BASIC STANDARDS

FOR

RESIDENCY TRAINING

IN COMBINED

EMERGENCY MEDICINE/PEDIATRICS

American College of Osteopathic Emergency Medicine

and the

American College of Osteopathic Pediatricians

and the

American Osteopathic Association

AOA/1995
Revised 1997

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ARTICLE I - INTRODUCTION

These are the Basic Standards for Residency Training in Combined Emergency Medicine/Pediatrics as approved the by the American Osteopathic Association (AOA), the American College of Osteopathic Emergency Physicians (ACOEP), and the American College of Osteopathic Pediatricians (ACOP). These standards are designed to provide the osteopathic resident with advanced and concentrated training in both emergency medicine and pediatrics, and to prepare the resident for examination for certification in both emergency medicine and pediatrics.

ARTICLE II - DEFINITION AND PURPOSES

A. The specialties of emergency medicine and pediatrics consist of the diagnosis, treatment and prevention of all diseases of the body with emphasis on the acute care presentation in the emergency setting, as well as in all aspects of pediatrics. The purposes of an osteopathic emergency medicine/pediatric training program are to:

1. Provide a wide spectrum of educational experiences to enable the resident, upon completion of the program, to be fully competent and mature in his/her practice of emergency medicine and pediatrics.
2. One of the most important goals of the combined program is to graduate a mature and competent physician who demonstrates sound medical judgment. This judgment along with self confidence must be developed through a process of observing and participating in the management of emergency and pediatric problems. To this end, the program must allow for a progressive increase in responsibility in emergency management and in pediatric management. The combined program will integrate osteopathic principles and practices wherever possible.
3. The program will provide a structured educational program that will enable the resident, upon completion of training, to demonstrate expertise in clinical proficiency and in the technical skills required to perform at a level expected by a peer group of qualified emergency physicians and pediatricians.
4. The program will incorporate primary continuity of care experience in a pediatric ambulatory setting, providing the resident with increasing responsibility in patient care.

   Specific and additional objectives to accomplish the above criteria are outlined in the Goals and Objectives of the training standards of both emergency medicine and pediatrics on file with the American Osteopathic Association, and appended to this document.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

A. The institution must meet the criteria for residency training as set forth by the American Osteopathic Association in its publication, Residency Training Requirements of the AOA.

B. The institution must provide sufficient patient load to properly train a minimum of two residents in combined emergency medicine/pediatrics, and a minimum of two residents in emergency medicine and a minimum of two residents in pediatrics.

C. The institution shall maintain an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in various branches pertaining to training in emergency medicine and pediatrics. The library shall be in the charge of a qualified person who shall act as the custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by the residents. In addition the individual departments of emergency medicine and pediatrics must maintain a department library with textbooks and resources available to the training of residents.

D. The institution's departments of emergency medicine and pediatrics shall have faculty where at least 50% of the individuals are certified in their specialty (with a minimum of two of the faculty certified through the American Osteopathic Association). One physician in <u>each</u> specialty area shall be designated as the program co-director. Alternatively, one physician, certified in *both* specialties could serve as a program director.
Physicians who are double-boarded in both specialties may serve as faculty for either department, or for both departments. Other qualified physicians, participating in the training of residents, must submit their curriculum vitae to, and be approved by, the program co-directors.

E. The institution shall develop and maintain an evaluation mechanism for rating residents, individual faculty members and the program co-directors. The evaluation process should also include mechanisms to evaluate the overall training program, and to ensure ongoing quality. The residents must also have the ability to evaluate the individual rotations being offered by the program. The evaluation mechanisms must be shared by the co-directors of the program.

F. The institution must provide an opportunity for exposure in a supervised ambulatory site for continuity of care training which will suit the needs of the program. Institutional clinics, outpatient departments, or offices may be used.

G. The institution must provide a written policy and procedure for the selection of residents, which shall be included in the institutional training protocol for emergency medicine/pediatrics. The institution must have a separate selection process for the emergency medicine/pediatrics program that is distinct from the emergency medicine and pediatrics training programs.

H. The institution shall provide for an integrated interaction between the emergency medicine and pediatric services. The institution shall also provide for the interaction between the emergency medicine and pediatric departments and other departments including, but not limited to, obstetrics, pathology, radiology, internal medicine, family medicine, and surgery.

I. The teaching staff shall be composed of qualified physicians with diversified experience in clinical emergency medicine and pediatrics, basic and behavioral sciences and allied health fields. The competence and availability of the teaching staff must provide supervision of daily clinical care and teaching experiences.

J. The institution shall execute a contract with each resident in accordance with the Resident Training Requirements of the AOA. A one-year contract will be issued and subject to renewal each additional year after a thorough evaluation process has occurred.

K. Upon satisfactory completion of the training program, the institution shall award the resident an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, the name(s) of the training institution(s), and the program co-directors.

ARTICLE IV - PROGRAM REQUIREMENTS

A. The resident training program shall only commence after it has received the recommendation of the AOA Council on Postdoctoral Training.

B. The residency training program in emergency medicine/pediatrics shall be four (4) years in duration, after the required AOA-approved internship. The training shall consist of a minimum of twenty-four (24) months of emergency medicine and twenty-four months (24) of pediatrics. Since pediatric emergency medicine focuses on an area that bridges both specialties, this specific rotation may satisfy the time requirements in *either* pediatrics or emergency medicine (credit cannot be applied in both specialties), whether the attending physician is a pediatrician or an emergency physician.

C. The program may involve more than one institution, however, the program must provide suitable arrangements as needed for outside rotations to ensure the complete education of the resident and the broadening of the scope of training.

Elective training may be offered as inpatient or ambulatory experience in emergency medicine, pediatrics, subspecialties of emergency medicine and pediatrics, or certain other specialty areas for program content, in accordance with the requirements. All elective training must be approved by the program co-directors. All rotations must meet standards as formulated in the Residency Training Requirements of the AOA.

D. At least seventy-five percent of the time period, thirty-six (36) months, of the total training time must include meaningful patient care experiences.

E. Vacation time must be allowed with the minimum being two (2) weeks per year for the total four (4) years.

F. The specific content of the emergency medicine training educational goals will be attached as Appendix A. The specific content of the pediatric training educational goals will be attached as Appendix B.

ARTICLE V - PROGRAM CONTENT AND DESIGN

A. Program Schedule (Sample schedule is attached as Appendix C)

1. During the first twelve (12) months of training the resident must spend a minimum of six (6) months in emergency medicine and six (6) months in general pediatrics. During the assigned portions the resident may serve in the general service of either emergency medicine (EM) or pediatrics (Peds) or may be assigned to "subspecialty" service rotations in emergency medicine or pediatrics.

During this period of time the resident should function in the same capacity as a first-year in emergency medicine or pediatrics, emphasizing direct patient contact under the supervision of attending physicians and senior residents. Responsibilities (night-call) should be similar to residents in straight forward emergency medicine or pediatric programs.

2. During months 13 through 36, the resident will alternate three (3) month periods between EM and Peds. The resident will function in a supervisory capacity and rotate through subspecialty services or general rotations in both disciplines. The responsibility level should be similar to a second-year resident in emergency medicine or pediatrics.
3. During months 37 through 48, the resident will spend a minimum of six (6) months in each discipline and continue subspecialty rotations. During this period, the resident should serve in the responsibility capacity of a senior resident in both emergency medicine and pediatrics. It is expected that supervisory functioning of the resident at this level will be maximal.

B. Ambulatory experience

Ambulatory experience is provided through the incorporation of continuity of care clinics in general pediatrics. Continuity clinics are supervised by attending physicians in pediatrics. The resident should develop his/her own panel of patients for the entire period of training, increasing the number of patients in their panel progressively to allow the patients to recognize the resident as their primary physician through the ambulatory phases of care.

C. Subspecialty training

In addition to the core minimum requirements for serving in general emergency medicine and general pediatrics, the resident should have at least one (1) month of experience in the following subspecialty areas during the four-year program:

Neurosurgery
Trauma
Coronary/medical intensive care
Pediatric emergency medicine
Radiology
Adolescent medicine
Pediatric cardiology
Pediatric allergy/immunology
Neonatal intensive care
Pediatric intensive care
Pediatric neurology

D. Electives

Ambulatory rotations in the following areas, for example, are encouraged:

Pediatric gastroenterology
Pediatric hematology/oncology
Pediatric endocrinology
Orthopedics
ENT
Pediatric infectious disease
Pediatric nephrology
Toxicology
Gynecology
Obstetrics

E. Intensive care training

A minimum of one (1) month shall be spent in the medical intensive care/coronary care units (ICU/CCU). A minimum of two (2) months shall be spent in the neonatal ICU and one (1) month in a pediatric ICU. There should be no more than four (4) months of neonatal/pediatric ICU rotations. This time may be included as block time or diffusely integrated into the entire program.

F. Training credit

In order for a resident to receive approval for a combined emergency medicine/pediatrics program, he/she should be in a combined program approved by the AOA. Credit from previous training in an emergency medicine or pediatrics program **may be applied** towards the four (4) year requirement, only if support is received from all program directors involved and agreement is reached on the individual's requirements. Ideally, all four years of training should be completed in the same combined training program.

G. General educational content

The following educational components must be incorporated into the combined emergency medicine/pediatrics curriculum:

1. The neuromuscular component of disease and the osteopathic concept of the evaluating and treating the whole patient in inpatient care and ambulatory care settings.
2. Development of basic cognitive skills, as pertaining to normal and pathophysiology of the body systems and the correlating clinical applications of medical diagnosis and management.
3. Sufficient experience in training in following procedures and the development of respective interpretive skills. Verification by the program co-directors, of experience and competency in required procedures is necessary.
4. Combined EM/Peds case conferences and M&Ms.
5. Journal clubs.
6. Laboratory stations, e.g., cadaver dissection, for emergency life-saving procedures.
7. Pre-hospital experience, including but not limited to, teaching of paramedics, participation in EMS systems calls, cardiac monitoring, and telemetry, etc.
8. Continuous quality improvement skills, including but not limited to peer chart review, trend analysis, focused studies, etc.
9. Procedures & skills, as well as patient care experiences that are required included those described in Appendices A and B.
10. Affective content should exist with regard to behavioral aspects involved in the interaction of the patient and related health problems. The program should encourage the resident to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care. The resident should be encouraged to develop community and intraprofessional relationships.

11. Training in both emergency medicine and pediatrics to enable the resident to develop the ability to coordinate services, plan comprehensive care and mobilize available community resources in the care of any patient.

ARTICLE VI - QUALIFICATIONS AND RESPONSIBILITIES OF THE PROGRAM CO-DIRECTORS

A. Qualifications

1. The program co-directors must be certified in emergency medicine by the American Osteopathic Association through the American Osteopathic Board of Emergency Medicine, and in pediatrics by the American Osteopathic Association through the American Osteopathic Board of Pediatrics. The program may have a single program director if he/she is certified in both emergency and pediatric and is a member of both departments.

2. It is recommended that the program co-directors be board certified for at least five (5) years prior to appointment to the position. They must be in active medicine practice and participate in the teaching of the residents.
3. The program co-directors must meet the standards of the position as formulated in the Residency Training Requirements of the AOA.
4. The program co-directors must be members in good standing of the AOA. Fellowship status in the individual college is also a requirement.
5. The program co-directors will serve as the liaison between their individual departments and all other departments in the institutions.

B. Responsibilities
1. The program co-directors' authority in directing the residency training program must be defined in the program documents of the institution.
2. Program co-directors shall be directly responsible to the Director of Medical Education, to assure that each resident is meeting or exceeding the minimum standards of the program.
3. The program co-directors shall evaluate the residents in the program by documenting the observance of the residents habits, methods and techniques used in bedside teaching rounds, and his/her participation in department and interdepartmental conference.
4. The program co-directors shall arrange and approval all affiliations and/or rotations necessary to meet the program objectives.
5. The program co-directors shall, in cooperation with the AOA Division of Postdoctoral Training, prepare the required materials for inspections.
6. The program co-directors shall provide the resident with all documents pertaining to the training program, as well as the requirements for satisfactory completion of the program.
7. The program co-directors shall be required to submit regular Program Director Reports to the Director of Medical Education and the administrator of the institution. Annual reports shall be submitted to both the American College of Osteopathic Emergency Physicians and the American College of Osteopathic Pediatricians.
8. The program co-directors shall approve and supervise the resident's preparation of required medical manuscripts.

ARTICLE VII - RESIDENT REQUIREMENTS

A. Applicants for resident training in emergency medicine/pediatrics must:
1. Have graduated from an AOA accredited college of osteopathic medicine.
2. Have completed a one-year, AOA approved, internship.
3. Complete the required application materials, including the submission of three (3) letters of recommendation on his/her behalf.
4. Be and remain a member of the AOA during the residency training program.
5. Be appropriately licensed in the State where the training is conducted.

B. During the training program, the resident must:
1. Submit an annual report to the College of Osteopathic Emergency Physicians, and the College of Osteopathic Pediatricians within thirty (30) days of completion of each training year, including, but not limited to, a log of all patients seen and procedures performed. Documents not received within twelve months of completion of each year of training shall not satisfy the requirements for training, and the resident's training may not be approved.
2. Prepare two (2) medical manuscripts suitable for publication by the criteria of a refereed journal. Both publications must be submitted to the American College of Osteopathic Emergency Physicians and each must be in conformance with guidelines established by both the ACOEP. The name of each manuscript written shall appear on the annual report.
3. Attend all meetings as directed by the program co-directors, including the education portion of meetings of the department of emergency medicine and pediatrics. The resident must

also participate in major committee meetings, such as Tumor Committee, Mortality Review Committee, and Clinicopathologic Conferences, as well as the intern/student education programs of the institution.
Since there may a conflict in attending concurrent meetings of the emergency medicine and pediatrics program, the resident will be a full participant in all the education programs provide by the department in which the resident is rotating at that particular time. However, the resident may attend meetings and conference of either or both departments as time permits.

4. Participate in all autopsies performed on pediatric patients, including involvement in obtaining permission for the autopsy. Records shall be maintained on all autopsies and shall include dates, case numbers and causes of death.

   Presentations of abstracted cases on deaths shall include:
   a. Demonstrations of gross and pathological findings.
   b. Correlation of clinical and pathological findings.
   c. Comparison of reports in literature.
   d. Summary of findings and conclusions.

5. Assist in the instruction of externs, interns, and allied health professionals, in the care of adult and pediatric patients, as well as other residents in the care of patients.

6. Maintain certification in Advanced Trauma Life Support (ATLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS).

7. Participate in the Annual Residents Examination sponsored by the American College of Osteopathic Emergency Physicians and the American College of Pediatricians.

APPENDICES ONE AND TWO

Approval of Residency Training Programs in Emergency Medicine
and the
Basic Standards for Residency Training in Pediatrics
are available through the
Division of Postdoctoral Training
at the
American Osteopathic Association
142 E. Ontario Street
Chicago, Illinois 60611
312-280-5800
800-621-1773

APPENDIX 3

COMBINED EMERGENCY MEDICINE/PEDIATRICS RESIDENCY PROGRAM
SAMPLE TRAINING SEQUENCE

	July	August	September	October	November	December	January	February	March	April	May	June
PGY-II	General Pediatrics and Newborn	NICU	Ambulatory Pediatrics	EM	EM/EKG	EM	Pediatric Neurology	Pediatric Endocrine	NICU	EM	EM	Radiology
PGY-III	Pediatric Emergency Medicine	Pediatrics	PICU	EM	Trauma	EM	General Pediatrics	General Pediatrics	Ambulatory Pediatrics	EM	ICU/CCU	EM
PGY-IV	NICU	Ambulatory Pediatrics	Ambulatory Pediatrics	EM	Ortho	EM	General Pediatrics	General Pediatrics	General Pediatrics	EM	Anesth	EM
PGY-V	Pediatric Elective	Pediatric Cardiology	Pediatric Elective	EM	Neurosurg	EM	General Pediatrics	General Pediatrics	General Pediatrics	EM	EM Elective	EM