

Frequently Asked Questions: Emergency Medicine
Review Committee for Emergency Medicine
ACGME

Question	Answer
Program Personnel and Resources	
<p>What types of activities can programs use to take advantage of the opportunity for individualized interactive instruction?</p> <p><i>[Program Requirements: II.A.4.r)-II.A.4.t)]</i></p>	<p>Programs may utilize individualized interactive instruction for up to 20% of the planned educational experiences (i.e., on average, one hour out of the five hours per week of planned educational activity). Additional information can be found in the Emergency Medicine Guidelines (http://www.acgme.org/acWebsite/RRC_110/110_guidelines.asp#plan), which can be found on the Review Committee's web page.</p> <p>The goal of individualized interactive instruction is to give program directors the ability to adjust curricular needs to the individual needs of each of their residents. It is important to note that simply reading or answering questions does not meet the requirements for planned educational activities.</p> <p>In order for an activity to qualify as interactive instruction, the following four criteria must be met:</p> <ol style="list-style-type: none"> 1) The program director must monitor all activities for resident participation. 2) There must be an evaluation component. 3) There must be faculty oversight. 4) The activity must be monitored for effectiveness. <p>Examples of individualized interactive instruction might include:</p> <ul style="list-style-type: none"> • A resident prepares for and takes a quiz or test, and receives timely feedback about his or her performance. • A resident spends additional time in the simulation lab or cadaver/animal lab because he or she needs more practice with a certain procedure. • Residents participating in board review study sessions with colleagues or faculty members for residents who are doing poorly on

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	<p>quizzes/tests.</p> <p>Attestation and completion pages are not acceptable to the Review Committee as evaluation.</p> <p><i>Use of audio, video, or podcasts alone</i> constitutes passive learning and is not considered interactive learning. Proprietary systems such as PolyCom or Skype that allow for real-time questions and answers do qualify as active/interactive participation.</p>
<p>Which CVs need to be provided when completing the Faculty Roster in the Common Portion of the PIF?</p> <p><i>[Program Requirement: II.B.2.c)]</i></p>	<p>Even though some faculty members meet the ACGME's definition of a core faculty member (15 hours or more per week during a year), the Review Committee for Emergency Medicine defines a "core faculty" member as one who provides clinical service and teaching to the program and averages no more than 28 clinical hours per week, or 1344 clinical hours per year. Please only include CVs for those faculty members who meet the Review Committee's definition of a core faculty member.</p>
Educational Program	
<p>Can the required minimum of two months of an inpatient critical care rotation be met during a resident's first year?</p> <p><i>[Program Requirement: IV.A.5.a).(3)]</i></p>	<p>Residents must have a decision-making experience that allows them to develop skills and judgment necessary to manage critically-ill patients. Normally, this does not occur during the PGY-1 year. If it can be demonstrated that PGY-1 residents are in direct control of patient care and are working one-on-one with an attending physician, then this would be an acceptable means of fulfilling the requirement.</p>
Duty Hours	
<p>Who should be included in the interprofessional teams?</p> <p><i>[Program Requirement: VI.F]</i></p>	<p>Advanced practice providers, case managers, child-life specialists, emergency medical technicians, nurses, pain management specialists, pastoral care specialists, pharmacists, physician assistants, physicians, psychiatrists, psychologists, rehabilitative therapists, respiratory therapists, and social workers are examples of professional personnel who may be part of interprofessional teams, all members of which must participate in the education of residents.</p>
<p>How much time should a resident have off between shifts?</p>	<p>Residents must have at least eight hours off between shifts, and should have 10 hours off. The scheduled clinical shift is the basis for the required time off and allows the other clinical time (finishing documentation, handing</p>

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<p>[Program Requirement: VI.G.5.b)]</p>	<p>off, etc.) to count towards the total duty hours average.</p> <p>It is the Review Committee's expectation that if a resident works an eight-hour shift, he or she must have eight hours off between work periods; if a resident works a 10-hour shift, he or she must have eight hours off, and should have 10 hours off between work periods; if a resident works a 12-hour shift, he or she must have eight hours off, and should have 12 hours off between work periods. All time (clinical and educational) counts toward the total average time cap per week.</p>
<p>Other</p>	
<p>Note: Additional information regarding the Review Committee's expectations can be found in the Emergency Medicine Guidelines, which can be found on the Review Committee web page: http://www.acgme.org/acWebsite/RRC_110/110_guidelines.asp.</p>	
<p>What percentage of procedures performed in simulated environments (simulation setting/cadaver lab/animal lab) can count toward minimum procedure numbers?</p>	<p>No more than 30% of procedures performed in simulated settings can be counted toward procedure numbers with the exception of rare procedures, namely pericardiocentesis, cardiac pacing, and cricothyrotomy.</p>
<p>How must a request for a permanent change in resident complement be submitted?</p>	<p>A request for a change in resident complement, as with a request for a change in program format, must be submitted through ADS. The designated institutional official (DIO) of the sponsoring institution must sign-off on the change within ADS before it can be processed and acted upon by the Review Committee.</p> <p>Additional data that must be submitted with the request in ADS is outlined on the "Resident Complement" link on the Review Committee's web page.</p>
<p>How long does it take for the Review Committee to communicate its decisions regarding complement change requests?</p>	<p>Normally, the Committee is able to respond with an answer to a request in approximately two to three weeks. Occasionally, requests will need to be reviewed at the time of the Committee's next meeting. Review Committee staff at the ACGME will contact the program to indicate if that is the case.</p> <p>Complement increase requests will not be reviewed between the date the agenda closes for a Committee meeting and the last date of that meeting. In order to be reviewed within two to three weeks of submission, all complement</p>

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	increase requests must be submitted through ADS, and approved by the DIO within ADS, no later than the agenda closing dates posted on the Review Committee's web page.

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