**New Application: Medical Toxicology**

**Review Committees for Emergency Medicine or Preventive Medicine**

**ACGME**

**Institutions**

Does the program structure include the participation of the following? [PR I.B.7.a)-c)]

1. a medical school [ ]  YES [ ]  NO
2. a school of public health [ ]  YES [ ]  NO
3. a school of pharmacy or a department of pharmacology [ ]  YES [ ]  NO

If NO, explain

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

**Participating Sites**

Briefly describe how the program will ensure the provision of a unified educational experience for fellows if using multiple sites. [PR I.B.4.]

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

**Program Personnel and Resources**

**Program Director**

1. Describe how the program director will ensure that a written supervision policy that specifies fellow and faculty member lines of responsibility has been implemented. [PR II.A.4.p)]

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

2. Provide a detailed description of the program director's direct involvement in a research program. [CPR II.B.5.b)-II.B.5.b).(4)]

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

**Faculty**

1. Describe the extent to which other faculty members in this program are actively engaged in a research program. [CPR II.B.5.b)-II.B.5.b).(4)]

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

2. List active research projects within the department/division in this subspecialty. Include the title of the project, the principal investigator(s), and the amount, dates, and source(s) of financial support. [CPR II.B.5.b)-II.B.5.b).(4)]

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

**Consultants**

1. List only those individuals from the following medical specialties who are available to the program for consultation and didactic sessions: [PR II.C.2.-II.C.2.a)]

| **Special Expertise** | **Name** | **Qualifications** | **# of Consults Annually** |
| --- | --- | --- | --- |
| Cardiology | Name | Qualifications | # of consults |
| Dermatology | Name | Qualifications | # of consults |
| Gastroenterology | Name | Qualifications | # of consults |
| Hyperbaric medicine | Name | Qualifications | # of consults |
| Immunology | Name | Qualifications | # of consults |
| Nephrology | Name | Qualifications | # of consults |
| Ophthalmology | Name | Qualifications | # of consults |
| Pathology | Name | Qualifications | # of consults |
| Pulmonary medicine | Name | Qualifications | # of consults |
| Surgical subspecialties | Name | Qualifications | # of consults |

1. List only those individuals from the following non-medical specialties who are available to the program for consultation and didactic sessions: [PR II C.2.; II.C.2.b)]

| **Special Expertise** | **Name** | **Qualifications** | **# of Consults Annually** |
| --- | --- | --- | --- |
| Biostatistics | Name | Qualifications | # of consults |
| Botany | Name | Qualifications | # of consults |
| Disaster and mass casualty incident management | Name | Qualifications | # of consults |
| Epidemiology | Name | Qualifications | # of consults |
| Environmental toxicology | Name | Qualifications | # of consults |
| Forensic toxicology  | Name | Qualifications | # of consults |
| Hazardous materials  | Name | Qualifications | # of consults |
| Herpetology | Name | Qualifications | # of consults |
| Industrial hygiene | Name | Qualifications | # of consults |
| Laboratory toxicology | Name | Qualifications | # of consults |
| Mycology | Name | Qualifications | # of consults |
| Occupational toxicology | Name | Qualifications | # of consults |
| Pharmacology | Name | Qualifications | # of consults |
| Public health | Name | Qualifications | # of consults |
| Zoology | Name | Qualifications | # of consults |

**Resources**

Provide the following information for each site to which fellows will rotate. [PR II.D.1.a)-II.D.1.a).(3); II.D.1.a).(6)]

| **# of Beds** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Adult Emergency Department | # | # | # | # |
| Pediatric Emergency Department | # | # | # | # |
| Adult inpatient facilities | # | # | # | # |
| Pediatric inpatient facilities | # | # | # | # |
| Adult intensive care facilities | # | # | # | # |
| Pediatric intensive care facilities | # | # | # | # |
| Adult outpatient facilities | # | # | # | # |
| Pediatric outpatient facilities | # | # | # | # |

|  | **24-hour on-site availability?** | **Turnaround Time in Minutes** |
| --- | --- | --- |
| **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Renal dialysis services [PR II.D.1.a).(4)] | [ ]  YES [ ]  NO | # | # | # | # |
| Laboratory [PR II.D.1.a).(5)] | [ ]  YES [ ]  NO | # | # | # | # |
| Acetaminophen | [ ]  YES [ ]  NO | # | # | # | # |
| Salicylate | [ ]  YES [ ]  NO | # | # | # | # |
| Methanol | [ ]  YES [ ]  NO | # | # | # | # |
| Ethylene Glycol | [ ]  YES [ ]  NO | # | # | # | # |
| Digoxin | [ ]  YES [ ]  NO | # | # | # | # |
| Iron | [ ]  YES [ ]  NO | # | # | # | # |
| Urine drug screen | [ ]  YES [ ]  NO | # | # | # | # |

**Patient Population**

|  |  |
| --- | --- |
| **From:** Click here to enter a date. | **To:** Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Will fellows perform Emergency Department consultations?[PR II.D.1.a).(1)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Will fellows admit patients to a medical toxicology inpatient service?[PR II.D.1.a).(2)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Will fellows perform consultations on inpatients?[PR II.D.1.a).(2)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Estimate the number of medical toxicology inpatient consultations *(per fellow/per year)*.[PRII.D.1.a).(2)] | # | # | # | # |
| Will fellows perform consultations in the intensive care units?[PR II.D.1.a).(3)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Will fellows perform outpatient toxicology consultations?[PR II.D.1.a).(6)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Where will outpatient consultations be performed?[PR II.D.1.a).(6)] | Location | Location | Location | Location |
| Estimate the number of medical toxicology outpatient consultations *(per fellow/per year)*.[PRII.D.1.a).(6)] | # | # | # | # |
| Will fellows perform consultations for the poison center?[PR II.D.3.] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Estimate the number of poison center consultations that fellows will perform with health care providers at participating sites *(per fellow/per year)*.[PR II.D.3.] | # | # | # | # |
| Poison Center exposures: call volume per year *(number of exposures)*[PR II.D.3.] | # | # | # | # |
| Estimate the number of medical toxicology inpatient admissions to the medical toxicology service *(per fellow/per year)*.[PR II.D.3.] | # | # | # | # |

**List of Diagnoses**

1. Inpatient Evaluations

List 50 consecutive inpatient (bedside) evaluations-either by admission or consultation-by the medical toxicology service during the same 12-month period as used on the previous page. If there were more than 50 inpatient admissions/consultations during this period, report only the first 50. If there were fewer than 50 admissions/consultations, do not extend beyond the 12 months indicated. The timeframe should correspond with the timeframe used for the Patient Population. [PR. II.D.1.a).(2); IV.A.6.f)]

**Mark (A for admission) or (C for consultation).**

Inclusive dates (month, day/year) during which these admissions/consultations occurred:

|  |  |
| --- | --- |
| **From:** Click here to enter a date. | **To:** Click here to enter a date. |

| **Number** | **Age** | **Site #** | **(A) or (C)** | **Medical Toxicology Diagnosis** |
| --- | --- | --- | --- | --- |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |
|  | Age | Site # | [ ]  A [ ]  C | Diagnosis |

2. Outpatient Evaluations

List 50 consecutive outpatient evaluations conducted on the medical toxicology service during the same 12-month period as used on the previous page. If there were more than 50 outpatient consultations during this period, report only the first 50. If there were fewer than 50 consultations, do not extend beyond the 12 months indicated.The timeframe should correspond with the timeframe used for the Patient Population. [PR. II.D.1.a).(2); IV.A.6.g)-IV.A.6.h)]

Inclusive dates (month, day/year) during which these consultations occurred:

|  |  |
| --- | --- |
| **From:** Click here to enter a date. | **To:** Click here to enter a date. |

| **Number** | **Age** | **Site #** | **Medical Toxicology Diagnosis** |
| --- | --- | --- | --- |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |

3. Poison Center Evaluations

List 50 consecutive Poison Center consultations by medical toxicology fellows during the same 12-month period as used on the previous page. If there were more than 50 consultations during this period, report only the first 50. If there were fewer than 50 consultations, do not extend beyond the 12 months indicated. The timeframe should correspond with the timeframe used for the Patient Population. [PR II.D.3.; IV.A.6.i)-IV.A.6.j)]

Inclusive dates (month, day/year) during which these consultations occurred:

|  |  |
| --- | --- |
| **From:** Click here to enter a date. | **To:** Click here to enter a date. |

| **Number** | **Age** | **Site #** | **Medical Toxicology Diagnosis** |
| --- | --- | --- | --- |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |
|  | Age | Site # | Diagnosis |

**Educational Program**

**Goals and Objectives**

1. Describe the educational goals and objectives of the program. [PR IV.A.1.-IV.A.2.a)]

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

1. Are the goals and objectives documented in writing and available for review? Will they be provided to the fellows and faculty members? [PR IV.A.1.-IV.A.2.a)]

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

**Conferences**

1. List regular subspecialty and interdepartmental conferences, rounds, etc. that are a part of the program. Indicate: whether conference attendance is **required (R)** or **optional (O)**; the frequency, e.g., weekly, monthly, etc.; and the person responsible for conducting the conference. Identify the site by using the corresponding number as it appears in ADS. Add or remove rows as necessary. [PR IV.A.3.-IV.A.3.a).(3)]

| **Conference Type and/or Topic** | **R / O** | **Frequency** | **Person(s) responsible for conducting conference** | **Site #** |
| --- | --- | --- | --- | --- |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |
| Conference type or topic | (R)[ ] (O)[ ]  | Frequency | Person(s) responsible | # |

2. What is the average number of hours per week of planned educational experiences? [PR IV.A.3.a).(1)]

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

**Patient Care**

1. Indicate the settings and activities in which residents will demonstrate competence in the following areas of patient care. Also indicate the method(s) that will be used to evaluate competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence\*** |
| --- | --- | --- |
| Gathering accurate, essential information in a timely manner [PR IV.A.5.a).(1).(a)] | Settings/Activities | Method(s) used |
| Interpreting the results of diagnostic tests and diagnostic procedures [PR IV.A.5.a).(1).(b)] | Settings/Activities | Method(s) used |
| Integrating information obtained from patient history, physical examination, physiologic recordings, and test results to arrive at an accurate assessment and treatment plan [PR IV.A.5.a).(1).(c)] | Settings/Activities | Method(s) used |
| Integrating relevant biological, psychosocial, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients [PR IV.A.5.a).(1).(d)] | Settings/Activities | Method(s) used |
| Planning and implementing therapeutic treatment, including pharmaceutical, medical device, behavioral, and surgical therapies [PR IV.A.5.a).(1).(e)] | Settings/Activities | Method(s) used |
| Assessing toxicological exposures in occupational evaluations[PR IV.A.5.a).(1).(f)] | Settings/Activities | Method(s) used |
| Serving as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services for these patients[PR IV.A.5.a).(1).(g)] | Settings/Activities | Method(s) used |
| 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[PR IV.A.5.a).(1).(h)] | Settings/Activities | Method(s) used |
| Evaluating workplace risks and hazards[PR IV.A.5.a).(1).(i)] | Settings/Activities | Method(s) used |
| Managing the entire course of critically poisoned patients of all ages and both genders, either as the primary physician or as a consultant[PR IV.A.5.a).(1).(j)] | Settings/Activities | Method(s) used |
| Serving as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services for acutely poisoned patients[PR IV.A.5.a).(1).(k)] | Settings/Activities | Method(s) used |
| 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[PR IV.A.5.a).(1).(l)] | Settings/Activities | Method(s) used |
| Consulting on calls from a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology[PR IV.A.5.a).(1).(m)] | Settings/Activities | Method(s) used |

\*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 residents will demonstrate proficiency in all medical, diagnostic, and surgical procedures considered essential. Also indicate the method(s) that will be used to evaluate proficiency.

| **Proficiency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Proficiency** |
| --- | --- | --- |
| Performing a history and physical examination[PR IV.A.5.a).(2).(a)] | Click here to enter text. | Method(s) used |
| Performing diagnostic tests and diagnostic procedures[PR IV.A.5.a).(2).(b)] | Click here to enter text. | Method(s) used |

**Medical Knowledge**

Describe the activities and settings in which fellows will be given opportunities to demonstrate competence in their knowledge of the following areas of academic and clinical content. Also indicate the method(s) that will be used to evaluate competence.

| **Competency Area** | **List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area** | **List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency\*** |
| --- | --- | --- |
| Major developments in the basic and clinical sciences relating to medical toxicology, through application of this knowledge in the care of their patients [PR IV.A.5.b).(1)] | * Learning activities and settings
 | * Method(s) used
 |
| Indications, risks, and limitations for procedures, and management of patients through application of this knowledge in their care[PR IV.A.5.b).(2)] | * Learning activities and settings
 | * Method(s) used
 |
| Therapeutic approaches, including resuscitation, initial management, pharmacological basis of antidote use, supportive and other care, and withdrawal syndrome management[PR IV.A.5.b).(3)] | * Learning activities and settings
 | * Method(s) used
 |
| The basic and clinical sciences relating to medical toxicology, by passing certification examinations[PR IV.A.5.b).(4)] | * Learning activities and settings
 | * Method(s) used
 |
| Biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity and interactions of therapeutic drugs[PR IV.A.5.b).(5)] | * Learning activities and settings
 | * Method(s) used
 |
| Biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis[PR IV.A.5.b).(6)] | * Learning activities and settings
 | * Method(s) used
 |
| Clinical manifestations and differential diagnosis of poisoning from: drugs; industrial, household, environmental, and natural products; and agents of bioterrorism toxicants[PR IV.A.5.b).(7)] | * Learning activities and settings
 | * Method(s) used
 |
| Analytical and forensic toxicology, including: assay methods and interpretation; laboratory and other diagnostic assessments; forensics, medicolegal issues, and occupational drug test interpretation[PR IV.A.5.b).(8)] | * Learning activities and settings
 | * Method(s) used
 |
| Assessment and population health, including criteria for causal inference, monitoring, occupational assessment and prevention, principles of epidemiology, and statistics[PR IV.A.5.b).(9)] | * Learning activities and settings
 | * Method(s) used
 |
| Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research[PR IV.A.5.b).(10)] | * Learning activities and settings
 | * Method(s) used
 |
| Laboratory techniques in toxicology[PR IV.A.5.b).(11)] | * Learning activities and settings
 | * Method(s) used
 |
| Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene[PR IV.A.5.b).(12)] | * Learning activities and settings
 | * Method(s) used
 |
| Prevention of poisoning, including prevention of occupational exposures by intervention methodologies[PR IV.A.5.b).(13)] | * Learning activities and settings
 | * Method(s) used
 |
| Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures[PR IV.A.5.b).(14)] | * Learning activities and settings
 | * Method(s) used
 |
| Function, management, and financing of poison control centers[PR IV.A.5.b).(15)] | * Learning activities and settings
 | * Method(s) used
 |
| The role of regional poison centers in response to hazardous materials incidents, including terrorism, risk assessment, and communication[PR IV.A.5.b).(16)] | * Learning activities and settings
 | * Method(s) used
 |
| Oral and written communication skills, including risk communication and teaching techniques[PR IV.A.5.b).(17)] | * Learning activities and settings
 | * Method(s) used
 |
| Economics of health care and current health care management issues, including cost-effective patient care, quality improvement, resource allocation, and clinical outcomes[PR IV.A.5.b).(18)] | * Learning activities and settings
 | * Method(s) used
 |
| The role of federal and international agencies in toxicology; and[PR IV.A.5.b).(19)] | * Learning activities and settings
 | * Method(s) used
 |
| Administrative aspects of the practice of medical toxicology[PR IV.A.5.b).(20)] | * Learning activities and settings
 | * Method(s) used
 |

\*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.

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will guide this process. [PR IV.A.5.c).(4)] (Limit response to 400 words)

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

1. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR IV.A.5.c).(8)] (Limit response to 400 words)

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

1. Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **CORE CURRICULUM** | **List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area** | **List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency\*** |
| --- | --- | --- |
| Demonstrate proficiency in the critical assessment of medical literature, medical informatics, clinical epidemiology, and biostatistics[PR IV.A.5.c).(9)] | * Learning activities and settings
 | * Method(s) used
 |
| Use information technology to optimize patient care[PR IV.A.5.c).(10)] | * Learning activities and settings
 | * Method(s) used
 |
| 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[PR IV.A.5.c).(11)] | * Learning activities and settings
 | * Method(s) used
 |
| Demonstrate educational/teaching skills, to include information delivery in clinical settings and classrooms, provision of feedback to learners, and development of teaching materials[PR IV.A.5.c).(12)] | * Learning activities and settings
 | * Method(s) used
 |
| Assume some departmental administrative responsibilities[PR IV.A.5.c).(13)] | * Learning activities and settings
 | * Method(s) used
 |
| Contribute to formal didactic experiences within the program, in other academic departments at the primary clinical or participating site(s), and in the community[PR IV.A.5.c).(14)] | * Learning activities and settings
 | * Method(s) used
 |

\*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.

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents develop their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.A.5.d).(3)] (Limit response to 400 words)

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

1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.A.5.d).(4)] (Limit response to 400 words)

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

1. Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **CORE CURRICULUM** | **List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area** | **List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency\*** |
| --- | --- | --- |
| 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:[PR IV.A.5.d).(6)] | * Learning activities and settings
 | * Method(s) used
 |
| Diagnostic findings[PR IV.A.5.d).(6).(a)] | * Learning activities and settings
 | * Method(s) used
 |
| End-of-life issues and death[PR IV.A.5.d).(6).(b)] | * Learning activities and settings
 | * Method(s) used
 |
| Medical errors[PR IV.A.5.d).(6).(c)] | * Learning activities and settings
 | * Method(s) used
 |
| Effective teaching techniques[PR IV.A.5.d).(6).(d)] | * Learning activities and settings
 | * Method(s) used
 |

\*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.

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.A.5.e).(1)-(5)] (Limit response to 400 words)

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

1. Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **CORE CURRICULUM** | **List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area** | **List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency\*** |
| --- | --- | --- |
| Professionalism through all relationships, including physician-patient, physician-family, physician-allied health professional, and physician-society[PR IV.A.5.e).(6)] | * Learning activities and settings
 | * Method(s) used
 |
| A commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices[PR IV.A.5.e).(7)] | * Learning activities and settings
 | * Method(s) used
 |
| A commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values[PR IV.A.5.e).(8)] | * Learning activities and settings
 | * Method(s) used
 |
| High standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians, and avoiding conflicts of interest[PR IV.A.5.e).(9)] | * Learning activities and settings
 | * Method(s) used
 |

\*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.

**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents 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. [PR IV.A.5.f)] (Limit response to 400 words)

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

2. Briefly describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.A.5.f).(6)] (Limit response to 400 words)

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

1. Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **CORE CURRICULUM** | **List in Bulleted Format the Learning Activities and Settings Used to Address the Core Knowledge Area** | **List in Bulleted Format the Method(s) Used to Evaluate Fellow Competency\*** |
| --- | --- | --- |
| Demonstrate involvement with quality improvement projects that implement patient safety measures and procedures to prevent medical errors[PR IV.A.5.f).(7)] | * Learning activities and settings
 | * Method(s) used
 |
| Advocate for quality patient care and optimal patient care systems[PR IV.A.5.f).(8)] | * Learning activities and settings
 | * Method(s) used
 |
| Demonstrate appropriate resource allocation and utilization[PR IV.A.5.f).(9)] | * Learning activities and settings
 | * Method(s) used
 |
| Participate in cooperative interaction with other care providers[PR IV.A.5.f).(10)] | * Learning activities and settings
 | * Method(s) used
 |
| Participate in interprofessional teams for the enhancement of patient safety and the improvement of patient care quality[PR IV.A.5.f).(11)] | * Learning activities and settings
 | * Method(s) used
 |
| Demonstrate leadership skills in the coordination and integration of care across a variety of disciplines and provider types[PR IV.A.5.f).(12)] | * Learning activities and settings
 | * Method(s) used
 |

\*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 Experience**

1. Describe how fellows will be provided with a broad education, including 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. [PR IV.A.6.a)]

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

2. Describe how fellows will 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. [PR IV.A.6.b)]

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

1. Will this experience include diagnoses resulting from patient exposure to:
2. drugs [PR IV.A.6.b).(1)] [ ]  YES [ ]  NO
3. industrial, household, and environmental toxicants [PR IV.A.6.b).(2)] [ ]  YES [ ]  NO
4. natural products [PR IV.A.6.b).(3)] [ ]  YES [ ]  NO
5. other xenobiotics [PR IV.A.6.b).(4)] [ ]  YES [ ]  NO

3. Describe how the fellows will be provided with hyperbaric oxygen therapy education and experience. [PR IV.A.6.c)]

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

4. Will fellows without prior experience in adult and pediatric critical care be provided at least one month’s experience each in an adult intensive care unit and in a pediatric intensive care unit? [PR IV.A.6.d)] [ ]  YES [ ]  NO

5. Will fellows 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? [PR IV.A.6.e)] [ ]  YES [ ]  NO

6. Describe how fellows will be provided with experience in evaluating and managing patients with workplace and environmental exposures and in workplace evaluation, as well as in an occupational medicine or toxicology clinic. [PR IV.A.6.f)]

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

7. Describe how fellows will be provided with experience in an industrial setting, an occupational medicine clinic, an outpatient medical toxicology setting, or a referral setting with access to occupational medicine patients. [PR IV.A.6.g)]

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

a) Will fellows 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?
[PR IV.A.6.g).(1)] [ ]  YES [ ]  NO

8. Will fellows 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 possesses appropriate qualifications as determined by the Review Committee? [PR IV.A.6.h)] [ ]  YES [ ]  NO

9. Describe the 12-month experience in a regional poison control center. Include the name of the certified medical toxicologist who will be given the responsibility of supervising fellows. Provide a physical description of the site and the site's total call volume (number of informational calls, consultations, and care by telephone). Attach a copy of the AAAPC approval letter for the Poison Control Center. [PR IV.A.6.i)]

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

10. Describe how the fellows will be provided opportunities to teach and participate in undergraduate, graduate, and continuing education activities. [PR IV.A.6.j)]

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

11. Describe how the fellows will document required patient care experiences. [PR IV.A.6.k)]

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

12. Will fellows maintain their primary board skills during the program? [PR IV.A.6.l)] [ ]  YES [ ]  NO

If “NO”, explain:

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

**Fellows’ Scholarly Activity**

1. Will fellows participate in clinical and/or professional quality improvement activities? [PR IV.B.2.a)]
 [ ]  YES [ ]  NO
2. Will fellows participate in scholarly activity that includes at least one of the following:
3. Peer-reviewed funding and research [PR IV.B.2.b).(1)] [ ]  YES [ ]  NO
4. Publication of original research or review articles [PR IV.B.2.b).(2)] [ ]  YES [ ]  NO
5. Presentations at local, regional, or national professional and scientific society meetings
[PR IV.B.2.b).(3)] [ ]  YES [ ]  NO
6. Will fellows complete a scholarly project prior to graduation? [PR IV.B.2.c)] [ ]  YES [ ]  NO

**Supervision of Fellows**

Describe how fellows will be provided with prompt, reliable systems for communication and interactions with supervisory physicians. [PR VI.A.2.b).(1).(a)]

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