, Pulmonary Grand Rounds)

#### Logistics

- This is where things can be complicated and time-intensive, with a lot of back and forth with the GME
- Ensure that your program is not overlapping or conflicting with already existing programs.
- Our PCCM fellowship coordinator is functioning as our transplant fellowship coordinator. This was integral in navigating the GME requirements for a first-timer.

#### Forms needed:

CV, block schedule, goals & objectives, chair letter of support, program director letters of recommendation, funding confirmation, Program Letter of Agreement (PLA), GMEC Application

#### **Revisions**, revisions, revisions:

Anticipate submitting supplemental documents, obtaining additional letters of support





## The mountain

In an effort to collaborate and harness the collective experience of other transplant centers, we developed an International Society of Heart and Lung Transplant medical education working group that consists of ~40 members, of which 7 (including CU Anschutz) are developing a national needs assessment.

This consortium presents several opportunities. This will allow us to create expert recommendations, address heterogeneity among programs and curricula, and provide a network for trainees and institutions. The additional challenges of coordinating between multiple sites with competing demands have thus far led to delays with completing intended projects.

# **Next Steps**

 A national needs assessments have been created and are ready to disseminate with two target groups:

- PCCM program directors; to understand the current landscape of LTx education at the PCCM fellow level

LTx medical directors to understand anticipated growth as well as what makes for a strong faculty recruit, so we can bridge the gap between fellow and faculty

• We aim to create a more uniform curriculum that can function as a resource for PCCM training programs

• Using the Delphi method with subject matter experts, create standards and guidelines for trainees.

• Form a centralized database through the ISHLT for interested fellows to connect with potential training programs

## **Disclosures and Acknowledgements**

The author has no relevant disclosures. The author would like to acknowledge Drs. Alice Gray, Tristan Huie, and Marc Moss (CU Anschutz), the Teaching Scholars Program, the UCH Transplant Center, and Drs. Allison Ramsey (UCLA) and Azfar Ali (Duke).