**New Application: Emergency Medical Services**

**Review Committee for Emergency Medicine**

**ACGME**

**Oversight**

**Participating Sites**

1. Does the Sponsoring Institution also sponsor an ACGME-accredited residency program in emergency medicine? [PR 1.2.a.] [ ]  YES [ ]  NO
2. Is the program based at the primary clinical site? [PR 1.6.a.] [ ]  YES [ ]  NO

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

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1. Are any of the rotations that fellows are expected to participate in geographically distant from the primary clinical site? [PR 1.6.b.] [ ]  YES [ ]  NO

If YES, briefly describe the resources at the rotation that are unavailable locally and that significantly augment the overall educational experience of the program. (Limit response to 350 words)

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1. Will fellows be able to attend conferences and other educational experiences during all rotations? [PR 1.6.c.] [ ]  YES [ ]  NO

If NO, list the rotations that will preclude fellow attendance.

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**Resources**

1. Describe the EMS in which the fellows will be educated. [PR 1.8.] (Limit response to 500 words)

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1. Will fellows have access to adult and pediatric pre-hospital transports? [PR 1.8.a.]

 [ ]  YES [ ]  NO

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

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1. Will the primary clinical site provide the following?
2. An emergency service that has access to adult patients [PR 1.8.b.1.]

 [ ]  YES [ ]  NO

1. An emergency service that has access to pediatric patients [PR 1.8.b.1.]

 [ ]  YES [ ]  NO

1. Access to adult inpatient facilities [PR 1.8.b.2.] [ ]  YES [ ]  NO
2. Access to pediatric inpatient facilities [PR 1.8.b.2.] [ ]  YES [ ]  NO
3. Disaster planning and response programs [PR 1.8.b.3.] [ ]  YES [ ]  NO
4. Two-way communications between the primary clinical site and surrounding medical transportation services for provision of direct medical oversight [PR 1.8.b.4.] [ ]  YES [ ]  NO

Explain any NO responses, including how fellows will receive experience with direct medical oversight. (Limit response to 250 words)

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1. Will the primary clinical site organize and ensure provision of transportation for fellows to provide pre-hospital patient care? [PR 1.8.c.] [ ]  YES [ ]  NO

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

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1. Is there an air medical evacuation and inter-facility transportation service accessible from the primary clinical site? [PR 1.8.d.] [ ]  YES [ ]  NO

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

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1. Estimated Patient Population Statistics [PR 1.8.e.]

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| For the most recent 12-month period  | From: Click here to enter a date. | To: Click here to enter a date. |

| **Statistics** | **Number** | **Percentage** |
| --- | --- | --- |
| **Total** pre-hospital patients | # | N/A |
| Number and percentage of pre-hospital **pediatric** patients aged 0-18 years | # | # % |
| Number and percentage of patients **transported to hospitals** | # | # % |
| Number and percentage of patients **treated and released** by EMS (non-transports) | # | # % |
| Estimated number and percentage of EMS calls **that fellows will receive** | # | # % |

1. Describe the systems for communication and interactions of fellows with supervisory physicians. [PR 1.8.f.] (Limit response to 500 words)

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1. Describe the educational resources allocated by the Sponsoring Institution and the program to facilitate fellows’ involvement in scholarly activities. [PR 4.13.a.] (Limit response to 500 words)

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**Personnel**

**Program Director**

1. How many fellow positions have been requested for the program? [PR 2.3.a.] #
2. How much dedicated time and support will the program director be provided for the administration of the program? #FTE
3. List where and how long (start and end dates) the program director previously served as a faculty member in an ACGME-accredited program(s). [PR 2.4.b.]

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**Faculty**

1. Are all core faculty members involved in continuing scholarly activity? [PR 4.14.b.]

 [ ]  YES [ ]  NO

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

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1. Briefly describe faculty member participation in faculty development programs. [PR 2.7.f.] (Limit response to 350 words)

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1. Does the Sponsoring Institution have special expertise available in the following areas? [PR 2.6.b.1.]

|  | **YES** | **NO** |
| --- | --- | --- |
| Air medical services |[ ] [ ]
| Biostatistics |[ ] [ ]
| Cardiology |[ ] [ ]
| Critical care |[ ] [ ]
| Disaster and mass casualty incident management |[ ] [ ]
| Epidemiology |[ ] [ ]
| Forensics |[ ] [ ]
| Hazardous materials and mass exposure to toxins |[ ] [ ]
| Mass gatherings |[ ] [ ]
| Neurology |[ ] [ ]
| Pediatrics |[ ] [ ]
| Pharmacology |[ ] [ ]
| Psychiatry |[ ] [ ]
| Public health |[ ] [ ]
| Pulmonary medicine |[ ] [ ]
| Resuscitation |[ ] [ ]
| Toxicology |[ ] [ ]
| Trauma surgery |[ ] [ ]

If any areas of expertise listed above are unavailable at the Sponsoring Institution, briefly describe how they will be provided. (Limit response to 250 words)

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**Program Coordinator**

1. Is there a program coordinator supported at 0.20 FTE for the administration of the program? [PR 2.11.b.] [ ]  YES [ ]  NO

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

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will develop competence in the practice of patient evaluation and treatment of patients of all ages and genders requiring emergency medical services. Also indicate the method(s) used to evaluate competence in each area.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence\*** |
| --- | --- | --- |
| Gathering accurate, essential information in a timely manner[PR 4.4.a.1.] | Click here to enter text. | Click here to enter text. |
| Evaluating and comprehensively treating acutely ill and injured patients in the pre-hospital setting[PR 4.4.a.2.] | Click here to enter text. | Click here to enter text. |
| Prioritizing and stabilizing multiple patients in the pre-hospital setting while performing other responsibilities simultaneously[PR 4.4.a.3.] | Click here to enter text. | Click here to enter text. |
| Properly sequencing critical actions for patient care[PR 4.4.a.4.] | Click here to enter text. | Click here to enter text. |
| Integrating information obtained from patient history, physical examination, physiologic recordings, and test results to arrive at an accurate assessment and treatment plan[PR 4.4.a.5.] | Click here to enter text. | Click here to enter text. |
| Integrating relevant biological, psychosocial, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients[PR 4.4.a.6.] | Click here to enter text. | Click here to enter text. |
| Planning and implementing therapeutic treatment, including pharmaceutical, medical device, behavioral, and surgical therapies[PR 4.4.a.7.] | Click here to enter text. | Click here to enter text. |

\*Examples of evaluation methods for competence may include: direct observation; global assessment; multisource assessment; practice/billing audit; patient survey; record/chart review; review of patient outcomes; simulations/models; structured case discussion; in-house written examination; in-training examination; oral examination; and computer-based learning.

1. Indicate the settings and activities in which fellows will develop competence in the practice of technical skills for patients of all ages and genders requiring emergency medical services. Also indicate the method(s) used to evaluate competence in each area.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence\*** |
| --- | --- | --- |
| Performing physical examinations relevant to the practice of emergency medical services[PR 4.5.a.1.]  | Click here to enter text. | Click here to enter text. |
| Performing the following key index procedures:  |
| Participation in a mass casualty/disaster triage at an actual event or drill[PR 4.5.a.2.a.] | Click here to enter text. | Click here to enter text. |
| Participation in a sentinel event investigation (at least one must be performed)[PR 4.5.a.2.b.] | Click here to enter text. | Click here to enter text. |
| Conduction of a quality management audit[PR 4.5.a.2.c.] | Click here to enter text. | Click here to enter text. |
| Participation in a mass gathering medical plan and participation in its implementation[PR 4.5.a.2.d.] | Click here to enter text. | Click here to enter text. |
| Emergency medical services protocol development or revision[PR 4.5.a.2.e.] | Click here to enter text. | Click here to enter text. |
| Obtaining vascular access in the prehospital setting[PR 4.5.a.2.f.] | Click here to enter text. | Click here to enter text. |
| Management of a cardiac arrest in the pre-hospital setting[PR4.5.a.2.g.] | Click here to enter text. | Click here to enter text. |
| Management of a compromised airway in the pre-hospital setting[PR4.5.a.2.h.] | Click here to enter text. | Click here to enter text. |
| Provision of direct medical oversight on-scene, or by radio or phone[PR 4.5.a.2.i.] | Click here to enter text. | Click here to enter text. |
| Participation in hazardous materials response training[PR 4.5.a.2.j.] | Click here to enter text. | Click here to enter text. |
| Participation in tactical EMS training [PR 4.5.a.2.k. | Click here to enter text. | Click here to enter text. |
| Participation in confined space, technical rescue, or collapse/trench training [PR 4.5.a.2.l.] | Click here to enter text. | Click here to enter text. |
| Participation in vehicle rescue/extrication training [PR 4.5.a.2.m.] | Click here to enter text. | Click here to enter text. |

\*Examples of evaluation methods for competence may include: direct observation; global assessment; multisource assessment; practice/billing audit; patient survey; record/chart review; review of patient outcomes; simulations/models; structured case discussion; in-house written examination; in-training examination; oral examination; and computer-based learning.

**Medical Knowledge**

Indicate the settings and activities, (including lectures, conferences, journal clubs, etc) in which fellows will develop basic knowledge of each of the following areas. Also indicate the method(s) used to evaluate competence in each area.]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Competence\*** |
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| Clinical manifestations and management of acutely ill and injured patients in the pre-hospital setting[PR 4.6.a.1.] | Click here to enter text. | Click here to enter text. |
| Disaster planning and response[PR 4.6.a.2.] | Click here to enter text. | Click here to enter text. |
| Evidence-based decision making[PR 4.6.a.3.] | Click here to enter text. | Click here to enter text. |
| Procedures and techniques necessary for the stabilization and treatment of patients in the pre-hospital setting[PR 4.6.a.4.] | Click here to enter text. | Click here to enter text. |
| Provision of medical care in mass gatherings[PR 4.6.a.5.] | Click here to enter text. | Click here to enter text. |
| Public safety answering points, dispatch centers, emergency communication centers’ operation, and medical oversight[PR 4.6.a.6.] | Click here to enter text. | Click here to enter text. |
| Experimental design and statistical analysis of data as related to emergency medical services clinical outcomes and epidemiologic research[PR 4.6.a.7.] | Click here to enter text. | Click here to enter text. |
| Models, function, management, and financing of emergency medical services systems[PR 4.6.a.8.] | Click here to enter text. | Click here to enter text. |
| Principles of quality improvement and patient safety[PR 4.6.a.9.] | Click here to enter text. | Click here to enter text. |
| Principles of epidemiology and research methodologies in emergency medical services[PR 4.6.a.10.] | Click here to enter text. | Click here to enter text. |

\*Examples of evaluation methods for competence may include: direct observation; global assessment; multisource assessment; practice/billing audit; patient survey; record/chart review; review of patient outcomes; simulations/models; structured case discussion; in-house written examination; in-training examination; oral examination; and computer-based learning.

**Curriculum Organization and Fellow Experiences**

1. Provide a listing that demonstrates a minimum of at least 144 didactic hours (three hours per week for 48 weeks) for the educational program. For each didactic session in which fellows will participate, indicate the title, type of didactic session, duration, and individuals responsible for teaching. Add rows as needed. [PR 4.11.a.- 4.11.b.1.; 4.11.c.]

| **Title of Session**  | **Type of Didactic Session (e.g., curricular, administrative seminar, journal review, M and M, research seminar)** | **Hours Allotted for Session** | **Individual(s) Teaching Session (e.g., EMS Faculty Member, EMS Fellow, EM Faculty Member, Other)** |
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1. How many hours of the educational program will be taught using computer-based instruction?
[PRs 4.11.b.1.a.- 4.11.b.1.b.] [ # ] Hours
2. On average, what percentage of the program’s planned educational experiences will each fellow attend? [PR 4.11.c.1.] [ # ] %
3. Describe how the program director will ensure fellows participate in planning and conducting didactic experiences, and delivering didactic experiences to the core emergency medicine program. [PR 4.11.c.2.] (Limit response to 350 words)

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1. Describe how the program director will ensure all planned didactic experiences are supervised by faculty members. [PR 4.11.c.3.] (Limit response to 350 words)

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1. On average, what percentage of the program’s planned educational experiences will each core faculty member attend? [PR 4.11.c.3.a.] [ # ] %
2. Describe how fellow experiences will include 12 months as the primary or consulting physician responsible for providing direct patient evaluation and management in the pre-hospital setting, as well as supervision of care provided by all allied health providers in the pre-hospital setting. [PR 4.11.d.] (Limit response to 500 words)

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1. Describe how fellows will gain experience with regional and state offices of emergency medical services and other regulatory bodies that affect the care of patients in the pre-hospital setting. [PR 4.11.e.] (Limit response to 500 words)

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1. Describe how fellows will gain exposure and education in medical direction of air medical transports or an experience that would include supervision of air medical crews during medical transports. [PR 4.11.f.] (Limit response to 500 words)

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1. Describe how fellows will participate in administrative components of an emergency medical services system to determine functioning, designs, and processes to ensure quality of patient care in the pre-hospital setting. [PR 4.11.g.] (Limit response to 500 words)

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1. Describe how fellows will gain exposure to clinical services in a variety of emergency medical services systems, including third-service, and fire-based, governmental, and for-profit services. [PR 4.11.h.] (Limit response to 500 words)

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1. Describe how fellows will gain experience in providing direct medical oversight of patient care by emergency medical services personnel. [PRs 4.11.i. and 4.11.i.1.] (Limit response to 500 words)

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1. Describe how fellows will provide evaluations and management of both adult and pediatric aged acutely ill and injured patients in the pre-hospital setting. [PR 4.11.j.] (Limit response to 500 words)

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1. Describe how fellows will maintain their primary board skills during their fellowship, including the average number of hours per week in their primary specialty over a four-week period. [PR 4.16.a.] (Limit response to 500 words)

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**Scholarship**

1. Does each core physician faculty member demonstrate at least one piece of scholarly activity per year, averaged over the past five years? [PR 4.14.c.] [ ]  YES [ ]  NO

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

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1. Does the scholarly activity include one scientific peer-reviewed publication for every two core physician faculty members per year, averaged over the previous five-year period?
[PRs 4.14.b.- 4.14.c.1.] [ ]  YES [ ]  NO

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

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**Fellow Scholarly Activities**

1. Describe how the curriculum will advance fellows’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. [PR 4.15.] (Limit response to 500 words)

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