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## Home


The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accr post-MD medical training programs within the United States. Accreditation is accomplished thro review process and is based upon established standards and guidelines.

- **New** - [The ACGME Learning Portfolio: Board Report and FAQs \(5/24/07\)](#)
- **New** - [2007 ACGME Journey to Authenticity: Voices of Chief Residents now available \(5/24/07\)](#)
- **New** - [2007 ACGME Design Conference \(5/10/07\)](#)
- **New** - [A new MODULE has been added to the Outcome Instructional Toolbox \(5/1/07\)](#)
- [ACGME's Search for New Executive Director/CEO Continues \(4/26/07\)](#)
- [A New RSVP has been added to the Outcome Project Web Site \(4/23/07\)](#)
- [ACGME/ABMS 2007 Joint Conference CALL for ABSTRACTS \(4/13/07\)](#)
- [2005- 2006 ACGME Databook available \(4/5/07\)](#)
- [Resident Survey 2007 \(currently underway\)](#)

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<h2 style="text-align: center;">ACGME Conference</h2>				
<p style="text-align: center;"> <b>Managing the Changes to Achieve Innovation and Improvement: A Second Collaborative Design Conference to Move Physician Education Toward the Future</b> </p>				
<p style="text-align: center;"><b>September 8-9, 2007</b></p>				
<hr/> <p>The Accreditation Council for Graduate Medical Education will hold its second annual design conference to improve the learning environment Sept. 8-9 at the Hotel Sofitel in Rosemont, Illinois (near O'Hare Airport). The conference, titled "Managing the Changes to Achieve Innovation and Improvement in the Learning Environment" is the second in a series of conferences to contribute to the design of the future learning environment, and will explore the use of change management for improvement and innovation in residency programs.</p>				
<p>The conference is intended for program directors, designated institutional officials, faculty, ACCME committee members and others with a stake in graduate medical education. The conference will include a panel discussion called "Change as a Component of our Daily Work and a Key Role for Educators and Administrators." The panelists are Brenda Zimmerman, PhD; Frances Westley, PhD; and Michael Patton, PhD, who co-authored the book "Getting to Maybe." Other topics include use of a campaign to promote change, in situ simulation as a way to promote improvement and stories from the front lines about change. The outcome of the conference will be a set of proceedings that will contribute to the ACCME's ongoing effort to promote innovation and change with the goal of improving the learning environment for residents.</p>				
<p>Registration materials have been posted in the "Meetings and Workshops" section of the ACCME website. Due to the interactive nature of the conference, registration is limited to 200 attendees.</p>				
<p>Conference agenda: <a href="#">Download PDF</a></p>				
<p><a href="#">Register now</a> for the design conference.</p>				
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“Successful attainment of board certification by program graduates is an objective measure used by the RRC-EM to evaluate program quality. Program graduates are expected to take the ABEM Written and Oral certifying examinations. Over the 5-year period immediately preceding program review at least 70% of graduates taking the Written Examination and at least 80% of graduates taking the Oral Examination become certified on their first attempt. The RRC-EM will take into account improvement or decline in certification rates over the period considered and will consistently monitor programs according to these criteria.”

#### **Duty Hours on Emergency Medicine Rotations**

“There must be at least an equivalent period of continuous time off between scheduled work periods, but at some point in the 24 hour period there must be an equivalent period of continuous time off between the end of one activity (work or educational) and the beginning of another activity (work or educational).”

#### **GUIDELINES FOR PROCEDURES AND RESUSCITATIONS**

##### **Numbers include both patient care and laboratory simulations**

Adult medical resuscitation	45
Adult trauma resuscitation	35
ED Bedside ultrasound	*
Cardiac pacing	06
Central venous access	20
Chest tubes	10
Procedural sedation	15
Cricothyrotomy	03
Dislocation reduction	10
Intubations	35
Lumbar Puncture	15
Pediatric medical resuscitation	15
Pediatric trauma resuscitation	10
Pericardiocentesis	03
Vaginal delivery	10

\* See Procedural Competency Guideline

#### **Qualifications for Emergency Medicine Faculty**

All emergency medicine faculty supervising emergency medicine residents on emergency medicine rotations must be board certified by the American Board of Emergency Medicine, or have appropriate educational qualifications in emergency medicine. Examples of educational qualifications acceptable to the RRC-EM are:

- Certification by the American Osteopathic Board of Emergency Medicine
- Certification by a subspecialty board sponsored or cosponsored by the American Board of Emergency Medicine
- Recent residency or fellowship graduates actively working toward certification by the American Board of Emergency Medicine

Additionally, faculty providing supervision to emergency medicine residents on emergency medicine rotations must have appropriate qualifications relative to the patient population for which they provide EM supervision. For example, a faculty member board certified in pediatrics and pediatric emergency medicine would be qualified to supervise EM residents on pediatric cases, but not adult cases.

#### **Core Competencies Guideline**

**Annual Competency Assessment** – The programs must define competencies that are expected for each year of training taking into account the defined ACGME core competencies. Multiple tools may be used to evaluate these competencies. Competency evaluation of chief complaints, procedures, resuscitation, and service rotations may be used as part of the annual competency evaluation. The RRC will review the results of the annual competency assessment.

What competencies are expected for each year of training? What are the measurable competencies for each year of training? How are these objectives measured? How are deficiencies remediated?

Deficiencies in specific areas does not necessarily mean that the resident is held back in program next year; however, plans must be in place to achieve the required competencies.

**Chief Complaint Competency** - The RRC expects that programs will assess the competency to handle key chief complaints in emergency medicine. At the time of program review, the program demonstrate how it assesses resident competency for 3 chief complaints over the course of the program. The program can use a variety of tools including direct observation, check-lists, simulations,

**Procedural Competency** – The primary responsibility for the determination of procedural competency is with the program director and the faculty. The RRC accredits programs, and does not certify or grade individuals.

The RRC expects programs to assess the competency of residents to perform key index procedures. At the time of program review, the program will need to demonstrate how it assesses competency of residents on procedures.

Selected index procedures should consequentially impact patient care, and ideally facilitate continuous assessment initiatives across disciplines.

One of the selected procedures must be ED bedside ultrasound (PR V.B.2.b; appendix 1)

**Resuscitation Competency** – The RRC expects programs to assess resident competency in the resuscitation of critical patients. These include adult and pediatric medical and trauma resuscitation. At the time of program review, the program will demonstrate how it assesses competency in one type of resuscitation. The program may use a variety of techniques including simulations and direct observation.

**Off-Service Rotations** – The program should define measurable competency objectives for off-rotation rotations, how the objectives are assessed and remediated when necessary. At the time of program review is expected that measurable objectives and the tools used for evaluation will be available for all off-rotation service rotations.