

# American Academy of Emergency Physicians Fellowship Recognition Program Requirements

The American Academy of Emergency Physicians (AAEP), which is an academy with the American Association of Physician Specialists, Inc. (AAPS), strongly encourages emergency medicine board certification through the American Board of Physician Specialties, Inc. (ABPS) for Family Medicine, Internal Medicine and other qualified physicians currently practicing, or desiring to practice, emergency medicine (EM). For current residents in these specialties interested in practicing emergency medicine, AAPS strongly encourages resident graduates to participate in the American Academy of Emergency Physicians Fellowship Recognition Program.

This document has been created in the attempt to create minimum standard guidelines for the recognition of these EMGTP programs, with a goal of training qualified Emergency Medicine physicians who would become eligible to apply for board certification with the Board of Certification in Emergency Medicine (BCEM). This includes documentation of adequate EM-specific clinical experience and passing both a written and oral EM-board exam developed and delivered by ABPS EM Board of Certification. Programs may use other terms, but for the purposes of this document, the physician's in these recognized programs will be referred to as "fellows".

- I. The high-level guidelines for the recognized programs include:
  - A. Utilize a curriculum that prepares the physician to manage critical, emergent and lower acuity patients in the emergency department setting.
  - B. Appoint an BCEM, ABEM, or ABOEM board-certified emergency physician as program director. The program director should actively maintain EM board certification.
  - C. Offer procedural training and clinical experiences that would minimally meet the standards established within this document.
  - D. The training program duration should be a minimum of 12-months.
  - E. Where appropriate or valuable, provide clinical rotations into specialty areas to gain specific procedural or clinical experiences important for emergency medicine training but not necessarily obtained during the fellow's previous residency or within the emergency department setting. An example of this is anesthesia training for additional intubation experience if the emergency medicine airway opportunities in the program are insufficient to adequately prepare the fellow for independent EM clinical practice after graduation from the program.
  - F. Completion of a post-graduate training program should prepare the fellow to sit for the BCEM written and oral examinations.
  - G. Work collaboratively to share resources and curricula with other hospitals or hospital systems providing postgraduate specialty training in emergency medicine and commit to assisting new and start-up programs. This commitment will lead to the creation of a network of programs that can create and share best practices for EM graduate training and improve the quality of emergency care provided in the United States of America and beyond.
  - H. Support and encourage membership and active participation by physicians in AAEP.

\*\*Please be advised that these requirements are subject to change\*\*

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- II. AAPS and AAEP recommends that new residency graduate physicians without emergency medicine experience beyond residency do the following:
- A. Seek recognized program opportunities to expand their EM experience and skill.
  - B. If recognized program admissions are unavailable:
    - I. These physicians are advised to seek EM practice opportunities that allow for on-the-job training from experienced board-certified EM physicians, while developing their EM experience, knowledge and skill.
    - II. They should document this experience while working towards their own BCCEM board certification ([ABPS board-certification eligibility requirements](#)).
- III. AAPS recommends that all ABPS Diplomates in emergency medicine:
- A. Pursue continuing education in emergency medicine, minimally 50 hours Category I Continuing Medical Education annually.
  - B. Complete ABPS approved medical ethics course(s) totaling 4 hours of CME every 8 years.
  - C. Document maintenance of skill competency specific to their emergency medicine practice.
  - D. Actively participate in the specialty through membership in AAPS.
  - E. Volunteer as preceptors for medical students and resident physicians' rotations in emergency medicine and pursue opportunities to teach, mentor and support physicians seeking postgraduate training in emergency medicine.
- IV. Hospitals and emergency physician groups should have policies and practices in place that minimally:
- A. Permit physician to practice to their full scope of knowledge and experience.
  - B. Recognize both ABPS (BCCEM) and ABMS (ABEM) emergency medicine board certification.
  - C. Support and encourage membership and active participation by emergency physicians in AAPS, ACEP or other emergency medicine professional organization to improve their knowledge and clinical practice

### **AAEP Fellowship Recognition Program Curriculum Requirements**

1. Provide a minimum 1,400 hours in 12 months of direct-patient care in an emergency department, supervised by an experienced emergency physician. To ensure your program has adequate volume, each fellow should average (1-1.5 patients/hour) over the fellows training, for a minimum of 1500 emergency department patients seen during the fellow's year of training.
2. Provide a minimum of 4 hours per week of didactic component that prepares the Fellow to manage critical, emergent and lower-acuity patients. The didactic content should be:
  - o Structured, supervised learning defined by the fellowship.
  - o Internal or external to home institution.
  - o Inclusive of a variety of didactics including lectures, simulation, workshops and conferences.
  - o Inclusive of ATLS and at least one ultrasound course and one advanced airway course.
  - o Not inclusive of self-study.

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3. Provide broad experience in managing the conditions presenting to the emergency department. A log should be kept of the following conditions with the required number of cases listed.
  - o Cardiac arrest – 5
  - o Respiratory arrest – 10
  - o Shock – 10
  - o Major trauma – 10
  - o Unresponsive patients – 10
  - o Overdose patients – 5
  - o Diabetic ketoacidosis – 5
  - o Agitated psychiatric patients – 5
  - o Obstetric and gynecologic emergencies – 10
  - o Pediatric emergencies (ESI 1 or 2) – 3
  - o Hazardous material exposure, disaster, or mass casualty events – 1 is encouraged, but not required.
    - Management skills should primarily be obtained through direct patient care but may be augmented when insufficient volume through simulation laboratory experiences.
  
4. Provide broad experience in emergency procedures. A log should be kept of the following procedures with the required number of cases listed.
  - o Intubation - 25
  - o Emergency Cricothyroidotomy – 2
  - o Chest tube insertion – 5
  - o Procedural sedation and rapid sequence intubation – 10
  - o Fracture and dislocation reduction – 10
  - o Slit lamp and tonometry – 5
  - o Intra-osseous line placement – 2
  - o Central line placement – 10
  - o Simple and advanced wound closure – 20
  - o Cardiac resuscitation (to include cardioversion, defibrillation and cardiac pacing) – 5
  - o Lumbar puncture – 5
  - o Point-of-care ultrasound – 30
  - o Arthrocentesis – 3
  - o Paracentesis – 2
  - o Thoracentesis – 2
  - o Incision and Drainage – 10
    - Procedures should primarily be obtained through direct patient care but may be augmented when insufficient volume through cadaver or simulation laboratory teaching.
  
  - o Note that any procedures or skills documented during primary care residency may be counted towards these fellowship requirements if a letter is included from the fellowship director attesting to the competence of the fellow in the areas credited from previous residency experience.

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**Resources**

1. AAPS Site Review Agenda
2. AAPS Site Review Evaluation Standards
3. AAPS Standards Completion Checklist

Use term “Fellowships” instead of “Residencies” to maintain compliance with Centers for Medicare and Medicaid Services (CMS) and the Accreditation Council for Graduate Medical Education (ACGME).