

Starting an Emergency Medicine Fellowship Program: The First Two Years

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Getting Started

In 2009 several members of the medical staff of the Emergency Departments (ED) of the adult hospitals in the Methodist Le Bonheur Healthcare System in Memphis, Tennessee, started a non-residency Emergency Medicine (EM) training program to be housed at Methodist Hospital North (MHN) in Memphis.

The rationale for starting a program was the need for EM-trained physicians in the area. Investigating a relationship with AAPS was the logical choice since two of our Emergency Department staff physicians, both of whom are graduates of an AAPS program, staff the ED at MHN. Their levels of competence in performing technical procedures, as well as their abilities to manage critically ill patients and the day-to-day traffic in the ED, reflected well on the AAPS. The group approached the AAPS about how to begin the application process to set up at an EM training program. The actual application process began in January 2008.

As part of compiling the application, ED staff physicians were inventoried about what features of our practice would be key assets of the MHN-based program. After consultation with MHN administrators, the group identified the following as points of strength:

- diverse patient population surrounding MHN
- large urban location closely surrounded by outlying rural areas dependent on the hospital's emergency department as its primary healthcare center
- large annual patient volume
- well-staffed ED area containing a triage area, a designated Fast Track area, a clinical observation unit, and a Joint Commission-certified chest pain center

- Emergency Department (ED) staff made up of 18 board-certified physicians and 20 board-certified Allied Health Practitioners (AHPs)
- 24/7/365 double coverage by ED physicians
- 24/7/365 hospital-based radiology, anesthesiology, and hospitalist coverage
- 24/7/365 sub-specialty coverage and referral
- electronic medical record system (EMR)
- Right Care Right Place, a program developed to assess and move non-urgent patients to the appropriate care setting
- specialized ED equipment, such as diagnostic ultrasound and state-of-the-art intubation equipment
- availability of a large number of Level 4 and 5 patients requiring specialized procedures, such as central line placement, lumbar punctures, moderate and deep sedation, intubation, and bedside ultrasound
- use of CMS protocols for pneumonia, sepsis, stroke, acute myocardial infarction, and
- congestive heart failure
- innovative ED programs to reduce length of stay

Equally important to the program was the availability of the LeBonheur Children's Hospital as a resource facility for a pediatric ED rotation and the Elvis Presley Memorial Trauma Center as a resource facility for a trauma rotation.

A physician with experience in teaching residents and fellows was brought on board to incorporate didactics, board review sessions, and journal review, as well as mentoring and conferencing. This physician would also serve as a sounding board for fellow concerns and problems.

Two categories of candidates for the program were identified: 1) board-certified or board-eligible physicians that had completed a residency in Family Medicine, Internal Medicine, or Surgery and who desired further exposure to and training in EM and 2) board-certified physicians that had been in practice for a period of time and wanted to increase their EM skill levels or wanted to transition to EM. The program was set up to provide these physicians with a 12- to 24-month learning experience treating patients in an appropriate and timely manner, as well as learning the technical and procedural aspects of EM practice. By achieving the above, the physicians coming out of the program would be attractive recruits to ED groups.

Funding for the program was supplied by the Emergency Department physician group which staffs the ED at MHN.

The Survey

The application for the training program required that a rigorous set of criteria be met in order to be considered by AAPS. The application was completed in spring 2008 and returned to AAPS. After a timely review of the application, AAPS notified the MHN-based program of an upcoming site survey. The survey team consisted of three members, all with EM experience, who conducted a day-long site visit and review of the MHN facility, as well as site visits to the pediatric and trauma hospitals—a site survey visit similar to a residency review committee visit. Approximately six weeks later, AAPS notified the program in writing of its approval.

Choosing the Candidates

Upon AAPS approval the MHN EM training program began advertising at an online site. Interested candidates applied by mail, online, or in person, and applications were reviewed by the Program Director, the Program Coordinator, and a staff ED physician. Candidates that fit the MHN program profile were invited for onsite interviews with the Program Director, Program Coordinator, and at least one staff ED physician. Candidates were also invited to a lunch or dinner with the Program Director and the current fellows. The first fellow began the program on April 1, 2009, and completed the program March 31, 2010. Fellow candidates are accepted every quarter (January, April, July, and October), which allows for a smooth transition into the training program and an optimal learning experience for all fellows.

Training the Candidates

Each fellow starts with an orientation that includes training in EMR. During the first months of the fellowship, the fellow is scheduled as the third physician in the ED, typically with double MD staffing coverage. After 60 to 90 days, the fellow is evaluated on his/her technical skill level, ability to properly diagnose and manage patient care, and patient interaction. After being evaluated, the fellow may remain as the third physician for an additional period of time or, if deemed to have achieved competency and the appropriate skill set, may be moved to a

supporting role to the lead physician, enabling the fellow to hone his/her decision-making and procedural skills along with assuming a leadership role on the ED team. A staff ED physician is always available to the fellow for help and support in managing patients.

During the fellowship, the fellow maintains a log of all procedures performed. Feedback to fellows is provided by the ED staff physician at the end of the shift, and additional feedback is provided based on the results of oral and written evaluations performed regularly throughout the program.

Fellows are expected to staff the ED 12-13 shifts per month with shifts varying between day and evening shifts. The fellow is a part of an ED team consisting of double or triple physician coverage per 12-hour shift as well as Fast Track coverage by two AHPs from 9 am to 11 pm seven days a week.

Realizing the Benefits

As of fall 2009 the MHN EM training program gained an affiliation with the University of Tennessee (UT) Department of Family Medicine. Starting soon fellows will spend at least one day a month in an outpatient clinic setting overseeing residents and will also present EM topics at UT Family Medicine conferences. Through the fellowship program, MHN has added skilled physicians to the hospital staff. The current fellows, all from different areas of the country, have brought their own perspectives of medical practice. These new perspectives and ideas make the MHN program stronger and more innovative. After completion of the program, each fellow will use his/her expertise in an EM setting, helping to meet the nationwide need for EM-trained physicians. The high level of engagement by the staff physicians with the fellows has sparked staff physicians to remain current on journal readings and keep their procedural competencies well honed.

In Conclusion

The first two years of the MHN fellowship program have been a success. The program currently has four fellows with two more fellows accepted to begin in the next several months. The MHN EM fellowship program continues to seek out high-quality motivated candidates for its fellowship program while working to expand its clinical offerings and to meet the high standards placed upon it as an AAPS program.

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