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AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS  
FOR FELLOWSHIP TRAINING  
IN PEDIATRIC EMERGENCY MEDICINE**

American Osteopathic Association,  
American College of Osteopathic Emergency Physicians  
And  
American College of Osteopathic Pediatricians

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1 **STANDARD ONE**

2 **INTRODUCTION**

3 These are the Basic Standards for Residency Training in Pediatric Emergency Medicine as  
4 established by the American College of Osteopathic Emergency Physicians (ACOEP) and the  
5 American College of Osteopathic Pediatricians and approved by the American Osteopathic  
6 Association (AOA). These standards are designed to provide the osteopathic resident with  
7 advanced and concentrated training in pediatric emergency medicine and to prepare the resident  
8 for examination for certification in Emergency Medicine by the American Osteopathic Board of  
9 Emergency Medicine (AOBEM)

10  
11 **STANDARD TWO**

12 **MISSION**

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

17  
18 **STANDARD THREE**

19 **EDUCATIONAL PROGRAM GOALS AND OBJECTIVES**

20 The goals of the osteopathic pediatric emergency medicine program are to train fellows to  
21 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 pediatric patient clinical  
25 presentations.

26 3.1 Training in osteopathic principles and practice shall be provided in both structured  
27 educational activities and clinical formats.

28 3.2 Programs shall provide the opportunity to develop Osteopathic Manipulative Medicine  
29 (OMM) skills and apply them to pediatric emergency medicine as illustrated by didactic  
30 sessions and documented procedures.

31 3.3 Programs shall appropriately integrate OMM and its applications in the practice of  
32 pediatric emergency medicine.

33  
34 **B. Medical Knowledge**

35 Medical knowledge: a thorough knowledge of the complex differential diagnoses and treatment  
36 options in emergency medicine of the pediatric patient and the ability to integrate the applicable  
37 sciences with clinical experiences.

38 3.1 Sciences applicable to pediatric emergency medicine with clinical experiences shall be  
39 integrated into the program in a progressive manner.

- 1 3.2 Training shall be provided that shall enable the pediatric emergency medicine fellow to  
2 rapidly evaluate, initiate treatment, and provide appropriate therapy, and disposition of  
3 the emergency patient.
- 4 3.3 The training program shall provide the opportunity to develop the teaching skills of  
5 fellows in pediatric emergency medicine.
- 6 3.4 The program shall provide the opportunity to develop interest in and understanding of  
7 research in pediatric emergency medicine.
- 8 3.5 The program shall prepare fellows to use critical thinking in making effective decisions  
9 for pediatric patient management.
- 10 3.6 The program shall train the fellow to rapidly and accurately evaluate, organize, and initiate  
11 treatment of the pediatric emergency patient.
- 12 3.7 The program shall prepare the fellow to demonstrate proficiency in the psychomotor  
13 skills required of a competent pediatric emergency physician.
- 14 3.8 The program shall train the fellow to read, interpret, and participate in clinical research.  
15

16 **C. Patient Care**

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

- 20 3.1 The program shall provide the pediatric emergency medicine fellow with progressive  
21 patient care responsibilities, commencing with general medical skills and progressing to  
22 complete care of pediatric patients in need of emergency care.
- 23 3.2 The program shall provide training that shall enable the pediatric emergency medicine  
24 fellow to rapidly evaluate, initiate treatment, and provide appropriate therapy, and  
25 disposition of the pediatric patient in the emergency setting.  
26

27 **D. Interpersonal and Communication Skills**

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

- 30 3.1 The program shall provide fellows with the opportunity to develop teaching skills in  
31 pediatric emergency medicine.
- 32 3.2 The program shall train fellows the appropriate methods in which to educate patients and  
33 their families concerning health care needs.
- 34 3.3 The program shall educate fellows to become culturally sensitive to the patient  
35 populations served and implications of providing healthcare to them.  
36

1 **E. Professionalism**

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

4 3.1 Programs shall provide the opportunity to learn and practice professionalism as  
5 manifested through carrying out professional responsibilities, adherence to ethical  
6 principles and sensitivity to diverse populations.

7 3.2 Programs shall provide a learning environment that encourages cultural sensitivity and  
8 patient safety.

9 3.3 Programs shall educate the fellows so that they make sound judgments as to the expected  
10 risks arising from therapy as well as the condition being treated with an understanding of  
11 associated ethical and legal principles.

12 3.4 Fellows shall be encouraged to participate in community and professional organizations.

13 3.5 Programs shall provide education as well as the opportunity to participate in continuing  
14 education to promote personal and professional growth for both the fellow and teaching  
15 staff.

16

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

18 Practice-based learning and improvement: commitment to lifelong learning and scholarly pursuit  
19 in pediatric emergency medicine for the betterment of patient care.

20 3.1 The program shall promote lifelong learning in medical education.

21 3.2 The program shall prepare the fellow to meet board eligibility requirements of the AOA  
22 through the American Osteopathic Board of Emergency Medicine.

23 3.3 The program shall train the fellows to manage pediatric clinical problems in an emergency  
24 department or pediatric emergency section/department setting, employing basic scientific  
25 principles and evidenced-based medicine.

26 3.4 The program shall develop measurable objectives to assess the progression of the fellow  
27 in the two or three-year training program.

28 3.5 The program shall teach basic skills and clinical practices needed in the emergency  
29 department or pediatric emergency section/department to medical students, interns, and  
30 residents within the context of the fellowship program.

31

32 **G. Systems-Based Practice**

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

35 3.1 The program shall provide learning experiences that promote a broad understanding of  
36 the role of pediatric emergency medicine as it relates to other medical disciplines.

37 3.2 The program shall provide the opportunity to develop professional leadership and  
38 management skills.

39

- 1 3.3 The program shall train the fellow to provide cost-effective care to pediatric emergency  
2 medicine patients.
- 3 3.4 The program shall train the fellow to collaborate effectively, and share knowledge with  
4 colleagues and allied health professionals.
- 5 3.5 The program shall train the fellows to perform the basic skills needed for mass casualty  
6 management of pediatric patients and coordination for the hospital and community.

7

8 **STANDARD FOUR**

9 **INSTITUTIONAL REQUIREMENTS**

10

11 **A. Department or Section of Emergency Medicine/Pediatric Emergency Medicine**

12 To be considered for approval of a fellowship program in pediatric emergency medicine, the  
13 institution shall have a designated department or section of emergency medicine and/or pediatric  
14 emergency medicine at the base institution dedicated to the care of pediatric emergency medicine  
15 cases. This department or section shall:

16 4.1 Have a chairperson who is certified in emergency medicine through the American  
17 Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of  
18 Emergency Medicine (ABEM) or may be certified in pediatrics through the American  
19 Osteopathic Board of Pediatrics or the American Board of Pediatrics and shall achieve re-  
20 certification within prescribed time frame by the certifying body.

21 4.1.1 The Chair of the department may not be the program director.

22 4.2 Have a program director that fulfills the requirements of emergency medicine core  
23 faculty. The program director's responsibilities are outlined in Section Six.

24 4.2.1 The institution shall compensate the program director for at least 12 hours of  
25 non-clinical time per week.

26 4.3 Have faculty as well as core faculty to teach and supervise fellows.

27 4.3.1 The role and duties of the core faculty shall be clearly defined. This requires at  
28 least four (4) hours of compensated, non-clinical time per week.

29 4.4 Ensure that all physicians supervising emergency medicine fellows are certified or in the  
30 process of being certified in emergency medicine by AOA/AOBEM in ABEM or in  
31 pediatrics by AOA/AOBP or ABP or recognized by the AOA/AOBEM with a  
32 Certificate of Added Qualifications (CAQ) in pediatric emergency medicine or its  
33 equivalent.

34 4.5 Have a minimum of two (2) core faculty members consisting of at least one emergency  
35 medicine physician and one pediatrician who meet the requirements of core faculty  
36 outlined in Standard Six.

37 4.6 Have the scope, volume, and variety of cases to support a fellowship with at least two (2)  
38 approved fellow positions. The base institution shall have a minimum volume of 30,000  
39 emergency department visits with a minimum volume of 15,000 pediatric visits annually.

40

1 4.7 Adopt formal departmental or section policies that are shared with the fellows upon  
2 commencement of training.

3  
4 **B. Additional Pediatric Emergency Medicine Sites**

5 4.1 Institutions shall provide at least two distinct clinical training sites. One training site shall  
6 be an emergency department setting at a children's hospital and the other site at a  
7 community based emergency department. Each site shall have a minimum volume of  
8 15,000 pediatric visits annually.

9 4.2 Ensure that all physicians that are clinically supervising pediatric emergency medicine  
10 fellows are certified in emergency medicine by AOA/AOBEM; ABEM or in pediatrics by  
11 AOA/AOBP or ABP or recognized by the AOA/AOBEM with a Certificate of Added  
12 Qualifications (CAQ) in pediatric emergency medicine or its equivalent.

13  
14 **STANDARD FIVE**  
15 **PROGRAM REQUIREMENTS AND CONTENT**  
16

17 **A. Program Environment**

18 The educational program for pediatric emergency medicine shall be based in a learning  
19 environment that is based on education, not service. It shall contain professional teaching and  
20 experiences that provide measureable means to assess the fellow's progression through the  
21 curriculum outlined below.

22  
23 **B. Curriculum**

24 The pediatric emergency medicine program shall create and adhere to a two-year curriculum  
25 (OGME-5 and OGME-6) for those fellows with a general emergency medicine and a three-year  
26 curriculum (OGME-4, OGME-5 and OGME-6) for those fellows with a general pediatric  
27 background that meets or exceeds the requirements listed within this document.

28 5.1 The program shall have a written curriculum on file at its base institution that is updated  
29 and distributed annually to all fellows in the program.

30 5.2 The program shall have written goals and objectives.

31 5.3 Progression through the fellowship shall be based upon the following:

32 5.3.1 Meeting stated goals and objectives of the program.

33 5.3.2 Demonstrating increased competence in skills and techniques in pediatric  
34 emergency medicine, pediatrics, and emergency medicine.

35 5.3.3 Proficiency in the use of diagnostic and therapeutic modalities.

36 5.3.4 Ongoing demonstration of professional behaviors and competence.

37 5.4 The curriculum shall be evaluated and updated annually by faculty and fellows.  
38

- 1    **C. Curriculum**
- 2    **5.1 OGME – 4:** For fellows with primary training in pediatrics, educational experiences in  
3    the emergency medicine department shall focus on achieving the correct diagnosis and  
4    disposition of cases in an emergency medicine setting. During the OGME-4 year of  
5    training, pediatric emergency medicine fellows shall be required to complete the following  
6    rotations, prior to progressing into the OGME 5 and 6 years.
- 7    5.1.1 Emergency medicine for a minimum of 6 rotations.
- 8    5.1.2 Trauma for a minimum of 1 rotation.
- 9    5.1.3 Emergency medical services for a minimum of 1 rotation.
- 10   5.1.4 Subspecialty rotations in surgery, e.g., anesthesiology, surgery, hand or plastic  
11   surgery, orthopedics, ophthalmology for a minimum 4 rotations.
- 12   5.1.5 Advanced procedural skills training in bedside ultrasound; rapid sequence  
13   intubation (RSI) and procedural sedation that shall be included in the above  
14   named formal rotations.
- 15
- 16   **5.2 OGME 5**
- 17    5.2.1. The fellow shall devote a minimum of six (6) months in actual clinical pediatric  
18    emergency medicine during the OGME 5 year of the fellowship. During the  
19    assigned portions, the fellow may serve in a general emergency department that  
20    has a minimum of 15,000 pediatric emergency patients annually, or may be  
21    assigned to specific pediatric emergency medicine departments at a children’s  
22    hospital.
- 23    5.2.2 The OGME 5 year of the fellow’s individual clinical responsibilities shall be  
24    similar to senior residents in general emergency medicine or pediatric residency  
25    programs, dependent on the fellow’s prior residency training pathway and  
26    emphasize direct patient contact under the supervision of faculty.
- 27    5.2.3 A minimum of one month of pediatric intensive care and one month of neonatal  
28    intensive care is required for any fellow who has completed previous training in  
29    general emergency medicine.
- 30    **5.3 OGME 6 -** During the OGME 6 year the fellow’s responsibilities shall be focused on  
31    research, administrative, supervisory and academic activities. The fellow shall be provided  
32    with responsibility similar to junior faculty.
- 33    5.4 In addition to the completion of the required months of pediatric emergency medicine  
34    training, the fellow should also have training in the following areas:
- 35    5.4.1 Pediatric Cardiology
- 36    5.4.2 Pediatric Infectious Disease
- 37    5.4.3 Pediatric Neurology
- 38    5.4.4 Pediatric Orthopedics
- 39    5.4.5 Pediatric Radiology

1           5.4.6   Pediatric Trauma

2           If the fellow has completed any of the above rotations in previous training years, the  
3           program director may substitute rotations to supplement training.

4  
5   **D.    Procedures**

6   5.1.    The pediatric emergency medicine fellow must have accomplished the following  
7           minimum number of procedures prior to the completion of the pediatric emergency  
8           medicine fellowship. Although this list represents a minimum number, it is expected that  
9           all procedures performed shall be logged. It is understood that numerous critical  
10          procedures in emergency medicine are infrequent/rare. In consideration of this some  
11          procedures may be completed after demonstrating proficiency in an animal lab setting, or  
12          simulation lab. Such procedure requirements shall be allowed with the approval and at the  
13          discretion of the program director.

14       5.1.1   Pediatric Lumbar Punctures - 20 procedures

15       5.1.2   Pediatric Intubation - 20 procedures

16       5.1.3   Pediatric Bladder Catheterization -10 procedures

17       5.1.4   Neonatal Umbilical Artery Lines - 10 procedures

18       5.1.5   Peripherally Inserted Central Lines -10 procedures

19       5.1.6   Pediatric RSI - 20 procedures

20       5.1.7   Pediatric Ultrasound - 20 procedures

21       5.1.8   Closed Fraction Reduction – 20 procedures

22       5.1.9   Dislocation Reduction – 10 procedures

23       5.1.10  Splinting – 20 procedures

24       5.1.11  Procedural Sedation – 15 procedures

25       5.1.12  Cricothyroidotomy – 3 procedures

26       5.1.13  Intraosseous Line – 20 procedures

27       5.1.14  Laceration Repair – 50 procedures

28       5.1.15  Osteopathic Manipulative Therapy – 20 procedures

29       5.1.16  Pediatric Medical Stabilization – 15 procedures

30       5.1.17  Pediatric Trauma Stabilization – 10 procedures

31       5.1.18  Thoracotomy – 1 procedure

32  
33   **E.    Didactic Educational Activities**

34   5.1    The program shall provide a minimum of four (4) hours of planned pediatric emergency  
35          medicine activity per week.

36       5.1.1   Core faculty shall be involved in both the planning as well as the administration of

- 1 the educational activities.
- 2 5.1.2 These activities shall be based upon the two to three-year core curriculum.
- 3 5.1.3 The content shall be covered in its entirety at least once during the fellowship  
4 training program.
- 5 5.1.4 Greater than fifty percent of these activities shall be planned and presented by  
6 non-fellow or fellow educators.
- 7 5.1.5 The core faculty and fellows shall participate in required OPTI educational  
8 programs.
- 9 5.1.6 Fellows shall be excused from all in-house clinical duties to attend these activities
- 10 5.1.7 Fellows are required to attend the didactic activities unless excused by the  
11 program director.

12

13 **F. Professional Development**

- 14 5.1 Fellows shall participate in available seminars, workshops, and conferences provided  
15 through regional, state, and national professional organizations.

16

17 **STANDARD SIX**

18 **PROGRAM DIRECTOR/ FACULTY**

- 19
- 20 **A.** The institution shall have a program director and both appropriately qualified faculty and  
21 core faculty in place prior to applying for initial approval or for increasing fellow  
22 positions, and shall maintain this faculty during the term of approval of the program.  
23 Only programs maintaining adequate faculty shall be eligible for approval, continuance  
24 of approval, or increases in fellow positions.

25

26 **B. Program Director**

- 27 6.1 The sponsoring institution shall designate an osteopathic physician trained in pediatric  
28 emergency medicine as program director for the program. This physician shall have  
29 sufficient time for both program administration and clinical instruction. Appointments  
30 are subject to the approval of the ACOEP Committee on Graduate Medical Education,  
31 the ACOP Graduate Medical Education Committee, and subsequent registry by the  
32 AOA.

- 33 6.1.1 In the event that the institution does not have a credentialed physician in  
34 osteopathic pediatric emergency medicine, it may utilize two physicians, an  
35 osteopathic pediatrician and an osteopathic emergency medicine physician, who  
36 meet the requirements of program director who shall act as co-program directors  
37 until a credentialed osteopathic pediatric emergency medicine physician can  
38 assume the position of program director is located.

- 1 6.2. The program director may not serve in the capacity of chair of the Department of  
2 Emergency Medicine, the Department of Pediatrics or as program director of the  
3 emergency medicine residency program or the pediatric residency program at the  
4 institution. He or she may be the director of medical education if the institution has three  
5 or fewer osteopathic residency programs.
- 6 6.3. The program director of the pediatric emergency medicine fellowship program shall  
7 possess the following qualifications:
- 8 6.3.1 Active, full-time staff membership (a minimum of 30 hours per week which  
9 includes clinical as well as educational activities) within the department or section  
10 of emergency medicine, pediatrics or pediatric emergency medicine at the base  
11 institution.
- 12 6.3.2 Basic certification in emergency medicine or pediatrics by the AOA through the  
13 American Osteopathic Board of Emergency Medicine or the American  
14 Osteopathic Board of Pediatrics and maintain continuous certification. He or she  
15 shall be re-certified within the prescribed time frame of these agencies for  
16 pediatrics and/or emergency medicine. Lifetime certificate holders are not  
17 exempt from this recertification requirement.
- 18 6.3.2.1 Have additional training in pediatric emergency medicine in an accredited  
19 pediatric emergency medicine program; or shall have received a Certificate  
20 of Added Qualifications (CAQ) from the AOA, through the American  
21 Osteopathic Board of Emergency Medicine and re-credentialing as  
22 required by this agency, or alternately be dually board certified in  
23 pediatrics and emergency medicine by the certification boards listed  
24 above.
- 25 6.3.5 Membership in the American College of Osteopathic Emergency Physicians and  
26 the American College of Osteopathic Pediatricians.
- 27 6.3.4 Specialty expertise and documented educational and administrative experience  
28 acceptable to the Committees on Graduate Medical Education of the ACOEP  
29 and ACOP
- 30 6.3.5 Three (3) years experience as core faculty within an emergency medicine,  
31 pediatrics, or pediatric emergency medicine residency or fellowship or full time  
32 practice of pediatric emergency medicine for five (5) years.
- 33 6.3.6 Fulfill and maintain the qualifications as a core faculty member of a pediatric  
34 emergency medicine fellowship, including administrative and demonstrated  
35 leadership skills, and completion of the AOA's continuing medical education  
36 requirements and emergency medicine and pediatric training skills and faculty  
37 development.
- 38 6.4 The program director or co-program directors shall have the following responsibilities:
- 39 6.4.1 Direct the pediatric emergency medicine fellowship and ensure that the fellow  
40 receives the training outlined in the written program description.
- 41 6.4.2 Ensure the arrangements of outside rotations with formal affiliation agreements  
42 that meet the program's educational objectives.

- 1 6.4.3 Evaluate the fellows, faculty, and the pediatric emergency medicine fellowship.
- 2 6.4.4 Submit required reports to the ACOEP, ACOP, and AOA, as required.
- 3 6.4.5 Verify the completion of didactic and clinical schedules.
- 4 6.4.6 Actively participate in postdoctoral education and training at the base institution.
- 5 6.4.7 Notify the ACOEP and ACOP of all fellows in training on an annual basis.
- 6 6.4.8 Participate in the annual ACOEP Program Directors' Faculty Development  
7 Workshop. Attendance at this annual workshop is mandatory for the program  
8 director or his/her designee. However, the program director shall attend a  
9 minimum of once every two years.
- 10 6.4.9 Ensure that the program complies with the standards, policies, and procedures of  
11 the AOA.
- 12 6.4.10 Prepare for and participation in the AOA inspection of the program in  
13 cooperation with the Division of Postdoctoral Education and the designated  
14 evaluator.
- 15 6.4.11 Inform the AOA, OPTI, and ACOEP's and ACOP's educational committees of  
16 major changes in the program, including but not limited to, changes in program  
17 director, core faculty institutional ownership, and affiliation, or other major  
18 administrative changes within thirty (30) days of their occurrence.
- 19 6.4.12 Develop written goals and objectives for each rotation featured in the program  
20 and maintain these through periodic updating.
- 21 6.5 Maintain appropriate ratio of qualified core faculty for the program.

22

### 23 **C. Core Faculty**

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

#### 26 6.1 Requirements

27 6.1.1 The program director shall designate a minimum of two (2) core faculty who shall  
28 participate in the pediatric emergency medicine fellowship program.

29 6.1.2 A minimum of fifty percent (50%) of the core faculty shall be osteopathic  
30 emergency physicians who participate in the training of fellows.

31 6.2 Qualifications: Core faculty shall meet the following qualifications prior to and  
32 throughout the duration of their appointment:

33 6.2.1 Core faculty members are specifically designated, full-time members of the  
34 Department of Emergency Medicine at the base institution. Full time is defined as  
35 a minimum of 30 hours per week which includes clinical as well as educational  
36 activities.

37 6.2.2 Core faculty shall maintain certification by the AOA through the American  
38 Osteopathic Board of Emergency Medicine or the American Board of Emergency  
39 Medicine or in Pediatrics by AOA through the American Osteopathic Board of

1           Pediatricians or the American Board of Pediatrics. Core faculty shall also be  
2           recertified within the prescribed timeframe of the appropriate certifying agency.  
3           He or she shall maintain continuous certification. Lifetime certificate holders are  
4           not exempt from this recertification requirement.

5           6.2.2.1 Have additional training in pediatric emergency medicine in an accredited  
6           pediatric emergency medicine program; or shall have received a Certificate  
7           of Added Qualifications (CAQ) from the AOA, through the American  
8           Osteopathic Board of Emergency Medicine and re-credentialing as  
9           required by this agency, or alternately be dually board certified in  
10          pediatrics and emergency medicine by the certification boards listed  
11          above.

12   6.3    **Scholarly Activity:** Each core faculty member shall demonstrate scholarly activity prior  
13   to and throughout the duration of their appointment. Scholarly activity is the academic  
14   pursuits that serves either the specialty or profession and/or involves creative, intellectual  
15   work that is peer-reviewed and publicly disseminated.

16   6.3.1   Scholarly activity shall occur within a four-year period. Acceptable activities may  
17   include a minimum of 2 major or 1 major and 2 minor scholarly activity within  
18   this time frame for each core faculty member. Other activities may be accepted  
19   on an individual basis at the discretion of the committee on graduate medical  
20   education. Scholarly activities for each core faculty member shall be well  
21   documented, to include dates, locations, and details.

22   6.4.    Major Scholarly activities shall be defined as follows:

23   6.4.1   Serving as chair or vice chair of a national, regional or state medical society  
24   committee.

25   6.4.2   Serving as an active member of a committee of a national, regional or state  
26   medical association.

27   6.4.3   Publication of original research or review article in peer-reviewed medical or  
28   scientific journal, or chapter in medical textbook.

29   6.4.4   Receipt of grant funding for medical, educational or service research.

30   6.4.5   Presentation or publication of case reports or clinical series at national, regional or  
31   state professional and scientific society meetings and conferences.

32   6.4.6   Member of an editorial review board of a national, regional or state peer-reviewed  
33   publication.

34   6.4.7   Participation in item writing or as an examiner for a national medical certification  
35   board.

36   6.4.8   Presentation at a national, regional or state CME meeting or seminar.

37  
38   6.5    Minor Scholarly activities shall be defined as:

39   6.5.1   Research projects currently in progress. The study has been approved by IRB and  
40   data-collection actively occurring.

41   6.5.2   Preparation of grant funding request material for medical, educational or service  
42   research.

43   6.5.3   Visiting professorship (guest emergency medicine lecturer to peers or  
44   residents/fellows at an outside institution).

45   6.5.4   Item writing for the ACOEP Resident In-Service Examination.

- 1 6.5.5 Serve in the capacity as an active judge (or evaluator) at a national, regional or  
2 state academic meeting.
- 3 6.5.6 Publication of an article or chapter in a non-peer reviewed medical or scientific  
4 journal.
- 5 6.6 Responsibilities
- 6 6.6.1 Core faculty shall be involved in the preparation and presentation of didactic  
7 educational program, such as formal lectures, case conferences and journal clubs  
8 and other requirements of the core curriculum.
- 9 6.6.2 Core faculty shall attend a minimum 33% of the program's required didactic  
10 educational activities.
- 11 6.6.2 Core faculty shall encourage and support fellows in scholarly activities and act as  
12 mentors for required research projects.
- 13 6.6.3 Core faculty shall be provided sufficient compensated non-clinical time to provide  
14 instruction, leadership and participation in scholarly activities.

## 15 **STANDARD SEVEN**

### 16 **FELLOW REQUIREMENTS**

- 17
- 18 7.1 The pediatric emergency medicine fellow shall be a member of the American College of  
19 Osteopathic Emergency Physicians (ACOEP) and the American College of Osteopathic  
20 Pediatricians (ACOP) and maintain this membership throughout their training.
- 21 7.2 Each fellow shall adhere to established policies and procedures for fellowship training, as  
22 outlined in this document, and the fellowship manual.
- 23 7.3 The fellow shall progressively assume responsibility for patient care during the fellowship  
24 program, so that by the final year of training, he or she is able to assume complete  
25 management of all assigned cases.
- 26 7.4 Fellows shall maintain formal records of all activities related to the educational program.  
27 These records shall be submitted monthly to the program director for review and  
28 verification. Copies of these records shall be kept on permanent file by the  
29 administration at the base institution and shall be available at the time of the inspection.  
30 These records should document the fulfillment of the requirements of the program,  
31 describing the volume, variety, and scope, and progressive responsibility on the part of  
32 the fellow for emergency cases and procedures performed under supervision.
- 33 7.5 The fellow shall be exposed to the principles of conducting research during the course of  
34 the program and shall prepare one research project during the fellowship program on a  
35 topic pertinent to pediatric emergency medicine. Original contributions will document  
36 original clinical or applied research. The original contribution shall be submitted to the  
37 ACOEP within thirty (30) days of the completion date of the fellowship.
- 38 7.6 The fellow shall be required to participate in professional staff activities.
- 39 7.7 The fellow shall maintain certification as an instructor in pediatric advanced life support  
40 (PALS), and / or neonatal resuscitation program (NRP) or its equivalent.

1 7.8 The fellow may moonlight, if approved by the program director; however, he or she may  
2 not moonlight in the department in which he or she serves as a fellow.

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## STANDARD EIGHT

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### EVALUATION

6 8.1. The core curriculum shall be evaluated annually by faculty and fellows as a method for  
7 revision and updating of the documents.

8 8.2. The program director, with faculty input, shall complete written quarterly evaluations of  
9 fellow performance. This should include evaluations from all affiliated training sites and  
10 supplemented rotation sites.

11 8.3. Evaluations should be learner-centered, developmental, foster continuous improvement,  
12 and based upon educational objectives for each assignment and program activity.

13 8.4. Completed evaluations shall be shared with the fellow in consultation for improvement.  
14 They shall be signed by the program director and fellow to document that evaluation and  
15 counseling have occurred quarterly as required. Copies of evaluations should be made  
16 available to the fellow.

17 8.5. The program director shall document that fellows needing remediation or counseling as a  
18 result of evaluation are given it in a timely manner. There shall be documentation of  
19 follow up evaluations of these fellows.

20 8.6. The fellow shall anonymously evaluate faculty and the program on an annual basis.