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Thomas J. Nasca, MD, MACP
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Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Dr. Nasca,

Thank you for the opportunity to respond to the Accreditation Council for Graduate Medical Education (ACGME) new Common Program Requirements (CPR) and upcoming Residency Review Committee for Emergency Medicine (RRC-EM) changes.

The Society for Academic Emergency Medicine (SAEM) is an organization representing nearly 7,000 members from the academic emergency medicine community. Our members almost exclusively come from academic departments, divisions, and community-based hospitals that have ACGME-accredited emergency medicine (EM) residency training programs. Potential changes to the RRC-EM requirements have tremendous implications for our education, training, research, and clinical work environments and will impact the workforce of future EM physicians for years to come.

We are particularly worried about possible changes to reduce required and dedicated protected time for core faculty. It is important to understand the clinical environment in which EM physicians work. Because our clinical operations, by necessity, are fully operational, 24 hours a day, our work hours are unique. Approximately 40 percent of EM faculty clinical hours take place outside of usual business hours, making instruction and scholarly pursuits more challenging. The required protected time for core faculty ensures that faculty have time during typical business hours to pursue scholarly works and contribute to the education and training missions that serve the development of medical students residents, and fellows.

The core content of EM also makes protected time for faculty critically important. The breadth of the EM core content requires both traditional and less traditional methods of instruction. For instance, the utilization of ultrasound and simulation in EM training is significant. The Society for Clinical Ultrasound Fellowships has performed benchmarking surveys as part of its application for American Board of Medical Specialties (ABMS) accreditation in point-of-care

ultrasound. As part of this application, it was determined that clinical ultrasound faculty spend, on average, 590 hours a year on ultrasound activities. Specifically, they spend, on average, 288 hours on ultrasound education alone, which is more than six hours per week, per faculty member. In addition, ultrasound faculty spend an additional 124 hours every year on quality assurance of ultrasound examinations that are performed by residents, fellows, and faculty as part of the education mission. Time spent by emergency ultrasound faculty also enhances the training of residents, fellows, and faculty in other specialties (e.g., Internal Medicine, Family Medicine, Pediatrics).

Similarly, the broad scope of the EM core content requires significant education using simulation. This is due to the time-sensitive, rare, and unusual presentations of some conditions and procedures, which are part of our core content, that must by necessity be taught utilizing simulation. Simulation is a faculty-intensive learning environment. Data from SAEM's Simulation Academy demonstrate that on average, 300 hours of simulation are taught every year to students, EM residents, and fellows by each EM simulation faculty. Without the guarantee of protected time for core faculty, such simulation teaching is put in jeopardy.

Additionally, the tremendous strains on our clinical environments has led to EM holding the ignominious title of most burned-out physicians. Recent surveys demonstrate that more than 70 percent of EM faculty meet Maslach criteria for burnout. The clinical EM environment is further strapped as other services in the hospital have closed and the number of admissions that they can take are limited or "capped." This leads to remarkable patient-boarding within the emergency department, and further stretches the clinical and education environment to a breaking point. Resident education suffers when faculty are overly stressed and burned out. The protected time for the core faculty, we believe, serves as a minimum-level buffer or safety net to burnout. Eliminating protected time will further stress the core faculty and worsen physician wellness, which is a key focus in today's clinical and academic climate.

SAEM also has concerns about how scholarly activities are determined by the ACGME. Historically, all core faculty as individuals have been held responsible for contributing scholarly activity as part of the educational mission of the department and the residency program. The benchmark of scholarly activity has always been grant funding and peer-reviewed manuscripts. We recognize that the ACGME is relaxing the standards for what constitutes scholarly activity. While we lament those changes, more importantly, we feel that how scholarly activities are quantified and considered for individual programs should not change. That is, under proposed language, the scholarly output from a single, highly-productive faculty member could meet the ACGME requirements for scholarly productivity for the entire department. We feel such a change would be detrimental for current and future EM residents and our specialty at large. This will allow and likely promote a reduction in diversity of novel thought-exploration and scientific investigation at individual programs. Residency training is a defined period during which residents learn to critically appraise literature, participate in research, and build a foundation for one's career. Working closely with many faculty who have academic interests and peer-reviewed productivity across the broad spectrum of emergency care is

critical to their education. Allowing the faculty scholarly productivity metrics to change such that a single person can contribute solely to that effort, is misguided and fraught with consequences, both intended and unintended.

Current RRC-EM requirements have met the needs of our learners, faculty, and departments for many years. Potential changes to the RRC-EM requirements that the new CPR make possible, would have catastrophic consequences to the education, training, and research missions of our residencies. We implore the ACGME to not eliminate protected time for EM core faculty and to not change how scholarly activities are quantified amongst faculty.

Sincerely,



Steven B. Bird, MD
President, Society for Academic Emergency Medicine

Cc:

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