



Emergency Medicine Residents' Association



Representative's Handbook

**April 23, 2018
San Antonio, TX**



Emergency Medicine Residents' Association

Welcome to Representative Council CORD 2018!

We have finally made it! Just under a year ago your board made the decision to move our events to CORD, and it has been an exciting 11 months orchestrating this transition. We are here in San Antonio with a huge slate of events lined up.

We have a brand-new event that was spearheaded by the Simulation Committee: Chaos in the ED. This 3-hour event will take place Tuesday morning at 9am (don't worry, there is a bar available for a pick me up) and features games and skill performance which touch on all aspects of emergency medicine. The teams are made up on the spot, but you have to qualify to play, so find a silver badge and answer a question for your chance to win one of 32 spots. A big thanks to the American College of Osteopathic Emergency Physicians Resident and Student Organization for creating the final case!

We are also launching the EMRA Leadership Academy! Saturday morning is our first event (if you plan to come, bring comfortable shoes, we will not be staying within the 4 walls of the conference center!), and there will be events throughout the year to come, including monthly teleconferences with leaders in the field, as well as another in person event at ACEP18. Sign up now (even if you can't make the Saturday morning event). This academy comes complete with a capstone project so you can put together all of the great leadership skills you learn over the year.

And let's not forget the most important part of this event (in my clearly unbiased opinion): RepCo! We have 5 resolutions to discuss, three of which are bylaws changes aimed at expanding participation and rights within our organization, and 2 of which seeks to define what we as EMRA want the specialty and practice of emergency medicine to look like. These policy debates are my FAVORITE part of the meeting, and to me, one of the most important things we do as EMRA. Your Board of Directors represents you within the alphabet soup of emergency medicine, and these policies help shape what we fight for, what projects we work on, and the stands we take within the AMA, EDPMA,

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Director of Membership
Geoffrey Comp, DO
New Member At large Board Member
Erin Karl, MSIV
Medical Student Council Chair

Executive Director

Cathey B. Wise

NEMPAC, EMF, ACEP, ACGME, COMMB, ABEM, AEROS, and the many other organizations we work with! (I swear I did not make any of those up).

The city of San Antonio also has a lot to offer too. Fiesta is this week: a celebration that started in memory of the Alamo and has evolved into an event that celebrates everything that San Antonio has to offer. So, take some time to explore Riverwalk, have some great food in the Mission City. We're glad you came to join us (live, or via Zoom). We are looking forward to a productive meeting. This packet is chock full of what we have accomplished over the past 5 months, and what we hope to accomplish over the next few days. So, flip through to see what we have done, and what we have coming up.

Sincerely,
Scott Pasichow, MD, MPH
Speaker of the Council

Nathan Vafaie, MD, MBA
Vice Speaker of the Council



Emergency Medicine Residents' Association

**Representative Handbook
Table of Contents**

Welcome Letter

Things to See & Do in San Antonio

**EMRA Representative Council Business Meeting & Town Hall Agenda
April 23, 2018 – San Antonio, TX**

**EMRA Representative Council Business Meeting Minutes
October 30, 2017 – Washington, D.C.**

Resolution #S'18-1: Opioid Harm Reduction

Resolution #S'18-2: Procedural Sedation

**Resolution #S'18-3: Resolution to remove MANDATORY membership in the
American College of Emergency Physicians for all Emergency Medicine Residency
Association Members with Background Information**

Resolution #S'18-4: MSC Chair Voting Rights on EMRA Board of Directors

Late Resolution #S'18-5: Fellow Voting Rights within the Representative Council

EMRA Board of Director's Reports

Update and Additions to EMRA's Policy Compendium since ACEP17



Family Fun

Round up your family and head to Fiesta Texas, Sea World, the DoSeum, the San Antonio Zoo or the Aquarium.



Art and Culture

Soak in culture at the McNay, the Witte, or the San Antonio Art Museum. Catch a show at the Majestic or Tobin Center.



Outdoors

Take a stroll through the abundance of parks: Friedrichs, Phil Hardberger, Eisenhower, Government Canyon.



The River Walk

Classic SA dotted with restaurants and bars. Cruise down the river on a guided tour or grab a margarita, chips and



Historic San Antonio

Visit the Alamo, San Fernando Cathedral, or one of the cities 4 other Spanish styled missions.



¡Fiesta!

It's party time here in San Antonio. Join the locals celebrating their city!



Around Town & Night Life

The Pearl District: coffee shops, bars, restaurants, a food hall, green spaces with splash pads, and Jazz TX. South town: hipster area with coffee shops, breweries, distilleries casual dining and pop up art galleries.

Attractions Near the Conference Center

- The Alamo
- The River Walk
- HemisFair Park & **Tower of Americas** (360 city view): Happy Hour 4:30-7:00pm on weekdays
- La Villita Historic Village - location of many Fiesta activities this week, including **Night in Old San Antonio**

Outdoors and Recreations

- **River Walk Trail** - You can start downtown and hit the touristy areas or you can start in South Town or at the Pearl (North) and walk towards downtown for more scenic areas of the river
- Trails: Friedrich Wilderness, Eisenhower Park, Phil Hardberger, Government Canyon
- Other: Japanese Tea Garden, Botanical Garden, Golf (Brackenridge- Home of the Texas Golf Hall of Fame, TPC San Antonio, The Quarry GC, La Canterra GC)

Mission Trail

10 miles of trail connect the 4 missions and bikes can be rented at B-cycle stations at each mission site. Rent a bike and check out San Antonio's impressive Spanish Style missions. Our visit them independently: Mission Concepcion, Mission San Jose, Mission San Juan Capistrano and Mission Espada.

The Pearl District

Sip a cup of Jo at Local Coffee, Bakery Lorraine, or Larder. Share drinks at Jazz TX, BlueBox, High St Wine Company, or the renowned Hotel Emma's swanky bar. A lot of options for eating and drinking, check out: **Cured**, the Granary, Grayze, Southerleigh, Supper or the food hall. For low key options try Viva Tacoland or Down on Grayson.

South Town

A casual/hipster area of town. Home of Halcyon (coffee and cocktails), **Blue Star Brewery**, Dorcol Distillery, La Tuna, and Bar 1919. Try Burgerteca for Mexican inspired hamburgers. An easy walk down the river to **Historic King Williams District**.

Arts and Entertainment

- NBA Playoffs: San Antonio Spurs vs Golden State Warriors
 - Sunday Game 4 @ San Antonio
 - Tuesday Game 5 TBD @ Oakland
- Museums: The McNay, SA Museum of Art, The Witte, Briscoe Western Art, Institute of Texan Cultures
- **Fiesta**: Google Fiesta San Antonio to see the times/locations of all the events offered this week.

Night Life

- On the river: Howl at the Moon, **Esquire**, Ocho, The Brooklynite, **Paramour Rooftop Bar**, Swig
- Outdoor hangout: The Friendly Spot, **The Cove**, The Luxury, Chisme, Viva Tacoland, Burleson Yard Beer Garden, Blue Star Brewery, Rumble
- Western Dancing: Cowboys Dance Hall
- Salsa: Arjon's International Club
- Music: **Jazz Tx**, Luna, The Davenport, The Rustic
- LGBT: Bonham exchange, Babios Night Club, Heat, Pegasus
- Swankier: **Hotel Emma**, Jazz TX, Tower of the Americas, Bar 1919, Bluebox



Emergency Medicine Residents' Association

**EMRA Representative Council
Business Meeting & Town Hall Agenda
April 23, 2018 8:00am – 11:00am CST
Grand Hyatt,
San Antonio, TX**

7:00am Credentialing/Welcome Breakfast/Candidates Forum

8:00am Call to Order

REPORTS AND UPDATES:

8:05am Opening Remarks
Scott Pasichow, MD, MPH
Speaker of the Representative Council

Host City Introduction

University of Texas Health Sciences Center at San Antonio
Brook Army Medical Center

Moment of Silence

A time to honor EMRA members lost in the past year

8:15am Liaison Reports
ACEP - American College of Emergency Physicians
Vidor Friedman, MD, FACEP
Vice President

ABEM – American Board of Emergency Medicine
Terry Kowalenko, MD
President

8:30am Electronic Voting Overview
Nathan Vafaie, MD
Vice Speaker of the Representative Council

8:40am EMRA Committee Updates Round 1
Omar Maniya, MD, MBA

8:55am Liaison Reports
CORD – Council of Emergency Medicine Residency Directors
Tiffany Murano, MD
Board of Directors

YPS – ACEP Young Physicians Section
Hilary E. Fairbrother, MD, FACEP
Councillor

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- 9:10am** **New EMRA Website Reveal**
Zach Jarou, MD
- 9:15am** **Introduction to Leadership Academy**
Geoff Comp, DO
- 9:20am** **EMRA Committee Updates Round 2**
Omar Maniya, MD, MBA
- 9:30am** **Break - EMRA Committee Visit Resource Tables**

BUSINESS AGENDA

- 9:50am** **Quorum Report**
Chair of Tellers and Credentials Committee
- 9:55am** **Approval of Minutes from Fall Meeting**
October 1, 2018, Washington, D.C.
- 10:00am** **Reports and Resolutions**
Emergency/Late Resolutions
Reference Committee Report
- 10:30am** **Town Hall**
Nathan Vafaie, MD
Vice Speaker of the Representative Council
- 10:50am** **President Address**
Zach Jarou, MD
EMRA President
- 11:00am** **Announcements and Adjourn**



EMRA Representative Council Business Meeting Minutes
October 30, 2017
Washington, D.C.

COUNCIL OFFICERS: Tiffany Jackson, MD; Scott Pasichow, MD, MPH

BOARD MEMBERS: Zach Jarou, MD; Abby Cosgrove, MD; Nick Governatori, MD; Alicia Kurtz, MD; Erin Karl, MSIV; Nida Degesys, MD; Rachel Solnick, MD; Shehni Nadeem, MD; Eric McDonald, MD; Christian Dameff, MD; Ricky Dhaliwal, MD, JD.

TELLERS AND CREDENTIALS CHAIR: Eric McDonald, MD

GUESTS: Bill Jaquis, MD; Tiffany Murano, MD; Terry Kowalenko, MD; Sandra Williams, DO.

STAFF: Cathey B. Wise, Veronica Mason, Linda Baker, Valerie Hunt, Todd Downing, April Applewhite, James Bryant

Dr. Jackson called the meeting to order at 8:08am EST.

Dr. Tiffany Murano and Dr. Caitlin Schrepel gave the CORD update. Their membership has grown 34% since 2014 and their attendance at the 2017 CORD Academic Assembly was their largest ever. They look forward to partnering with EMRA at the 2018 Academic Assembly. Over the past year, CORD has supported the Summa program and residents affected by Hurricanes Harvey and Irma via CORD Cares. They thanked EMRA for their donation. They also participated with the Coalition Against Medical Merit Badges.

Dr. Jaquis gave the ACEP update. The ACEP Council considered more than 60 resolutions during the previous week. He expressed gratitude towards EMRA for our commitment and our diversity. He reminded EMRA Dr. Paul Kivela is now the ACEP President. He introduced to Dr. John Rogers for representing ACEP as its new President-Elect.

Dr. Kowalenko gave the ABEM update. The 2018 in-training examination (ITE) will be 100% electronic and will occur between Feb 27 and March 3. He expressed the importance of NOT speaking about the exam until the end of the last day. With regard to the oral qualifying exam, all single cases are now in electronic oral format. He emphasized to the Council that the initial certification fees for the qualifying examination are the lowest among all 24 specialties. He

spoke about the ConCert Summit that was organized in order to discuss alternatives to maintenance of certification. Lastly, he thanked EMRA for the support during the ACEP Council meeting.

Dr. Sandra Williams, Immediate Past Chair, gave the ACEP Young Physicians Section (YPS) update. They are working closely with EMRA on the programming at for the Leadership and Advocacy Conference. They hosted a successful Leadership Summit at ACEP. They are working on improving their social media presence.

Dr. Jackson once again welcomed the Council. She thanked the new program representatives as well as returning members. She emphasized that resolutions will guide the way EMRA supports and advocates for future members.

Dr. Jackson held a moment of silence for EMRA members who have died over the past year.

Dr. Pasichow gave an overview of the virtual voting on CloudVOTE and performed a few test questions.

Dr. Jarou gave an update from the 18 EMRA Committees and Divisions. He highlighted leadership opportunities within the committees and divisions and reviewed their specific missions and ongoing projects. All committees and divisions will be moving their communication platform to Basecamp.

Dr. Kurtz thanked the program representatives for allowing the Board to represent them as EMRA President. She reviewed recent EMRA initiatives and advocacy efforts. These included advocacy for the scholarly activity requirement/definition, and working with the AAMC to develop a more fair and scientifically validated standardized video initiative.

Dr. Degesys thanked Dr. Kurtz for her service and reviewed many of her accomplishments. Dr. Kurtz was presented with a gift from the Board.

Dr. Dhaliwal provided a broad visual overview of the new EMRA website.

The Council went on a break at 09:25am EST.

The Council went back into session at 09:50am EST.

Dr. Eric McDonald gave the quorum report. He informed the council that 57 programs out of 210 EM residencies were present, totaling 2299 out of 6970 of votes. A total of 33% of membership was represented, and a quorum was present.

Dr. Jarou presented the Recognition for Exemplary Service for Diane Kay Bollman Resolution (F'17-10). The award was accepted by Dr. Jacob Manteuffel, President of Michigan College of Emergency Physicians.

Dr. Dhaliwal presented the Recognition for Exemplary Service for Gordon Wheeler Resolution (F'17-08). The award was accepted by Mr. Wheeler.

Dr. Pasichow presented the Recognition for Exemplary Service for Ronny L. Jackson, MD Resolution (F'17-09). It was noted that the award would be presented to Dr. Jackson himself later in the afternoon.

Dr. Pasichow reviewed parliamentary procedure for the Council.

There was a motion to accept the minutes from the Spring meeting in Orlando, FL. It was seconded and it was adopted.

Dr. Erik Blutinger reviewed the Reference Committee Report. No items were eligible to be a part of the consent agenda. Testimony recommended the following resolutions for adoption:

- Medical Student Representative to Representative Council Amendment
- Meetings of the Association Bylaws Amendment
- Diversity & Inclusion Bylaw Amendment
- Timing Bylaw Amendment
- Amendment to Review Bylaw Amendments Under Final Consideration Resolution

The Reference Committee recommended to adopt as amended the Resolution on Climate Change. The committee recommended to not adopt the Resolution on Animals at Residency Programs.

Dr. Pasichow reviewed the Medical Student Representative to Representative Council Amendment Resolution (F'17-01) as per reference committee discussion. There was a motion to adopt the resolution. It was seconded and it was adopted.

Mr. Sarker reviewed the Diversity and Inclusion Bylaw Amendment Resolution (F'17-03) as per reference committee discussion. There was a motion to adopt the resolution and it was adopted.

Dr. Blutinger reviewed the Timing Bylaw Amendment Resolution (F'17-04) as per reference committee discussion. There was a motion to adopt the resolution. It was seconded and it was adopted.

Mr. Arnab Sarker reviewed the Amendment to Review Bylaw Amendments Under Final Consideration Resolution (F'17-05) as per reference committee discussion. There was a motion to adopt the resolution. It was seconded and it was adopted.

Dr. Blutinger reviewed the Meetings of the Association Bylaws Amendment Resolution (F'17-02) as per reference committee discussion. There was a motion to adopt the resolution. It was seconded and it was adopted.

Dr. Blutinger reviewed the Climate Change Resolution (F'17-06) as per reference committee discussion. A motion was made to adopt the resolution as amended. It was seconded. After further discussion by multiple members of the Council, the motion passed.

Mr. Sarker reviewed the Live Animal Use in Emergency Medicine Residency Programs Resolution (F'17-07) as per reference committee discussion. There was a motion to adopt the resolution. It was seconded. Dr. Philip Levin, President-Elect, MS ACEP provided testimony on the resolution. There was discussion among members. There was a motion to amend the resolution to read that EMRA would encourage *both* ACEP *and* CORD to adopt a similar policy. After further discussion, there was a motion to call the question. The motion passed, as did the motion to amend the resolution as suggested.

After additional testimony, there was a motion to call the question. The motion passed. The motion to approve the Live Animal Use in Emergency Medicine Residency Programs Resolution as amended did not carry, and the resolution was not adopted.

Dr. Jackson initiated the EMRA Board of Directors elections.

President-Elect candidates Dr. Geoff Comp and Dr. Omar Maniya made their respective speeches. Dr. Omar Maniya was elected as President-Elect with a majority vote.

Vice Speaker of Council candidates Dr. Hunter Pattison and Dr. Nathan Vafaie made their respective speeches.

Dr. Pasichow notified the Council there had been an error with the electronic voting system and paper ballots would be required, including a re-vote for the President-Elect position. The Council took an intermission after a re-vote for President-Elect using paper ballots.

Dr. Omar Maniya was elected as President-Elect with a majority vote.

Secretary/Editor-in-Chief candidates Dr. Adam Rieves, Dr. Kim Aldy, Dr. Thomas Eales, and Dr. Whitney Johnson made their respective speeches.

Dr. Nathan Vafaie was announced as the Vice Speaker of the Council.

Director of Education candidates Dr. Ross Christensen and Dr. Sara Paradise made their respective speeches.

Dr. Thomas Eales was announced as Secretary/Editor-in-Chief of *EM Resident* magazine.

Director of Technology candidate Dr. Nick Salerno, running unopposed, was elected to the position.

Dr. Jarou delivered his President's Address. He thanked EMRA for the opportunity and highlighted the organization's successes over the past year, particularly those involving medical student membership, EMRA's opposition to the AAMC standardized video initiative as it currently stands, EMRA's resolutions at the ACEP Council including their work to encourage a broader definition of scholarly activity, and EMRA's involvement in the Coalition Against Medical Merit Badges. He looks forward to joining forces with resident leaders in organizations all across emergency medicine. He is looking forward to the new website and continuing to update EMRA Match. He encouraged all EMRA members to reach out to him with ideas, feedback, or a desire to be more involved.

Dr. Sara Paradise was announced as the new Director of Education.

Dr. Jackson gave her final remarks and thanked the Representative Council for the last 2 years.

Dr. Pasichow reinforced the importance of bringing resolutions to the Representative Council so that EMRA will have policies to re-inforce/define their position on all issues affecting emergency medicine, now and in the future.

The meeting was adjourned at 1:11pm EST.

Addendum 1: Notes on Resolutions -- Fall 2017 Representative Council

Resolution F'17-01: Amendment on medical student representative to Representative Council

Adopted

RESOLVED, that the EMRA Bylaws will be amended as follows:
(additions in **Bold**, subtractions in **Red**)

ARTICLE III - MEMBERSHIP

Section 2 — Classes of Membership All members of the Association shall belong to one of the following categories: (1) Active; (2) Student; (3) International; (4) Alumni; (5) Honorary; (6) Life; or (7) Inactive. ~~Additionally, active, student, and international members may concurrently belong to the Representative class.~~

~~Section 2.8 — Representative Members~~

~~Representative members (“representatives”) serve as delegates from individual residency programs to the Representative Council. Student Representative members (“student representatives”) serve as delegates from the medical student governing council to the Representative Council.~~

~~Section 2.8.1 — Qualifications~~

~~Section 2.8.1.1 — Representatives~~

~~Representatives shall be elected or appointed from eligible members of their respective programs for one-year terms.~~

~~Section 2.8.1.2 — Student Representatives~~

~~Two student representatives shall be elected or appointed from eligible student members by the Medical Student Governing Council for one-year terms. If for any reason a medical student governing council has not been appointed by the President or if the Medical Student Governing Council fails to appoint one or both student representatives, the President shall designate two student members to serve as student representatives.~~

ARTICLE VI - REPRESENTATIVE COUNCIL

Section 1 — Composition of the Representative Council

The Representative Council shall consist of **resident and medical student members.**
~~the members of the representative class.~~

Section 1.1 — **Residency Program Resident** Representatives

Each emergency medicine residency program recognized by the Association **will be allocated shall have** one **residency program resident** representative. **Program representatives should be elected or appointed for one-year terms by their peers. Credentialed representatives are allotted one vote for each EMRA member at their**

residency program as of thirty days prior to the meeting of the Representative Council.

Section 1.2 — **Medical Student Representatives**

The Chair of the EMRA Medical Student Council (MSC) will be allocated one vote for every twenty-five EMRA medical student members as of thirty days prior to the meeting of the Representative Council. If the MSC Chair is unavailable, he or she may select an alternate MSC Member to vote on behalf of EMRA's student members. ~~Student members shall have a total of two student representatives.~~

Section 1.3 — Verification

All representatives shall be verified by the Speaker of the Representative Council at least thirty days prior to the scheduled meeting. No representative shall be seated who is not a member of the Association. No member of the Board of Directors may simultaneously serve as a representative to the Representative Council.

Section 2 — Presiding Officers of the Representative Council

Section 2.1 — Speaker of the Representative Council

The Speaker of the Representative Council shall preside at all meetings of the Representative Council. The Speaker shall be ex-officio member of all Representative Council committees and task forces.

Section 2.2 — Vice Speaker of the Representative Council

The Vice Speaker of the Representative Council shall preside over meetings of the Representative Council in the absence of or at the discretion of the Speaker.

Section 3 — Powers of the Representative Council

Section 3.1 — General Powers

The Representative Council shall have the authority to establish two general types of policy: policies and directives. Policies shall be statements of philosophy based on professional principles and scientific standards that serve to define the beliefs of the Association. Directives are action items that articulate a strategy for accomplishing an objective and/or activate the Association's policies.

Section 3.2 — Additional Powers

The Representative Council shall have, in addition, the right and power to (a) advise and instruct the Board of Directors regarding any matter that may affect the Association or its members, (b) prepare and control its own agenda, (c) consider any matter properly brought before it by an Association member, (d) originate and consider resolutions, (e) form, develop, and direct council committees and task forces, (f) elect the Speaker and Vice Speaker of the Representative Council, (g) elect the officers and Board of Directors, (h) amend these bylaws.

Section 4 — Meetings of the Representative Council

Meetings of the Representative Council shall serve as the meetings of the members of the Association.

Section 4.1 — Meeting Schedule

There shall be two meetings of the members of the Association each year at a time and place as determined by the officers of the Association. The exact date and time of these meetings must be announced in an official publication of the Association not less than ten days ~~nor more than sixty days~~ prior to the start of the meeting and must be available to any inquiry of the membership. The time and location of these meetings may be changed to such place and time as determined by the officers of the Association, provided that the time and place of such meetings shall be announced at least ten days prior to the meetings.

Section 4.2 — Annual Meeting

The second Representative Council meeting of the calendar year, excluding special meetings, shall be designated as the Annual meeting of the Association.

Section 4.3 — Special Meetings

Special meetings of the Representative Council may be called by an affirmative vote of two-thirds of the directors or by petition of one-third of all eligible representatives. Notice of the date, time, and place of such a meeting must be provided to all members of the Representative Council and Board of Directors via first class mail no less than forty-five days prior to any such meeting.

Section 4.4 — Open Meetings

All Annual, regular, and special meetings of the Representative Council shall be open to all members of the Association. A closed executive session may be called by majority vote of the Representative Council.

Section 4.5 — Conduct of Meetings

Deliberations of the Representative Council shall be governed by such rules and policies as described in the *Adopted Procedures of the Representative Council*, and in accordance with the provisions of these bylaws.

Section 4.6 — Voting Rights

~~Section 4.6.1 — Resident Representatives~~

~~Credentialed representatives are allotted one vote for each person who was an Association member in that residency program thirty days prior to the meeting of the Representative Council.~~

~~Section 4.6.2 — Student Representatives~~

~~Credentialed student representative is allotted one vote for every twenty-five medical students who were members of the Association thirty days prior to the meeting of the Representative Council, with votes assigned to the Medical Student Governing Council (MSGC) Chair. In the absence of the MSGC chair, he/she may select an alternate to attend the representative council and vote.~~

Section 4.6.13 — Speaker of the Representative Council

The Speaker may vote during Representative Council deliberations only in the event of a tie vote of the representatives while serving as the presiding officer.

Section 4.6.24 — Vice Speaker of the Representative Council

The Vice Speaker may vote during Representative Council deliberations only in the event of a tie vote of the representatives while serving as the presiding officer.

Section 4.6.35 — Board of Directors

Members of the Board of Directors may address the Representative Council on any matter under discussion, but shall not have voting privileges in Representative Council sessions.

Resolution F'17-02: Meetings of the Association Bylaw Amendment

Adopted

RESOLVED, that the EMRA Bylaws will be amended so all references to “Meeting(s) of the Representative Council” will be replaced with “Meeting(s) of the Association.” This change will occur in:

Article IV Section 4.1

Article IV Section 4.2

Article IV Section 4.5

Article IV Section 4.6

Article IV Section 5

Article V Section 1.1.4

Article VI Section 2.1

Article VI Section 2.2

Article VII section 3

Article X Section 1

Article XIV Section 2; be it further

RESOLVED, that Article IV Section 8 of the EMRA Bylaws will be amended as follows: (additions in **Bold**, subtractions in **Red**)

“The Executive Director shall not be entitled to vote in meetings of the Board of Directors or **the Association** ~~Representative Council~~”; be it further

RESOLVED, that Article VI Section 4 of the EMRA Bylaws will be amended as follows:

“Meetings of the Representative Council shall serve as the meetings of ~~the members of~~ the Association”; be it further

RESOLVED, that Article III, Section 5, Paragraph 2 of the EMRA Bylaws will be amended as follows:

“Any member whose dues or assessments are unpaid thirty days prior to any regular, Annual, or special meeting of **members the Association** shall lose all privileges of membership, including the rights to vote and to hold office.”

Resolution F’17-03: Bylaw Amendment on Diversity and Inclusion

Adopted

RESOLVED, that Article III, Section 1 of the EMRA Bylaws will be amended as follows: (additions in **Bold**)

“To be eligible for membership in the Association, the applicant must fulfill the requirements for the class of membership for which s/he is applying, show a significant interest in emergency medicine, and be of high moral and professional character. No person shall be denied membership based on age, race, **ethnicity**, sex, **gender**, **gender identity**, **sexual identity**, **sexual orientation**, **socioeconomic status**, **religion**, **cultural belief**, **disability**, **spirituality**, political beliefs, or religious beliefs.”

Resolution F’17-04: Amendment to timing of bylaw amendments

Adopted

RESOLVED, that Article XIV of the Emergency Medicine Residents’ Association Bylaws be amended as follows: (additions in **Bold**, subtractions in **Red**)

“Section 1 — Authority

The authority to adopt or amend these bylaws rests solely with the members of the Association at any ~~Annual or special~~ meeting **of the representative council** ~~upon recommendation of the Representative Council.~~

Section 2 — Submission

Any member or committee of the Association may propose an amendment to these bylaws for consideration at any ~~Annual, regular or special~~ meeting of the Representative Council. The resolution must be submitted to Association headquarters in writing at least forty-five days prior to the meeting at which it is to be considered.

Section 3 — Notice

Notice of a proposal for bylaws amendment shall be provided to the members of the Association by official print or electronic publication at least ten days prior to the meeting at which such proposed amendment is to be considered.

Section 4 — Method of Consideration

Section 4.1 — Officer Review

All submitted resolutions shall be reviewed by the Speaker and Vice Speaker of the Representative Council. Resolutions with potential bylaws implications will be denoted a “bylaws amendment under initial consideration” and the author shall be contacted in a timely fashion to discuss the intent and language of the resolution. A bylaws amendment under initial consideration need not contain final bylaws language in order to be considered.

Section 4.2 — Initial Consideration

Debate of a bylaws amendment under initial consideration shall be conducted via the usual resolution process as outlined in the Adopted Procedures of the Representative Council. Should such a bylaws amendment consist of a simple amendment to no more than two articles, or come directly from the officers or directors of the Association, consideration may be conducted in accordance with Article XIV, Section 5, however any other amendments adopted by the Representative Council shall cause said resolution to become a bylaws amendment under initial consideration.

Section 4.3 — Final Language

The officers of the Association shall draft appropriate language to amend all relevant sections of these Bylaws in order to affect an adopted bylaws amendment under initial consideration. Such language will then be presented to the Representative Council as an “amendment under final consideration” at the next ~~Annual or special~~ meeting of the Association.

Section 5 — Adoption

An amendment under final consideration may be adopted by an affirmative vote of at least two-thirds of the members present and voting at an ~~Annual~~ meeting of the Association. The Representative Council is prohibited from considering amendments to the final language of an amendment under final consideration. Should the language of an amendment under final consideration be rejected by the Representative Council, the bylaws amendment shall be returned to the officers of the Association for revision and presentation at the next ~~Annual~~ meeting of the Association as an amendment under final consideration.

Section 6 — Effective Date

Amendments to these bylaws become effective at the conclusion of the ~~Annual~~ meeting of the Association at which they were adopted.

Resolution F’17-05: Amendment to review bylaw amendments under final consideration

Adopted

RESOLVED, that Article XIV Section 5 of the EMRA Bylaws be amended as follows: (additions in **Bold**, subtractions in ~~Red~~)

“An amendment under final consideration may be adopted by an affirmative vote of at least two-thirds of the members ~~present~~ **present** credentialed and voting at an ~~Annual~~ **Annual** meeting of the Association. The Representative Council is prohibited from considering amendments to the final language of an amendment under final consideration. Should the language of an amendment under final consideration be rejected by the Representative Council, **it will then be changed back into an amendment under initial consideration, and may be debated and amended by the Representative Council. If adopted, it will remain an amendment under initial consideration and be referred to the officers of the Association for review and modification as needed, and then be referred back to the Representative Council as a bylaw amendment under final consideration.** ~~the bylaws amendment shall be returned to the officers of the Association for revision and presentation at the next Annual meeting of the Association as an amendment under final consideration.”~~

Resolution F'17-06: Climate change, its impact on patient health, and implications for Emergency Medicine

Adopted as amended

RESOLVED, that EMRA:

~~1) Craft a report addressing the risk of global climate change on patient health and its impact on the future of emergency medicine.~~

1) Supports research, education, prevention, monitoring, and assessment of the public health implications of climate change.

2) Supports the dissemination ~~Disseminate~~ of materials to residents, ~~based upon the report's findings (above), in order to~~ which may guide future training, advocacy, and patient care as it relates to the public health implications of climate change.

Resolution F'17-07: Replacement of Live Animal Use in Emergency Medicine Residency Programs

Not adopted

RESOLVED, That EMRA strongly encourages the replacement of live animal use in emergency medicine residency programs; and be it further

RESOLVED, That EMRA encourages the American College of Emergency Physicians to adopt a policy encouraging the replacement of live animal use in emergency medicine residency programs.



RESOLUTION: # S'18-1

SUBMITTED BY: Petrina Craine, M.D.

SUBJECT: Opioid Harm Reduction

1 **Whereas**, Deaths from drug overdoses have become a leading cause of mortality in the United States, with
2 prescription opioid overdoses accounting for more deaths than the combined effect of other drugs, including cocaine,
3 heroin, and other psychostimulants, and
4

5 **Whereas**, Emergency medicine physicians prescribe opioids at among the lowest rates of all specialties and have
6 further reduced the amount of opioid prescriptions by more than every other specialty, and
7

8 **Whereas**, The number of visits to emergency departments (ED) for nonmedical use of prescription opioids has
9 increased as well as consequences related to opioid use including ED visits for bloodborne pathogens and criminal
10 activity, and
11

12 **Whereas**, There has been an increasing public focus on medical and public health providers to utilize multiple
13 strategies to address opioid overdose, which has reached crisis levels, and
14

15 **Whereas**, There are numerous studies that have demonstrated cost-effective and successful interventions to reduce
16 harm from opioid use, such as clean syringe access, supervised safe injection programs, medically assisted treatment
17 with medications such as buprenorphine, and community distribution of naloxone, and
18

19 **Whereas**, Several emergency department programs have already begun to employ proven strategies to address opioid
20 use in their patient populations, and
21

22 **Resolved**, that EMRA

- 23 • believes that practitioners of emergency medicine can play a leading role in reducing opioid abuse and death
- 24 • should support research efforts geared toward opioid harm reduction
- 25 • should encourage training for residents regarding safe and appropriate use of opioids
- 26 • should support streamlining requirements for buprenorphine prescribing in the emergency department
- 27 • should support adoption of proven strategies in opioid harm reduction including enhanced public distribution of
28 naloxone and increased patient awareness and access to syringe exchange programs
- 29 • advocate for similar policies to be held and updated by the American College of Emergency Physicians.
30

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EMRA Policy: None

Financial Note: None



RESOLUTION: # S'18-2

SUBMITTED BY: RJ Sontag, MD and Sushant Kapoor, MD

SUBJECT: Procedural Sedation

1 **Whereas** extensive medical research has established procedural sedation as performed by emergency physicians to be
2 safe, effective, and associated with high patient satisfaction in adult and pediatric patients; and
3

4 **Whereas** The Model of the Clinical Practice of Emergency Medicine, the document which delineates the specific
5 medical knowledge and procedural skills that define the unique skill set of an emergency physician that differentiates
6 us from other specialties and serves as the basis for residency training and board certification in Emergency Medicine
7 requires competency in the administration of procedural sedation, airway management, and pharmacotherapy; and
8

9 **Whereas** The Accreditation Council for Graduate Medical Education (ACGME) Emergency Medicine Residency
10 Review Committee requires that all graduates of emergency medicine residency training programs complete a
11 minimum number of supervised procedural sedations; and
12

13 **Whereas** the American Society of Anesthesiologists (ASA) released guidelines in March 2018 “intended for use by
14 all providers who perform moderate procedural sedation” that attempt to define the scope of practice of emergency
15 physicians and arbitrarily categorize medications such as propofol, ketamine, and etomidate as “medications intended
16 for general anesthesia”; and
17

18 **Whereas** the American College of Emergency Physicians, the authoritative body for the establishment of guidelines
19 for the sedation of patients in the emergency department, believes that graduates of accredited emergency medicine
20 residency programs have received the training and skills necessary to safely provide procedural sedation, and should
21 be credentialed to perform procedural sedation without additional requirements;
22

23 Therefore, be it
24

25 **RESOLVED** that EMRA believes

- 26 • that graduates of accredited emergency medicine residency programs possess the medical knowledge and
27 procedural skills necessary to safely administer procedural sedation, without the need for additional
28 credentialing requirements
- 29 • that graduates of accredited emergency medicine residency programs should have the ability to choose among
30 the full breadth of pharmacologic agents available for procedural sedation, including but not limited to
31 opioids, benzodiazepines, barbiturates, ketamine, propofol, dexmedetomidine, etomidate, and nitrous oxide
32

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73
74 **EMRA Policy:** None
75
76 **Financial Note:** None
77



RESOLUTION: # S'18-3

SUBMITTED BY: Christopher Parks, MD

SUBJECT: Resolution to remove MANDATORY membership in the American College of Emergency Physicians for all Emergency Medicine Residency Association Members

1 **WHEREAS**, the Emergency Medicine Residency Association (EMRA) bylaws require all EMRA members to be
2 members of the American College of Emergency Physicians (ACEP)¹; and

3
4 **WHEREAS**, EMRA is an independent organization from ACEP; and

5
6 **WHEREAS**, the goals and mission of EMRA and its members may differ from those of ACEP; and

7
8 **WHEREAS**, it is unprincipled to obligate all EMRA members to join ACEP. Therefore, be it

9
10 **RESOLVED**, that EMRA amend Article III, Section 2.1.1 and Section 2.2.1 of the EMRA Bylaws to remove the
11 requirement for ACEP membership.

12
13 **References/Relevant EMRA Policy:**

- 14 1. Bylaws of the Emergency Medicine Residents' Association. November 2017.

15 **Relevant Policy:** EMRA Membership and Bylaws

16 **Fiscal Impact:** Significant and unknown

17
18 **Background**

19
20 EMRA is the largest and oldest resident-driven organization in the world. Founded in 1974, and legally incorporated
21 as an independent, non-profit organization, EMRA is by residents, for residents. EMRA's Representative Council has
22 the power to create policies on a broad range of topics including resident education and training requirements,
23 residency and fellowship application and matching processes, board certification, social and public health issues, and
24 the healthcare delivery system as a whole.

25
26 The EMRA Representative Council also elects the EMRA Board of Directors who ensure that the organization is
27 operationally and financially sound. However running the day-to-day activities of a membership organization with
28 more than 16,000 members, that produces 30+ publications and several large events at national conferences isn't
29 something that the EMRA Board can do on its own. Like many membership organizations, EMRA's Board of
30 Directors secures management services from a third-party that provides staffing, human resources, payroll,
31 accounting, member care, and information technology services, as well as physical office space. EMRA currently has
32 a shared services agreement with ACEP to provide these services for our organization which is re-negotiated every 5
33 years by the EMRA Board of Directors. ACEP also provides management services for a number of independent

34 emergency medicine organizations include the Emergency Medicine Foundation, the Council of Emergency Medicine
35 Residency Directors, and the Society for Emergency Medicine Physician Assistants.

36
37 The Bylaws resolution submitted for consideration asks that EMRA's Bylaws be amended to eliminate the
38 requirement that EMRA members also be members of ACEP; however, this requirement for reciprocal membership is
39 not only outlined in EMRA's Bylaws, but also by the Shared Services Agreement between ACEP and EMRA. The
40 Shared Services Agreement specifies each organization's commitment to the other. For instance, ACEP provides
41 EMRA significant funding for membership services (\$235,000 to \$270,000 annually, plus staff time) and
42 opportunities for physicians-in-training to develop as leaders by working exclusively with EMRA to select resident
43 and student members for ACEP's Committee and Sections, and by leveraging their position as the sole emergency
44 medicine recognized by the AMA to appoint EMRA representatives to the AMA-Medical Student Section and AMA-
45 Resident & Fellow Section. In return, EMRA promotes involvement in certain ACEP meetings and activities that
46 present opportunities for our members to grow within our specialty.

47
48 Breaking the Shared Services Agreement would leave EMRA with less than 6 months to rebuild the infrastructure of a
49 very complex organization (membership services, office space, accounting services, human resources and personnel
50 services, etc.), which would be a very difficult task for EMRA's Board of Directors to accomplish on top of their
51 already very busy residency training schedules. This change would also have a significant, unanticipated impact on
52 EMRA's budget, which could result in increased member dues, along with loss of access to ACEP's member benefits,
53 thereby decreasing the value that our members might receive at an increased cost. Additionally, if EMRA were to part
54 ways with ACEP, there is nothing that would prohibit ACEP from creating a new resident and student organization
55 that would compete head-to-head with EMRA for members, products, educational material, leadership opportunities,
56 and all of the other benefits that you rely upon your EMRA membership to provide.

57
58 In summary, EMRA is an independent organization. EMRA's Representative Council can adopt positions on any
59 issues they feel are pertinent to emergency medicine physicians-in-training. EMRA's Board of Directors are elected to
60 ensure that our organization is financially and operationally sound, and have determined that a Shared Services
61 Agreement with ACEP that requires reciprocal membership between the two organizations creates mutually beneficial
62 situation for both organizations and provides EMRA members opportunities to be mentored by national leaders in
63 emergency medicine, and to have the ability to be active participants in conversations that will influence and impact
64 the future of our specialty. This partnership also offers EMRA members opportunities beyond what EMRA could
65 provide on its own, or in a partnership with any other organization. EMRA's relationship with ACEP is an asset, not
66 a liability.

67
68 **Background Information Prepared By:** Zach Jarou, MD
69 President, EMRA

70
71 **Reviewed by:** Nida F. Degesys, MD, Resident Representative to ACEP
72 Scott Pasichow, MD, MPH, Speaker of the Council
73 Cathey Wise, Executive Director, EMRA



RESOLUTION: # S'18-4

SUBMITTED BY: Alicia Kurtz, MD, EMRA Immediate Past President with support from the EMRA Board of Directors

SUBJECT: MSC Chair Voting Rights on EMRA Board of Directors

1 **Whereas** medical students represent the fastest growing section of EMRA membership, including a 12% increase in
2 calendar year 2017 totaling almost 4,000 medical student members, which is over 20% of EMRA's membership; and
3

4 **Whereas** EMRA's medical student members will soon be resident members and, as such, their needs, interests, and
5 insights are vital to the continued success of our organization; and
6

7 **Whereas** the Medical Student Council Chair (MSC) represents the voice of EMRA's medical student members to the
8 EMRA Board of Directors; and
9

10 **Whereas** EMRA's MSC Chair is chosen and appointed by the EMRA President with majority approval from the
11 EMRA Board of Directors in a manner defined by the policy compendium based on previous service and performance
12 on the MSC; and
13

14 **Whereas** EMRA's past MSC Chairs have consistently proven active, productive members of the Board of Directors
15 whose contributions have made EMRA stronger far beyond improving our medical student member benefits; and
16

17 **Whereas** allowing the MSC Chair a formal vote would recognize the importance and contributions of our medical
18 student membership and student leaders in EMRA; Therefore, be it
19

20 **RESOLVED** that EMRA shall adopt the following changes to the EMRA bylaws:
21

22 **ARTICLE III**
23 **MEMBERSHIP**
24

25 Section 2.2 — Student Members
26

27 Section 2.2.1 — Qualifications

28 Any allopathic, osteopathic, or international student attending a medical school is eligible for student membership.
29 Any student granted a leave of absence from their medical school, may remain eligible for student membership for the
30 duration of their leave of absence, as long as it is honored by their respective school. All student members shall
31 maintain membership in the American College of Emergency Physicians.
32

33 Section 2.2.2 — Rights

34 Student members are entitled to attend and address meetings of the Association, to vote, and to sit on committees.
35 Student members, **with the exception of the Medical Student Council (MSC) Chair**, may not hold office.
36

**ARTICLE V
BOARD OF DIRECTORS**

37
38
39
40 Section 1 — Composition of the Board of Directors

41
42 The Board of Directors shall consist of the officers of the Association, Five Members-At-Large, Ex-Officio liaisons,
43 and the [Medical Student Council \(MSC\) Chair](#) as appointed by the president of the organization.

44
45 Section 1.1 — Members-At-Large

46
47 Section 1.1.1 — Qualifications

48
49 Five Members-At-Large (“Members-At-Large”) shall be elected to the Board of Directors at the Annual meeting of
50 the Association. Members At-Large shall be chosen from the active or international membership. No more than two
51 officers or directors may be elected from the same residency program for the same or overlapping terms of office.

52
53 Section 1.1.2 — Duties

54
55 Members At-Large shall be voting members of the Board of Directors and shall share fully with the officers of the
56 Board of Directors in the management of the Association.

57
58 Section 1.1.3 — Vacancy

59
60 Should the seat of a Member-At-Large become vacant, or a Member-At-Large be unable or unqualified to serve, the
61 position shall be filled by an election held at the next Annual meeting of the Association. Should the position become
62 vacant at a time greater than six months before the next Annual meeting of the Association, the President may appoint
63 a person to fill the vacancy for the remaining term subject to majority approval of the Board of Directors. Should the
64 position become vacant at a time less than six months before the next Annual meeting of the Association, the
65 President may allocate the duties of the vacant position among the remaining directors until the office is filled by
66 election at the next Annual meeting of the Association.

67
68 Section 1.1.4 — Recall

69
70 Any Member-At-Large may be recalled at any meeting of the Representative Council by a three-quarters vote of the
71 representatives present, as certified by the chair of the credentials and tellers committee. A recall must be initiated by
72 a petition signed by representatives present at that meeting. The number of signatures on the recall petition shall
73 represent at least one-third of the number of eligible votes present at the meeting in which the Member-At-Large was
74 elected, as certified in the final report of the chair of the credentials and tellers committee in order to be valid.

75
76 In the event of recall of a Member-At-Large of the Board of Directors, a replacement shall be immediately installed in
77 accordance with Article V, Section 1.1.3 and Article IX of these bylaws from nominations from the floor of the
78 Representative Council to fill the balance of the unexpired term.

79
80 Section 1.2 – Ex-Officio Board Members

81
82 Section 1.2.1 — Qualifications

83
84 Ex Officio Board members will be appointed by the President of the Association with majority approval by the board
85 of directors. Ex Officio members shall be chosen from the active, international, fellow, alumni, or student
86 membership.

87
88 Section 1.2.2 — Duties

90 Ex Officio members will attend all board of director meetings, be allowed to make motions and participate in debate.
91 Ex Officio members will not count towards quorum and will not be entitled to vote.

92
93 Section 1.2.3 — Vacancy

94
95 Should the seat of an Ex Officio member become vacant, or an Ex Officio member be unable or unqualified to serve,
96 the position shall be filled by appointment at the discretion of the President.

97
98 Section 1.2.3 – Term

99
100 The term of Ex Officio members will be determined by the President of the Association in consultation with the
101 Board of Directors

102
103
104 Section 1.3 Medical Student Council (MSC) Chair

105
106 Section 1.3.1 — Qualifications

107
108 The MSC Chair shall be a medical student member appointed annually to the Board of Directors by the President of
109 the Association with majority approval by the board of directors.

110
111 Section 1.3.2 — Duties

112
113 The MSC Chair will attend all board of director meetings, be allowed to make motions and participate in debate.

114
115 After appointment, the MSC Chair will be presented to the EMRA Representative Council at the next meeting of the
116 Association for consideration of confirmation as an additional voting member of the EMRA Board of Directors. If
117 approved by a majority vote, the MSC Chair shall be a voting member of the Board of Directors and shall share fully
118 with the other voting Members-At-Large of the Board of Directors in the management of the Association. If not
119 approved by a majority vote, the MSC Chair will serve on the EMRA Board of Directors as an Ex Officio member.

120
121 Section 1.3.3 — Vacancy

122
123 Should the seat of the MSC Chair become vacant, or the MSC Chair be unable or unqualified to serve, the position
124 shall be filled by appointment at the discretion of the President with the majority consent of the Board of Directors. In
125 this case, the replacement MSC Chair would remain an Ex Officio member of the board until the next meeting of the
126 Association when he or she will be considered for confirmation.

127
128 Section 1.3.4 — Recall

129
130 The MSC Chair may be recalled at any meeting of the Board of Directors by a three-quarters vote of the board
131 members present.

132
133 In the event of recall of the MSC Chair, a replacement shall be immediately installed in accordance with Article V,
134 Section 1.3.3.”; be it further

135
136 **RESOLVED** that EMRA shall adopt the following changes to the EMRA bylaws:
137 “

138
139 **Article VI**
Representative Council

140
141 Section 1 — Composition of the Representative Council
142 The Representative Council shall consist of resident, and medical student members.

143

144 Section 1.1 — Residency Program Representative

145 Each emergency medicine residency program recognized by the Association will be allocated one residency program
146 representative. Program representatives should be elected or appointed for one-year terms by their peers. Credentialed
147 representatives are allotted one vote for each EMRA member at their residency program as of thirty days prior to the
148 meeting of the Representative Council.

149

150 Section 1.2 — Medical Student Representatives

151 The Chair of the EMRA Medical Student Council (MSC) will be allocated one vote for every twenty-five EMRA
152 medical student members as of thirty days prior to the meeting of the Representative Council. If the MSC Chair is
153 unavailable, he or she may select an alternate MSC Member to vote on behalf of EMRA's student members.

154

155 Section 1.3 — Verification

156 All representatives shall be verified by the Speaker of the Representative Council at least thirty days prior to the
157 scheduled meeting. No representative shall be seated who is not a member of the Association. No member of the
158 Board of Directors may simultaneously serve as a [residency program or fellow](#) representative to the Representative
159 Council.”

160

161 Relevant EMRA policy: included in body of resolution

162

163 Financial Note: None



RESOLUTION: Late Resolution # S' 18-5

SUBMITTED BY: Nathan Vafaie, MD EMRA Vice Speaker with support from the EMRA Board of Directors

SUBJECT: Fellow Voting Rights within the Representative Council

1 **Whereas**, EMRA membership includes those training in emergency medicine fellowship programs, and

2
3 **Whereas**, fellowship programs may or may not be affiliated with residency programs, and

4
5 **Whereas**, fellows in emergency medicine training should be allowed representation on the Representative Council in
6 order to advocate for policy positions favorable to fellows, and

7
8 **Whereas**, how fellows were to be represented on representative council was not specifically codified in the Policy
9 Compendia or Bylaws previously, therefore be it

10
11 **Resolved**, to change EMRA's bylaws as follows (additions in blue, subtractions in red):

12
13 “

14 **ARTICLE VI REPRESENTATIVE COUNCIL**

15 Section 1 — Composition of the Representative Council

16 The Representative Council shall consist of resident, fellow, and medical student members.

17
18 Section 1.1 — Residency Program Representative

19 Each emergency medicine residency program recognized by the Association will be allocated one residency program
20 representative. Program representatives should be elected or appointed for one-year terms by their peers. Credentialed
21 representatives are allotted one vote for each EMRA member at their residency program and associated fellowship
22 programs as of thirty days prior to the meeting of the Representative Council.

23
24 Section 1.2 — Medical Student Representatives

25 The Chair of the EMRA Medical Student Council (MSC) will be allocated one vote for every twenty-five EMRA
26 medical student members as of thirty days prior to the meeting of the Representative Council. If the MSC Chair is
27 unavailable, he or she may select an alternate MSC Member to vote on behalf of EMRA's student members.

28
29 Section 1.3 - Fellow Representatives

30 Fellow members of EMRA attending fellowships which are not associated with residency programs will be allowed to
31 vote as individuals within the representative council.

32
33 Section 1.34 — Verification

34 All representatives shall be verified by the Speaker of the Representative Council at least thirty days prior to the
35 scheduled meeting. No representative shall be seated who is not a member of the Association. No member of the
36 Board of Directors may simultaneously serve as a representative to the Representative Council.

37

38

39 Relevant EMRA policy: As referenced above, Bylaws: Article III, Section 2.8, Policy Compendium: Section V, Sub-
40 section III-A

41

42 Financial Note: None

43



Emergency Medicine Residents' Association

BOARD REPORTS

**REPORT: Spring '18 – President
Zach Jarou, MD
Denver Health/University of Colorado**

Follow me! @zachjarou

Welcome to San Antonio!

Originally founded as a Spanish mission in 1718, San Antonio is now the 7th most populous city in the United States, and home to two emergency medicine residency programs. In addition to all of the awesome EMRA and CORD programming that you're sure to enjoy the week, I hope you also find some time to meander the River Walk, celebrate Fiesta, and if you're here for the closing reception, party at The Alamo!

As President, I have the privilege of working with an amazing staff and Board of Directors who work hard each and every day to execute the three pillars EMRA's Strategic Plan:

1. Make membership matter
2. Promote the interests of EM physicians-in-training
3. Thrive as a sustainable organization

Making Membership Matter: Leadership Development

ACEP President-Elect John Rogers said it best -- "EMRA is the crucible in which the future of emergency medicine is forged." For more than 40 years, EMRA has been a launching pad for leadership development.

This year we're proud to introduce the EMRA Leadership Academy, led by EMRA Member At-Large, Dr. Geoff Comp -- a series of 12 monthly flipped classroom discussions, paired with team building mixers at national conferences that will teach

EMRA leaders the skills necessary to be engaged, effective, inspirational, visionary, collaborative, servant leaders within EMRA and beyond!

And, as a result of the vision of EMRA President-Elect, Dr. Omar Maniya, EMRA has restructured EMRA's Committees to create up to 40 new Vice Chair positions to recognize the contributions of our sub-committee leaders, involve more medical students within EMRA's Committees, and to support strengthening EMRA's relationship with ACEP Committees/Sections and CORD Committees/Task Forces.

Making Membership Matter: Products and Programming

EMRA is well known for our amazing products and publications thanks to the incredible work of EMRA Managing Editor Valerie Hunt, EM Resident Editor-in-Chief, Dr. Tommy Eales, and our amazing volunteer authors! This year, we have already released EMRA's new EKG and Wellness guide, and we've got several new publications in queue, including Simulation, Toxicology, Orthopedics, and LGBTQ/Transgender Patient Care Guides and a Renal/Critical Care Reference Card, and updates to our Antibiotic, Fellowship, Advocacy, and Medical Student Survival Guides are underway!

Thanks to the vision of former Simulation Committee leader, and EMRA Director of Technology, we're excited to host EMRA's CHAOS in the ED: All-Around Skills Competition later this week, as well as present another amazing edition of the EMRA Quiz Show, put together by EMRA's Director of Education, Dr. Sara Paradise, and the EMRA Education Committee (featuring the renowned DJ ZJ -- me, haha).

EMRA.org is now mobile-friendly, has digital versions of many of our prior PDF publications, allows automatic enrollment in EMRA Committees, and provides targeted advising information based upon your stage of training. Kudos to former EMRA President Dr. Ricky Dhaliwal and EMRA's Web Product Manager Todd Downing for their leadership on this project!

Finally, using the same framework as the award-winning, collaborative, crowd-sourced, filterable residency directory, EMRA Match -- this week we've launched EMRA Match for Clerkships, a new tool students can use to find which clerkships are on VSAS, which sites offer subspecialty rotations or diversity externship scholarships, which rotations require Step/COMLEX, whether a car is recommended, if there is on-site housing, and more! EMRA Match for Fellowships will be developed next.

Advocating for Physicians-in-Training

My favorite part of being EMRA President is having the opportunity to serve as the voice of the largest group of EM physicians-in-training in the world.

In the past year, under the leadership of Eric McDonald, MD, Resident Representative on the ACGME Review Committee for Emergency Medicine, and Scott Pasichow, MD, MPH, EMRA Speaker, EMRA has been able to defend the ACGME's broad definition of scholarly activity. There have been recent attempts by research directors to push to standardize scholarly activity with hopes that all EM

residents will complete IRB-approved research published in peer-reviewed journals. But existing data demonstrated that the 33% of programs that currently require research are no better at producing pipelines of researchers or academicians, compared with programs that don't, and there's no evidence to support that residents must perform their own research to be competent at interpreting literature and practicing evidence-based medicine. We defended you at the 2017 ACEP Council. We have submitted feedback praising the proposed revisions to the ACGME Common Program Requirements that support Boyer's model of scholarship (discovery, integration, application, and teaching), and EMRA has also submitted a resolution to the AMA-RFS on this issue.

EMRA has been a vocal advocate for our student members regarding the new AAMC Standardized Video Interview. We know that over-application to residency programs is a problem, with students applying to double the number of residency programs over the past decade, and that the only way programs can deal with this influx of applications is to use screening filters. The SVI attempts to provide an objective way for programs to identify applicants with outstanding or deficient professionalism and interpersonal/communication skills, and to balance these competencies against academic achievements, such as USMLE Step scores, that are currently used as filters. At the Interim Meeting of the American Medical Association in November 2017, EMRA members passed a resolution within the Medical Student Section that was then emergently forwarded and passed by the full AMA House of Delegates to create national policy that supports the inclusion of medical students as equal stakeholders in any working group proposing changes to the residency application or matching process, and that would oppose the expansion of the SVI to other medical specialties until there is published data demonstrating its efficacy and utility. Data from applicant and program director surveys will be published soon; however, the limited information shared so far shows that students do not feel the SVI provided them with an opportunity to be holistically reviewed and they are not satisfied overall with this new residency screening/selection tool. While a number of additional, interesting research hypotheses have been generated, it is EMRA's responsibility advocate on behalf of our members, and based on their feedback EMRA does not support any ongoing use or pilot of the SVI.

Finally, while EMRA alone has a powerful voice, the collective voices of EM physicians-in-training will be made even more powerful through the convening of the inaugural All EM Resident and Student Organizations (AEROS), where — for the first time ever — we will bring together leaders from EMRA, AAEM-RSA, ACOEP-RSO, SAEM-RAMS, AAMC-ORR, AMA-RFS, ACGME-RRC, and CORD's Resident Board Member to define a collaborative list of student and resident priorities for the upcoming year.

Thank you for the privilege to serve!

-- Zach

REPORT: Spring '18 – President-Elect
Omar Maniya, MD, MBA
The Mount Sinai Hospital – New York, NY

As President-Elect, my primary responsibility is to oversee EMRA's 20 Committees, and we've made exciting progress in the last few months, including:

- Funding 40 more national Committee leaders, on top of our existing 20, so we can support ~100 residents to come to national meetings and shape the future of EM.
- Reorganized the Committee leadership structure, to be more nimble and responsive, with each Committee having a Chair, a Chair-Elect, and up to 6 Vice Chairs focused on specific projects.
- Got rid of the arbitrary and confusing distinction between "Committees" and "Divisions." Everyone is called a "Committee" now, which makes EMRA more accessible to help new residents to get involved.
- Launched a brand new EMRA Administration & Operations Committee
- Amended EMRA's bylaws so it's easier to form a Committee (Provisional Committees) and to disband a Committee to better meet the needs of our members and our specialty.
- Most excitingly, I had the pleasure, and stress, of presiding over the insanely competitive selection process for our new Committee leaders and Medical Student Council leaders, which included hundreds of applications from unbelievably talented students and residents! EMRA has some rockstar members!

But that was just the first 5 months! Over the next 7, we'll be appointing more medical students to each of the Committees, further refining our organizational structure, and investing more money to fund and develop leaders. So stay tuned!

If you have any feedback or suggestions, please don't hesitate to reach out at presidentelect@emra.org or 609-240-4361. Thank you!

-- Omar

REPORT: Spring '18 – Immediate Past President
Alicia Kurtz, MD
Admin Fellow, CEP America

Hey there EMRA!

Welcome to San Antonio! We are *so pumped* to be together with you again and to celebrate our move to CORD for our spring meeting!

As Immediate Past President (IPP), my main responsibilities include serving as a resource to our current board members as a senior member of the board, and to do some externally facing work on behalf of EMRA.

- The IPP serves as the chair to the **EMRA Finance Committee**, leading monthly Finance calls and making recommendations to the EMRA Board of Directors on how we should budget and spend our money as an organization. Our board makes it a priority to invest in *you*, our members, and it's the Finance Committee's job to create and recommend an annual budget as well as review any modifications to the set budget with you, our members, in mind.
- The IPP oversees the work being done by the **EMRA Awards Committee**. Did you know EMRA gives out more than \$100,000 in awards and travel scholarships to our members?! Well we do! This year, I have been lucky enough to work with our talented committee Chair and Chair-Elect, Aditi Mitra & Kathleen Yip, along with April Applewhite and Cathey Wise (our awesome EMRA staff!) to complete an extensive audit of our awards to make sure we are honoring those things that matter most to our members. And huge kuddos to the residents and alumni members that serve on our Awards Committee for their work scoring and selecting another round of awesome EMRA award winners! Can't wait to honor you at our EMRA Awards show here in San Antonio!
- EMRA's reputation as a hard working, productive, and influential organization precedes itself and has led us to work closely with many other organizations in EM who invite us to the table to represent *your* voice in their discussions and ensure *your* concerns and hopes are heard in their strategic planning. As an example, your IPP (me!) serves as a member of the **Emergency Medicine Foundation (EMF)** and **Emergency Department Practice Management Association (EDPMA)** boards, as well as sits on the **ACEP Finance Committee**. It's awesome seeing how respected EMRA is in the EM community and how much value we really do bring to the conversation for our allied organizations.

As I'm sure you can imagine, this is just a short list of highlights from what has been an insanely busy but incredibly productive 6 months! I said this before but will say it again -- **There are *literally* not words that could accurately describe what a privilege and gift it is to serve on this board and represent you!**

-- Alicia

REPORT: Spring '18 – Speaker of the Council
Scott Pasichow, MD, MPH
Warren Alpert Medical School at Brown University

Has it really only been 6 months since our last meeting? The Board (as always) has been hard at work on new events, new projects with all of the committees and divisions, and advocating for you! Some of the things that I have been lucky enough to be involved with:

- New renal disorder card from critical care division approved, likely to be released next year

- New video project approved to highlight all of the amazing events that EMRA puts on at national meetings
- Represented EMRA within the Coalition Opposed to Medical Merit Badges with the goal of making sure that none of us having take ACLS, ATLS, or PALS to keep our jobs in the future
- Represented EMRA at the AMA Interim meeting where I wrote and helped pass (with the help of our MSC Chair Erin Karl, President Elect Omar Maniya, and President Zach Jarou along with a number of Medical Student Section members) a resolution to get the AMA involved in the Student Video Interview Project and advocate for medical students have a say in that process
- Traveled to ABEM with a number of other board members to learn work towards more resident involvement within our certifying body
- Made a few (20ish) changes to the policy compendium, and re-ordered it so what we stand for comes first.

Myself and the EMRA's staff have also been hard at work IMPROVING OUR VOTING SYSTEM. We have stress tested it, we have worked out the kinks, and we think we have it in a place it needs to be so you know that your vote matters.

It has been an amazing year and a half working every day to make your work and your life better, and I look forward a busy and successful rest of the year. I hope to get to meet each of you at this meeting, and maybe inspire a few of you to run to succeed Nathan in 6 months. So come find me and let me know what I can do to get your more involved, or to make your work, your life, and your training better. If we miss each other, please call, text, or email so we can talk between meeting as well.

Enjoy the Fiesta!

Scott
401-218-0090
scottp.emra@gmail.com

**REPORT: Spring '18 – Vice Speaker of the Council
Nathan Vafaie, MD, MBA
Baylor College of Medicine**

- Currently holding a series of national conference calls intended to prepare members of RepCo for the upcoming meetings at CORD
- Writing and revising resolutions that will be presented at CORD
- Recruiting members for the conference committees
- Helping foster conversation among RepCo members regarding proposed resolutions
- Continuing to serve on the Finance Committee; working to ensure that funds are spent appropriately
- Working with Todd and Scott on modifications to the voting process
- Recruiting vice-chairs for EMRA committees during the previous election cycle

- Proposing modifications to the policy compendia

Looking forward to seeing everyone at CORD and welcome to Texas! Feel free to reach out with any questions or concerns

REPORT: Spring '18 – Resident Representative to ACEP
Nida F. Degeysys, MD
University of California – San Francisco

Welcome to our first meeting at CORD in San Antonio!!!! That's soooo Texas!!!

Some highlights from being the EMRA representative to the ACEP Board of Directors since SA17 has been:

- Participating at the ACEP Board Retreat in December in Napa, CA
- Participating at the ACEP Board meeting in January in Dallas, TX ***
- Participating at the EMRA Board Retreat in January in San Diego, CA
- Participating at the ACEP Board meeting in February in Dallas, TX ***
- Serving on the ACEP 50th Anniversary Taskforce (the only resident on the taskforce, which keeps them hip ;))
- Overseeing all the EMRA representatives to the ACEP Committees
- New application process for the EMRA Representative to ACEP Committees (deadline is **May** so if you are interested reach out to me ASAP!!!)
- Serving on the EMRA Finance subcommittee (it is my 4th year on this subcommittee)
- Contributed articles to *What's Up* and *EM Resident*

I look forward to this RepCo at CORD this year and look forward to meeting you all! Please do not hesitate to reach out and email/text me with any concerns or comments, or just to say hey!

*** Specific meeting details and meeting minutes are available to you (already posted on Basecamp) but if you would like copies email me and I'd be thrilled to share them! aceprep@emra.org

-- Nida

REPORT: Spring '18 – Director of Education
Sara Paradise, MD
University of California – Irvine

Hello All!

I'm *super* excited to be with you here at CORD! Since being elected last fall, I have been really busy brainstorming and implementing ways to make EMRA even better for you. A solid chunk of my time has been dedicated to creating content for the upcoming Quiz Show at CORD and the ALL new event Chaos in the ED. Believe

it or not, all of the content is written by us, so I'm looking forward to seeing y'all participate in these events!

In addition, one of my passion projects has been getting our podcast, EMRA*Cast, back on its feet. My goal is to allow residents interested in podcasting to have an outlet to share resident-based content and to also receive mentorship from leaders in the field. I truly feel there are plenty of content "experts" out there, so why not give residents a shot at it? I also am on the EMRA App Task Force, so keep your eyes peeled for more digital applications of EMRA products.

Speaking of EMRA products, you may have noticed that one of the strengths of EMRA are the books and on-shift resources...antibiotic guide, anyone? We have a LOT of new cards and books in the pipeline (you will see 😊), and as the Director of Education it's my job to look from a resident perspective and make sure these make sense for you.

And I can't forget the medical students....! I've also been lucky to serve as the liaison to the Medical Student Council and am really excited to help develop new medical student leaders. I believe that no project is as good as it can be without a strong medical student working on it, which is why we're expanding funding to allow for students to attend ACEP and CORD and team up on committee projects.

I cannot say it enough, but I feel so lucky to be serving you all in this position and I'm excited to see what the future brings. I'm open ears to any ideas or suggestions you have, and welcome feedback from you all. E-mail me at: educationdir@emra.org.

-- Sara

REPORT: Spring '18 – Director of Health Policy
Rachel Solnick, MD
Yale School of Medicine

Greetings amazing EM residents!

It seems like we finally have the imminent threats of health care overhauls behind us. But despite this, bad actors continue their attempts to chip away at ED and general health access. Lawmakers and insurers are finding ways to restrict ED use by not reimbursing for emergencies (Anthem) and spread poor coverage skimpy insurance plans. ACEP HQ and Washington has been busy keeping abreast of these challenges, and ways that ED is involved in emergency preparedness, opioids and regulatory discussions on reimbursement. If you aren't already part of the ACEP 911 Network, I highly encourage you to sign up for this email list to stay in the know on action alerts when these legislative threats come up. As always, please reach out to me with questions/ comments: Rachel.Solnick@gmail.co

- **Congressional Health Policy Fellowship:** EMRA is working closely with the office of Congressman Raul Ruiz to develop a new Congressional Health

Policy Fellowship opportunity and scholarship. One to two residents interested in a career in advocacy will be chosen each year to travel to Washington, DC and spend a month on Capitol Hill working directly with the Congressman and alongside the the DC staffers. As this is still a work in progress, stay tune for more details!

- **Leadership and Advocacy Conference:** Working together with the YPS (Young Physician Section) to put together a fantastic speaker lineup for the [Health Policy Primer](#) on LAC's first day, Sunday. We will be hosting our first ever sponsored speaker and a panel of Washington's finest health policy journalists from Vox, Politico and Kaiser Health News. We will also hear from senior administrators in CMS, ACEP board members and veteran policy advocates.
- **Health Policy Committee:** HPC has done significant restructuring of their leadership committee with the incorporation of new vice chairs which will make the committee stronger and increase the opportunities to get involved.
- **Advocacy education activities:** The next edition of the Health Policy Handbook author recruitment is underway! Together with the former editors and the incredible efforts of Valerie Hunt, we are curating updates and new chapters for the handbook.
- **Emergency Medicine Action Fund (EMAF)**-EMAF continues to help supply legal fees for the lawsuit against the federal government on the "greatest of three" out of network balance (OON) billing case, we expect an update at the end of April. Similarly, we have ongoing research about the effect of OON legislation in certain states. We are also funding research investigating the ways ED care can be incorporated into Alternative Payment Models (APMs) such as reducing admissions (Acute Unscheduled Care Model, currently under government review) and "care-in- place" models to supervise care outside the ED in places like ECFs.
- **Federal and Government Affairs (FGA):** ACEP continues to aggressively work with a number of senators, sending letters to the HHS on the Anthem/ other insurance attacks to the Prudent Layperson Standard. ACEP submitted a letter to the HHS opposing the "Protecting Statutory Conscience Rights in Health Care; Delegations of Authority" Proposed Rule, citing that denial of emergency care based on a patient's background is unethical and unlawful. The Washington staff continue to be engaging legislators on issues concerning opioids, reimbursement for care of VA patients, liability protections for EMTALA related care, insurance coverage for emergency care.

National Emergency Medicine Political Action Committee (NEMPAC): We are working towards increasing our reach to residents and medical students. We recently included an informational piece for the medical student newsletter, and have incorporated a Resident Corner in the new NEMPAC Pulse letter (to be sent on a quarterly basis to NEMPAC donors). We will also be sending a resident to the Specialty PAC Candidate workshop later this fall, stay tuned for that opportunity.

-- Rachel

REPORT: Spring '18 – Director of Membership
Sheni Nadeem, MD
Baylor College of Medicine

Hey there EMRA Superfriends!

It is so exciting to see all of you in my home state of Texas! A big Howdy to all y'all!

First off, I am so humbled and so impressed by each and everyone of you. Y'all make EMRA amazing and make me so excited about the future of emergency medicine. Please, please, reach out and let me or anyone else on the Board know how we can make EMRA even better for y'all as fellows, residents, and students!

This year, I have been working incredibly hard with the rest of our EMRA Board and staff to really figure out how to make EMRA membership the most meaningful and valuable for you. This requires us to constantly take stock and re-assess our methods, resources, and services. After all, we're your people and we want to support you.

Specifically this year, I have been working on the following:

- **EMRA.org**
With Todd Downing's amazing guidance and a fantastic EMRA.org workgroup, the EMRA website is NEW and sparkly! Check it out! You should have increased ease of access to all your member benefits!
- **Leadership Development Initiatives**
 - Leadership Development Academy
Y'all -- BIG NEWS. If you haven't heard, we are launching our very first EMRA Leadership Academy! This has been YEARS in the making, and we are so pumped to be able to invest back in our leaders in this way. This training program will be 12 months long and have a set curriculum with mentors and experts along the way to help set strong leadership foundations. What I'm even more excited about is the capstone project with this Leadership Academy. Each participant will be guided to plan and execute a project. Imagine the impact we as students, residents, and fellows will have!

But seriously, leadership is incredibly important for us as residents and students. We have the most at stake with the future of emergency medicine because we're going to be around to practice the longest. Whether it is at the bedside, regionally, or nationally, our patients and fellow physicians are counting on us to protect the practice of emergency medicine! For this reason, *it is my sincere hope and goal to empower each and every individual of the EMRA family!*

- ACEP Chapter Opportunities Survey

We want your state chapters to know their future leaders, and we want to make you guys aware of how you can get involved. I've compiled results from a survey about leadership development opportunities for students and residents in each state. We still have a lot of room to improve and to grow. Check out what's available in your state with the results in *EM Resident* and look for future publications originating from the data gathered during this survey. My hope is that this information will help chapters to create even more opportunities for residents and students!

- Working with ACEP Young Physicians Section

I have also been working with the Young Physicians Section of ACEP to better establish opportunities for mentorship, resident early career development, and progression in organized medicine. We will be launching a Young Physician Primer on how to navigate organized medicine!

- **Alumni Outreach**

I realized part way through that we have an amazing membership that each year graduates and leaves us to achieve amazing things. Then I had a thought--what if we allowed these awesome people to be alumni members? Then, they could still be great mentors for our current membership and build up great EMRA resources such as the *EMRA Antibiotic Guide* or the *NEW EMRA EKG Guide*. This also opened the door for potential networking and career development opportunities.

- **Membership Needs**

I have been incredibly humbled and honored to serve you this past year. I hope to continue to serve you all for some time to come, and I really want to give you 1000%. Please let me know how we can be helpful to you. Please drop me a line at any time to MembershipDir@emra.org or contact any member of the EMRA family!

- Survey -- After a multi-year hiatus, I decided to initiate a membership survey again. I found it invaluable to know what our membership is asking for and what we can do to meet their demands.
- Social Media Outreach -- As we live and thrive more and more in our social media spaces, I found it incredibly important for EMRA to deliver resources and updates to our members live time in their preferred format. Reminders for events, live Tweets from EMRA conferences, and quick residency pick me ups can now be found on our EMRA Twitter, Facebook, and soon Instagram!
- Regional Project Funding -- I am the Chair of the Regional Funding Committee and this means I have the privilege to read through your stellar applications for grants for projects in your local community. It is beyond humbling to see the talented leaders I am surrounded by all over the country. Y'all are rockstars! Please, please apply for Spring Funding and Fall Funding each cycle.

- ACEP Membership Committee, ACEP National Chapter Relations Committee -- I get to represent EMRA's member needs to ACEP and to ask for initiatives to support our members specifically.

Y'all are AMAZING. You push me to constantly IMPROVE and DELIVER. It is an absolute honor to serve y'all, and I hope to finish my term off with even more awesome benefits for you all!

Again, please do not hesitate to contact me. I really do want to hear from you!

Let's go out there and make awesome things possible together!

-- Sheni

REPORT: Spring '18 – Director of Technology
Nick Salerno, MD
Louisiana State University

Below is a summary of projects and initiatives I have been involved with since my election to the board at ACEP17.

- Chaos in the ED
 - EMRA's new spring competition that is held at CORD
 - Involves contributions from many EMRA members and representatives from various committees
- EMRA App Initiative
 - This initiative was established to identify opportunities to enhance member benefits by enhancing EMRA's app portfolio
 - A "wishlist" was created and the specifications were provided to several vendors
 - We have narrowed down the vendors and are ready to move forward with the project, pending direction from the board (meeting to take place at CORD)
- Simulation Committee
 - After submission of a "new idea", the the committee approved to receive annual funds (in the form of two scholarships) to support simulation-based research award/grants
 - The committee is pioneering a new simulation mentorship program
- Informatics Committee
 - Smart phrase/dot phrase database - the "new project idea" was presented to the board in Dec. This project would involve the creation of an online member-driven smart/dot phrase database to enhance patient charting

Please reach out if you have any questions about these initiatives or if you are interested in joining in on any of these projects. nickrsalerno.emra@gmail.com

-- Nick

**REPORT: Spring '18 – Ex-Officio Board Member
Geoffrey Comp, DO
Ohio Health Doctors Hospital**

Oh man I am so excited to be a member of the team this year! My main task as Member at Large is to focus on the EMRA Leadership Academy. My self assigned task is to make people laugh, have fun, and act as a resource to the other board members with their projects.

Please see the two working documents regarding the EMRA Leadership Academy for additional details. This has been the major accomplishment of this position this year:

- <https://docs.google.com/document/d/1Sh3jy3Qx26flmIRRxGM4AOvRruKkROnullUsSvoHzDA/edit>
- https://docs.google.com/document/d/1ZOeFmWJvaSAoG_kw01C1REFrhDfRMC2wy6KFYmnmk_s/edit

We are currently in the process of recruiting, registering, and preparing leaders within EMRA to take part in the course. The kick off is at CORD and I am so excited to help lead this awesome group. The major tasks now are to continue to identify speakers. There is much more to come!

Additional tasks:

- Assisting with Chaos in the ED: Content writing, co-Emcee for the event, assistance as needed
- Working with the wellness committee in developing the inaugural "Airway stories" event
- Board representative for the Toxicology, Wellness, and Wilderness Committees

I am so excited to have worked with the board this year and I am looking forward to more collaboration and projects!

-- Geoff

**REPORT: Spring '18 – ACGME RC – EM Liaison
Eric McDonald, MD
University of Mississippi**

Hey everybody!! Glad you've made it out to hang with us in San Antonio. I'm the mysterious resident that sits in the closet with the Review Committee for Emergency Medicine. It's not so dissimilar to my life at home when my wife and I heard our clan of 7 kids.

If you ever have questions, please reach out.

A few updates that have taken place since ACEP_17, although most of my work is 007. ;-)

- The ACGME Common Program Requirements were released for public comment and OH MAN did they need some comments--don't worry, because EMRA has your back and we've commented away. We are anxious to see what happens with these things--stay tuned.
- I travel to the ACGME roughly 5 times each year to accredit new programs and discuss these requirements--my sole purpose is to have your back.
- The Council of Review Committee Residents awarded the Back to the Bedside projects to many deserving residency programs--this is an initiative to get the residents back to the bedside and away from computers to improve wellness.
- On the horizon, we have the Emergency Medicine specific program requirements, as well as the Emergency Medicine Milestones to update--this should be done in the coming months. While I will be sure that you get a voice, you are also encouraged to comment when these are posted. Our voice is strong, but multiple comments on the same thing make it even stronger.

-- Eric

REPORT: Spring '18 – Medical Student Council Chair
Sarah Ring, MSIII
University of Miami Miller School of Medicine

Thank-you for the opportunity to represent medical students considering and committed to the specialty of emergency medicine as the 2018-2019 EMRA Medical Student Council (MSC) Chair. Having previously served two years on the MSC, I am excited to add to the framework of what we have accomplished to guide this excellent group of leaders in all they will contribute this year. My Vice Chair, Mike Messina, and I hope to be as great of assets to the EMRA community as the 2017-2018 Chair and Vice Chair, Erin Karl and Mike Sachon, respectively, were.

The 2018-2019 MSC has already been hard at work after recently being selected in late February. MSC Representatives are currently contacting every Emergency Medicine Interest Group (EMIG) across the country, obtaining contact information for the EMIG database, and preparing for EMRA staff to mail out EMIG kits in August. While at CORD we plan to discuss best ways to revamp EMIG kits so they reflect student interests, particularly as to how they relate to future involvement within EMRA. Meanwhile, all Coordinators are contacting state ACEP chapters in their respective regions and arranging various projects for the next school year. These include subsidized student EMRA/ACEP/state ACEP memberships and the formation of state chapter MSCs, among other anticipated projects throughout the year. In addition to state ACEP chapter projects, Coordinators will be tracking student membership in their regions and working within their Coordinator/Representative regional teams to determine which EMIGs have low concurrent EMRA membership numbers and determining how to best address this discrepancy.

To better direct our existing EMRA student members, we are excited to advertise the upcoming EMRA Clerkship Match for MS3 students, in addition to the pre-existing EMRA Match for MS4 students. This opportunity will be featured in our upcoming newsletter alongside several other timely student opportunities, including a comprehensive list of Diversity and Inclusion Scholarship Opportunities. Both our Student Editor, Morgan Bobb Swanson, and our Student Advising Coordinator (SAC), Hayley Musial, have made a seamless transition to this year's MSC as both were heavily involved in their roles last year. Morgan has been assuring a timely and organized student e-newsletter each month with a variety of content in terms of Program Director Q&A's, national student-specific articles, an EMRA Medical Student Member of the Month feature, and articles about subspecialties represented on the MSC, including: legislation/policy, international, osteopathic, and AMA involvement. Hayley is taking over for the great success that was EMRA Hangouts last year under the past SAC, David Carle. She has already been proactive in recruiting a team of medical students with diverse interests to help her with programming. All Hangouts will be corded and archived for members to visit at a future date. For more personalized advising, our Mentorship Coordinator, Bryan Feinstein, will be matching hundreds of medical students with resident mentors this year. Matches are made based on mutual interests, as well as MD, DO, IMG, and military distinctions.

Looking forward, some of my goals for this year include increasing EMRA medical student member numbers, providing more learning opportunities for students – particularly at ACEP, continuing to advocate for students and educate them about the AAMC Standardized Video Interview, and increasing the number of qualified and committed student leaders to help EMRA Committees achieve their goals as Vice Chairs. I look forward to doing this through both the MSC and as a voice for students on the EMRA Board of Directors. If at any time you have any questions, ideas, feedback, or opportunities to share, please do not hesitate to contact me at sarahring.emra@gmail.com. Thank-you!

-- Sarah



Emergency Medicine Residents' Association

UPDATES and ADDITIONS to EMRA's Policy Compendium since ACEP17

Newly Passed Policy

EMRA Policy on Scholarly Activity

EMRA supports scholarly activity requirements which include but are not necessarily limited to:

1. Peer-Reviewed Journal articles
2. Non-Peer Reviewed articles such as abstracts, editorials, or letters to the editor submitted to peer-reviewed journals that have not undergone the rigorous, blinded, multiple peer review process. Also educational videos, DVDs, podcasts, and other content on online venues that are not peer-reviewed such as blogs.
3. Textbook chapter(s)
4. Presentation or lecture at local/regional/national organization meetings and conferences
5. Grand Rounds presentations within emergency or other hospital departments, and between the ED and other departments
6. Regional or National Committee involvement or leadership (elected or appointed, with active engagement and completed work, not simply a member)
7. Editorial Services including being a journal or textbook editor, editorial board member, reviewer, or content expert, abstract reviewer, grant reviewer
8. Grant recipient
9. Participation in Research including funded and unfunded projects and QA/QI projects, which may or may not result in peer-reviewed publication
10. Curriculum development regardless of implementation status
11. Regional and National community engagement projects

EMRA encourages a broad definition of scholarly activity which includes the breadth of projects accepted by the ACGME and affords residents the opportunity to complete a project that is meaningful to them as individuals. We believe this leads to a more quality contribution to a resident's career, and better contributes to the growth and advancement of our specialty as a whole.

Amended Policies:

Amendment 1

Section III:

XIV. Pharmaceutical Drug Pricing

EMRA firmly believes that unaffordable prices of medications used to treat acute and chronic disease pose a threat to our patients and impose challenges on the emergency medical system. EMRA further believes that prescription medications should be affordable and fairly priced.

EMRA *will* advocate for policies that:

- Improve the transparency of drug pricing
- Support value-based pharmaceutical pricing
- Advocate to abolish all current statutes prohibiting CMS from negotiating lower drug prices for its beneficiaries
- Facilitate bulk purchasing arrangements
- Explore the lawful importation of drugs from other countries so that prices remain competitive while preserving innovation for drug makers

Amendment 2

Section IX

I. Governance

The purpose of the EMRA Board is to (1) achieve appropriate results for appropriate persons at an appropriate cost and (2) avoid unacceptable actions and situations.

A. Governing Style

The Board will govern with an emphasis on:

1. outward vision rather than internal preoccupation,
2. encouragement of diversity in viewpoints,
3. strategic leadership more than administrative detail,
4. clear distinction of Board and chief executive roles,
5. collective rather than individual decisions,
6. future rather than past or present, and
7. productivity rather than reactivity. On any issue, the Board must insure that all divergent views are considered in making decisions, yet must resolve into a single organizational position.

B. Board Member Job Description

The job of the Board members is to represent the members of EMRA in determining and demanding appropriate organizational performance.

C. Required Leader Agreement

All EMRA Leaders, including but not limited to, Board of Directors members, council officers, committee and division chairs, vice-chairs, and the medical student council are required to sign a leader agreement, conflict of interest disclosure, and a confidentiality agreement upon beginning their term. Failure to comply will result in removal from office.

D. Representative Council

The EMRA Representative Council will be governed in accordance with the *Emergency Medicine Residents' Association Representative Council Procedures* and **the Bylaws of the Emergency Medicine Residents' Association**.

E. Meeting Attendance Expectations

Board members, ~~Speaker and Vice Speaker~~ are expected to attend all meetings of the Board and all other meetings and functions, as directed by the President. Committee and Division Chairs will be invited to attend all Board meetings and expected at all other meetings and functions, as directed by the President and Board of Directors.

F. EMRA Executive Committee

The EMRA Executive Committee shall consist of the ~~EMRA~~ President, President-Elect, Immediate Past President/Treasurer, and the ~~EMRA~~ Executive Director.

Original policy adopted BOD, 01/06
Amended and Reaffirmed RC, 6/11
Amended and Reaffirmed BOD, 6/17

Amendment 3

Section IX

XII. Disaster Rapid Response Strategy

Goal:

To provide a roadmap for EMRA board of directors, staff and members to follow when faced with natural disasters or man-made events that warrant our organization's attention and volunteer efforts.

Strategy Statement:

We will make relevant connections to people who are struggling throughout the world. Our contributions may mean providing medical and healthcare services to people in need or donating material goods to a location(s) suffering a loss of personal or public property.

Objective:

To react quickly and appropriately to situations that EMRA members feel a need to engage with their communities and the general public in a meaningful way. EMRA reactions to these events, whether **acts of God natural** or man-made ~~caused~~ disasters, will depend on the severity of the crisis or event and the needs of our respective communities.

~~Acts of God~~ **Natural disasters** include, but are not limited to:

- tornados, earthquakes, hurricanes, floods, or
- events caused by nature resulting in property/personal damage or death/injury of people.

Man-~~caused~~ Made disasters include, but are not limited to:

- arson, bombings, building or site explosions,
- shootings (office, school, sporting events, etc.),
- acts of terrorism, or

- other occurrences meant to harm, maim or kill individuals.

Tactics:

1. When an event of the above nature occurs, the Executive Committee ~~and Executive Director~~ will determine if the event warrants EMRA becoming involved.
2. When EMRA chooses to be involved, the ~~ED/~~Executive Committee will decide on the level of the organization's participation. Levels of contributions might be, but not limited, to:
 - a. monetary donation from EMRA,
 - b. monetary donations from EMRA members on a voluntary basis,
 - c. donation of supplies (blankets, clothes, books, toys, etc.),
 - d. voluntary medical and healthcare services, or
 - e. letters of support to hospitals, residencies, and communities affected by a particular event.
2. Depending on the level of involvement, the Executive Director and staff will create an action plan outlining appropriate communications and implementation strategies. Action plans may involve:
 - a. assembling volunteers and volunteer leaders from membership base and/or appointing staff liaisons to implement approved action plans,
 - b. mobilizing and engaging members through EMRA communication vehicles, including e-mail, website, e-newsletters, social media, special appeals, etc.,
 - c. communicating timely updates and progress reports to board of directors.

Original policy adopted BOD, 3/15

Reaffirmed BOD, 6/17

Amendment 4

Section V - II

C. Committee and Division Membership

~~Committee and division members will be appointed by the President-Elect at his/her discretion. Applications will be solicited from all members on a rolling basis, and members may be assigned at any time.~~ EMRA members granted the right to be a member of a committee and division according to EMRA's Bylaws can be members of as many or as few committees and divisions as they want, and they can leave and join the committees and divisions at any time. This will be done at the discretion of the individual member. The Executive Committee reserves the right to remove members from committees and divisions as needed.

D. Board Liaisons to Committees and Divisions

The President-Elect will designate Board liaisons to facilitate communication between the Board and each of EMRA's committee's and divisions. ~~This is accomplished through by giving regular updates to the Board in a manner chosen by the chair of the Board of Directors. during Board conference calls and meetings.~~ They will also ensure that committee' and division actions do not conflict with the Board's assigned objectives. The Board liaison will

also facilitate a smooth transition from year-to-year as committee and division leadership changes.

Amendment 5

Section V - III

A. Eligibility to Hold Leadership Positions

Committee and division leaders should be EMRA residents or fellows members, in good-standing with their training programs, and free of any conflicts of interest that prohibit them from performing the duties required of these leadership positions. If a committee or division leader is elected to the EMRA Board of Directors, he or she will vacate ~~their~~ his or her leadership position within the committee or division to create an opportunity for another member to lead. Fourth year medical students may apply to be committee or division vice chair; however, confirmation of their appointment will be contingent upon matching into an emergency medicine residency program.

B. Chair Responsibilities

The chair will serve a one-year term that will begin and end at the spring annual meeting. The chair will accomplish all objectives as delegated or approved by the Board within ~~an appropriate~~ the agreed-upon timeline. The chair will also submit a bi-annual report to the Board in a timely manner. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.

Amendment 6

Section VI

II. Website Links Policy

A. Linking to EMRA Websites

Including by not limited to, EMRA.org, EMRAMatch.org, EMResident.org, etc.

Permission from EMRA is not required to link to any EMRA Website. Addresses or URLs on any EMRA Website may change at any time without notice. Entities and individuals linking to EMRA Websites must regularly verify links to Web pages. EMRA will not accept requests by other organizations to notify them when any Web address will change.

EMRA prohibits entities and individuals from misrepresenting the ownership of EMRA Website content. Under this guideline, the following are prohibited:

- Capturing EMRA Web pages and redisplaying them under another URL
- Pointing another URL to any EMRA Website
- Displaying EMRA Web content within frames

- Converting EMRA Web pages to some other format (such as Adobe Acrobat Portable Document Format (PDF), or any image format such as gif, jpeg), and displaying or otherwise disseminating that information via email or another Website
- Otherwise misinforming or misrepresenting ownership of EMRA content

Entities and individuals may not create a “gateway” where non-EMRA members can access members-only or otherwise restricted content on any EMRA Website. Such actions may include, but are not limited to, creating a Webpage or application that logs on to the EMRA site and displays content without causing the original user to login via EMRA’s means of authentication.

Certain information on EMRA Websites may be trademarked, copyrighted, or otherwise protected as intellectual property of EMRA. In other instances, EMRA has express permission to publish third-party content on the EMRA Website. Protected intellectual property must be used in accordance with state and federal laws and must reflect the proper ownership of said intellectual property.

Any link to EMRA Websites should be a full forward link that passes the client browser to the EMRA Website without any additional action or effort required by the user. EMRA will not engage in any programming or behavior designed to prevent a user from reasonably returning to the original Website with a minimum of effort.

B. Links from any EMRA Website

Links from EMRA Websites are provided for convenience and information only, and EMRA assumes no responsibility for their content.

EMRA reserves the right to link to external Websites that EMRA feels provide a service to its members.

EMRA makes all efforts to ensure these links to open in new browser [tabs](#) or windows.

All requests for links from EMRA Websites must be submitted to EMRA staff. Each request will be reviewed under the provisions listed in the Website Links Policy.

The Website Links Policy guidelines include, but are not limited to, the following:

1. Non-commercial information relevant to EMRA members, emergency medicine residents, medical students, pediatric emergency medicine fellows, or those who are engaged in a fellowship having completed an emergency medicine residency.
2. Commercial links with a stated commercial purpose

EMRA reserves the right to refuse any link request without condition. EMRA also reserves the right to remove posted links on EMRA Websites without condition. Specific conditions include, but are not limited to, if the Website or Website sponsors:

1. Is engaged in any unlawful activity
2. Is engaged in any activity incongruous with EMRA’s mission
3. Is engaged in the sale or promotion of tobacco, alcohol, drugs, or firearms
4. Is engaged in the sale, promotion, or display of pornographic material
5. Exhibits or promotes hate, bias, discrimination, libelous, or defamatory content

6. Offer invasive or intrusive advertising, such as, but not limited to, continuous pop-up windows with advertising, even if it is for products or services provided by the Website to which the link pointed
7. The link no longer points to the original information or resource to which it was intended to point;
8. The Website pointed to by the link contains inaccurate or misleading information or has changed such that it is no longer in compliance with the acceptance criteria;
9. The Web site pointed to by the link violates the conditions for link maintenance;
10. Access to the information has become difficult due to non-standard formatting, lengthy download times or intrusive advertising; or
11. The link is permanently unreachable or remains unavailable for a lengthy period.

EMRA will also not link to any Website or sponsor where such link will violate EMRA's status as a class C nonprofit corporation.

~~When the user clicks on the external Web site link, he/she must have easy access back to the EMRA Website from which he/she originated. One of two options can accomplish this:~~

- ~~• A link to the original EMRA Website can be established on the external Web site's main page (or such page as the user arrives at and can reasonably expect to find with minimal of effort from within the users site). This condition is waived if the destination site is caused to open, by EMRA, in a new browser window.~~
- ~~• The "Back" button returns the user to the original EMRA Website

 - ~~• It is prohibited to create a "forwarding loop" whereby a user would have difficulty in returning to the original EMRA Website, for instance if a user were required to press the "Back" button rapidly, many times in a row. This condition is waived if the destination site is caused to open, by EMRA, in a new browser window.~~~~

Original policy adopted BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed RC, 6/11

Amendment 7

Section V

VI. EMRA Medical Student Council Committees

A. Purpose

The EMRA Medical Student Council (MSC) represents EMRA's student members throughout the organization and cultivates a leadership pipeline of young leaders who will continue to be engaged in organized emergency medicine for the rest of their careers.

B. Structure

The MSC will be led by a Chair who also serves as an ex-officio member of EMRA's Board of Directors. The MSC consists of the MSC Chair; Vice Chair; Editor; Mentorship, Legislative, Web-Tech, Student Advising, and Regional Coordinators; Regional, International, and Osteopathic Representatives; and the Primary and Alternate Student Delegates from the American College of Emergency Physicians to the American Medical Association - Medical Student Section.

Regional Coordinators oversee Regional Representatives that represent geographic areas of the United States that each represent an approximately equal number of medical schools. The Student Advising Coordinator oversees International and Osteopathic Representatives.

C. Selection

~~MSC members of the Medical Student Council (MSC) will be appointed annually for a one-year term by the President-Elect in cooperation with the and Academic Affairs Representative Director of Education and outgoing MSC Chair. The newly selected MSC Chair will also be invited to help select the remainder of the MSC. at their discretion to be made up of any medical student member deemed appropriate. The MSC will consist of geographic regions that correlate to the medical school spread across the nation. The MSC will consist of members whose geographic representations of medical schools are taken into consideration in their selection.~~

~~C. Committee Membership~~

~~Each MSC member will serve a one-year term. Current MSC members will be considered for reappointment or promotion, and selections will be made based upon demonstrated leadership during their prior tenure. who have served during the prior year will be given special consideration for reappointment. The selection of the chair and vice-chair will be made strictly upon demonstrated leadership capacity within the MSC during the prior year.~~

~~D. MSC Chair Responsibilities~~

~~The chair will accomplish all objectives as set forth by the Board within an appropriate timeline. The chair will also submit a bi-annual committee report to the Board. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.~~

~~E. MSC Vice-Chair Responsibilities~~

~~The vice-chair will assist the committee chair in accomplishing the committee objectives.~~

~~F. MSC Editor~~

~~The editor will assist the EMRA Secretary in coordinating articles for *EM Resident*. He/she will also manage MSC electronic newsletters.~~

~~G. MSC Member Responsibilities~~

~~MSC members will assist the chair with the committee's assigned objectives.~~

~~H. Medical School Coordinator Responsibilities~~

~~An MSSSC is one who wishes to become more involved with EMRA and help disseminate information about emergency medicine to their peers. The MSSSC will serve but is not limited to a one-year term. The MSSSC will assume leadership roles and maintain active and ongoing~~

~~contact between their Emergency Medicine Interest Group (EMIG) and the MSC. The MSSSC will serve as a liaison between his/her medical school and the MSGC. He/she will submit an activity report as determined by the MSGC. The MSSSC will promote the EMIG at each school, disseminate information about EMRA, and promote membership in EMRA. At the end of the MSSSC tenure, he/she will publicize the vacant position to students and encourage interested individuals to apply for the position.~~

Amendment 8

Section V

VI. Task Force Guidelines

~~A. Overview Task forces are temporary committees appointed by the President to complete objectives delineated over a defined time period. Task forces will meet in person at the ACEP Scientific 31 November 2017 Assembly and the spring meeting. Task forces will be funded for two conference calls unless otherwise specified.~~

~~B. Financial Considerations EMRA will not provide any funding to task forces unless specified otherwise. Allotted staff time for each task force will be at the discretion of the President.~~

~~C. Membership Members of the task forces will be appointed by the President at his/her discretion to be made up of any member deemed appropriate.~~

~~D. Structure Each task force will have an assigned chair and Board liaison as appointed by the President.~~

~~E. Member Responsibilities It is the responsibility of the task force and its members to complete the assigned objectives within the designated time period.~~

Amendment 9

Section IV

V. Board Certification

Only physicians who have completed an ACGME or AOA accredited emergency medicine residency program should be eligible for emergency medicine board certification. That certification should only be obtained through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM). The only pathway to independent practice in emergency medicine in the 21st century is the completion of an ACGME/AOA accredited emergency medicine residency training program and board certification by ABEM or AOBEM. **Only those physicians who are board certified or board eligible should be considered as part of the Emergency Medicine Physician workforce.**

EMRA recognizes ~~the that while medical merit badge courses~~ such as proliferation of mini courses in specific areas of Emergency Medicine such as ACLS, PALS, NRP, CPR, and ATLS. ~~While these courses~~ may offer valuable content, ~~this~~ **the** knowledge **provided by** these courses is fundamental to the core content of emergency medicine residency training. **Completion of residency and subsequent**

ABEM/AOBEM certification replaces the need for any third-party credentialing requirements (medical merit badge courses or condition-specific CME requirements). While attendance of these courses may provide useful knowledge and ~~provide~~ a base for junior residents and medical students ~~and to learn resuscitative skills, it is the belief of EMRA that residency training far exceeds the standards of short courses.~~ Such courses may play a role in the curriculum, ~~but they~~ should ~~only~~ be considered a starting point rather than an ending point in residency training. ~~EMRA also recognizes that such knowledge can be acquired in a variety of other formats.~~ These ~~medical merit badge courses Certification in ACLS, ATLS, PALS, NRP~~ or other such courses should not be required for clinical training as a resident in emergency medicine or as a prerequisite for employment after completion of residency.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/01
Amended and Reaffirmed, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended & Reaffirmed RC, 6/11
Reaffirmed RC, 5/12
Amended and Reaffirmed BOD 5/13
Amended BOD, 12/16

~~XXIX. Emergency Medicine Certification~~

~~Only physicians who have completed an ACGME or AOA accredited emergency medicine residency program should be eligible for emergency medicine board certification. That certification should only be obtained through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOEBEM). EMRA believes that the ABEM/AOBEM certification replaces the need for any third-party credentialing requirements such as medical merit badge courses (such as BLS, ACLS, ATLS, PALS) or condition-specific CME requirements.~~

~~XXI. Emergency Medicine Physician Workforce~~

~~The emergency medicine workforce is defined as ABEM or AOEBEM board-certified/board-prepared eligible emergency medicine physicians. The only pathway to independent practice in emergency medicine in the 21st century is the completion of an ACGME/AOA accredited emergency medicine residency training program and board certification by ABEM or AOEBEM.~~

Amendment 10

Section IV

~~XXIV. GME Funding and t~~The Match Process

EMRA supports the National Residency Match Program and National Matching Services process as it ~~currently~~ exists in 2013, and opposes the hiring of emergency medicine residents through processes

outside of the National Residency Match Program and National Matching Services that select or give preference to individuals for Emergency Medicine residency positions based on special financial relationships or agreements between individuals, hospitals, foreign governments, corporations, or other entities. ~~EMRA supports the efforts of sponsoring institutions to secure adequate federal funding of Graduate Medical Education (GME) and support independent financing without replacing currently funded GME positions or violating the Match process to train emergency medicine residents.~~

XLVI. Securing GME Funding for Resident Education

EMRA will support ~~current~~ research and studies aimed toward revising current Graduate Medical Education funding mechanisms and work to change current Direct Medical Education regulations that limit research and extramural educational opportunities.

EMRA will work with other healthcare organizations to better define the problem of Graduate Medical Education funding and propose alternatives and solutions that may involve both the public and private sectors. ~~EMRA supports sponsoring institutions securing adequate federal funding of Graduate Medical Education (GME) and supports independent financing without replacing currently funded GME positions or violating the Match process to train emergency medicine residents.~~

EMRA opposes reductions in Medicare funding for Graduate Medical Education at the Federal and State level and supports diversified sources of funding that help meet the overall goals of residency training.

Original policy adopted RC, 5/08
Reaffirmed BOD 5/13

Amendment 11

Section IV

XXVI. Insurance

Emergency medicine residents should be ~~aware~~ informed of their health, life, disability, and malpractice insurance coverage ~~provided as part of their residency program, along with the limitations and extent of that coverage~~ ~~needs.~~ ~~Life and disability insurance should be based on future earning potential and provide coverage for all circumstances where practice might be limited.~~ ~~Appropriate Adequate~~ coverage should be provided by residency programs for any and all occurrences during residency. ~~Residents should be informed of the extent and limitations of their insurance coverage.~~

Amendment 12

Section IV

XXVII. International Emergency Medicine

~~The Emergency Medicine Residents' Association EMRA supports emergency medicine educational opportunities for foreign physicians in the United States by~~

~~The Emergency Medicine Residents' Association shall creating a written informational document for International medical school graduates to guide them in their pursuit of emergency medicine training in the United States.~~

EMRA will recognize the important contribution of foreign medical graduates (FMG) to the health care workforce, support legislation which facilitates the ability of FMG physicians to work in underserved areas in the US, and support legislation that aid FMGs seeking licensure and board certification within the U.S.

~~The Emergency Medicine Residents' Association~~ EMRA encourages exchange program opportunities for both International and American emergency medicine residents.

Original policy adopted RC, 5/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 6/11

~~LIII. Support for International Physicians and their Practice in the United States~~

~~EMRA will recognize the important contribution of foreign medical graduates (FMG) to the health care workforce. Support legislation which facilitates the ability of FMG physicians to work in underserved areas in the US. Support legislation that aid FMGs seeking licensure within the U.S.~~

Amendment 13

XII. Diversity and Inclusion

EMRA recognizes and supports diversity and inclusion for medical students and EM physicians-in-training on the basis of gender, race ethnicity, sexual identity, sexual orientation, age socioeconomic status, religion, cultural, disability, spirituality, and other characteristics through education, collaboration, advocacy, and research. ~~Create an~~ EMRA will create and maintain a committee to ensure advocacy for increasing diversity and inclusion in emergency medicine for medical students, residents, fellows and faculty. EMRA will consider diversity and inclusion of all types for all future EMRA initiatives and will support new initiatives aimed to increase diversity and inclusion in Emergency Medicine.

Original policy adopted by RC, 10/16

Amendment 14

XXVIII. Medical Licensure

EMRA will advocate that state medical boards maintain the requirements for unrestricted medical licensure as one or two years of post-graduate training, ~~depending on state,~~ and passage of USMLE Step 3/COMLEX Level 3.

Original policy adopted, 5/99
Amended and Reaffirmed, 8/03
Amended and Reaffirmed, 5/05
Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13

Amendment 15

XXIX. Medical Student Education in Emergency Medicine

EMRA believes that all medical students should have specific training experiences in emergency medicine. Such experience is necessary for a broad medical education.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed, 1/01
Amended and Reaffirmed, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

Amendment 16

Section IX

C. Required Leader Agreement

All EMRA Leaders, including but not limited to, Board of Directors members, council officers, committee and division ~~chairs, vice-chairs~~ leaders, and the medical student council are required to sign a leader agreement, conflict of interest disclosure, and a confidentiality agreement upon beginning their term. Failure to comply will result in removal from office.

Section V – Committees and Divisions

II. Committee and Division Operations

A. Formation and Dissolution

The Board can create or dissolve committees and divisions, which requires a majority vote. If an EMRA Division's roster falls below 25 members as of June 30th, the ~~EMRA Division leadership~~ (Chair and ~~Vice Chair-Chair-Elect~~) will be informed of insufficient membership, and given a two year period ending June 29th to increase their EMRA Division membership to 25 or greater members. If a division is placed on notice twice within a five year period, the division would only have one year to recruit members upon the second notice EMRA leadership and staff will assist in the advertising for membership, but if the EMRA Division fails to meet the 25-member requirement, the EMRA Division will sunset.

III. Committee and Division Leadership

A. Eligibility to Hold Leadership Positions

Committee and division leaders should be EMRA residents or fellows, in good-standing with their training programs, and free of any conflicts of interest that prohibit them from performing the duties required of these leadership positions. If a committee or division leader is elected to the EMRA Board of Directors, he or she will vacate their leadership position within the committee or division to create an opportunity for another member to lead. Fourth year medical students may apply to be committee or division ~~Vice Chair~~ Chair-Elect; however, confirmation of their appointment will be contingent upon matching into an emergency medicine residency program.

C. ~~Vice Chair~~ Chair-Elect Responsibilities

The ~~Vice Chair~~ Chair-Elect will serve a one-year term, after which he/she shall become chair, subject to approval by the President-Elect. The ~~Vice Chair~~ Chair-Elect will assist the chair in accomplishing objectives and to prepare for the role of chair.

D. Orientation

The EMRA President-Elect will host an annual, mandatory orientation session for committee and divisions chairs and ~~Vice Chair~~ Chair-Elect at our spring meeting.

E. ~~Vice Chair~~ Chair-Elect Selection

Each spring, interested committee and division members will apply for the position of ~~Vice Chair~~ Chair-Elect via the EMRA committee application process. Applicants must turn in a letter of intent, CV, and a letter of support from their program director. The current chair, ~~Vice Chair~~ Chair-Elect, and board liaison will select the most qualified candidate and submit that individual's application for approval to the President-Elect. If there is a conflict of interest with any member of the reviewing committee, an impartial committee or division member will be appointed as an alternative reviewer. Upon approval, the new ~~Vice Chair~~ Chair-Elect will assume his or her duties at the spring meeting. Depending on the quantity and qualifications of applicants in a given year, the current Chair and/or ~~Vice Chair~~ Chair-Elect may continue on in their present role at the discretion of the President-Elect.

F. Filling Vacant Leadership Positions

In the event of a chair vacancy, the ~~Vice Chair~~ Chair-Elect shall assume the position of chair at the discretion of the President-Elect. Applications for remaining vacancies will then be solicited for a period of one month and reviewed by the remaining chair, ~~Vice Chair~~ Chair-Elect, and Board Liaison. The name of the most qualified applicant will be submitted to the President-Elect for consideration. Depending on the timing of the vacancy and new appointment, the terms of the newly appointed chair / ~~Vice Chair~~ Chair-Elect may continue through the upcoming normal appointment cycle at the discretion of the President-Elect.

Amendment 17

Section IV

XXII. The Match and Residency and Fellowship Application Process

EMRA supports the National Residency Match Program and National Matching Services process as it exists in 2013, and opposes the hiring of emergency medicine residents through processes outside of the National Residency Match Program and National Matching Services that select or give preference to individuals for Emergency Medicine residency positions based on special financial relationships or agreements between individuals, hospitals, foreign governments, corporations, or other entities.

EMRA:

1. Supports proposed changes to residency and fellowship application requirements and match processes only when
 - a. Those changes have been evaluated by working groups which have adequate students and residents as representatives
 - b. There are published data which demonstrates that the proposed application components contribute to an accurate and novel representation of the candidate, and are shown from an applicant and program perspective to add value to the application overall
 - c. There are data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds
 - d. The costs to medical students and residents are mitigated
2. Opposes the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application and match process until such time as the above conditions are met
3. Continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program, the American Medical Association, and other relevant stakeholders to improve the application process in an effort to accomplish these requirements

The second proposed change involved ensuring that the EMRA Committees and Divisions can be held accountable for goals and deliverable objectives. There was discussion regarding potential concern for singling out Committees or Divisions that were unable to produce. The general consensus was reached that the proposed change introduced beneficial changes that would strengthen the Board's ability to allocate resources. A motion was made to approve this resolution and was seconded. The motion carried, and the change was passed.

Amendment 18

Section III – Administration

I. Governance

The purpose of the EMRA Board is to (1) achieve appropriate results for appropriate persons at an appropriate cost and (2) avoid unacceptable actions and situations.

A. Governing Style

The Board will govern with an emphasis on:

1. outward vision rather than internal preoccupation,
2. encouragement of diversity in viewpoints,
3. strategic leadership more than administrative detail,
4. clear distinction of Board and chief executive roles,

5. collective rather than individual decisions,
6. future rather than past or present, and
7. productivity rather than reactivity. On any issue, the Board must insure that all divergent views are considered in making decisions, yet must resolve into a single organizational position.

B. Board Member Job Description

The job of the Board members is to represent the members of EMRA in determining and demanding appropriate organizational performance.

C. Required Leader Agreement

All EMRA Leaders, including but not limited to, Board of Directors members, council officers, committee ~~and division~~ leaders, and the medical student council are required to sign a leader agreement, conflict of interest disclosure, and a confidentiality agreement upon beginning their term. Failure to comply will result in removal from office.

D. Representative Council

The EMRA Representative Council will be governed in accordance with the *Emergency Medicine Residents' Association Council Procedures* and [the EMRA Bylaws](#).

E. Meeting Attendance Expectations

Board members are expected to attend all meetings of the Board and all other meetings and functions, as directed by the President. Committee ~~and Division~~ Chairs will be invited to attend all Board meetings and expected at all other meetings and functions, as directed by the President and Board of Directors.

Original policy adopted BOD, 01/06

Amended and Reaffirmed RC, 6/11

Amended and Reaffirmed BOD, 6/17

Amended by the BOD, 12/17

Amended BOD, 1/18

Section V – Committees ~~and Divisions~~

I. Roles of Committees ~~and Divisions~~

A. Purpose of EMRA Committees

Committees exist to assist the Board with its work, [to provide a forum for members with a special interest to speak as a unified group to the leadership of EMRA, to provide a means for EMRA to utilize the expertise of an identifiable group of members on specific issues, and to provide a pathway for professional leadership development within the organization.](#) Annually, the Board and Committee leadership will collaboratively set the Committee's objectives for the year. ~~delegate work to committees in the form of objectives.~~ The committee will then be responsible for accomplishing these objectives. ~~Objectives will be assigned to the committee at the annual spring meeting.~~

~~B. Purpose of EMRA Divisions~~

~~Divisions exist to provide a forum for members with a special interest to speak as a unified group to the leadership of EMRA, to provide a means for EMRA to utilize the expertise of an identifiable group of members on specific issues, and to provide a pathway for professional leadership development within the organization. Divisions will create and operate on their own set of objectives, with the approval of the EMRA Board, and the division will then be responsible for accomplishing these objectives. Objectives will be set by the division at the annual spring meeting.~~

II. ~~Committee and Division~~ Operations

A. Formation and Dissolution

The Board of Directors, by majority vote, may form new committees, which will exist for the first two years as provisional. Once formed, the President-Elect and a board liaison will work with these provisional committees to set objectives, recruit members, and accomplish those objectives. During their time on provisional status the committee Chair and Chair-Elect will be subject to reimbursement and discretionary funding commensurate to non-provisional committees. After a period of two years, the committee may request to become a regular committee of EMRA, which will require a majority vote of the Board of Directors. If this vote does not pass, the committee may remain provisional for two more years, or be dissolved by majority vote of the Board of Directors. A provisional committee may not exist for more than four years.

The Board can create or dissolve ~~regular committees and divisions~~ in the following manner: If the Board of Directors, by majority vote, determines a committee has not met its annual objectives, they will submit notice to the Chair and Chair-Elect of probationary status. The Board will work with the Chair and Chair-Elect of committees on probation to address challenges to accomplishing the committees objectives. If after a period of two years the Board of Directors determines the committee to have not met its annual objectives, the Board, by majority vote, may dissolve the committee.

~~If an EMRA Division's roster falls below 25 members as of June 30th, the Chair and Chair-Elect will be informed of insufficient membership, and given a two-year period ending June 29th to increase their EMRA Division membership to 25 or greater members. If a division is placed on notice twice within a five-year period, the division would only have one year to recruit members upon the second notice EMRA leadership and staff will assist in the advertising for membership, but if the EMRA Division fails to meet the 25-member requirement, the EMRA Division will sunset.~~

B. Meetings

~~Committees and divisions~~ will host in-person meetings at ~~the fall ACEP's Scientific Assembly and the~~ spring meetings of the Association.

C. Financial Considerations

Each committee ~~and division~~ will have access to an annual Discretionary Fund of an amount specified in the annual budget set by the Board. This money can be used for lower-cost projects, meeting expenses, or other needs. The use of these funds must be pre-approved by the President Elect. Other than the Discretionary Fund, no monies will be designated for committees ~~and divisions~~ except for budgeted conference calls. Other monies may be requested by submitting a formal request to the Board. All

speakers or activities requiring funding will need to be approved by the Board. Allotted staff time for each committee ~~and division~~ will be at the discretion of the President and Executive Director.

C. Committee ~~and Division~~ Membership

EMRA members granted the right to be a member of a committee ~~and division~~ according to EMRA's Bylaws can be members of as many or as few committees ~~and divisions~~ as they want, and they can leave and join the committees ~~and divisions~~ at any time. This will be done at the discretion of the individual member. The Executive Committee reserves the right to remove members from committees ~~and divisions~~ as needed.

D. Board Liaisons to Committees ~~and Divisions~~

The President-Elect will designate Board liaisons to facilitate communication between the Board and each of EMRA's committee's ~~and divisions~~ by giving regular updates during Board conference calls and meetings. They will also ensure that committee ~~'and division~~ actions do not conflict with the Board's assigned objectives. The Board liaison will also facilitate a smooth transition from year-to-year as committee ~~and division~~ leadership changes.

F. Social Media

EMRA Committees ~~and Divisions~~ may not create EMRA-branded social media accounts without approval from EMRA's Board of Directors. It is highly encouraged the committee ~~and division~~ members **instead** post updates from their personal social media accounts and tag EMRA so that their posts can easily be shared with a larger audience.

III. Committee ~~and Division~~ Leadership

A. Eligibility to Hold Leadership Positions

Committee ~~and division~~ leaders ~~shall~~ **should** be EMRA resident or fellow members, in good-standing with their training programs, and free of any conflicts of interest that prohibit them from performing the duties required of these leadership positions. If a committee ~~or division~~ leader is elected to the EMRA Board of Directors, he or she will vacate his or her leadership position within the committee ~~or division~~ to create an opportunity for another member to lead. **Fourth Final** year medical students may apply to be a committee ~~or division~~ Chair-Elect; however, ~~confirmation of~~ their appointment will be contingent upon matching into an emergency medicine residency program **by April of their final year in medical school. If they do not match, a new Chair-Elect will be selected.**

B. Chair Responsibilities

The chair will serve a one-year term that will begin and end at the spring annual meeting. The chair will accomplish all objectives as delegated or approved by the Board within the agreed upon timeline. The chair will also submit a bi-annual report to the Board in a timely manner. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.

C. Chair-Elect Responsibilities

The Chair-Elect will serve a one-year term, after which he/she shall become chair, subject to approval by the President-Elect. The Chair-Elect will assist the chair in accomplishing objectives and to prepare for the role of chair.

D. Orientation

The EMRA President-Elect will host an annual, mandatory orientation session for committee ~~and divisions~~ Chairs and Chair-Elects at our spring meeting.

E. Chair-Elect Selection

Each spring, interested committee ~~and division~~ members will apply for the position of Chair-Elect via the EMRA committee application process. Applicants must turn in a letter of intent, CV, and a letter of support from their program director. The current Chair, Chair-Elect, and Board Liaison will select the most qualified candidate and submit that individual's application for approval to the President-Elect. If there is a conflict of interest with any member of the reviewing committee, an impartial committee ~~or division~~ member will be appointed as an alternative reviewer. Upon approval, the new Chair-Elect will assume his or her duties at the spring meeting. Depending on the quantity and qualifications of applicants in a given year, the current Chair and/or Chair-Elect may continue on in their present role at the discretion of the President-Elect.

F. Filling Vacant Leadership Positions

In the event of a Chair vacancy, the Chair-Elect shall assume the position of Chair at the discretion of the President-Elect. Applications for remaining vacancies will then be solicited for a period of one month and reviewed by the remaining Chair, Chair-Elect, and Board Liaison. The name of the most qualified applicant will be submitted to the President-Elect for consideration. Depending on the timing of the vacancy and new appointment, the terms of the newly appointed Chair / Chair-Elect may continue through the upcoming normal appointment cycle at the discretion of the President-Elect.

Amended by the BOD, 12/17
Amended BOD, 1/18

Appendix A – EMRA Expense Reimbursement Policy

1. Purpose

EMRA Board of Directors recognizes that Board Members, Officers, Ex-Officio Board Members, Committee ~~& Division~~ Leaders, Medical Student Council Members, employees, and other volunteer leaders ("Personnel") of EMRA may be required to travel or incur other expenses from time to time to conduct organizational business and to further the mission of this non-profit organization. The purpose of this Policy is to ensure that (a) adequate cost controls are in place, (b) travel and other expenditures are appropriate, and (c) to provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred by Personnel. It is the

policy of EMRA to reimburse only reasonable and necessary expenses actually incurred by Personnel. When incurring business expenses, EMRA expects Personnel to:

- Exercise discretion and good business judgment with respect to those expenses.
- Be cost conscious and spend EMRA money as carefully and judiciously as the individual would spend his or her own funds and as a fiduciary to the organization.
- Report expenses, supported by required documentation, as they were actually spent.