ACGME Program Requirements for Graduate Medical Education
in Emergency Medicine
Summary and Impact of Focused Requirement Revisions

Requirement #: I.B.4.c).(1)
Requirement Revision (significant change only):
The program should ensure that residents are not unduly burdened by required rotations at geographically distant sites. (Core)

1. Describe the Review Committee’s rationale for this revision:
The requirement was added to provide clarity to the existing requirement I.B.4.c). The related FAQ item was added to the requirement document as background and intent in this section to provide additional context.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This emphasizes the responsibility to ensure that resident well-being is considered in the context of spending time away from the primary site and possibly family while at required distant rotations.

3. How will the proposed requirement or revision impact continuity of patient care?
NA

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
NA

5. How will the proposed revision impact other accredited programs?
NA

Requirement #: I.D.1.a)
Requirement Revision (significant change only):
The program must demonstrate the availability of educational resources, including the presence of residents in other specialties, to enhance for the training of the emergency medicine residents. (Core)

1. Describe the Review Committee’s rationale for this revision:
The Committee felt that peer-to-peer interaction is an important aspect. By ensuring there is a constant presence of other residents will allow the residents to communicate and work in a team with resident peers from other specialties.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Interaction will result in improved collaboration and communication skills.

3. How will the proposed requirement or revision impact continuity of patient care?
NA
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   NA

5. How will the proposed revision impact other accredited programs?
   Other programs may have a similar benefit from the opportunity to interact with emergency medicine residents.

**Requirement #: II.B.2.h, II.B.3.a)(1) and II.B.3.a).(1).(a)**

Requirement Revision (significant change only):
Faculty members supervising emergency medicine residents in an adult emergency department must either be ABEM/AOBEM board-eligible or have current board certification in emergency medicine.  
(Fore)

Faculty members supervising emergency medicine residents on pediatric emergency medicine rotations where pediatric emergency medicine fellows are also present must be certified in pediatrics, emergency medicine, or pediatric emergency medicine by the American Board of Emergency Medicine, American Board of Pediatrics, American Osteopathic Board of Emergency Medicine, or the American Osteopathic Board of Pediatrics.  
(Fore)

In all other instances, faculty members board-certified solely in pediatrics may not supervise emergency medicine residents in the emergency department.  
(Fore)

1. Describe the Review Committee’s rationale for this revision:
   This expectation is not new, but is a longtime FAQ now moved into the requirements which clarifies the qualifications of the supervising faculty members, especially with pediatricians and emergency physicians.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This existing FAQ, and now proposed requirement, clarifies that faculty members supervising residents in providing emergency care must have the appropriate certification and credentials.

3. How will the proposed requirement or revision impact continuity of patient care?
   NA

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   NA

5. How will the proposed revision impact other accredited programs?
   This is a long-standing FAQ and should not require change for any current programs.
### Requirement #: IV.C.1.a) and IV.C.1.a).(1)

**Requirement Revision (significant change only):**

Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.  

The emergency medicine program director is responsible for determining the duration of the clinical experiences for emergency medicine residents on all rotations.

1. Describe the Review Committee’s rationale for this revision:  
   This language is inserted to explain the new Common Program Requirement to minimize transitions in care and transitions in teaching.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   Reliance on a team rather than an individual should improve patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?  
   Continuity of patient care should improve if team members start and end shifts at different times.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   NA

5. How will the proposed revision impact other accredited programs?  
   NA

### Requirement #: IV.D.3.b) – IV.D.3.c).(4)

**Requirement Revision (significant change only):**

The curriculum must advance the residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

At the time of graduation, each resident should demonstrate:

- active participation in a research project, or formulation and implementation of an original research project, including funded and non-funded basic science or clinical outcomes research, as well as active participation in an emergency department quality improvement project; or

- presentation of grand rounds, posters, workshops, quality improvement presentations, podium presentations, webinars; or
grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; or, (Outcome)

peer-reviewed publications. (Outcome)

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<tbody>
<tr>
<td>1.</td>
<td>Describe the Review Committee’s rationale for this revision: This is clarification from a long standing FAQ which defines the expectation for resident scholarship in a wide array of possibilities and dissemination through many routes.</td>
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<td>2.</td>
<td>How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? This is not changed, but is updated to include some activities in the Common Program Requirements.</td>
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<td>3.</td>
<td>How will the proposed requirement or revision impact continuity of patient care? NA</td>
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<td>4.</td>
<td>Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? NA; there has always been an expectation for scholarly activity in the FAQs</td>
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<td>5.</td>
<td>How will the proposed revision impact other accredited programs? NA</td>
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