



EMERGENCY MEDICINE RESIDENTS ASSOCIATION

REFERENCE COMMITTEE REPORT

CORD 2021 EMRA Representative Council Meeting

EMRA 2021 - April 10, 2021

DEFINITIONS OF AVAILABLE COUNCIL ACTIONS

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

ADOPT

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

ADOPT AS AMENDED

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

REFER

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

NOT ADOPT

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

Dr. Speaker & Councilors,

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

NON-CONSENT AGENDA

CONSENT AGENDA

RECOMMENDATION TO ADOPT AS AMENDED:

- S'21-01: Unconscious Bias and Cultural Sensitivity Education
- S'21-03 Accountable Organizations to Resident and Fellow Trainees
- S'21-04 Voting for Hospitalized Patients with the Capacity to Vote
- S'21-06: Increasing Evidence Based Domestic Violence Screening in the Emergency Department
- S'21-07 Equal Consideration for Osteopathic Med Students
- S'21-08: Residency Application Process Improvement
- S'21-09: Medicare for All
- S'21-10 Supporting Voter Registration Efforts in the Emergency Department

RECOMMENDATION TO NOT ADOPT:

- S'21-02 Advocacy for the Acquisition of a Federal and State Personal Protective Equipment Strategic Supply

RECOMMENDATION FOR DIVISION OF QUESTION:

- S'21-05 Equity in the Standardized Letter of Evaluation by International Students

RECOMMENDATION TO ADOPT AS AMENDED

S'21-01: Unconscious Bias and Cultural Sensitivity Education

Recommendation: Adopt as Amended

Text:

1. RESOLVED, EMRA supports [the](#) implementation of [evidence-based](#) cultural training and educational sessions geared towards ~~s-eliminating-addressing and reducing~~ unconscious bias and systemic racism in Emergency Medicine residency curriculum. ~~;-implementation may include online modules, lectures from diverse emergency medicine team members, or a combination of similar series.~~
- ~~2. Forward a similar resolution for consideration at the next American College of Emergency Physicians council meeting.~~

Discussion: There was broad support for the resolution with minor amendments to resolved clause one and striking of resolved clause two. The major change to the resolved clause one wanted to allow for flexibility in the programs and initiatives EMRA could implement by striking the examples. There was also discussion about how the cultural training should be evidenced based and striking the specific example of lectures from diverse team members, with the idea that it could place undue burden on minorities in each program. There was suggestion of striking clause two because ACEP recently approved policy statements that encompasses this concept entirely. Both the Cultural Awareness and Emergency Care and Non-Discrimination and Harrassment Proposed Poilcy Statements address these issues.

Cultural Awareness and Emergency Care

Proposed Policy Statement, April 2021

Emergency physicians routinely encounter patients from diverse cultural backgrounds representing various customs, practices or beliefs. Cultural awareness is the ability of physicians to understand and respond to the unique cultural needs brought by patients to the health care encounter. The physician should consider the patient's culture as it relates to the patient's history and presenting symptoms in recommending a treatment plan that is mutually agreed upon by the patient and physician.

The American College of Emergency Physicians believes that:

- Quality health care depends on the scientific competence of physicians as well as their cultural awareness.
- Cultural awareness should be an essential element in the training of physicians and to the provision of safe, quality care in the emergency department environment.
- Physicians should encourage patients and their representatives to communicate cultural issues that may impact their care.
- ***Resources should be made available to emergency departments and emergency physicians to assure they are able to respond to the needs of all patients regardless of their respective cultural backgrounds and to avoid implicit and explicit biases.***

Non-Discrimination and Harassment
Proposed Policy Statement, April 2021

The American College of Emergency Physicians (ACEP) acknowledges that implicit and explicit biases, attitudes, or stereotypes affect our understanding, actions, and decisions. These factors are further magnified in the emergency department where cognitive load, rapid and abbreviated interactions, and high stress can leave patients and staff vulnerable to preconceived notions and biases. In order to reduce implicit biases and improve health equity, it is crucial to be mindful of their pervasiveness and to employ critical reflection, **training, and education** geared to address and disarm them. ACEP advocates for the respect and dignity of each individual, opposes all forms of discrimination and harassment, and supports anti-discrimination and anti-harassment practices protected by local, state, or federal law. Discrimination and harassment may be based on, but is not limited to, an individual's race, age, religion, creed, color, ancestry, citizenship, national or ethnic origin, language preference, immigration status, disability, medical condition, military, or veteran status, social or socioeconomic status or condition, sex, gender identity or expression, or sexual orientation.

S'21-03 Accountable Organizations to Resident and Fellow Trainees

Recommendation: Adopt as amended

Text:

1. RESOLVED, that EMRA will ~~ask ACEP to establish a task force to~~ [submit a resolution to ACEP Council in support of efforts to](#):
 - a. Determine which organizations or governmental entities are capable of being permanently responsible for residents and fellows without conflicts of interest.
 - b. Determine how these organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of residents and fellow trainees.
 - c. Determine methods of advocating for residents and fellows that are timely and effective, without jeopardizing trainees' current and future employability.
 - d. In the event that no organizations or entities are identified that meet the above criteria, determine how such an organization may be created.

Discussion: There was broad support for this resolution in discussion, including support from representatives of numerous residency programs across the country, and the EMRA Medical Student Council. Speakers cited the vulnerability of residents as a group and the lack of an organization with a dedicated purpose of supporting and protecting residents. An amendment was suggested to eliminate the specification of a task force in order to give ACEP more flexibility in determining the appropriate methods of achieving the asks of this resolution.

S'21-04: Supporting Voter Capabilities Among Hospitalized Patients with the Capacity to Vote

Recommendation: Combine with resolution S'21-10 (Supporting Voter Registration Efforts in the Emergency Department) and Adopt as amended

Text:

1. ~~RESOLVED, EMRA advocate for the adoption of policies, legislation, and practices that support voter registration capabilities for emergency department patients with the capacity to vote across all~~ [issue a statement of support for voluntary on-site nonpartisan voter registration efforts by residents and other emergency department staff, especially leading up to](#) local, state, and federal government elections
2. [RESOLVED, EMRA support dissemination of materials to residents in order to educate and empower them to take part in these efforts](#)

Discussion: There were two very similar resolutions presented. There was overwhelming support for voter initiatives in the ED. After discussion of both resolutions, there was nearly unanimous support for combining the S'21-04 and S'21-10 from both sets of authors and in discussion. S'21-04 was thought to be too much of an ask for EMRA, as it requested policy and legislation in support of voter registration. There was support for the proposed non-partisan voter registration efforts, but overall was thought not to be a good overall use of EMRA resources. S'21-10 was more widely preferred, as it both supported non-partisan voter

initiatives and provides broad language to allow flexibility amongst residents and relieve the burden of implementation placed on EMRA by the previous resolution.

S'21-06: Increasing Evidence Based Domestic Violence Screening in the Emergency Department

Recommendation: Adopt as Amended

Text:

1. RESOLVED, that EMRA encourages emergency medicine training programs to ~~provide robust formal instruction on intimate partner violence as a public health and emergency medicine crisis;~~ a) implement and provide instruction on evidence-based screening for ~~identification of at-risk individuals~~ intimate partner violence, and b) involve trainees ~~opportunities for trainee participation~~ in interdisciplinary safety planning and intervention for ~~identified~~ survivors of intimate partner violence.

Discussion: This resolution was generally supported in all discussions due to the perceived need for more training and the prevalence of this problem in the ED. Most supported adoption with small amendments proposed to remove the wording framing IPV as a public health and emergency medicine crisis, which some people did not believe was well established with background. The other amendments were supported by the majority of those giving testimony and slightly adjusted the language to be more clear and include evidence-based training.

S'21-07 Equal Consideration for Osteopathic Med Students

Recommendation: Adopt as Amended

Text:

1. RESOLVED, EMRA advocates for equitable consideration of allopathic and osteopathic medical students applying to all emergency residency programs in the United States
2. RESOLVED, EMRA ~~will~~ encourages a partnership with The Council of Residency Directors in Emergency Medicine (CORD) to address explicit and implicit bias towards students from osteopathic medical schools applying to emergency medicine residency programs in the United States.

Discussion: The discussion supported that osteopathic medical student applicants are often viewed with bias from programs. Many DOs and residents from traditionally DO programs gave testimonies attesting to this bias and stated that the bias that actively needs to be addressed on

a systemic level. While the first resolution clause will be accepted without amendment, the second resolution clause was amended to address that EMRA cannot require CORD to partner with them to address the aforementioned issue, but will encourage a partnership to improve the relationship between DO applicants and residency programs.

S'21-08: Residency Application Process Improvement

Recommendation: Adopt as Amended

Text:

1. RESOLVED, that EMRA work with CORD and other relevant stakeholders to encourage the standardization of the residency interview invitation and scheduling process; and be it further
2. RESOLVED, that EMRA encourage CORD and other relevant stakeholders to study and recommend interventions by all relevant stakeholders to control the growth of overapplication and excessive interviewing in the residency application process; ~~and be it further~~
- ~~3. RESOLVED, that EMRA establish an accessible avenues for medical student, resident, and fellow members to suggest improvements to the residency and fellowship application process that will be transparently evaluated by EMRA and other relevant EM organizations for potential implementation; and be it further~~
- ~~4. RESOLVED, that EMRA encourages the NRMP, residency programs, and other relevant stakeholders to transparently consider, trial, and implement novel application processes that would benefit applicants, programs, and the specialty even prior to a full evaluation of this change in the literature~~

Discussion: The discussion of this resolution was very active, highlighting the importance and relevance of the issues it aims to address. Overall, there was a consensus that the current interview invitation and scheduling process contribute to over-application, over-interviewing, application disparities, and increased applicant stress. Therefore, we recommend adopting the first and second clauses of the resolution, while striking the third and fourth clauses. The underlying intent of the third clause is to involve applicants in this improvement process, which they will be as stakeholders in the process. The fourth clause makes a significant request of EMRA to collaborate with a broad range of stakeholders to influence the NRMP to implement changes to the residency application process, which would have implications for specialties beyond Emergency Medicine. This is outside of the scope of EMRA, and the goals of this Resolution can be achieved by focusing efforts on the first two clauses.

S'21-09: ~~Medicare for All~~ Single Payer Healthcare System for All

Recommendation: Adopt as Amended

Text:

1. RESOLVED, that EMRA reaffirms its commitment to healthcare as a human right and strongly supports efforts to obtain universal access to quality healthcare; and be it further
2. RESOLVED, that EMRA endorses a [universal](#) ~~a single payer~~ healthcare system that is free at the point of service as a way to achieve ~~not only universal, but~~ more equitable, comprehensive, and affordable healthcare coverage for all.

Discussion: This resolution is generally supported in discussion, however there were several concerns about the language of the resolution. The main discussion point focused on the goal of the resolution, which is healthcare for all, achieved by a single payer system. Of note, the resolved clause only mentions a single payer system, while the background specifically addresses Medicare. It was suggested the title be changed to be more aligned with the resolution. Several people also mentioned that not only is there more than one single payer system, but there are also other systems through which to achieve universal healthcare, which seemed to be the underlying goal of the resolution. While people agreed that EMRA believes in healthcare as a human right and several individuals personally supported the resolution as written, many acknowledged that supporting a single system limits EMRA and may fail to achieve the ultimate goal.

S'21-10 Supporting Voter Registration Efforts in the Emergency Department

Recommendation: Combine with resolution S'21-04 (Voting for Hospitalized Patients with the Capacity to Vote) and Adopt as amended

Text:

1. RESOLVED, EMRA issue a statement of support for voluntary on-site nonpartisan voter registration efforts by residents and other emergency department staff, [especially leading up to local, state, and federal government elections](#)
2. RESOLVED, EMRA support dissemination of materials to residents in order to educate and empower them to take part in these efforts

Discussion: There were two very similar resolutions presented. There was overwhelming support for voter initiatives in the ED. After discussion of both resolutions, there was nearly unanimous support for combining the S'21-04 and S'21-10 from both sets of authors and in discussion. S'21-04 was thought to be too much of an ask for EMRA, as it requested policy and legislation in support of voter registration. There was support for the proposed non-partisan voter registration efforts, but overall was thought not to be a good overall use of EMRA resources. S'21-10 was more widely preferred, as it both supported non-partisan voter initiatives and provides broad language to allow flexibility amongst residents and relieve the burden of implementation placed on EMRA by the previous resolution.

RECOMMENDATION TO NOT ADOPT

S'21-02 Advocacy for the Acquisition of a Federal and State Personal Protective Equipment Strategic Supply

Recommendation: Not Adopt

Text: RESOLVED, that EMRA:

1. The Emergency Medicine Residents' Association advocate Federal and State Legislatures for the production and maintenance of a strategic personal protective equipment supply with the ability to sustain national or statewide hospital and pre-hospital operations during a pandemic period. This strategic supply of personal protective equipment should include N-95 masks, gowns, face masks, face shields, and gloves.

Discussion: This resolution was generally not supported in the discussion. Multiple representatives were in opposition to the resolution as they felt that the specific ask to stockpile personal protective equipment (PPE) was not in the purview of EMRA. Additionally, it was discussed that both EMRA and ACEP have advocated for personal protective equipment for all healthcare workers, and ACEP has pursued partnerships to increase access to PPE. There was support for the resolution from some representatives, but the overall clear sentiment was in opposition to S'21-02.

RECOMMENDATION FOR DIVISION OF QUESTION

S'21-05 Equity in the Standardized Letter of Evaluation by International Students

Recommendation: Division of Question

Recommendation A: Adopt as Amended Resolved 1 and 2

1. RESOLVED, EMRA will work to advocate that residency ~~for all the subsets of IMGs to increase the amount of~~ programs ~~that~~ allow IMGs to rotate at their programs; thereby increasing equity in the residency application landscape by increasing the opportunities for IMGs to obtain a SLOE; and be it further
2. RESOLVED, EMRA will work to increase longitudinal representation of the perspectives of ~~different~~ IMGs ~~subsets~~ within EMRA through the creation or addition of specific positions and/or committees with the primary purpose of ensuring that their many unanswered questions and concerns are addressed.; ~~and be it further~~

Recommendation B: Amend and Refer to the Board for Study Resolved 3

3. RESOLVED, EMRA will work in conjunction with CORD to investigate concerns that alternate SLOEs are not given equal consideration in the residency application process when compared to SLOEs from US residency-affiliated programs. ~~mitigate the pandemic's disproportionate effect on IMGs that are unable to obtain SLOEs due to inability to obtain hands-on rotations in emergency medicine at a U.S. hospital, possibly through the identification and implementation of other standardized methods of evaluation.~~

Discussion: There was broad support for the spirit of this resolution, and an affirmation that EMRA should work to reduce barriers faced by IMGs in applying to Emergency Medicine residencies. It was noted that CORD has established the “alternative SLOE” for those who are unable to rotate at residency-affiliated hospitals. Despite this option, such letters may not be weighed equally by residency programs and IMGs continue to have a low rate of success in matching to Emergency Medicine residencies. It was therefore recommended that Clause 1 be edited to express broad support of all EM programs allowing IMGs to rotate. Finally, rather than develop separate methods of evaluation for IMGs, the Reference Committee suggests amending Clause 3 to highlight the disparate consideration of alternate SLOEs and referring this to the EMRA Board for further evaluation of the reasons behind unequal consideration of SLOEs from IMGs.

Madam Speaker, this concludes the report of the Reference Committee. I would like to thank Dr. Christopher Counts and Dr. Miya Smith and Reference Committee Chair Dr. Michaela Banks for their excellent work in developing these recommendations.