



AMERICAN OSTEOPATHIC ASSOCIATION

Crosswalk Workbook

For

Residency Training

In

Emergency Medicine

**American College of Osteopathic Emergency Physicians
and the
American Osteopathic Association**

Revised, BOT 2/2006
Revised, COPT/11/2007
Revised COPT 04/2011

INSTRUCTIONS AND PURPOSE

This evaluative workbook is a companion document to the Basic Standards for Residency Training in Emergency Medicine. The purpose of this document is to assist evaluators and institutions that are either currently sponsoring residency training in emergency medicine, or to assist those seeking to sponsor a program, to determine if they meet the minimum standards for accreditation.

Programs shall be evaluated according to the scale at the end of this document based on the degree of compliance.

New programs shall submit information to substantiate how the standard shall be met by the time the resident enters training and evidence of the mechanism by which the program is currently meeting the standard. All new programs are required to submit a completed “Crosswalk Evaluation” document with their completed application to illustrate that a self examination by the program was completed. New program applications may not be considered until a pre-inspection score meets the for minimal point value for 1 year approval (see page 23). **Please do not submit extraneous information.**

Section One of this document provides an overall summary of the program, including statistical information and summaries of curriculum vitae of the program’s director, department chair, and core faculty.

Section Two shall provide programs with the current standards that shall be met to determine the approval or disapproval of the program. New programs meeting the standards on the approval scale shall be granted approval for one year with another evaluation visit scheduled within that time frame of the first resident beginning training. The scale at the end of this document shall be used as a guideline by the Committee on Graduate Medical Education to determine the duration of approval.

SECTION ONE

1. Basic Program Information

Date:		
Title of Program:		
Number of Positions Approved:	Funded:	Filled:
Name and Address of Institution:		
Telephone Number of Institution:		
OPTI Sponsorship:		
Name and Address of OPTI Coordinator:		
Telephone Number of OPTI Coordinator:		
Name of Director of Osteopathic Medical Education:		
Name of Program Director:		
Mailing Address of Program Director:		
Telephone Number of Program Director		
Fax:		
E-Mail Address:		

Name of Program Director:
Date first appointed to position:
Term of appointment: _____ years
Principle activity devoted to resident education:
Primary Specialty Board Certification:
Most recent date of certification or recertification:
Secondary Specialty Board Certification:
Most recent date of certification or recertification:
Is the above named physician newly named to this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is the name of the previous program director?
Is the current Program Director also the Department Chair? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the name of the current Department Chair?
<i>The signatures of the Program Director and the Director of Osteopathic Medical Education attest to the completeness of the information provided on these forms.</i>
Signature of Program Director:
Signature of Director of Osteopathic Medical Education:

Instructions: Please complete the following for each institution utilized in the training of emergency medicine residents. List the base institution first, followed by the institution at which emergency medicine rotations are performed, followed by institutions at which other rotations are performed. You may copy these pages as needed.

Base Institution						
Name and Address:						
Percent of time spent at this institution:						
Resident Rotation (in months/blocks)	OGME1	OGME2	OGME3	OGME4	OGME5	
CEO / Director / President Name						
Accreditation: HFAP (AOA) JCAHO						

THE FOLLOWING INFORMATION CONCERNS INSTITUTIONS THAT ARE NOT THE BASE INSTITUTION.

Participating Institution A						
Name and Address:						
Is this institution integrated or affiliated with the program?						
Rotation:						
Does this institution also sponsor its own (separate) program in this specialty area? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does it participate in any other AOA/ACGME accredited programs? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of rotation: <input type="checkbox"/> Elective <input type="checkbox"/> Required <input type="checkbox"/> Both						
Resident Rotation (in months/blocks)	OGME1	OGME2	OGME3	OGME4	OGME5	
CEO / Director / President Name						
Accreditation: HFAP (AOA) JCAHO						

2. Program Changes

If applicable, describe changes, other than those included in the response to previous citations and/or concerns (above) that have been implemented since the last evaluation survey and review. Include changes in sponsoring institutions, organizations, hospitals, core faculty, required rotations, resident complement, and the date that the ACOEP was notified of these changes.

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List any institutions that have been added or deleted from your previously accredited program.

Added	
Deleted	

4. Program Director & Core Faculty

Summary of Curriculum Vitae

The following form should be attached to the front of the curriculum vita of each member of the emergency medicine core faculty, including the program director and submitted with the pre-evaluation information.

Name	Academic Rank	
Assigned Institution (Primary clinical responsibility)		
Check one: <input type="checkbox"/> Full time (more than 30 hours week) <input type="checkbox"/> Part time		
Certification	Year Issued	
Certificate Number	Year Recertified	
Medical School	Year of Graduation	
POSTGRADUATE TRAINING		
<u>Institution</u>	<u>Specialty</u>	<u>Dates</u>
SCHOLARLY ACTIVITY		
<u>Activity</u>	<u>Major / Minor</u>	<u>Dates</u>

HOURS PER WEEK SPENT IN:

Clinical Supervision	
Administration	
Research	
Didactics / Teaching	

Scholarly activities are described at length in the Basic Standards, VI, D, 6.3, 6.4 and 6.5

5. **Patient Population**

If the program utilizes more than four (4) Emergency Departments, please copy this page.

For the most recent 12-month period	From:	To:		
	<u>Base Institution</u> (Primary Teaching Site)	<u>Institution A</u>	<u>Institution B</u>	<u>Institution C</u>
Total ED Patients				
Percent of ED Pediatric patients*				
Percent of ED Adult patients				

*Ages 0 – 18 years

TOTAL number of EM Patients by Clinical Conditions	<u>Base Institution</u> (Primary Teaching Site)	<u>Institution A</u>	<u>Institution B</u>	<u>Institution C</u>
Trauma				
Surgical (non-trauma)				
Medical				
Obstetrics/Gynecological				
Psychiatric				
Percentage of ED patients admitted				
Percentage of ED patients admitted to Critical Care units				

ROTATION SCHEDULE:

Complete the annual schedule for the residents in each OGME year (either 13 blocks of using 4 weeks or 12 blocks per year if using monthly schedule). If this is a new program, please list a proposed schedule. Indicate the hospital that shall be hosting the rotation if other than base institution. The following minimum rotations are required:

REQUIRED ROTATIONS	
A. Emergency Medicine (24 Months) *	G. Trauma (1 Month)
B. Critical Care (2 Months)	H. Administration / Research (1 Month)
C. General Medicine (2 Months)	I. Female Reproductive Medicine (1 Month)
D. Surgical Subspecialty (2 Months)	J. Selective Months (6 Months)
E. Orthopedics (1 Month)	K. Elective Months (2 Months)
F. Pediatrics (2 Months)	L. Vacation / Selective Time

*A minimum of 4 months per year is required

OGME 1	1	2	3	4	5	6	7	8	9	10	11	12	13
Base Institution													
Institution A													
Institution B													
Institution C													

Comments:

OGME 2	1	2	3	4	5	6	7	8	9	10	11	12	13
Base Institution													
Institution A													
Institution B													
Institution C													

Comments:

OGME 3	1	2	3	4	5	6	7	8	9	10	11	12	13
Base Institution													
Institution A													
Institution B													
Institution C													

Comments:

OGME 4	1	2	3	4	5	6	7	8	9	10	11	12	13
Base Institution													
Institution A													
Institution B													
Institution C													

Comments:

Resident Performance on the AOBEM Certifying Examination (during the past 5 years)

Attach a copy of the report of the emergency medicine residents' performance on Parts I, II, and III of the certifying examination provided to the program by the **American Osteopathic Board of Emergency Medicine**.

1. Standards for Curriculum, Instruction, and Evaluation

Please list the last 12 months of your conference schedule, including presenting faculty. New programs should complete a proposed 12-month schedule, including proposed faculty.

Does the program offer its residents an average of at least 4-hours each week of planned educational experiences developed by the Emergency Medicine residency program?	Yes	No
What percentage of formal didactic conferences are presented by the following individuals:		
Emergency Medicine Core Faculty		%
Emergency Medicine Non-Core Faculty		%
Non-Emergency Medicine Faculty		%
Emergency Medicine Residents		%
Other (please specify)		%
Total		100%
What percent of planned conferences does the average resident attend?		%
Does the base institution have separate and distinct office space for faculty, residents, and staff?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does each emergency medicine department where emergency medicine rotations occur have an attending emergency physician on duty at all time that fulfills the faculty requirement?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INSTRUCTIONS

The following section lists each standard found in the Basic Standards for Residency Training in Osteopathic Emergency Medicine. Each standard has been weighted on a scale of 1 to 3. Evaluators shall determine the severity of the deficiency and shall assign a value to the deficiency. No other fraction of points may be considered.

Deficiency scores shall be totaled at the end of the section individual deficiencies noted shall be addressed in the appropriate section, with evaluators explaining how the standard is not met.

Evaluators shall indicate if each standard is “met,” or “not met.”

The scale by which the approval period is determined is as follows:

- 5 year approval = 100 – 95% compliance (100 to 95 points)
- 4 year approval = 94 – 90% compliance (94 to 90 points)
- 3 year approval = 89 – 85% compliance (89 to 85 points)
- 2 year approval = 84 – 71% compliance (84 to 71 points)
- 1 year approval \geq 70% compliance (probation without recruitment) (= / $>$ 70 points)

Please note: the scoring system is used as a guideline and final recommendations fall to the discretion of the Committee on Graduate Medical Education (CGME) of the American College of Osteopathic Emergency Physicians (ACOEP).

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
4.		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.	CV of Chair. Verification of certification and/or recertification in required time line with AOBEM/AOA or ABEM View actual certificate					
4.1.1	1	The Chair of the department may not be the program director	Faculty roster					
4.2	1	Have a program director that fulfils the requirements for core faculty. The program director's responsibilities are outlined in Standard Six.	CV of Chair					
4.2.1	1	The institution must compensate the program director for at least 12 hours non-clinical time per week. However, this shall be adjusted to compensate for larger clinical or more complex programs.	Department Staffing Records Medical Staff Office					
4.3	1	Have an associate/assistant program director for emergency medicine programs with 32 or more residents.	Department Staffing schedules or roster					
4.3.1	1	The institution must compensate the associate/assistant program director for at least 8 hours of non-clinical time per week.	Department Staffing Records Medical Staff Office					
4.4		Have faculty and core faculty to teach and supervise residents.	Department Staffing Records					
4.4.1	2	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.	Position description Department Staffing Records Medical Staff Office					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
4.5	1	Ensure that all physicians that are clinically supervising emergency medicine residents are certified in emergency medicine by the AOA/AOBEM or ABEM or in the process of being certified.	Program Director CV Verification from appropriate certifying agency; view certificate					
4.5.1	1	Direct resident supervision by faculty members shall be provided 24 hours a day.	Department schedules					
4.5.2	1	Emergency Departments must have an attending physician on duty at all times who fulfills the faculty requirements.	Department schedules Departmental CVs					
4.6		Have a minimum of one (1) core faculty member for every four (4) residents; however there shall be a minimum of four (4) core faculty members regardless of program size. Combined programs in Emergency Medicine/Internal Medicine or Emergency Medicine/Family Practice shall have one (1) additional core faculty member for every 8 combined residents	Department Staffing Roster Interview staff and residents					
4.7	1	Have the scope, volume, and variety to support a residency program with at least four (4) approved residency positions per year. A minimum volume of 30,000 Emergency Department visits annually at the base institution or previously COPT-approved consortia, is required	Annual department statistics Tour facilities					
4.8	1	Provide experience and training in the management of emergency department patients. This training should take place at the base hospital and its affiliated sites; however, at least 50% of the training shall take place at the base institution.	Program description Resident schedules Program description					
4.9	1	Adopt formal program policies that are shared with the resident upon commencement of training and develop a resident manual that includes the complete emergency medicine curriculum.	Resident manual					
4.10	1	Adopt formal departmental policies that are shared with the resident upon commencement of training.	Resident manual Resident files					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
B.		Additional Emergency Department Sites						
	1	Institutions must provide training in at least one secondary emergency department.	Program description Resident schedules					
4.1	1	Additional emergency medicine sites shall each have a minimum volume of 15,000 Emergency Department visits annually, and have patient acuity that will supplement the educational program to offer residents a complete educational experience.	Program description Departmental statistics Tour facilities					
4.2	1	Emergency departments must have an attending physician on duty at all times who fulfills the faculty requirements.	Department staff schedules and board certificates of all faculty					
4.3	1	Ensure that all physicians that are clinically supervising emergency medicine residents are certified in emergency medicine by the AOA/AOBEM or ABEM or in the process of being certified.	Department staff schedules Interview residents and staff					
4.4	1	Direct resident supervision by faculty members shall be provided 24 hours a day.	Department staff schedules Interview residents and staff					
Program Director Section Comments:								
Site Evaluator's Section Comments								

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
5		PROGRAM REQUIREMENTS AND CONTENT						
A.		Program Environment						
		The educational program for emergency medicine shall be based on a learning environment that is based on education not service. It shall contain professional teaching and experiences that provide measurable means to assess the resident's progression through the curriculum outlined below.	Program description Program goals & objectives					
B.		Curriculum						
	3	The emergency medicine program shall create and adhere to a four-year curriculum (OGME-1 to OGME-4) that meets or exceeds the requirements listed within this document.	Program description Interview residents					
5.1	1	Each program shall have a written, curriculum on file at its institution that is updated and distributed annually to all residents.	Interview residents					
5.2	1	Residency programs shall have written goals and objectives.	Program description Resident manual					
5.3	3	Progression through the residency program shall be based upon the following:						
5.3.1		Meeting stated goals and objectives of the program.	Interview residents and PD					
5.3.2		Demonstrating increasing competence in emergency medicine skills and techniques.	RISE scores AOBEM Pass Rates for last 3 years Resident procedure logs					
5.3.3		Proficiency in the use of diagnostic and therapeutic modalities.	See above					
5.3.4		Ongoing demonstration of professional behaviors.	Review resident files Personnel records					
5.4	1	The curriculum shall be evaluated and updated annually by faculty and residents.	Resident manual					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
C.		Rotation Structure						
5.1	3	Each resident shall complete the following 48 month program.	Resident schedules Interview residents					
5.1.1		Emergency medicine for a minimum of 24 months with a minimum of four (4) months training per year.	Resident schedules Interview residents					
5.1.2		Critical care for a minimum of two (2) months.	Resident schedules Interview residents					
5.1.3		General medicine that may include training in general internal medicine, medical subspecialties, or hospital based family practice in any combination for two (2) months.	Resident schedules Interview residents					
5.1.4		Subspecialty surgery, e.g., surgery, anesthesiology, radiology, ophthalmology, ENT, hand or plastic surgery for a minimum of two (2) months.	Resident schedules Interview residents					
5.1.5		Orthopedics for a minimum of one (1) month.	Resident schedules Interview residents					
5.1.6		Pediatrics for a minimum of two (2) months.	Resident schedules Interview residents					
5.1.7		Trauma for a minimum of one (1) month.	Resident schedules Interview residents					
5.1.8		Emergency medical services for a minimum of one (1) month.	Resident schedules Interview residents					
5.1.9		Administration/related activities, e.g., research, medical legal, quality assurance, etc., for a minimum of one (1) month.	Resident schedules Interview residents					
5.1.10		Female reproductive medicine for a minimum of one (1) month; a minimum of 50% of this time spent in obstetrics.	Resident schedules Interview residents					
5.1.11		Selective rotations for a minimum of six (6) months that shall be at the discretion of the program director. These rotations shall be used to strengthen academic competence.	Resident schedules Interview residents					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
5.1.12		Elective rotations for a minimum of two months at the discretion of the program director.	Resident schedules Interview residents					
5.1.13		Remaining months shall be utilized as vacation or selective time at the discretion of the program director.	Resident schedules Interview residents					
C		Procedures						
5.1	3	The emergency medicine resident must have accomplished the following minimum number of procedures prior to the completion of the emergency medicine residency.						
5.1.1		Cardioversion / Defibrillation – 10 procedures	Procedures logs					
5.1.2		Central Venous Access – 20 procedures	Procedures logs					
5.1.3		Chest Tube Insertion – 10 procedures	Procedures logs					
5.1.4		Closed Fraction Reduction – 20 procedures	Procedures logs					
5.1.5		Dislocation Reduction – 10 procedures	Procedures logs					
5.1.6		Splinting – 20 procedures	Procedures logs					
5.1.7		Procedural Sedation – 15 procedures	Procedures logs					
5.1.8		Cricothyroidotomy – 3 procedures	Procedures logs					
5.1.9		Intraosseous Line – 3 procedures	Procedures logs					
5.1.10		Intubation – 35 procedures	Procedures logs					
5.1.11		Laceration Repair – 50 procedures	Procedures logs					
5.1.12		Lumbar Puncture – 15 procedures	Procedures logs					
5.1.13		Osteopathic Manipulative Therapy – 30 procedures	Procedures logs					
5.1.14		Pediatric Medical Stabilization – 15 procedures	Procedures logs					
5.1.15		Pediatric Trauma Stabilization – 10 procedures	Procedures logs					
5.1.16		Thoracotomy – 1 procedure	Procedures logs					
5.1.17		Transvenous Cardiac Pacing – 2 procedures	Procedures logs					
5.1.18		Pericardiocentesis – 3 procedures	Procedures logs					
5.1.19		Ultrasound, Bedside – 40 procedures	Procedures logs					
5.1.20		Vaginal Deliveries – 10 procedures	Procedures logs					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
E.		Didactic Educational Activities						
5.1	1	The program shall provide a minimum of four (4) hours of didactic educational activity per week	Lecture schedules Resident interviews					
5.1.1	1	Core faculty shall be involved in both the planning as well as the administration of the educational activities.	Lecture schedules Staff interviews					
5.1.2	1	These activities shall be based upon the four-year core curriculum.	Lecture schedules Program description					
5.1.3	1	The content shall be covered in its entirety at least once during the residency training program.	Lecture schedules Program description					
5.1.4	1	Greater than fifty percent of these activities shall be planned and presented by non-resident educators.	Lecture schedules Resident interviews					
5.1.5	1	The core faculty and residents shall participate in required OPTI educational programs.	Lecture schedules Resident and staff interviews					
5.1.6	1	Residents shall be excused from all in-house clinical duties to attend these activities.	Lecture schedules Resident interviews					
5.1.7	1	Residents are required to attend the didactic activities unless excused by the program director.	Resident schedules Lecture attendance					
F.		Professional Development						
	1	Programs should encourage residents to:						
5.1		Participate in available seminars, workshops and conferences provided through regional, state and national professional organizations.	Resident schedules and interviews					
5.2		Learn teaching skills by actively participating in the process of instructing medical students, other residents and allied health professionals.	Resident schedules, lecture schedules, interviews with residents and staff					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
G.		Transfers and Advanced Standing						
	1	Requests for transfers and/or advanced standing must be submitted by the accepting program director on the official form available on the ACOEP's website. Approval shall be granted on a case-by-case basis.	Resident file of any resident transferring into program and/or requested advanced standing action verified by ACOEP					
Program Director Section Comments:								
Site Evaluator's Section Comments								
6.	PROGRAM DIRECTOR / FACULTY							
A.	3	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.	Departmental correspondence					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
B.		Program Director						
6.1	1	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 program. He or she may be the director of medical education if the institution has three or fewer osteopathic residency programs.	Departmental roster Program director position description Physician CV					
6.2	3	The program director of the emergency medicine residency program shall possess the following qualifications:						
6.2.1		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.	Departmental roster Physician schedules					
6.2.2		Certification 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. Lifetime certificate holders are not exempt from this recertification requirement. Program director candidates having graduated from residency training after 1991 must have completed a minimum of four years of AOA approved postdoctoral training.	CV of Program Director Verification of certification and/or recertification in required time line with AOBEM/AOA					
6.2.3		Membership in the American College of Osteopathic Emergency Physicians (ACOEP).	ACOEP annual correspondence verifying membership					
6.2.4		Specialty expertise and documented educational and administrative experience acceptable to the Committee on Graduate Medical Education of ACOEP.	Physician CV Physician interview					
6.2.5		Three (3) years experience as core faculty within an emergency medicine residency program, or full time practice of emergency medicine for a minimum of five (5) years.	Physician CV and interview					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.2.6		Fulfill and maintain the qualifications as a core faculty member of an emergency medicine residency program, in addition to administrative and demonstrated leadership skills, and completion of the AOA's Continuing Medical Education requirements, emergency medicine training skills, and faculty development.	Physician CV AOA CME Verification					
6.3		The program director shall have the following responsibilities:						
6.3.1		Direct the emergency medicine residency program and ensure that the resident receives the training outlined in the written program description.	Program Director interview Program description Resident interviews					
6.3.2	1	Ensure the arrangements of outside rotations with formal affiliation agreements as needed to meet the program's educational objectives.	Review affiliation agreements Program objectives PD & resident interviews					
6.3.3	1	Evaluate the residents, faculty, and the emergency medicine residency program.	Resident and faculty files for verification of reviews					
6.3.4	1	Submit reports to the ACOEP as required.	ACOEP verification					
6.3.5	1	Verify the completion of didactic and clinical schedules.	Review schedules					
6.3.6	1	Actively participate in postdoctoral education and training at the base institution.	Department schedules Resident interviews					
6.3.7	1	Notify the ACOEP of all residents in training on an annual basis.	ACOEP verification					
6.3.8	1	Verify residents participating in the annual resident in-service examination.	ACOEP verification Test outcomes					
6.3.9	1	Advise the ACOEP's Committee on Graduate Medical Education, in writing, of the Resident's inability to participate in the examination within ten (10) days of the examination and request a substitute examination.	Departmental correspondence					
6.3.10	1	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.	ACOEP verification AOA CME verification					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.3.11	1	Ensure that the program complies with the standards, policies, and procedures of the AOA.	Program director interview Program description					
6.3.12	1	Prepare for and participate in the AOA inspection of the program in cooperation with the Division of Postdoctoral Education and the designated evaluator.	Pre-evaluation documents Correspondence between PD and Evaluator					
6.3.13		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.	CGME minutes ACOEP/AOA verification					
6.3.14	1	Develop written goals and objectives for each rotation and maintain these through periodic updating.	Program description					
6.4		Maintain the appropriate ratio of qualified core faculty for the program.	Department staffing documents					
C.		Associate or Assistant Program Director						
6.1	1	The associate or assistant 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 program. He or she may be the director of medical education if the institution has three or fewer osteopathic residency programs.	Physician CV AOA CME Verification					
6.2	3	The associate or assistant program director of the emergency medicine residency program shall possess the following qualifications:						
6.2.1		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.	Departmental roster Physician schedules					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.2.2		Certification by the AOA through the American Osteopathic Board of Emergency Medicine or the American Board of Emergency Medicine and recertified within the prescribed timeframe. He or she shall maintain continuous certification. Lifetime certificate holders are not exempt from this recertification requirement.	CV of Program Director Verification of certification from appropriate agency View certificate					
6.2.3		Fulfill and maintain the qualifications as a core faculty member of an emergency medicine residency program, in addition to administrative and demonstrated leadership skills, and completion of continuing medical education requirements and emergency medicine training skills and faculty development as required by the certifying board.	Physician CV AOA CME Verification					
D.		Core Faculty						
6.1		Requirements						
6.1.1	2	The program director shall designate a minimum of four (4) core faculty who shall participate in the emergency medicine residency program.	Department / program roster Departmental schedules					
6.1.2	2	Additionally, a minimum of one core faculty member for every four (4) residents shall be maintained.	Department/program roster					
6.1.3		Combined programs in Emergency Medicine/Internal Medicine or Emergency Medicine/Family Practice shall have one (1) additional core faculty member for every 8 combined residents.	Department/program roster					
6.1.4	2	A minimum of fifty percent (50%) of the core faculty shall be osteopathic emergency physicians who participate in the training of residents.	Core Faculty CVs Department schedules					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.2.		Qualifications						
	3	Core faculty must 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	Physician position descriptions Departmental schedules Physician interviews					
6.2.2		Core faculty members shall be certified or an active candidate in the process of certification by the AOA/AOBEM or ABEM. He or she shall maintain continuous certification. Lifetime certificate holders are not exempt from this recertification requirement.	Physician CV Verification of certification and/or recertification in required time line with AOBEM/AOA or ABEM					
6.3	3	Scholarly Activity						
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 ACOEP Committee on Graduate Medical Education. Scholarly activity for each core faculty scholarly activities shall be well documented, to include dates, locations, and details.	Physician CV Physician files					
6.6		Responsibilities						
6.6.1	2	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.	Department lecture schedules Physician CVs Attendance documentation					
6.6.2	2	Core faculty must attend a minimum of 33% of the program's required didactic educational activities.	Didactic program attendance records					

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				Met	Not Met	Met	Not Met	Not Met
6.6.3		Core faculty shall be provided sufficient compensated non-clinical time to provide instruction, leadership and participation in scholarly activities.	Department staffing records Medical Staff Office Core Faculty Interviews					
Program Director Section Comments:								
Site Evaluator's Section Comments								
7.0	RESIDENT REQUIREMENTS							
7.1		The emergency medicine resident shall be a member of the ACOEP and maintain membership in the ACOEP throughout their term of training.	ACOEP annual verification to individual resident					
7.2		Each resident shall adhere to established policies and procedures for residency training, as outlined in this document, and in the resident manual.	Resident files					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
7.3	2	The resident 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 resident for emergency cases and procedures performed under supervision.	Procedure log / Resident file Resident and Program Director interviews					
7.4	2	The resident shall complete a research project during the course of the emergency medicine training program that will be sent to the ACOEP in the following manner. The resident shall submit an outline for the project by the end of the OGME-2 training year, implementation and data collection methods and provide an interim report by the end of the OGME-3 year, and a final product suitable for publication six months prior to the completion of the OGME-4 year of residency. A permanent copy shall be retained in the resident's file at the institution. All research projects shall be approved by the program director.	Evidence of review of paper from ACOEP Resident interview Program Director interview Resident file					
7.5	1	The resident shall be required to participate in professional staff activities, e.g. department meetings, hospital committees, house/staff associations, OPTI committees.	Attendance logs from meetings Resident schedules Resident & Program Director interviews					
7.6	1	The resident shall annually participate in the ACOEP Resident In-Service Examination.	Resident files Score document					

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				Met	Not Met	Met	Not Met	Not Met
7.7	1	The resident shall be certified as a provider in advanced cardiac life support (ACLS), advanced trauma life support (ATLS), or its equivalent, and advanced pediatric life support (APLS) or its equivalent.	Resident file					
7.8	1	Emergency Medicine residents may not moonlight in the Department of Emergency Medicine at the base of affiliated training sites.	Resident files Program Director and Resident interviews					
Program Director Section Comments:								
Site Evaluator's Section Comments								
8	EVALUATION							
A	1	The program shall document a formal evaluation process related to the resident's performance within the program. These documents shall be maintained by the institution and available to evaluators or on request by the specialty college. Evaluations shall document the fellow's performance as related to the core competencies.	Program manual Resident files Resident & Program Director interviews					
8.1	1	The curriculum shall be evaluated annually by faculty and residents as a method for revision and updating of the documents.	Program files Program director and faculty interviews					
8.2	1	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.	Resident files Program director and faculty interviews					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (PD Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
8.3	1	Evaluations should be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.	Resident manual Resident files Resident & Faculty interviews					
8.4	2	Completed evaluations shall be shared with the resident in consultation for improvement. They shall be signed by the program director and resident to document that evaluation and counseling have occurred quarterly as required. Copies of evaluations should be made available to the resident.	Resident files Resident & Faculty interviews					
8.5	2	The program director shall document that resident 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 residents.	Resident files Resident & Faculty interviews					
8.6	1	The resident shall anonymously evaluate faculty on an annual basis.	Resident files Resident & Faculty interviews					
Program Director Section Comments:								
Site Evaluator's Section Comments								

ACOEP Program Evaluation Summary

Directions: Please review the previous section and note all standards that you have marked as “not met” on the table. On the table below, note the standard number that matches the sections marked as non-compliant and note your reason for the Standard being unmet. You may copy this form as needed

Standard Reference	Reason for Non-Compliance	Score

Standard Reference	Reason for Non-Compliance	Score