



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS
FOR
EDUCATIONAL FELLOWSHIP
TRAINING IN
EMERGENCY MEDICAL SERVICES**

American Osteopathic Association
And the
American College of Osteopathic Emergency Physicians

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1 **ARTICLE ONE**

2 **INTRODUCTION**

3 These are the Basic Standards for Fellowship Training in Emergency Medical Services as
4 established by the American College of Osteopathic Emergency Physicians (ACOEP) and
5 approved by the American Osteopathic Association (AOA). These standards are designed
6 to provide the osteopathic fellow with advanced and concentrated training in emergency
7 medical services and to prepare the fellow for examination for certification in Emergency
8 Medical Services by the American Osteopathic Board of Emergency Medicine (AOBEM).

9
10 **STANDARD TWO**

11 **MISSION**

12 The mission of the osteopathic emergency medical services training program is to provide
13 fellows with comprehensive structured cognitive and clinical education that will enable them
14 to become competent, proficient, and professional osteopathic emergency medical services
15 physicians.

16
17 **STANDARD THREE**

18 **EDUCATIONAL PROGRAM GOALS AND OBJECTIVES**

19
20 The goals and objectives of the osteopathic emergency medical services program are to train
21 fellows to become proficient in the core competencies.

22 **A. Osteopathic Philosophy & Manipulative Medicine**

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

25 3.1 Appropriately integrate OMM and its applications in the practice of Emergency
26 Medical Services.

27
28 **B. Medical Knowledge**

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

32 3.1 Use critical thinking in making effective decisions for patient management.

33 3.2 Demonstrate proficiency in the psychomotor skills required of a competent
34 emergency medical services physician.

35 3.3 Read, interpret, and participate in clinical research.

1 **C. Patient Care**

2 Patient care: the ability to rapidly evaluate, initiate and provide appropriate treatment for
3 patients with acute and chronic conditions in the emergency setting as well as promote
4 health maintenance and disease prevention.

5 3.1 Rapidly and accurately evaluate, organize, and direct the care and treatment of the
6 patient in an emergency setting.

7

8 **D. Interpersonal and Communication Skills**

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

11 3.1 Be sensitive to the patient populations served and its implications to providing
12 healthcare to them.

13 3.2 Teach basic skills and clinical practices needed in the emergency setting to medical
14 students, interns, residents, and other fellows within the context of the educational
15 fellowship program.

16

17 **E. Professionalism**

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

20 3.1 Collaborate effectively, and share knowledge with colleagues and allied health
21 professionals.

22 3.2 Participate in opportunities for continuing education to promote personal and
23 professional growth.

24 3.3 Participate in community and professional organizations.

25

26 **F. Practice-Based Learning and Improvement**

27 Practice-based learning and improvement: commitment to lifelong learning and scholarly
28 pursuit in emergency medical services for the betterment of patient care.

29 3.1 Manage medical problems in an emergency setting, employing basic scientific
30 principles and evidenced-based medicine.

31

32 **G. Systems-Based Practice**

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

35 3.1 Provide cost-effective care to patients in an emergency setting.

36 3.2 Teach basic skills needed for mass casualty management and coordination for the
37 hospital and community

1 **STANDARD FOUR**

2 **INSTITUTIONAL REQUIREMENTS**

3 **A. Department of Emergency Medicine**

4 The Department of Emergency Medicine at the base institution shall:

5 4.1 Have a chairperson that is currently certified in emergency medicine by the AOA
6 through the American Osteopathic Board of Emergency Medicine (AOBEM) or the
7 American Board of Emergency Medicine (ABEM). He or she shall maintain
8 continuous certification. Lifetime certificate holders are not exempt from this
9 recertification requirement

10 4.1.1 The Chair of the department may not be the program director.

11 4.2 Have a program director that fulfils the requirements for core faculty. The program
12 director's responsibilities are outlined in Article Six.

13 4.2.1 The institution must compensate the program director for at least 12 hours
14 non-clinical time per week.

15 4.3 Have faculty and core faculty to teach and supervise fellows.

16 4.3.1 The role and duties of the core faculty shall be clearly defined. This requires
17 at least four (4) hours of compensated, non-clinical time per week.

18 4.4 Ensure that all physicians that are clinically supervising emergency medical services
19 fellows are certified in emergency medicine by the AOA/AOBEM or ABEM or in
20 the process of being certified.

21 4.5 Have a minimum of one (1) core faculty member for every four (4) fellow positions.

22 4.6 Adopt formal program policies that are shared with the fellow upon commencement
23 of training and develop a fellow manual that includes the complete emergency
24 medical services curriculum.

25
26 **B. Additional Emergency Department Sites**

27 Institutions must provide training in at least one secondary emergency department.

28 4.1. Additional emergency medicine sites shall each have a minimum volume of 15,000
29 Emergency Department visits annually.

30 4.2 Ensure that all physicians that are clinically supervising emergency medical service
31 fellows are certified in emergency medicine or have a Certificate of Added
32 Qualifications (CAQ) in EMS by the AOA/AOBEM or ABEM or in the process of
33 being certified.

34 4.3 Direct fellow supervision by faculty members shall be provided 24 hours a day.

1 **STANDARD FIVE**

2 **CURRICULUM AND INSTRUCTION**

3 **A. Program Environment**

4 The educational program for emergency medical services shall be based in a learning
5 environment that is based on education not service. It shall contain professional teaching
6 and experiences that provide measurable means to assess the fellow's progression through
7 the curriculum outlined below.

8
9 **B. Curriculum**

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

12 5.1 Each program shall have a written, curriculum on file at its institution that is updated
13 and distributed annually to all fellows.

14 5.2. Progression through the fellowship program will be based upon the following:

15 5.2.1 Meeting stated goals and objectives of the program;

16 5.2.2. Demonstrating increasing competence in emergency medicine skills and
17 techniques.

18 5.2.3. Proficiency in the use of diagnostic and therapeutic modalities.

19 5.2.4. Ongoing demonstration of professional behaviors.

20 5.3 The curriculum shall be evaluated and updated annually by faculty and fellows.

21
22 **C. Rotation Structure**

23 5.1 Each fellow shall complete a 24 month program. The following may be scheduled as
24 one-month blocks or four-week rotations or any combination thereof.

25 5.1.1 Emergency Medical Services Overview

26 5.1.2 EMS System Design

27 5.1.3 EMS Personnel

28 5.1.4 Medical Control

29 5.1.5 Communications

30 5.1.6 EMS Equipment and Vehicles

31 5.1.7 EMS Agencies

32 5.1.8 EMS Receiving Facilities

33 5.1.9 Air Medical Services

34 5.1.10 Legal Considerations

35 5.1.11 Mass Gathering and Disaster Medical Services

- 1 5.1.12 Funding
- 2 5.1.13 Community Involvement
- 3 5.1.14 Education
- 4 5.1.15 Research
- 5 5.1.16 Operations Management

6

7 **D. Didactic Educational Activities**

8 5.1 The program shall provide a minimum of four (4) hours of didactic educational
9 activity per week.

10 5.1.1 Core faculty shall be involved in both the planning as well as the
11 administration of the educational activities.

12 5.1.2 These activities will be based upon the two-year core curriculum.

13 5.1.3 The content will be covered in its entirety at least once during the fellowship
14 program.

15 5.1.4 Greater than fifty percent of these activities shall be planned and presented
16 by non-fellow educators.

17 5.1.5 The core faculty and fellows shall participate in required OPTI educational
18 programs.

19 5.1.6 Fellows shall be excused from all in-house clinical duties to attend these
20 activities

21 5.1.7 Fellows are required to attend the didactic activities unless excused by the
22 program director.

23

24 **E. Professional Development**

25 Programs should encourage fellows to:

26 5.1 Participate in available seminars, workshops and conferences provided through
27 regional, state and national professional organizations.

28 5.2. Learn teaching skills by actively participating in the process of instructing medical
29 students, residents and allied health professionals.

30

31

STANDARD SIX

32

PROGRAM DIRECTOR / FACULTY

33

34 **A.** Any proposed changes in program director or core faculty staffing shall be
35 submitted in writing and approved by the ACOEP Committee on Graduate Medical
36 Education prior to appointment.

1 **B. Program Director**

2 6.1 The sponsoring institution shall designate an osteopathic emergency medicine
3 physician as program director who has sufficient time for both program
4 administration and clinical instruction. Appointments are subject to the approval of
5 the ACOEP Committee on Graduate Medical Education and subsequent registry by
6 the AOA.

7 6.2 The program director may not serve as or act in the capacity of the chair of the
8 department of emergency medicine, or as program director of more than one
9 residency or fellowship program. He or she may be the director of medical
10 education if the institution has three or fewer osteopathic residency or fellowship
11 programs.

12 6.3 The program director of the emergency medical services fellowship program shall
13 possess the following qualifications:

14 6.3.1 Active, full-time staff membership (a minimum of 30 hours per week which
15 includes clinical as well as educational activities) within the department or
16 section of emergency medicine at the base institution.

17 6.3.2 Certification by the AOA through the American Osteopathic Board of
18 Emergency Medicine and recertified within the prescribed time frame of the
19 AOBEM. He or she shall maintain continuous certification. Lifetime
20 certificate holders are not exempt from this recertification requirement. He
21 or she shall maintain continuous certification in EMS.

22 6.3.2.1 Credentialing by the AOA through the American Osteopathic Board
23 of Emergency Medicine with a Certificate of Added Qualification in
24 Emergency Medical Service and re-credentialed within the prescribed
25 time frame of the AOBEM. He or she shall maintain continuous
26 certification in EMS.

27 6.3.3 Membership in the American College of Osteopathic Emergency Physicians
28 (ACOEP).

29 6.3.4 Specialty expertise and documented educational and administrative
30 experience acceptable to the Committee on Graduate Medical Education of
31 ACOEP.

32 6.3.5 Three (3) years experience as core faculty within an emergency medicine
33 residency program, or in the full time practice of emergency medicine for a
34 minimum of three (3) years.

35 6.3.7 Fulfill and maintain the qualifications as a core faculty member of an
36 emergency medical services program, in addition to administrative and
37 demonstrated leadership skills, and completion of the AOA's Continuing
38 Medical Education requirements, emergency medicine training skills, and
39 faculty development.

40

- 1 6.4 The program director shall have the following responsibilities:
- 2 6.4.1 Direct the emergency medical services fellowship and ensure that the fellow
3 receives the training outlined in the written program description.
- 4 6.4.2 Ensure the arrangements of outside rotations with formal affiliation
5 agreements as needed to meet the program's educational objectives.
- 6 6.4.3 Evaluate the fellows, faculty, and the emergency medical services program.
- 7 6.4.4 Submit reports to the ACOEP as required.
- 8 6.4.5 Verify the completion of didactic and clinical schedules.
- 9 6.4.6 Actively participate in postdoctoral education and training at the base
10 institution.
- 11 6.4.7 Notify the ACOEP of all fellows in training on an annual basis.
- 12 6.4.8 Participate in the annual ACOEP Program Directors' Faculty Development
13 workshop. Attendance at this annual conference is mandatory for the
14 program director or his/her designee. The program director shall attend a
15 minimum of once every two years.
- 16 6.4.9 Ensure that the program complies with the standards, policies, and
17 procedures of the AOA.
- 18 6.4.10 Prepare for and participate in the AOA inspection of the program in
19 cooperation with the Division of Postdoctoral Education and the designated
20 evaluator.
- 21 6.4.11 Inform the AOA, OPTI, and ACOEP's Committee on Graduate Medical
22 Education of major changes in the program, including but not limited to,
23 changes in institutional ownership, affiliation, department chair, or other
24 major administrative changes within thirty (30) days of their occurrence.
- 25 6.4. Develop written goals and objectives for each rotation and maintain these through
26 periodic updating.
- 27 6.5 Maintain the appropriate ratio of qualified core faculty for the program.

28

29 **C. Core Faculty**

30 Core faculty is the dedicated educators who provide continuous academic leadership within
31 the fellowship program above and beyond the valuable role of the clinical faculty.

32 6.1 Requirements

- 33 6.1.1 The program director shall designate a minimum of two (2) core faculty who
34 shall participate in the emergency medical services fellowship program.
- 35 6.1.2 Additionally, a minimum of one core faculty member for every four (4)
36 fellows shall be maintained.
- 37 6.1.3 A minimum of fifty percent (50%) of the core faculty shall be osteopathic
38 emergency physicians who participate in the training of fellows.

- 1 6.1.4 The program director may be a member of the core faculty.
- 2 6.2 Qualifications: Core faculty must meet the following qualifications prior to and
3 throughout the duration of their appointment:
- 4 6.2.1 Core faculty members are specifically designated, full time members of the
5 department of emergency medicine at the base institution. Full time is
6 defined as a minimum of 30 hours per week which includes clinical as well as
7 educational activities
- 8 6.2.2 Core faculty members shall be certified or an active candidate in the process
9 of certification by the AOA/AOBEM or ABEM. He or she shall maintain
10 continuous certification. Lifetime certificate holders are not exempt from this
11 recertification requirement and qualified by training and experience to
12 perform their teaching role.
- 13 6.3 Scholarly Activity: Each core faculty member shall demonstrate scholarly activity
14 prior to and throughout the duration of their appointment. Scholarly activity is the
15 academic pursuits that involve creative, intellectual work that is peer-reviewed and
16 publicly disseminated.
- 17 6.3.1 Scholarly activity should occur within a four-year period. Acceptable
18 activities may include a minimum of 2 major or 1 major and 2 minor
19 scholarly activity within this time frame for each core faculty member. Other
20 activities may be accepted on an individual basis at the discretion of the
21 committee on graduate medical education. Scholarly activities for each core
22 faculty member shall be well documented, to include dates, locations, and
23 details.
- 24 6.4. Major Scholarly Activities: Major scholarly activities shall be defined as follows:
- 25 6.4.1 Serving as chair or vice chair of a national, regional or state medical society
26 committee.
- 27 6.4.2 Serving as an active member of a committee of a national, regional or state
28 medical association.
- 29 6.4.3 Publication of original research or review article in peer-reviewed medical or
30 scientific journal, or chapter in medical textbook.
- 31 6.4.4 Receipt of grant funding for medical, educational or service research.
- 32 6.4.5 Presentation or publication of case reports or clinical series at national,
33 regional or state professional and scientific society meetings and conferences.
- 34 6.4.6 Member of an editorial review board of a national, regional or state peer-
35 reviewed publication.
- 36 6.4.7 Participation in item writing or as an examiner for a national medical
37 certification board.
- 38 6.4.8 Presentation at a national, regional or state CME meeting or seminar.
- 39
- 40 6.5 Minor Scholarly activities shall be defined as:
- 41 6.5.1 Research projects currently in progress. The study has been approved by
42 IRB and data-collection actively occurring.
- 43 6.5.2 Preparation of grant funding request material for medical, educational or
44 service research.

- 1 6.5.3 Visiting professorship (guest EMS lecturer to peers or residents at an outside
2 institution).
- 3 6.5.4 Item writing for the ACOEP Resident In-Service Examination.
4
- 5 6.5.5 Serve in the capacity as an active judge (or evaluator) at a national, regional or
6 state academic meeting.
7
- 8 6.5.6 Publication of an article or chapter in a non-peer reviewed medical or
9 scientific journal.
- 10 6.6 Responsibilities
- 11 6.6.1 Core faculty shall be involved in the preparation and presentation of didactic
12 educational program, such as formal lectures, case conferences and journal
13 clubs and other requirements of the core curriculum.
- 14 6.6.2 Core faculty shall encourage and support fellows in scholarly activities and
15 act as mentors for required research projects.
- 16 6.6.3 Core faculty shall be provided sufficient non-clinical time to provide
17 instruction, leadership and participation in scholarly activities.
18

19 **STANDARD SEVEN**

20 **FELLOW REQUIREMENTS**

- 21
- 22 7.1 The emergency medicine fellow shall be board eligible/board certified in emergency
23 medicine by the AOA through the American Osteopathic Board of Emergency
24 Medicine prior to entry into the program.
- 25 7.2 The emergency medical services fellow shall be a member of the ACOEP and
26 maintain membership in the ACOEP throughout their term of training.
- 27 7.3 Each fellow shall adhere to established policies and procedures for educational
28 fellowship training, as outlined in this document, and in the fellow manual.
- 29 7.4 The fellow shall progressively assume responsibility for patient care during the
30 fellowship, so that by the final year of training, he or she will be able to assume
31 complete management of an EMS system.
- 32 7.5 The fellow shall maintain formal records of all activities related to the educational
33 program. These records shall be submitted monthly to the program director for
34 review and verification. Copies of these records shall be kept on permanent file by
35 the administration at the base institution and shall be available at the time of the
36 inspection. These records should document the fulfillment of the requirements of
37 the program, describing the volume, variety, and scope, and progressive
38 responsibility on the part of the fellow for emergency cases and procedures
39 performed under supervision.
- 40 7.6 The fellow shall prepare one (1) project related to EMS during the course of the
41 educational fellowship. The project will involve either “bench” research, or outcome

- 1 analysis.
- 2 7.7 The fellow will be required to submit a minimum of one grant proposal, in
3 coordination with the grant writing departments of the sponsoring institution(s), for
4 the funding on an EMS-oriented project. Public Education and Provider Education
5 will receive favored status.
- 6 7.8 The fellow will be required to submit one article related to Emergency Medical
7 Services in a peer-reviewed journal. Clinically related reviews and educational articles
8 should be submitted to a provider journal, while methods and research should be
9 submitted to an emergency medicine journal.
- 10 7.9 Evidence of the submission of the article, research projects, and grant requests must
11 be submitted to the American College of Osteopathic Emergency Physicians and
12 must accompany the program directors report verifying that all aspects of the
13 training program have been completed, prior to the granting of “Program Complete”
14 status.
- 15 7.10 The fellow shall complete incident command training through FEMA to include IS-
16 100, IS-200, RS-700, and RS-800.
- 17 7.11 The fellow shall be required to participate in professional staff activities.
- 18 7.12 The fellow must be certified as a provider in advanced cardiac life support (ACLS),
19 advanced trauma life support (ATLS), or its equivalent, and advanced pediatric life
20 support (APLS) or its equivalent.

21 22 **STANDARD EIGHT**

23 **EVALUATION**

- 24 8.1 The curriculum will be evaluated annually by faculty and fellows as a method for
25 revision and updating of the documents.
- 26 8.2 The program director, with faculty input, will complete written quarterly evaluations
27 of fellow performance. This should include evaluations from all affiliated training
28 sites and supplemented rotation sites.
- 29 8.3 Evaluations should be learner-centered, developmental, foster continuous
30 improvement, and based upon educational objectives for each assignment and
31 program activity.
- 32
- 33 8.4 Completed evaluations must be shared with the fellow in consultation for
34 improvement. They must be signed by the program director and fellow to document
35 that evaluation and counseling have occurred quarterly as required. Copies of
36 evaluations should be made available to the fellow.
- 37 8.5 The program director must document that fellows needing remediation or
38 counseling as a result of evaluation are given it in a timely manner. There must be
39 documentation of follow up evaluations of these fellows.
- 40 8.6 The fellow will anonymously evaluate faculty on an annual basis.