BASIC STANDARDS
FOR
FELLOWSHIP TRAINING
IN
MEDICAL TOXICOLOGY

American Osteopathic Association
And the
American College of Osteopathic Emergency Physicians

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ARTICLE I

INTRODUCTION

These are the Basic Standards for Residency Training in Medical Toxicology as established by the America College of Osteopathic Emergency Physicians (ACOEP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in medical toxicology and to prepare the fellow for examination for certification in Emergency Medicine by the American Osteopathic Board of Emergency Medicine (AOBEM).

STANDARD TWO

MISSION

The mission of the osteopathic medical toxicology training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient, and professional osteopathic medical toxicologists.

STANDARD THREE

EDUCATIONAL PROGRAM GOALS AND OBJECTIVES

The goals and objectives of the osteopathic medical toxicology program are to train fellows to become proficient in the core competencies.

A. Osteopathic Philosophy & Manipulative Medicine

Osteopathic philosophy and osteopathic manipulative medicine: integration and application osteopathic principles into the diagnosis and management of patient clinical presentations.

3.1. Training in osteopathic principles and practice shall be provided in both structured educational activities and clinical formats.

3.2. Programs shall provide the opportunity to develop Osteopathic Manipulative Medicine (OMM) skills as it applies to medical toxicology.

3.3. Programs shall appropriately integrate OMM and its applications in the practice of medical toxicology.

B. Medical Knowledge

Medical knowledge: a thorough knowledge of the complex differential diagnoses and treatment options in medical toxicology and the ability to integrate the applicable sciences with clinical experiences.

3.1. The training program shall provide the opportunity to develop the teaching skills of fellows in medical toxicology.

3.2. The program shall provide the opportunity to develop interest in and understanding of research in medical toxicology.
3.3 The program shall prepare fellows to use critical thinking in making effective decisions for patient management.

3.4 The program shall prepare the fellow to demonstrate proficiency in the psychomotor skills required of a competent toxicologist.

3.5 The program shall train the fellow to read, interpret, and participate in clinical research.

C. Patient Care

Patient care: the ability to rapidly evaluate, initiate and provide appropriate treatment for patients with conditions resulting from exposure to or ingestion of agents that may be natural or man-made toxins and assisting the primary physician in the care of the patient and potentially restoring the patient to a healthy state.

3.1 The program shall provide the medical toxicology fellow with progressive patient care responsibilities, commencing with general medical skills and progressing to complete care of patients in need of care.

3.2 The program shall provide training that will enable the medical toxicology fellow to evaluate, initiate treatment, and provide appropriate therapy, and disposition of the patient.

D. Interpersonal and Communication Skills

Interpersonal and communication skills: use of clear, sensitive and respectful communication with patients, patients’ families and members of the health care team.

3.1 The program shall provide fellows with the opportunity to develop teaching skills in medical toxicology.

3.2 The program shall train fellows on the appropriate methods in which to educate patients and their families concerning health care needs.

3.3 The program shall educate fellows to become culturally sensitive to the patient populations served and implications of providing healthcare to them.

E. Professionalism

Professionalism: adherence to principles of ethical conduct and integrity in dealing with patients, patients’ families and members of the health care team.

3.1 Programs shall provide the opportunity to learn and practice professionalism as manifested through carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse populations.

3.2 Programs shall provide a learning environment that encourages cultural sensitivity and patient safety.

3.3 Programs shall educate the fellows so that they make sound judgments as to the expected risks arising from therapy as well as the condition being treated with an understanding of associated ethical and legal principles.
3.4 Fellows shall be encouraged to participate in community and professional organizations.
3.5 Programs shall provide education as well as the opportunity to participate in continuing education to promote personal and professional growth for both the fellow and teaching staff.

F. Practice-Based Learning and Improvement
Practice-based learning and improvement: commitment to lifelong learning and scholarly pursuit in medical toxicology for the betterment of patient care.

3.1 The program shall promote lifelong learning in medical education.
3.2 The program shall prepare the fellow to meet board eligibility requirements of the AOA through the American Osteopathic Board of Emergency Medicine.
3.3 The program shall train the fellow to manage clinical problems in clinical settings, employing basic scientific principles and evidenced-based medicine.
3.4 The program shall develop measurable objectives to assess the progression of the fellow in the two-year training program.

G. Systems-Based Practice
Systems-based practice: skills to lead health-care teams in the delivery of quality patient care using all available resources.

3.1 The program shall provide learning experiences that promote a broad understanding of the role of medical toxicology as it relates to other medical disciplines.
3.2 The program shall provide the opportunity to develop professional leadership and management skills.
3.3 The program shall train the fellow to provide cost-effective care to medical toxicology patients.
3.4 The program shall train the fellow to collaborate effectively, and share knowledge with colleagues and allied health professionals.
3.5 The program shall train the fellows to perform the basic skills needed for mass casualty management and coordination for the hospital and community.

STANDARD FOUR
INSTITUTIONAL REQUIREMENTS

A. Department of Emergency Medicine
The Department of Emergency Medicine at the base institution shall:

4.1 Have a chairperson who is currently certified in emergency medicine by the AOA through the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM). He or she shall maintain continuous certification.
Lifetime certificate holders are not exempt from this recertification requirement.

4.1.1 The Chair of the department may not be the program director

4.2 Have a program director that fulfils the requirements for core faculty. The program
director’s responsibilities are outlined in Standard Six.

4.2.1 The institution shall compensate the program director for at least 12 hours non-
clinical time per week.

4.3 Have faculty and core faculty to teach and supervise fellows.

4.3.1 The role and duties of the core faculty shall be clearly defined. This requires at least
four (4) hours of compensated, non-clinical time per week.

4.4 Ensure that all physicians that are clinically supervising medical toxicology fellows are
certified by the appropriate AOA certifying board or the certifying board recognized by the
ABMS or in the process of being certified.

4.5 Have a minimum of one (1) core faculty member for every four (4) fellows.

4.6 Have the scope, volume, and variety to support a fellowship with at least two (2) approved
fellowship positions per year. A minimum volume of 30,000 Emergency Department visits
annually at the base institution is required. Educationally justifiable exceptions may be
considered, such as clinical sites in a rural setting.

4.7 Maintain active affiliations with:

4.7.1 Poison control center(s) serving large geographical area(s) and certified by the
American Association of Poison Control Centers (AAPCC).

4.7.2 Schools of pharmacology with active programs in medical toxicology, clinical
pharmacology and pharmacokinetics.

4.7.3 School(s) of public health with programs in epidemiology, biostatistics and
occupational and environmental health.

4.8 Provide experience and training in the management of toxicology patients. This training
should take place at the base hospital and its affiliated sites.

4.9 Adopt formal program and departmental policies that are shared with the fellow upon
commencement of training and develop a fellow manual that includes the complete medical
toxicology curriculum.

STANDARD FIVE

PROGRAM REQUIREMENTS AND CONTENT

A. Curriculum

The medical toxicology program shall create and adhere to a two-year curriculum (OGME-5 to
OGME-6) that meets or exceeds the requirements listed within this document.

5.1 Each program shall have a written, curriculum on file at its institution that is updated and
distributed annually to all fellows.
5.2 Progression through the fellowship program shall be based upon the following:

5.2.1 Meeting stated goals and objectives of the program;

5.2.2. Demonstrating increasing competence in skills and techniques.

5.2.3. Proficiency in the use of diagnostic and therapeutic modalities.

5.2.4. Ongoing demonstration of professional behaviors.

5.3 The curriculum shall be evaluated and updated annually by faculty and fellows.

B. Rotation Structure

5.1 Each fellow shall complete the following 24-month program and include the training in medical toxicology, including but not limited to:

5.1.1 Medical toxicology as presented by patients through

5.1.1.1 Hospital and outpatient settings, such as emergency departments, intensive care units, medical and surgical units and clinics.

5.1.1.2 Regional poison control centers

5.1.1.3 Occupational and public health programs in hospital wards, clinics, or affiliated industrial programs.

5.1.2 Pharmacology / toxicology

5.1.3 Epidemiology

5.1.4 Biostatistics

5.1.5 Study design

5.1.6 Pharmacokinetics

5.1.7 Forensic medicine

C. Didactic Educational Activities

5.1 The program shall provide an average of four (4) hours of didactic educational activity per week.

5.1.1 Core faculty shall be involved in both the planning as well as the administration of the educational activities.

5.1.2 These activities shall be based upon the two-year core curriculum.

5.1.3 The content shall be covered in its entirety at least once during the fellowship training program.

5.1.4 Greater than fifty percent of these activities shall be planned and presented by non-fellow educators.

5.1.5 The core faculty and fellows shall participate in required OPTI educational programs.
5.1.6 Fellows shall be excused from all in-house clinical duties to attend these activities.

5.1.7 Fellows shall be required to attend the didactic activities unless excused by the program director.

D. Professional Development

Programs shall require fellows to:

5.1 Participate in available seminars, workshops and conferences provided through regional, state and national professional organizations.

5.2 Learn teaching skills by actively participating in the process of instructing medical students, residents, other fellows, and allied health professionals.

STANDARD SIX

PROGRAM DIRECTOR / FACULTY

A. The institution shall have a program director and appropriately qualified faculty and core faculty in place prior to applying for initial approval or for increasing fellow positions, and shall maintain this faculty during the term of approval of the program. Only programs maintaining adequate faculty shall be eligible for approval, continuance of approval, or increases in fellow positions.

6.1 Any proposed changes in program director or core faculty staffing shall be submitted in writing and approved by the ACOEP Committee on Graduate Medical Education prior to appointment, as applicable.

B. Program Director

6.1 The sponsoring institution shall designate an osteopathic medical toxicologist as program director who has sufficient time for both program administration and clinical instruction. Appointments are subject to the approval of the ACOEP Committee on Graduate Medical Education, as applicable and subsequent registry by the AOA.

6.2 The program director may not serve as or act in the capacity of the chair of the Department of Emergency Medicine, or as program director of more than one residency or fellowship program. He or she may be the director of medical education if the institution has three or fewer osteopathic residency or fellowship programs.

6.3 The program director of the medical toxicology fellowship shall possess the following qualifications:

6.3.1 Active, full-time staff membership (a minimum of 30 hours per week which includes clinical as well as educational activities) within the department or section of emergency medicine at the base institution.

6.3.2 Certification by the AOA through in emergency medicine, internal medicine, pediatrics or preventive medicine by the appropriate AOA certifying board or in the
process of being certified and recertified within the prescribed time frame of the respective osteopathic specialty board. He or she shall maintain continuous certification. Lifetime certificate holders are not exempt from this recertification requirement.

6.3.3 Additional credentialing with a Certificate of Added Qualification in medical toxicology by the AOA through the American Osteopathic Board of Emergency Medicine and recertified within the prescribed time frame of the AOBEM. He or she shall maintain continuous certification in medical toxicology.

6.3.4 Membership in the American College of Osteopathic Emergency Physicians (ACOEP).

6.3.5 Specialty expertise and documented educational and administrative experience acceptable to the Committee on Graduate Medical Education of ACOEP.

6.3.6 Three (3) years experience as full time faculty within a medical toxicology fellowship program, or full time practice of medical toxicology for a minimum of five (5) years.

6.3.7 Fulfill and maintain the qualifications as a core faculty member of a medical toxicology residency program, in addition to administrative and demonstrated leadership skills, and completion of the AOA’s Continuing Medical Education requirements, medical toxicology training skills, and faculty development.

6.4 The program director shall have the following responsibilities:

6.4.1 Direct the medical toxicology fellowship program and ensure that the fellow receives the training outlined in the written program description.

6.4.2 Ensure the arrangements of outside rotations with formal affiliation agreements as needed to meet the program’s educational objectives.

6.4.3 Evaluate the fellows, rotating residents, faculty, and the medical toxicology fellowship program.

6.4.4 Submit reports to the ACOEP as required.

6.4.5 Verify the completion of didactic and clinical schedules.

6.4.6 Actively participate in postdoctoral education and training at the base institution.

6.4.7 Notify the ACOEP of all fellows in training on an annual basis.

6.4.8 Participate in the annual ACOEP Program Directors’ Faculty Development workshop. Attendance at this annual conference is mandatory for the program director or his/her designee. The program director shall attend a minimum of once every two years.

6.4.9 Ensure that the program complies with the standards, policies, and procedures of the AOA.

6.4.10 Prepare for and participate in the AOA inspection of the program in cooperation with the Division of Postdoctoral Education and the designated evaluator.

6.4.11 Inform the AOA, OPTI, and ACOEP’s Committee on Graduate Medical Education of major changes in the program, including but not limited to, changes in institutional ownership, affiliation, department chair, or other major administrative
changes within thirty (30) days of their occurrence.

6.4.12 Develop written goals and objectives for each rotation and maintain these through periodic updating.

6.4.13 Maintain the appropriate ratio of qualified core faculty for the program.

C. Core Faculty

Core faculty is the dedicated educators who demonstrate and provide ongoing academic leadership within the residency program above and beyond the valuable role of the clinical faculty.

6.1 Requirements

6.1.1 The program director shall designate a minimum of two (2) core faculty who shall participate in the medical toxicology fellowship program.

6.1.2 Additionally, a minimum of one core faculty member for every four (4) fellows shall be maintained.

6.1.3 A minimum of fifty percent (50%) of the core faculty shall be osteopathic emergency physicians who participate in the training of residents.

6.1.4 The program director may be counted as a member of the core faculty.

6.2 Qualifications: Core faculty shall meet the following qualifications prior to and throughout the duration of their appointment:

6.2.1 Core faculty members are specifically designated, full-time members of the Department of Emergency Medicine at the base institution. Full time is defined as a minimum of 30 hours per week which includes clinical as well as educational activities.

6.2.2 Core faculty members shall be certified or an active candidate in the process of obtaining a Certificate of Added Qualifications in Medical Toxicology by the AOA/AOBEM or ABEM. He or she shall maintain continuous certification. Lifetime Certificate holders are not exempt from this recertification requirement.

6.3 Scholarly Activity: Each core faculty member shall demonstrate scholarly activity prior to and throughout the duration of their appointment. Scholarly activity is the academic pursuits that involve creative, intellectual work that is peer-reviewed and publicly disseminated.

6.3.1 Scholarly activity should occur within a four-year period. Acceptable activities may include a minimum of 2 major or 1 major and 2 minor scholarly activity within this time frame for each core faculty member. Other activities may be accepted on an individual basis at the discretion of the committee on graduate medical education. Scholarly activities for each core faculty member shall be well documented, to include dates, locations, and details.
6.4. Major Scholarly Activities shall be defined as follows:

6.4.1 Serving as chair or vice chair of a national, regional or state medical society committee.

6.4.2 Serving as an active member of a committee of a national, regional or state medical association.

6.4.3 Publication of original research or review article in peer-reviewed medical or scientific journal, or chapter in medical textbook.

6.4.4 Receipt of grant funding for medical, educational or service research.

6.4.5 Presentation or publication of case reports or clinical series at national, regional or state professional and scientific society meetings and conferences.

6.4.6 Member of an editorial review board of a national, regional or state peer-reviewed publication.

6.4.7 Participation in item writing or as an examiner for a national medical certification board.

6.4.8 Presentation at a national, regional or state CME meeting or seminar.

6.5 Minor Scholarly activities shall be defined as:

6.5.1 Research projects currently in progress. The study has been approved by IRB and data-collection actively occurring.

6.5.2 Preparation of grant funding request material for medical, educational or service research.

6.5.3 Visiting professorship (guest medical toxicology lecturer to peers or residents at an outside institution).

6.5.4 Item writing for the ACOEP Resident In-Service Examination.

6.5.5 Serve in the capacity as an active judge (or evaluator) at a national, regional or state academic meeting.

6.5.6 Publication of an article or chapter in a non-peer reviewed medical or scientific journal.

6.6 Responsibilities

6.6.1 Core faculty shall be involved in the preparation and presentation of didactic educational program, such as formal lectures, case conferences and journal clubs and other requirements of the core curriculum.

6.6.2 Core faculty shall attend a minimum 33% of the program’s required didactic educational activities.

6.6.3 Core faculty shall encourage and support fellows in scholarly activities and act as mentors for required research projects.

6.6.4 Core faculty shall be provided sufficient non-clinical time to provide instruction, leadership and participation in scholarly activities.
STANDARD SEVEN

FELLOW REQUIREMENTS

7.1 The fellow shall be board eligible/board certified in emergency medicine, pediatrics, internal medicine or preventive medicine through the AOA and the respective certifying boards upon entry into the program.

7.2 The medical toxicology fellow shall be a member of the ACOEP and maintain membership in the ACOEP throughout their term of training.

7.3 Each fellow shall adhere to established policies and procedures for fellowship training, as outlined in this document, and in the fellow manual.

7.4 The fellow shall progressively assume responsibility for patient care during the fellowship program, so that by the final year, the fellow shall be able to assume complete management of all assigned cases.

7.5 The fellow shall maintain formal records and logs of all activities related to the educational program. These records and logs shall be submitted monthly to the program director for review and verification. Copies of these records and logs shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records and logs should document the fulfillment of the requirements of the program, describing the volume, variety, and scope, and progressive responsibility on the part of the fellow for cases and procedures performed under supervision.

7.6 The fellow shall complete one substantive research project related to medical toxicology during the program that is approved by the program director. The completed research project shall be submitted to the ACOEP in a publishable format during the final six months of the program.

7.7 The fellow shall be required to participate in professional staff activities, e.g. department meetings, hospital committees, house/staff associations, OPTI committees.

STANDARD EIGHT

EVALUATION

8.1 The curriculum shall be evaluated annually by faculty and fellows as a method for revision and updating of the documents.

8.2 The program director, with faculty input, shall complete written quarterly evaluations of fellow performance. This should include evaluations from all affiliated training sites and supplemented rotation sites.

8.3 Fellow Evaluations shall be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.
8.4. Completed evaluations shall be shared with the fellow in consultation for improvement. They shall be signed by the program director and fellow to document that evaluation and counseling have occurred quarterly as required. Copies of evaluations should be made available to the fellow.

8.5. The program director shall document that fellows requiring remediation, redirection, or counseling as a result of the evaluation process must be given feedback and a corrective action plan in a timely manner. There shall be documentation of follow-up evaluations of these fellows. The program director shall review these with the core faculty.

8.6 The fellow shall anonymously evaluate faculty on an annual basis.