**New Application: Emergency Medicine**

**Review Committee for Emergency Medicine**

**ACGME**

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**Institutions**

**Sponsoring Institution**

1. Will the sponsoring institution and participating sites provide salary support or protected time for the following?
2. The program director [PR I.A.1.a)] ( ) YES ( ) NO
3. Each associate program director [PR I.A.1.b)] ( ) YES ( ) NO
4. All core physician faculty members [PR I.A.1.c)] ( ) YES ( ) NO
5. How will the program ensure that core physician faculty members will not be required to generate clinical or other income to support reduced clinical hours? [PR I.A.1.c).(1)]

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**Participating Sites**

1. Will the program be based at the primary clinical site? [PR I.B.3.] ( ) YES ( ) NO

If no, describe.

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1. How will programs using multiple participating sites ensure the provision of a unified educational experience for the residents? [PR I.B.4.]

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1. Is there a letter of understanding/master affiliation agreement with the medical school? (If yes, include with attachments) [PR I.B.6.] ( ) YES ( ) NO
2. List the training programs in other major specialties at the sponsoring institution. [PR I.B.7.]

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**Program Personnel and Resources**

**Program Director**

List the program(s) and duration (start and end dates) previously spent as a core faculty member as defined by Emergency Medicine in section II.B.6. [PR I.B.7.]

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**Faculty**

1. Do all core faculty members as defined by Emergency Medicine in section II.B.6 have faculty appointments in the medical school? [PR II.B.2.a)] ( ) YES ( ) NO

If no, explain.

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1. Do all faculty members participate in faculty development programs? [PR II.B.2.a)] ( ) YES ( ) NO

If no, explain.

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1. For each core physician faculty member identified in ADS (section C.2.) and who meet the EM criteria for core faculty members, provide the total number of scholarly activities for the last five years. [PR II.B.6.d)]

| **Name** | **Scholarly Activities** |
| --- | --- |
| **Peer Publications (has Pub Med or MedEd Portal ID)** | **Non-Peer Publications** | **National/ Regional Presentations** | **Editorial Review Services** |
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1. Provide the faculty staffing ratio for acute critical care areas [PR II.B.8.] ( )
2. Provide total # faculty hours over a seven day period (typical):
 [( ) Patient visits per year/( ) Faculty hours per day)] / 365 days per year = ( ) faculty staffing ratio

**Other Program Personnel**

1. How many program coordinators are dedicated solely to the residency program administration? [PR II.C.1.] ( ) FTE

2. How many additional support personnel are dedicated to program administration? [PR II.C.1.]
 ( ) FTE

**Resources**

1. At every site in which the emergency department provides resident education, will the following be provided? [PR II.D.1.]

| **YES/NO** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Adequate space for patient care |  |  |  |  |
| Space for clinical support services |  |  |  |  |
| Diagnostic imaging completed and results available on a timely basis, especially those required on a STAT basis |  |  |  |  |
| Laboratory studies completed and results available on a timely basis, especially those required on a STAT basis |  |  |  |  |
| Office space for core physician faculty members, and residents |  |  |  |  |
| Instructional space |  |  |  |  |
| Information systems |  |  |  |  |
| Appropriate security services and systems to ensure a safe working environment |  |  |  |  |

1. Will clinical support services include the following: [PR II.D.2.]
	1. Nursing ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

* 1. Clerical ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

* 1. Intravenous ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

* 1. Electrocardiogram (EKG) ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

* 1. Respiratory therapy ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

* 1. Messenger/transporter ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

* 1. Phlebotomy ( ) YES ( ) NO

Will this support service be available on a 24-hour basis? ( ) YES ( ) NO

1. Will office space for program coordinators and additional support personnel be provided at the primary clinical site? [PR II.D.3.] ( ) YES ( ) NO
2. For any clinical services not available for consultation or admission, will each clinical site have a written protocol for provision of these services elsewhere? [PR II.D.4.a)] ( ) YES ( ) NO
3. Describe how each clinical site will ensure timely consultation decisions by a provider from admitting and consulting services with decision making authority. [PR II.D.4.b)]

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1. Indicate the following patient population data for the most recent academic year.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
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| Total ED patients\* [PR II.D.6. and II.D.6.b)] |  |  |  |  |
| Total patients in resident areas |  |  |  |  |
| % of ED pediatric patients\*\* [PR II.D.5. and IV.A.6.a).(2)] |  |  |  |  |
| % of ED pediatric patients in resident areas |  |  |  |  |
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| **Total Number of ED Patients by Clinical Conditions** [PR II.D.5.] |
| Trauma |  |  |  |  |
| Surgical (non-trauma) |  |  |  |  |
| Medical |  |  |  |  |
| Obstetrical/Gynecological |  |  |  |  |
| Psychiatric |  |  |  |  |
| **Critically-ill or Critically Injured Patients** [PR II.D.6.a); IV.A.6.a).(4).(a); and, IV.A.6.a).(4).(a).(i)] |
| Number and % of patients hospitalized following treatment in ED (excluding ED observation units) |  | % |  | % |  | % |  | % |
| Number and % of ED patients admitted to CRITICAL CARE units following treatment (excluding observation and step down units) |  | % |  | % |  | % |  | % |
| Number and % of ED patients taken directly to the operating suite following treatment |  | % |  | % |  | % |  | % |
| Number and % of deaths in ED\*\*\* |  | % |  | % |  | % |  | % |
| Estimated Percentage of ED patients for primary assessment and treatment by EM residents | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by EM faculty members | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by non-EM residents | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by non-EM faculty members | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by physician extenders (PAs and NPs) | % | % | % | % |

\* Include only patients evaluated and treated in the ED.

\*\* Ages 0 - 18 Years.

\*\*\* Include only patients on whom resuscitation was attempted.

1. Will residents be provided with prompt, reliable systems for communication and interaction with supervisory physicians? [PR II.D.7.] ( ) YES ( ) NO

**Educational Program**

**Program Duration**

1. Is the proposed program using a 48-month format? [PR Int.C.] ( ) YES ( ) NO
2. If a 48-month format is requested, provide a brief rationale/educational justification that describes the additional in-depth experience in areas related to emergency medicine. Include the additional goals and outcomes to be achieved by residents in the incremental 12 months of education. [PR Int.D.]

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**Regularly scheduled didactic sessions;**

1. Provide a projected conference schedule for 8 contiguous weeks. [PR IV.A.3.a)]

| **Week** | **Conference Title** | **Duration** | **Date** | **Format: conference, journal club, discussion group, laboratory, etc.** | **Site #** | **Presenter(s)\*\*** |
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\* Format: administrative seminars, journal review, presentations based on the defined curriculum, morbidity and mortality conferences, or research seminars

\*\* EMF (Emergency Medicine Faculty), EMR (EM Resident), O (Other)

1. Will the program offer its residents an average of at least five hours per week of planned educational experiences developed by the program’s faculty members? [PR IV.A.3.c)] ( ) YES ( ) NO
2. What percentage of the residents’ planned didactic experiences will be devoted to individualized interactive instruction? [PR IV.A.3.c).(1)]

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1. Describe how the program director will ensure all planned didactic experiences are supervised by core physician faculty members. [PR IV.A.3.c).(2)]

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1. Will each core physician faculty member attend, on average per year, at least 20 percent of planned didactic experiences? [PR IV.A.3.c).(3)] ( ) YES ( ) NO
2. What percent of resident conferences will be presented by the following individuals? [PR IV.A.3.c).(4)]

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| --- | --- |
|  | **Percentage** |
| EM Faculty Members |  |
| Non EM Faculty Members |  |
| EM Residents |  |
| Other (specify): |  |
| Total | 100% |

1. Will residents actively participate, on average per year, in at least 70 percent of the planned didactic experiences offered? [PR IV.A.3.c).(5)] ( ) YES ( ) NO
2. Describe how the program director will evaluate and measure resident participation and educational effectiveness of all planned didactic experiences. [PR IV.A.3.c).(6)]

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**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate proficiency in each of the following areas of patient care. Also indicate the method used to evaluate proficiency.

| **Competency Area** | **Settings/Activities** | **Method Used to Evaluate Fellow Proficiency** |
| --- | --- | --- |
| Synthesizes essential data necessary for the correct management of a patient with multiple chronic medical problems and, when appropriate, comparing with a prior medical record and identifying significant differences between the current presentation and past presentations[PR IV.A.5.b).(1).(a)] |  |  |
| Generating an appropriate differential diagnosis[PR IV.A.5.b).(1).(b)] |  |  |
| Applying the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management[PR IV.A.5.b).(1).(c)] |  |  |
| Narrowing and prioritizing the list of weighted differential diagnoses to determine appropriate management based on all of the available data[PR IV.A.5.b).(1).(d)] |  |  |
| Implementing an effective patient management plan[PR IV.A.5.b).(1).(e)] |  |  |
| Selecting and prescribing appropriate pharmaceutical agents based upon relevant considerations, such as: allergies; clinical guidelines; intended effect; financial considerations; institutional policies; mechanism of action; patient preferences; possible adverse effects; and potential drug-food and drug-drug interactions; and effectively combining agents and monitoring and intervening in the advent of adverse effects in the emergency department[PR IV.A.5.b).(1).(f)] |  |  |
| Progressing along a continuum of managing a single patient, to managing multiple patients and resources within the emergency department[PR IV.A.5.b).(1).(g)] |  |  |
| Providing health care services aimed at preventing health problems or maintaining health[PR IV.A.5.b).(1).(h)] |  |  |
| Working with health care professionals to provide patient-focused care[PR IV.A.5.b).(1).(i)] |  |  |
| Identifying life-threatening conditions and the most likely diagnosis, synthesizing acquired patient data, and identifying how and when to access current medical information[PR IV.A.5.b).(1).(j)] |  |  |
| Establishing and implementing a comprehensive disposition plan that uses appropriate consultation resources, patient education regarding diagnosis, treatment plan, medications, and time and location specific disposition instructions[PR IV.A.5.b).(1).(k)] |  |  |
| Re-evaluating patients undergoing emergency department observation (and monitoring) and using appropriate data and resources, and, determining the differential diagnosis, treatment plan, and disposition[PR IV.A.5.b).(1).(l)] |  |  |
| Performing diagnostic and therapeutic procedures and emergency stabilization[PR IV.A.5.b).(2).(a).(i)] |  |  |
| Managing critically-ill and injured patients who present to the emergency department, prioritizing critical initial stabilization action, mobilizing hospital support services in the resuscitation of critically-ill or injured patients and reassessing after a stabilizing intervention[PR IV.A.5.b).(2).(a).(ii)] |  |  |
| Properly sequencing critical actions for patient care and generating a differential diagnosis for an undifferentiated patient[PR IV.A.5.b).(2).(a).(iii)] |  |  |
| Mobilizing and managing necessary personnel and other hospital resources to meet critical needs of multiple patients[PR IV.A.5.b).(2).(a).(iv)] |  |  |
| Performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types on all age groups[PR IV.A.5.b).(2).(a).(v)] |  |  |

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of patient care. Also indicate the method used to evaluate competency.

| **Competency Area** | **Settings/Activities** | **Method Used to Evaluate Fellow Competency** |
| --- | --- | --- |
| Adult medical resuscitation[PR IV.A.5.b).(2).(c).(i)] |  |  |
| Adult trauma resuscitation[PR IV.A.5.b).(2).(c).(ii)] |  |  |
| Anesthesia and pain management[PR IV.A.5.b).(2).(c).(iii)] |  |  |
| Providing safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation.[PR IV.A.5.b).(2).(c).(iii).(a)] |  |  |
| Cardiac pacing[PR IV.A.5.b).(2).(c).(iv)] |  |  |
| Chest tubes[PR IV.A.5.b).(2).(c).(v)] |  |  |
| Cricothyrotomy[PR IV.A.5.b).(2).(c).(vi)] |  |  |
| Dislocation reduction[PR IV.A.5.b).(2).(c).(vii)] |  |  |
| Emergency department bedside ultrasound[PR IV.A.5.b).(2).(c).(viii)] |  |  |
| Use of ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance[PR IV.A.5.b).(2).(c).(viii).(a)] |  |  |
| Intubations[PR IV.A.5.b).(2).(c).(ix)] |  |  |
| Performance of airway management on all appropriate patients, including those who are uncooperative, at the extremes of age, hemodynamically unstable and who have multiple co-morbidities, poorly-defined anatomy, high risk for pain or procedural complications, or require sedation); taking steps to avoid potential complications; and recognizing the outcome and/or complications resulting from the procedures[PR IV.A.5.b).(2).(c).(ix).(a)] |  |  |
| Lumbar puncture[PR IV.A.5.b).(2).(c).(x)] |  |  |
| Pediatric medical resuscitation[PR IV.A.5.b).(2).(c).(xi)] |  |  |
| Pediatric trauma resuscitation[PR IV.A.5.b).(2).(c).(xii)] |  |  |
| Pericardiocentesis[PR IV.A.5.b).(2).(c).(xiii)] |  |  |
| Procedural sedation[PR IV.A.5.b).(2).(c).(xiv)] |  |  |
| Vaginal delivery[PR IV.A.5.b).(2).(c).(xv)] |  |  |
| Vascular access; and, [PR IV.A.5.b).(2).(c).(xvi)] |  |  |
| Obtaining vascular access in patients of all ages regardless of the clinical situation[PR IV.A.5.b).(2).(c).(xvi).(a)] |  |  |
| Wound management. [PR IV.A.5.b).(2).(c).(xvii)] |  |  |
| Assessing and appropriately managing wounds in patients of all ages regardless of the clinical situation. [PR IV.A.5.b).(2).(c).(xvii).(a)] |  |  |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc) in which fellows will demonstrate knowledge of the following areas. Also indicate the method(s) that will be used to evaluate fellow competency in each area.

| **Competency Area** | **Settings/Activities** | **Method Used to Evaluate Fellow Competency** |
| --- | --- | --- |
| The care of emergency medicine patients[PR IV.A.5.c).(1)] |  |  |
| The scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.[PR IV.A.5.c).(2)] |  |  |

**Curriculum Organization and Resident Experiences**

1. Provide an estimate of the average number of key index resuscitations and procedures each resident will have attained by graduation [PR IV.A.6.a) – IV.A.6.b).(2)]

|  | **# Performed on Patients** | **# Performed in Lab** |
| --- | --- | --- |
| Adult medical resuscitation  |  |  |
| Adult trauma resuscitation  |  |  |
| Anesthesia and pain management  |  |  |
| Cardiac pacing  |  |  |
| Central venous access  |  |  |
| Chest tubes  |  |  |
| Cricothyrotomy  |  |  |
| Dislocation reduction  |  |  |
| Emergency department bedside ultrasound  |  |  |
| Intubations  |  |  |
| Lumbar puncture  |  |  |
| Pediatric medical resuscitation  |  |  |
| Pediatric trauma resuscitation  |  |  |
| Pericardiocentesis  |  |  |
| Procedural sedation  |  |  |
| Vaginal delivery  |  |  |
| Vascular access  |  |  |
| Wound management  |  |  |

1. Briefly describe how residents will maintain a record of all major resuscitations and procedures performed throughout the entire educational program. [PR IV.A.6.b) – IV.A.6.b).(2)]

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1. Will residents have experience in emergency medical services (EMS), emergency preparedness, and disaster management? [PR IV.A.6.c)] ( ) YES ( ) NO
2. Will EMS experiences include ground unit runs? [PR IV.A.6.c).(1)] ( ) YES ( ) NO
3. Will this include direct medical command? [PR IV.A.6.c).(2)] ( ) YES ( ) NO

If no, explain.

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1. Will this include participation in multi-casualty incident drills? [PR IV.A.6.c).(3)] ( ) YES ( ) NO

If no, explain.

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1. Will residents be required to ride in air ambulance units? [PR IV.A.6.c).(3)] ( ) YES ( ) NO

If yes, are they notified of this at the time of application? ( ) YES ( ) NO

1. Will residents have experience teaching out-of-hospital emergency personnel? [PR IV.A.6.d)]
 ( ) YES ( ) NO

If no, explain.

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**Evaluation**

**Resident Formative Evaluation**

1. Will the program director verify each resident’s records of major resuscitations and procedures as part of the semiannual evaluation? [PR V.A.1.b).(4).(a)] ( ) YES ( ) NO
2. With what frequency will the program director formally evaluate each resident’s competency in procedures and resuscitations? [PR V.A.1.d)] ( )
3. Will a plan to remedy deficiencies be in writing and on file? [PR V.A.1.e)] ( ) YES ( ) NO
4. If a resident has been identified as needing a remediation plan, how often will progress and improvement be monitored? [PR V.A.1.e).(1)] ( )

**Faculty Evaluation**

1. Will faculty member evaluations include administrative and interpersonal skills, quality of feedback and mentoring for residents, and participation in and contributions to resident conferences? [PR V.B.2.a)] ( ) YES ( ) NO
2. Will a summary of the evaluations be communicated in writing to each faculty member? [PR V.B.4.]
 ( ) YES ( ) NO

If no, explain.

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**Resident Duty Hours in the Learning and Working Environment**

**Clinical Responsibilities**

1. Will residents ever work longer than 12 continuous scheduled hours in the Emergency Department?
[PR VI.E.1.a)] ( ) YES ( ) NO

If YES, explain.

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1. Between scheduled work periods (including any call activities) is there an equivalent period of continuous scheduled time off? [PR VI.E.1.a).(1)] ( ) YES ( ) NO
2. Will residents work more than 60 scheduled hours per week seeing patients in the Emergency Department? [PR VI.E.1.b)] ( ) YES ( ) NO

If YES, explain.

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1. Will residents be assigned any program related activities that total more than 72 duty hours per week while on emergency medicine rotations? [PR VI.E.1.b)] ( ) YES ( ) NO

If YES, explain.

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1. Will emergency medicine residents have one day (24-hour period) free per each seven-day period? [PR VI.E.1.c)] ( ) YES ( ) NO

**Teamwork**

Describe how interprofessional teams will be used to ensure effective and efficient communication for appropriate patient care for emergency medicine department admissions, transfers, and discharges. [PR VI.F.1.]

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