

Emergency Medicine Review Committee Update

CORD Academic Assembly
2016

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RC for Emergency Medicine*

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Disclosure

- No conflicts of interest to report

Topics For Today...



- Committee Composition
- Accreditation Decisions
- NAS Observations
- Review Committee Discussions
- New applications

EM Review Committee Composition

- 4 appointing organizations - ABEM, ACEP, AMA and AOA
- 13 voting members (includes one resident and one public member)
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, DIOs, Faculty
- Geographic Distribution
 - **CA, GA, IL, MI, MO, NC, NJ, OH, PA, TN**
- Ex-officios from ABEM and ACEP (non-voting)



RC Emergency Medicine Members 2015-2016 AY

AMERICAN BOARD OF EMERGENCY MEDICINE

Diane Gorgas, MD

Mary Jo Wagner, MD*

Philip Shayne, MD, Chair

Melissa Barton, MD, Ex-officio

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Lance Brown, MD

Douglas McGee, DO

Saralyn Williams, MD*

Marjorie Geist, Ph.D., Ex-officio

AMERICAN OSTEOPATHIC ASSOCIATION

Alan Janssen, DO*

Kevin Weaver, DO*

*Term began July 1, 2015



RC Emergency Medicine Members 2015-2016 AY

COUNCIL ON MEDICAL EDUCATION (AMA)

Amy Church, MD

Christine Sullivan, MD, Vice Chair

Steven Bowman, MD

EMERGENCY MEDICINE RESIDENTS ASSOCIATION

Leonard Stallings, MD*

PUBLIC MEMBER

(Vacant)



Public Member Needed!

- Looking for individuals with backgrounds in:
 - Patient safety
 - Public health
 - Health Care Administration
 - Nursing or affiliated care providers
 - Program evaluation(*Cannot be a physician)
- Please contact Review Committee staff for more information

EM RC Accreditation Decisions July 2015 – February 2016

EM Core Pgms	Count
Continued Accreditation	151
Continued Accreditation w/o Outcomes	1
Warning	1
Probation	1
Initial Accreditation	3
Applications Withheld	2
Requested Site Visits	7
Clarifying Reports	12

EM RC Accreditation Decisions July 2015 – February 2016

EM Subspecialty Programs	Count
Continued Accreditation	70
Continued Accreditation w/o outcomes	1
Initial Accreditation	2
Application Withheld	1

New EM Programs

- Jackson Memorial Hospital/Health System (Miami, FL)
 - *Amado Baez, MD (7/1/2016)*
- Brookdale University Hospital (Brooklyn, NY)
 - *Jonathan Rose, MD (7/1/2016)*
- Kendall Regional Medical Center (Miami, FL)
 - *Kevin King, MD (7/1/2016)*



New Subspecialty Programs

- University of Louisville – EMS (KY)
 - *Timothy Price, MD (7/1/2016)*

- Indiana University - Peds/EM (IN)
 - *Stephen Cico, MD (7/1/2016)*

RC Meeting Dates

- January 14-16, 2016
 - Agenda closed September 20, 2015
- April 21-23, 2016
 - Agenda closed February 1, 2016

NAS Review Observations



NAS: Role of the Review Committee

- Concentrate efforts on problem programs
- Identify noncompliance with PRs (citations)
- Determine whether citations have been resolved and a change in accreditation status is needed
- Provide other useful feedback for improvement (AFIs)

Annual NAS Data Review

- ✓ Annual ADS Update – All data
 - Program Characteristics – Structure and resources
 - Program Changes – PD/Administration/Core Faculty/ Residents
 - Scholarly Activity – Faculty and residents
 - Procedures and Resuscitations
 - Omission of data
- ✓ Board Pass Rate – 5 year average
- ✓ Resident Survey – Common/Specialty questions
- ✓ Faculty Survey
- ✓ Milestones (Completion Only)

Program Coordinator/Administrator

- Program size relevant to required program coordinator and additional support personnel
- Programs not demonstrating full coordinator support in ADS
 - Example: (II.C.1.c) programs with 46-60 or more residents must have **at least 2.0 FTE support** personnel including at least one FTE program coordinator.

Program Profile

[Edit Info](#)

University Medical Center
 Avenue, NW
 037

">http://www.

Specialty: Emergency medicine

Sponsoring Institution: University School of Medicine

DIO Name: .edu">..edu

Public Contact Email/Director's External Email: @.edu

Related Programs: n University Program (Medical toxicology)

Program Leadership

[+ Add Personnel](#)

Program Director e MD



Department Chair MD, MPH



Program Coordinator



**Only one
coordinator listed**

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Program Profile

[Edit Info](#)

University Medical Center
Avenue, NW

037

<http://www>

Specialty: Emergency medicine

Sponsoring Institution: University School of Medicine [1

DIO Name: (edu)

Public Contact Email/Director's External Email: c

Related Programs: [University Program (Medical toxicology)

Program Leadership

To add a second coordinator, select

[+ Add Personnel](#)

Program Director

MD



Department Chair

D, MPH



Program Coordinator

F

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Program Profile

Edit Info

[redacted] School of Medicine
[redacted] Drive, S.E.

[http://www.\[redacted\]](http://www.[redacted])

Specialty: Emergency medicine

Sponsoring Institution: [redacted]

DIO Name: [redacted], MBA ([redacted])

Public Contact Email/Director's External Email: [redacted]

Related Programs: [redacted] University Program (Medical toxicology)

[redacted] University School of Medicine Program (Emergency medical services)

Program Leadership



Program Director

[redacted] MD



Department Chair

[redacted] MD



Program Coordinator

[redacted]



Program Coordinator

[redacted]

Now reflects two coordinators

Faculty Certification

- PLEASE ensure that all faculty licensure and certification information is up-to-date in ADS
- Multiple faculty rosters reviewed with inaccurate or outdated faculty information

ADS Annual Update

Tips to Remember...

- PD is responsible for the accuracy of the data
 - Inaccurate data can lead to unnecessary citations and/or adverse actions
- Data omissions are flagged!!!
 - <70% response on Resident Survey
 - <60% response on Faculty Survey
- Print Annual Update for your records



Annual Update Complete ^

[Print Annual Update](#) [Submit Annual Update](#)

Milestone Evaluations 100% Complete v

Self-Study Uploads v

Site Visit Date (Approximate): 9/1/2016 [View](#)

Faculty Survey ^

Resident Survey ^

No Change Requests ^

Overview Legend v

- Missing Data
- Section Complete

Reference Materials ^

Journal of GME ^

Review Committee Discussions



Current Committee Discussions....



- **New** FAQs posted!
 - New required minimum for bedside ultrasound – 150
 - Core faculty scholarly expectations
 - What counts as critical care experience
 - Who should be core faculty
 - Considerations for core faculty 20% conference attendance
 - More robust resident scholarly activity FAQ
 - Duty Hour compliance examples
- Currently posted on the Review Committee webpage

New FAQ: 150 Ultrasounds



- Residents are required to perform the minimum numbers indicated for each key index procedure by the time of graduation from the program.
 - Adult medical resuscitation 45
 - Adult trauma resuscitation 35
 - Cardiac pacing 6
 - Central venous access 20
 - Chest tubes 10
 - Cricothyrotomy 3
 - Dislocation reduction 10
 - Intubations 35
 - Lumbar puncture 15
 - Pediatric medical resuscitation 15
 - Pericardiocentesis 3
 - Procedural sedation 15
 - Vaginal delivery 10
 - **Emergency department bedside ultrasound 150**
- No more than 30 percent of required logged procedures performed in simulated settings can be counted toward procedure numbers, with the exception of rare procedures, namely pericardiocentesis, cardiac pacing, and cricothyrotomy. One hundred percent of these rare procedures may be performed in the lab.

New FAQ: Core Faculty Scholarly Expectations



- **Are there any Review Committee considerations in meeting the requirement for core faculty peer-reviewed publications?**
[Program Requirement: II.B.6.d).(1).(a)]
- The program's core faculty must demonstrate significant contributions in the form of peer-reviewed publications related to the specialty or subspecialty areas of emergency medicine. If multiple core faculty members were involved as co-authors on the same peer-reviewed publication in a journal indexed in PubMed, the Review Committee will count the PubMed ID number entered in ADS towards each participating faculty member, but will count it only once for the program.
- It is the Review Committee's expectation that this requirement be fulfilled by participation by all core faculty members, and not by one or two prolific authors with multiple publications.

New FAQ: Critical Care



- In meeting the critical care requirement, can programs consider experiences in step-down units, Emergency Department critical care units, or anesthesiology rotations? [*Program Requirement: IV.A.6).(a).(1)*]
- No, experiences in step-down units, critical care/trauma units in the Emergency Department, and anesthesiology rotations do not count toward the critical care requirement. The intent of the requirement is for the resident to learn acute decision making and resuscitative skills outside the Emergency Department that can be applied in future Emergency Department patient care.

New FAQ: Core Faculty



- **Which faculty members should be included in the Faculty Roster in the Accreditation Data System (ADS)? [Program Requirements: II.B.6.a) and II.B.6.c)]**
- The Review Committee only expects core faculty members to be identified on the Faculty Roster in ADS. The program director, assistant/associate program director, and chair/chief of emergency medicine are required to be listed as core faculty members. Other core faculty members listed should include the physician faculty members of the Clinical Competency Committee and the Program Evaluation Committee. All other core faculty members included are at the discretion of the program based on the following criteria:

New FAQ: Core Faculty cont...



- Devotes at least 15 hours per week to resident education and administration
- Takes the annual Faculty Survey
- Records annual scholarly activity for ADS Annual Update
- Does not average more than 28 clinical hours in the ED per week
- Is clinically active and devotes the majority of professional efforts to the program
- Encourage/support residents in scholarly activities, research mentor
- Establish/maintain inquiry and scholarship w/active research component

New FAQ: Core Faculty cont...



- Attends at least 20 percent of the planned didactic experiences
- Evaluates the competency domains; or works closely with and supports the program director/program administration; or assists in developing and implementing evaluation systems

Other faculty members who dedicate more than 15 hours per week and whose primary role is clinical supervision of the residents, but who provide no other support to the program, should not be entered in ADS.

New FAQ: 20% Didactic Attendance



- **Why is there a requirement that each core faculty member must attend, on average per year, at least 20 percent of planned didactic experiences? [Program Requirement: IV.A.3.c).(3)]**
- Core faculty members must demonstrate a commitment to the educational program. Faculty members' attendance at conferences and other resident didactics gives residents the opportunity to benefit from the perspective, experience, and discussion that these faculty members bring.

Revised FAQ: Resident Scholarly Activity



The Review Committee expects all residents to participate in scholarly activity by the end of residency.

Examples of acceptable resident scholarly activity include:

- **Peer Review** –resident participation in the dissemination of knowledge through the preparation of a scholarly paper published in journals indexed in PubMed.
- **Non-Peer Review** – including all submissions to journals or online venues that do not fulfill the peer-review criteria.
- **Textbooks/Chapters** – resident participation in the writing and submission of such works where the faculty mentor served as the chapter author.
- **Conference Presentations** – presentations at local, regional, or national organizational meetings.
- **Participation in Research** – active participation in a research project, or formulation and implementation of an original research project. This also includes active participation in an Emergency Department quality improvement project.

New FAQ: DH Examples



Example A:

If a resident works a 10-hour shift (9:00 p.m. to 7:00 a.m.) and then attends a conference until 11:00 a.m., he/she should have 10 hours (must have 8 hours) off before returning to his/her next clinical shift (starting from the 11:00 a.m. end time of the conference, meaning that the resident should not return to clinical work until 9:00 p.m. If the resident chooses not to attend the conference, the 8-10-hour break begins at 7:00 a.m. when the clinical shift ends). Conference time is added in the calculation of duty hours for the week when the resident is present.

New FAQ: DH Examples



Clinical Shift in the Emergency Department Tuesday	Conferences Wednesday	Break Wednesday	Clinical Shift in the Emergency Department Wednesday
9:00 p.m.-7:00 a.m.	7:00 a.m.-11:00 a.m.	(10 hours)	9:00 p.m.7:00 a.m.

New FAQ: DH Examples



Example B:

If a resident works from 4:00 p.m. to midnight, has a conference from 8:00 a.m. to noon, and then works again at 4:00 p.m., this is compliant, since there is a scheduled eight-hour break in a 24-hour period. There is no expectation for an additional eight-hour break after the conference.

New FAQ: DH Examples



Clinical Shift in the Emergency Department Tuesday	Break Wednesday	Conferences Wednesday	Clinical Shift in the Emergency Department Wednesday
4:00 p.m.-12:00 a.m.	(8 hours)	8:00 a.m.-12:00 p.m.	4:00 p.m.-12:00 a.m.

PR Revisions



- Focused revision of EM requirements this year
- Considerations:
 - Categorization changes
 - Aeromedicine and resident safety
 - Peds physicians supervising in urgent care settings
 - AOBEM Board pass rate
 - EMS medical “oversight”
- Draft changes posted this summer for review and comment

EM New Application Revisions



- Will revise current EM application form
- Goals:
 - Patient census data - needs to reflect current practice
 - Streamline questions/phrasing
 - Eliminate duplication
 - Provide clarity

New EM Application Considerations



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48-Month Program Format

- Programs applying for 48-month format need an educational rationale
- Educational rationale should:
 - Describe a more in-depth curriculum educational experience in areas related to EM, not just additional clinical rotations
 - Examples: Focused experiences in US, EMS, health administration, research, toxicology, critical care, etc.
 - Describe the skillset/outcome expected of the residents by completing additional 12 mos.
 - Examples: US certification, global health, increased scholarly activity including work towards MPH, Masters in Education, etc.
 - Describe graduated responsibilities during 4th year or for 4th year residents

Other notables...

- Proper use of Milestones
 - Milestones are a competency assessment tool
 - Evaluations can be milestones-based
 - The milestones are NOT goals and objectives
 - Programs required to develop overall program educational goals and competency-based goals and objectives for each assignment (PR IV.A.1-2)
 - Milestone reporting compliance evaluated, content/results are not

Other notables...

- Procedural numbers – look at current numbers
- For procedural skills less than required minimum, discuss how these will be augmented
 - Look at your hospital billing for procedures in the ED
 - Determine whether simulation may be needed
 - Up to 30% of minimum procedures can be simulated
 - Rare procedures can be 100% simulated – pericardiocentesis, cardiac pacing, and cricothyrotomy
- Block diagram should clearly show how the curriculum will meet requirements for Peds, critical care, and 60% time in the ED

Other notables...

- Multi-source evaluations – Committee looking for all points: faculty, patients, peers, and self
- Review FAQ on acceptable faculty scholarly activity
- Pay attention! - lots of omissions/inaccuracies
 - Faculty certification and licensure
 - Patient census numbers
 - Record faculty scholarly activity in correct CV categories

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Questions

