

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

Requirement #: II.A.2.b)

Requirement Revision (significant change only):

The program director must be provided minimum protected time for the administration of the program based on program size according to the following: ^(Core)

<u>Program Size</u>	<u>% FTE Required</u>
<u>0-3 fellows</u>	<u>20%</u>
<u>4-6 fellows</u>	<u>25%</u>
<u>7-9 fellows</u>	<u>30%</u>
<u>>10 fellows</u>	<u>35%</u>

- Describe the Review Committee's rationale for this revision:
The requirement was added to define adequate support for the fellowship program director.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This will potentially improve education by providing increased clinical, supervisory, and administrative support to the fellows and the program.
- How will the proposed requirement or revision impact continuity of patient care?
NA
- 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?
In some cases, this may represent an increase in financial support for the program director from what has been previously provided.
- How will the proposed revision impact other accredited programs?
NA

Requirement #: IV.C.1.a) and IV.C.1.b)

Requirement Revision (significant change only):

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

The program director is responsible for determining the duration of the clinical experiences for fellows on all rotations. ^(Core)

- 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