

Residency Mechanics: What Faculty Need to Know

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Definitions:

- Accreditation Council for Graduate Medical Education (ACGME) – accredits & monitors allopathic programs via their Residency Review Committee for Emergency Medicine (RC-EM or most call it RRC) based on the Program Requirements
 - Accreditation Data System (ADS) – computer based data system updated annually with monitoring information for program regulations
- American Osteopathic Association (AOA) – accredits & monitors osteopathic programs via their Residency Evaluating Committee (REC) based on the basic standards of EM
 - Crosswalk Workbook

Sample Faculty Information sheet:

1. Institutions:
 - a. Sponsoring institution is generally the primary clinical site
 - i. They pay a majority of the residents salary & benefits
 - ii. This should also have the primary administrative space for the program
 - iii. Must have training programs in other major specialties to show educational commitment
 - b. Primary Clinical site (more didactics & clinical experience must be here)
 - i. ED volume – >30,000(variety of trauma, medical, OB/GYN, peds)
 - ii. Admit rate; critical care rate - 3% minimum; (ICU admit, OR or morgue)
 - c. Participating Clinical site – all others in which residents formally rotate
 - i. ED – volume (% of pts are peds; % trauma etc.)
 1. AOA allows ED volume of >15,000 for secondary sites
 - ii. Admit rate %; ICU rate %; OR or morgue %
 - iii. Provides a different experience than primary ED in what manner?
 - iv. Have local director chosen by PD accountable for resident education
 - d. Program Letter of Agreement (PLA) – between program & each participating site
 - e. Affiliated University – Medical school affiliation is a must
 - f. In ED – key points:
 - i. Progressive responsibility – more patient care autonomy, more supervision of students, more administrative responsibility
 - ii. Supervision – overlap of shifts and supervision of students & interns by senior EM residents; always supervised by EM faculty.
 - iii. Presence of rotators does not limit patients for EM residents
2. Faculty
 - a. Program Director
 - i. ACGME - Must have 3 years as core faculty member in ACGME program, board certified by ABEM
 1. Must be active clinically but work no more than 20 hrs clinical/wk

- ii. AOA –3 years as full-time faculty or 5 years EM experience, AOBEM
 - 1. Must be compensated for at least 12 hrs/wk non-clinical time
- b. Associate/Assistant Director (required for both)
 - i. Must work no more than 24 hrs/wk (ACGME)
 - ii. ACGME - Need 1 for 18-35 residents, 2 for 36-53, 3 for >54
 - iii. AOA –Must be compensated for 8 hrs/wk non-clinical time; Need 1 if >32
- c. Coordinator (now required for ACGME)
 - i. Need 1 FTE for <31, 1.5 for 31-45, 2 for 46-60, 2.5 for 61-75, 3 for >76
- d. Core Faculty
 - i. ACGME - required to do no more than 28 scheduled clinical hours/week
AOA – must be compensated for 4 hours/week non-clinical time
 - ii. Program Director & Chair of primary site
 - iii. ED site coordinators (if more than one site)
 - iv. Must be 1 core faculty member for each 3 residents (4 for AOA, 50% DO)
- e. ED Chair – must be a member of core faculty (AOA – cannot be PD)
- f. Clinical Faculty – all others who teach in the ED
 - i. Shifts not done with non-EM boarded physicians
 - 1. Peds ED faculty (must be ABEM/AOBEM-boarded to supervise)
- g. Faculty scholarly activity
 - i. "Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The staff as a whole must demonstrate broad involvement in scholarly activity."
 - ii. Peer-reviewed publications – ACGME –20% of the faculty published per year over 5 years. This means that over 5 years, the program must have the same number of peer-reviewed publications as number of core faculty.
AOA – not specified.
 - iii. ACGME - Each core faculty member must do something in one of the columns each year – or have a minimum of 5 activities over 5 years.
 - iv. AOA – Must complete 2 major or 1 major & 2 minor over 4 years

Name	Scholarly Activities							Total
	Peer Publication	National/Regional Presentations	Other Presentations (includes Non-Peer Publications)	Chapter/textbooks	Grant Leadership	National committee membership /leadership	Teaching Formal Courses (not 1 lecture)	
John Smith								
ACGME						Yes/No	Yes/No	
AOA	Major	Major	Minor	Major	Major	Leadership Major	None	

- h. Faculty Development
 - i. Yearly goals must include this
 - ii. EM Faculty must have growth opportunities in program
 - iii. University faculty development programs
 - iv. CORD conference & ACEP Teaching/Research fellowship
3. Rotations
- a. ED rotations & EM supervised rotations (EMS, Tox, Admin) – minimum of 60% of clinical experience in the ED
 - b. Off-service rotations–
 - i. Duty hours and appropriate supervision are carefully monitored by EM even on other services’ rotations.
 - ii. New rotations – e.g. good to mention that these were to correct an identified weakness during the annual program review or graduate survey
 - iii. At least 4 months of critical care rotations – at least two of those must be at \geq PGY-2 level as resident may not have “decision making experience.”
 - iv. Must have experience in out-of-hospital care (EMS) – 1 month for AOA
 - v. AOA – IM/subspecialty – 2 months, Trauma & Ortho, Surgical subspecialty – 2 months, Admin -1 month, OB (50%)& GYN -1 month
 - c. All must have competency based goals & objectives & assessment of these at the end of the rotation (not just rotation summary evaluation)
 - d. Pediatric - Must have 5 months (50% in ED) or 20% of all ED encounters as Peds
4. Curriculum
- a. Weekly conferences
 - i. 5 hours per week required ACGME (4 hours AOA)
 - 1. 20% or 1 hour/week can be individualized interactive instruction
 - ii. Less than half must be done by residents (ACGME – 50% by faculty)
 - iii. All services “should” allow residents to attend lectures
 - iv. Resident attendance - ACGME – 70%; AOA – all unless excused
 - v. Faculty attendance – ACGME – 20%; AOA – 33%
 - b. Scholarly project -
 - i. ACGME – Must have an “experience in scholarly activity” can include QI project, case report (not Grand Rounds lecture)
 - ii. AOA – Must have a project suitable for publication 6 months before graduation. (Outline is due to ACOEP end of PGY2 & an interim report PGY3)

ACGME Resident Scholarly Activity

Name	Scholarly Activities				
	Peer Publication	(National/Regional) Conference Presentations	Chapter/textbooks	Participated in Research	Teaching Presentations (30 minutes)
John Smith				Yes/No	Yes/No

- c. Portfolios (kept by residents or in EM office)
 - i. Things the resident learned & proof of it – anything else residents want to show their performance/education
 - d. Other
 - i. Procedure numbers & Resuscitation numbers (see below)
 - 1. Minimum required by RRC is often number to graduate
 - ii. Moonlighting – not allowed for PGY-1 (all hours must be monitored)
 - 1. No in-house moonlighting in the ED in which they train - AOA
5. Specific Curriculum topics
- a. Recognizing fatigue – lectures on sleep deprivation, shift work etc, sending you home from conference after call
 - b. QI – performance quality improvement – project required of each resident & actively participate in hospital QI & patient safety programs
 - c. Hand overs & Transitions of Care
 - d. EMS base station calls
 - e. AOA – ATLS, ACLS, APLS or equivalent
6. Evaluations
- a. Types of Evaluations:
 - i. Daily or monthly evaluation in the ED
 - ii. Monthly summary evals
 - iii. Competency-based assessments for topics learned during off-service rotations
 - iv. Annual measurement of competency in procedures & resuscitations
 - v. Resident evals of the off-service rotations
 - vi. Resident evals of ED faculty
 - vii. 360 degree evals – Faculty, Self, Peer, Nursing evals
 - viii. Semi-annual evaluation
 - ix. Overall program review
 - x. Certification examination performance
 - 1. ABEM – 80% grads (past 5 yrs) 1st time pass rate
 - b. Summative evaluations – done upon completion of program
 - i. Milestones (ACGME) – “must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion”.
 - 1. Determined by Clinical Competency Committee and reported on semi-annual basis to ACGME
 - ii. Program Director’s Annual Evaluation Form (AOA)
 - 1. Competency-based tasks for annual evaluation
 - c. Program Evaluation Committee (ACGME) – reviews program annually
 - i. Actively participate in planning, developing, implementing & evaluating educational activities of program – document formal, systematic review by writing Annual Program Evaluation.
 - ii. Must monitor resident performance, faculty development, graduate performance, program quality & progress on previous year’s action plan.

Total average number of Procedures and Resuscitations by Graduating Class

Procedure	Patients	In Lab (≤ 30%)	Minimum required	
			ACGME	AOA
a. ED Bedside Ultrasound			*	40
b. Cardiac pacing			6	2
c. Central Venous Access			20	20
d. Chest Tube Insertion			10	10
e. Procedural Sedation			15	15
f. Cricothyrotomy		3	3	3
g. Dislocation Reduction			10	10
h. Intubations			35	35
i. Lumbar Puncture			15	15
j. Pericardiocentesis		3	3	3
k. Vaginal Delivery			10	10
l. Cardioversion/Defib			--	10
m. Closed fracture reduction			--	20
n. Splinting			--	20
o. Intraosseous line			--	3
p. Laceration repair			*	50
q. Osteopathic Manipulation			--	30
r. Thoracotomy			--	1
s. Anesthesia & Pain management			*	--

* ACGME notes PD must assess each resident's competency but no minimum numbers are set.

Type of Resuscitation	Patients	Lab	Minimum required	
			ACGME	AOA
Adult Medical and Non-traumatic Surgical			45	--
Adult Trauma			35	--
Pediatric Medical**			15	15
Pediatric Trauma**			10	10

** Ages 0 - 18 years.

References:

1. Allopathic EM residency programs
 - a. ACGME Program Requirements for Graduate Medical Education in Emergency Medicine - http://www.acgme.org/acgmeweb/Portals/0/PFAssets/2013-PR-FAQ-PIF/110_emergency_medicine_07012013.pdf
 - b. Guidelines for above
<http://www.acgme.org/acgmeweb/tabid/292/ProgramandInstitutionalGuidelines/Hospital-BasedAccreditation/EmergencyMedicine/EmergencyMedicineGuidelines.aspx>
2. AOA Basic Standards for Residency Training in Emergency Medicine - <http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/basic-standards-for-residency-training-in-emergency-medicine.pdf>
3. Curriculum – EM Model of Clinical Practice
https://www.abem.org/PUBLIC/portal/alias_Rainbow/lang_enUS/tabID_4223/DesktopDefault.aspx