



Council of  
Emergency Medicine  
Residency Directors

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**NEWSLETTER**

**Summer 2009**

## President's Message

### Are You Involved?



*Michael Beeson, MD  
President*

I joined CORD in 1994. I was amazed at the spirit of helping each other out that existed. Every residency had similar requirements and problems, but every residency seemed to have different methods of fulfilling requirements and solving their problems. An example of this is that each residency had to track high risk procedures, including resuscitations. It was amazing how many different ways individual residencies were using to do this. Many residencies were using home grown databases or spreadsheets - so much duplication of effort! Yet, if you asked any residency director for help with a particular problem or question, answers and resources were freely given. One residency director sent me his own residency's rotating conference lecture list! This shortened my time considerably when I went about developing my own residency's lecture topic list.

Over the years CORD has fostered a culture of resource sharing. A good thing too. We have seen requirements and more requirements foisted upon residencies. Requirements such as tracking duty hours, procedural tracking, procedural competencies, chief complaint competencies, the transition to core competency training and assessment, and now outcome measurements. I personally think that many of the requirements are iterative changes that help to ensure a quality product graduating from each residency. However, it is difficult for me to believe that a half-time position for the Program Director is enough to manage all of a residency's requirements. It is a struggle, even if there is good residency support staff such as residency secretary, coordinator, associate and assistant program directors, to manage these requirements, maintain a strong mentoring relationship with the residents, as well as maintain one's own scholarly activity and interests. I do not anticipate that in general residency directors will be given more protected time to manage these requirements. How then?

The answer to this is a strong organization that supports the activities and requirements of residencies. CORD does this. The strength of CORD, in my view, is the sharing of resources among all programs. One of the best examples is the Oral Case series that have been developed. There are 68 different cases that include patient history and physical examination, lab results and stimuli, as well as scoring sheets. If your program is not using them, you need to answer why not!

These different resources are available through the SharePoint site, the online testing, as well as at each CORD meeting. The maintenance and development of new resources occurs through the various committees and task forces of CORD. Join one or more of these! Your own residency may benefit from what you take back to it, and if you have created new and innovative approaches to the requirements we all face - all of us benefit! Please go through the various files of SharePoint and look at the resources that exist. Please consider uploading your own files and innovative programs to SharePoint. In this issue is a listing of the committees and task forces of CORD. Please contact Barb Mulder, our Executive Director ([barb@cordem.org](mailto:barb@cordem.org)) to join one or more. When you become involved, we all benefit!



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**2010 CORD Academic Assembly**  
**March 3—6, 2010**  
**Caribe Royale Hotel**  
**Orlando, FL**

## 2009 CORD/SAEM CPC Semi-final Competition

Douglas McGee, DO

Albert Einstein Healthcare Network

The 2009 National Emergency Medicine CPC Semi-final Competition was held this year at the SAEM Annual Meeting in New Orleans, LA. Ninety-six EM residency programs submitted cases for consideration in the Preliminary Competition. Cases in the Preliminary Competition were judged on quality of the case, applicability to Emergency Medicine, and solvability. Twenty-five judges scored each case seven times and selected seventy-two of the best cases for presentation in the Semi-Final Competition.

Seventy-two residents presented their institution's case to a faculty member from another residency to solve. Residents were judged on their presentation skills, the quality of their case and the completeness of their discussion. Faculty members were judged on their diagnostic reasoning, differential diagnosis, the quality of their discussion and the presentation skills. While an accurate final diagnosis yielded additional points, a correct diagnosis wasn't required to win.

Again this year, incredible cases were presented, and even more amazing discussants solved cases that seemed impossible to solve. The CPC highlights one of the best attributes of a skilled Emergency Physician: generation of a complete differential diagnosis and the logical distillation of the case elements to a final diagnosis. Congratulations to all of the 2009 Semi-final winners who will compete in the Final Competition which will be held in Boston at the ACEP Annual Scientific Assembly.



Best Discussant: Brian Lin, MD, Stanford/Kaiser; Best Presenter: Catherine Tubridy, MD, SUNY Downstate/Kings County EM/IM



Best Presenter: Elizabeth Balazich, MD, Temple University; Best Discussant: Erin Lareau, MD, Northwestern University



Best Discussant: Preeti Jois, MD, University of Florida—Gainesville; Best Presenter: Anita Bangale, MD, George Washington University



Best Discussant: J.D. McCourt, MD, University of Nevada; Best Presenter: David Rankey, MD, University of Nevada



Best Discussant: Ayim Darkeh, MD, SUNY Downstate/Kings County Hospital; Best Presenter: Matt Schreiber, MD, Baystate University



Best Presenter: Brian Baker, MD, NYU/Bellevue; Best Discussant: Christopher Stromski, MD, St. Luke's Hospital

## 2009 CORD Award Winners



2009 Resident Academic Achievement Award  
Presented to  
Lanny F. Littlejohn, MD  
Naval Medical Center  
Portsmouth



2009 Faculty Teaching Award  
Presented to  
Michael B. Stone, MD, RDMS  
SUNY Downstate/Kings County



2009 Impact Award  
Presented to  
Sarah S. Stahmer, MD  
Duke University

## 2009 Longevity Awards



5 Years of Service



10 Years of Service



15 Years of Service



20 Years of Service

### 2009-2010 CORD Board of Directors

Michael S. Beeson	President	May 2011
Philip H. Shayne	President-Elect	May 2011
Mary Jo Wagner	Past President	May 2009
Steven H. Bowman	Secretary/Treasurer	May 2011
Douglas M. Char	Member-at-Large	May 2010
Eric D. Katz	Member-at-Large	May 2010
Joseph LaMantia	Member-at-Large	May 2010
Douglas L. McGee	Member-at-Large	May 2010

### CORD Membership as of 6-22-2009

Active Programs: 148

Associate Programs: 42

Alumni: 2

Additional Representatives: 132

## Academic Announcements

- Dr. Patricia Phan is the new Program Director for Emergency Medicine at The Brooklyn Hospital Center. Dr. Phan has been the assistant PD for over 6 years and has been a stalwart in the program's development
- Benson Yeh has accepted the role of the Chief Academic Officer/Designated Institutional Officer at The Brooklyn Hospital Center. He will remain as a core faculty member in Emergency Medicine at TBHC.
- Gene Hern, MD is the new EM Program Director for the Alameda County Medical Center/Highland General Hospital. His energy and creativity have been a terrific addition to the residency leadership. He has brought new ideas, talent and enthusiasm to the educational process while still managing to maintain the special personality and feel of our program
- Eric Snoey, MD, has been named Vice Chair and will be assuming responsibility for Faculty Development and Simulation Medicine.
- Mary Jo Wagner has been officially promoted to Professor, Program in Emergency Medicine at Michigan State University College of Human Medicine.
- Marcus L. Martin, MD (founding Chair of Emergency Medicine) has been appointed interim Vice President and Chief Officer for Diversity and Equity at the University of Virginia effective July 1 2009. The Office for Diversity assists and monitors University units in their efforts related to inclusion, recruitment and retention of faculty, staff and students from historically underrepresented groups and to ensure supportive environments for work and life. Over the past three years, Dr. Martin has served in the positions of assistant dean, assistant vice president and associate vice president. He is also the co- PI on a Department of Defense grant to develop a prostate exam simulator to teach medical students clinical detection skills and a \$5 million National Science Foundation grant designed to increase the number of minorities entering science, technology, engineering, and mathematics careers.
- Matthew Griffin, MD has accepted a position at Sinai-Grace Hospital as Vice President of Medical Affairs. Dr. Melissa Barton, a long –time Associate PD has assumed the program Directorship as of July 1<sup>st</sup>, 2009.

### EMRA Update

Emily Merchant, MD

EMRA Academic Affairs Representative

Greetings from EMRA! I would love to update all of you on what EMRA has been up to the last several months.

First of all, CORD's academic assembly had a great resident turnout this year! EMRA awarded three scholarships for this conference for residents interested in academic medicine. They were appreciative and felt it was a very beneficial learning experience for them!

This past April, the L&A conference had an impressive resident attendance as well. The EMRA programming offered residents a very unique learning opportunity. EMRA has also recently published an Advocacy Handbook. It was sent out to the residency directors in hopes that it can assist in teaching residents about this less commonly covered topic.

To continue updating you about recent conferences, EMRA hosted our annual jeopardy contest at SAEM's annual assembly. UAB ended up beating out the other five teams for the win! It was a fun and exciting competition. If you missed it, please check it out next year! Our spring award recipients were recognized in New Orleans as well, and in addition, three travel scholarships to the conference were given.

Our publication, EM Resident, continues to be a success. We are currently running a photo contest, and the winners' submissions will be published in the October/November issue. We have also been conducting a needs assessment survey. We have had a great number of responses, and are hoping that this will truly benefit our members.

EMRA will be hosting our first ever independent medical student forum on August 8, 2009 in Baltimore. It is called the Mid-Atlantic Emergency Medicine Student Symposium, and is free for all medical students!

We will be holding elections in October for five new board of director positions. The elections will take place at our EMRA meeting at ACEP's Scientific Assembly in Boston. If you have residents who you think would be interested, please encourage them to find out more information and run for a position! Information about the board of director positions can be found on our website at: [www.emra.org](http://www.emra.org) under the "About EMRA" section.

Our bookstore sale is currently underway. If your residents are in need of textbooks and review books, the sale is offering great discounts which can be found on our website! Thanks for your time!

## **ORR REPORT**

Ted R. Clark, MD, MPP

Indiana University Emergency Medicine

I was honored to represent Emergency Medicine residents and the Council of Emergency Medicine Residency Directors at the AAMC Organization of Resident Representatives Professional Development Conference in Charleston, SC on March 7-9, 2009. The conference was held in conjunction with the AAMC Council of Academic Societies meeting. The conference brought together representatives of all major specialties to have an open conversation about some of the most important topics in academic medicine.

The topics covered included physician shortages and workforce issues, healthcare payment reform, industry support in medical education and conflict of interest, the NRMP scramble, and resident duty hours. The overall tone of the meeting was upbeat and optimistic, due, in large part, to the recent restructuring of the leadership of the AAMC and the expressed desire for healthcare reform by the Obama Administration.

A few key updates from the AAMC:

- The issue of resident duty hours has again been thrust to the forefront in the wake of the December 2008 IOM report calling for even more reduction in resident duty hours to mitigate fatigue and promote safety. The discussion among specialties was intriguing from the perspective of an EM resident. Many of the proposed solutions centered on creating a system of “shift-work” for the inpatient services. However, what works for the ED may not be right for inpatient services due to issues with continuity of care and faculty coverage. To see the IOM policy brief (free) go to <http://www.iom.edu>.
- The AAMC recently released a Policy Brief in December 2008 outlining its stance on key areas of health policy. The 49-page document includes a cover letter to President Obama and provides an excellent introduction, problem definition, and proposed solutions for policy topics in medical education, medical research, and health system finance. The brief is available at <http://www.aamc.org/advocacy/obamatransition.pdf>.
- The AAMC is continuing to push for the adoption of guidelines for industry funding of medical education. The original report of the AAMC task force was released June 2008; the AAMC is pushing for adoption of the guidelines by all member institutions by July 2009. The report is available at <http://www.aamc.org>.
- The AAMC and NRMP assembled a Scramble Work Group to identify and address problems with the current method of placing unmatched applicants in the national match. The proposed solution will create a “managed” scramble that will alleviate much of the stress and chaos associated with the scramble and ultimately result in better pairings between the unmatched and the unfilled. See the proposed solution at <http://www.nrmp.org/scramblechanges.pdf>.
- MedEdPORTAL is a free online resource that serves as a repository for peer-reviewed educational materials. The site is open for submissions and already has over 2,000 tutorials, virtual patients, cases, lab manuals, assessment instruments, and faculty development tools. The site is currently transitioning to full web hosting with free on-demand download of most materials. Check it out at <http://www.aamc.org/mededportal>.

It has been an honor to serve as the EM representative to the AAMC-ORR for the past two years. I look forward to continuing to work with the AAMC as I transition into my career in academic emergency medicine. Please email any comments or questions to [clark33@iupui.edu](mailto:clark33@iupui.edu).

## Report from the AAMC CAS Meeting, Spring 2009

Hal Thomas, MD

Oregon Health & Science University

While many of you were at the Academic Assembly in Las Vegas I was once again privileged to represent CORD at the AAMC's Council of Academic Societies meeting in Charleston, SC. The theme of this year's meeting was "Assessing the Forces of Change: Finding Allies in Turbulent Times." It was actually gratifying to realize that the uncertainty and relative chaos we feel in emergency medicine carries throughout the entire house of academic medicine.



Emergency Medicine was once again well represented with the Society of Academic Emergency Medicine, the Association of Academic Chairs of Emergency Medicine, CORD and two emergency medicine residents at the Organization of Resident Representatives meeting held simultaneously. However, the most important news is that John Prescott, MD has assumed the role of chief academic officer of the AAMC. John is an emergency physician from West Virginia where he was the chair of Emergency Medicine for many years and most recently the dean. As chief academic officer he has overall responsibility for all of the AAMC's educational programs. He is well aware of the unique concerns of academic emergency medicine.

The presentation of most interest to CORD was the executive summary of the Institute of Medicine's report on Resident Duty Hours. Jordan Cohen, MD, former president of the AAMC, who was a member of the IOM committee, presented the report, which as you can imagine was very controversial. I was able to speak against the proposed limitation of night shifts to no more than four consecutive shifts. CORD will be joining other emergency medicine organizations to prepare a formal response for the ACGME.

Another presentation of interest was student debt and specialty choice. Almost 20% of this year's graduates will have debts of over \$200,000. This does not however seem to influence specialty choice, nor does expectations of future salary. There is a higher interest than ever among this year's graduating class in working in underserved areas.

A lively presentation on health care reform concluded that it is clearly impossible to keep going as we are, with health care currently representing 16% of our gross domestic product. There is however no realistic fix in sight. A bipartisan commitment with buy in from all interested parties will be very difficult to achieve. Overall physician salaries will most likely be decreasing, the surgical specialties most of all. Meanwhile we can all simply go to the local emergency department.

There was much discussion about the new legislative and regulatory environment. Unfortunately, little is really known as of yet. The AAMC seems to be succeeding with its efforts to increase both medical schools and class sizes. Funding for graduate medical education is however unknown, with both increases and decreases being seriously considered, depending on who you talk to. The Obama administration does seem committed to increased use of the electronic medical record and supporting comparative effectiveness research.

**Sheldon Jacobson: September 3, 1938 - June 30, 2009**



It is with great sadness that I report the death of Sheldon Jacobson, Professor and Chair of Emergency Medicine, Mount Sinai School of Medicine, from complications of cancer. This is a tremendous loss for all of us and he will be profoundly missed. Dr. Jacobson was so many things to so many people; an educator, a mentor, an advisor, and a role model. He was a master clinician who formed the careers of countless emergency physicians. He will be remembered for his warmth, his kindness, his compassion, and his honesty. Dr. Jacobson came to Mount Sinai in 1994 to establish the Institution's first academic department of emergency medicine. He had a vision which drove the creation of a highly regarded emergency medicine training program. In 1994 Mount Sinai School of Medicine had no formal curriculum in emergency medicine; Mount Sinai Medical Center had no emergency medicine residency training program; there was no emergency medicine research agenda, and only one emergency medicine residency trained faculty. Dr. Jacobson leaves a department that has 32 emergency medicine trained faculty, 16 of whom are fellowship trained; a department that is ranked number 10 in the country by the NIH in emergency medicine funding; a department with 60 residents, 6 fellows, a first year medical student course, and a fourth year clerkship. A department with 6 affiliated emergency departments that include over 100 emergency physicians treating over 500,000 patients a year. Dr. Jacobson had a vision that he brought to a reality . . . a wonderful, legacy that will benefit many generations to come.

Originally trained in Internal Medicine and Gastroenterology, Dr. Jacobson holds an important place in the history of Emergency Medicine. In 1974 he created the Institute of Emergency Medicine at the Albert Einstein College of Medicine and established the first paramedic training program in New York City. In 1975, he became one of the founding forces in the Jacobi Emergency Medicine Residency. In 1976 he became the founding director of the New York City EMS advisory board. In 1979 he became the Director of the Emergency Department at the University of Pennsylvania Hospital. In 1982 he became one of the early diplomats of the newly established American Board of Emergency Medicine. In 1983 Dr Jacobson was one of the founders of the Philadelphia Emergency Physicians Society. In 1986 he became one of the first emergency physicians to join the National Board of Medical Examiners where he continued to provide service throughout his career. Since 1978, Dr. Jacobson edited a regular section of the journal Emergency Medicine on "Errors in Emergency Practice", in addition to participating on numerous National committees and editorial boards.

For 35 years, Dr. Jacobson gave all of his heart and all of his soul to the advancement of emergency medicine. His commitment to quality patient care and to education created a standard in excellence. His last National presentation in December 2008 was titled "Lighting candles in a time of darkness": the presentation explored the challenges facing American healthcare and the vital role played by emergency medicine in meeting the challenges posed by hospital overcrowding and caring for the uninsured. It was a presentation filled with the wisdom of experience and with the characteristic optimism Dr. Jacobson always had in finding innovative solutions to difficult problems. Throughout his career, Dr. Jacobson lit many candles . . . now we will light one for him - we have lost a friend and a colleague whose absence will leave an irreplaceable gap . . . but he will always live in our hearts.

A Sheldon Jacobson, MD memorial fund has been set up which will be used to establish "The Sheldon Jacobson Emergency Medicine Education Resource Center" which will be dedicated to resident and medical student education and simulation training.

Donations can be sent to:

The Mount Sinai Hospital  
Sheldon Jacobson, MD Fund  
Department of Development Box 1049  
1 Gustave L. Levy Place  
New York, N.Y. 10029

**The 2009 NRMP Match in Emergency Medicine**  
**Louis Binder, MD, Scranton, Pennsylvania**  
**Professor of Medicine (Emergency Medicine), The Commonwealth Medical College**

The results of the 2009 NRMP Match became final on March 19, 2009. Emergency Medicine residency programs offered a total of 1515 entry level positions (6% of total positions in all specialties). The following numbers (taken from the 2009 NRMP Data Book) include information from all programs that entered the 2009 Match:

	<b>2007</b>	<b>2008</b>	<b>2009</b>
Total # of NRMP positions	24,685	25,066	25,185
Overall % of positions unfilled	6.2%	5.6%	4.6%
Number of EM programs listed	138	141	147
	(127 PG1, 9 PG2)	(133 PG1, 8 PG2)	(141 PG1, 6 PG2)
Total PG1/PG2 entry positions	1385	1475	1515
	(1288 PG1, 97 PG2)	(1399 PG1, 76 PG2)	(1472 PG1, 43 PG2)
EM positions/total NRMP positions	5.6%	6.0%	6.0%
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# EM programs with PG1 vacancies	2/127 (1.6%)	11/133 (7.5%)	5/141 (3.6%)
# unmatched EM PG1 positions	6/1288 (0.5%)	29/1399 (2.1%)	13/1472 (1%)
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# EM programs with PG2 vacancies	1/9 (11%)	1/8 (12%)	0/6 (0%)
# unmatched EM PG2 positions	1/97 (1%)	1/76 (1%)	0/43 (0%)
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Total # EM programs with vacancies	3/136 (2.2%)	12/141 (9%)	5/147 (3%)
Total # unmatched EM positions	7/1385 (0.5%)	30/1475 (2%)	13/1515 (1%)

**Applicant Pool Data**

**Applicants who ranked only EM programs:**

	<b>2007</b>	<b>2008</b>	<b>2009</b>
US graduates	1105	1125	1167
<u>Independent applicants</u>	<u>385</u>	<u>317</u>	<u>457</u>
Total applicants	1489	1442	1624

**Applicants who ranked at least one EM program:**

US graduates	1140	1239	1324
<u>Independent applicants</u>	<u>584</u>	<u>606</u>	<u>684</u>
Total applicants	1724	1845	2008
US seniors applying only to EM Programs who went unmatched	78/1105 (7.1%)	36/1071 (3.4%)	64/1167 (5.9%)
Independent applicants applying only to EM programs who went unmatched	150/384 (39%)	117/371 (32%)	181/457 (40%)
Percent of matched US seniors who matched in EM residencies	1027/16,262 (6.3%)	1128/16,412 (7%)	1171/16,611 (7%)

### Breakdown of filled EM positions by type of applicant:

	2007	2008	2009
<u>PG1 EM positions</u>	<u>1288</u>	<u>1399</u>	<u>1472</u>
Filled by US graduates	1027 (80%)	1083 (77%)	1146 (98%)
Filled by independent applicants	255 (19.5%)	287 (21%)	313 (21%)
Total filled	1282 (99.5%)	1370 (98%)	1459 (99%)
<u>PG2 EM positions</u>	<u>97</u>	<u>76</u>	<u>43</u>
Filled by US graduates	77 (79%)	45 (59%)	25 (58%)
Filled by independent applicants	19 (20%)	30 (39%)	18 (42%)
Total filled	96 (99%)	75 (99%)	43 (100%)
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Total EM positions	<u>1385</u>	<u>1475</u>	<u>1515</u>
Filled by US graduates	1104 (79%)	1128 (76%)	1171 (77%)
Filled by independent applicants	274 (20%)	317 (21%)	331 (22%)
Total filled	1378 (99%)	1445 (98%)	1502 (99%)

*\*\* For PG1 filled entry positions (1472), 1146 (78%) were filled by US seniors, 57 were filled by US physicians, 163 by osteopathic physicians, 70 by US international medical graduates, 20 by international medical graduates, 1 by Canadian physicians, and 2 by Fifth Pathway graduates.*

From these data, several conclusions can be drawn:

1. Emergency Medicine experienced a historically modest increase of 40 entry level positions in the 2009 Match over 2008 Match numbers (a 3% increase, compared with 9% last year), occurring from quota increases occurring in EM 1-3 programs, and from six new program in the EM match. Emergency Medicine continues to comprise 6 percent of the total NRMP positions and 7% of matched US seniors.
2. Using the higher demand figures (applicants ranking at least 1 EM program), the overall demand for EM entry level positions increased 7% among U.S. Seniors applying to EM programs, and demand from other categories of applicants increased significantly (78 applicants, or 15%). The excess applicant demand over and above the size of the training base is 109 to 493 applicants (7% to 33% surplus), depending on how the parameters of the applicant pool are determined.
3. The proportions of EM positions filled by US seniors versus Independent Applicants (US graduates, Osteopaths, and International Medical Graduates) remained similar in 2009 compared with 2008 and 2007. In 2009, 77% of EM entry positions were filled with US graduates, which is a comparable percentage with recent years.
4. A small increase of 40 in the supply of EM entry level positions in 2008, coupled with a very large increase in demand among U.S. Seniors and a steady demand from other categories of applicants, resulted in an increase in the fill rate for EM programs in 2009 (99%) versus 2008 (98%). The cumulative effect of these three trends was also manifested by a decreased number of unfilled EM positions in the Match (13 in 2009, versus 30 in 2008). By historical trends and supply/demand considerations, 2009 was a "seller's year" - a small increase in the supply of EM positions, paired with a large increase in the applicant pool, led to a higher fill rate for EM programs and a higher unmatched rate for applicants.
5. The unmatched rate of 7% for US seniors, and 40% for Independent Applicants going into EM, continue to support the notion that most US seniors and Independent Applicants who apply will match into an EM residency.

## **ACGME Duty Hours Congress Report**

Mary Jo Wagner, MD

Synergy Medical Education Alliance

ACGME Duty Hours Congress was held on June 11-12, 2009 in Chicago with the goal of hearing from a broad spectrum of professional organizations and residency training groups on the current impact of the 2003 ACGME duty hours' regulations and the possible impact of the IOM recommendations. Stephen Wolf & I attended this meeting to present the Emergency Medicine testimony based on the consensus groups' paper that was submitted in early May 2009.

To set the scene, picture an opulent ballroom in a fashionable hotel in downtown Chicago, with the taskforce members sitting on a podium high above those providing testimony in a setting inadvertently designed to be both impressive and intimidating. Over two days, seven groups of several speakers each were asked to provide testimony to the taskforce with each member of the group presenting in 12 minutes increments. Emergency Medicine was in the group with the hospital-based specialties of anesthesia, radiology and pathology that were then questioned together after our testimony. Our EM consensus group represented the largest number of specialty organizations that collaborated to give a response. We have placed the slide show with our testimony notes on SharePoint for your perusal if interested.

There were several common themes among almost all the groups that gave testimony. First was the need for flexibility or an understanding that the same rules might be applied differently depending upon the practice of a certain specialty and based on the year in training. For the latter, there was a discussion that the interns perhaps needed more 'protection' from working too much, but the senior residents, particularly mentioned were the Chiefs in the surgical specialties, might need to have some more latitude about staying to care for patients during times that would not fit in normal duty hours. The pathology group suggested that there be a continuum of more duty hours with heavy supervision in the early years and less supervision with less duty hours as the resident progresses in a complex scheme that they demonstrated.

Another common theme was that the IOM regulations were trying to change duty hours to prevent fatigue in residents presumably to prevent harm to patients, but this presumption has not been proven. It was discussed that with this change in duty hours, the IOM was trading off the patient safety of the future, where graduated residents with less experience and thus less competence may be practicing. This group may perform with a different standard for professionalism involving the learned behavior of abandoning patients when the clock hits a certain time.

The need for safe and effective patient handovers was emphasized by almost every organization as well. This clearly important topic will likely be an area of emphasis on the next common requirements from the ACGME based upon the strength of conviction of its importance by all the speakers. Several speakers spoke after our testimony to encourage EM to do research, publish and develop curriculum for teaching safe patient handovers as we have more experience with this than other specialties.

Interestingly, all specialties thought that the current duty hour restrictions were stringent enough to protect the patients from harm. The only constituency that disagreed with this statement and recommended changing duty hours to those recommended by the IOM were most of the student and resident groups, who vehemently defended the reduced hours suggested by the IOM. A resident and a student group both thought the maximum of 16 hours of duty was appropriate – without the need for a nap as they suggest the resident goes home after this time.

Finally, many specialties felt as EM did that if the duty hours and patient contact opportunities were decreased to prevent resident fatigue, then the length of residency training should be expanded. This statement was quickly followed by others that indicated the clear understanding of the increased financial cost; a price most academic centers are not able to pay without outside monetary support.

The ACGME Duty Hours taskforce reported that they would continue to hear from special groups including sleep experts in the coming months and anticipate an initial report to be released next summer.

## CORD 2009-10 Committees and Task Forces

<b>Committee</b>	<b>Subcommittee</b>	<b>Board Liaison</b>	<b>2009-2010 Chair</b>
<i>Program Committee</i>	Academic Assembly:	Shayne	Felix Ankel
	Best Practices		Patrick Brunett
	Navigating		Marc Martel & Ed Callahan
	CDEM		Sorahb Khandelwal
	"Specialty" track		Doug Char & Sarah Stahmer
	MERC		Jeff Love
	New Program Directors		JJ Ufberg/Jennifer Oman/Mike Epter
	EMARC		Lori Barrett
	Other Program Meetings	Bowman	ArjunChanmugam/Joe Schmidt/Mike Epter
	<i>Bylaws</i>		Wagner/Katz
		McGee	Saadia Akhtar
<i>CPC</i>		Beeson	
<i>Curriculum</i>	Global EM curriculum		Mike Beeson
	Rotator curriculum		Chad Kessler
	ABEM Model Curriculum		Patrick Brunett
<i>Electronic educational resources</i>		Beeson	
	Sharepoint		Mike Beeson
	Q & A bank		Mike Beeson
	Simulation		Steve McLaughlin
	Electronic images		Joshua Broder
<i>Grants</i>		Bowman	Lisa Moreno-Walton
<i>Membership Task Force</i>		LaMantia	John Marshall
<i>Nominating</i>		Shayne	Felix Ankel
<i>PD Longevity</i>		Katz	
<i>Program Requirements &amp; PIF Review/Advisory Committee</i>		Shayne	Chris Doty
<i>Policy Review</i>		Katz/McGee	
<i>Remediation Task Force</i>		Wagner	Eric Katz
<i>Research on Resident Training</i>		Katz	Gloria Kuhn
	Efficacy of Training		Sal Viccario
	Research Curriculum & Dev.		Terry Kowalenko
<i>SLOR review</i>		LaMantia	Sam Keim
<i>Standardized Evaluation Method</i>		Char	Fiona Gallahue
	Procedure SDOT		



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## **CORD Staff:**

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