Basic Standards for Educational Fellowship Training in Emergency Medical Services

American Osteopathic Association

and

American College of Osteopathic Emergency Physicians

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SECTION ONE
INTRODUCTION

These are the Basic Standards for Fellowship Training in Emergency Medical Services as established by the American College of Osteopathic Emergency Physicians (ACOEP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in emergency medical services and to prepare the fellow for examination for certification in Emergency Medical Services by the American Osteopathic Board of Emergency Medicine (AOBEM).

SECTION TWO
MISSION

The mission of the osteopathic emergency medical services training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic emergency medical services physicians.

SECTION THREE
EDUCATIONAL PROGRAM GOALS AND OBJECTIVES

The goals and objectives of the osteopathic emergency medical services program are to train fellows to become proficient in the core competencies.

A. Osteopathic Philosophy & Manipulative Medicine

Osteopathic philosophy and osteopathic manipulative medicine: integration and application osteopathic principles into the diagnosis and management of patient clinical presentations.

3.1 Integrate OMM and its applications in the practice of Emergency Medical Services.

B. Medical Knowledge

Medical knowledge: a thorough knowledge of the complex differential diagnoses and treatment options in emergency medical services and the ability to integrate the applicable sciences with clinical experiences.

3.1 Use critical thinking in making decisions for patient management.

3.2 Demonstrate proficiency in the psychomotor skills required of a competent emergency medical services physician.

3.3 Read, interpret, and participate in clinical research.

C. Patient Care

Patient care: the ability to rapidly evaluate, initiate and provide treatment for patients with acute and chronic conditions in the emergency setting as well as promote health maintenance and disease prevention.

3.1 Rapidly and accurately evaluate, organize, and direct the care and treatment of the patient in an emergency setting.

D. Interpersonal and Communication Skills

Interpersonal and communication skills: use of clear, sensitive and respectful communication with patients, patients’ families and members of the health care team.
3.1 Be sensitive to the patient populations served and its implications to providing healthcare to them.

3.2 Teach basic skills and clinical practices needed in the emergency setting to medical students, interns, residents, and other fellows within the context of the educational fellowship program.

E. Professionalism

Professionalism: adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the health care team.

3.1 Collaborate and share knowledge with colleagues and allied health professionals.

3.2 Participate in opportunities for continuing education to promote personal and professional growth.

3.3 Participate in community and professional organizations.

F. Practice-Based Learning and Improvement

Practice-based learning and improvement: commitment to lifelong learning and scholarly pursuit in emergency medical services for the betterment of patient care.

3.1 Manage medical problems in an emergency setting, employing basic scientific principles and evidenced-based medicine.

G. Systems-Based Practice

Systems-based practice: skills to lead health-care teams in the delivery of quality patient care using all available resources.

3.1 Provide cost-effective care to patients in an emergency setting.

3.2 Teach basic skills needed for mass casualty management and coordination for the hospital and community

SECTION FOUR
INSTITUTIONAL REQUIREMENTS

A. Department of Emergency Medicine

The Department of Emergency Medicine at the base institution shall:

4.1 Have a chairperson that is currently certified in emergency medicine by the AOA through the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM). He or she shall maintain continuous certification—Lifetime certificate holders are not exempt from this recertification requirement

4.1.1 The Chair of the department may not be the program director.

4.2 Have a program director that fulfills the requirements for core faculty. The program director’s responsibilities are outlined in Section Six.

4.2.1 The institution must compensate the program director for at least 12 hours non-clinical time per week.

4.3 Have faculty and core faculty to teach and supervise fellows.
4.3.1 The role and duties of the core faculty shall be clearly defined. This requires at least four (4) hours of compensated, non-clinical time per week.

4.4 Ensure that all physicians that are clinically supervising emergency medical services fellows are certified in emergency medicine by the AOA/AOBEM or ABEM or in the process of being certified.

4.5 Have a minimum of one (1) core faculty member for every four (4) fellow positions.

4.6 Adopt formal program policies that are shared with the fellow upon commencement of training and develop a fellow manual that includes the complete emergency medical services curriculum.

B. Additional Emergency Department Sites

Institutions must provide training in at least one secondary emergency department.

4.1. Additional emergency medicine sites shall each have a minimum volume of 15,000 Emergency Department visits annually.

4.2 Ensure that all physicians that are clinically supervising emergency medical service fellows are certified in emergency medicine or have a Certificate of Added Qualifications (CAQ) in EMS by the AOA/AOBEM or ABEM or in the process of being certified.

4.3 Direct fellow supervision by faculty members shall be provided 24 hours a day.

SECTION FIVE
PROGRAM REQUIREMENTS AND CONTENT

A. Program Environment

The educational program for emergency medical services shall be based in a learning environment that is based on education not service. It shall contain professional teaching and experiences that provide measurable means to assess the fellow’s progression through the curriculum outlined below.

B. Curriculum

The emergency medical services program shall create and adhere to a two-year curriculum (OGME-5 to OGME-6) that meets or exceeds the requirements listed within this document.

5.1 Each program shall have a written, curriculum on file at its institution that is updated and distributed annually to all fellows.

5.2 Progression through the fellowship program shall be based upon the following:

5.2.1 Meeting stated goals and objectives of the program;

5.2.2 Demonstrating increasing competence in emergency medicine skills and techniques.

5.2.3 Proficiency in the use of diagnostic and therapeutic modalities.

5.2.4 Ongoing demonstration of professional behaviors.

5.3 The curriculum shall be evaluated and updated annually by faculty and fellows.

C. Rotation Structure

5.1 Each fellow shall complete a 24 month program. The following may be scheduled as one-month blocks or four-week rotations or any combination thereof.

5.1.1 Emergency Medical Services Overview
5.1.2 EMS System Design
5.1.3 EMS Personnel
5.1.4 Medical Control
5.1.5 Communications
5.1.6 EMS Equipment and Vehicles
5.1.7 EMS Agencies
5.1.8 EMS Receiving Facilities
5.1.9 Air Medical Services
5.1.10 Legal Considerations
5.1.11 Mass Gathering and Disaster Medical Services
5.1.12 Funding
5.1.13 Community Involvement
5.1.14 Education
5.1.15 Research
5.1.16 Operations Management

D. Didactic Educational Activities

5.1 The program shall provide a minimum of four (4) hours of didactic educational activity per week.

5.1.1 Core faculty shall be involved in both the planning as well as the administration of the educational activities.

5.1.2 These activities shall be based upon the two-year core curriculum.

5.1.3 The content shall be covered in its entirety at least once during the fellowship program.

5.1.4 Greater than fifty percent of these activities shall be planned and presented by non-fellow educators.

5.1.5 The core faculty and fellows shall participate in required OPTI educational programs.

5.1.6 Fellows shall be excused from all in-house clinical duties to attend these activities.

5.1.7 Fellows are required to attend the didactic activities unless excused by the program director.

E. Professional Development

Programs shall encourage fellows to:

5.1 Participate in available seminars, workshops and conferences provided through regional, state and national professional organizations.

5.2 Learn teaching skills by actively participating in the process of instructing medical students, residents and allied health professionals.

SECTION SIX
PROGRAM DIRECTOR AND FACULTY

A. Any proposed changes in program director or core faculty staffing shall be submitted in writing
and approved by the ACOEP Committee on Graduate Medical Education prior to appointment.

B. Program Director

6.1 The sponsoring institution shall designate an osteopathic emergency medicine physician as program director who has time for both program administration and clinical instruction. Appointments are subject to the approval of the ACOEP Committee on Graduate Medical Education and subsequent registry by the AOA.

6.2 The program director may not serve as or act in the capacity of the chair of the department of emergency medicine, or as program director of more than one residency or fellowship program. He or she may be the director of medical education if the institution has three or fewer osteopathic residency or fellowship programs.

6.3 The program director of the emergency medical services fellowship program shall possess the following qualifications:

6.3.1 Active, full-time staff membership (a minimum of 30 hours per week which includes clinical as well as educational activities) within the department or section of emergency medicine at the base institution.

6.3.2 Certification by the AOA through the American Osteopathic Board of Emergency Medicine and recertified within the prescribed time frame of the AOBEM. He or she shall maintain continuous certification. Lifetime certificate holders are not exempt from this recertification requirement. He or she shall maintain continuous certification in EMS.

6.3.2.1 Credentialing by the AOA through the American Osteopathic Board of Emergency Medicine with a Certificate of Added Qualification in Emergency Medical Service and re-credentialed within the prescribed time frame of the AOBEM. He or she shall maintain continuous certification in EMS.

6.3.3 Specialty expertise and documented educational and administrative experience acceptable to the Committee on Graduate Medical Education of ACOEP.

6.3.4 Three (3) years experience as core faculty within an emergency medicine residency program, or in the full time practice of emergency medicine for a minimum of three (3) years.

6.3.5 Fulfill and maintain the qualifications as a core faculty member of an emergency medical services program, in addition to administrative and demonstrated leadership skills, and completion of the AOA’s Continuing Medical Education requirements, emergency medicine training skills, and faculty development.

6.4 The program director shall have the following responsibilities:

6.4.1 Direct the emergency medical services fellowship and ensure that the fellow receives the training outlined in the written program description.

6.4.2 Ensure the arrangements of outside rotations with formal affiliation agreements as needed to meet the program’s educational objectives.

6.4.3 Evaluate the fellows, faculty, and the emergency medical services program.

6.4.4 Submit reports to the ACOEP as required.

6.4.5 Verify the completion of didactic and clinical schedules.
6.4.6 Actively participate in postdoctoral education and training at the base institution.

6.4.7 Notify the ACOEP of all fellows in training on an annual basis.

6.4.8 Participate in the annual ACOEP Program Directors’ Faculty Development workshop. Attendance at this annual conference is mandatory for the program director or his/her designee. The program director shall attend a minimum of once every two years.

6.4.9 Ensure that the program complies with the standards, policies, and procedures of the AOA.

6.4.10 Prepare for and participate in the AOA inspection of the program in cooperation with the Division of Postdoctoral Education and the designated evaluator.

6.4.11 Inform the AOA, OPTI, and ACOEP’s Committee on Graduate Medical Education of major changes in the program, including but not limited to, changes in institutional ownership, affiliation, department chair, or other major administrative changes within thirty (30) days of their occurrence.

6.5 Develop written goals and objectives for each rotation and maintain these through periodic updating.

6.6 Maintain the appropriate ratio of qualified core faculty for the program.

C. Core Faculty

Core faculty is the dedicated educators who provide continuous academic leadership within the fellowship program above and beyond the valuable role of the clinical faculty.

6.1 Requirements

6.1.1 The program director shall designate a minimum of two (2) core faculty who shall participate in the emergency medical services fellowship program.

6.1.2 Additionally, a minimum of one core faculty member for every four (4) fellows shall be maintained.

6.1.3 A minimum of fifty percent (50%) of the core faculty shall be osteopathic emergency physicians who participate in the training of fellows.

6.1.4 The program director may be a member of the core faculty.

6.2 Qualifications: Core faculty must meet the following qualifications prior to and throughout the duration of their appointment:

6.2.1 Core faculty members are specifically designated, full time members of the department of emergency medicine at the base institution. Full time is defined as a minimum of 30 hours per week which includes clinical as well as educational activities.

6.2.2 Core faculty members shall be certified or an active candidate in the process of certification by the AOA/AOBEM or ABEM. He or she shall maintain continuous certification. Lifetime certificate holders are not exempt from this recertification requirement and qualified by training and experience to perform their teaching role.

6.3 Scholarly Activity: Each core faculty member shall demonstrate scholarly activity prior to and throughout the duration of their appointment. Scholarly activity is the academic pursuits that involve creative, intellectual work that is peer-reviewed and publicly
6.3.1 Scholarly activity shall occur within a four-year period. Acceptable activities may include a minimum of 2 major or 1 major and 2 minor scholarly activity within this time frame for each core faculty member. Other activities may be accepted on an individual basis at the discretion of the committee on graduate medical education. Scholarly activities for each core faculty member shall be well documented, to include dates, locations, and details.

6.4. Major Scholarly Activities: Major scholarly activities shall be defined as follows:

6.4.1 Serving as chair or vice chair of a national, regional or state medical society committee.

6.4.2 Serving as an active member of a committee of a national, regional or state medical association.

6.4.3 Publication of original research or review article in peer-reviewed medical or scientific journal, or chapter in medical textbook.

6.4.4 Receipt of grant funding for medical, educational or service research.

6.4.5 Presentation or publication of case reports or clinical series at national, regional or state professional and scientific society meetings and conferences.

6.4.6 Member of an editorial review board of a national, regional or state peer-reviewed publication.

6.4.7 Participation in item writing or as an examiner for a national medical certification board.

6.4.8 Presentation at a national, regional or state CME meeting or seminar.

6.5 Minor Scholarly activities shall be defined as:

6.5.1 Research projects currently in progress. The study has been approved by IRB and data-collection actively occurring.

6.5.2 Preparation of grant funding request material for medical, educational or service research.

6.5.3 Visiting professorship (guest EMS lecturer to peers or residents at an outside institution).

6.5.4 Item writing for the ACOEP Resident In-Service Examination.

6.5.5 Serve in the capacity as an active judge (or evaluator) at a national, regional or state academic meeting.

6.5.6 Publication of an article or chapter in a non-peer reviewed medical or scientific journal.

6.6 Responsibilities

6.6.1 Core faculty shall be involved in the preparation and presentation of didactic educational program, such as formal lectures, case conferences and journal clubs and other requirements of the core curriculum.

6.6.2 Core faculty shall encourage and support fellows in scholarly activities and act as
mentors for required research projects.

6.6.3 Core faculty shall be provided non-clinical time to provide instruction, leadership and participation in scholarly activities.

SECTION SEVEN
FELLOW REQUIREMENTS

7.1 The emergency medicine fellow shall be board eligible/board certified in emergency medicine by the AOA through the American Osteopathic Board of Emergency Medicine prior to entry into the program.

7.2 Each fellow shall adhere to established policies and procedures for educational fellowship training, as outlined in this document, and in the fellow manual.

7.3 The fellow shall progressively assume responsibility for patient care during the fellowship, so that by the final year of training, he or she will be able to assume complete management of an EMS system.

7.4 The fellow shall maintain formal records of all activities related to the educational program. These records shall be submitted monthly to the program director for review and verification. Copies of these records shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records shall document the fulfillment of the requirements of the program, describing the volume, variety, and scope, and progressive responsibility on the part of the fellow for emergency cases and procedures performed under supervision.

7.5 The fellow shall prepare one (1) project related to EMS during the course of the educational fellowship. The project shall involve either “bench” research, or outcome analysis.

7.6 The fellow shall be required to submit a minimum of one grant proposal, in coordination with the grant writing departments of the sponsoring institution(s), for the funding on an EMS-oriented project. Public Education and Provider Education will receive favored status.

7.7 The fellow shall be required to submit one article related to Emergency Medical Services in a peer-reviewed journal. Clinically related reviews and educational articles shall be submitted to a provider journal, while methods and research shall be submitted to an emergency medicine journal.

7.8 Evidence of the submission of the article, research projects, and grant requests must be submitted to the American College of Osteopathic Emergency Physicians and must accompany the program directors report verifying that all aspects of the training program have been completed, prior to the granting of “Program Complete” status.

7.9 The fellow shall complete incident command training through FEMA to include IS-100, IS-200, RS-700, and RS-800.

7.10 The fellow shall be required to participate in professional staff activities.

7.11 The fellow must be certified as a provider in advanced cardiac life support (ACLS), advanced trauma life support (ATLS), or its equivalent, and advanced pediatric life support (APLS) or its equivalent.
SECTION EIGHT
EVALUATION

8.1 The curriculum shall be evaluated annually by faculty and fellows as a method for revision and updating of the documents.

8.2 The program director, with faculty input, shall complete written quarterly evaluations of fellow performance. This shall include evaluations from all affiliated training sites and supplemented rotation sites.

8.3 Evaluations shall be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.

8.4 Completed evaluations must be shared with the fellow in consultation for improvement. They must be signed by the program director and fellow to document that evaluation and counseling have occurred quarterly as required. Copies of evaluations shall be made available to the fellow.

8.5 The program director must document that fellows needing remediation or counseling as a result of evaluation are given it in a timely manner. There must be documentation of follow up evaluations of these fellows.

8.6 The fellow shall anonymously evaluate faculty on an annual basis.