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AAEM RESIDENT & STUDENT ASSOCIATION

August 6, 2010

Accreditation Council for Graduate Medical Education
515 North State Street
Suite 2000
Chicago, IL 60654

Dear Members of the ACGME Task Force on Quality Care and Professionalism,

The AAEM Resident and Student Association have reviewed and discussed ACGME's proposed changes and are submitting the position statement below for your consideration:

It is the stated position of the American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA) that the proposed duty hour changes by the ACGME are reasonable in their motive, but may suggest too much change at one time. We join ACGME in supporting all efforts to promote resident wellness, patient safety, and quality work hours for educational and clinical value. However, we express significant concern over any limitation in duty hours that may specifically prompt the extension of residency training. We therefore endorse the proposal with reservations.

We hesitate to support duty hour changes that would eliminate the early exposure to continuity of care. Under the proposed changes the maximum allowable duty period of a PGY-1 resident would be 16 hours. We feel that even at the PGY-1 level the educational opportunity of experiencing continuous, overnight in-house call is beneficial and valuable to the development of a physician. We hesitate to endorse this restriction of PGY-1 work hours and would prefer to see PGY-1 residents protected through mechanisms that instead safeguard duty-free time.

We do strongly support the protection of duty free time, such as the ACGME proposal to limit overnight call to Q3, without averaging, and the protection of 1 day off in 7. In order to protect intern overnight call, we suggest including interns in this off-day schedule. Additionally a maximum number of months on call allowable in an academic year could be another protection, and the various specialty RRC boards could set this number individually. Off service rotators in a specialty would be expected to abide by the rules of that specialty.

We would like to see 24-hour call remain an option for all interns and residents, and would prefer to see duty hour changes focus more on the post-call hours.

As a specialty, Emergency Medicine has already set a maximum duration of duty to 12 hours in the emergency department across all years. We do support our shift schedule for our environment and have developed a strong respect for the value of sign-out to maintain patient safety within this design.

As such, the proposed ACGME duty hour changes do not directly affect Emergency Department training, but they do affect the makeup of our off service training during residency. Currently, we feel that the educational objectives of these off service rotations, primarily in ICU environments, are benefited by the current system of overnight call. We gain valuable experience on our off service rotations. We would not support shortening hours to any extent at which lost experience may mandate extending an off-service rotation or overall residency time.

In summary, we stand behind ACGME's continued support of resident wellness, and of quality hours over quantity alone. Our primary hesitation comes in supporting the significant decreased call schedule: if it were to prompt the extension of residency training, we believe the changes would be detrimental in the long run. We would prefer a compromise to the duty hour proposal that focuses less on shortening call and more on protecting duty free time. We believe that sign outs should remain a critical part of the medical work day, regardless of duty hour length.

Please let me know if you have any questions.

Sincerely,

Ryan Shanahan, MD
AAEM/RSA President