

Emergency Medicine

Training in the USA

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Need

- Patch work of care
 - Knowledge
 - Training
 - Experience

Need

- Needs of Patients
 - Unique body of knowledge
 - Training
 - Experience

Current

- Standardization
 - Trained in EM
 - Equivalent training

Current

- Certified by the American Board of Emergency Medicine (ABEM)
 - Written exam
 - Oral exam
 - Continuing certification

Structure of Training

- | | |
|----------------------|-----|
| ● Total Number | 127 |
| ● Three year | 95 |
| ● four year programs | |
| – 2-4 | 16 |
| – 1-4 | 16 |

ABEM Exam

- Fellowships
 - Toxicology
 - Sports medicine
 - Pediatric EM
 - Undersea and Hyperbaric

No Exam

- Fellowships
 - Research
 - Administrative
 - Education

Training Certification

- Accreditation Council for Graduate Medical Education (ACGME)
 - General Essentials
 - Residency Review Committee

Training Certification

- Residency Review Committee
 - Special Requirements
 - Determines concepts of training
 - Evaluates program, personnel, institution

ABEM

- Administers board exam and certification
 - Competency to practice

Implications

- Practice
 - Hospital credentials
 - Academic credentials
- Financial
 - Reimbursement
- Recertification

Road to Current Status

- Political
 - American College of Emergency Physicians (ACEP)
- Training
 - Liaison Residency Endorsement Committee (LREC)
- Certification
 - ABEM

15 Years of Negotiation

- American Medical Association (AMA)
- American Board of Medical Specialties (ABMS)
 - ABEM
- ACGME
 - RRC

Conjoint Board

- Co-sponsors
- Shared responsibilities
- Shared powers

Conjoint Board

- Family Practice
- Internal Medicine
- Obstetrics and Gynecology
- Otolaryngology
- Pediatrics
- Psychiatry and Neurology
- Surgery

Other Representatives

- AMA
- ACEP
- UA/EMS

Challenges to Existence

- Recognition of unique body of
 - Information
 - Skills
 - Experience

Financial Challenges

- Definition of emergency
- Financial
 - Right to practice
 - Reimbursement
- Control of care

Training Challenges

- Equal status (Mutual needs)
 - Supervision
 - Autonomy
 - Access to patients

Future

Continuing Negotiations

- Recognition of specialty
- Political issues
- Financial
- Training

Keys to Success Conquer from Within

- Negotiation

- Inclusion
- Persistence
- Demonstration
 - Unique body of information
 - Training
 - Research