

# SES013: Emergency Medicine Update

Linda Regan, MD, MEd – Review Committee Chair

Felicia Davis, MHA – Review Committee Executive Director

# Conflict of Interest Disclosure

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Speaker(s): Linda Regan, MD, MEd  
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## Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Today's topics...

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- Review Committee Discussions
- Shaping GME: Program Requirements Revision Work
- Emergency Medicine Accreditation
- The Review Committee
- ACGME News and Updates



# Review Committee Discussions



# Faculty Scholarly Activity

- Evaluated on a five-year interval
- Programs must demonstrate accomplishments in at least **three** domains: basic science research, QI, textbook chapters, creation of curricula, etc. (IV.D.2.a))
- Scholarship dissemination must include peer-reviewed publications and articles, presentations, posters, grant leadership, etc. (IV.D.2.b).(1)-(2))
- The Review Committee expects the majority of all faculty members to contribute

Core faculty members are **defined as having a significant role in the education and supervision of residents (II.B.4.)**, core faculty members are engaged in a broad range of activities, **therefore the Review Committee expects *ALL core faculty members to participate in scholarly activity.***

# Resources

The Review Committee looks for the availability of required resources at *each* participating site

I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for: (Core)

I.D.2.a) access to **food** while on duty; (Core)

I.D.2.b) safe, quiet, clean, and private **sleep/rest facilities** available and accessible for residents with proximity appropriate for safe patient care; (Core)

I.D.2.c) clean and private **facilities for lactation** that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

I.D.2.d) **security and safety measures** appropriate to the participating site; and, (Core)

I.D.2.e) **accommodations for residents with disabilities** consistent with the Sponsoring Institution's policy. (Core)

# Documenting Resources

- If the participating site is a non-hospital site (high school, private practice office, fire department, etc.), there is **no expectation** for resources such as a lactation room and sleep facilities to be static on site at all times.
- It is expected that these sites have a clear plan of how these resources will be provided **if/when needed**.
- In the Accreditation Data System (ADS), the narrative description of the site should explain the plan and, using the checkboxes, indicate that the resource is available.

**Distance to Primary Clinical Site:**

**Miles**

2.0

**Minutes**

9.0

**Describe how this participating site is used for your program.**

This site offers our fellows an opportunity to experience the range of fire-based pre-hospital care from engine paramedics (responding from the firehouse to primary ALS response opportunities, fellows work directly with paramedic supervisors who provide care for the most critically ill patients as well as work directly with these supervisors in providing hands-on patient care and medical oversight in the field, as well as training and assisting with quality Medical Director is a member of the EMS Fellowship's faculty.

**Site Director:** 

**Which of the following are available within this site for fellows (check all that apply):**

- Safe, quiet, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care
- Shower
- Secure areas (lockers or rooms that can be locked)
- Access to food
- Parking accessible to site
- Internet Access
- Reasonable accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy
- Clean and private facilities for lactation with proximity appropriate for safe patient care
- Clean and safe refrigeration resources for the storage of human milk



# Distant Sites

For rotations to sites that are considered **geographically distant** from the primary clinical site, the Review Committee considers the following:

- Is it needed?
- Are there closer options?
- Total time away: Number of rotations/consecutive rotations
- Impact on resident well-being

Review Committee Interpretation: *A participating site is considered to be geographically distant if it requires extended travel (consistently more than half an hour each way) or if the distance between the site and the Sponsoring Institution exceeds **60 miles**.*

# Distant Sites

All applications will ask to provide the following:

Note: Programs using geographically distant sites may be asked to complete the assessment table currently in the emergency medicine application to provide additional information.


Geographically Distant Site Name: Click or tap here to enter text.	
Name and type of rotation(s)	Click or tap here to enter text.
How much time is spent at the site for rotations?	Click or tap here to enter text.
Explain why a closer site was not selected.	Click or tap here to enter text.
Provide details for the following concerns with regard to resident well-being, including any program/Sponsoring Institution efforts to mitigate them (e.g., support for travel, accommodations): a) safety b) financial c) removal from family/life d) social impact	Click or tap here to enter text.

# Best Practice...

**Q:** What types of circumstances and events should be included in the supervision policy to demonstrate when residents should communicate with the supervising faculty member(s)? [VI.A.2.e]

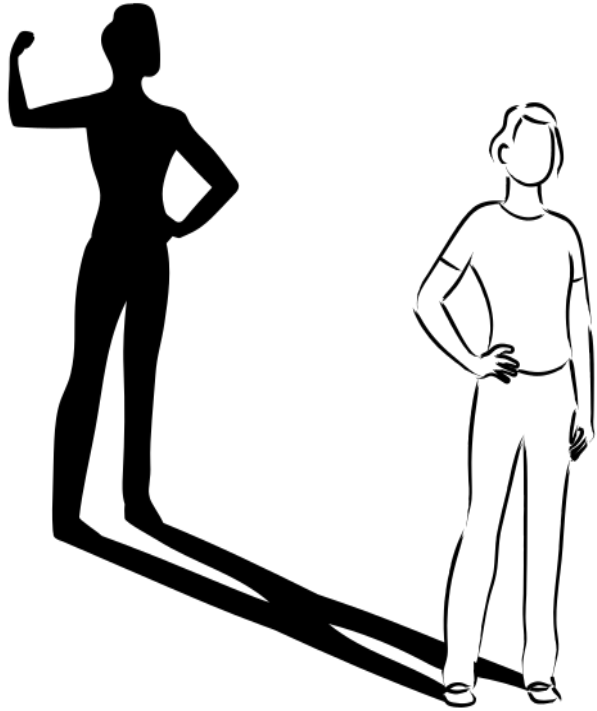
**A:** For clarity, the supervision policy should include some examples of circumstances and events for when residents should communicate with their supervising attending. Examples could include:

- Discussion of end-of-life/DNR decisions
- Change in patient clinical status
- Patients wishing to leave against medical advice



# Shaping GME: Emergency Medicine Program Requirements Revision Process

# Shaping GME: Emergency Medicine Requirements Revision Process



- The **specialty-specific Program Requirements for Emergency Medicine** are undergoing their scheduled revision; these will be in effect for emergency medicine residents who will be practicing from 2025-2050.
- Goal: To think rigorously and creatively about what the specialty will look like in the future, recognizing the future is marked with significant uncertainty.

# The Road to Requirements Revisions...



We are here!

# Strategic Scenario Planning 2022

- Consultant-facilitated/four future worlds
  - Various financial, political, social structures
- What does health care look like in this future world?
- What does emergency medicine look like in this future world?
- What *education and training* would these future emergency medicine doctors need?

# Background Research

- Consultant group conducted interviews:
  - Interviews with ‘influencers’ in emergency medicine
  - Interviews with new graduates in emergency medicine
  - Interviews with patients
- Literature review
- Data mining
- Public comment on themes and definition



# Stakeholder Summit 2023

- Two-day meeting in Chicago
- Participants:
  - Writing Group
  - Representatives from: AAEM, AACEM, ABEM, ACEP, ACOEP, CORD, EMRA, RSA, SAEM
  - Small programs, big programs, academic programs, community programs, recent graduates

# The Road to Requirement Revisions...

Writing Group  
Completes PR  
Draft and  
accompanying  
FAQs

Draft  
Requirements  
and Impact  
Statement  
posted for  
public review  
and comment

Draft,  
Comments,  
and FAQs go  
before CoR for  
approval

Requirements  
approved and  
posted for one  
year

Requirements  
go into effect!

# Emergency Medicine Accreditation

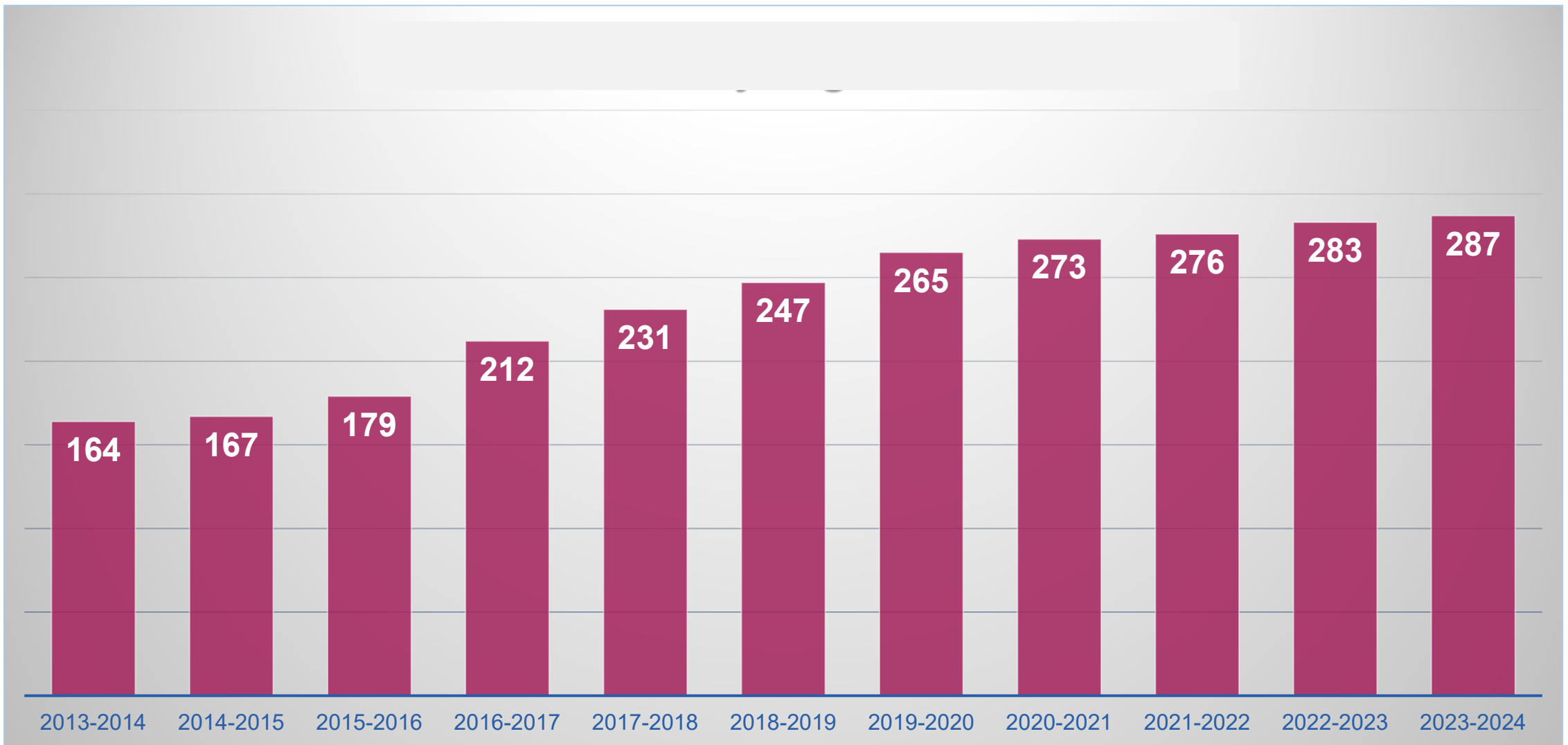




# Emergency Medicine Accredited Programs 2023-2024

Specialty/Subspecialty	Programs	Approved Positions	On Duty
Emergency Medicine	287	10,437	9,670
EMS	82	161	111
Medical Toxicology	32	121	105
Pediatric Emergency Medicine (EM)	29	170	151
Sports Medicine (EM)	8	18	16
Undersea and Hyperbaric Medicine (EM)	8	19	13

# Emergency Medicine Residency Programs: 2013-2023



# New Programs 2023-2024

EM	Good Samaritan University Hospital Program <i>Robert Gekle, MD</i>	New York
EMS	Christiana Care Health Services Program <i>Rick Hong, MD</i>	Delaware
EMS	Maine Medical Center <i>Michael Bohanske, MD</i>	Maine
EMS	University of Pennsylvania Health System <i>Edward Dickinson III, MD</i>	Pennsylvania
MedTox	UCLA David Geffen School of Medicine/UCLA Medical Center/Olive View Program <i>Evan Schwarz, MD</i>	California
MedTox	University of Mississippi Medical Center Program <i>David Vearrier, MD, MPH</i>	Mississippi

# Most Common Citations

1. Program Director Responsibilities – Inaccurate Information
2. Evaluations – Final Evaluation “magic words,” Multisource Evaluations, Summative Evaluation
3. Institutions – Site Resources, Distant Sites, PLA
4. Key Index Procedure Minimums
5. Curriculum – Pediatrics, Peds Critical Care



# Most Common Areas For Improvement



1. Educational Environment – Resident Survey
2. Evaluations
3. Program  
Director Responsibilities
4. Faculty Scholarly Activity
5. Board Pass Rate





# The Review Committee

# Member Responsibilities

- Operate under delegated authority from the ACGME Board of Directors
- Exercise fiduciary responsibility
- Evaluate program compliance with the published Program Requirements
- Revise and update the Program Requirements as scheduled
- Maintain confidentiality
- Maintain communication with programs and specialty associations

# Member Terms

- Members: six-year term  
Resident member: one two-year term
- Each member evaluated by full Review Committee at end of second year
- Chair and Vice Chair elected by the Review Committee
  - Chair term = three years
  - Vice Chair term = two years

# Review Committee Composition

- 3 members nominated by ABEM
- 3 members nominated by ACEP
- 3 members nominated by AMA
- 2 members nominated by AOA
- 1 public member – open call for nominations
- 1 resident member – open call for nominations

All members selected by the Review Committee from nominated candidates

# Review Committee Members 2023-2024

<b>David Caro, MD</b> University of Florida Jacksonville	<b>Deborah Pierce, DO</b> Albert Einstein Medical Center
<b>Brian Clemency, DO</b> University at Buffalo ( <i>EMS</i> )	<b>Melissa Platt, MD</b> University of Louisville
<b>Leah Colucci, MD</b> Yale University ( <i>Resident Member</i> )	<b>Kimberly Richardson, MA</b> ( <i>Public Member</i> )
<b>Paul Ishimine, MD</b> UCSD ( <i>Pediatric Emergency Medicine</i> )	<b>Linda Regan, MD (Chair)</b> Johns Hopkins
<b>Eric Lavonas, MD</b> Denver Health ( <i>Medical Toxicology</i> )	<b>Jan Shoenberger, MD (Vice Chair)</b> USC
<b>Tiffany Murano, MD</b> NY Presbyterian Columbia	<b>Jill Stefanucci-Uberti, DO</b> St. Elizabeth Boardman
	<b>Michael Wadman, MD</b> University of Nebraska

# Meeting Dates

Meeting Dates	Agenda Close
February 7-9, 2024	October 20
April 18-20, 2024	February 9
August 28-29, 2024	June 14



**Completed application = Common application + specialty-specific application + Site Visit Report**



# Congratulations!



#ACGME2024

## ***Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award***

The Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award honors ACGME-accredited Sponsoring Institutions and programs, as well as specialty organizations and non-profit organizations working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments.

The 2024 recipients include:

- American Board of Emergency Medicine (Specialty Organization)
- Baylor College of Medicine, Henry JN Taub Emergency Medicine Residency (Program)



# Congratulations!



#ACGME2024

## ***Debra L. Dooley GME Program Coordinator Excellence Award***

The Debra L. Dooley GME Program Coordinator Excellence Award is given to program coordinators in recognition of their in-depth understanding of the accreditation process, excellent communication and interpersonal skills, and projects to improve residency and fellowship programs. Congratulations to:

**Graceann Endicott**

Cooper University Health Care/Cooper Medical School of  
Rowan University; Camden, New Jersey;  
*Emergency Medicine*



# ACGME News and Updates





# ACGME Site Visits – Continued Accreditation Status

#ACGME2024

- The program 10-Year Accreditation Site Visit program has been discontinued
- Program Self-Study currently paused, but will be reconfigured and no longer linked to a site visit
- All related dates have been removed from all program profiles in ADS
- Starting in 2024, the ACGME will conduct site visits annually for approximately 1-2 percent of programs with Continued Accreditation that have not had a site visit in approximately 10 years or more
- These site visits will be identified through a sampling process
- All selected programs for 2024 were notified in January of the site visit target date (May-July 2024)

Questions can be directed to [accreditation@acgme.org](mailto:accreditation@acgme.org).  
[Site Visit FAQs](#) are located on the ACGME website.

# The ACGME's Online Learning Portal

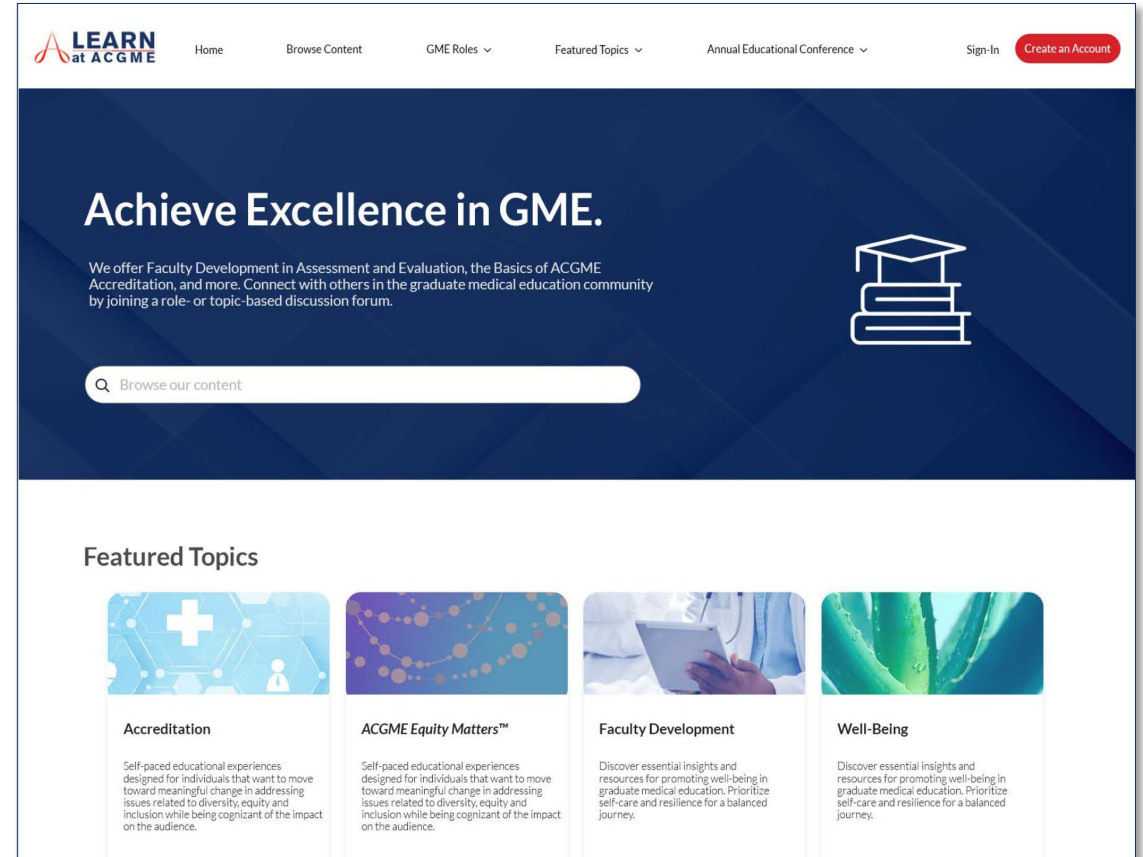
## Learn at ACGME Redesign Coming Soon!

Visit [dl.acgme.org](https://dl.acgme.org) or scan the QR code.



Have a question or need assistance? Contact us!

[desupport@acgme.org](mailto:desupport@acgme.org)



# Remediation Toolkit

## If You Build It, They Will Come:

### Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN  
Associate Professor of Medicine  
Director, Clinician Wellness Program  
Director, GME Advancement  
University of Virginia School of Medicine

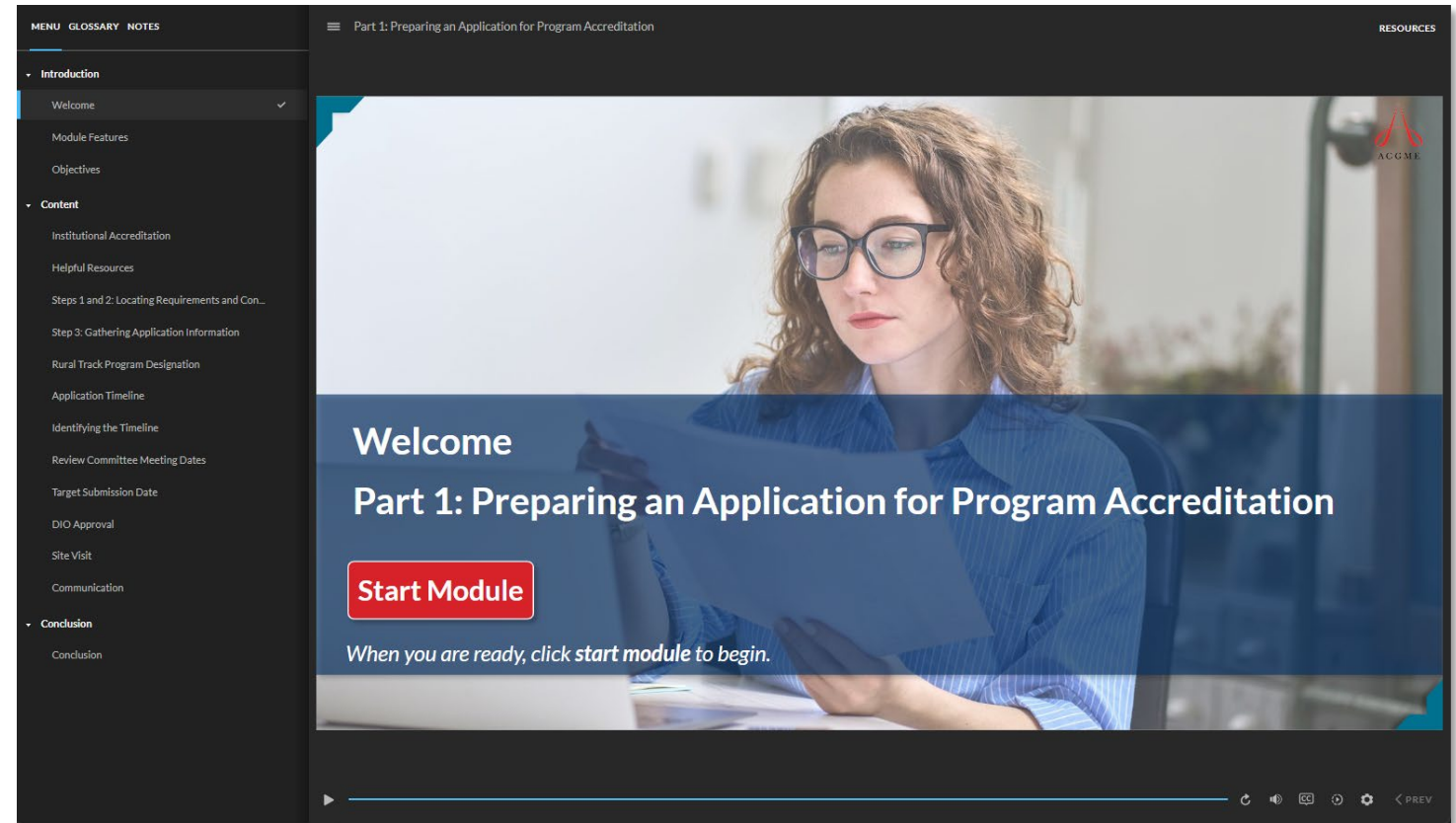


- 11 modules authored by **renowned experts** in the field
- Equips participants with tools for **addressing needs of struggling learners**
- **CME** offered after completion

*The ACGME designates this enduring material for a maximum of **5.25 AMA PRA Category 1 Credits.**<sup>TM</sup>*

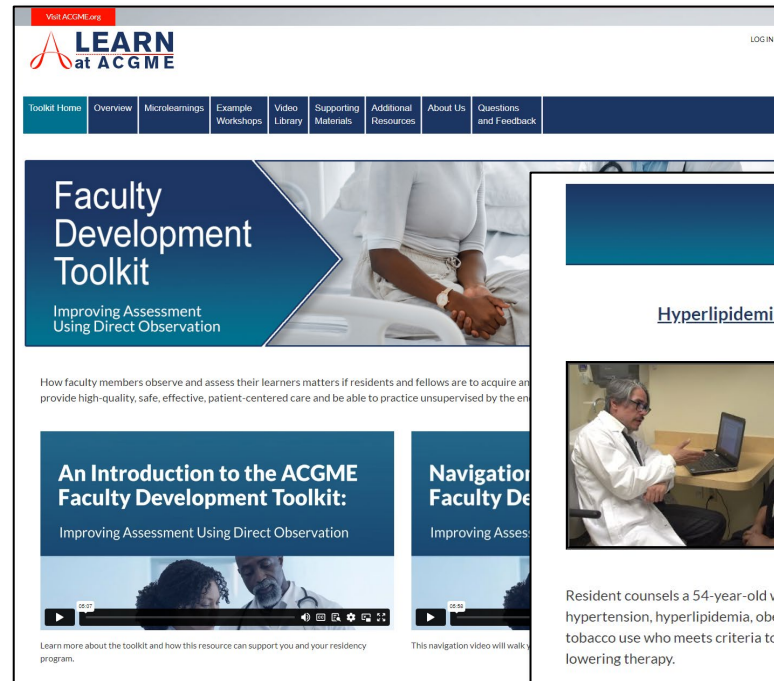
# Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission



# Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around **direct observation and feedback**
- Evidence-based **video prompts**
- Answer keys and **facilitator guides**
- **Microlearning** lessons with associated slides and guides



The screenshot shows the website interface for the Faculty Development Toolkit. At the top, there is a navigation menu with links: Toolkit Home, Overview, Microlearnings, Example Workshops, Video Library, Supporting Materials, Additional Resources, About Us, and Questions and Feedback. The main heading is "Faculty Development Toolkit" with the subtitle "Improving Assessment Using Direct Observation". Below this, there is a paragraph explaining the toolkit's purpose. Two video thumbnails are visible: "An Introduction to the ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation" and "Navigation Faculty Development Toolkit: Improving Assessment Using Direct Observation".



The screenshot shows the "Counseling Videos" section of the website. It features three columns, each representing a different clinical scenario:

- Hyperlipidemia:** A resident counsels a 54-year-old woman with hypertension, hyperlipidemia, obesity, and tobacco use who meets criteria to start lipid-lowering therapy.
  - [Video A \(4:37\) Answer Key](#)
  - [Video B \(7:10\) Answer Key](#)
  - [Video C \(13:48\) Answer Key](#)
- Back Pain:** A resident counsels a 42-year-old male with severe acute low back pain and sciatica with a normal neurologic exam. The patient has not tried any conservative measures. In the video there is an opportunity to discuss diagnosis and management and address patient request for MRI and narcotics.
  - [Video A \(3:15\) Answer Key](#)
  - [Video B \(7:53\) Answer Key](#)
  - [Video C \(11:37\) Answer Key](#)
- Constipation:** A resident counsels a 49-year-old healthy woman with worsening constipation for three months. The patient has episodic hematochezia and a hemorrhoid was found during a rectal exam. The patient's paternal grandfather had late-onset colon cancer.
  - [Video A \(5:30\) Answer Key](#)
  - [Video B \(9:02\) Answer Key](#)
  - [Video C \(11:31\) Answer Key](#)

# Program Coordinator Course

- For new and seasoned coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**

The screenshot displays a course interface with three main sections, each featuring a module title, a list of topics, and a 'Start' button. The sections are: 1. **RECRUITMENT**: 'Recruitment for Program Coordinators' module, including 'Recruitment basics for Program Coordinators', 'Recruitment review process', 'Interviews', and 'Match Process'. 2. **REVIEW AND RECOGNITION COMMITTEES**: 'Review and Recognition Committees for Program Coordinators' module, including 'Review and Recognition Committee basics'. 3. **PROGRAM REQUIREMENTS**: 'Program Requirements for Program Coordinators' module, including 'Program Requirements' and 'Program Requirements by Specialty'. Each section also includes a representative image: a classroom for recruitment, a meeting for committees, and a stack of books for requirements.

# Questions?



# Thank You