

**PHILIPPINE BOARD OF EMERGENCY MEDICINE**  
*Program Requirements for Residency Training in Emergency Medicine*

**Checklist and Evaluation Sheet**

Hospital seeking accreditation: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ No. of Visit: ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> Other: \_\_\_\_\_

No of accreditation: ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> Other: \_\_\_\_\_

FINAL EVALUATION: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Position: (in PBECP) \_\_\_\_\_  
 (signature over printed name)

ITEM	Requirement	Please (v) if present (x) if absent	Remarks
<b>1</b>	<b>Scope of training:</b> Mission, Vision; Objectives ( General and Specific)		
1.a	Duration of Training program: _____		
<b>2</b>	<b>Training Institution:</b>		
2.a	Sponsoring Institution _____ A. Floor Plan (specify number) i. Resuscitation Area- _____ ii. Consultation room- _____ iii. Observation Room- _____ iv. Isolation Room- _____ v. Triage Area- _____ vi. Minor Or/suturing or procedural area- _____ vii. Washing/ Cleaning area- _____ viii. Decontamination Area- _____ ix. Toilet- _____ i. Waiting Area- _____ ii. Fast Track area(OPTIONAL)- _____		
2.b	Participating institution- _____ Existing MOA - _____ (status)		
2.c	Medical school affiliation (not required) _____		
<b>3</b>	<b>Facilities and Resources needed for the Program</b>		
3.a	Emergency department- _____ (level care provided)		
3.b	Laboratory		
3.c	Diagnostic Imaging services _____ (types available)		

3.d	<p>Other structural and support facilities</p> <ul style="list-style-type: none"> <li>i. Office space for faculty, resident &amp; medical students</li> <li>ii. Venue for didactics, conferences, meeting</li> <li>iii. Medical libraries, or online database accessible to EM faculty, residents and staff</li> <li>iv. Administrative and clerical services</li> <li>v. Security services for medical staff and patients at the ED</li> <li>vi. Ambulance and/or transportation services</li> </ul>		
4	<p><b>Medical staff</b></p> <ul style="list-style-type: none"> <li>i. Program Director _____</li> <li>ii. Faculty _____ (total no.- 1 consultant/3 residents) _____ (type of appointment)</li> <li>iii. Clinical Training Head _____ (type of appointment)</li> <li>iv. Others _____</li> </ul>		
5	<p><b>Resident Appointment</b></p> <ul style="list-style-type: none"> <li>i. Eligibility- meets hospital and program requirement</li> <li>ii. Number of resident:  1<sup>st</sup> year- _____  2<sup>nd</sup> year- _____  3<sup>rd</sup> year- _____  Chief resident- _____  TOTAL- _____</li> </ul>		
6	<p><b>Program Curriculum</b></p> <ul style="list-style-type: none"> <li>i. Patient population- _____ (annual attendance)</li> </ul>		
6.a	<p>Calendar of Educational/training requirement (eg. Conferences, didactics, seminars, academic courses)</p>		
6.b	<p>Required Rotations ( specify no. of months)</p> <ul style="list-style-type: none"> <li>i. Adult Emergency Posting ( 7 months/yr) _____</li> <li>ii. Pediatrics- _____</li> <li>iii. Critical Care - _____</li> <li>iv. Pre-hospital- _____</li> <li>v. Toxicology- _____</li> <li>vi. Trauma- _____</li> <li>vii. Non-EM or other specialty elective- _____</li> </ul> <p>_____</p> <p>_____</p> <p>_____</p>		
6.c	<p>Research activity/requirement (eg. Case report, retrospective study, literature review)</p>		
6.d	<p>System of Supervision of resident eg. Bedside teaching, direct mentoring, preceptorial or any form of telecommunications (Pls. State form, manner and no. of hrs/week)</p>		

6.e	Resident's General Manual		
<b>7</b>	<b><i>Evaluation</i></b> i. Residents evaluation ii. Faculty evaluation iii. Program evaluation		
<b>8</b>	<b><i>Grading and Promotion</i></b> i. Requirements eg. Knowledge, procedures, skills ii. Evaluation iii. Make-up iv. Sanctions/ Demerits v. Client Satisfaction		
<b>9</b>	<b><i>Fee: P6,000.00( non-refundable)</i></b>		

**Final evaluation:**

- Full accreditation** (valid for 3 years)
- all requirements per item are fulfilled
- eligible for reaccreditation after 3 years

**-Conditional Accreditation**

- at least 75% of all requirements per item are fulfilled
- will need revisit in 6 months time, to rectify deficiencies, after the initial visit done when conditional status was given.

**-Failed Accreditation**

- less than or 75% of all requirements per item are not fulfilled
- will need restructuring and reformulation of Training Program to meet requirements
- may need consultation and supervision with the board members of PBECP in the formulation of the Program
- will need to pay non-refundable fee P6,000 on re-visit for accreditation

**Conforme:**

Requirements and Conduct of Accreditation was explained to Hospital and/or Emergency Department Official representative and hereby agree to the terms and final evaluation in accordance with the guideline set by the Philippine Board of Emergency Medicine for *Program Requirements for Residency Training in Emergency Medicine*.

HOSPITAL Representative:  
(Seeking Accreditation)

1. \_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

2. \_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

PBECP Representative:  
(Evaluators)

1. \_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

2. \_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)