# NEW PROGRAM APPLICATION COMBINED TRAINING ADDICTION MEDICINE — MEDICAL TOXICOLOGY

August 12, 2019

#### Instructions

Please complete the entire Combined Fellowship Training Program Form PDF application electronically, except for those fields requiring a signature. Electronic signatures will not be accepted, as we need to have original signatures provided. Once completed, scan and email a copy of the entire PDF to the American Board of Emergency Medicine and the American Board of Preventive Medicine.



American Board of Preventive Medicine 111 West Jackson Blvd, Suite 1340 Chicago, IL 60604 abpm@theabpm.org



American Board of Emergency Medicine 3000 Coolidge Rd East Lansing, MI 48823 mbarton@abem.org

Submission of the American Board of Emergency Medicine (ABEM) and American Board of Preventive Medicine (ABPM) Combined Fellowship Training Program Application Form will require a commitment on the part of both fellowship programs and their respective institutions to meet all the program requirements. The application form must be signed by the designated Program Director, Co-Program Directors (if applicable), both of their respective Department Chairs or Chief of Services, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. ABEM and ABPM will send a confirmation acknowledging receipt of the application.

# **SECTION 1: GENERAL PROGRAM INFORMATION**

### A. Program Information

<b>ACCREDITED FELLOWSHIP PROGRAMS</b> : Indicate the name and the ACGME program number for the programs offering the combined training.					
Addiction Medicine Program Name	ACGME #	Primary Training Site	ACGME Accreditation status		
Number of filled Categorical Fellows:		Number of ACGME approved Fellow positions:			
<b>Medical Toxicology</b> Program Name	ACGME #	Primary Training Site	ACGME Accreditation status		
Number of filled Categorical Fellows:		Number of ACGME approved Fellow positions:			

# **B. Sponsoring Institution Information**

<b>SPONSORING INSTITUTION</b> : Indicate the sponsoring institution of the combined program. This should be the institution where the Director of the combined program primarily functions.					
	Institution City, State Zip				
# of AddMed Fellows	AM 1 -	AM 2 -	-		
# of MedTox Fellows MT 1- MT 2 -					
# of AddMed/Med Tox Positions - Current or Requested AM/MT 1 - AM/MT 2 - AM/MT 2.5 -					2.5 -

# C. Program Director, Co-Directors, or Associate Director Information

COMBINED TRAINING DIRECTOR(S) AND POSITIONS:					
Director Name	Board Certification	Date Current Board Certification Expires			
Co-Director / Associate Director Name (Choose one)	Board Certification	Date Current Board Certification Expires			

# **D. Letters of Support**

Submit letters of support from the Department Chair or Chief of Services and the DIO of the Sponsoring Institution.

Designated Institutional Official (DIO)	Name:
Department Chair or Chief of Service for Addiction Medicine	Name:
Department Chair or Chief of Service for Medical Toxicology	Name:

# **SECTION 2: GENERAL PROGRAM POLICIES AND DOCUMENTS**

Yes X	No X	The following are issues on which the program should develop policy statements that are distributed to fellows and faculty and are on file for Board review. <i>Indicate (X) if each issue has been addressed by the program. If you answer "no" please include an explanation on a separate sheet.</i>
		The combined AddMed/MedTox fellowship will consist of thirty (30) months of balanced training in the two disciplines, which meet the program requirements for accreditation by the Residency Review Committee for Emergency Medicine or Preventive Medicine and the Residency Review Committee for Addiction Medicine.
		The Addiction Medicine Fellowship has full ACGME accreditation and is in good standing.
		The Medical Toxicology Fellowship has full ACGME accreditation and is in good standing.
		The program will inform ABEM and the ABPM of combined program fellows leaving the program or transferring to another combined fellowship program.
		The program will inform AddMed/MedTox fellows leaving the program of the need to request both Boards approval to receive credit for previous training experience.
		The vacation/leave policy is on file and time off during fellowship training is equally distributed between both subspecialties.
		The program is based on a written curriculum of planned educational experiences and competencies in both specialties and is not simply a listing of rotations between two specialties.
		The program must document a formal evaluation of the curriculum annually and include reviews by the respective program directors from both departments, as well as additional faculty members from each subspecialty and fellows in the program.
		The faculty must evaluate a fellow's performance in a timely manner during each rotation or similar educational assignment and document these evaluations at the completion of the assignment.
		Prior to completion of training, each fellow must demonstrate some form of acceptable scholarly activity. Scholarly activity may include but is not limited to, original research, comprehensive case reports, or review of assigned clinical and research topics.
		Any significant change in institutional support or rotation location requires notification to both ABEM and ABPM.
		The program follows current ACGME Program Requirements in Addiction Medicine and Medical Toxicology.
		The subspecialty specific ACGME Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon program completion.
		Joint educational conferences involving fellows from Addiction Medicine and Medical Toxicology will take place. The joint conference will specifically include the participations of all fellows in the combined program.

### **SECTION 3: ADDICITON MEDICINE GUIDELINES**

Yes X	No X	Indicate (X) if the program includes each of the following requirements for approved training in Addiction Medicine.
		At least nine (9) months of clinical experience that includes at least one half-day per week for at least 12 months, excluding vacation, devoted to providing continuity care to a panel of patients who have an addiction disorder, in which the fellow serves as either a subspecialty consultative physician with care focused on the addiction disorder or as a physician who provides comprehensive care for the patient panel, including diagnosis and treatment of substance-related problems and other addictions.
		At least three (3) months of structured inpatient rotations, including inpatient addiction treatment programs, hospital-based rehabilitation programs, medically-managed residential programs where the fellow is directly involved with patient assessment and treatment planning, and/or general medical facilities or teaching hospitals where the fellow provides consultation services to other physicians.
		Fellows must demonstrate competence in providing care to patients in different settings, such as inpatient medically managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics.
		Fellows must demonstrate competence in working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and providing continuity of care to patients.

### **SECTION 4: MEDICAL TOXICOLOGY GUIDELINES:**

Yes X	maleute (x) if the program metades each of the johowing requirements for approve		
		At least four (4) hours per week of planned educational experiences focused on medical toxicology during Medical Toxicology training.	
		Each fellow must consult on an average of 480 calls from a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology over the course of their training.	
		Each fellow must provide care for at least 200 acutely poisoned patients over the course of the combined fellowship.	
		At least ten percent (10%) of patients seen by the fellow should be children.	
		<ul> <li>The fellow must provide care for at least twenty-five (25) patients with acute workplace or chronic occupational and environmental toxic exposures.</li> </ul>	
		Fellows must have a minimum of twelve (12) months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.	
		Fellows must have the opportunity to evaluate and manage intoxicated patients in both industrial and referral settings, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of twelve (12) months or its full-time equivalent.	

#### **SECTION 5: ROTATION OUTLINE**

A clearly described, written curriculum must be available for fellows, faculty, ABEM, ABPM, and both Residency Review Committees. There must be twenty (20) months of training in Medical Toxicology and ten (10) months of training in Addiction Medicine. Please attach a copy of the combined training curriculum. The curriculum must include a block rotation diagram demonstrating the usual rotations each fellow will complete.

Please complete the Rotation Outline and list any rotation used to meet AddMed/MedTox requirements for a fellow in each post-graduate year.

#### Directions for completing the attached Rotation Outline:

Column 1: Represents a month or 4-week block for a particular year

Column 2: Insert name of rotation, as well as hospital/location of rotation.

Column 3: Indicate (X) if rotation counts as Addiction Medicine

Column 4: Indicate (X) if rotation counts as Medical Toxicology

Column 5: Indicate (X) if rotation counts for **both** Addiction Medicine and Medical Toxicology

(combined rotation).

AddMed/MedTox Year 1 - Rotation Outline					
	ROTATION NAME AND HOSPITAL / LOCATION OF ROTATION	Indicate (X) if rotation counts as AddMed	Indicate (X) if rotation counts as MedTox	Indicate (X) if rotation counts for both AddMed and MedTox	
1	2	3	4	5	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

AddMed/MedTox Year 2 - Rotation Outline					
	ROTATION NAME AND HOSPITAL / LOCATION OF ROTATION	Indicate (X) if rotation counts as AddMed	Indicate (X) if rotation counts as MedTox	Indicate (X) if rotation counts for both AddMed and MedTox	
1	2	3	4	5	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11			-		
12					

AddMed/MedTox Year 2.5 - Rotation Outline					
	ROTATION NAME AND HOSPITAL / LOCATION OF ROTATION	Indicate (X) if rotation counts as AddMed	Indicate (X) if rotation counts as MedTox	Indicate (X) if rotation counts for both AddMed and MedTox	
1	2	3	4	5	
1					
2					
3					
4					
5					
6					

<b>SIGNATURES</b> : Indicate by signing below that the information contained in this application is correct and that the hospital and faculty of each department are committed to supporting the combined program. <b>Electronic signatures will not be accepted. Original signatures are required.</b>				
	Print Name	Signature	Date	
Program Director				
Co-Program Director /Associate Program Director (choose one)				
Designated Institutional Official				