



---

AMERICAN OSTEOPATHIC ASSOCIATION

---

**Basic Standards  
for  
Fellowship Training In  
Emergency Medical Services**

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

---

Revised, BOT 7/1995  
Revised, BOT 2/1996  
Revised BOT 7/2007, Effective 7/2008

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

## **AUTHORITY AND PURPOSE**

The Bureau of Professional Education of the American Osteopathic Association (AOA) is the only accrediting agency recognized by Federal and State authorities in the United States for Osteopathic Medical Education. Postdoctoral training is approved by the American Osteopathic Association through its Council on Postdoctoral Training (COPT), a component of the Bureau of Professional Education.

Educational fellowship program approval implies that a program: has appropriately identified its mission, has secured the resources necessary to accomplish that mission, shown evidence of accomplishing its mission, and demonstrated its ability to carry its mission into the future.

Approval signifies that an educational fellowship program has met or exceeded the AOA standards for educational quality with respect to organization and administration: faculty, curriculum, instruction and evaluation; as well as fellow relations, and facilities.

The process of Emergency Medical Services educational fellowship program approval is a cooperative activity calling for continuing self-assessment on the part of each educational fellowship program, periodic peer evaluation through site visits, and review by the Graduate Medical Education Committee of the American College of Osteopathic Emergency Physicians (ACOEP), the Council on Postdoctoral Training, and the AOA Board of Trustees. Emergency Medical Services standards are contained in chapter one of the document. The context and process used by the Board and Council in approving programs is found in Chapter Two, Approval Procedures. Supplementary statements may be found in the document, Administrative Handbook of the Council on Postdoctoral Training.

## **PREFACE**

### **A BRIEF HISTORY OF EDUCATIONAL FELLOWSHIP PROGRAM APPROVAL**

Early in the 20th Century, the AOA initiated approval of osteopathic postdoctoral training programs, with review through the Committee on Hospitals and approval by the AOA Board of Trustees. In 1968, the Committee on Postdoctoral Training was established as a representative body composed of members from AOA affiliate organizations created to assure the Bureau of Professional Education, AOA Board of Trustees, the osteopathic profession and general public that postdoctoral training programs are operating within approved standards, rules and regulations, and are providing educational training resulting in high quality patient care. The COPT also has the obligation to deliberate and recommend policy revisions to the Bureau of Professional Education and the AOA Board of Trustees for improvements in postdoctoral training.

Presently, the Committee on Graduate Medical Education is composed of six members appointed by the Board of Directors of the ACOEP to serve staggered three-year terms. The

ACOEP Committee on Graduate Medical Education serves as an advisory body to the AOA Council on Postdoctoral Training for Emergency Medical Services. The Committee has two functions: to develop standards which Emergency Medical Services training programs and fellows must meet to be approved, and to review and make recommendations to the AOA to assure that educational fellowship programs and individual physicians seeking AOA approval have met the training standards. By maintaining these required standards, the AOA and the ACOEP assure that graduates of Emergency Medical Services educational fellowship programs achieve expertise in their specialty.

The approval process for postdoctoral Emergency Medical Services training is a public trust. Its purposes are many and include assuring that:

- (1) Osteopathic training programs meet AOA and ACOEP standards.
- (2) Fellows in training programs receive education and training consistent with AOA and ACOEP standards.
- (3) Those responsible for fellow education are competent.
- (4) Sponsored programs meet acceptable national standards.
- (5) Educational programs merit support from funding agencies.
- (6) Graduates of the Educational fellowship Programs are competent emergency physicians.

## **SECTION ONE**

### **BASIC STANDARDS FOR FELLOWSHIP TRAINING**

#### **IN EMERGENCY MEDICAL SERVICES**

##### **INTRODUCTION**

The AOA, Bureau of Professional Education, COPT, ACOEP, and each AOA-approved Emergency Medical Services (EMS) educational fellowship program are required to adhere to the policies, procedures, and standards contained in these documents. Exceptions must be clearly identified and have explicit approval as determined by the AOA Board of Trustees.

Osteopathic educational fellowship training in Emergency Medical Services is defined as a formal training period of one year in an approved program following the completion of an AOA-approved Emergency Medicine residency program to qualify for Certificate of Added Qualification. This program shall be planned and conducted for the purpose of providing advanced and concentrated training in Emergency Medical Services. Educational fellowship training in Emergency Medical Services is full-time. Providing education of the highest quality must be the major mission of the program. Education, not service, is the primary purpose of an educational fellowship program. These Standards are identified as Basic Standards each program is therefore required to meet all the standards and encouraged to exceed them.

The purpose of osteopathic Emergency Medical Services educational fellowship training is to provide progressive learning experiences that develop the attitudes, skills, and knowledge of an osteopathic physician to efficiently provide quality emergency medical care and supervision. Specific program objectives are stated in the curriculum referred to in Section IV.

## **STANDARDS FOR PROGRAM APPROVAL**

Standards I through VIII of this document contain standards for educational fellowship training in Emergency Medical Services. The standards and prerequisites are used by the AOA and the ACOEP to evaluate the educational fellowship program on a continuing basis.

### **STANDARD I**

#### **MISSION**

The mission of educational fellowship training in Emergency Medical Services is to provide an organized educational experience leading to the competent practice of Emergency Medical Services. This training shall be based on educational goals and objectives that meet or exceed those outlined in this document. Training must cover all areas of Emergency Medical Service experiences, including but not limited to urban/municipal system planning and administration; suburban and rural system planning and administration; disaster management training (DMAT), and mass casualty incident response and management.

Educational fellowship programs must provide a mission statement for the program and evidence that this statement is periodically reviewed and updated by the institution.

### **STANDARD II**

#### **EDUCATIONAL PROGRAM GOALS AND OBJECTIVES**

##### **A. EDUCATIONAL GOALS**

The goals of an Emergency Medical Services educational fellowship program are to:

1. Provide learning experiences that promote a broad understanding of the role of Emergency Medical Services as it relates to other medical disciplines.
2. Develop measurable objectives to assess the progression of the fellow in the one-year training program.
3. Develop familiarity with the design and operation of various types of EMS systems and models of Medical Command structures.

4. Provide experience in pre-hospital emergency care, including routine participation in base station activities, both supervisory and administrative.
5. Provide opportunities for the active leadership in education of pre-hospital care providers at various levels of expertise and training.
6. Provide the opportunity for the active participation, design, and direction of performance assessment and improvement activities, i.e., quality assurance.
7. Provide the opportunity for active participation in aspects of EMS communications activities.
8. Provide the opportunity for active participation in the administrative, legislative, and financial aspects of EMS systems on the local, state, and national levels.
9. Provide the opportunity to develop professional leadership and management skills.
10. Provide the opportunity to develop active participation in Emergency Medical Services research.
11. Provide the opportunity for active participation in the provision of ground-based Basic Life Support emergency medical care.
12. Provide the opportunity for active participation in the provision of ground-based Advanced Life Support emergency medical care.
13. Provide the opportunity for active participation in aeromedical services, design, and operations.
14. Provide the opportunity for active participation in a field supervisory capacity.
15. Prepare the fellow to meet board eligibility requirements for the awarding of a Certificate of Added Qualifications in Emergency Medicine Services by the AOA through the American Osteopathic Board of Emergency Medicine.
16. Admission to an educational fellowship program shall not be influenced by race, sex, religion, creed, national origin, age sexual orientation, marital status, national origin, veteran status, disability, or other legally protected status.
17. Provide the opportunity to develop Osteopathic Manipulative Medicine (OMM) skills and its application to Emergency Medical Services.
18. Provide a learning environment that encourages cultural sensitivity and patient safety.
19. Provide training and evaluation of fellows relative to the seven core competencies defined by the AOA.

20. Prepare and distribute a written description of the process and criteria for the selection of fellows. This statement shall be included in the institution's policies regarding contract renewal for fellows who demonstrate competence.

## **B. PROGRAM OBJECTIVES**

An Emergency Medical Services educational fellowship program, approved by the AOA through the ACOEP, shall provide meaningful objectives that prepare the fellow to:

1. Manage medical problems in an emergency field setting, employing basic scientific principles and evidenced-based medicine.
2. Use critical thinking in making effective decisions for patient management.
3. Rapidly and accurately evaluate, organize, and initiate treatment of the emergency patient.
4. Make sound judgments as to the expected risks arising from therapy as well as the condition being treated with an understanding of associated ethical and legal principles.
5. Demonstrate proficiency in the psychomotor skills required of a competent emergency physician.
6. Provide cost-effective care to Emergency Medical Services patients.
7. Collaborate effectively, and share knowledge with colleagues and allied health professionals.
8. Teach basic skills needed for mass casualty management and coordination for the hospital and community
9. Educate patients and their families concerning health care needs.
10. Participate in community and professional organizations.
11. Read, interpret, and participate in clinical research.
12. Participate in opportunities for continuing education to promote personal and professional growth.
13. Teach basic skills and clinical practices needed in the emergency department to medical students, interns, and other fellows within the context of the educational fellowship program.

14. Appropriately integrate OMM and its applications in the practice of Emergency Medical Services.
15. Be sensitive to the patient populations served and its implications to providing healthcare to them.
16. Train fellows in such a manner as to prove competent in the seven core competencies so defined by the AOA.

### **STANDARD III**

#### **INSTITUTIONAL REQUIREMENTS FOR PROGRAM APPROVAL**

- A. An institution must meet the following requirements to be considered for approval to sponsor an Emergency Medical Services educational fellowship program:
  1. Be accredited by the American Osteopathic Association/Healthcare facilities Accreditation Program (HFAP) or JCAHO and affiliated with an OPTI accredited by the AOA.
  2. Document that the program meets the policies and procedures of the OPTI with which it is affiliated.
  3. Be in operation at least twelve (12) months immediately preceding the date of application for educational fellowship training.

- B. Organizational Structure

Have an appropriate administrative structure, including a postdoctoral education committee with membership of a director of medical education (DME) who is an osteopathic physician with AOA board certification, program directors of all specialty training programs at the institution, and representatives of supporting specialty services.

- C. Program Director

The sponsoring institution shall designate an Osteopathic Emergency Medicine physician as program director for the program who has sufficient clinical time for program administration and clinical instruction. Appointments are subject to the approval of the ACOEP Committee on Graduate Medical Education and subsequent registry by the AOA.

The program director may not serve as the Chair of the Department of Emergency Medical Services, or as program director of more than one educational fellowship program. He or she may be the Director of Medical Education if the institution has three or fewer osteopathic educational fellowship programs.

1. The program director of the Emergency Medical Services educational fellowship program must possess the following qualifications:
  - a. Active, full-time staff membership within the department of Emergency Medicine.
  - b. Certification by the AOA through the American Osteopathic Board of Emergency Medicine and recertified within the prescribed time frame of the AOBEM.
  - c. Additional qualifications in Emergency Medical Services by the granting of a Certificate of Added Qualifications (CAQ) in Emergency Medical Services by the AOA through the American Osteopathic Board of Emergency Medicine.
  - d. Membership in the American Osteopathic Association.
  - e. Membership in the American College of Osteopathic Emergency Physicians (ACOEP).
  - f. Active practice as the director of the Emergency Medical Services program at his or her institution or at an EMS program at the local, state, or national level.
  - g. Practice of Emergency Medical Services for a minimum of five (5) years or three (3) years full-time with an Emergency Medical Services educational fellowship program.
  - h. Fulfill the qualifications as a core faculty member of an Emergency Medical Services educational fellowship program, including administrative and demonstrated leadership skills, and completion of the AOA's continuing medical education requirements and Emergency Medical Services training skills and faculty development.
  - i. Active participation in community and professional organizations appropriate to Emergency Medical Services.
  - j. Involvement in research and academic pursuits such as publication in peer review journals, textbooks, local or specialty publications, formal lectures, and visiting professorships within the preceding five years.
  
2. The program director shall have the following responsibilities:
  - a. Direction of the Emergency Medical Services educational fellowship program to ensure that the fellow has the opportunity to receive training outlined in the written program description.
  - b. Ensure the arrangements of outside rotations with formal affiliation agreements that meet the program's educational objectives.
  - c. Evaluation of fellows, faculty, and the Emergency Medical Services educational fellowship program and submission of required reports as outlined in the Approval Procedures section of this document.
  - d. In coordination with the DME, have responsibility for all schedules, and appropriate time for educational fellowship training, including lectures, educational sessions, and study time.
  - e. Working with the DME to support predoctoral and postdoctoral education and training at the institution.
  - f. Notify the ACOEP of all fellows in training on an annual basis.
  - g. Participation in the annual ACOEP Program Directors' Workshop. Attendance at this annual workshop is mandatory for the program director or his/her designee. The program director must attend at least every two years.

- h. Ensuring that the program complies with the standards, policies, and procedures of the AOA.
  - i. Preparation for and participation in the AOA inspection of the program in cooperation with the Division of Postdoctoral Education and the designated evaluator.
  - j. Inform the AOA, OPTI, and ACOEP's Committee on Graduate Medical Education of major changes in the program, including but not limited to, changes in program director, core faculty institutional ownership, and affiliation, or other major administrative changes within thirty (30) days of their occurrence.
  - k. Develop written goals and objectives for each rotation featured in the program and maintain these through periodic updating.
3. To fulfill all the above requirements and the requirements under the core faculty section, a program director needs to have available non-clinical time. The program director should have at least 12 hours of compensated non-clinical time per week; however, this should be adjusted to compensate for larger clinical or more complex programs.

#### D. Department of Emergency Medicine

To be considered for approval of an educational fellowship program in Emergency Medical Services, the department of Emergency Medicine at the base institution must:

- 1. Have a chairperson who is currently certified in Emergency Medicine by the AOA through the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM). The Chairperson of the Department may not be the program director and must achieve re-certification within prescribed time frame by the certifying body.
- 2. Have faculty as well as core faculty to teach and supervise fellows. All physicians supervising Emergency Medical Services fellows must meet the faculty requirements. In addition, a group of core faculty must be appointed who meet more stringent core faculty requirements. The role and duties of the core faculty must be clearly defined.
- 3. Have all physicians who are clinically supervising Emergency Medicine fellows certified in Emergency Medical Services by the AOA/AOBEM or ABEM or in the process of being certified
- 4. Significant clinical exposure to osteopathic emergency physicians must be provided.
- 5. Have a minimum of one (1) core faculty member for every three (3) fellow positions.
- 6. Have the scope, volume, and variety to support an educational fellowship program with at least two (2) approved educational fellowship positions. There must be a minimum volume of 25,000 Emergency Department visits annually at the base institution. Larger programs may require higher volumes. Other Emergency

Medicine sites that are affiliated with this base institution must each have a minimum volume of 15,000 Emergency Department visits annually.

7. Provide experience and training in the management of emergency department patients. This training should take place at the base hospital and its affiliated sites.
8. Ensure that osteopathic principles and practice and their application to Emergency Medical Services are emphasized and employed.
9. Have an AOA-approved internship program and fulfill the requirements as stated in the guidelines for establishing an Osteopathic Postdoctoral Training Institution (OPTI).

## **STANDARD IV**

### **FACULTY**

The sponsoring institution, in conjunction with the program director shall designate a minimum of one (1) core faculty who shall participate in the Emergency Medical Services educational fellowship program. Core faculty is specifically designated, full-time members of the department of Emergency Medical Services at the base institution.

- A. Core faculty members must be credentialed or an active candidate in the process of credentialing for a Certificate of Added Qualifications in Emergency Medical Services by the AOA/AOBEM or ABEM.
- B. Core faculty members must be qualified by training and experience to perform their teaching role, including recertification within the prescribed time frame of the certifying body
- C. Fifty percent (50%) of the core faculty must be osteopathic emergency physicians who participate in the training of fellows.
- D. Core faculty must demonstrate sufficient scholarly activity, such as lecturing on a national basis, participation in textbook chapters, research or active involvement in national Emergency Medical Services organizations. Faculty credentials must be on file and available at the time of inspection.
- E. Core faculty must be provided sufficient non-clinical time to provide instruction, leadership and participation in scholarly activities. Furthermore, Core faculty must participate in the academic educational program, such as formal lectures, case conferences, and journal clubs. This will require at least four (4) hours of compensated, non-clinical time per week.
- F. The program director may be counted as a member of the core faculty.

- G. The institution shall have administrative and other non-physician staff committed to the program to support teaching and administrative in the Emergency Medical Services educational fellowship program.
  
- H. The Emergency Medical Services educational fellowship program must adopt formal policies and the fellows must be advised of these policies. There must be a fellow manual that will include, but not be limited to:
  - 1. The institution's Emergency Medical Services educational fellowship curriculum.
  - 2. The rules and regulations stating the fellow's duties and responsibilities.
  - 3. Leave policies.
  - 4. Financial arrangements, including housing, meals, and other benefits, as may be determined by the institution and described in the fellow contract.
  - 5. Institutional policies and procedures for the supervision and evaluation of fellows, due process, (e.g., grievances, disciplinary action, academic deficiencies or failure) and appeal processes.
  - 6. Policies governing outside activities of a professional nature.
  - 7. Institutional policies regarding contract renewal, contract interruption or cancellation, and the number of Emergency Medical Services positions offered each year of training.
  - 8. AOA work hours' policy (See Appendix Section 2).
  
- I. To fulfill requirements of the basic standards or enhance training, the program director may arrange for required rotations with affiliated training sites.
  - 1. A program seeking to fulfill its requirements through affiliations with other AOA or ACGME institutions shall sign formal affiliation agreements with these training sites. Affiliation agreements shall be signed by representatives of both the base institution and the affiliate training sites, and shall be maintained on file with the DME at the base institution. Affiliations shall be consistent with the guidelines of the AOA.
  - 2. Fellows on rotation to affiliated training sites shall remain under contract to the base institution. Fellow training logs shall reflect training and service to the affiliated training site and shall be included in the fellow records at the base institution. Written evaluation of the fellow's performance at the affiliated training site must be submitted by the on-site faculty to the program director at the base institution.
  
- J. There must be effective, timely evaluation of the Emergency Medical Services educational fellowship program.

## STANDARD V

### FELLOWS

- A. An applicant for Emergency Medical Services educational fellowship training must:
1. Be a graduate of an AOA-accredited college of osteopathic medicine and have successfully completed an AOA-approved internship.
  2. Be a graduate of an AOA-approved residency program in emergency medicine, and be board eligible or board certified in emergency medicine by the AOA through the AOBEM.
  3. Be a member of the AOA and maintain membership in the AOA throughout their term of training.
  4. Be a member of the ACOEP and maintain membership in the ACOEP throughout their term of training.
  5. Sign an annual educational fellowship contract with the institution.
- B. The fellow is legally, morally, and ethically responsible to pursue exclusively the agreed upon program of training. The fellow shall not engage in any outside activities of a professional nature during educational fellowship training except those approved by the program director and designated institutional authorities. Such activities must not interfere with the fellow's participation in the training program.
- C. The fellow shall progressively assume responsibility for patient care during the educational fellowship program, so that by the senior year, the fellow must be able to assume complete management of all assigned cases.
- D. Increased competency in Emergency Medical Services is based on experience and number and variety of cases managed in the emergency department. Such experience is gained through participation in highly specialized rotations as deemed necessary by the program director. (See Standard IV)
- E. Each fellow shall adhere to established policies and procedures for educational fellowship training, as outlined in this document, and in the fellow manual.
- F. The fellow shall maintain formal records of all activities related to the educational program. These records shall be submitted monthly to the program director and DME for review and verification. Copies of these records 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 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.

- G. The fellow shall prepare one (1) project related to EMS during the course of the educational fellowship. The project will involve either “bench” research, or outcome analysis.
- H. The fellow will be required to submit a minimum of one grant proposal, in coordination with the grant writing departments of the sponsoring institution(s), for the funding on an EMS-oriented project. Public Education and Provider Education will receive favored status.
- I. The fellow will be required to submit one article related to Emergency Medical Services in a peer-reviewed journal. Clinically related reviews and educational articles should be submitted to a provider journal, while methods and research should be submitted to an emergency medicine journal.
- J. Evidence of the submission of the article, research projects, and grant requests must be submitted to the American College of Osteopathic Emergency Physicians and must accompany the program directors report verifying that all aspects of the training program have been completed, prior to the granting of “Program Complete” status.
- K. The fellow shall be required to participate in professional staff activities.
- L. The fellow must be certified as a provider in advanced cardiac life support (ACLS), advanced trauma life support (ATLS), or its equivalent, and advanced pediatric life support (APLS) or its equivalent.
- M. Work hours in the program must be educationally oriented and established AOA work hour regulations need to be followed (Appendix 2).

## **STANDARD VI**

### **CURRICULUM AND INSTRUCTION**

- A. Involvement of the fellow in all aspects of Emergency Medical Services is critical to the professional development of the individual. During the educational fellowship, the fellow will be involved in the activities listed in this section of the basic standards. An overview of the EMS educational fellowship appears as Appendix 1.
  - 1. The fellow will provide direct pre-hospital activities as an observer, educator, and care provider.
  - 2. The fellow will receive training in the proper utilization of EMS equipment and to successfully complete a Health Professional Pre-Hospital Physician Program. Interim training to the level of appropriate pre-hospital personnel will expose the fellow to the variety of pre-hospital equipment and packaging devices utilized in Emergency Medical Services. ALS training experience will serve to familiarize the fellow to the intricacies of pre-hospital ALS equipment.

3. The fellow will be encouraged to obtain training in a certified Emergency Vehicle Operator's Course (EVOC).
4. The fellow will receive encouragement to participate in a Vehicle Rescue Technician Program and to condition him or herself to the rigors of this program prior to participation, and be provided with protective equipment, on loan and at no cost to the fellow.
5. The fellow will receive training as a base station physician and will be sponsored by the institution to attend an EMS Base Station Physician Course, as well as the NAEMSP Medical Directors Course or an equivalent. The fellow is also encouraged to participate, as faculty, in similar programs.
6. The fellow will participate as a base station physician and be involved as a Base Station Medical Commander in a local or regional EMS system during the training program during which time the fellow will provide medical direction to EMS personnel while on duty in the emergency medicine department. The institution will arrange this service.
7. The fellow will be involved in the supervision and provision of medical command, through arrangements with local or regional EMS systems, under the supervision of the EMS Medical Director at the training institution.
8. The fellow will maintain professional expertise as an emergency medicine physician, and continue to practice on a clinical basis; however, because of the physical rigors of the EMS program and the substantial commitments for travel and time, the fellow will be scheduled for no more than twelve (12) hours of clinical hours each week in the emergency department.
10. The fellow will participate in an air medical program and is expected to participate, as a health care provider in a local or regional Medical Evacuation program that uses rotorcraft evacuation equipment.
11. The fellow will participate in a flight physiology training course.
12. The resident will be provided with the opportunity to participate in training and observe the operations of a Critical Incident Stress Debriefing (CISD) team. He or she will be expected to participate as faculty for the Emergency Medicine Department at the base institution as initial training.  
  
Further, the fellow will participate as faculty for a local or regional paramedic program, and offer his or her service to an EMS training network of the city, state, or region in which the training program is located.
13. The fellow will participate in continuing education activities for EMS agencies that interface with the educational fellowship program. Additionally, the fellow will develop and produce continuing education programs for EMS personnel sponsored by the training institution.

14. The fellow will participate in EMS communications activities that will include, but not be limited to the following:
  - a. Participation in an observational experience at a local, regional, or state EMS Communication Center for exposure to enhanced 9-1-1 operations and computer-assisted dispatch activities.
  - b. Participation in an observational experience in a multi-county coordinated EMS communication network.
  - c. Participation in a Medical Priority Dispatch System with pre-arrival instructions, as arranged by the training institution.
15. The fellow will attend the local EMS Medical Advisory Committee meetings, and participate in protocol review, and development, in conjunction with the Advisory Committee.
16. The fellow will be encouraged to attend the National Association of EMS Physicians (NAEMSP) CME program related to quality management, or performance-based assessment and improvement, and subsequently define a performance-based audit, manage its data collection, and report the findings, based upon the data from one of the interfacing EMS agencies.
17. The fellow will participate in local, state, regional, and national EMS organizations and societies that are administrative, legislative, and political in focus during the educational fellowship.
  - a. The fellow will be encouraged to maintain membership in the National Association of EMS Physicians (NAEMSP). Participation in the EMS Committee or its subcommittees is also encouraged.
  - b. The fellow will attend EMS Regional Medical Advisory Committee meeting with the Base Station Medical Director.
  - c. The fellow is expected to attend the state's Emergency Health Services Council Medical Advisory Committee meetings, and other related committees, as indicated.
18. The fellow will participate in system planning, budget, and financial development, and disciplinary activities, and will be charged with participating in the planning, budget, and financial development for the EMS providers receiving medical direction from the base institution. He or she will also be involved in the disciplinary activities related to EMS providers at the base institution.
19. The fellow will participate in the development of EMS and institutional disaster planning, and will participate on the Disaster Committee at the base institution. He or she will also participate in the development of local, state, and regional disaster planning.
20. The fellow will participate in special event, multiple casualty incident, and disaster exercises.
  - a. The fellow will participate with local EMS special event planning, and

- coordinates with the contact person any request for physician support at these events.
  - b. The fellow is encouraged to participate as coordinator, moulage, logistics, or official observer in any multiple casualty incident, or disaster within the EMS interface.
  - c. The fellow is encouraged to seek assignment with a local or regional physician triage team and physician response team.
  - d. The fellow is encouraged to attend a Federal Emergency Management Association (FEMA) training program during the fellowship.
  - e. The fellow will participate in the National Disaster Medical System and is will interact with or develop a Disaster Medical Assistance Team.
  
- 21. The fellow will participate in a Hazardous Materials Awareness program, and is encouraged to attend a program on hazardous material toxicology. The fellow may elect to audit a Hazardous Materials Technician program as a part of this requirement.
  
- 22. The fellow will coordinate the Emergency Department's CME program on contract negotiations. As the coordinator for this program, the fellow will be expected to negotiate for training sites, times, and supplemental instructors.
  
- 23. The fellow will be required to participate in the Emergency Medicine Residency research curriculum provided by the training institution. He or she will be expected to document evidence of understanding in statistical methodology.
  
- 24. The fellow will attend local, state, regional, and national EMS conferences and educational meetings, deemed pertinent to the program by the program directors. He or she will be expected to attend regional EMS educational meetings and one or more meetings per year of the following organizations:
  - a. National Association of EMS Physicians.
  - b. American College of Osteopathic Emergency Physicians.
  - c. Society of Academic Emergency Physicians.
  - d. EMS Section of the American College of Osteopathic Emergency Physicians.
  
- 25. The fellow will participate in the education of physicians at various levels, regarding pre-hospital care by:
  - a. Lecturing on a monthly basis at the Emergency Medicine students rotating at the base institution.
  - b. Supporting EMS education at the Emergency Medicine Club at a College of Osteopathic Medicine.
  - c. Lecturing as external organizations to familiarize staff physicians and community-based physicians with EMS.
  
- 26. The fellow will be charged with participating in the investigation and management of complaints and problem cases for EMS providers receiving medical direction from the base institution.

27. The fellow will be encouraged to observe the medico-legal process of proceedings related to EMS incidents occurring during the educational program.
28. The fellow will be required to conduct one EMS-related research projects during the educational fellowship. One project will involve “bench” research, or outcome analysis.
29. The fellow will be required to submit a minimum of one grant proposal, in coordination with the grant-writing departments of the sponsoring institution, for the funding of an EMS project. Public education and provider education will receive favored status during the program.
30. The fellow will be expected to submit one EMS-related article for publication in a peer-reviewed journal. Clinically related reviewed and education should be submitted to a provider journal, while methods and research should be submitted to an emergency medicine journal.
31. The fellow will complete incident command training through FEMA to include IS-100, IS-200, RS-700, and RS-800.

## **STANDARD VII**

### **FACILITIES AND OTHER RESOURCES**

- A. Institutional facilities and resources must be adequate to provide educational opportunities to the fellow. The institution is responsible for assuming the financial, technical, and educational support for the program. The institution must provide the necessary space, facilities and learning environment for the establishment and maintenance of an AOA-approved program.
  1. The institution shall have the following:
    - a. Sufficient administrative personnel to support the educational fellowship program.
    - b. A medical library that is properly staffed and maintained by a qualified librarian. This library shall include access to standard medical reference texts and current medical journals, and computer-assisted literature search capabilities, e.g., Medline.
    - c. Conference room(s) that are available for formal instruction.
    - d. Sleeping and lounge facilities and food facilities.
    - e. Faculty and administrative office space.
    - f. Office space for fellows.
  2. The institution must be an active base station for EMS activities on a local, state, or regional basis, and actively participate in activities associated with holding this title. This includes, but is not limited to:
    - a. Participation in monthly performance improvement base station command

- conference.
- b. Documentation of daily performance assessment and review of medical command records generated by the base station.
- c. Participating in local, regional, and/or national conferences on EMS.

## **STANDARD VIII**

### **EVALUATION**

The program must implement and document an evaluation of at least the following aspects and other related aspects as necessary. The following must be maintained by the institution and available to evaluators or the ACOEP on request. The core competencies need to be followed in these evaluations (Appendix 4)

- A. The curriculum will be evaluated annually by faculty and fellows as a method for revision and updating of the documents.
- B. The program director, with faculty input, will complete written semi-annual evaluations of fellow performance. This should include evaluations from all affiliated training sites and supplemented rotation sites.
- C. Evaluations should be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.
- D. Completed evaluations must be shared with the fellow in consultation for improvement. They must 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.
- E. The program director must document that fellows needing remediation or counseling as a result of evaluation are given it in a timely manner. There must be documentation of follow up evaluations of these fellows.
- F. The faculty must be evaluated annually by the fellows and an opportunity provided to conduct this evaluation anonymously.

## Appendix One

### Suggested Curriculum

#### I. Emergency Medical Services Overview.

Upon completion of training, the EMS fellow will:

- A. Describe the contributions to development of EMS each of the following:
  - 1. Military pre-hospital care activities.
  - 2. National Academy of Sciences – National Research “White Paper” on EMS.
  - 3. White House EMS demonstration projects.
  - 4. EMS Act and the 1976 and 1979 amendments and any other amendments to this act.
  - 5. Preventive Health Service “Block Grants.”
  - 6. Current national and local legislation.
  - 7. Development of CPR.
  - 8. EMT Training curriculum development.
  - 9. EMS vehicle standards and development.
  
- B. List contributions of EMS system development in each of the specialty areas of cardiac, trauma, burn, spinal cord, toxicology, respiratory, neurological, obstetrics, psychiatric, pediatric, and neonatal care.

#### II. EMS System Design

The EMS fellow will, upon completion of training, successfully:

- A. List the 15 components of an EMS system, as defined by the EMS Act.
- B. List the seven (7) clinical systems models, as defined by the EMS Act.
- C. Discuss the general concepts written in the seven (7) design options for EMS system structure, including the general philosophy of each system design.
- D. Outline the EMS administrative/operational/political design for a local, state, and regional EMS system structures.
- E. Describe enabling legislation and rules and regulations that govern EMS activities in a state.
- F. Describe unique needs of special systems of care, such as: Trauma, cardiac, pediatrics, toxicology, psychiatric, neonatal/high risk obstetrics, volunteer systems, rural systems, and first-responder systems.

#### III. EMS Personnel

The EMS fellow will, upon completion of training, successfully:

- A. Outline national (Department of Transportation) and state requirements (including number of hours) for initial training and continuing education for various levels of EMS personnel.
- B. Compare and contrast patient care capabilities and responsibilities, including but not limited to base and advanced life support techniques, for various levels of EMS personnel, based upon the national curriculum.
- C. Review and summarize the medical conditions and situations for which protocols, policies, and procedures for EMS providers, as necessary.
- D. Describe the importance and structure of EMS crisis intervention and stress management programs.
- E. Summarize the critical components of labor relation activities, including appropriate disciplinary procedures.
- F. Summarize and develop programs to address infectious disease and health safety problems for pre-hospital personnel.
- G. Discuss the pre-hospital implications of OSHA regulation 1930-1010, the Bloodborne Pathogen Act.

#### IV. Medical Control

The EMS fellow will, upon completion of training, successfully:

- A. Outline the medical control authority structure for a local system, including qualifications and responsibilities of the Medical Director.
- B. Define the scope of EMS practice for a local area.
- C. Distinguish between direct (on-line) and indirect (off-line) medical control, and:
  - 1. Describe situations in which direct medical control exists.
  - 2. List indirect medical control activities.
- D. List responsibilities of a physician assuming on-scene medical control.
- E. Outline the procedure for development of EMS protocols, policies, and procedures development.
- F. Define the components of an EMS Performance Assessment and Improvement

Program (quality assurance).

- G. Outline procedures for addressing complaints within the EMS system.
  - H. Outline the disciplinary procedures, including due-process mechanism, for a system.
  - I. Outline the mechanism for addressing scene non-EMS physician interactions (physician intervener).
  - J. Outline the interaction between the EMS system and medical community.
  - K. Outline each of the protocols, policies, and procedures for a local EMS system.
  - L. List important items of information regarding a Pre-hospital patient which should be communicated to a base station physician.
  - M. List three (3) changes in a patient's condition for which the base station physician should be informed.
- V. Communications

The EMS fellow will, upon completion of training, successfully:

- A. Outline EMS access procedures for EMS systems interfaced by the educational fellowship program.
- B. List differences between 9 – 1- 1 systems and enhanced 9 – 1- 1 systems.
- C. List differences between simplex and duplex radios, UHF, and VHF capabilities. The fellowship should demonstrate familiarity with current methods and equipment used in EMS communications.
- D. List advantages and disadvantages of cellular telephones and radio communications as related to voice and telemetry communications, including cost factors.
- E. List differences between base hospital and resource hospital designation.
- F. List components of medical interrogation.
- G. List differences between Priority Dispatching and call screening.
- H. Describe three (3) critical components of Emergency Medical Dispatching.
- I. Outline sample pre-arrival instructions for cardiac arrest and emergency childbirth.

## VI. EMS Equipment and Vehicles

The EMS fellow will, upon completion of training, successfully:

- A. Describe the function and appropriate utilization of EMS vehicle emergency response equipment, including siren, lights, and flares.
- B. Outline types of EMS vehicles available (transporting vehicles, non-transporting vehicles, rescue vehicles).
- C. Describe the operation of each of the radios of EMS vehicles (telemetry, navigational, operational).
- D. List necessary equipment for a unit to function as a BLS or ALS unit, according to the State's licensure requirements.
- E. Outline drugs utilized within a local EMS system.
- F. Discuss drugs appropriate for utilization in the pre-hospital setting, including efficacy, relative risks, and medico-legal considerations.
- G. Outline proper use of medical, rescue, and extrication equipment.
- H. Outline a method for evaluation and approval of new EMS equipment or techniques.
- I. Given a brief, clinical scenario, outline the appropriate use of particular equipment, including extrication equipment, backboards, traction splints, suction equipment, oxygen equipment, airway equipment, stretchers, radio (squad, BLS, Telemetry), and drug-box contents.

## VII. EMS Agencies

The EMS fellow will, upon completion of training, successfully:

- A. Outline the structure and interrelationship of appropriate local, regional, state, and national medical and political agencies.
- B. Discuss types of EMS provider agencies (municipal, private, and volunteer), including advantages and disadvantages of each type.

## VIII. EMS Receiving Facilities

The EMS fellow will, upon completion of training, successfully:

- A. Distinguish between vertical and horizontal categorization of facilities and outline advantages and disadvantages of the systems.
- B. Outline special considerations regarding categorization of the following

specialty centers: trauma, pediatric, poison control, spinal cord, neonatal/perinatal, burn, and psychiatric.

#### IX. Air Medical Services

The EMS fellow will, upon completion of training, successfully:

- A. List indications / contra-indications for advantages / disadvantages of utilization of air medical transport.
- B. Describe physiologic changes which may occur during air medical transport, and list three (3) medical conditions in which air medical transport may be contraindicated.
- C. Outline aircraft safety equipment, including proper utilization.
- D. Outline aircraft safety procedures for ground operations as well as in-flight problems.
- E. Outline special considerations of air medical transport which pose problems for patient care, e.g., aircraft noise, treatment area size.
- F. Describe proper preparation for the landing zone for rotocraft air medical operation, package a patient for transport, and assist in loading the patient in the aircraft.
- G. Discuss the relative indications and contrast the advantages and disadvantages in a fixed-wing vs. rotocraft air medical operation.
- H. Outline the integration and interaction of an air medical program within an EMS system, for scene responses and inter-facility transfers.

#### X. Legal Considerations

The EMS fellow will, upon completion of training, successfully:

- A. Discuss the concept of vicarious liability, and its application to EMS activities.
- B. List two individuals legally responsible for actions of EMS personnel in the field.
- C. Outline the protocol for handling the following high-risk situations in the field:
  - 1. Intervening physician.
  - 2. Refusal of care.
  - 3. DNR / Advance Directive / terminally ill patients.
  - 4. Incompetent patients.
  - 5. Communicable disease exposure.
  - 6. Destination decision.

7. Transfer policies.
8. Multiple patients / triage.
9. Pediatric patients (consent)
10. Religious considerations.
11. Termination of CPR.
12. Utilization of lights and sirens.
13. Utilization of restraints.
14. Impaired EMS personnel.

- D. Describe the COBRA legislation and its impact on EMS activities.
- E. Outline a risk-management program to minimize malpractice exposure.

#### XI. Mass Gathering and Disaster Medical Services

The EMS fellow will, upon completion of training, successfully:

- A. Outline the principles of disaster management.
- B. Define and outline the Incident Command Structure.
- C. Outline the interaction between EMS and other components of a disaster response (police, fire, public health, public utilities).
- D. Outline the structure of local, state, regional, and federal resources available for disaster response.
- E. Describe the NDMS system and its application in international, national, regional, and local disaster responses.
- F. Outline at least nine (9) components of an EMS disaster response.
- G. Define the meaning of the word “triage.”
- H. Outline the major components of triage.
- I. Outline the major categories of civilian triage priorities, and provide examples of each.
- J. Outline pitfalls of successful triage.
- K. Outline the components which must be addressed in the development of:
  1. An area-wide EMS disaster plan.
  2. A hospital disaster plan.
- L. Outline special considerations for the planning of EMS coverage for special events, such as: sporting events (major stadium events, motor vehicle races, boat races); concerts; air shows.

- M. Outline the interaction of public safety agencies (fire, police, EMS, public utilities, governmental administrative bodies) at local, state, and federal levels during a disaster response.
  - N. Discuss special considerations regarding hazardous materials exposure response.
  - O. Outline a general protocol for insuring the proper response to a potential hazardous materials exposure, including proper protection of personnel.
  - P. List available reference sources to provide guidance in assuring proper protection, decontamination, and treatment of patients exposed to hazardous materials, such as:
    - 1. Chemical exposure.
    - 2. Radiation exposure.
  - Q. Outline special considerations, including physiologic effects, for the patient and EMS provider, for hazardous exposure, such as:
    - 1. Chemical exposure.
    - 2. Radiation exposure.
- XII. Funding

The EMS fellow will, upon completion of training, successfully:

- A. Outline the budget for a local EMS agency, and identify funding sources for EMS activities from local, state, and national sources.
  - B. Outline necessary components of a grant application.
  - C. Outline current reimbursement issues regarding pre-hospital care.
- XIII. Community Involvement

The EMS fellow will, upon completion of training, successfully:

- A. Outline a program for the development of public education issues addressing the following:
  - 1. EMS services availability, level of service, and access.
  - 2. CPR and First Aid training.
  - 3. Health care issues.
- B. Outline a program for media education and interaction during EMS events.
- C. Outline funding sources available in the community for EMS and health-related activities, and procedures to access those funds.

XIV. Education

The EMS fellow will, upon completion of training, successfully:

- A. Outline general principles in adult education. The fellow will compare and contrast with primary educational methods.
- B. Outline a program for the evaluation of EMS educational programs.

XV. Research

The EMS fellow will, upon completion of training, successfully:

- A. Outline the importance of each of the following research concepts, with particular emphasis on the concept's relationship to EMS:
  - 1. Literature review.
  - 2. Research design and methodology.
  - 3. Statistics
  - 4. Institutional Review Board (IRB) overview.
  - 5. Consent issues.
- B. Outline techniques for effective oral and written presentations.
- C. Outline funding sources available for EMS related research.

XVI. Operations Management

The EMS fellow will, upon completion of training, successfully:

- A. Develop a business plan incorporating a long-range strategic plan for developing and/or improving an aspect of EMS service.
- B. Outline common techniques of negotiating and participation in negotiation training or study.
- C. Outline the development and conduct of an effective problem-solving session incorporating diverse stakeholders.
- D. Outline the components of financial management of an EMS system to include budget development (capitol and operations), cost systems, budget target tracing, income sources, and other relevant aspects of management accounting.
- E. Describe labor relations requirements in managing a professional workforce of EMS providers, to include systems of compensation, personnel law, health and safety issues, wrongful discharge, due process, evaluation, and letters of recommendation.
- F. Describe the development and utilization of management information systems in managing EMS systems.

## APPENDIX TWO

### FELLOW WORK HOURS AND SUPERVISION POLICIES

It is recognized that excessive numbers of hours worked by fellow physicians can lead to errors in judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. The training institution, director of medical education (DME) and educational fellowship program director must maintain a high degree of sensitivity to the physical and mental well being of fellows and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

#### A. Work Hours

1. The following work hour's policy will apply to all fellows in all specialties.
  - a. The fellow shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of in-house night call.
  - b. The fellow shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Fellows may not assume responsibility for a new patient after twenty-four (24) hours.
  - c. If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hour per week maximum work limit and must be reported. (See Moonlighting Policy.)
  - d. The fellow shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week.
  - e. Upon conclusion of a twenty-four (24) hour duty shift, fellows shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
  - f. All off-duty time must be totally free from assignment to clinical or educational activity.
  - g. Those rotations requiring the fellow to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.
  - h. The fellow and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where a fellow is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the fellow involved as soon as possible.
  - i. The fellow may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.
2. The training institution shall provide an on-call room for fellows, which is clean, quiet, safe and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

## B. Moonlighting Policy

Any professional clinical activity (moonlighting) performed outside of the official educational fellowship program may only be conducted with the permission of the program administration (DME/Program Director). A written request by the fellow must be approved or disapproved by the Program Director and DME and be filed in the institution's fellow file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. This policy must be published in the institution's housestaff manual. Failure to report and receive approval by the program may be grounds for terminating a fellow's contract.

## APPENDIX THREE

### MODEL INSTITUTIONAL POLICY ON ACADEMIC AND DISCIPLINARY DISMISSALS

In 1993, the Board of Trustees of the American Osteopathic Association adopted the following policy:

The institution and department have clearly defined procedures for academic and disciplinary action. Academic dismissals result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and/or personal and professional characteristics. Institutional standards of conduct include such issues as cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities.

In cases of academic dismissal, the institution and department will inform trainees, orally and in writing, of inadequacies and their effects on academic standing. The trainee will be provided a specified period in which to implement specified actions required to resolve academic deficiencies. Following this period, if academic deficiencies persist, the trainee may be placed on probation for a period of three to six months. The trainee may be dismissed following this period, if deficiencies remain and are judged to be irremediable. IN accordance with institution policy, the trainee will be provided an opportunity to meet the evaluators to appeal decisions regarding probation or dismissal. Legal counsel at hearings concerning academic issues will not be allowed.

In cases of disciplinary infractions that are judge irremediable, the institution and department will provide the trainees with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The trainee will be given an opportunity for a hearing in which the disciplinary authority will provide a fair opportunity for the trainee's position, explanations, and evidence. Finally, no disciplinary will be taken on ground which are not supported by substantial evidence. The department and/or institution intern training committee, or house staff education committee, or other appropriate committees will act as the disciplinary authority. Pending proceedings on such disciplinary action, the institution in its sole discretion may suspend the trainee, when it is believed that such suspension is in the best interests of the institution or of patient care.