



# Emergency Medicine Residents' Association

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Cathey B. Wise, CAE

November 2, 2018

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

Dear Dr. Nasca and Distinguished Members of the ACGME,

We are writing to voice our unified and unwavering support for protected faculty time to be included within the ACGME Program Requirements for GME in Emergency Medicine. We are extremely concerned about the current Common Program Requirements (CPR) and its potential impact on **our 18,000 members**, spanning **over 230 emergency medicine programs** across the country and the clinical faculty who train them. While the previous CPR (I.A.1.) included a placeholder that allowed for the RC-EM to protect program director, associate program directors, and core faculty, the new CPR does not.

Faculty dedication to curriculum development, clinical teaching and scholarly activity are imperative for high quality clinical training. Without protected time, faculty will struggle with supporting research, education, QA/QI initiatives, mentoring and overall resident development - areas that need dedicated time outside of normal clinical hours. Without these components, residents risk becoming less clinically competent at caring for our vulnerable patient population.

Without protected time, program leadership will struggle with training effective clinicians and educators, a critical area that helps prevent resident burnout and improves wellness. EM residents face extremely high burnout rates over the course of their careers. Compared to other specialties, our patient loads are not capped, our shift workload is unpredictable and our shifts have no dedicated "breaks" for meetings, file review or feedback. Furthermore, shift work impairs their circadian rhythms, off-service rotators are frequently unavailable for assisting with the high clinical burden, and expectations are very high for definitively managing patients from all walks of life. Faculty members are the "glue" for preserving resident wellness, in spite of these competing forces, by dedicating large blocks of their time towards resident education.

While industry trends have led healthcare institutions to increasingly focus on clinical productivity and revenue generation, particularly given the growth of EM residencies in community hospitals owned by major health systems, it is of increasing importance for accrediting bodies to defend the academic mission of the residency training program: to train exceptional clinicians. Protected faculty time is the vehicle used to insure that emergency medicine physicians properly engage in teaching residents and medical students. Academicians spend hundreds of hours creating and implementing innovative, engaging, and clinically sound learning experiences for residents to ensure their success. Full engagement in this process must be recognized, required, and valued from accrediting bodies to continue to validate the work that academic physicians pursue. Without this, other competing interests may be valued over time spent devoted to graduate medical education and scholarly activity.



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For example, 84 sites in the U.S. currently have an ultrasound fellowship and EM residency program, depending heavily on protected faculty time to function and develop ultrasound as a core competency. According to the Society of Clinical Ultrasound Fellowships, the average Ultrasound Division Director worked 843 clinical hours this year plus an average of 6.26 hours per week on education alone. Our specialty cannot afford to risk losing these valuable learning opportunities.

Thank you for your time and consideration, and we appreciate your diligence and hard work.

Sincerely,

Omar Z. Maniya, MD, MBA  
President  
Emergency Medicine Residents' Association

## **About EMRA**

The Emergency Medicine Residents' Association is the largest and oldest independent resident organization in the world. EMRA was founded in 1974 and today has a membership over 18,000 residents, medical students, and alumni. Due to democratically representing the overwhelming majority of Emergency Medicine Residents and our extensive history of advocating for residents, EMRA is the voice of emergency medicine physicians-in-training and the future of our specialty.