



AMERICAN OSTEOPATHIC ASSOCIATION

Crosswalk Workbook
For
Fellowship Training
In
Pediatric Emergency Medicine

American College of Osteopathic Emergency Physicians

American College of Osteopathic Pediatricians

and

American Osteopathic Association

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INSTRUCTIONS AND PURPOSE

This evaluative workbook is a companion document to the Basic Standards for Fellowship Training in Pediatric Emergency Medicine. The purpose of this document is to assist evaluators and institutions to determine if institutions that are currently sponsoring fellowship training in pediatric emergency medicine, or those seeking to sponsor a program, 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 in the future or evidence of the mechanism by which the standard shall be met. Supporting evidence should be presented with brief summaries explaining the mechanism by which the standard shall be met. **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 fellow beginning training. The scale at the end of this document shall be used as a guide 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:		

Instructions: Please complete the following for each institution utilized in the training of pediatric emergency medicine fellows. List the base institution first, followed by the institution at which 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:			
Rotations (in months)	OGME4 (if applicable)	OGME5	OGME6
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			
Rotations (in months)	OGME4 (if applicable)	OGME5	OGME6
CEO / Director / President Name			
Accreditation:	HFAP (AOA)	JCAHO	

Participating Institution B			
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			
Rotations (in months)	OGME4 (if applicable)	OGME5	OGME6
CEO / Director / President Name			
Accreditation: HFAP (AOA)		JCAHO	

Participating Institution C			
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			
Rotations (in months)	OGME4 (if applicable)	OGME5	OGME6
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, fellow complement, and the date that the ACOEP and ACOP were 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. Summary of Curriculum Vitae

The following form should be attached to the front of the curriculum vita of each member of the pediatric 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 ACTIVITIES				
<u>Activity / Location</u>		<u>Major / Minor</u>		<u>Dates</u>
HOURS PER WEEK SPENT IN:				
Clinical Supervision				
Administration				
Research				
Didactics / Teaching				

Include a list of scholarly activities. This is described at length in the Core Faculty Section of the Basic Standards, Standard 6, D, 6.2.3

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 fellows 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:

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

Comments:

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

Comments:

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

Comments:

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 offers its fellows an average of at least 4-hours each week of planned educational experiences developed by the pediatric emergency medicine fellowship program?	Yes	No
What percentage of formal didactic conferences are presented by the following individuals:		
Emergency Medicine Core Faculty		%
Pediatric Emergency Medicine Core Faculty		%
Pediatric Non – Core Faculty		%
Emergency Medicine Non-Core Faculty		%
Emergency Medicine Residents		%
Pediatric Residents		%
Other (please specify)		%
Total		100%
What percent of planned conferences does the average fellow attend?		%
Does the base institution have separate and distinct office space for faculty, fellows/residents and staff?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does each emergency medicine department where pediatric 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 Fellowship Training in Pediatric 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 standard.

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) ($= / >70$)

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.

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
4.		INSTITUTIONAL REQUIREMENTS						
A.		Department of Emergency Medicine / Pediatric Emergency Medicine						
		The institution shall have a designated department or section of emergency medicine and/or pediatric emergency medicine at the base institution dedicated to the care of pediatric emergency medicine cases.						
		This department or section shall:						
4.1		Have a chair that is certified in emergency medicine by the AOA through the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM) or may be certified in pediatric emergency medicine through the American Board of Pediatrics and shall achieve re-certification with the prescribed time frame by the certifying body.	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 emergency medicine core faculty as outlined in Standards Six.	Department staffing records					
4.2.1	1	The institution shall compensate the program director for at least 12 hours non-clinical time per week.	Department staffing records Medical Staff Office					
4.3		Have faculty as well as core faculty to teach and supervise fellows.	Department staffing records					
4.3.1	2	The role and duties of the core faulty shall be clearly defined. This requires at least four (4) hours of compensated, non-clinical time per week.	Program description Departmental staffing records Medical Staff Office					
4.4	1	Ensure that all physicians supervising emergency medicine fellows are certified or in the process of being certified in emergency medicine by AOA/AOBEM in ABEM or in pediatrics by AOA/AOBP or ABP or recognized by the AOA/AOBEM with a Certificate of Added Qualifications (CAQ) in pediatric emergency medicine or its equivalent.	Physician CV Verification of certification and/or recertification in required time line with AOBEM/AOA or ABEM View actual certificate					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
4.5	1	Have a minimum of two (2) core faculty members consisting of at least one emergency medicine physician and one pediatrician who meet the requirements of core faculty outlined in Standard 6, Section D.	Department staffing roster Interview staff and residents					
4.6	1	Have the scope, volume, and variety of cases to support a fellowship with at least two (2) approved fellow positions. The base institution shall have a minimum volume of 30,000 emergency department visits with a minimum volume of 15,000 pediatric visits annually.	Annual departmental / section statistics Tour facilities					
4.7	1	Adopt formal departmental or section policies that are shared with the fellow upon commencement of training.	Fellow manual					
B.		Additional Pediatric Emergency Medicine Sites						
4.1	1	Institutions shall provide at least two distinct clinical training sites. One training site shall be an emergency department setting at a children's hospital and the other site at a community based emergency department. Each site shall have a minimum volume of 15,000 pediatric visits annually.	Annual departmental statistics for each site; tour facilities; program description; fellow schedules					
4.2	1	Ensure that all physicians that are clinically supervising pediatric emergency medicine fellows are certified in emergency medicine by AOA/AOBEM; ABEM or in pediatrics by AOA/AOBP or ABP or recognized by the AOA/AOBEM with a Certificate of Added Qualifications (CAQ) in pediatric emergency medicine or its equivalent.	Physician CVs Verification of certification; view actual certificates; Check with Medical Staff Office					
Program Director Section Comments:								
Site Evaluators Section Comments:								

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
5		PROGRAM REQUIREMENTS AND CONTENT						
A.		Program Environment						
	1	The educational program for pediatric emergency medicine shall be based in a learning environment that is based on education not service. It shall contain professional teaching and experiences that provide measurable means to assess the fellow's progression through the curriculum outlined below.	Program description Program goals & objectives					
B		Curriculum						
	3	The pediatric emergency medicine program shall create and adhere to a two-year curriculum (OGME-5 and OGME-6) for those fellows with a general emergency medicine and a three-year curriculum (OGME-4, OGME-5 and OGME-6) for those fellows with a general pediatric background that meets or exceeds the requirements listed within this document.	Program description Interview fellows					
5.1	1	The program shall have a written curriculum on file at its base institution that is updated and distributed annually to all fellows in the program.	Interview fellows					
5.2	1	The program shall have written goals and objectives.	Program description; Fellow manual					
5.3		Progression through the fellowship shall be based upon the following:						
5.3.1	1	Meeting stated goals and objectives of the program.	Interview fellows and program director					
5.3.2	1	Demonstrating increased competence in skills and techniques in pediatric emergency medicine, pediatrics, and emergency medicine.	AOBEM Pass Rates Procedures logs					
5.3.3	1	Proficiency in the use of diagnostic and therapeutic modalities.	See above					
5.3.4	1	Ongoing demonstration of professional behaviors and competence.	Review fellow files and personnel records					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
C.		Curriculum						
5.1		OGME – 4						
5.1.	3	For fellows with primary training in pediatrics, educational experiences in the emergency medicine department shall focus on achieving the correct diagnosis and disposition of cases in an emergency medicine setting. During the OGME-4 year of training, pediatric emergency medicine fellows shall be required to complete the following rotations, prior to progressing into the OGME 5 and 6 years.	Program description Interview fellows Fellow schedules					
5.1.1		Emergency medicine for a minimum of 6 rotations	Program description; Fellow schedules					
5.1.2		Trauma for a minimum of 1 rotation	Program description; Fellow schedules					
5.1.3		Emergency medical services for a minimum of 1 rotation	Program description; Fellow schedules					
5.1.4		Subspecialty rotations in surgery, e.g., anesthesiology, surgery, hand or plastic surgery, orthopedics, ophthalmology for a minimum 4 rotations	Program description; Fellow schedules					
5.1.5		Subspecialty rotations in surgery, e.g., anesthesiology, surgery, hand or plastic surgery, orthopedics, ophthalmology for a minimum 4 rotations	Program description; Fellow schedules					
5.2		OGME 5						
5.2.1	3	The fellow shall devote a minimum of six (6) months in actual clinical pediatric emergency medicine during the OGME 5 year of the fellowship. During the assigned portions, the fellow may serve in a general emergency department that has a minimum of 15,000 pediatric emergency patients annually, or may be assigned to specific pediatric emergency medicine departments at a children’s hospital.	Department statistics Program description; Fellow schedules					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
5.2.2		The OGME 5 year of the fellow's individual clinical responsibilities shall be similar to senior residents in general emergency medicine or pediatric residency programs, dependent on the fellow's prior residency training pathway, and emphasize direct patient contact under the supervision of faculty.	Program description; Fellow interviews					
5.2.3		A minimum of one month of pediatric intensive care and one month of neonatal intensive care is required for any fellow who has completed previous training in general emergency medicine.	Program description; Fellow schedules					
5.3		OGME 6						
		During the OGME 6 year the fellow's responsibilities shall be focused on research, administrative, supervisory and academic activities. The fellow shall be provided with responsibility similar to junior faculty.	Program description; Fellow schedules; Fellow interviews					
5.4	3	In addition to the completion of the required months of pediatric emergency medicine training, the fellow should also have training in the following areas:						
5.4.1		Pediatric Cardiology	Procedure logs; Fellow schedules					
5.4.2		Pediatric Infectious Disease	Procedure logs; Fellow schedules					
5.4.3		Pediatric Neurology	Procedure logs; Fellow schedules					
5.4.4		Pediatric Orthopedics	Procedure logs; Fellow schedules					
5.4.5		Pediatric Radiology	Procedure logs; Fellow schedules					
5.4.6		Pediatric Trauma	Procedure logs; Fellow schedules					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
D		Procedures						
5.1	3	The pediatric emergency medicine fellow shall have accomplished the following minimum number of procedures prior to the completion of the pediatric emergency medicine fellowship. Although this list represents a minimum number, it is expected that all procedures performed shall be logged. It is understood that numerous critical procedures in pediatric emergency medicine are infrequent/rare. In consideration of this some procedures may be completed after demonstrating proficiency in an animal lab setting, or simulation lab. Such procedure requirements shall be allowed with the approval and at the discretion of the program director.						
5.1.1		Pediatric Lumbar Puncture (20)	Procedure logs					
5.1.2		Pediatric Intubation (20)	Procedure logs					
5.1.3		Pediatric Bladder Catheterization (10)	Procedure logs					
5.1.4		Neonatal Umbilical Artery Lines (10)	Procedure logs					
5.1.5		Peripherally Inserted Central Lines (10)	Procedure logs					
5.1.6		Pediatric RSI (20)	Procedure logs					
5.1.7		Pediatric Ultrasound (20)	Procedure logs					
5.1.8		Closed Fracture Reduction (20)	Procedure logs					
5.1.9		Dislocation Reduction (10)	Procedure logs					
5.1.10		Splinting (20)	Procedure logs					
5.1.11		Procedural Sedation (15)	Procedure logs					
5.1.12		Cricothyroidotomy (3)	Procedure logs					
5.1.13		Intraosseous Line (20)	Procedure logs					
5.1.14		Laceration Repair (50)	Procedure logs					
5.1.15		Osteopathic Manipulative Therapy (20)	Procedure logs					
5.1.16		Pediatric Medical Stabilization (15)	Procedure logs					
5.1.17		Pediatric Trauma Stabilization (10)	Procedure logs					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
5.1.18		Pediatric Thoracotomy (1)	Procedure logs					
E.		Didactic Educational Activities						
5.1	1	The program shall provide planned pediatric emergency medicine educational activity per week	Didactic lecture schedules Fellow interviews					
5.1.1	1	Core faculty shall be involved in both the planning as well as the administration of the educational activities.	Didactic lecture schedules Faculty interviews					
5.1.2	1	These activities shall be based upon the two to three year core curriculum.	Didactic lecture schedules Program descriptions					
5.1.3	1	The content shall be covered in its entirety at least once during the fellowship training program.	Didactic lecture schedules Program descriptions					
5.1.4	1	Greater than fifty percent of these activities shall be planned and presented by non-resident educators.	Didactic lecture schedules Fellow interviews					
5.1.5	1	The core faculty and fellows shall participate in required OPTI educational programs.	Didactic lecture schedules Fellow and faculty interviews					
5.1.6	1	Fellows shall be excused from all in-house clinical duties to attend these activities.	Didactic lecture schedules Fellow interviews Didactic lecture attendance					
5.1.7	1	Fellows are required to attend the didactic activities unless excused by the program director.	Didactic lecture schedules Fellow interviews Didactic lecture attendance					
F.	1	Professional Development						
		Fellows shall:						
5.1		Participate in available seminars, workshops and conferences provided through regional, state and national professional organizations.	Fellow schedules and interviews					
5.2		Learn teaching skills by actively participating in the process of instructing medical students, residents and allied health professionals.	Fellow schedules; lecture schedules; interviews with fellows and faculty					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
Program Directors Comments:								
Site Evaluators Section Comments:								
6.		PROGRAM DIRECTOR / FACULTY						
A.	3	The institution shall have a program director and appropriately qualified faculty and core faculty in place prior to applying for approval and shall maintain this faculty during the term of approval of the program. Only programs maintaining adequate faculty shall be eligible for approval or continuance of approval or increases in fellow positions.	Physician roster Departmental roster Physician CVs					
B.		Program Director						
6.1	1	The sponsoring institution shall designate an osteopathic physician trained in pediatric emergency medicine as program director. This physician shall have sufficient clinical time for program administration and clinical instruction. Appointments are subject to the approval of the ACOEP Committee on Graduate Medical Education, the ACOP Graduate Medical Education Committee, and subsequent registry by the AOA.	Physician roster Departmental roster Physician CVs Verification from AOA					
6.1.1		In the event that the institution does not have a credentialed physician in osteopathic pediatric emergency medicine, it may utilize two physicians, an osteopathic pediatrician and an osteopathic emergency medicine physician, who meet the requirements of programs director who shall act as co-directors until a credentialed pediatric emergency medicine can assume the position of program director	Physician roster Departmental roster Verification from AOA					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.2	3	The program director or co-program directors may not serve as or act in the capacity of the chair of the department of emergency medicine, the department of pediatrics, but may be the program director of the emergency medicine residency program or the pediatric residency program at the institution.	Physician roster Departmental roster Physician CVs Medical Staff Office					
6.3	3	The program director or co-program directors of the pediatric emergency medicine fellowship program shall possess the following qualifications:						
6.3.1		Active, full-time staff membership (a minimum of 30 hours per week which includes clinical as well as educational activities) within the department or section of emergency medicine, pediatrics, or pediatric emergency medicine at the base institution.	Departmental roster Physician schedules					
6.3.2		Basic certification in emergency medicine or pediatrics by the AOA through the American Osteopathic Board of Emergency Medicine or the American Osteopathic Board of Pediatrics and maintain continuous certification. He or she shall be re-certified within the prescribed time frame of these agencies for pediatrics and/or emergency medicine. Lifetime certificate holders are not exempt from this recertification requirement.	CV of Program Director Verification of certification and/or recertification from appropriate certifying agency View actual certificate					
6.3.2.1		Have additional training in pediatric emergency medicine in an accredited pediatric emergency medicine program; or shall have received a Certificate of Added Qualifications (CAQ) from the AOA, through the American Osteopathic Board of Emergency Medicine and re-credentialing as required by this agency, or alternately be dually board certified in pediatrics and emergency medicine by the certification boards listed above.	CV of Program Director Verification of certification and/or recertification from appropriate certifying agency View actual certificate					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.3.3		Membership in the American College of Osteopathic Emergency Physicians (ACOEP) and the American College of Osteopathic Pediatricians.	ACOEP annual correspondence verifying physician membership					
6.3.4		Specialty expertise and documented educational and administrative experience acceptable to the Committees on Graduate Medical Education of ACOEP and ACOP.	Physician CV					
6.3.5		Three (3) years experience as core faculty within an emergency medicine residency program, pediatrics, or pediatric emergency medicine residency or fellowship or time practice of pediatric emergency medicine for a minimum of five (5) years.	Physician CV					
6.3.6		Fulfill and maintain the qualifications as a core faculty member of a pediatric emergency medicine fellowship program, including administrative and demonstrated leadership skills, and completion of the AOA's Continuing Medical Education requirements, pediatric emergency medicine training skills, and faculty development.	Physician CV AOA CME Verification					
6.4		The program director or co-program directors shall have the following responsibilities:						
6.4.1	1	Direct the pediatric emergency medicine fellowship program and ensure that the fellow receives the training outlined in the written program description.	Program Director(s) interview Program description Fellow interviews					
6.4.2	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; Program director, faculty & fellow interviews					
6.4.3	1	Evaluate the fellows, faculty, and the pediatric emergency medicine fellowship.	Fellow and faculty files for verification of reviews					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
6.4.4	1	Submit reports to the ACOEP, ACOP and AOA, as required.	ACOEP verification					
6.4.5	1	Verify the completion of didactic and clinical schedules.	Review schedules					
6.4.6	1	Actively participate in postdoctoral education and training at the base institution.	Department schedules Fellow, faculty interviews					
6.4.7	1	Notify the ACOEP, ACOP of all fellows in training on an annual basis.	ACOEP verification					
6.4.8	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					
6.4.9	1	Ensure that the program complies with the standards, policies, and procedures of the AOA.	Program director interviews Program description					
6.4.10	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					
6.4.11		Inform the AOA, OPTI, and ACOEP's and ACOP's educational committees 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					
6.4.12	1	Develop written goals and objectives for each rotation and maintain these through periodic updating.	Program description					
6.5	2	Maintain the appropriate ratio of qualified core faculty for the program.	Department staffing documents					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
C.		Core Faculty						
6.1		Requirements						
6.1.1	2	The program director or co-program directors shall designate a minimum of two (2) core faculty who shall participate in the pediatric emergency medicine fellowship program.	Department / program roster Departmental schedules					
6.1.2	2	A minimum of fifty percent (50%) of the core faculty shall be osteopathic emergency physicians who participate in the training of fellows.	Department / program roster					
6.2.	3	Qualifications						
		Core faculty shall meet the following qualifications prior to and throughout the duration of their appointment:						
6.2.1		Core faculty members are specifically designated, full-time members of the Department of Emergency Medicine at the base institution. Full time is defined as a minimum of 30 hours per week which includes clinical as well as educational activities	Physician position descriptions Departmental schedules Physician interviews					
6.2.2		Core faculty shall maintain certification by the AOA through the American Osteopathic Board of Emergency Medicine or the American Board of Emergency Medicine or in Pediatrics by AOA through the American Osteopathic Board of Pediatricians or the American Board of Pediatrics. Core faculty shall also be recertified within the prescribed timeframe of the appropriate certifying agency. 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 by appropriate certifying agency View actual certificate					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance		Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
					Met	Not Met	Met	Not Met	Not Met
6.2.2.1		Have additional training in pediatric emergency medicine in an accredited pediatric emergency medicine program; or shall have received a Certificate of Added Qualifications (CAQ) from the AOA, through the American Osteopathic Board of Emergency Medicine and re-credentialing as required by this agency, or alternately be dually board certified in pediatrics and emergency medicine by the certification boards listed above.	Physician CV Verification of certification and/or recertification by appropriate certifying agency View actual certificate						
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 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 CV Didactic program attendance documentation						
6.6.2	2	Core faculty must attend a minimum of 33% of the program's required didactic educational activities.	Department lecture schedules Physician CV Didactic program attendance documentation						
6.6.3	2	Core faculty shall be provided sufficient compensated non-clinical time to provide instruction, leadership and participation in scholarly activities.	Department staffing Medical Staff Office						

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
Program Director Section Comments:								
Site Evaluators Section Comments:								
7		FELLOW REQUIREMENTS						
7.1		The pediatric emergency medicine fellow shall be a member of the ACOEP and American College of Osteopathic Pediatricians (ACOP) maintain membership throughout their term of training.	ACOEP annual verification to individual fellows					
7.2	1	Each fellow shall adhere to established policies and procedures for fellowship training, as outlined in this document, and in the fellow manual.	Fellow files					
7.3	1	The fellow shall progressively assume responsibility for patient care during the fellowship program, so that by the final year, the fellow shall be able to assume complete management of all assigned cases.	Fellow files					

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				Met	Not Met	Met	Not Met	Not Met
7.4	1	Fellows shall maintain formal records and logs of all activities related to the educational program. These records and logs shall be submitted monthly to the program director for review and verification. Copies of these records and logs shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records and logs should document the fulfillment of the requirements of the program, describing the volume, variety, and scope, and progressive responsibility on the part of the fellow for emergency cases and procedures performed under supervision.	Procedural logs/Fellow files Fellow and Program Director interviews					
7.5	1	The fellow shall be exposed to the principles of conducting research during the course of the program and shall prepare one research project during the fellowship program on a topic pertinent to pediatric emergency medicine. Original contributions shall document original clinical or applied research. The original contribution shall be submitted to the ACOEP within thirty (30) days of the completion date of the fellowship.	Evidence of review of paper from ACOEP Fellow and program director interviews Fellow files					
7.6	1	The fellow shall be required to participate in professional staff activities.	Fellow files					
7.7	1	The fellow shall maintain certification as an instructor in pediatric advanced life support (PALS), and / or neonatal resuscitation program (NRP) or its equivalent.	Fellow CV; Medical Staff Office					
7.8	1	Fellows may moonlight, if approved by the program director; however, he or she may not moonlight in the department in which he or she serves as a fellow.	Fellow CV; Program director and Fellow interviews					

Standard No.	Points	Standard	Suggested Documentation/ Interviews for Verifying Compliance	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
				Met	Not Met	Met	Not Met	Not Met
Program Director Comments:								
Site Evaluators Comments:								
8	EVALUATION							
8.1	2	The curriculum shall be evaluated annually by faculty and fellows as a method for revision and updating of the documents.	Program manual Fellow files; Fellow and Program Director 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.	Program files Program director and faculty interviews					
8.3	1	Evaluations should be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.	Program files Program director and faculty interviews					
8.4	2	Completed evaluations shall be shared with the fellow in consultation for improvement. They shall be signed by the program director and fellow to document that evaluation and counseling have occurred quarterly as required. Copies of evaluations should be made available to the fellow.	Fellow manual Fellow files Fellow and faculty interviews					

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				Met	Not Met	Met	Not Met	Not Met
8.5	2	The program director shall document that fellows requiring remediation, redirection, or counseling as a result of the evaluation process shall be given feedback and a corrective action plan in a timely manner. There shall be documentation of follow-up evaluations of these fellows.	Fellow manual Fellow files Fellow and faculty interviews					
8.6	1	The fellow shall anonymously evaluate faculty on an annual basis.	Fellow manual Fellow files Fellow and faculty interviews					
Program Director Comments:								
Site Evaluators 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