EMERGENCY MEDICINE RESIDENTS ASSOCIATION

REFERENCE COMMITTEE REPORT

ACEP 2020 EMRA Representative Council Meeting

EMRA 2020 - October 26, 2020

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 for consideration and submits the following report:

NON-CONSENT AGENDA

Report on Restrictive Covenants and Non-Competes

Report on Artificial and Augmented Intelligence in Emergency Medicine

CONSENT AGENDA

RECOMMENDATION TO ADOPT:

Resolution F'20-01 Recognition for Exemplary Service for Dean Wilkerson

RECOMMENDATION TO ADOPT AS AMENDED:

Amended Resolution F’20–2 Fair Compensation for EM Physicians-in-Training

Amended Resolution F’20-3 Planning for EM Resident Illness and Occupational Exposure

Amended Resolution F’20-04 EM Resident Nourishment and Hydration While on Duty

Amended Resolution F’20-5 Policing and Emergency Medicine

NON-CONSENT AGENDA

F' Report on Restrictive Covenants and Non-Competes

No recommendation given due to inability to hear testimony at the Reference Committee Meeting

Discussion: Due to time constraints, no testimony was given regarding the report precluding the reference committee from providing a recommendation.

F' Report on Artificial and Augmented Intelligence in Emergency Medicine

No recommendation given due to inability to hear testimony at the Reference Committee Meeting

Discussion: Due to time constraints, no testimony was given regarding the report precluding the reference committee from providing a recommendation.

RECOMMENDATION FOR ADOPTION

Resolution F'20-01 Recognition for Exemplary Service for Dean Wilkerson

Recommendation: Adopt

Text:

> **RESOLVED,** that EMRA recognize Mr. Dean Wilkerson for his exemplary dedication and service to residents, resident education and our organization.

Discussion: There was unanimous approval of this resolution.

RECOMMENDATION TO ADOPT AS AMENDED

F'20–2 Fair Compensation for EM Physicians-in-Training

Recommendation: Adopt as amended

Text:

> ~~**RESOLVED**, that the Emergency Medicine Residents' Association (EMRA) will advocate for 38 hospitals, healthcare systems, and/or government entities to increase resident salaries to at least match those of NPPs; and be it further~~
>
> ~~**RESOLVED**, that EMRA believes that the value residents bring to patient care and institutional financial returns match or outmatch the contributions of NPPs in a clinical environment; and be it further~~
>
> ~~**RESOLVED**, that EMRA believes that costs associated with elements unique to graduate medical education, such as resident education, are at least partially funded by the resources provided by the US government to hospitals for each residency program; and be it further~~
>
> **RESOLVED**, that EMRA will create a task force to ~~further explore~~ study EM resident compensation, productivity, and billability in the context of fair compensation for trainees ~~in comparison with the compensation, productivity, and billability of NPPs.~~

Discussion: The public hearing was largely against the addition of language comparing residents to NPPs, and wished to distance our compensation in relation to that of the NPP. Instead the public hearing was in support of uniform increase to resident compensation separate from RVUs. Finally, the public hearing was largely in support of changing language to remove comparing productivity and billability vs NPPs, as our role and the patients seen by residents is different from that of NPPs. The committee agrees with the proposed changes and heard no opposition to the proposed amendments.

F'20-3 Planning for EM Resident Illness and Occupational Exposure

Recommendation: Adopt as amended with reaffirmation and amendment to existing EMRA policy

Text:

~~**RESOLVED**, that the Emergency Medicine Residents' Association (EMRA) believes that communicable illness is an occupational hazard for EM residents and will take the opportunity to discuss it as such when indicated during national conversations on the topic; and be it further~~

RESOLVED, that EMRA reaffirms the Family Leave Policy (Section V, Policy V) with the following amendments:

V. Family and Medical Leave Policy

EMRA believes that emergency medicine residency programs should have a clear policy on family and medical leave, rights and responsibilities under the Family Medical Leave Act, and that programs provide this policy to residents and applicants, and that this policy is made publicly available. EMRA also believes that programs should address coverage expectations and remuneration in their residency employment contracts.

EMRA believes leaves should be structured in as flexible a manner as possible to accommodate the unique needs of the resident in new parenting roles, or with family, health (including short- or long-term illness and illness associated sequelae, such as mandatory quarantine periods), or wellness issues. To that end, leave time should be allowed to accrue from year to year or pulled from future years. Programs should also prioritize the protection of resident vacation time as separate from leave periods when possible. Extensions of residency training period may be disruptive to the early career of new physicians and thus should be minimized when possible. Residents and program leadership should work together to maximize the well-being of residents balancing the accrual of leave with consecutive clinical periods. Accordingly, EMRA should support residency programs establishing their own minimum required time off per clinical year.

~~**RESOLVED**, that EMRA will advocate for liberal paid sick leave policies for EM residents, calling for programs to create flexible sick leave plans that aim to avoid~~

~~extending the duration of residency training for residents when expanded sick leave is required; and be it further~~

~~**RESOLVED**, that EMRA will strongly oppose repurposing resident vacation time for use as sick leave, instead encouraging the expansion of contractual paid sick leave policies for residents who require further days off for illness or sequelae associated with illness (eg self-quarantine); and be it further~~

~~**RESOLVED**, that EMRA will advocate for the implementation of non-punitive backup systems that achieve staffing goals for the ED when EM residents fall sick, acknowledging that these efforts are i~~
~~mportant in ensuring ED coverage without compromising the health and well-being of providers and patients; and be it further~~

~~**RESOLVED**, that EMRA supports flexible sick leave policies that do not punish residents and minimize disruption to graduation. EMRA will work with ABEM, ACGME, and other relevant parties to develop guidelines on sick leave that match these values.~~

RESOLVED, that EMRA will unequivocally support easy and unconditional access to PPE for residents, medical students, and other EM physicians caring for patients in the Emergency Department; and be it further

RESOLVED, that EMRA will support a resident's and medical students's choice to use PPE not provided by a hospital if they do not feel adequately protected by the PPE provided by their institution; and be it further

~~**RESOLVED**, that EMRA believes residents should not be expected to care for patients without proper PPE when indicated.~~

Discussion: Discussion during the public hearing was largely in support of the spirit of the resolution, with specific modifications to the 1st through 4th resolved clauses suggested by the medical student council which received wide support for improved language. This took the existing EMRA policy and added new language to emphasize medical leave separate from family leave as an additional protection. Additionally, the new language added prioritization of protection of vacation time for residents separate from sick leave and quarantine periods associated with illness. Resolved 5 was struck, as both sentences received wide opposition, and the resolved did not provide any additional language not otherwise previously discussed. There was significant discussion regarding the final three resolved clauses in a shift to PPE. Resolved 6 and 7

were widely supported with the amended language to include medical students. Resolved 8 was the most contentious, with debate regarding language as there was a mostly equal split between those in favor, those opposed, and those in favor with amended language to replace expected with mandated. The reference committee took the testimony from the various members of the public hearing and concluded that this clause did not add any protections or stances not previously covered in resolved 6 and 7, as residents would not be mandated/expected to see patients without proper PPE if proper PPE was being provided as is the goal of resolved 6 and 7. Therefore this contentious statement was removed.

F'20-04 EM Resident Nourishment and Hydration While on Duty

Recommendation: Adopt as amended

Text:

~~RESOLVED, that the Emergency Medicine Residents' Association (EMRA) will support policies and statements that encourage appropriate nourishment and hydration for EM residents on shift, as these elements are necessary for physician safety and well-being; and be it further~~

RESOLVED, that EMRA supports adequate accommodations to allow for the consumption of food and drink while at work ~~will advocate for hospitals to ensure that ED workspaces in which EM physicians spend most of their time meet institutional standards to allow for the consumption of food and drink within those spaces~~;

RESOLVED, that EMRA will support policies that encourage appropriate nourishment and hydration for EM residents and medical students while working ~~support and share existing educational materials on nourishment and hydration for EM physicians, including those created and disseminated by the American College of Emergency Physicians (ACEP)~~

Discussion: The reference committee heard testimony regarding nourishment and hydration of residents and students while at work. Based on the conversation and amendments, the reference committee decided to remove the first resolved clause and combine it with the third resolved clause to avoid redundancy. All other changes were

based on amendments recommended by individuals and agreed upon by members in attendance.

F'20-5 Policing and Emergency Medicine

Recommendation: Adopt as amended

Text:

RESOLVED, That EMRA ~~believes~~ recognizes excessive use of force by police as ~~police brutality is~~ a public health issue that threatens the health and wellbeing of individuals, law enforcement ~~officers themselves~~, and ~~our~~ society with disproportionate effects on vulnerable communities including people of color; and be it further

RESOLVED, that EMRA work with ACEP and other relevant stakeholders to support legislation that restricts the excessive use of force by law enforcement and promotes ~~with~~ evidence-based and less ~~non-~~violent law enforcement tactics ~~officers which includes the use of choke and sleeper holds and crowd-control weapons such as kinetic impact projectiles and chemical irritants~~; and be it further

RESOLVED, that EMRA opposes the use of chemical restraints ~~ketamine and other sedative/hypnotic agents~~ by non-medical personnel ~~for the purpose of restraining someone for law enforcement purposes and not for a legitimate medical reason~~; and be it further;

RESOLVED, that EMRA will work with relevant stakeholders to support a) implementation of evidence-based practices ~~standards and trainings~~ regarding the use of chemical restraints ~~ketamine and other sedative/hypnotic for the purposes of restraint~~ in the prehospital setting and b) documentation of the use and effects of chemical restraints ~~ketamine and other sedative/hypnotic~~ in events involving law enforcement ~~agencies, particularly incidents involving the use of ketamine for non-medical purposes~~; and be it further

RESOLVED, that EMRA supports efforts by emergency departments, hospitals, law enforcement ~~agencies~~ and other organizations to document and publish data

on the health impacts of the excessive use of force by law enforcement ~~officers to better protect patients from instances of police brutality.~~

Discussion: The reference committee recognizes the urgent need to address excessive use of force by law enforcement. After hearing testimony, the committee sought to remove inflammatory language and replace this language with more overarching themes. The committee heard testimony from multiple parties who wished to strike the language about specific medications to make a more broad definition of sedation medications; chemical restraints as a term was agreed upon by all parties. Furthermore, while the committee recognizes the concerns of some individuals about the specific use of the words “public health issue,” the committee finds it important to retain these phrases to highlight the importance of this issue to EMRA as an organization.

Madam Speaker, this concludes the report of the Reference Committee. I would like to thank Dr. Schlobach and Dr.Pergola and Reference Committee Chair Dr. Loesche for their excellent work in developing these 5 recommendations.