



**Accreditation Council for
Graduate Medical Education**

**ACGME Program Requirements for
Graduate Medical Education
in Medical Toxicology
(Emergency Medicine or Preventive Medicine)**

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ACGME Program Requirements for Graduate Medical Education in Medical Toxicology

Common Program Requirements are in BOLD

Introduction

Int.A. Fellowship is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the fellow.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the fellow physician to assume personal responsibility for the care of individual patients. For the fellow, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept--graded and progressive responsibility--is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Int.B. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation, and treatment, in all age groups, of injury and illness due to occupational and environmental exposures, pharmaceutical agents, and unintentional and intentional poisoning. A medical toxicology fellowship provides fellows with experience in the clinical practice of medical toxicology and prepares physicians as practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.

Int.C. The educational program in medical toxicology must be 24 months in length. (Core)*

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites. (Core)

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

I.A.1. The sponsoring institution must also sponsor an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in emergency medicine or preventive medicine. ^(Core)

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. ^(Core)

The PLA should:

I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for fellows; ^(Detail)

I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document; ^(Detail)

I.B.1.c) specify the duration and content of the educational experience; and, ^(Detail)

I.B.1.d) state the policies and procedures that will govern fellow education during the assignment. ^(Detail)

I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). ^(Core)

I.B.3. Each participating site must provide appropriate support services, personnel, and space to ensure that fellows have sufficient time to carry out their clinical and educational functions. ^(Core)

I.B.4. Programs using multiple participating sites must ensure the provision of a unified educational experience for the fellows. ^(Core)

I.B.4.a) An acceptable educational rationale must be provided for each participating site. ^(Core)

I.B.5. Any medical toxicology experience not available at the primary clinical site or sponsoring institution must be provided through an affiliation with a participating site. ^(Core)

I.B.6. Participating sites, including a poison center, should be in close physical proximity to the primary clinical site unless they provide special resources that are not available at the primary clinical site. ^(Detail)

I.B.7. There should be affiliations with the following to provide regular didactic

experience and consultation to the fellows: ^(Detail)

- I.B.7.a) a school of pharmacy or department of pharmacology; ^(Detail)
- I.B.7.a).(1) In the absence of an affiliation with a school of pharmacy or department of pharmacology, a Doctor of Pharmacy or PhD Pharmacologist should be appointed to the teaching faculty. ^(Detail)
- I.B.7.a).(1).(a) Doctor of Pharmacy faculty members should be certified by either the Board of Pharmacy Specialties (BPS) or the American Board of Applied Toxicology (ABAT) or be ABAT/BPS-eligible. ^(Detail)
- I.B.7.b) a medical school; and, ^(Detail)
- I.B.7.c) a school of public health, department of health, department of population health, department of community health, or similar institution. ^(Detail)
- I.B.8. The primary clinical site must be a primary hospital (hereafter referred to as the primary clinical site) or a poison center. ^(Core)
- I.B.8.a) If the primary clinical site is a poison center, the program must identify a hospital where the clinical experience will take place. ^(Core)

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. **There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director.** ^(Core)
- II.A.1.a) **The program director must submit this change to the ACGME via the ADS.** ^(Core)
- II.A.2. **The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.** ^(Detail)
- II.A.3. **Qualifications of the program director must include:**
- II.A.3.a) **requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;** ^(Core)
- II.A.3.b) **current certification in the subspecialty by the American Board of Emergency Medicine, the American Board of Pediatrics, or the American Board of Preventive Medicine, or subspecialty**

qualifications that are acceptable to the Review Committee;
(Core)

- II.A.3.c) current medical licensure and appropriate medical staff appointment;** (Core)
- II.A.3.d) at least three years' experience as a core physician faculty member in an ACGME-accredited emergency medicine, pediatrics, preventive medicine, or medical toxicology program;
(Detail)
- II.A.3.e) current clinical activity in medical toxicology; (Core)
- II.A.3.f) active involvement in scholarly activity; and, (Core)
- II.A.3.g) appropriate medical school faculty appointment. (Core)
- II.A.4. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas.** (Core)
- The program director must:**
- II.A.4.a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;** (Core)
- II.A.4.b) approve a local director at each participating site who is accountable for fellow education;** (Core)
- II.A.4.c) approve the selection of program faculty as appropriate;** (Core)
- II.A.4.d) evaluate program faculty;** (Core)
- II.A.4.e) approve the continued participation of program faculty based on evaluation;** (Core)
- II.A.4.f) monitor fellow supervision at all participating sites;** (Core)
- II.A.4.g) prepare and submit all information required and requested by the ACGME;** (Core)
- II.A.4.g).(1) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete.** (Core)
- II.A.4.h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;** (Detail)
- II.A.4.i) provide verification of fellowship education for all fellows,**

including those who leave the program prior to completion;
(Detail)

II.A.4.j) implement policies and procedures consistent with the institutional and program requirements for fellow duty hours and the working environment, including moonlighting, (Core)

and, to that end, must:

II.A.4.j).(1) distribute these policies and procedures to the fellows and faculty; (Detail)

II.A.4.j).(2) monitor fellow duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements; (Core)

II.A.4.j).(3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and, (Detail)

II.A.4.j).(4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. (Detail)

II.A.4.k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged; (Detail)

II.A.4.l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of fellows, disciplinary action, and supervision of fellows; (Detail)

II.A.4.m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures; (Detail)

II.A.4.n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including; (Core)

II.A.4.n).(1) all applications for ACGME accreditation of new programs; (Detail)

II.A.4.n).(2) changes in fellow complement; (Detail)

II.A.4.n).(3) major changes in program structure or length of training; (Detail)

II.A.4.n).(4) progress reports requested by the Review Committee; (Detail)

- II.A.4.n).(5) **requests for increases or any change to fellow duty hours;** ^(Detail)
- II.A.4.n).(6) **voluntary withdrawals of ACGME-accredited programs;** ^(Detail)
- II.A.4.n).(7) **requests for appeal of an adverse action; and,** ^(Detail)
- II.A.4.n).(8) **appeal presentations to a Board of Appeal or the ACGME.** ^(Detail)
- II.A.4.o) **obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses:** ^(Detail)
 - II.A.4.o).(1) **program citations, and/or,** ^(Detail)
 - II.A.4.o).(2) **request for changes in the program that would have significant impact, including financial, on the program or institution.** ^(Detail)
- II.A.4.p) ensure that a written supervision policy that specifies fellow and faculty member lines of responsibility has been implemented; and, ^(Core)
- II.A.4.q) ensure a unified educational experience for all fellows. ^(Core)
- II.A.5. The program director should participate in academic societies and educational programs designed to enhance his or her educational and administrative skills. ^(Detail)
- II.B. **Faculty**
- II.B.1. **At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location.** ^(Core)

The faculty must:

 - II.B.1.a) **devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows, and** ^(Core)
 - II.B.1.b) **administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas.** ^(Core)
- II.B.2. **The physician faculty must have current certification in the subspecialty by the American Board of Emergency Medicine, the American Board of Pediatrics, or the American Board of Preventive**

Medicine, or possess qualifications judged acceptable to the Review Committee. ^(Core)

- II.B.2.a) There must be a minimum of two medical toxicology physician faculty members based at the primary clinical site, including the program director, who together devote a minimum of 10 hours per week of direct instruction to the fellows, and who are readily available to the fellows for consultations on cases. ^(Core)
- II.B.2.b) Faculty development opportunities must be made available to each core physician faculty member. ^(Core)
- II.B.2.b).(1) Faculty members should participate in faculty development programs designed to enhance the effectiveness of their teaching, evaluation, and feedback. ^(Detail)
- II.B.2.c) Faculty members must supervise all fellows in their development of clinical, educational, research, advocacy, and administrative skills. ^(Core)
- II.B.3. **The physician faculty must possess current medical licensure and appropriate medical staff appointment.** ^(Core)
- II.B.4. **The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.** ^(Core)
- II.B.5. **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.** ^(Core)
- II.B.5.a) **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.** ^(Detail)
- II.B.5.b) **Some members of the faculty should also demonstrate scholarship by one or more of the following:**
- II.B.5.b).(1) **peer-reviewed funding;** ^(Detail)
- II.B.5.b).(2) **publication of original research or review articles in peer reviewed journals, or chapters in textbooks;** ^(Detail)
- II.B.5.b).(3) **publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,** ^(Detail)
- II.B.5.b).(4) **participation in national committees or educational organizations.** ^(Detail)
- II.B.5.c) **Faculty should encourage and support fellows in scholarly activities.** ^(Core)
- II.B.5.d) All core faculty members must demonstrate significant

contributions to the subspecialty of medical toxicology through scholarly activity. ^(Core)

II.B.5.d).(1) Each core physician faculty member must demonstrate at least one piece of scholarly activity per year, averaged over the past five years. ^(Core)

II.B.5.d).(2) There should be at least one scientific peer-reviewed publication for every two core physician faculty members per year, averaged over the previous five years. ^(Detail)

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program. ^(Core)

II.C.1. There must be at least one 0.2 FTE program coordinator dedicated solely to fellowship program administration. ^(Core)

II.C.2. Consultants from appropriate medical and non-medical specialties must be available for consultation and didactic sessions. ^(Core)

II.C.2.a) Medical consultants should include, but not limited to, individuals with special expertise in the following areas: cardiology, dermatology, gastroenterology, hyperbaric medicine, immunology, nephrology, ophthalmology, pathology, pulmonary medicine, and surgical subspecialties. ^(Detail)

II.C.2.b) Non-medical consultants should include individuals with special expertise in the following areas: biostatistics, botany, disaster and mass casualty incident management, epidemiology, environmental toxicology, forensic toxicology, hazardous materials, herpetology, industrial hygiene, laboratory toxicology, mycology, occupational toxicology, pharmacology, public health, and zoology. ^(Detail)

II.D. Resources

The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements. ^(Core)

II.D.1. Resources must be available to support the provision of clinical experience in adult and pediatric critical care areas. ^(Core)

II.D.1.a) The following must be available at the primary clinical site or at an affiliated participating site:

II.D.1.a).(1) emergency services for both adult and pediatric patients; ^(Core)

- II.D.1.a).(2) adult and pediatric inpatient facilities; ^(Core)
- II.D.1.a).(3) adult and pediatric intensive care facilities; ^(Core)
- II.D.1.a).(4) renal dialysis services with 24-hour availability; ^(Core)
- II.D.1.a).(5) toxicology laboratory services with 24-hour availability; and, ^(Core)
- II.D.1.a).(6) adult and pediatric outpatient facilities. ^(Core)
- II.D.2. The patient population must include patients of all ages and both genders, with a wide variety of clinical problems, and must be adequate in number and variety to meet the educational needs of the program. ^(Core)
- II.D.3. The poison center or medical toxicology service must annually have at least 1500 encounters from the community that require medical toxicologist consultation or intervention. ^(Core)

II.E. Medical Information Access

Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available. ^(Detail)

III. Fellow Appointments

III.A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. ^(Core)

III.A.1. Eligibility Requirements – Residency Programs

- III.A.1.a) **All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.** ^(Core)
- III.A.1.b) **A physician who has completed a residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ACGME-accredited program may be**

advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry. ^(Core)

III.A.1.c) A Review Committee may grant the exception to the eligibility requirements specified in Section III.A.2.b) for residency programs that require completion of a prerequisite residency program prior to admission. ^(Core)

III.A.1.d) Review Committees will grant no other exceptions to these eligibility requirements for residency education. ^(Core)

III.A.2. Eligibility Requirements – Fellowship Programs

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC- accredited residency program located in Canada. ^(Core)

Prior to appointment in the program, fellows must have successfully completed an ACGME-accredited residency, excluding a transitional year program. ^(Core)

III.A.2.a) Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. ^(Core)

III.A.2.b) Fellow Eligibility Exception

A Review Committee may grant the following exception to the fellowship eligibility requirements:

An ACGME-accredited fellowship program may accept an exceptionally qualified applicant**, who does not satisfy the eligibility requirements listed in Sections III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions: ^(Core)

III.A.2.b).(1) Assessment by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and ^(Core)

III.A.2.b).(2) Review and approval of the applicant's exceptional qualifications by the GMEC or a subcommittee of the GMEC; and ^(Core)

III.A.2.b).(3) Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3, and; ^(Core)

III.A.2.b).(4) For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and, ^(Core)

III.A.2.b).(5) Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within six weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's Milestones evaluation conducted at the conclusion of the residency program. ^(Core)

III.A.2.b).(5).(a) If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training. ^(Core)

**** An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-International-accredited residency program.**

III.A.2.c) The Review Committees for Emergency Medicine and Preventive Medicine allow exceptions to the Eligibility Requirements for Fellowship Programs in Section III.A.2. ^(Core)

III.A.2.d) Prior to entry, each fellow must be notified in writing of the required length of the program. ^(Core)

III.B. Number of Fellows

The program's educational resources must be adequate to support the number of fellows appointed to the program. ^(Core)

III.B.1. The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. ^(Core)

III.B.2. Prior approval by the Review Committee is required to change the number of approved fellows in the program. ^(Core)

III.C. Fellow Transfers

III.C.1. Before accepting a fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring fellow. ^(Detail)

III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for fellows who may leave the program prior to completion. ^(Detail)

III.D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed fellows' education. ^(Core)

III.D.1. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines. ^(Detail)

IV. Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Overall educational goals for the program, which the program must make available to fellows and faculty; ^(Core)

IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty at least annually, in either written or electronic form; ^(Core)

IV.A.2.a) All educational components of the fellowship must be related to program goals and objectives. ^(Core)

IV.A.2.b) The curriculum must include the following medical toxicology core content areas:

IV.A.2.b).(1) analytical and forensic toxicology; ^(Core)

IV.A.2.b).(2) assessment and population health; ^(Core)

IV.A.2.b).(3) clinical assessment; ^(Core)

IV.A.2.b).(4) principles of toxicology; ^(Core)

IV.A.2.b).(5) therapeutics; and, ^(Core)

IV.A.2.b).(6) toxins and toxicants. ^(Core)

IV.A.3. Regularly scheduled didactic sessions; ^(Core)

IV.A.3.a) The majority of didactic experiences should take place at the primary clinical site. ^(Detail)

IV.A.3.a).(1) There must be at least four hours per week of planned educational experiences focused on medical toxicology. ^(Core)

IV.A.3.a).(1).(a) All planned didactic experiences must be supervised by faculty members. ^(Core)

IV.A.3.a).(1).(b) Faculty members must present more than 50 percent of the planned didactic experiences. ^(Detail)

IV.A.3.a).(2) Planned educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. ^(Detail)

IV.A.3.a).(2).(a) All planned didactic experiences should have an evaluative component to measure fellow participation and educational effectiveness, including faculty-fellow interaction. ^(Detail)

IV.A.3.a).(3) The program must ensure that fellows assigned to participating sites will participate in required conferences and other didactic activities at the primary clinical site. ^(Detail)

IV.A.3.b) Fellows must attend required seminars, conferences, and journal clubs. ^(Core)

IV.A.3.c) Fellows must actively participate in the planning and delivery of didactic sessions. ^(Core)

IV.A.4. Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and, ^(Core)

IV.A.5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum: ^(Core)

IV.A.5.a)

Patient Care and Procedural Skills

IV.A.5.a).(1)

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows: ^(Outcome)

must demonstrate competence in:

IV.A.5.a).(1).(a)

gathering accurate, essential information in a timely manner; ^(Outcome)

IV.A.5.a).(1).(b)

interpreting the results of diagnostic tests and diagnostic procedures; ^(Outcome)

IV.A.5.a).(1).(c)

integrating information obtained from patient history, physical examination, physiologic recordings, and test results to arrive at an accurate assessment and treatment plan; ^(Outcome)

IV.A.5.a).(1).(d)

integrating relevant biological, psychosocial, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients; ^(Outcome)

IV.A.5.a).(1).(e)

planning and implementing therapeutic treatment, including pharmaceutical, medical device, behavioral, and surgical therapies; ^(Outcome)

IV.A.5.a).(1).(f)

assessing toxicological exposures in occupational evaluations; ^(Outcome)

IV.A.5.a).(1).(g)

servicing as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services for these patients; ^(Outcome)

IV.A.5.a).(1).(h)

managing and evaluating patients with occupational and environmental exposures in an occupational medicine or toxicology clinic, or seeing occupational medicine patients in a referral setting, including responsibility for providing patient and worksite evaluation, management, exposure assessment and control, and preventive services for these patients; ^(Outcome)

IV.A.5.a).(1).(i)

evaluating workplace risks and hazards; ^(Outcome)

IV.A.5.a).(1).(j)

managing the entire course of critically poisoned patients of all ages and both genders, either as the primary physician or as a consultant; ^(Outcome)

- IV.A.5.a).(1).(k) serving as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services for acutely poisoned patients;
(Outcome)
- IV.A.5.a).(1).(k).(i) Each fellow must provide care for at least 200 such patients over two years, representing all age groups and populations. (Core)
- IV.A.5.a).(1).(k).(i).(a) Of these 200 acutely poisoned patients, at least 10 percent should be pediatric. (Detail)
- IV.A.5.a).(1).(l) evaluating and managing patients representing all age groups and populations with acute workplace or chronic occupational and environmental toxic exposures over the course of the educational program; and, (Outcome)
- IV.A.5.a).(1).(l).(i) Each fellow must evaluate and manage at least 25 such patients. (Core)
- IV.A.5.a).(1).(m) consulting on calls from a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology.
(Outcome)
- IV.A.5.a).(1).(m).(i) Each fellow must consult on an average of 240 encounters per year for such patients.
(Core)

IV.A.5.a).(2) **Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:**
(Outcome)

must demonstrate proficiency in:

- IV.A.5.a).(2).(a) performing a history and physical examination; and,
(Outcome)
- IV.A.5.a).(2).(b) performing diagnostic tests and diagnostic procedures. (Outcome)

IV.A.5.b) Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-

behavioral sciences, as well as the application of this knowledge to patient care. Fellows: ^(Outcome)

must demonstrate competence in their knowledge of the following academic and clinical content:

- IV.A.5.b).(1) major developments in the basic and clinical sciences relating to medical toxicology, through application of this knowledge in the care of their patients; ^(Outcome)
- IV.A.5.b).(2) indications, risks, and limitations for procedures, and management of patients through application of this knowledge in their care; ^(Outcome)
- IV.A.5.b).(3) therapeutic approaches, including resuscitation, initial management, pharmacological basis of antidote use, supportive and other care, and withdrawal syndrome management; ^(Outcome)
- IV.A.5.b).(4) the basic and clinical sciences relating to medical toxicology, by passing certification examinations; ^(Outcome)
- IV.A.5.b).(5) biochemistry of metabolic processes, the pharmacology, pharmacokinetics, teratogenesis, toxicity, and interactions of therapeutic drugs; ^(Outcome)
- IV.A.5.b).(6) biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis; ^(Outcome)
- IV.A.5.b).(7) clinical manifestations and differential diagnosis of poisoning from: drugs; industrial, household, environmental, and natural products; and agents of bioterrorism toxicants; ^(Outcome)
- IV.A.5.b).(8) analytical and forensic toxicology, including: assay methods and interpretation; laboratory and other diagnostic assessments; forensics, medicolegal issues, and occupational drug test interpretation; ^(Outcome)
- IV.A.5.b).(9) assessment and population health, including criteria for causal inference, monitoring, occupational assessment and prevention, principles of epidemiology, and statistics; ^(Outcome)
- IV.A.5.b).(10) experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research; ^(Outcome)
- IV.A.5.b).(11) laboratory techniques in toxicology; ^(Outcome)
- IV.A.5.b).(12) occupational toxicology, including acute and chronic

- workplace exposure to intoxicants and basic concepts of workplace and industrial hygiene; (Outcome)
- IV.A.5.b).(13) prevention of poisoning, including prevention of occupational exposures by intervention methodologies that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention; (Outcome)
- IV.A.5.b).(14) environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures; (Outcome)
- IV.A.5.b).(15) function, management, and financing of poison centers; (Outcome)
- IV.A.5.b).(16) the role of regional poison centers in response to hazardous materials incidents, including terrorism, risk assessment, and communication; (Outcome)
- IV.A.5.b).(17) oral and written communication skills, including risk communication and teaching techniques; (Outcome)
- IV.A.5.b).(18) economics of health care and current health care management issues, including cost-effective patient care, quality improvement, resource allocation, and clinical outcomes; (Outcome)
- IV.A.5.b).(19) the role of federal and international agencies in toxicology; and, (Outcome)
- IV.A.5.b).(20) administrative aspects of the practice of medical toxicology. (Outcome)

IV.A.5.c)

Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
(Outcome)

Fellows are expected to develop skills and habits to be able to meet the following goals:

- IV.A.5.c).(1) **identify strengths, deficiencies, and limits in one's knowledge and expertise;** (Outcome)
- IV.A.5.c).(2) **set learning and improvement goals;** (Outcome)

- IV.A.5.c).(3) **identify and perform appropriate learning activities;**
(Outcome)
- IV.A.5.c).(4) **systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;** (Outcome)
- IV.A.5.c).(5) **incorporate formative evaluation feedback into daily practice;** (Outcome)
- IV.A.5.c).(6) **locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;** (Outcome)
- IV.A.5.c).(7) **use information technology to optimize learning;**
(Outcome)
- IV.A.5.c).(8) **participate in the education of patients, families, students, fellows, and other health professionals;**
(Outcome)
- IV.A.5.c).(9) demonstrate proficiency in the critical assessment of medical literature, medical informatics, clinical epidemiology, and biostatistics; (Outcome)
- IV.A.5.c).(10) use information technology to optimize patient care; (Outcome)
- IV.A.5.c).(11) assume supervisory and teaching responsibilities commensurate with the progression of their skills and Milestones advancement with first-year fellows, other residents, medical students, nurses, and other health care personnel during the second year of the fellowship; (Outcome)
- IV.A.5.c).(12) demonstrate educational/teaching skills, to include information delivery in clinical settings and classrooms, provision of feedback to learners, and development of teaching materials; (Outcome)
- IV.A.5.c).(13) assume some departmental administrative responsibilities; and, (Outcome)
- IV.A.5.c).(14) contribute to formal didactic experiences within the program, in other academic departments at the primary clinical or participating site(s), and in the community.
(Outcome)

IV.A.5.d) Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health

professionals. (Outcome)

Fellows are expected to:

- IV.A.5.d).(1)** **communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;** (Outcome)
- IV.A.5.d).(2)** **communicate effectively with physicians, other health professionals, and health related agencies;** (Outcome)
- IV.A.5.d).(3)** **work effectively as a member or leader of a health care team or other professional group;** (Outcome)
- IV.A.5.d).(4)** **act in a consultative role to other physicians and health professionals;** (Outcome)
- IV.A.5.d).(5)** **maintain comprehensive, timely, and legible medical records, if applicable; and,** (Outcome)
- IV.A.5.d).(6)** demonstrate competence in the ability to relate with compassion, respect, and professional integrity, to patients and their families, peers, medical toxicology personnel, other health care professionals, and to other members of the health care team, sensitive issues or unexpected outcomes, including: (Outcome)
 - IV.A.5.d).(6).(a)** diagnostic findings; (Outcome)
 - IV.A.5.d).(6).(b)** end-of-life issues and death; (Outcome)
 - IV.A.5.d).(6).(c)** medical errors; and, (Outcome)
 - IV.A.5.d).(6).(d)** effective teaching techniques. (Outcome)

IV.A.5.e) Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (Outcome)

Fellows are expected to demonstrate:

- IV.A.5.e).(1)** **compassion, integrity, and respect for others;** (Outcome)
- IV.A.5.e).(2)** **responsiveness to patient needs that supersedes self-interest;** (Outcome)
- IV.A.5.e).(3)** **respect for patient privacy and autonomy;** (Outcome)
- IV.A.5.e).(4)** **accountability to patients, society and the profession;**

(Outcome)

- IV.A.5.e).(5)** **sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;** (Outcome)
- IV.A.5.e).(6) professionalism through all relationships, including physician-patient, physician-family, physician-allied health professional, and physician-society. (Outcome)
- IV.A.5.e).(7) a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; (Outcome)
- IV.A.5.e).(8) a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values; and, (Outcome)
- IV.A.5.e).(9) high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians, and avoiding conflicts of interest. (Outcome)

IV.A.5.f)

Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (Outcome)

Fellows are expected to:

- IV.A.5.f).(1)** **work effectively in various health care delivery settings and systems relevant to their clinical specialty;** (Outcome)
- IV.A.5.f).(2)** **coordinate patient care within the health care system relevant to their clinical specialty;** (Outcome)
- IV.A.5.f).(3)** **incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;** (Outcome)
- IV.A.5.f).(4)** **advocate for quality patient care and optimal patient care systems;** (Outcome)
- IV.A.5.f).(5)** **work in interprofessional teams to enhance patient safety and improve patient care quality;** (Outcome)

- IV.A.5.f).(6) **participate in identifying system errors and implementing potential systems solutions;** ^(Outcome)
- IV.A.5.f).(7) demonstrate involvement with quality improvement projects that implement patient safety measures and procedures to prevent medical errors; ^(Outcome)
- IV.A.5.f).(8) advocate for quality patient care and optimal patient care systems; ^(Outcome)
- IV.A.5.f).(9) demonstrate appropriate resource allocation and utilization; ^(Outcome)
- IV.A.5.f).(10) participate in cooperative interaction with other care providers; ^(Outcome)
- IV.A.5.f).(11) participate in interprofessional teams for the enhancement of patient safety and the improvement of patient care quality; and, ^(Outcome)
- IV.A.5.f).(12) demonstrate leadership skills in the coordination and integration of care across a variety of disciplines and provider types. ^(Outcome)

IV.A.6. Curriculum Organization and Fellow Experience

- IV.A.6.a) Programs must provide fellows a broad education, including the basic skills and knowledge in medical toxicology, so that they may function as specialists competent in providing comprehensive patient care in medical toxicology, research, and teaching. ^(Core)
- IV.A.6.b) Fellows must have patient experience with a diverse clinical spectrum of diagnoses, for patients of all ages and both genders, that enables them to develop and demonstrate competencies in medical toxicology. ^(Core)
 - This must include diagnoses resulting from patient exposure to:
 - IV.A.6.b).(1) drugs; ^(Core)
 - IV.A.6.b).(2) industrial, household, and environmental toxicants; ^(Core)
 - IV.A.6.b).(3) natural products; and, ^(Core)
 - IV.A.6.b).(4) other xenobiotics. ^(Core)
- IV.A.6.c) Fellows must be provided hyperbaric oxygen therapy education and experience. ^(Core)
- IV.A.6.d) Fellows without prior experience in adult and pediatric critical care must have at least one month in an adult intensive care unit and

one month in a pediatric intensive care unit experience. ^(Core)

- IV.A.6.e) Fellows must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services. ^(Core)
- IV.A.6.f) Fellows must be provided with experience in evaluating and managing patients with workplace and environmental exposures and must have experience in workplace evaluation, as well as in an occupational medicine or toxicology clinic. ^(Core)
- IV.A.6.g) Clinical education must include experience in an industrial setting, an occupational medicine clinic, an outpatient medical toxicology setting, or a referral setting with access to occupational medicine patients. ^(Core)
- IV.A.6.g).(1) Fellows must have the opportunity to evaluate and manage intoxicated patients in both industrial and referral settings, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent; ^(Core)
- IV.A.6.h) Fellows must have 24 months' experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology, or who possess appropriate qualifications as determined by the Review Committee. ^(Core)
- IV.A.6.i) The program must provide fellows with educational experiences in a regional poison center certified by the American Association of Poison Control Centers, or at a regional referral toxicology service that annually takes in at least 1500 calls that require physician telephone consultation or intervention. ^(Core)
- IV.A.6.j) Fellows must be provided opportunities to teach and participate in undergraduate, graduate, and continuing education activities. ^(Core)
- IV.A.6.k) Fellows must document required patient care experiences. ^(Core)
- IV.A.6.l) Fellows should maintain their primary specialty Board skills during the fellowship. ^(Detail)
- IV.A.6.l).(1) Fellows should not provide more than 12 hours per week of clinical practice unrelated to medical toxicology averaged over four weeks. ^(Detail)

IV.B. Fellows' Scholarly Activities

IV.B.1. The curriculum must advance fellows' knowledge of the basic

principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. ^(Core)

IV.B.2. Fellows should participate in scholarly activity. ^(Core)

IV.B.2.a) Fellows must participate in clinical and/or professional quality improvement activities. ^(Core)

IV.B.2.b) Fellows must participate in research or scholarly activity that includes at least one of the following:

IV.B.2.b).(1) peer-reviewed funding and research; ^(Outcome)

IV.B.2.b).(2) publication of original research or review articles; or, ^(Outcome)

IV.B.2.b).(3) presentations at local, regional, or national professional and scientific society meetings. ^(Outcome)

IV.B.2.c) Fellows must complete a scholarly project prior to graduation. ^(Outcome)

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities. ^(Detail)

V. Evaluation

V.A. Fellow Evaluation

V.A.1. The program director must appoint the Clinical Competency Committee. ^(Core)

V.A.1.a) **At a minimum the Clinical Competency Committee must be composed of three members of the program faculty.** ^(Core)

V.A.1.a).(1) **The program director may appoint additional members of the Clinical Competency Committee.**

V.A.1.a).(1).(a) **These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows in patient care and other health care settings.** ^(Core)

V.A.1.a).(1).(b) **Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the Clinical Competency Committee.** ^(Core)

- V.A.1.b)** **There must be a written description of the responsibilities of the Clinical Competency Committee.** ^(Core)
- V.A.1.b).(1)** **The Clinical Competency Committee should:**
- V.A.1.b).(1).(a)** **review all fellow evaluations semi-annually;** ^(Core)
- V.A.1.b).(1).(b)** **prepare and ensure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and,** ^(Core)
- V.A.1.b).(1).(c)** **advise the program director regarding fellow progress, including promotion, remediation, and dismissal.** ^(Detail)
- V.A.2.** **Formative Evaluation**
- V.A.2.a)** **The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.** ^(Core)
- V.A.2.b)** **The program must:**
- V.A.2.b).(1)** **provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;** ^(Core)
- V.A.2.b).(2)** **use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);** ^(Detail)
- V.A.2.b).(3)** **document progressive fellow performance improvement appropriate to educational level;** ^(Core)
- V.A.2.b).(4)** **provide each fellow with documented semiannual evaluation of performance with feedback; and,** ^(Core)
- V.A.2.b).(5)** **review skill development with each fellow, as part of the semiannual evaluation, to assess the progression of fellow performance.** ^(Core)
- V.A.2.c)** **The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.** ^(Detail)
- V.A.3.** **Summative Evaluation**

V.A.3.a) The specialty-specific Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program. ^(Core)

V.A.3.b) The program director must provide a summative evaluation for each fellow upon completion of the program. ^(Core)

This evaluation must:

V.A.3.b).(1) become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; ^(Detail)

V.A.3.b).(2) document the fellow's performance during the final period of education; and, ^(Detail)

V.A.3.b).(3) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision. ^(Detail)

V.B. Faculty Evaluation

V.B.1. At least annually, the program must evaluate faculty performance as it relates to the educational program. ^(Core)

V.B.2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. ^(Detail)

V.B.3. This evaluation must include at least annual written confidential evaluations by the fellows. ^(Detail)

V.B.4. These evaluations should also include a review of:

V.B.4.a) administrative and interpersonal skills; ^(Detail)

V.B.4.b) quality of feedback to fellows; ^(Detail)

V.B.4.c) timeliness in the completion of fellow evaluations; ^(Detail)

V.B.4.d) mentoring of fellows; and, ^(Detail)

V.B.4.e) participation in and contributions to fellow conferences. ^(Detail)

V.B.5. A summary of the evaluation should be communicated in writing to each faculty member. ^(Detail)

V.C. Program Evaluation and Improvement

- V.C.1. The program director must appoint the Program Evaluation Committee (PEC).** ^(Core)
- V.C.1.a) The Program Evaluation Committee:**
- V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one fellow;** ^(Core)
- V.C.1.a).(2) must have a written description of its responsibilities; and,** ^(Core)
- V.C.1.a).(3) should participate actively in:**
- V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program;** ^(Detail)
- V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives;** ^(Detail)
- V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and,** ^(Detail)
- V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, fellows, and others, as specified below.** ^(Detail)
- V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.** ^(Core)
- The program must monitor and track each of the following areas:**
- V.C.2.a) fellow performance;** ^(Core)
- V.C.2.b) faculty development;** ^(Core)
- V.C.2.c) graduate performance, including performance of program graduates on the certification examination;** ^(Core)
- V.C.2.c).(1) At least 80 percent of the program's graduates from the preceding six years must have taken the American Board of Emergency Medicine written certifying examination for medical toxicology.** ^(Outcome)
- V.C.2.c).(2) At least 70 percent of a program's graduates from the preceding six years who take the American Board of Emergency Medicine certification exam for medical toxicology for the first time must pass.** ^(Outcome)

- V.C.2.d) **program quality; and,** ^(Core)
- V.C.2.d).(1) **Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and** ^(Detail)
- V.C.2.d).(2) **The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program.** ^(Detail)
- V.C.2.e) **progress on the previous year's action plan(s).** ^(Core)
- V.C.3. **The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored.** ^(Core)
- V.C.3.a) **The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.** ^(Detail)
- V.C.4. The program must document annual faculty meetings to demonstrate discussion and ongoing interaction among the subspecialty and core program directors. ^(Core)

VI. Fellow Duty Hours in the Learning and Working Environment

VI.A. Professionalism, Personal Responsibility, and Patient Safety

- VI.A.1. **Programs and sponsoring institutions must educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.** ^(Core)
- VI.A.2. **The program must be committed to and responsible for promoting patient safety and fellow well-being in a supportive educational environment.** ^(Core)
- VI.A.3. **The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.** ^(Core)
- VI.A.4. **The learning objectives of the program must:**
- VI.A.4.a) **be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,** ^(Core)
- VI.A.4.b) **not be compromised by excessive reliance on fellows to fulfill non-physician service obligations.** ^(Core)

- VI.A.5.** The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. ^(Core)
- VI.A.6.** Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
- VI.A.6.a)** assurance of the safety and welfare of patients entrusted to their care; ^(Outcome)
 - VI.A.6.b)** provision of patient- and family-centered care; ^(Outcome)
 - VI.A.6.c)** assurance of their fitness for duty; ^(Outcome)
 - VI.A.6.d)** management of their time before, during, and after clinical assignments; ^(Outcome)
 - VI.A.6.e)** recognition of impairment, including illness and fatigue, in themselves and in their peers; ^(Outcome)
 - VI.A.6.f)** attention to lifelong learning; ^(Outcome)
 - VI.A.6.g)** the monitoring of their patient care performance improvement indicators; and, ^(Outcome)
 - VI.A.6.h)** honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. ^(Outcome)
- VI.A.7.** All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. ^(Outcome)
- VI.B. Transitions of Care**
- VI.B.1.** Programs must design clinical assignments to minimize the number of transitions in patient care. ^(Core)
 - VI.B.2.** Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. ^(Core)
 - VI.B.3.** Programs must ensure that fellows are competent in communicating with team members in the hand-over process. ^(Outcome)
 - VI.B.4.** The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and fellows currently responsible for each patient's care. ^(Detail)

VI.C. Alertness Management/Fatigue Mitigation

VI.C.1. The program must:

VI.C.1.a) educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation; ^(Core)

VI.C.1.b) educate all faculty members and fellows in alertness management and fatigue mitigation processes; and, ^(Core)

VI.C.1.c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. ^(Detail)

VI.C.2. Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties. ^(Core)

VI.C.3. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home. ^(Core)

VI.D. Supervision of Fellows

VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. ^(Core)

VI.D.1.a) This information should be available to fellows, faculty members, and patients. ^(Detail)

VI.D.1.b) Fellows and faculty members should inform patients of their respective roles in each patient's care. ^(Detail)

VI.D.2. The program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients. ^(Core)

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care. ^(Detail)

VI.D.2.a) Fellows must be provided with prompt, reliable systems for

communication and interactions with supervisory physicians. ^(Core)

VI.D.3. Levels of Supervision

To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: ^(Core)

- VI.D.3.a) Direct Supervision – the supervising physician is physically present with the fellow and patient. ^(Core)**
- VI.D.3.b) Indirect Supervision:**
- VI.D.3.b).(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. ^(Core)**
- VI.D.3.b).(2) with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision. ^(Core)**
- VI.D.3.c) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. ^(Core)**
- VI.D.4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. ^(Core)**
- VI.D.4.a) The program director must evaluate each fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. ^(Core)**
- VI.D.4.b) Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows. ^(Detail)**
- VI.D.4.c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. ^(Detail)**
- VI.D.5. Programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. ^(Core)**

VI.D.5.a) Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. ^(Outcome)

VI.D.5.a).(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. ^(Core)

VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility. ^(Detail)

VI.E. Clinical Responsibilities

The clinical responsibilities for each fellow must be based on PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition and available support services. ^(Core)

VI.E.1. The program must provide progressive responsibility for and experience in the management of clinical problems. ^(Core)

VI.F. Teamwork

Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. ^(Core)

VI.F.1. Contributors to effective interprofessional teams may include consulting physicians, nurses, pharmacologists, botanists, herpetologists, mycologists, police officers, and other professional and paraprofessional personnel involved in the assessment and treatment of patients. ^(Detail)

VI.G. Fellow Duty Hours

VI.G.1. Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. ^(Core)

VI.G.1.a) Duty Hour Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. ^(Detail)

The Review Committees for Emergency Medicine or Preventive Medicine will not consider requests for exceptions to the 80-hour

limit to the fellows' work week.

VI.G.1.a).(1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. (Detail)

VI.G.1.a).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO. (Detail)

VI.G.2. Moonlighting

VI.G.2.a) Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program. (Core)

VI.G.2.b) Time spent by fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. (Core)

VI.G.2.c) PGY-1 residents are not permitted to moonlight. (Core)

VI.G.3. Mandatory Time Free of Duty

Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)

VI.G.4. Maximum Duty Period Length

VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration. (Core)

VI.G.4.b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. (Core)

VI.G.4.b).(1) Programs must encourage fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. (Detail)

VI.G.4.b).(2) It is essential for patient safety and fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. (Core)

VI.G.4.b).(3) **Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.** ^(Core)

VI.G.4.b).(4) **In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.** ^(Detail)

VI.G.4.b).(4).(a) **Under those circumstances, the fellow must:**

VI.G.4.b).(4).(a).(i) **appropriately hand over the care of all other patients to the team responsible for their continuing care; and,** ^(Detail)

VI.G.4.b).(4).(a).(ii) **document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.** ^(Detail)

VI.G.4.b).(4).(b) **The program director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty.** ^(Detail)

VI.G.5. Minimum Time Off between Scheduled Duty Periods

VI.G.5.a) **PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.** ^(Core)

VI.G.5.b) **Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.** ^(Core)

VI.G.5.c) **Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.** ^(Outcome)

Medical toxicology fellows are considered to be in the final years of education.

VI.G.5.c).(1) **This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight**

hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. ^(Detail)

VI.G.5.c).(1).(a)

Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. ^(Detail)

VI.G.5.c).(1).(b)

The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the fellow has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

VI.G.6.

Maximum Frequency of In-House Night Float

Fellows must not be scheduled for more than six consecutive nights of night float. ^(Core)

VI.G.7.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). ^(Core)

VI.G.8.

At-Home Call

VI.G.8.a)

Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. ^(Core)

VI.G.8.a).(1)

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. ^(Core)

VI.G.8.b)

Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period". ^(Detail)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs seeking Osteopathic Recognition for the entire program, or for a track within the program, the Osteopathic Recognition Requirements are also applicable.

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_Requirements.pdf