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November 5, 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,

On behalf of the Association of Academic Chairs of Emergency Medicine (AACEM), I am writing to share concerns our organization has for the upcoming changes to the Common Program Requirements (CPR) guiding residency certification and approval. As the only professional society created for departmental chairs in emergency medicine, we feel a strong sense of responsibility to preserve the academic integrity of our programs and to suggest improvements that ensure the ongoing success of our training programs and those yet to be certified. The AACEM represents 153 current or former chairs of academic departments of emergency medicine; all are associated with emergency medicine residencies. The recent changes to the CPR will directly influence our lines of responsibility.

Our specific concerns are as follows:

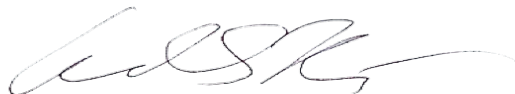
- **Scholarly Activity.** Medical knowledge has been growing at a dramatic pace, roughly doubling every 3.5 years, with the expectation that by 2020 it will double every 72 days (Densen, P. *Challenges and Opportunities Facing Medical Education.* Trans Am Clin Climatol Assoc. 2011; 122:48-58). It is now more important than ever that residency programs provide the tools necessary to critically evaluate the literature and make sound decisions on whether or not to accept the findings into their current practices. Watering down the requirements for scholarly activity does just the opposite, ensuring that future physicians do not have the skills to improve and modify their practices. As a professional society, we firmly believe that ALL faculty who educate residents must be good role models in this regard. All core faculty should be involved in scholarly activity, both publishing and evaluating medical literature while disseminating that knowledge to residents. While quality improvement projects are important, they do not and cannot replace the ability to critically appraise the medical literature.
- **Academic Time for Core Faculty.** The practice of emergency medicine is unique from other specialties. Episodic care provided 24 hours a day, seven days a week, 365 days a year, leads to severe levels of physician burnout at a rate that

is 65 percent higher than in all other specialties (Shanafelt, T et al. *"Burnout and Satisfaction with Work Life Balance Among US Physicians Relative to the General Population."* Arch Intern Med. 2012;172(18):1377-1385). Added to the additional pressures of educating new physicians in life saving (and potentially life threatening) procedures, academic physicians are particularly susceptible to feelings of burnout. Core protected time allows physicians to teach in the department, the lecture hall, and the simulation room while maintaining an appropriate work–life balance.

- **Resident Wellness.** There is some evidence that a positive community affects resident wellness (Jennings, M.L. et al. *"Resident Wellness Matters: Optimizing Resident Education and Wellness Through the Learning Environment."* Acad Med 90(9):1246-1250, Sep 2015). Faculty with undue work burdens tend to exacerbate a culture of burnout and may be incapable of intervening in a resident wellness crisis.

While we certainly appreciate the difficulties of providing guidance to more than 140 specialty and subspecialty programs, the AACEM feels that it is extremely important for emergency medicine to maintain the highest educational standards. The patients that our future physicians will treat, demand life and death decision-making in a condensed time frame. Good decision-making starts in residency. We are responsible for providing our students with the skills that will enable them to be lifetime learners, but in order to do so, we must maintain the health of our faculty. Our primary focus will be the interpretation of the new CPR guidelines by the Residency Review Committee for Emergency Medicine; however, we encourage members of the ACGME to communicate with the committee to help determine what is necessary for the successful transfer of knowledge in our specialty.

Sincerely,



Andrew Nugent, MD, FACEP  
President, Association of Academic Chairs of Emergency Medicine

Cc:

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