

**Frequently Asked Questions: Undersea and Hyperbaric Medicine
Review Committees for Emergency Medicine and Preventive Medicine
ACGME**

Effective July 1, 2018

Question	Answer
Institutions	
<p>What does the Review Committee consider geographically distant from the Sponsoring Institution?</p> <p><i>[Program Requirement: I.B.8.b]</i></p>	<p>The Review Committee considers sites more than 30 miles or more than a half-hour drive from the Sponsoring Institution to be geographically distant.</p>
<p>If a program wants to establish a rotation at a site that is geographically distant from the Sponsoring Institution, what accommodations should the program provide?</p> <p><i>[Program Requirement: I.B.8.b]</i></p>	<p>If a program establishes an affiliation with a site that is geographically distant from the Sponsoring Institution due to special resources available there, the program should ensure that fellows are provided with adequate transportation to and from the site. If the site is of such distance that daily travel between the site and the primary clinical site is unfeasible or burdensome, the program may need to provide housing arrangements for fellows while on rotation there.</p>
Program Personnel and Resources	
<p>Are there any considerations for military program director candidates in meeting the requirement for three years of experience as a physician faculty member in an ACGME-accredited program?</p> <p><i>[Program Requirement: II.A.2.e]</i></p>	<p>The Review Committee understands that military programs may experience difficulty in meeting this requirement due to deployment and other military staffing changes. Military programs experiencing this difficulty should contact the Review Committee staff for further instruction and consideration.</p>
Fellow Appointments	

Question	Answer
<p>If a program exercises the “exceptionally qualified applicant” eligibility option in recruiting a fellow, and the fellow intends to seek board certification through the American Board of Emergency Medicine (ABEM) or the American Board of Preventive Medicine (ABPM), are there any considerations that should be taken under advisement?</p> <p><i>[Program Requirement: III.A.2.]</i></p>	<p>When recruiting a new fellow, if programs determine that an applicant has not completed an ACGME-accredited residency program and does not meet the eligibility criteria in Requirement III.A.2., it may exercise the fellow eligibility exception option for exceptionally qualified applicants. When exercising this option for fellows seeking certification through the ABEM or the ABPM, programs must be aware that completing an ACGME-accredited fellowship program is not by itself sufficient to meet the ABEM or ABPM eligibility requirements for subspecialty certification. Programs must contact the ABEM or ABPM directly to determine an applicant’s eligibility for certification.</p>
Educational Program	

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<p>What are the Review Committee's expectations for acceptable fellow scholarly activity?</p> <p><i>[Program Requirements: IV.B.2.-IV.B.2.c)]</i></p>	<p>The Review Committee expects all fellows to participate in scholarly activity by the end of the program.</p> <p>Examples of acceptable fellow scholarly activity include:</p> <ol style="list-style-type: none"> 1. Peer-Reviewed Funding – This refers to fellow participation in the dissemination of knowledge through the preparation of a scholarly paper published in journals indexed in PubMed, including original contributions of knowledge published in journals listed in Thomson Reuters (formerly ISI), Web of Knowledge, or MEDLINE®. Abstracts, editorials, or letters to the editor do not qualify. Submissions to online venues, with the exception of Med Ed PORTAL, do not qualify. 2. Non-Peer-Review – This includes all submissions to journals or online venues that do not fulfill the peer-review criteria. This also includes abstracts, editorials, collective review, case reports, letters to the editor of peer-reviewed journals, educational videos, DVDs, and podcasts. 3. Textbooks/Chapters – This includes fellow participation in the writing and submission of such works for which the faculty mentor served as the chapter author. 4. Conference Presentations – This refers to presentations at local, regional, or national professional and scientific society meetings, including the presentation of abstracts and posters, panel discussions, and serving as forum leader, grand rounds presentations, or interdisciplinary grand rounds presentations within the Sponsoring Institution. Grand rounds or other didactic presentations do not qualify unless presented at a department other than Emergency Medicine. 5. Participation in Research – This refers to 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.
<p>The Learning and Working Environment</p>	

Question	Answer
<p>Are there situations in which fellows may be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement: VI.A.2.a).(1)]</i></p>	<p>The Review Committee will accept licensed or certified individuals to supervise fellows in unique educational settings within the scope of their licensure or certification. Examples include physician assistants, nurse practitioners, clinical psychologists, licensed clinical social workers, certified nurse midwives, certified registered nurse anesthetists, and doctors of pharmacy. Indirect oversight by a physician faculty member during these situations is required.</p>
<p>What does the Review Committee consider an optimal clinical workload?</p> <p><i>[Program Requirement: VI.E.1.]</i></p>	<p>Each program must adhere to its graduated responsibility policy. This may vary by area of service, based upon each individual's level of achieved competence (knowledge, skills, and attitudes), and based upon patient acuity. The Milestones must be used to assess each fellow's competencies. Both insufficient patient experiences and excessive patient loads may jeopardize the quality of fellow education.</p>
<p>Who should be included in the interprofessional teams?</p> <p><i>[Program Requirement: VI.E.2.]</i></p>	<p>Physicians, advanced practice providers, case managers, child-life specialists, emergency medical technicians, hyperbaric technologists, nurses, pain management specialists, paramedics, pastoral care specialists, pharmacists, physician assistants, psychiatrists, psychologists, rehabilitative therapists, respiratory therapists, and social workers are examples of professional personnel who may be part of interprofessional teams.</p>
Other	
<p>Are there other considerations that should be taken into account in regards to program structure?</p>	<p>It is highly desirable that the program structure include the participation of a medical school.</p>