

**RESIDENCY REVIEW COMMITTEE FOR EMERGENCY MEDICINE**  
515 N State, Ste 2000, Chicago, IL 60654 • (312) 755-5000 • [www.acgme.org](http://www.acgme.org)

**FOR NEW APPLICATIONS ONLY – EMERGENCY MEDICAL SERVICES**

**APPLICATIONS FOR A NEW PROGRAM:** This form is for use by programs applying for **INITIAL ACCREDITATION ONLY** (for Continued Accreditation, use the **CONTINUED ACCREDITATION PIF** in conjunction with the Web Accreditation Data System).

All sections of the form applicable to the program must be completed in order to be accepted for review. The information provided should describe the proposed program. For items that do not apply indicate N/A in the space provided. Where patient numbers are requested, estimate what you expect will occur. If any requested information is not available, an explanation should be provided in the appropriate place on the form.

Once the forms are complete, number the pages sequentially, including any appendices or attachments, in the bottom center. Send one complete copy to the executive director of the Review Committee for your specialty, as listed on Review Committee's page on the ACGME website at the address above. The forms should be submitted bound by either sturdy rubber bands or binder clips. Do NOT place the forms in covers such as two or three ring binders, spiral bound notebooks, or any other form of binding.

The ACGME will only accept one final, completed application. Draft copies are not acceptable. If minor revisions are required (such as updated program director and/or faculty CV, updated data on number of procedures performed in the institution, change in participating site, and updated PLAs), contact the accreditation administrator listed on the Review Committee's page on the ACGME website for instructions. Should a revised application be submitted to ACGME, or major changes made upon arrival of the site visitor, the first application will be voided, the site visit will be cancelled, and a second application fee will be applied.

Upon receipt of the application in the Chicago office, the institution will be billed for the application and the program director and the designated institutional official (DIO) will be notified of the new program number.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the DIO of the sponsoring institution. Incomplete applications, including incorrect or missing signatures, will be returned prior to any processing.

Review the program requirements for your specialty prior to completing the application. The program requirements and the institutional requirements may be downloaded from the ACGME website:

For questions regarding:

- the completion of the form (content), contact the Accreditation Administrator
- the Accreditation Data System, email [WebADS@acgme.org](mailto:WebADS@acgme.org).

For a glossary of terms, use the following link:

[http://www.acgme.org/acWebsite/about/ab\\_ACGMEglossary.pdf](http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf)

**APPLICATIONS FROM SINGLE PROGRAM SPONSORING INSTITUTIONS:** A single program sponsoring institution (an institution that sponsors one ACGME-accredited program, or one ACGME-accredited residency program and one or more of its related ACGME-accredited subspecialty programs) must undergo a site visit and be granted initial accreditation by the Institutional Review Committee (IRC) before the single program sponsoring institution submits an application for accreditation of a second program. Applications for a subspecialty program linked to a residency program already accredited by the ACGME will not require an institutional site visit. For instructions on how to apply for accreditation of the sponsoring institution, contact the [Accreditation Administrator](#) for the Institutional Review Committee.

In the case of a merger between two single-program sponsors, the institution assuming sponsorship of the program must undergo a site visit and be granted initial accreditation. If institutional accreditation is withheld, the sponsoring institution must reapply within two years of the confirmed withhold. Failure to attain institutional accreditation at that time will result in withdrawal of all ACGME-accredited programs.

**Attach the following documents to the application:**

References to Common Program and Institutional Requirements are in parenthesis

1. All Program Letters of Agreement (PLAs) [CPR I.B.1]
2. Document delineating the skills and competencies fellows will be able to demonstrate at the conclusion of the program [CPR IV.A.1]
3. Copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice [CPR V.A.1.b.(1)]
4. A blank copy of the form that will be used to document the semiannual evaluation of the fellows with feedback [CPR V.A.1.b.(3)]
5. A blank copy of the final (summative) evaluation of fellows, documenting performance during the final period of education and verifying that the fellow has demonstrated sufficient competence to enter practice without direct supervision [CPR V.A.2]
6. Policies and procedures for fellow duty hours and work environment [CPR VI.G; IR II.D.4.i; IR III.B.3; IR IV.A.4.a.(7)]
7. Moonlighting policy [IR II.D.4.j]
8. Policy for supervision of fellows (addresses fellows' responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision) [IR III.B.4]
9. A written supervision policy that specifies fellow and faculty member lines of responsibility. [PR II.A.3.f]
10. A blank copy of the form(s) used to evaluate the faculty [CPR V.B. 1-2, PR V.B.3]
11. A blank copy of the form used to evaluate the program. [CPR V.C. 1 – V.C.1.b), PR V.C.1.c)]

**Single Program Sponsors only, attach the following additional documents:**

1. Copy of the institutional statement that commits the necessary financial, educational, and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, the administration and the teaching staff. [IR I.B.2]
2. Institutional policy for recruitment, appointment, eligibility, and selection of fellows [IR II.A]
3. A copy of the fellow contract with the pertinent items from the institutional requirements [IR II.D.4]
4. Institutional policy for discipline and dismissal of fellows, including due process [IR II.D.4.e; IR III.B.7]

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10 Digit ACGME Program I.D. #: Program Name:
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**FOR NEW APPLICATIONS ONLY - EMERGENCY MEDICAL SERVICES**

**ACCREDITATION INFORMATION**

Date:		
Title of Program:		
<b>Core Program Information</b>		
Title of Core Program:		
Core Program Director:		
10 Digit ACGME Program ID#:		
Accreditation Status:	Effective Date:	
Next Review Date:	Last Review Date:	Cycle Length:
<b>The signatures of the director of the program and the Designated Institutional Official attest to the completeness and accuracy of the information provided on these forms:</b>		
Signature of Program Director (and Date):		
Signature of Core Program Director (and Date):		
Signature of Designated Institutional Official (DIO) (and Date):		

**1. Respond to Previous Citation(s)**

If the program reapplies for accreditation within two years after accreditation has previously been withdrawn or proposed withdrawn, the accreditation history of the last accreditation action of the program shall be included as part of the file.

- a) In the case of application after proposed withdrawal, provide a statement rebutting each citation and documenting compliance with ACGME Requirements or provide a response to b) below.

- b) In case of application after either proposed withdrawal or withdrawal, provide a statement of the measures the program has taken to comply with ACGME Requirements relating to each citation in the last letter of accreditation.

**2. Planned start date for the first class of fellows**

**PARTICIPATING SITES**

<b>SPONSORING INSTITUTION:</b> (The university, hospital, or foundation that has ultimate responsibility for this program.)	
Name of Sponsor:	
Address:	Single Program Sponsor? ( ) YES ( ) NO
City, State, Zip code:	
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)	
Name of Designated Institutional Official:	
Mailing Address:	Phone Number:
	Email:
Name of Chief Executive Officer:	

<b>PRIMARY SITE (Site #1)</b>
Name:
Address:
Clinical Site? ( ) YES ( ) NO
Type of Rotation (select one): ( ) Elective ( ) Required ( ) Both
Length of Fellow Rotations (in months):
CEO/Director/President's Name:
Joint Commission Accredited? ( ) YES ( ) NO
If no, explain:

The Program Director must submit any participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more. Duplicate as necessary.

<b>PARTICIPATING SITE (Site #2)</b>
Name:
Address:
Integrated? ( ) YES ( ) NO
Does this site also sponsor its own program in this specialty? ( ) YES ( ) NO
Does it participate in any other ACGME-accredited programs in this specialty? ( ) YES ( ) NO
Distance between #2 & #1: Miles: Minutes:
Type of Rotation (select one): ( ) Elective ( ) Required ( ) Both
Length of Fellow Rotations (in months):
Brief Educational Rationale:
PLA Between Program and Site? ( ) YES ( ) NO
If no, explain:

<b>PARTICIPATING SITE (Site #3)</b>
Name:
Address:
Integrated? ( ) YES ( ) NO
Does this site also sponsor its own program in this specialty? ( ) YES ( ) NO
Does it participate in any other ACGME-accredited programs in this specialty? ( ) YES ( ) NO
Distance between #3 & #1: Miles: Minutes:
Type of Rotation (select one): ( ) Elective ( ) Required ( ) Both
Length of Fellow Rotations (in months):
Brief Educational Rationale:
PLA Between Program and Site? ( ) YES ( ) NO
If no, explain:

**1. Single Program Sponsoring Institutions** (Institutions that sponsor a single core or subspecialty program, or a single core program and its subspecialties).

For those institutions which are either a single-program sponsoring institution (e.g., medical genetics only), or an institution with multiple residencies accredited by the **same** Residency Review Committee (RRC), the institutional review will be conducted in conjunction with the review of the program. **Only programs in these two categories are to complete the following institutional questions.**

- a) Provide an institutional statement that commits the necessary financial, educational, and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, the administration and the teaching staff. [IR I.B.2]

- b) Describe the formal method by which a periodic evaluation of the program’s educational quality and compliance with the program requirements will occur. Explain how fellows and faculty members in the program will be involved in the evaluation process. [CPR V.C; IR IV]

- c) Describe how the institution will comply with the Institutional Requirements regarding “Resident Eligibility and Selection” and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of fellows in accordance with the Program and Institutional Requirements. [IR II.A-B]

- d) Summarize how the institution will comply with the ACGME Institutional Requirements regarding fellow support, benefits and conditions of employment to include the details of the fellow contract or agreement as outlined in the ACGME Institutional Requirements. [IR II.C-D]

- e) Describe in detail the grievance (due process) procedure(s) that will be available to fellows, including the composition of the grievance committee, and mechanisms for handling complaints and grievances related to actions which could result in dismissal, non-renewal of a fellow’s contract, or other actions that could significantly threaten a fellow’s intended career development. [IR II.D.4.c-d]

**FACULTY / RESOURCES**

**1. Program Director Information**

Name:							
Title:							
Address:							
City, State, Zip code:							
Telephone:			FAX:		Email:		
Date First Appointed as Program Director:							
Principal Activity Devoted to Fellow Education?					( ) YES		( ) NO
Term of Program Director Appointment:							
Date first appointed as faculty member in the program:							
Number of hours per week Director spends in:							
Clinical Supervision:		Administration:		Research:		Didactics/Teaching:	
Primary Specialty Board Certification:				Most Recent Year:			
Subspecialty Board Certification:				Most Recent Year:			
Number of years spent teaching in this subspecialty:							

- a) Is the program director familiar with and does he/she oversee compliance with ACGME/RRC policies and procedures as outlined in the ACGME Manual of Policies and Procedures (found at [http://www.acgme.org/acWebsite/about/ab\\_ACGMEPoliciesProcedures.pdf](http://www.acgme.org/acWebsite/about/ab_ACGMEPoliciesProcedures.pdf))?... ( ) YES ( ) NO
- b) Using the form below provide a one page CV for the program director.





### 3. Faculty Curriculum Vitae

<b>First Name:</b>		<b>MI:</b>		<b>Last Name:</b>	
<b>Present Position:</b>					
<b>Graduate Medical Education Program Name(s); include all residencies and fellowships:</b>					
<b>Certification and Re- Certification Information</b>			<b>Current Licensure Data</b>		
<b>Specialty</b>	<b>Certification Year</b>	<b>Re-Certification Year</b>	<b>State</b>	<b>Date of Expiration (mm/yyyy)</b>	
<b>Academic Appointments - List the past ten years, beginning with your current position.</b>					
<b>Start Date (mm/yyyy)</b>	<b>End Date (mm/yyyy)</b>	<b>Description of Position(s)</b>			
	Present				
<b>Concise Summary of Role in Program:</b>					
<b>Current Professional Activities / Committees:</b>					
<b>Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):</b>					
<b>Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):</b>					
<b>Participation in Local, Regional, and National Activities / Presentations - Abstracts (Limit of 10 in the last 5 years):</b>					
<b>If not ABMS board certified, explain equivalent qualifications for Review Committee consideration:</b>					

### 4. Non Physician Faculty Roster

List alphabetically the non-physician faculty who provide required instruction or supervision of fellows in the program.

Name (Position)	Degree	Based Primarily at Site #	Subspecialty / Field	Role In Program	# of Years Teaching as Faculty in Subspecialty

### 5. Program Resources

- a) How will the program ensure that faculty (physician and non-physician) have sufficient time to supervise and teach fellows? Include time spent in activities such as conferences, rounds, journal clubs, research, mentoring, teaching technical skills etc. if relevant.

--

b) Briefly describe the educational and clinical resources available for fellow education. [The answer must include how specialty specific reference materials are accessible. It should also include resources provided by the program and the institution.]

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**FELLOW APPOINTMENTS**

**1. Number of Positions** (for the current academic year)

Number of Requested Positions	
Number of Filled Positions*	

\*Not applicable to new programs with no fellows on duty. Count part-time fellows as 0.5 FTE.

If the number of filled positions exceeds the number of positions approved by the Review Committee, provide an explanation of this variance.

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**2. Actively Enrolled Fellows** (if applicable)

a) List alphabetically all fellows actively enrolled in this program as of August 31 of current academic year.

Name	Program Start Date	Expected Completion Date	Year in Program	Years of Prior GME	Specialty of Most Recent Prior GME	Has completed an ACGME-accredited specialty program (Y/N) If no, explain

b) Did you obtain documentation that each fellow has met the eligibility criteria? .....( ) YES ( ) NO

**SKILLS AND COMPETENCIES**

Describe how fellows are informed about their assignments and duties during the fellowship. [The answer must confirm that there are skills and competencies that the fellow will be able to demonstrate at the conclusion of the program, and that these are distributed (hard copy, electronically, listserv, etc.) to all fellows.]

**GRIEVANCE PROCEDURES**

Describe how the program handles complaints or concerns the fellows raise. (The answer must describe the mechanism by which individual fellows can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

**MEDICAL INFORMATION ACCESS**

- 1. Do fellows have access to specialty-specific and other appropriate reference material in print or electronic format? ..... ( ) YES ( ) NO
- 2. Are electronic medical literature databases with search capabilities available to fellows? ..... ( ) YES ( ) NO

**EVALUATION (FELLOWS, FACULTY, PROGRAM)**

- 1. Are fellows provided with a description of the skills and competencies that they should be able to demonstrate by the conclusion of the program? ..... ( ) YES ( ) NO
- 2. Does the faculty provide formative feedback in a timely manner?..... ( ) YES ( ) NO
- 3. Describe how evaluators are educated to use assessment methods for the six competencies so that fellows are evaluated fairly and consistently.

Limit your response to 400 words.

- 4. Describe how fellows are informed of the performance criteria on which they will be evaluated.

Limit your response to 400 words.

- 5. Describe how the fellows develop skills to locate, appraise, and assimilate evidence from scientific studies related to their patients' health.

Limit your response to 400 words.

- 6. Describe at least one change implemented during the last year due to fellow participation in quality improvement activities.

Limit your response to 400 words.

- 7. Describe the mechanism used to provide the semiannual evaluations of fellows (e.g., who meets with the fellows and how the results are documented in fellow files).

Limit your response to 400 words.

8. Describe the system for evaluating faculty performance as it relates to the educational program.

Limit your response to 400 words.

9. Describe the mechanisms used for program evaluation, including how the program uses aggregated results of the fellows' performance and/or other program evaluation results to improve the program. (Have the written plan of action available for review by the site visitor.)

Limit your response to 600 words.

**FELLOW DUTY HOURS**

1. Briefly describe your back up system when clinical care needs exceed the fellows' ability.

2. Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care.

3. How do the program and the sponsoring institution ensure that hand-over processes facilitate both continuity of care and patient safety? Check the 3 mechanisms used most often.

- Electronic hand-over form (a stand alone or part of an electronic medical record system)
- Paper hand-over form
- Direct (in person) faculty supervision of handovers
- Indirect (via phone or electronic means) faculty supervision of handovers
- Senior resident supervision of junior residents
- Hand-over education program (lecture-based)
- Hand-over tutorial (web-based or self-directed)
- Scheduled face-to-face handoff meetings
- Other, specify:

4. Indicate the ways that your program educates fellows to recognize the signs of fatigue and sleep deprivation. Check all that apply.

- Didactics/Lectures
- Computer based learning modules
- Grand Rounds
- Small group seminars or discussions
- Simulated patient encounters
- On-the-job training
- One-on-one experiences with faculty and attending
- Other, specify:

5. Indicate which sites have the following facilities and amenities available to fellows when they are on-call.

	<b>Primary Hospital</b>	<b>At All Hospital-Call Locations</b>	<b>At Some Hospital-Call Locations</b>
Sleeping rooms			

	Primary Hospital	At All Hospital-Call Locations	At Some Hospital-Call Locations
Sleeping rooms segregated by gender			
Shower / bath			
Secure areas (lockers or rooms that can be locked)			
24-hour food service (cafeteria)			
24-hour food availability (vending machines)			

6. Which of the following transportation options does the program or institution offer fellows who may be too fatigued to safely return home? Check the one most frequently used option.

- Money for taxi
- Money for public transportation
- One-way transportation service (such as a dedicated facility bus service)
- Transportation service which includes option to return to the hospital or facility the next day
- Reliance on other staff or residents to provide transport
- No transportation service provided
- Other, specify:

7. Briefly describe how the program director and faculty evaluate the fellow's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care. Specify the criteria, and how the process differs by year of training.

8. Excluding call from home, what is the projected average number of hours on duty per week per fellow, inclusive of all in-house call and all moonlighting? .....( )

9. Are fellows permitted to moonlight? .....( ) YES ( ) NO

If yes, under what circumstances?

10. On average, will fellows have 1 full day out of 7 free from educational and clinical responsibilities? .....( ) YES ( ) NO

11. Excluding call from home, what is the projected LONGEST CONTINUOUS duty shift (in hours) to be worked by fellows? .....( )

12. What is the maximum number of consecutive nights of night float assigned to any fellow in the program? .....( )

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**INSTITUTIONS**

**Sponsoring Institution**

1. Do the sponsoring institution and participating sites:
  - a) provide at least 25 percent salary support or equivalent protected time for program directors? [PR I.A.1.a] ..... ( ) YES ( ) NO
  - b) provide at least 15 percent salary support or equivalent protected time for faculty members? [PR I.A.1.b] ..... ( ) YES ( ) NO
  - c) provide at least 20 percent salary support for a program coordinator(s)? [PR I.A.1.c] ..... ( ) YES ( ) NO
  - d) provide other support personnel required for operation of the program? [PR I.A.1.d] ..... ( ) YES ( ) NO
2. Does the sponsoring institution also sponsor an ACGME-accredited residency program in emergency medicine? [PR I.A.2.] ..... ( ) YES ( ) NO

**Participating Sites**

1. Is the program based at the primary clinical site? [PR I.B.3.] ..... ( ) YES ( ) NO

If NO, explain.

2. Are any of the rotations that fellows are expected to participate in geographically distant from the primary clinical site?. [PR I.B.4.] ..... ( ) YES ( ) NO

If YES, describe the special resources unavailable locally that significantly augment the overall educational experience of the program

3. Will fellows be able to attend conferences and other educational experiences during all rotations? ..... ( ) YES ( ) NO

If NO, list the rotations that will preclude the fellows' attendance.

4. List the medical school with which the program is affiliated. [PR I.B.6.]

- a) Does the program have a written letter of understanding which documents the duties and responsibilities of both the medical school and the program? [PR I.B.6. a] ..... ( ) YES ( ) NO

**PROGRAM PERSONNEL AND RESOURCES**

**Program Director**

Briefly describe how program director maintains a collaborative relationship with the program director of the sponsoring core residency program to ensure compliance with the ACGME’s accreditation standards. [PR II.A.3.h]

**Faculty**

1. Briefly describe faculty participation in faculty development programs. [PR II.B.8.a)]

2. Does the sponsoring institution have special expertise available in the following areas? [PR II.B.9.]

	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		

3. If any areas of expertise listed above are unavailable at the sponsoring institution, please describe how they will be provided.

**Other Program Personnel**

Is there a program coordinator with a minimum of 0.20 FTE dedicated solely to the fellowship program administration? [PR II.C.1.] ..... ( ) YES ( ) NO



**Resources**

1. Briefly describe the EMS system in which your fellows will be educated. [CPR II.D.]

2. Will the fellow have access to adult and pediatric pre-hospital transports? [PR II.D.1.] ( ) YES ( ) NO

3. Will the primary clinical site provide:

- a) emergency services for adult patients? [PR II.D.2.a)] ..... ( ) YES ( ) NO
- b) emergency services for pediatric patients? [PR II.D.2.a)] ..... ( ) YES ( ) NO
- c) access to adult inpatient facilities? [PR II.D.2.b)] ..... ( ) YES ( ) NO
- d) access to pediatric inpatient facilities? [PR II.D.2.b)] ..... ( ) YES ( ) NO
- e) disaster planning and response programs? [PR II.D.2.c)] ..... ( ) YES ( ) NO
- f) two-way communications between the primary clinical site and surrounding medical transportation services for provision of direct medical oversight? [PR II.D.2.d)] ..... ( ) YES ( ) NO

If NO, explain how fellows will receive experience with direct medical oversight.

4. Will the primary clinical site organize and ensure provision of transportation for fellows to provide pre-hospital patient care? [PR II.D.3.] ..... ( ) YES ( ) NO

If NO, explain.

5. Is there an air medical evacuation and inter-facility transportation service accessible from the primary clinical site? [PR II.D.4.] ..... ( ) YES ( ) NO

If NO, explain.

6. Estimated Patient Population Statistics [PR II.D.5.]

For the most recent 12-month period	From:	To:
-------------------------------------	-------	-----

Statistics	Number	Percentage
a) <b>Total</b> pre-hospital patients		N/A
b) Number and percentage of pre-hospital <b>pediatric</b> patients aged 0-18 years		%
c) Number and percentage of patients <b>transported to hospitals</b>		%
d) Number and percentage of patients <b>treated and released</b> by EMS (non- transports)		%
e) Number and percentage of patients <b>transported to alternate care facilities</b> (e.g, sobriety centers, psychiatric receiving facilities, others)		%
f) Number and percentage of EMS calls <b>requiring base hospital/medical control contact</b>		%

7. Briefly describe the systems for communication and interactions of fellows with supervisory physicians. [PR II.D.6.]

8. Briefly describe the educational resources allocated by the sponsoring institution and the program to facilitate resident involvement in scholarly activities. [PR II.D.7.]

**EDUCATIONAL PROGRAM**

**Patient Care**

1. Indicate the settings and activities in which fellows will develop competency 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. [PR IV.A.2.a)]

Competency Area	Settings/Activities	Method(s) Used to Evaluate Fellow Competence*
Gathering accurate, essential information in a timely manner [PR IV.A.2.a).(1).(a)]		
Evaluating and comprehensively treating acutely-ill and injured patients in the pre-hospital setting [PR IV.A.2.a).(1).(b)]		
Prioritizing and stabilizing multiple patients in the pre-hospital setting while performing other responsibilities simultaneously [PR IV.A.2.a).(1).(c)]		
Properly sequencing critical actions for patient care [PR IV.A.2.a).(1).(d)]		
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.2.a).(1).(e)]		
Integrating relevant biological, psychosocial, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients [PR IV.A.2.a).(1).(f)]		

<b>Competency Area</b>	<b>Settings/Activities</b>	<b>Method(s) Used to Evaluate Fellow Competence*</b>
Planning and implementing therapeutic treatment, including pharmaceutical, medical device, behavioral, and surgical therapies [PR IV.A.2.a).(1).(g)]		

\*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.

2. Indicate the settings and activities in which fellows will develop competence in the practice of technical skills of patients of all ages and genders requiring emergency medical services. Also indicate the method(s) used to evaluate competence in each area. [PR IV.A.2.a)]

<b>Competency Area</b>	<b>Settings/Activities</b>	<b>Method(s) Used to Evaluate Fellow Competence*</b>
Performing physical examinations relevant to the practice of emergency medical services [PR IV.A.2.a).(2).(a)]		
Performing the following key index procedures: [PR IV.A.2.a).(2).(b)]	N/A	N/A
Participation in a mass casualty/disaster triage at an actual event or drill [PR IV.A.2.a).(2).(b).(i)]		
Participation in a sentinel event investigation (at least one must be performed) [PR IV.A.2.a).(2).(b).(ii)]		
Conduction of a quality management audit [PR IV.A.2.a).(2).(b).(iii)]		
Development of a mass gathering medical plan and participation in its implementation [PR IV.A.2.a).(2).(b).(iv)]		
Emergency medical services protocol development or revision [PR IV.A.2.a).(2).(b).(v)]		
Immobilization of the spine [PR IV.A.2.a).(2).(b).(vi)]		
Immobilization of an injured extremity [PR IV.A.2.a).(2).(b).(vii)]		
Management of a cardiac arrest in the pre-hospital setting [PR IV.A.2.a).(2).(b).(viii)]		

<b>Competency Area</b>	<b>Settings/Activities</b>	<b>Method(s) Used to Evaluate Fellow Competence*</b>
Management of a compromised airway in the pre-hospital setting [PR IV.A.2.a).(2).(b).(ix)]		
Provision of direct medical oversight on-scene, or by radio or phone [PR IV.A.2.a).(2).(b).(x)]		

\*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. [PR IV.A.2.a)]

<b>Competency Area</b>	<b>Settings/Activities</b>	<b>Method(s) Used to Evaluate Competence*</b>
Clinical manifestations and management of acutely-ill and injured patients in the pre-hospital setting [PR IV.A.2.b).(1)]		
Disaster planning and response [PR IV.A.2.b).(2)]		
Evidence-based decision making [PR IV.A.2.b).(3)]		
Procedures and techniques necessary for the stabilization and treatment of patients in the pre-hospital setting [PR IV.A.2.b).(4)]		
Provision of medical care in mass gatherings [PR IV.A.2.b).(5)]		
Public safety answering points, dispatch centers, emergency communication centers' operation, and medical oversight [PR IV.A.2.b).(6)]		
Experimental design and statistical analysis of data as related to emergency medical services clinical outcomes and epidemiologic research [PR IV.A.2.b).(7)]		

Competency Area	Settings/Activities	Method(s) Used to Evaluate Competence*
Models, function, management, and financing of emergency medical services systems [PR IV.A.2.b).(8)]		
Principles of quality improvement and patient safety [PR IV.A.2.b).(9)]		
Principles of epidemiology and research methodologies in emergency medical services [PR IV.A.2.b).(10)]		

\*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

Indicate the settings and activities in which fellows will develop skills and habits to be able to meet the goals listed below. Also indicate the method(s) used to evaluate competence in each area. [PR IV.A.2.a)]

Goal	Settings/Activities	Method(s) used to Evaluate Competence*
Systematically analyzing practice using quality improvement methods, and implement changes with the goal of practice improvement [PR IV.A.2.c).(1)]		
Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems {PR IV.A.2.c).(2)]		
Demonstrate proficiency in the critical assessment of medical literature, medical informatics, clinical epidemiology, and biostatistics [PR IV.A.2.c).(3)]		

\*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

List the settings/activities in which fellows will develop competence in the areas listed below. Also specify the method(s) used by the program to evaluate fellow competence in each area. [PR IV.A.2.a)]

Competency Area	Settings/Activities	Method(s) Used to Evaluate Competence*

Competency Area	Settings/Activities	Method(s) Used to Evaluate Competence*
The ability to relate, with compassion, respect, and professional integrity, to patients and their families, as well as to other members of the health care team, sensitive issues or unexpected outcomes, including: [PR IV.A.2.d).(1)]		
Diagnostic findings [PR IV.A.2.d).(1).(a)]		
End-of-life issues and death and, [PR IV.A.2.d).(1).(b)]		
Medical errors [PR IV.A.2.d).(1).(c)]		
The ability to work effectively as a member or leader of a health care team or other professional group [PR IV.A.2.d).(2)]		
Effective teaching techniques including teaching peers, emergency medical services personnel, other health care professionals, and patients [PR IV.A.2.d).(3)]		
Maintaining comprehensive, timely, and legible medical records [PR IV.A.2.d).(4)]		
Oral and written communication skills [PR IV.A.2.d).(5)]		

\*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**

List the settings and activities in which fellows will develop competence in the areas listed below. Also specify the method(s) used to evaluate fellow competence in this area. [PR IV.A.2.a)]

Competency Area	Settings/Activities	Method(s) Used to Evaluate Competence*
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<b>Competency Area</b>	<b>Settings/Activities</b>	<b>Method(s) Used to Evaluate Competence*</b>
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.2.e).(1)]		
A commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values [PR IV.A.2.e).(2)]		
High standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians, and avoiding conflicts of interest [PR IV.A.2.e).(3)]		
Respect, compassion, and integrity to patients and other members of the health care team [PR IV.A.2.e).(4)]		
Sensitivity and responsiveness to a patient's culture, age, gender, and disabilities [PR IV.A.2.e).(5)]		

\*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**

List the settings and activities in which fellows will develop competence in the areas listed below. Also specify the method(s) used to evaluate fellow competence in this area. [PR IV.A.2.a)]

<b>Competency Area</b>	<b>Settings/Activities</b>	<b>Method(s) Used to Evaluate Competence*</b>
Advocating for quality patient care and optimal patient care systems [PR IV.A.2.f).(1)]		
Appropriate resource allocation and utilization [PR IV.A.2.f).(2)]		
Cooperative interaction with other care providers [PR IV.A.2.f).(3)]		







7. Provide a typical week's schedule for an EMS fellow using the table below. Include call and day(s) off. Add rows as needed [PR IV.A.3.d]

<b>Sunday</b>	<b>Activity</b>	<b>Hours</b>
<b>Monday</b>	<b>Activity</b>	<b>Hours</b>
<b>Tuesday</b>	<b>Activity</b>	<b>Hours</b>
<b>Wednesday</b>	<b>Activity</b>	<b>Hours</b>
<b>Thursday</b>	<b>Activity</b>	<b>Hours</b>
<b>Friday</b>	<b>Activity</b>	<b>Hours</b>
<b>Saturday</b>	<b>Activity</b>	<b>Hours</b>

8. Briefly 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 IV.A.3.d).(1)]

9. Briefly 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 IV.A.3.d).(2)]

10. Briefly 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 IV.A.3.d).(3)]

11. Briefly 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 IV.A.3.d).(5)]

12. Briefly describe how fellows will gain experience in providing direct medical oversight of patient care by emergency medical services personnel. [PR IV.A.3.d).(6) and IV.A.3.d).(6).(a)]