ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Emergency Medicine

Revised: 12/12/15, effective: 7/1/2017
Initial approval: 5/21/2013

ACGME International Specialty Program Requirements for Graduate Medical Education in Emergency Medicine

I Introduction

I.A. Definition and Scope of the Specialty

Residencies in emergency medicine teach the fundamental skills, knowledge, and humanistic qualities that constitute the foundations of emergency medicine practice. Residents develop a level of clinical maturity, judgment, and technical skill required to practice emergency medicine, and the ability to incorporate new skills and knowledge during their careers and to monitor their own physical and mental well-being.

I.B. Duration of Education

I.B.1. The overall duration of education must be 36 or 48 months in length.

II Institutions

II.A. Sponsoring Institution

See International Foundational Requirement, Section I.A.

II.B. Participating Sites

II.B.1. The program must be based at the primary clinical site.

II.B.2. Programs using multiple participating sites must ensure the provision of a unified educational experience for the residents.

II.B.2.a) Each participating site must offer significant educational opportunities to the overall program.

II.B.3. Required rotations to participating sites that are geographically distant from the Sponsoring Institution must offer educational opportunities unavailable locally that significantly augment residents' overall educational experience.

III Program Personnel and Resources

III.A. Program Director

III.A.1. Qualifications of the program director must include current clinical activity in emergency medicine.

III.B. Faculty

III.B.1. A faculty staffing ratio of 4.0 patients per faculty hour or less must be maintained in order to ensure adequate clinical instruction and supervision, as well as efficient, high quality clinical operations.

III.C. Other Program Personnel

See International Foundational Requirement, Section II.C.

III.D. Resources

III.D.1. Clinical support services must be provided on a 24-hour basis.

III.D.1.a) These services must meet reasonable and expected demands including include nursing, clerical, intravenous, electrocardiogram (EKG), respiratory therapy, messenger/transporter, and phlebotomy.

III.D.2. The hospital must ensure that all clinical specialty and subspecialty services are available in a timely manner for Emergency Department consultation and hospital admission.

III.D.2.a) If any clinical services are not available for consultation or admission, the hospital must have a written protocol for provision of these services elsewhere, which may include written agreements for the transfer of these patients to a designated hospital that provides the needed clinical service(s).

III.D.2.b) Clinical services should include internal medicine and its subspecialties, surgery and its subspecialties, pediatrics and its subspecialties, orthopaedics, and obstetrics and gynecology.

III.D.3. At every site in which the Emergency Department provides resident education, the following must be provided:

III.D.3.a) adequate space for patient care;

III.D.3.b) space for clinical support services;

III.D.3.c) completed diagnostic imaging with results available on a timely basis, especially those required on a STAT basis; and,

III.D.3.d) completed laboratory studies with results available on a timely basis, especially those required on a STAT basis.

III.D.4. Each clinical site must ensure timely consultation decisions by a provider from admitting and consulting services with decision making authority.

III.D.5. The primary clinical site and other Emergency Departments to which residents rotate for four months or longer should have a minimum of 30,000 Emergency Department visits each year.

III.D.6. The primary clinical site should have a significant number of critically-ill or critically injured patients, constituting at least three percent or 1200 (whichever is greater) of the Emergency Department patients per year.

IV Resident Appointment

IV.A. Eligibility Criteria

See International Foundational Requirement, Section III.A.

IV.B. Number of Residents

IV.B.1. There should be a minimum of four residents in each year in the program.

V Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

The core curriculum must include a didactic program that is based upon the core knowledge content of emergency medicine.

V.A.1. All residents must have an average of at least five hours per week of planned educational experiences developed by the program.

V.A.2. The program must ensure that residents are relieved of clinical duties to attend these planned educational experiences.

V.A.2.a) Although release from some off-service rotations may not be possible, the program should require that residents participate, on average, in at least 70 percent of the planned emergency medicine educational experiences offered (excluding vacations).

V.A.2.b) Attendance should be monitored and documented.

V.A.3. The majority of the didactic experiences must occur at the primary clinical site.

V.A.4. At least 50 percent of resident conferences should be presented by emergency medicine faculty members or by other faculty members with emergency medicine expertise.

V.B. Clinical Experiences

V.B.1. The curriculum must include at least 21 months in the Emergency Department under the supervision of emergency medicine faculty members. Such experience:

V.B.1.a) must include experiences dedicated to the care of pediatric patients less than 18 years of age

V.B.1.b) must include a minimum of three months per year of emergency medicine experience; and,

V.B.1.c) may include emergency medical services, toxicology, pediatric emergency medicine, sports medicine, emergency medicine administration, or research in emergency medicine.

V.B.2. The curriculum must include at least four months of dedicated critical care experiences, including critical care of infants and children.

V.B.2.a) At least two months of these experiences must be at the PGY-2 level or above.

V.B.3. The curriculum must include at least five full-time equivalent (FTE) months, or 20 percent of all Emergency Department encounters, dedicated to the care of pediatric patients less than 18 years of age in the Pediatric Emergency Department or other pediatric settings.

V.B.3.a) At least 50 percent of the five months should be in an emergency setting.

V.B.3.b) This experience should include the critical care of infants and children.

V.B.4. The curriculum must include at least 0.5 months in obstetrics, or 10 low-risk normal spontaneous vaginal deliveries; and,

V.B.5. out-of-hospital experience in emergency preparedness and disaster management.

V.B.5.a) This should include participation in multi-casualty incident drills.

V.B.6. If provided in the country or jurisdiction, residents should have a structured experience in emergency medical services (EMS).

V.B.6.a) This should include teaching out-of-hospital emergency personnel.

V.B.7. Residents must have sufficient opportunities to perform invasive procedures, monitor unstable patients, and direct major resuscitations of all types on all age groups.

V.B.7.a) Residents must make admission recommendations and direct resuscitations.

V.B.8. Residents should meet the minimum guidelines for procedures and resuscitations, including both patient care and laboratory simulations.

V.B.8.a) Only one resident must be credited with the direction of each resuscitation and the performance of each procedure.

V.B.9. Residents must perform airway management, including for patients who are uncooperative, at the extremes of age, hemodynamically unstable, and who have multiple co-morbidities, poorly-defined anatomy, high risk for pain or procedural complications, or require sedation).

V.B.9.a) Residents must take steps to avoid potential complications; and recognize the outcome and/or complications resulting from the procedures.

V.B.10. Residents must assess and appropriately manage wounds in patients of all ages regardless of the clinical situation.

V.B.11. Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program.

V.B.11.a) The record must document each procedure type, adult or pediatric patient, and circumstances of each procedure (live or simulation).

V.B.11.b) The record must document the resident's role (participant or director), and the age of patient.

V.C. Residents' Scholarly Activities

See International Foundational Requirement, Section IV.B.

V.D. Duty Hour and Work Limitations

V.D.1. While on duty in the Emergency Department, residents may not work longer than 12 continuous scheduled hours.

V.D.2. There must be at least an equivalent period of time off between scheduled work periods.

V.D.3. A resident should not work more than 60 scheduled hours per week seeing patients in the Emergency Department, and no more than 72 duty hours per week.

VI ACGME-I Competencies

VI.A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in:

VI.A.1. gathering accurate, essential information in a timely manner;

VI.A.2. treating medical conditions commonly managed by emergency medical physicians;

VI.A.3. generating an appropriate differential diagnosis;

VI.A.4. applying the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management;

VI.A.5. narrowing and prioritizing the list of weighted differential diagnoses to determine appropriate management based on all of the available data;

VI.A.6. implementing an effective patient management plan;

VI.A.7. selecting and prescribing appropriate pharmaceutical agents based upon relevant considerations, such as:

VI.A.7.a) allergies;

VI.A.7.b) clinical guidelines;

VI.A.7.c) intended effect;

VI.A.7.d) financial considerations;

VI.A.7.e) institutional policies;

VI.A.7.f) mechanism of action;

VI.A.7.g) patient preferences;

VI.A.7.h) possible adverse effects; and potential drug-food and drug-drug interactions; and

VI.A.7.i) effectively combining agents and monitoring and intervening in the event of adverse effects in the Emergency Department;

VI.A.8. managing multiple patients and resources within the Emergency Department;

VI.A.8.a) This competency should be demonstrated progressively with increasing responsibility over time.

VI.A.9. providing health care services aimed at preventing health problems or maintaining health;

VI.A.10. working with health care professionals to provide patient-focused care;

VI.A.11. identifying life-threatening conditions and the most likely diagnosis, synthesizing acquired patient data, and identifying how and when to access current medical information;

VI.A.12. establishing and implementing a comprehensive disposition plan that uses appropriate consultation resources, patient education regarding diagnosis, treatment plan, medications, and time- and location-specific disposition instructions; and,

VI.A.13. reevaluating patients undergoing Emergency Department observation (and monitoring) and using appropriate data and resources, and determining the differential diagnosis, treatment plan, and disposition.

VI.A.14. performing all medical, diagnostic and surgical procedures considered essential for the area of practice, including

VI.A.14.a) performing diagnostic and therapeutic procedures and emergency stabilization;

VI.A.14.b) managing critically-ill and injured patients who present to the Emergency Department, including, prioritizing critical initial stabilization action, mobilizing hospital support services in the resuscitation of critically-ill or injured patients, and reassessing after a stabilizing intervention;

VI.A.14.c) properly sequencing critical actions for patient care and generating a differential diagnosis for an undifferentiated patient;

VI.A.14.d) mobilizing and managing necessary personnel and other hospital resources to meet critical needs of multiple patients; and,

VI.A.14.e) performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types on all age groups.

VI.A.15. performing the following key index procedures:

VI.A.15.a) adult medical resuscitation;

VI.A.15.b) adult trauma resuscitation; and,

VI.A.15.c) anesthesia and pain management.

VI.A.16. providing safe acute pain management, anesthesia, and procedural sedation to patients of all ages, regardless of the clinical situation, including:

VI.A.16.a) cardiac pacing;

VI.A.16.b) chest tubes;

VI.A.16.c) cricothyrotomy;

VI.A.16.d) dislocation reduction; and,

VI.A.16.e) Emergency Department bedside ultrasound.

VI.A.17. using ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance, including:

VI.A.17.a) intubations;

VI.A.17.b) lumbar puncture;

VI.A.17.c) pediatric medical resuscitation;

VI.A.17.d) pediatric trauma resuscitation;

VI.A.17.e) pericardiocentesis;

VI.A.17.f) procedural sedation;

VI.A.17.g) vaginal delivery; and,

VI.A.17.h) vascular access.

VI.A.17.i) successfully obtaining vascular access in patients of all ages, regardless of the clinical situation.

VI.A.18. wound management.

VI.A.18.a) Residents must assess and appropriately manage wounds in patients of all ages, regardless of the clinical situation.

VI.B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate proficiency in knowledge of:

VI.B.1. evaluating patients with an undiagnosed and undifferentiated presentation;

VI.B.2. interpreting basic clinical tests and images;

VI.B.3. recognizing and managing emergency medical problems;

VI.B.4. using common pharmacotherapy; and,

VI.B.5. using and performing diagnostic and therapeutic procedures appropriately.

VI.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

VI.C.1. identify strengths, deficiencies, and limits in one's knowledge and expertise;

VI.C.2. set learning and improvement goals;

VI.C.3. identify and perform appropriate learning activities;

VI.C.4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

VI.C.5. incorporate formative evaluation feedback into daily practice;

VI.C.6. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

VI.C.7. participate in the education of patients, families, students, residents, and other health professionals;

VI.C.8. apply knowledge of study design and statistical methods to critically appraise the medical literature;

VI.C.9. use information technology to optimize learning; and,

VI.C.10. use information technology to improve patient care.

VI.D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:

VI.D.1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

VI.D.2. communicate effectively with physicians, other health professionals, and health-related agencies;

VI.D.3. work effectively as a member or leader of a health care team or other professional group;

VI.D.4. act in a consultative role to other physicians and health professionals;

VI.D.5. maintain comprehensive, timely, and legible medical records;

VI.D.6. develop effective written communication skills;

VI.D.7. demonstrate the ability to handle situations unique to the practice of emergency medicine; and,

VI.D.8. effectively communicate with out-of-hospital personnel as well as non-medical personnel.

VI.E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:

VI.E.1. compassion, integrity, and respect for others;

VI.E.2. responsiveness to patient needs that supersedes self-interest;

VI.E.3. respect for patient privacy and autonomy;

VI.E.4. accountability to patients, society and the profession;

VI.E.5. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;

VI.E.6. ability to discuss difficult patient outcomes and death honestly, sensitively, patiently, and compassionately; and,

VI.E.7. openness and responsiveness to the comments of other team members, patients, families, and peers.

VI.F. Systems-based Practice

Residents must 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. Residents must:

VI.F.1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;

VI.F.2. coordinate patient care within the health care system relevant to their clinical specialty;

VI.F.3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

VI.F.4. advocate for quality patient care and optimal patient care systems;

VI.F.5. work in interprofessional teams to enhance patient safety and improve patient care quality;

VI.F.6. participate in identifying system errors and implementing potential systems solutions;

VI.F.7. understand different medical practice models and delivery systems and how to best utilize them to care for the individual patient;

VI.F.8. participate in performance improvement to optimize self-learning, Emergency Department function, and patient safety; and,

VI.F.9. use technology to accomplish and document safe health care delivery.