ACGME Program Requirements for Graduate Medical Education
in Pediatric Emergency Medicine
Summary and Impact of Major Requirement Revisions

Requirement #: **All**

Requirement Revision (significant change only): 

**All**

1. Describe the Review Committee’s rationale for this revision:
   
   One comprehensive set of requirements have been developed for all pediatric emergency medicine programs. Currently, programs are subject to both emergency medicine or pediatrics general subspecialty requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Not applicable

3. How will the proposed requirement or revision impact continuity of patient care?
   Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Not applicable

5. How will the proposed revision impact other accredited programs?
   Not applicable

Requirement #: **IV.B.1.b).(1).(e)-IV.B.1.b).(1).(e).(xii)**

Requirement Revision (significant change only):

**IV.B.1.b).(1).(e)** Fellows must demonstrate competence in:

**IV.B.1.b).(1).(e).(i)** providing initial evaluation and treatment to all kinds of patients presenting to the emergency department. **[Moved from Pediatrics: X.C.1]**

**IV.B.1.b).(1).(e).(ii)** providing care for acutely ill and/or injured pediatric patients; **[Core]**

**IV.B.1.b).(1).(e).(iii)** differentiating between high acuity and low acuity patients; **[Core]**

**IV.B.1.b).(1).(e).(iv)** performing age- and developmentally-appropriate, precise history and physical exam; **[Core]**
<table>
<thead>
<tr>
<th>IV.B.1.b).(1).(e).(v)</th>
<th>developing a complaint-based and age-appropriate differential diagnosis using evidence-guided reasoning and pattern recognition or illness scripts; <em>(Core)</em></th>
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<tr>
<td>IV.B.1.b).(1).(e).(vi)</td>
<td>developing and initiating a prioritized diagnostic evaluation and therapeutic management plan that is complaint- and disease-specific, evidence-guided, culturally competent, and cost effective; <em>(Core)</em></td>
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<td>IV.B.1.b).(1).(e).(vii)</td>
<td>accurately documenting patient encounters; <em>(Core)</em></td>
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<td>IV.B.1.b).(1).(e).(viii)</td>
<td>demonstrating family centered care with informed and/or shared decision-making with patients/families that is developmentally appropriate and within state statute; <em>(Core)</em></td>
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<td>IV.B.1.b).(1).(e).(ix)</td>
<td>developing appropriate patient dispositions; <em>(Core)</em></td>
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<td>IV.B.1.b).(1).(e).(x)</td>
<td>performing such rapid and concise evaluations on patients with undifferentiated chief complaints and diagnoses rapidly, with simultaneous stabilization of any life-threatening conditions process, and to proceed with ensuring appropriate life-saving interventions before arriving at a definitive diagnosis. <em>(Outcome)</em> <em>(Core)</em> [Moved from Pediatrics:X.C.3/Emergency Medicine: IV.A.5.a).(1).(b)]</td>
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<td>IV.B.1.b).(1).(e).(xi)</td>
<td>providing care for medically and technologically complex pediatric patients in the emergency department; <em>(Core)</em></td>
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<td>IV.B.1.b).(1).(e).(xii)</td>
<td>developing a diagnostic and management plan that takes into consideration the interaction between the acute problem and the underlying chronic illness with its associated co-morbidities; <em>(Core)</em></td>
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1. Describe the Review Committee’s rationale for this revision:
   The list of patient skills was updated to be consistent with the Entrustable Professional Activities and curricular activities that have been developed by the subspecialty community.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These skills fall within the scope of a practicing pediatric emergency medicine physician. Requiring that fellows demonstrate the ability to perform these activities will ensure that fellows have the skills needed to provide adequate patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Not applicable

5. How will the proposed revision impact other accredited programs?
   Not applicable

Requirement #: IV.B.1.b).(2).(d) - IV.B.1.b).(2).(e).(xxvi)

Requirement Revision (significant change only):

I.A.1.a).(1).(a) Fellows must acquire the necessary procedural and resuscitation skills, and develop an understanding of their indications, risks, and limitations for pediatric patients of all ages, including: [Moved from Pediatrics: IV.A.5.a).(2).(a).(i)]

I.A.1.a).(1).(b) Fellows must attain competency in the following procedures: [Moved from Pediatrics: X.C.6/Emergency Medicine: IV.A.5.a).(2).(c)]

I.A.1.a).(1).(b).(i) abscess incision and drainage; (Outcome)(Core) [Moved from Pediatrics: X.C.6.a)/Emergency Medicine: IV.A.5.a).(2).(c).(i)]

I.A.1.a).(1).(b).(ii) airway and assisted ventilation, to include bag-valve-mask ventilation, rapid sequence intubation, and supraglottic device insertion; (Core)

I.A.1.a).(1).(b).(iii) external cardiac pacing; (Core)

I.A.1.a).(1).(b).(iv) cardioversion/defibrillation; (Outcome)(Core) [Moved from Pediatrics: X.C.6.g/Emergency Medicine: IV.A.5.a).(2).(c).(vii)]
I.A.1.a).(1).(b).(v) central venous catheterization; (Outcome)(Core) [Moved from Pediatrics: X.C.6.h)/Emergency Medicine: IV.A.5.a).(2).(c).(viii)]

I.A.1.a).(1).(b).(vi) closed reduction/splinting of fractures and dislocations; (Outcome)(Core) [Moved from Pediatrics: X.C.6.i)/Emergency Medicine: IV.A.5.a).(2).(c).(ix)]

I.A.1.a).(1).(b).(vii) conversion of supraventricular tachycardia; (Outcome)(Core) [Moved from Pediatrics: X.C.6.j)/Emergency Medicine: IV.A.5.a).(2).(c).(x)]

I.A.1.a).(1).(b).(viii) cricothyrotomy – translaryngeal ventilation; (Outcome)(Core) [Moved from Pediatrics: X.C.6.k)/Emergency Medicine: IV.A.5.a).(2).(c).(xi)]

I.A.1.a).(1).(b).(ix) dislocation/reduction; (Outcome)(Core) [Moved from Pediatrics: X.C.6.l)/Emergency Medicine: IV.A.5.a).(2).(c).(xii)]

I.A.1.a).(1).(b).(x) point of care ultrasound; (Core)

I.A.1.a).(1).(b).(xi) epistaxis management, to include nasal packing; (Outcome)(Core) [Moved from Pediatrics: X.C.6.m)/Emergency Medicine: IV.A.5.a).(2).(c).(xx)]

I.A.1.a).(1).(b).(xii) foreign body removal; (Outcome)(Core) [Moved from Pediatrics: X.C.6.n)/Emergency Medicine: IV.A.5.a).(2).(c).(xiv)]

I.A.1.a).(1).(b).(xiii) gastrostomy tube replacement; (Outcome)(Core) [Moved from Pediatrics: X.C.6.o)/Emergency Medicine: IV.A.5.a).(2).(c).xx)]

I.A.1.a).(1).(b).(xiv) initial management of thermal injuries versus initial management of burn injuries; (Core)

I.A.1.a).(1).(b).(xv) intraosseous access; (Outcome)(Core) [Moved from Pediatrics: X.C.6.p)/Emergency Medicine: IV.A.5.a).(2).(c).(xvii)]

I.A.1.a).(1).(b).(xvi) laceration repair; (Outcome)(Core) [Moved from Pediatrics: X.C.6.q)/Emergency Medicine: IV.A.5.a).(2).(c).(xviii)]
I.A.1.a).(1).(b).(xvii) lumbar puncture; (Core)

I.A.1.a).(1).(b).(xviii) mechanical ventilation; (Core)

I.A.1.a).(1).(b).(xix) medical and trauma cardiopulmonary resuscitation in pediatric patients ranging in age from newborn to young adulthood; all of the following groups (Outcome)(Core) [Moved from Pediatrics: X.C.6.f)/Emergency Medicine: IV.A.5.a).(2).(c).(vi)]

I.A.1.a).(1).(b).(xix).(a) pediatric medical resuscitation <2 years; (Outcome)(Core) [Moved from Pediatrics: X.C.6.f).(3)/Emergency Medicine: IV.A.5.a).(2).(c).(vi).(a)]

I.A.1.a).(1).(b).(xix).(b) pediatric medical resuscitation 2-18 years; (Outcome)(Core) [Moved from Emergency Medicine: IV.A.5.a).(2).(c).(vi).(b)]

I.A.1.a).(1).(b).(xix).(c) adult medical resuscitation ≥18 years; (Outcome)(Core) [Moved from Pediatrics: X.C.6.f).(1)/Emergency Medicine: IV.A.5.a).(2).(c).(vi).(c)]

I.A.1.a).(1).(b).(xix).(d) pediatric trauma resuscitation <2 years; (Outcome)(Core) [Moved from Pediatrics: X.C.6.f).(5)/Emergency Medicine: IV.A.5.a).(2).(c).(vi).(d)]

I.A.1.a).(1).(b).(xix).(e) pediatric trauma resuscitation 2-18 years; and, (Outcome)(Core) [Moved from Emergency Medicine: IV.A.5.a).(2).(c).(vi).(e)]

I.A.1.a).(1).(b).(xix).(f) adult trauma resuscitation ≥18 years; (Outcome)(Core) [Moved from Pediatrics: X.C.6.f).(2)/Emergency Medicine: IV.A.5.a).(2).(c).(vi).(f)]

I.A.1.a).(1).(b).(xix).(g) Pediatric medical resuscitation <2 years; (Outcome)(Core) [Moved from Pediatrics: X.C.6.f).(4)]

I.A.1.a).(1).(b).(xix).(h) Pediatric trauma resuscitation ≥18 years; (Outcome)(Core) [Moved from Pediatrics: X.C.6.f).(6)]
I.A.1.a).(1).(b).(xx) non-invasive ventilation; *(Core)*

I.A.1.a).(1).(b).(xxi) pericardiocentesis; *(Outcome)* *(Core)* [Moved from Pediatrics: X.C.6.s)/Emergency Medicine: IV.A.5.a).(2).(c).(xix)]

I.A.1.a).(1).(b).(xxii) procedural sedation; *(Core)*

I.A.1.a).(1).(b).(xxiii) regional anesthesia nerve blocks; *(Outcome)* *(Core)* [Moved from Pediatrics: X.C.6.w)/Emergency Medicine: IV.A.5.a).(2).(c).(xxiii)]

I.A.1.a).(1).(b).(xxiv) slit lamp examination; *(Outcome)* *(Core)* [Moved from Pediatrics: X.C.6.y)/Emergency Medicine: IV.A.5.a).(2).(c).(xxv)]

I.A.1.a).(1).(b).(xxv) tracheostomy tube replacement; *(Outcome)* *(Core)* [Moved from Pediatrics: X.C.6.z)/Emergency Medicine: IV.A.5.a).(2).(c).(xxvii)]

I.A.1.a).(1).(b).(xxvi) tube thoracostomy and needle decompression of pneumothorax; *(Outcome)* *(Core)* [Moved from Pediatrics: X.C.6.aa)/Emergency Medicine: IV.A.5.a).(2).(c).(xxvii)]

1. Describe the Review Committee's rationale for this revision:
The list of procedures was updated to be consistent with the Entrustable Professional Activities and curricular activities that have been developed by the subspecialty community.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These procedures fall within the scope of a practicing pediatric emergency medicine physician. Requiring these procedures during fellowship will ensure fellows have a minimum level of competency in performing them.

3. How will the proposed requirement or revision impact continuity of patient care?
   Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Not applicable

5. How will the proposed revision impact other accredited programs?
   Not applicable
Requirement #: IV.C.1.a)-b)

Requirement Revision (significant change only):

IV.C.1.a) Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when fellows are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   It is not anticipated that additional resources will be needed.

5. How will the proposed revision impact other accredited programs?
   Not applicable

Requirement #: IV.D.3.c).2)

Requirement Revision (significant change only):

For fellows who have completed a residency in pediatrics, the equivalent of at least 12 months of the fellowship must be dedicated to research and scholarly activity, including the
development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Providing a minimum of 12 months of research experience has been an expectation of the Review Committee for many years. It is stated in the current FAQs, and will now be codified in the Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   As this has been the practice, no impact is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   As this has been the practice, no impact is anticipated.

5. How will the proposed revision impact other accredited programs?
   Not applicable

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<tr>
<th>Requirement #: VI.F.1.a); VI.F.2.b).(2); VI.F.2.d).(1); VI.F.3.a).(2)</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<td><strong>VI.F.1.a)</strong>  A fellow must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 hours per week. (Core)</td>
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<td><strong>VI.F.2.b).(2)</strong>  When pediatric emergency medicine fellows are on emergency medicine rotations, there must be at least one equivalent period of continuous time off between scheduled work periods. (Core)</td>
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<td><strong>VI.F.2.d).(1)</strong>  When on emergency medicine rotations, fellows must have a minimum of one day (24-hour period) free per each seven-day period. This cannot be averaged over a four-week period. (Core)</td>
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<tr>
<td><strong>VI.F.3.a).(2)</strong>  While on duty in the emergency department, fellows may not work longer than 12 continuous scheduled hours. (Core)</td>
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6. Describe the Review Committee’s rationale for this revision:
   The requirements are consistent with the duty hour requirements for emergency medicine residents.
7. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   It is anticipated that this will have a positive impact on fellow well-being and patient safety for those programs that have not already been adhering to these duty hour limitations.

8. How will the proposed requirement or revision impact continuity of patient care?
   Not applicable

9. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No impact is anticipated.

10. How will the proposed revision impact other accredited programs?
    Not applicable