

PPDC Conference Call minutes 4/2/2019

Kirsten Kallies updated the group that per the PPDC's wishes at the in-person meeting in Nashville, Ed Evans and Kirsten talked to the AC-PE about case numbers and the possibility of adding an ECMO and/or MCS case requirement (either now or in the future if this revision of the AC-PE Standards and Guidelines is too far along). Kirsten and Ed brought back to the PPDC that there is the possibility of adding this requirement this time around, but some decisions would have to be made soon. They also reported that as the AC-PE has been going through the revision process of the Standard and Guidelines, CAAHEP has been pushing back on the AC-PE about certain verbiage and one of those questioned areas is in the case requirement statements. The S&G currently state 75 cases pumped as the primary perfusionists and 10 pediatric observations. CAAHEP is wanting all programs to remove specific numbers from their S&G and refer to an outside source.

Several participants in the group weighed in to review the history of the AC-PE standards and the history of the ABCP adapting their certification exam requirements directly from the AC-PE standard. Kirsten and Ed Evans said this was consistent with what the members of the ABCP present at the AC-PE meeting also had reported. There was a discussion at the AC-PE meeting about possibly having the ABCP "house" these case requirement numbers so that the numbers could be removed from the S&G document for CAAHEP approval. The ABCP members (Brad Kulat and Ed DeLaney) were going to take this back to the full board to discuss. They already advertise the 75 pump case requirement for the certification exam, but would need to add the 10 pediatric observation requirement if they do agree to "house" these numbers.

This would give a historic reasoning for the numbers.

The 75 cases are already in the ABCP booklet of information and a requirement to sit the ABCP exam.

For now, the AC-PE is leaving the numbers in the document until further decisions can be made and/or pending what CAAHEP says to this iteration of the S&G revisions.

Kirsten reviewed the PPDC action item/discussion/request for ECMO and Mechanical assists cases/observations at our Nashville meeting. At the in-person meeting, Joe Sistino was the one who originated the idea and Mike Smith added the idea of MCS; however, neither of them could make this meeting. Kirsten opened the floor to ideas/discussion about the following questions:

Do we want ECMO/MCS case requirements? If so, what do we want them to "look" like (numbers, definitions, etc.)?

Do we want to table the idea with the AC-PE and ABCP for now and just create an internal PPDC "guideline" for these types of cases?

Discussion ensued about removing numbers from the standards and guidelines. Discussion about the ABCP housing this new set of case requirements would make it mandatory for each student to have these in order to sit for the boards. Kirsten read some comments from some programs who could not be on the call but wanted their concerns voiced. These included the concern that some clinical affiliate sites do not have a large volume of ECMO/MCS cases and so would make it difficult for schools to obtain

these numbers for every student. Also, some ECMO/MCS cases are run by other specialties (RNs, RTs, Engineers, etc.); if that is the case, there is concern about whether the case would count for the students under this type of supervision. The overall feeling and decision made was to table this idea with the AC-PE and ABCP for now and possibly create an internal PPDC guideline for these types of cases.

The first action item will be to create a survey and gather data about how many of these types of cases each student currently gets in each program. Using this data we can decide on if/what we want the internal guideline to be so that it will be achievable for each program. Kirsten will create the survey and send it out just prior to our June online meeting. At the June meeting, we can discuss this topic further and possibly decide on an internal guideline. If we decide to proceed, the discussion was that we should collect data for the next couple of years to see if all/most graduating students are meeting this benchmark. If so, we can discuss the possibility of taking our recommendation of case number and case definition to the organization housing the case requirement standard (AC-PE and/or ABCP) at that time.

Attendance Tracker: PPDC Meetings

04/02/19 Meetings Attended % Attendance

Meetings Held Online 20
3

	Program	Representatives			
1	Midwestern	Evans	x	18	90%
2	U Arizona	Wong	x	17	85%
3	Quinnipiac	Smith		8	40%
4	Barry	Cervantes		13	65%
5	Rush	Collins		10	50%
6	U Iowa	Rath	x	20	100%
7	U Nebraska	Holt		-	0%
8	Thomas Jefferson	Schwartz	x	5	25%
9	North Shore U	Chan	x	14	70%
10	SUNY	Searles, Darling		12	60%
11	Cleveland Clinic	Wittenauer	x	6	30%
12	Pittsburgh Shadyside	Dzadony, Darrah		6	30%
13	MUSC	Sistino		14	70%
14	Vanderbilt	Schwimer	x	17	85%
15	Texas Heart	Crane, Adams	x	17	85%
16	MSOE	Kallies	x	19	95%
17	Texas	Price	x	9	45%
18	Hofstra	DeLaney	x	3	100%
19					
20					

Total in attendance	11
Percentage attending	61.11
Quorum ?	YES