

Frequently Asked Questions: Medical Toxicology
Review Committee for Emergency Medicine and Preventive Medicine
ACGME

Question	Answer
Institutions	
What does the Review Committee consider as close physical proximity to the primary clinical site? <i>[Program Requirement: 1.6.c.]</i>	The Review Committee considers sites that are either within 30 miles or a half-hour drive to be within close proximity to the primary clinical site.
If a program wants to establish a rotation at a site that is not in close physical proximity to the primary clinical site, what accommodations should the program provide? <i>[Program Requirement: 1.6.c.]</i>	If a program establishes an affiliation with a site that is not in close physical proximity to the primary clinical site due to special resources provided 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 site is unfeasible or burdensome, the program may need to provide housing arrangements for fellows while on rotation there.
Program Personnel and Resources	
What is acceptable if a program is unable to secure specialist consultations in botany, herpetology, mycology, or zoology locally? <i>[Program Requirement: 2.12.a.]</i>	If a program is unable to secure local consultations from various specialists, it is acceptable to establish a relationship with non-local resources, as long as they are accessible and available to the fellows. For example, if a local herpetologist is not available, it would be acceptable to work with one in another state and communicate by phone or electronically.
If a program has an affiliation with a school of pharmacy or a department of pharmacology, does it still need to have a PharmD or PhD pharmacologist as a non-physician faculty member? <i>[Program Requirements: 1.7.b.]</i>	No. The purpose of the affiliation with a school of pharmacy or a department of pharmacology is so that the fellows are provided with regular didactic experience and consultation by the faculty in the affiliated school or department. If an affiliation with a school of pharmacy or a department of pharmacology <i>is not</i> possible, then alternatively the program needs to identify and appoint at least one PharmD or PhD pharmacologist non-physician faculty member to provide the required didactics and consultation as needed for the fellowship.
Fellow Appointments	

Question	Answer
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? <i>[Program Requirement: 3.2.b.]</i>	When recruiting a new fellow, if a program determines that an applicant has not completed an ACGME-accredited residency program and does not meet the eligibility criteria in Requirement 3.2. 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.
What factors will the Review Committee consider in approving the number of medical toxicology fellows for a new program application? <i>[Program Requirement: 3.3.]</i>	The approval of the total number of fellows in a medical toxicology program will be based on the following factors: 1. the number of, qualifications of, and scholarly productivity of faculty members; 2. the volume and variety of the patient population available for educational purposes; and, 3. institutional resources available to the program.
Educational Program	
What must be included to ensure a program’s curriculum is broad enough to cover all of the required aspects of medical toxicology? <i>[Program Requirements: 4.2.]</i>	The required educational aspects of a program in the subspecialty of medical toxicology are delineated in detail in the ABEM’s “The Core Content of Medical Toxicology.” This document can be found on the ABEM website: www.abem.org. It is recommended that programs use this document as a guide when developing their curricula.
What qualifies a type of resuscitation as providing a therapeutic approach? <i>[Program Requirement: 4.6.a.3.]</i>	A therapeutic approach in resuscitations is one that refers to using medication or other medical intervention, and not physical manipulation.
Do fellows have to perform analytical and forensic toxicology tests? <i>[Program Requirement: 4.6.a.8.]</i>	No, fellows do not have to perform these tests. However, they must be able to competently interpret their results, which may include knowing how the performance of the test may impact the results.

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What would be considered departmental administrative responsibilities for fellows? <i>[Program Requirement: 4.6.a.19.]</i>	Administrative responsibilities for fellows could include administrative training that would lead to opportunities as a medical director of a poison center or toxicology service, and that includes management, quality, and financial aspects.
What are some examples of activities to facilitate the planned educational experiences? <i>[Program Requirement: 4.11.a.1.]</i>	Examples include problem-based learning, laboratory research, computer-based instruction, or joint conferences co-sponsored with other disciplines.
Can fellows count previous critical care experiences toward fulfilling the requirement for a medical toxicology program? <i>[Program Requirement: 4.11.j.]</i>	Yes. Critical care experiences of at least one month completed in either an adult or pediatric ICU setting <i>prior</i> to entering the medical toxicology fellowship may be applied towards the medical toxicology program's critical care requirement.
What types of patient care experiences must fellows document? <i>[Program Requirements: 4.11.q.]</i>	At a minimum, and by the end of the program, each fellow must document experiences with: 200 acutely poisoned patients; 25 patients with acute workplace or chronic occupational and environmental toxic exposures; and 240 poisoned patient referral encounters.

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What is considered scholarly activity for faculty members? <i>[Program Requirement: 4.14.]</i>	Faculty scholarly activities include: ▪ Peer-reviewed publications in scientific journals with a PubMed reference ID ▪ Peer-reviewed publications in scientific journals not indexed in PubMed and that do not have a PubMed ID ▪ Conference presentations – abstracts, posters, and presentations given at international, national, or regional meetings ▪ Other presentations, such as invited professorships ▪ Chapters or textbooks ▪ Grant leadership – grants for which the faculty member had a leadership role, such as the PI, Co-PI, or site director ▪ Leadership or peer review role – a leadership role in national medical organizations or service as editor or editorial board member for a peer-reviewed journal Teaching formal courses – primary responsibility or course coordinator for seminars and/or conference series within the institution or program, including the development of computer-based or other training modules for students, residents, fellows, and other health professionals. This does not include single presentations, such as individual lectures or conferences. These courses can be in topics other than medical toxicology.
The Learning and Working Environment	
Are there situations in which fellows may be supervised by licensed independent practitioners? <i>[Program Requirement: 6.6.]</i>	The Review Committee will accept licensed or certified individuals to supervise fellows in unique educational settings within the scope of those individuals' 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.
What does the Review Committee consider an optimal clinical workload? <i>[Program Requirement: 6.17.]</i>	Each program must adhere to its graduated responsibility policy. This may vary by area of service, based upon each individual fellow'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.