

## Final Objectives 2023-24

### Academic Affairs Committee

Chair: Rahul Bhatt, MD, FACEP

Board Liaison: Heidi C. Knowles, MD, FACEP

Staff Liaison: Jonathan Fisher, MD, MPH, FACEP

1. Solicit nominations and recommend recipients for the:
  - a. National Faculty and Junior Faculty Teaching Awards (nominations are approved by the Board)
  - b. Excellence in Bedside Teaching Award (nominations are approved by the Board)
  - c. National Outstanding Medical Student Award (joint award with EMRA – nominations approved by the EMRA Board and ACEP president on behalf of the Board)
  - d. Local Medical Student Awards (one award per medical school – recipients approved by the Academic Affairs Committee)
2. Review and recommend journal articles, texts, practice guidelines, and important advances relating to ABEM's Lifelong Learning Self-Assessment (LLSA) and emergency medicine practice.
3. Create a database of emergency medicine residency programs, and associated ownership structures to include staffing groups, presence of PA/NP post-graduate training programs and policies regarding prioritization of critical care for emergency medicine residents.
4. Develop a Policy Resource and Education Paper (PREP) to accompany the Implicit Bias Awareness and Training policy statement as directed in Amended Resolution 14(19) Implicit Bias Awareness and Training and an accompanying Policy Resource and Education Paper (PREP)
5. Examine the impact of racial and ethnic disparities on faculty development. Obtain input from the Diversity, Equity, & Committee and the Research Committee. (Academic Affairs is the lead committee.)
6. Provide input and feedback into ACGME Requirements.
7. Complete development of recommendations for future endeavors, such as virtual learning opportunities, pathways for emergency medicine residents and fellows, virtual reality, etc., that may better protect or optimize the educational process against the effects of future public health emergencies. Collaborate with EMRA and CORD.
8. Complete development of best practices for residency EMS curriculum. Obtain input from the EMS Committee. (Academic Affairs is the lead committee.)
9. Develop a strategy and resources to promote interest in emergency medicine research among students, residents, and faculty with the goal of increasing research training, emergency medicine research fellows, and physician-scientists. Collaborate with SAEM's Research Committee and ACEP's Research Committee. (Academic Affairs is the lead committee.)
10. Review the following policy per the Policy Sunset Review Process:
  - Emergency Medicine Training, Competency, and Professional Practice Principles
  - Resident Training for Practice in Non-Urban - Underserved Areas

*Determine by December 15 if the policy should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*
11. Create strategies and tools to promote medical student interest in pursuing a career in emergency medicine.
12. Develop and implement strategies to address Amended Resolution 62(21) Support of Telehealth Education in Emergency Medicine Residency.
13. Engage with the Accreditation Council for Graduate Medical Education, the Council of Residency Directors in Emergency Medicine, the Society of Emergency Medicine Physician Assistants, the American Academy of Emergency Nurse Practitioners, and the American Association of Physician Leaders, and other interested parties

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to develop a standardized curriculum for teaching physicians to function as team leaders in support of physician-led teams, as directed in Amended Resolution 63(21) Physician-Led Team Leader Training. Advocate to the American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine that specific competencies in team leadership be incorporated in the next revision of The Model of the Practice of Clinical Emergency Medicine.

14. Identify challenges and develop resources for mid-career faculty, with an emphasis on women and/or URiM physicians. Find opportunities to highlight diversity within academic medicine.
15. Review best practices in academic departments that result in equitable pay.
16. Work with AAEP, ABEM, ACGME, CPE, ACEP's Public Health Committee, and other stakeholders to develop and implement a plan to create the subspecialty pathway in emergency psychiatry. (Academic Affairs is the lead committee.)
17. Develop strategies to address Amended Resolution 43(22) Endorsing ED Resident Competency in Buprenorphine Initiation in collaboration with EMRA:
  - RESOLVED, That ACEP support the integration of buprenorphine training and harm reduction skills into the core curriculum for residents graduating from Accreditation Council for Graduate Medical Education accredited emergency medicine programs; and be it further
  - RESOLVED, That ACEP coordinate with other organizations in emergency medicine (Council of Residency Directors in Emergency Medicine, Society for Academic Emergency Medicine, and the American Board of Emergency Medicine) to further endorse integration of buprenorphine training and harm reduction skills into curriculum or simulation sessions during residency and should focus on identification of patients with opioid use disorder and initiation of buprenorphine treatment as well as sharing harm reduction information and resources.
18. Develop strategies to address Amended Resolution 50(22) Supporting Emergency Physicians to Work in Rural Settings:
  - RESOLVED, That ACEP support and encourage emergency medicine trained and board certified emergency physicians to work in rural EDs; and be it further
  - RESOLVED, That ACEP help establish, with the Council of Residency Directors in Emergency Medicine, a standardized training program for emergency medicine residents with aspirations to work in rural settings; and be it further
  - RESOLVED, That ACEP support working with the Accreditation Council for Graduate Medical Education and Centers for Medicare and Medicaid Services to increase resident exposure and remove regulatory barriers to rural emergency medicine.
19. Develop a policy statement to address Resolution 21(23) Mitigation of Competition for Procedures Between Emergency Medicine Resident Physicians and Other Learners:
  - RESOLVED, That ACEP support emergency medicine resident physicians' right of first refusal over non-physicians, such as physician assistants and nurse practitioners, in performing ACGME-required procedures that are deemed medically necessary in emergency medicine.
20. Develop a policy statement to address Resolution 22(23) Supporting 3-Year and 4-Year Emergency Medicine Residency Program Accreditation
  - RESOLVED, That ACEP recognizes the value of choice in emergency medicine residency training formats and supports the continued accreditation of both three-year and four-year emergency medicine residency programs.
21. Work with relevant stakeholders to determine the best approaches for preparing emergency medicine residents in the management of early pregnancy loss as directed in Amended Resolution 45(23) Emergency Physicians' Role in the Medication and Procedural Management of Early Pregnancy Loss:
  - RESOLVED, That ACEP work with other relevant stakeholders to determine the best approaches for preparing emergency medicine trainees in the management of early pregnancy loss.