**New Application: Emergency Medicine**

**Review Committee for Emergency Medicine**

**ACGME**

*This application is locked for filling in forms only, so some features of Word may not be available.*

**Oversight**

**Length of Educational Program**

1. Will the proposed program use a 48-month format? [PR Int.C.1.] [ ]  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 goals and outcomes to be achieved by residents in the additional 12 months of education. [PR Int.C.1.]

|  |
| --- |
| Click here to enter text. |

**Participating Sites**

1. Will the program be based at the primary clinical site? [PR I.B.4.a)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

**Geographically Distant Sites**

1. Does the distance between any participating site and Sponsoring Institution exceed 60 miles [PR I.B.4.c)]?

 [ ]  YES [ ]  NO

1. If “YES,” complete the following table for each geographically distant site [PR I.B.4.c)]: Duplicate the tables as necessary.

|  |
| --- |
| Geographically Distant Site Name: Click or tap here to enter text. |
| Name and type of rotation(s) | Click or tap here to enter text. |
| How much time is spent at the site for rotations? | Click or tap here to enter text. |
| Explain why a closer site was not selected. | Click or tap here to enter text. |
| Provide details for the following concerns with regard to resident well-being, including any program/Sponsoring Institution efforts to mitigate them (e.g., support for travel, accommodations):a) safetyb) financialc) removal from family/lifed) social impact | Click or tap here to enter text. |

|  |
| --- |
| Geographically Distant Site Name: Click or tap here to enter text. |
| Name and type of rotation(s) | Click or tap here to enter text. |
| How much time is spent at the site for rotations? | Click or tap here to enter text. |
| Explain why a closer site was not selected. | Click or tap here to enter text. |
| Provide details for the following concerns with regard to resident well-being, including any program/Sponsoring Institution efforts to mitigate them (e.g., support for travel, accommodations):a) safetyb) financialc) removal from family/lifed) social impact | Click or tap here to enter text. |

**Resources**

1. Describe how the program will ensure the availability of educational resources in other specialties for the education and training of emergency medicine residents. [PR I.D.1.a)]

|  |
| --- |
| Click here to enter text. |

1. Indicate whether the following resources will be available at every site in which the Emergency Department (ED) provides resident education. [PRs I.D.1.b)-I.D.1.b).(8)]

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

1. Explain any “NO” responses.

|  |
| --- |
| Click here to enter text. |

1. Will there be 24-hour support services to provide each of the following? [PR I.D.1.c)]
	1. Nursing [ ]  YES [ ]  NO
	2. Clerical [ ]  YES [ ]  NO
	3. Intravenous [ ]  YES [ ]  NO
	4. Electrocardiogram (EKG) [ ]  YES [ ]  NO
	5. Respiratory therapy [ ]  YES [ ]  NO
	6. Transporter [ ]  YES [ ]  NO
	7. Phlebotomy ☐ YES ☐ NO
2. Will office space for program coordinators and additional support personnel be provided at the primary clinical site? [PR I.D.1.d)] [ ]  YES [ ]  NO
3. 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 I.D.1.e).(1)]
 [ ]  YES [ ]  NO
4. Describe how each clinical site will ensure timely consultation decisions by a provider from admitting and consulting services with decision-making authority. [PR I.D.1.e).(2)] (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

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

| **Patient Data** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Total ED patients\* [PR I.D.1.g) and I.D.1.g).(2)] | # | # | # | # |
| Total patients in resident areas | # | # | # | # |
| % of ED pediatric patients\*\* [PR I.D.1.f) and IV.C.4.b)] | % | % | % | % |
| % of ED pediatric patients in resident areas | % | % | % | % |
| **Critically-Ill or Critically Injured Patients** [PR I.D.1.g).(1); IV.C.4.d).(1); and, IV.C.4.d).(1).(a)] |
| Number and % of patients hospitalized following treatment in ED (excluding ED observation units) | # | % | # | % | # | % | # | % |
| Number and % of critically-ill and critically injured ED patients\*\*\*  | # | % | # | % | # | % | # | % |
| Estimated Percentage of ED patients for primary assessment and treatment by emergency medicine residents | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by emergency medicine faculty members | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by non-emergency medicine residents | % | % | % | % |
| Estimated percentage of ED patients for primary assessment and treatment by non-emergency medicine 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 patients taken directly to the operating suite following treatment and the number of ED deaths of patients on whom resuscitation was attempted

If the total number of critically-ill and critically injured patients reported above is less than 1,200 or less than three percent of the total ED patient volume, explain in the box below how these numbers were calculated/how the program will provide critical care experience. [PR I.D.1.g).(1)] (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

1. Will residents be provided with prompt, reliable systems for communication and interaction with supervising physicians? [PR I.D.1.h)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

**Personnel**

1. Indicate the amount of salary support or protected time for the following?
2. The program director [PR II.A.2.] #FTE
3. Total support for all associate program director(s) [PR II.A.2.a)-b)] #FTE
4. Minimum support for each core faculty member [PR II.B.4.c)] #FTE

If no support has been allocated for the roles above, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

**Program Director**

1. List the program(s) and durations (start and end dates) at which the program director previously served as a core faculty member. [PR II.A.3.d)]

|  |
| --- |
| Click here to enter text. |

**Program Coordinator**

1. List all program coordinators and support personnel for the emergency medicine program based on the requested program size: [PR II.C.2.a)]

|  |  |  |
| --- | --- | --- |
| **Program Size** | **Coordinator Name(s)** | **Dedicated FTE** |
| Indicate the number of positions requested for the program:# | Click here to enter text. | # |
| Click here to enter text. | # |
| Click here to enter text. | # |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Provide an estimate of the average number of key index resuscitations and procedures each resident will have completed by graduation. [PR IV.B.1.b).(2).(c).(i)-IV.B.1.b).(2).(c).(xvii)]

| **Procedure** | **# Performed on Patients** | **# Performed in Lab** |
| --- | --- | --- |
| Adult medical resuscitation  | # | # |
| Adult trauma resuscitation  | # | # |
| Anesthesia and pain management | # | # |
| Cardiac pacing  | # | # |
| 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 | # | # |

\*Please refer to the Frequently Asked Questions document related to the Program Requirements for Emergency Medicine for additional information on key index resuscitations and procedures.

1. Explain the methodology used to obtain the estimates for the key index resuscitation and procedure table above. (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how residents will maintain a record of all major resuscitations and procedures performed throughout their entire educational program. [PR IV.C.5.a)-IV.C.5.a).(2)] (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Resident Experiences**

1. Will the program offer its residents an average of at least five hours per week of planned didactic experiences developed by the program’s faculty members? [PR IV.C.3.c)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. What percentage of the residents’ planned didactic experiences will be devoted to individualized interactive instruction? [PR IV.C.3.c).(1)] #
2. Describe how the program director will ensure all planned didactic experiences are supervised by core physician faculty members. [PR IV.C.3.c).(2)] (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

1. Will each core physician faculty member attend, on average per year, at least 20 percent of planned didactic experiences? [PR IV.C.3.c).(3)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. What percent of resident conferences will be presented by each of the following?
[PR IV.C.3.c).(4)]

| **Presenters** | **Percentage** |
| --- | --- |
| Emergency medicine program faculty members | #% |
| Non-emergency medicine program faculty members | # % |
| Emergency medicine residents | # % |
| Other (Click or tap here to enter text.): | # % |
| Total | 100% |

1. Will residents actively participate, on average per year, in at least 70 percent of the planned didactic experiences offered? [PR IV.C.3.c).(5)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program director will evaluate and measure resident participation and educational effectiveness of all planned didactic experiences. [PR IV.C.3.c).(6)] (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

1. Will residents have experience in emergency medical services (EMS), emergency preparedness, and disaster management? [PR IV.C.5.b)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will EMS experiences include ground unit runs? [PR IV.C.5.b).(1)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will this include direct medical oversight? [PR IV.C.5.b).(1)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will this include participation in multi-casualty incident drills? [PR IV.C.5.b).(2)] [ ]  YES [ ]  NO
2. Will the program allow residents to ride in air ambulance units? [PR IV.C.5.b).(3)] [ ]  YES [ ]  NO

If YES:

 Will residents be notified of this at the time of application? [ ]  YES [ ]  NO

Will residents be notified in writing of associated risks prior to their first flight? [ ]  YES [ ]  NO

Will residents be given the opportunity to opt out of riding in air ambulance units at any point in residency? [ ]  YES [ ]  NO

**Evaluation**

**Resident 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.d).(1).(a)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will a plan to remedy deficiencies be in writing and on file? [PR V.A.1.d).(3).(a)]
 [ ]  YES [ ]  NO
2. If a resident has been identified as needing a remediation plan, how often will progress and improvement be monitored? [PR V.A.1.d).(3).(a).(i)] (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. With what frequency will the program director formally evaluate each resident’s competency in procedures and resuscitations? [PR V.A.1.e).(1)] Frequency e.g., annually, quarterly

**The Learning and Working Environment**

**Clinical Responsibilities**

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

Explain if YES. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

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

Explain if YES.” (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will residents be assigned any program-related activities that total more than 72 hours per week while on emergency medicine rotations? [PR VI.E.1.a).(2)] [ ]  YES [ ]  NO

Explain if YES. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will residents have a minimum of one day (24-hour period) free per every seven-day period? [PR VI.E.1.a).(3)] [ ]  YES [ ]  NO

If NO, explain. (Limit response to 250 words)

|  |
| --- |
| Click here to enter text. |

**Teamwork**

1. Describe how interprofessional teams will be used to ensure effective and efficient communication for appropriate patient care for ED admissions, transfers, and discharges. [PR VI.E.2.a)] (Limit response to 500 words)

|  |
| --- |
| Click here to enter text. |

**Specialty-Specific Instructions**

1. Submit goals and objectives for the following:
	1. One off-service rotation
	2. Emergency medicine rotations

Append these goals and objectives to the file upload for the “Attachment: Goals and Objectives ” requested in the Common Application in the Accreditation Data System (ADS).

1. In the “Academic Appointments” section of the program director CV information in ADS, clearly indicate which appointments were experiences as “Core Faculty.”