



Emergency Medicine Residents' Association

EMERGENCY MEDICINE RESIDENTS ASSOCIATION

REFERENCE COMMITTEE REPORT

ACEP 2022 EMRA Representative Council Meeting

October 2, 2022

DEFINITIONS OF AVAILABLE COUNCIL ACTIONS

For the EMRA Board of Directors to act in accordance with the wishes of the Council, the actions of the Council must be definitive. To avoid any misunderstanding, the officers have developed the following definitions for Council action:

ADOPT

Approve resolution exactly as submitted as recommendation implemented through the Board of Directors.

ADOPT AS AMENDED

Approve resolution with additions, deletions and/or substitutions, as recommendation to be implemented through the Board of Directors.

REFER

Send resolution to the Board of Directors for consideration, perhaps by a committee, the Council Steering Committee, or the Bylaws Interpretation Committee.

NOT ADOPT

Defeat (or reject) the resolution in original or amended form.

Dr. Speaker & Councilors,

Your Reference Committee gave careful consideration to the Resolutions referred to the Council and submits the following report for consideration:

Consent Agenda

Recommendation to adopt:

- Resolution F'22-03: Reproductive Rights and Equitable Access to Emergency Contraception in the Emergency Department
- Resolution F'22-04: Expanding Resident Experience to Rural and Critical Access Hospitals

Recommendation to adopt as amended:

- Amended Resolution F'22-01 Supporting Populations Experiencing Homelessness
- Amended Resolution F'22-02 Mitigation of Competition for Procedures Between EM Resident Physicians
- Amended Resolution F'22-05 Raising the Legal Age to Purchase Firearms and Banning Firearms in Emergency Departments
- Amended Resolution F'22-07 Resolution in Support of Improving Quality of Care for Patients Who Are Incarcerated
- Amended Late Resolution F'22-08 Standardizing Away Rotation Applications

Recommendation to not adopt:

- Resolution F'22-06 Active Shooter Training in Emergency Medicine Clerkships and Residency Programs

RECOMMENDATION TO ADOPT

Resolution F'22-03 Reproductive Rights and Equitable Access to Emergency Contraception in the Emergency Department

Recommendation: Adopt

Text:

RESOLVED, that EMRA supports the accessibility of emergency contraception in emergency departments nationwide, and be it further that

RESOLVED, that EMRA will advocate for universal access to emergency contraception in the Emergency Department.

Discussion:

Discussion during the public hearing was overwhelmingly supportive of the resolution. Multiple residency programs and individuals supported the resolution with no opposition noted.

Resolution F'22-04 Expanding Resident Experience to Rural and Critical Access Hospitals

Recommendation: Adopt

Text:

RESOLVED, EMRA recommends Emergency Medicine residency programs partner with Rural and/or Critical Access Hospitals in order to offer or incorporate rotations for residents at these centers as able. And further, be it

RESOLVED, EMRA encourages residency programs to explore options to help fund or defray costs residents may incur from participating in rotations at Rural or Critical Access Hospitals.

Discussion:

Discussion during the public hearing was in support of the resolution. There was no testimony against the resolution. The EMRA medical student council and residency programs spoke in support of the resolution overall.

RECOMMENDATION TO ADOPT AS AMENDED

Resolution F'22-01 Supporting Populations Experiencing Homelessness

Recommendation: Adopt as Amended

Text:

~~RESOLVED, EMRA supports the implementation of collaborative prescription models for healthy foods, shelter, and transportation to increase patient access to these resources; and be it further~~

RESOLVED, EMRA supports utilization of a standardized, routine screening tool in the ED for identification of individuals at risk for homelessness; and be it further

RESOLVED, EMRA supports residency programs providing guides and resources to residents, educating them about the barriers to care that exist with regards to housing, transportation, food, shelter and other preventative health measures specific to their geographic area of training and local population so that future resident physicians can best advocate for their future patients; and be it further

RESOLVED, EMRA supports the education of residents ~~for awareness and utilization of available resources to promote patient-centered care for vulnerable populations and understanding~~ regarding the role of social work, registration, and nursing in the treatment of vulnerable populations patients and those experiencing homelessness; and be it further

RESOLVED, EMRA supports continued education of residents regarding resources available to patients throughout their training to promote patient-centered care for vulnerable populations and effective collaboration between residents, social workers, nurses and other staff on matters of resource acquisition and allocation.

Discussion

Testimony was supportive during the public hearing. The medical student council and multiple residency programs also spoke in support of the resolution; however, a call for amendments to clarify language and intent was made by multiple speakers without any specific amendments offered during the public hearing. Your reference committee has proposed the amendments above to clarify language and the intent of the RESOLVED clauses. Further, the first RESOLVED clause was stricken given specific testimony stating the broad and vague understanding of the term “collaborative prescription model.”

Resolution F'22-02 Mitigation of Competition for Procedures Between EM Resident Physicians

Recommendation: Adopt as Amended

Text:

RESOLVED, That EMRA,

- ~~1. Supports preference to the resident physician on occasions where a resident physician and APPs are both available to perform a medically necessary procedure. The said procedure should preferentially be performed by the resident physician. In no case should financial motivations, patient throughput or APPs procedural currency supersede the requisite procedural requirements for resident physicians.~~
1. EM resident physicians should be given priority, preference, and right of first refusal for medically necessary procedures over non-physician providers, to preserve the integrity of resident physician training.
2. Forward a similar resolution for consideration at the next American College of Emergency Physicians council meeting
3. ~~Forward a similar resolution for consideration at the next ACGME Council of Review Committee Residents meeting and ACGME Review Committee meeting~~
4. ~~Forward a similar resolution for consideration at the next AMA-RFS meeting~~

Discussion

Discussion during the public hearing was supportive of the resolution. A member speaking on behalf of the EMRA Board of Directors spoke in support of the resolution with recommendations to amend RESOLVED clause 1 through deletion and substitution with the above language. Additionally, a recommendation was made to strike clause 3 due to existing EMRA policy. Multiple residency programs also spoke in support of the aforementioned changes. A call for amendments to clarify language and intent was made by multiple speakers without any specific amendments offered during the public hearing. Clause 4 was stricken due to suggestive testimony without amendment stating that this resolution would not be appropriate for AMA-RFS due to scope. Your reference committee has proposed the amendments above to clarify language and the intent of the RESOLVED clauses.

Resolution F'22-05 Raising the Legal Age to Purchase Firearms and Banning Firearms in Emergency Departments

Recommendation: Adopt as Amended

Text:

~~RESOLVED, EMRA advocates for the legal age to purchase firearms be raised to 21 years old in the United States; and it be further~~

~~RESOLVED, Amend Section IV, Article IV: Firearm Safety and Injury Prevention to add the following:~~

~~K. Increase the legal age to purchase firearms and ammunition be raised to 21 years old~~

~~RESOLVED, EMRA advocates for the banning of firearms in all emergency departments across the United States~~

RESOLVED, EMRA supports the banning of firearm possession, with the exception of security and law enforcement personnel, in all emergency departments across the United States.

Discussion

This amendment initiated copious discussion. Although testimony on the goals of this resolution were generally positive, there were several concerns on the resolution verbiage. These concerns included defining strict age guidelines, defining protective staff, and EMRA's lobbying ability to direct the specific limitations discussed. ACEP has active efforts in addressing the gun violence epidemic in the United States separate from the directive outlined in the first and second RESOLVES.

One individual discussed the need to be judicious on advocating specific policies intrinsic to EMRA's mission. Highlighting that work on behalf of EMRA's mission is where we are most impactful. To further strengthen the concern, one individual stated that legislators do not expect EMRA to be advocating on non-medical items and that there is not clear data saying an age raise would be entirely effective. Many additional members testified in agreement with the above concerns regarding a strict age definition. In addition, one member stated additional organizations including the AMA have discussed these issues and are focusing more on a public health approach vs. a specific age.

The reference committee felt that given the multiple concerns on strict age guidelines with unclear consensus from an evidence-based or national regulatory standpoint, that RESOLVED clauses 1 and 2 be stricken.

One individual proposed the above amendment to RESOLVED 3. Although formal support of this specific amendment was not obtained, several individuals spoke in favor. The reference committee believes that this amendment allows for the appropriate personnel to continue performing their protective duties while removing additional firearms from the emergency department.

References:

1. <https://www.emra.org/globalassets/emra/about-emra/governing-docs/policycompendium.pdf>
 2. <https://www.acep.org/home-page-redirects/latest-news/medical-summit-on-firearm-injury-prevention-promotes-collaborative-approach-to-address-firearm-violence/>
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Resolution F'22-07 Resolution in Support of Improving Quality of Care for Patients Who Are Incarcerated

Recommendation: Adopt as amended

Text:

RESOLVED, that EMRA:

1. Support implementation of training and education sessions for medical students and residents focused on optimizing care for ~~patients experiencing incarceration~~ patients held in legal confinement including those that are detained, in police custody, or currently incarcerated.
2. ~~Emphasize the importance of not compromising the history or physical exam~~ Supports the development and implementation of educational materials on evidence based best practices for emergency care of patients under legal confinement, which aim to address challenges related to proper history taking, physical examination, and privacy during an encounter, encourage the use of the various types of restraints that optimize safety of both patients and their healthcare providers. ~~Advocate for the removal of shackles on patients when the situation allows,~~ and interdisciplinary education on proper physical examination when restraints are not able to be safely removed.
3. Encourage the development of curriculum that will allow students and residents to recognize and address their own biases towards patients who are ~~incarcerated~~ legally confined.
4. ~~Create a handbook for residents and students that details how to provide excellent care to this special population of patients given the challenges and limitations that are faced during an encounter.~~
5. ~~Forward a similar resolution for consideration at the next American College of Emergency Physicians council meeting.~~

Discussion

Testimony during the public hearing was overall supportive of the spirit of this resolution; however, several representatives raised concerns regarding the inclusivity of the language used

to describe the targeted population. The term *confinement* with the qualifier *legal* has been proposed in the amended language in RESOLVED clauses 1-3 by your reference committee. The second RESOLVED clause received significant testimony regarding the overall aim, with amendments proposed to provide more actionable directives and to broaden the considerations to be addressed during a clinical encounter with a patient under legal confinement. Testimony from several members suggested RESOLVED clause 4 be stricken and instead direct authors or other interested parties to EMRA's "New Idea" process (<https://www.emra.org/be-involved/share-an-idea/new-idea-process>). Several members testified to have RESOLVED clause 5 stricken as well.

LATE RESOLUTION: F'22-08 Standardizing Away Rotation Applications

Recommendation: Adopt as Amended

Text:

RESOLVED, EMRA encourages transparency from programs regarding ~~average response time, type of offer system, as well as~~ an overview of the application selection process, ~~application system, and timeline for emergency medicine away rotations and further recommend timely public listing to be listed publicly and timely~~ on their respective website and EMRA Match, and be it further

RESOLVED, EMRA suggests schools explore application of a ~~universal platform software that is free or low-cost to students~~ for the purpose of creating a more equitable system for applicants, and be it further

RESOLVED, EMRA advocates that any required institutional fees be equal for students from all MD, DO, and IMG institutions, if the program has the ability to standardize or reduce costs, and be it further

RESOLVED, EMRA advocates for the expansion of Emergency Medicine residency programs that will accept IMG students for away rotations in an effort to relieve some of the additional burden traditionally carried by IMG students, ~~and be it further~~

~~**RESOLVED**, EMRA Board, in collaboration with CORD, will investigate and implement methods to further improve the away rotation process for all parties with regards to equity and transparency~~

Discussion

Testimony was supportive during the public hearing. Authors summarized the resolution and explained the delayed submission was secondary to miscommunication with one author being out of the country. Authors also emphasized their view regarding the importance of adopting the

resolution and addressing it at ACEP to allow for meaningful change for the 2024 application cycle. A member speaking on behalf of herself, recommended striking the term “software” as not all programs use a computer-based service. This was seen as friendly by the authors and supported by others in testimony. A member speaking on behalf of the Board of Directors recommended strike RESOLVED 5 due to duplicative efforts already existing within CORD, this amendment was supported by testimony from other representatives. A call for amendments to clarify language was made by multiple speakers; your reference committee has proposed the amendments as above with intent to clarify the language and intent of the RESOLVED clauses.

RECOMMENDATION TO NOT ADOPT

Resolution F’22-06 Active Shooter Training in Emergency Medicine Clerkships and Residency Programs

Recommendation: Not Adopt

Text:

RESOLVED, EMRA requests for increased gun violence education for all emergency department staff and students in the form of simulation sessions and emergency action plan walkthroughs in the emergency department, and be it further

RESOLVED, EMRA develops free simulation cases for residency programs to use during active shooter training, and be it further

RESOLVED, EMRA develops educational guides and resources for residents about types of gunshot wound injuries and their management.

Discussion:

Testimony from the public hearing supported the spirit of this resolution; however, many raised concerns that the asks of the resolution are either addressed by existing policy and processes or not within the actionable scope of EMRA. Testimony was given by one representative that the EMRA simulation committee could be tasked specifically with the simulation component of this resolution, but no specific amendment was put forth. Multiple representatives testified to strike RESOLVES 2 and 3. During the public hearing, multiple representatives sought to clarify whether the aim of the resolution was intended to redouble towards active shooter drills versus established penetrating trauma campaigns such as “Stop the Bleed.” Mixed testimony was received thereafter regarding the intended education/simulation goal of the resolution. Members

from the board testified recommending the use of EMRA's "New Idea" process (<https://www.emra.org/be-involved/share-an-idea/new-idea-process>) for some of the more prescriptive components of the resolution. Given the testimony against the second and third RESOLVED clauses and the mixed testimony regarding the first RESOLVED clause, your reference committee recommends this resolution not be adopted.