Communications for this section will be published as space and priorities permit. The comments should not exceed 350 words in length, with a maximum of five references; one figure or table can be printed. Exceptions may occur under particular circumstances. Contributions may include comments on articles published in this periodical, or they may be reports of unique educational character. Please include a cover letter with a complete list of authors (including full first and last names and highest degree), corresponding author's address, phone number, fax number, and email address (if applicable). Specific permission to publish should be cited in the cover letter or appended as a postscript. CHEST reserves the right to edit letters for length and clarity.

Board Review Courses for Critical Care Medicine

To the Editor:

In preparation for recertification in critical care medicine, I had the opportunity to take both national Board review courses. First, I attended the Society of Critical Care Medicine (SCCM) Multidisciplinary Critical Care Board Review Course held in Chicago, August 13 to 17, 1997. Next, I purchased and viewed the videotapes of the American College of Chest Physicians (ACCP) 6th National Critical Care Medicine Review Course, held in San Diego, June 29 to July 3. Table 1 lists salient features of each course.

Both courses are offered yearly and are well attended (the ACCP offers its course in June and in September). The ACCP features popular interactive multiple-choice questions that are interspersed throughout the lectures. Attendees answer electronically by pressing buttons on a device wired to each seat location. Answers are instantly tabulated, and percentages for each choice are projected on the screen for review and discussion by the lecturer.

Both courses run on efficient, tight schedules, and attendees do not ask questions at the formal lectures. However, both courses also offer tutorial sessions in some subjects (eg, acid-base disorders, arrhythmias), with ample opportunity for questions at that time.

Each course distributes a fairly complete syllabus, with references. Additional material is distributed during each course for the tutorials. While both course syllabi are comprehensive, they are not textbooks, but rather bound collections of printed handouts. Neither syllabus, for example, has cross-referencing, an index, or photographs.

Audiocassettes and videotapes of each national course are made available by CME Unlimited, Palm Desert, Calif. All lectures are videotaped, but the tutorial sessions are not. The tapes are of uniformly high quality. They are available as complete sets only and come with the printed syllabus. Videotapes employ picture-in-picture, whereby the speaker's face is included in the lower left corner of the screen while his or her slides occupy the rest of the screen. Audiocassettes are necessarily limited by not including the screen slides, but could be used profitably along with the syllabus.

For the first time last year, the ACCP course was also available on CD-ROM (which I have not reviewed). In contrast to tapes, a CD-ROM allows the user to skip around and access any part of the material quickly. The technology employed for last year's CD-ROM does not allow its use on audio-only CD players, although that may change with future versions (personal communication; CME Unlimited; September 1997).

There is a difference in focus between the two courses that is not as significant as it may appear from solicitation announcements. The SCCM advertises its course as "multidisciplinary," for physicians taking the critical care Boards in anesthesiology, surgery, and internal medicine. The ACCP course, on the other hand, is aimed mainly at physicians with training in internal medicine who are taking the critical care Boards. The practical subject matter is similar in both courses, with emphasis on acute care in the medicine subspecialties. The difference manifests

<table>
<thead>
<tr>
<th>Table 1—Comparison of 1997 Critical Care Board Review Courses*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Features</td>
</tr>
<tr>
<td>Dates &amp; locations</td>
</tr>
<tr>
<td>No. of registrants</td>
</tr>
<tr>
<td>No. of faculty</td>
</tr>
<tr>
<td>Main syllabus length</td>
</tr>
<tr>
<td>Cost of course</td>
</tr>
<tr>
<td>No. of individual lectures</td>
</tr>
<tr>
<td>CME credit hours</td>
</tr>
<tr>
<td>Cost of audiotapes</td>
</tr>
<tr>
<td>Cost of videotapes</td>
</tr>
<tr>
<td>Cost of CD-ROMs</td>
</tr>
</tbody>
</table>

*For Critical Care Board Exam held November 19, 1997.
1Identical to San Diego course except for dates and location.
2SCCM member/nonmember; discount available for physicians-in-training.
3ACCP member/nonmember; discount available for physicians-in-training.
4Includes tutorials.
itself principally in speaker selection. Twelve of the SCCM's 28 speakers are surgeons or anesthesiologists, in contrast to only two of the ACCP's 21 speakers (three speakers appeared at both courses). Of the 44 individual SCCM lectures, three dealt with trauma and acute abdominal disease; only one of ACCP's 37 lectures covered trauma, and there was no talk on acute abdomen. Overall, I found the SCCM content to be appropriate for a medical intensivist preparing for the Boards.

Choosing between the two courses may depend as much on location and dates as on content. The ACCP course is slightly longer in total hours and covered some topics (particularly cardiology) in greater depth. I also found the ACCP's interactive questions effective for focusing attention during the lectures. On the other hand, the SCCM syllabus offers a more detailed written review and (unlike the ACCP syllabus) includes self-assessment questions and answers on each topic.

For physicians taking the critical care Boards this year, I recommend buying the videotapes of either course. Their singular advantage—repetitive viewing at one's own convenience—makes them superior to sitting in a classroom for 4 or 5 days in a row. The disadvantage of the videotapes (compared with attending the courses) is the inability to ask questions and interact with the faculty. Time and budget permitting, the ideal situation would be both to attend one of the courses and to purchase its videotapes.

Lawrence Martin, MD, FCCP  
Chief, Division of Pulmonary and Critical Care Medicine  
Mt. Sinai Medical Center  
Cleveland

To the Editor:

We appreciate Dr. Martin's detailed comparison of the 1997 ACCP Critical Care Review Course to the SCCM Multidisciplinary Critical Care Board Review. While recognizing the high caliber of both courses, we believe that Dr. Martin's comparison, which is based on his having attended one course while reviewing videotapes of the other, has allowed him to overlook the substantial benefits of the ACCP's interactive audience response system to course attendees. Specifically, the audience response system, which has been a longstanding feature of both the ACCP Pulmonary Board Review and the ACCP Critical Care Review Course, provides each course attendee with a response keypad and allows the speaker to pose a question to which each attendee can register an anonymous response. Each attendee's response is tallied instantaneously, and the aggregate responses are then displayed on a committed screen as a histogram frequency chart, thereby allowing the speaker (and each member of the audience) to quickly identify the percentages of correct and incorrect responses. With this instantaneous knowledge of the audience's responses, the speaker can identify common misperceptions and emphasize points of confusion with a didactic presentation that follows the question or case. All of the 37 lectures in the ACCP Critical Care Review Course use the audience response system to pose questions that are intended to simulate the Board experience and/or to emphasize subjects that are common pitfalls.

The longstanding use of the audience-response interactive technology at the ACCP courses has been based on its continued popularity among attendees of ACCP courses and on empirical evidence from other large courses that this interactive technology is a highly effective (and enjoyable) teaching tool. Specifically, feedback from ACCP course attendees regarding the interactive system has been almost universally favorable, with representative comments emphasizing that the system enhances attendees' attentiveness and enjoyment while encouraging the lecturer to present relevant clinical questions, often in the context of a brief case or clinical vignette. As Dr. Martin no doubt would agree from having sat through 32.5 hours of one course and 37.5 hours of videotapes from another, a strategy to enhance attendees' attentiveness and focus is highly desirable.

As further evidence of the effectiveness and desirability of the interactive audience response system, data from another large medical review course (in which an audience response interactive system has also been a longstanding feature) show that use of the system is highly desired by course attendees and is associated with significantly higher lecture ratings.1 In this study, which examined ratings by 624 attendees of three annual presentations of the Cleveland Clinic Intensive Review of Internal Medicine Symposium, 90.5% of respondents rated the audience response system as good to excellent. Ninety-two percent of respondents felt that teaching with the audience response system was more helpful to their learning than teaching without the system, and 89% felt that the audience response system facilitated teaching of clinical reasoning and medical facts.

Two of us recently took the recertification examination in critical care medicine. Unlike Dr. Martin, we attended only the ACCP course and were pleased and reassured to note that the subject matter covered in the ACCP Critical Care Review Course hit the mark for Board preparation. Neither of us can remember a recertification exam question whose subject matter had not been covered by the preliminary modules (which we all had to take) and the ACCP course. To further learn attendees' impressions, the ACCP will soon send a questionnaire to attendees who took the certifying examination to make future offerings of the course even better.

Overall, we believe that like the SCCM course, the ACCP Critical Care Review Course offers an important and useful resource for colleagues preparing for the certification or recertification examinations in critical care medicine or wishing to review current concepts of critical care. Just as interaction is a critical success element of clinical medicine, so too is interactivity an important element of teaching clinical medicine, especially in the context of large courses such as these. It is for this reason that the ACCP review courses will continue to incorporate the interactive audience response system, even though this technology increases the cost of conducting the course.

James K. Stoller, MD, FCCP  
Director, ACCP Critical Care Review Course  
Cleveland Clinic Foundation  
Cleveland

Alvin Lexer  
Executive Vice President and CEO  
American College of Chest Physicians  
Northbrook, Illinois

Richard S. Irwin, MD, FCCP  
Chairman, ACCP Continuing Education Committee  
University of Massachusetts Medical Center  
Worcester, Massachusetts

REFERENCES