# Program Director's Monograph

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Welcome

Dear Emergency Medicine Program Directors:

As the Council of Emergency Medicine Residency Directors (CORD) President, I am pleased that the 1998 CORD-appointed Program Director’s Monograph Task Force has completed this monograph for your utilization. I invite you to utilize this monograph which contains a collection of common resource information that Program Directors new and old should find of value. A list of frequently called-upon organizations, and timely issues (cyclical events, such as Dean’s Letter dissemination, the Electronic Residency Application System (ERAS), the Match process, etc.) that Program Directors are faced with annually are listed in the monograph. The Monograph Task Force has done a fine job in putting together this first edition. Feedback from you for content to be included in subsequent editions would be appreciated. On behalf of the CORD Board, I thank the Task Force for the work and hope you find the monograph a useful resource.

Marcus Martin, MD
CORD President
1997 – 1999
Introduction

The position of Emergency Medicine Program Director is a unique one, with the considerable responsibility of maintaining a complex post-doctoral program. The Program Director will find himself or herself at different times in a variety of positions and degrees of advocacy for faculty, residents, the health care system, etc. However, any advocacy position must be tempered to reflect the best interests of the residency program. The Program Director always remains the primary and ultimate advocate for the residency itself.

This essential and fulfilling role can be difficult for many reasons. The average tenure in the position is only three to five years. With such turnover, it would seem logical that a reference guide for new Directors would be available, but until now this has not been the case. This monograph is intended to fill that void and smooth the transition for the new Program Director, while also providing an information resource for those established in the job.

There are many organizations dedicated to information dissemination and medical education assistance. The major organizations are listed, with emphasis on methods of communication and points of interest and utility to the Program Director. Although there are many sites of information, of particular note is the CORD listserv for communication among CORD members. The subscription process for the listserv is provided in the CORD section.
It will become clear that many of the Program Director’s responsibilities are cyclical, with each academic year requiring the same actions at the same time each year. A generic academic year calendar has been included that can be tailored to individual needs.

The members of the Monograph Task Force hope that this publication will be of assistance to both the new and established Program Director. Feedback on its utility, or recommendations for improvement of the second edition would be appreciated.
The Accreditation Council for Graduate Medical Education (ACGME) is jointly sponsored by the American Board of Medical Specialties (ABMS), American Hospital Association (AHA), American Medical Association (AMA), Council of Medical Specialty Societies, and the Association of American Medical Colleges (AAMC). In addition, the federal government names a representative to serve in a nonvoting capacity, and the ACGME chooses two public representatives. There is also a resident representative and the chair of the Residency Review Committee Council serves as a nonvoting member.

The mission of the ACGME is to improve the quality of health in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education and approves and continually assesses educational programs under its aegis. Under this aegis, review committees with delegated accreditation authority carry out the accreditation of Emergency Medicine (and other educational programs).

A Residency Review Committee (RRC) consists of representatives appointed by the American Medical Association, the appropriate specialty board (ABEM, in the case of Emergency Medicine), and in some cases a national specialty organization (ACEP in the case of Emergency Medicine).

GME programs are accredited when they are judged to be in compliance with the Essentials of Accredited Residencies in Graduate Medical Education. The Essentials consist of:

1. The Institutional Requirements: prepared by ACGME, approved by the sponsoring organizations, and that apply to all programs.
2. The Program Requirements: prepared by a review committee for its area of competence, approved by the ACGME.
Of particular interest to the Program Director:

1. Under “ACGME Information” is “Section I” in the table of contents. This is essential reading for the Program Director and includes a thorough review of the residency review process, the forms and duration of accreditation, the process for probation and withdrawal of accreditation, appeals process, and the role of the site visitor.

Following the above is a description of International Medical Graduate (IMG) testing requirements, the differing visa statuses, and an outline of the employment authorization from the U.S. Immigration and Naturalization Service. The last segment details the National Residency Matching Program (NRMP), its requirements, important dates, and special situations such as the Couples Match.

2. After “ACGME Information” [in the table of contents] is “Policies and Procedures.” Included are sections on Organization of Review Committees, Responsibilities of Review Committees, Accreditation of Graduate Medical Education Programs (another review of documents, site visit, and accreditation process), and financing of the accreditation process.

3. Under “Residency Review Committees” one will find the “Emergency Medicine” site. Opening this will bring up the “Residency Review Committee for Emergency Medicine Home Page.” To go directly to this site, the address is: www.acgme.org/rrc/em/em.html. The Table of Contents includes:

   a. **ACGME Staff**: includes the title, name, and contact information of RRC staff. The point of contact for Emergency Medicine Program Directors is:

      Larry D. Sulton, PhD*
      Executive Director, RRCs for:
      Emergency Medicine
      Neurological Surgery
      Preventive Medicine
      Psychiatry
      (312) 464-5404
      E-mail: lds@acgme.org

   *Dr. Sulton prefers to communicate via email
b. **Committee Members:** includes pictures and names of members, titles, and representative organizations.

c. **RRC Newsletter:** provides timely information concerning the Emergency Medicine RRC, its activities, and considerations. Includes information regarding electronic Program Information Forms (PIFs), Program Changes, and Program Requirements.

d. **RRC Meeting Data:** lists of common citations for noncompliance.

e. **Program Requirements:** includes special requirements for Emergency Medicine, Policies and Procedures for Subspecialties in Emergency Medicine, e.g. EM-Medical Toxicology, EM-Pediatric, and EM-Sports Medicine. The special requirements for Emergency Medicine are an important guideline for the Program Director undergoing an RRC Site Visit and should be reviewed in advance of preparation for such a visit.

f. **Download PIFs:** the Program Information Forms are the basis for information gathering and documentation in preparation for an RRC site visit. PIFs for Emergency Medicine, EM-Medical Toxicology, EM-Pediatric, and EM-Sports Medicine are available to download in either WordPerfect or Word for Windows formats.

4. “Site Visit Information” presents a detailed review of the site visit process.

5. “ACGME Meetings” provides the dates and locations of various ACGME-sponsored meetings. *A conference that should be considered “must-attend” for the new Program Director is “Mastering the Accreditation Process”.* Valuable information and insight regarding the accreditation process is followed by a half-day breakout session with the Executive Director of the Emergency Medicine RRC.

6. “RRC Meetings” provides dates of upcoming meetings.

7. Under “Faxback” there is the opportunity to obtain program or institutional requirements (not available at the time of this printing in October, 1999).

8. “ACGME Workshops” provides detailed information on the “Mastering the Accreditation Process” workshops.
AAEM states in its Mission Statement it is the specialty society of Emergency Medicine. It is a democratic organization committed to the principles of:

1. Unencumbered access to quality emergency care provided by specialists in Emergency Medicine.
2. The practice of Emergency Medicine to be conducted by those board certified by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
3. The personal and professional welfare of the individual Emergency Medicine specialist.
4. Fair and equitable practice environments necessary to allow the specialist in Emergency Medicine to deliver the highest quality of patient care.
5. The growth of residency and graduate medical education programs, which are essential to both the continued enrichment of Emergency Medicine and to ensure a high quality of care for the patient.

Of particular interest to the Program Director:

1. AAEM provides information concerning the corporate practice of Emergency Medicine, due process for emergency physicians, and democratic group practice.
2. The AAEM Scientific Assembly provides a forum for research and paper presentations and for up-to-date CME courses and credit.
3. The Journal of Emergency Medicine is an international, peer-reviewed publication featuring original contributions of interest to both the academic and practicing emergency physician. It is the official journal of AAEM. Additional information can be found at www.elsevier.com/inca/publications/store/5/2/5/4/7/3/index.htm.
4. An informative section concerning EMTALA provides excellent background and current information.
5. A job bank is available for review through the AAEM Newsletter and web site.
The American Board of Emergency Medicine was recognized in 1979 by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) as the 23rd specialty member board. ABEM was established for scientific and education purposes, including the following:

1. To improve the quality of emergency medical care.
2. To establish and maintain high standards of excellence in the specialty of Emergency Medicine.
3. To improve medical education and facilities for training emergency physicians.
4. To evaluate specialists in Emergency Medicine applying for certification and recertification.
5. To grant and issue to qualified physicians certificates or other recognition of special knowledge and skills in Emergency Medicine and to suspend or revoke same.
6. To serve the public, physicians, hospitals, and medical schools by furnishing lists of those diplomats certified by ABEM.

Of particular interest to the Program Director:

1. This site contains the complete Core Content of Emergency Medicine.
2. Listings of important dates and sites, and examination passing criteria for Emergency Medicine Boards.
3. A history of application and examination activity, which includes an analysis of candidate numbers and pass/fail rates for each year since 1980.
4. The most up to date information concerning any ongoing legal actions or lawsuits.
5. ABEM has a presentation that is made available to residency programs, including slides and a speaker, to educate residents about ABEM and its activities.
The ACEP Mission Statement states that ACEP exists to support quality emergency medical care and to promote the interests of emergency physicians. The Board of Directors of ACEP has identified five value statements that they feel serve as guiding principles for Emergency Medicine. These values are the foundation of ACEP’s planning processes and Council and Board actions:

1. Quality emergency care is a fundamental individual right and should be available to all who seek it.
2. There is a body of knowledge unique to emergency medicine that requires continuing refinement and development.
3. Quality emergency medicine is best practiced by qualified, credentialled emergency physicians.
4. The best interests of patients are served when emergency physicians practice in a fair, equitable, and supportive environment.
5. Emergency physicians have the responsibility to play the lead roles in the definition, evaluation, and improvement of quality emergency care.

This is a comprehensive website with much information. Broad areas of coverage include educational conferences and continuing medical education, residency training support, fellowship and scholarship information, public health and education materials, public policies, political involvement (both current and for those interested in becoming involved), and current updates concerning topics related to Emergency Medicine.

Of particular interest to the Program Director:

1. **ACEP on Fax**: A 24-hour fax access system that allows you to get information via telephone. Call (800) 406-2237 and follow the voice-prompted directions. Provide the number(s) of the document(s) you need, and they will be immediately faxed to you. A menu is found on the title page under the section “ACEP”, at the bottom of the list of topics, titled “ACEP on FAX”.
2. **Policy Statements**: An array of policy statements that are available for viewing and printing.
3. Master Calendar: Designed as a one-stop location for all meetings, conferences, CME courses, and other dated events that are of interest to the Emergency Medicine community.

4. Educational Conferences: An extensive listing of educational offerings; of particular note is the Teaching Fellowship, specifically designed for emergency physicians.

5. Bookstore: A centralized location for numerous EM-related publications, CME opportunities, and computer product support.


7. Awards and Grants: Numerous awards and grants are available to researchers and educators, primarily through the Emergency Medicine Foundation (EMF).

8. Selected Topics: Areas of interest to the EM physician, with talks, papers, and position statements available for perusal.


10. Job Opportunities: One can search the *Annals of Emergency Medicine* classified advertisements, or place an advertisement.

11. Other Organizations: Introductions to the Emergency Medicine Foundation (EMF), NEMPAC, and links to other EM organizational sites.
American Medical Association (AMA)

515 North State Street
Chicago, IL 60610
Telephone: (312) 464-4513
Fax: (312) 464-5830
Email: listed by individual
Website: www.ama-assn.org

The AMA was founded over 150 years ago. Its Mission Statement notes that its strategic agenda remains rooted in a commitment to standards, ethics, excellence in medical education and practice, and advocacy on behalf of the medical profession and the patients it serves. AMA’s work includes the development and promotion of standards in medical practice, research, and education; strong advocacy agenda on behalf of patients and physicians; and the commitment to providing accurate, timely information and discourse on matters important to the health of America. The AMA strives to serve as the voice of the American medical profession.

This is a large, detailed website with many offerings. The initial page presents the broad topics of Ethics, Education, Science, Accreditation; Policy and Advocacy; Consumer Health Information; access to JAMA, Archives specialty journals, and AMNews; and topical medical news updates.

Of particular interest to the Program Director:

1. Under the title page section “Ethics, Education, Science, Accreditation” one will find “FREIDA Online.” This is a database containing information on approximately 7,500 graduate medical education programs accredited by the American Council for Graduate Medical Education (ACGME). This is a very important site and it is imperative that program directors provide accurate information and check their listing periodically to ensure accuracy. FREIDA lists detailed information for those programs that provide updated data to the AMA:

   a. General Information: program length, description, number of residents per year.
   b. Application Information: applications and applicant:enrollee ratio, number of interviews offered, and the interview period.
   c. Program Faculty: numbers of full- and part-time, volunteer faculty, percentage of female faculty, and ratio of full-time faculty to residents.
   d. Educational Environment and Features: a listing of various educational offerings and areas for each program.
   e. Policies and Board Information: policies (substance abuse, physical disability, supervision of medical students, etc.), and specialty board completion and success rate.
In addition, FREIDA provides Summary Statistics for Emergency Medicine as a whole on such areas as general program information, residents (including percent female and IMG), faculty, work hours, and the work environment and compensation.

Lastly, a section on Physician Workplace Information displays current information about the physician marketplace. The source of this information is survey results of recent GME graduates about their employment-seeking experiences. Additional information about the work environment is reported by physicians in the workplace for two years.
Association of American Medical Colleges (AAMC)

The Electronic Residency Application System (ERAS)

The National Residency Match Program (NRMP)

One Dupont Circle
#200
Washington, DC 20030
Telephone: (202) 828-0400
Fax: (202) 828-1125
Email: listed by individual
Website: www.aamc.org

Mission Statement: The mission of the Association of American Medical Colleges is to improve the health of the public by enhancing the effectiveness of academic medicine. The AAMC pursues its mission by assisting academic medicine’s institutions, organizations and individuals in carrying out their responsibilities for educating the physician and medical scientist workforce; discovering new medical knowledge; developing innovative technologies for prevention, diagnosis and treatment of disease; and providing health care services in academic settings.

Of particular interest to the Program Director:

1. Under the title page heading “Student and Applicant Information” one will find a section titled “Residency.” There are three particular areas of interest:


      1. The Layman’s Guide to Educational Debt Management is designed to provide current, basic, and objective information on how to better manage educational debt during residency and beyond. Eight easy to follow strategies are presented, and are comprehensive in their information sources.

      2. The MONEYMATTERS Listserv is an educational debt management listserv designed to help residents better manage medical student loan portfolios. The listserv offers concise and objective answers to questions about loan portfolios, notices about interest rate changes, information concerning loan repayment (including loan consolidation), reminders about filing for deferment and forbearance, and information concerning economic hardship deferment. This is a confidential service that is free and accessible only to residents, staff who work with residents, and medical school financial aid professionals.
b. *Electronic Residency Application Service (ERAS).*

A complete discussion of ERAS is beyond the scope of this monograph. The Program Director will by necessity become familiar with ERAS, as all applications to Emergency Medicine programs are now paperless. To go directly to ERAS: [www.aamc.org/about/progemph/eras/start.html](http://www.aamc.org/about/progemph/eras/start.html)

ERAS is a service which transmits residency applications, letters of recommendation, Dean’s Letters, transcripts, and other supporting credentials from medical schools (where the student prepares the application) to Program Directors using the Internet. On the Program Director’s Work Station (PDWS) the Emergency Medicine residency applications are presented in a uniform, orderly fashion for the review of the Program Director or designee.

Advantages to ERAS are the elimination of paperwork and its attendant time obligation on the part of residency staff, and a uniform presentation of application materials. Additional features include customizing filters to ease application review, and a scoring system for each facet of the application.

The software is user friendly. However, ERAS offers training sessions covering use of the Program Directors Workstation which are directed primarily toward new users, in an attempt to assist with integration of ERAS tools into their current operations. From the ERAS title page, go to “Resource Center” and click on “more”; look for “ERAS General Information.” There will be a hypertext link to “Training Information” which will provide workshop, hotel, and airfare details.

c. *National Resident Matching Program (NRMP).*

A complete discussion of the NRMP is beyond the scope of this monograph. As with ERAS, the Program Director will become familiar with the working of the NRMP out of necessity. To proceed directly to the NRMP site: [www.nrmp.aamc.org/nrmp/](http://www.nrmp.aamc.org/nrmp/).

1. “About the NRMP” (found on the bottom of the title page) provides an overview of the NRMP, its sponsoring organizations and purpose, how the NRMP actually works, and an explanation of how the Matching Algorithm with Rank Order Lists is used to place individuals in residency positions
2. “For Program Directors Only” leads to a page with much helpful information, particularly “Rank Order Lists” and “Announcement of Results”.

a. All Rank Order Lists are now entered in the Rank Order List Input and Confirmation (ROLIC) system via the Internet. This section details the procedure whereby lists are entered into ROLIC.

b. The “Announcement of Results” section contains a valuable review of the timeline of Match result announcements, and a section on how to manage if a program does not fill its positions.
The Council of Emergency Medicine Residency Directors (CORD) is a scientific and educational organization. The purposes of CORD are:

1. To improve the quality of emergency medical care.
2. To establish and maintain high standards of excellence in emergency medicine training programs.
3. To enhance the quality of instruction in emergency medicine training programs.
4. To improve the communications between the faculty of emergency medicine training programs.

Perhaps of even greater importance than the CORD website itself is the CORD listserv. This bulletin board allows nearly real-time communication and discussion of common items of interest among Program Directors. Participation is strongly encouraged. To subscribe, contact CORD at cord@cordem.org.

Other CORD listservs of interest include that for Chief Residents, medical students, and Residency Coordinators and Secretaries. Individuals wishing to subscribe should send an email to the CORD office at cord@cordem.org.

Of particular interest to the Program Director:

1. Catalog of Emergency Medicine Residencies: Developed to provide detailed information on each of the Emergency Medicine residencies, one can also jump directly to a program’s website via hypertext linkage. This site is identical to that of SAEM.
2. *Residency Vacancy Service*: Established to assist residency programs and prospective Emergency Medicine residents by listing unexpected or additional openings in residency programs. This site is identical to that of SAEM.

3. *Standard Letter of Recommendation (SLOR)*: Developed in an attempt to more objectively evaluate and recommend residency candidates. Guidelines for completion of the letter are found, as are various formattings of downloadable documents.

4. *Newsletter and Newsletter Archive*: A bimonthly publication with topical issues for Program Directors.

5. Additional information concerning upcoming meetings, educational products, publications, and grants and awards.
Emergency Medicine Residents’ Association (EMRA)

1125 Executive Circle
Irving, TX 75038
Telephone: (800) 798-1822
Fax: (972) 580-2816
Email:
Website: www.emra.org

The Emergency Medicine Residents’ Association (EMRA) was founded in 1976 by a group of Emergency Medicine residents to promote communication and sharing of ideas and information. ACEP provides financial and staff support for the organization. As the organization has matured to a membership exceeding 4,500 residents and students, so have its offerings to its members. EMRA provides several publications, sponsors two teaching fellowships, and maintains a non-voting seat on the Emergency Medicine Foundation (EMF) Board of Trustees, seats on the ACEP Council and the RRC-EM.

Of particular interest to the Program Director on the EMRA web site:

1. *EM Resident* newsletter contains news and issues affecting EM residents. Other publications include an Antibiotic Handbook, Career Planning Guide, Job Catalog, and EM in Focus Handbook. All are available for purchase under the section “Publications” on the title page.

2. *Job Search*: A catalog of job listings by state.

3. *Awards/Grants*: A listing of several awards, grants, and scholarships that are available to faculty, residents, and students.


5. *EM Pearls*: Topical essays on choosing a residency, careers in Emergency Medicine, resources for EM residents, and financial advice.
The Society for Academic Emergency Medicine’s mission is to improve patient care by advancing research and education in Emergency Medicine.

Of particular interest to the Program Director:

1. **Catalog of Emergency Medicine Residencies**: Provides detailed information on each of the Emergency Medicine residencies, one can also jump directly to a program’s website via hypertext linkage. Program Directors should make sure their program’s entry is accurate.

2. **Residency Vacancy Service**: Assists residency programs and prospective Emergency Medicine residents by listing unexpected or additional openings in residency programs.

3. **Fellowship Listing**: Provides detailed information on postgraduate fellowship programs.

4. **Grants and Awards**: A listing of several grants and awards available for both faculty and residents.

5. **Publications and Educational Products**: Several publications, position statements and policies are available.

6. **Academic Emergency Medicine**, the monthly, peer-reviewed journal sponsored by SAEM.

7. **Resident and Medical Student sections**.

8. **Consulting services**: Offered for a fee are consulting services for those programs wishing a review of their ACGME certification requirements, and for those wishing an on-site consultation with an experienced emergency medicine researcher.

9. Additional information concerning meetings, medical student rotations available, and CPC Competition submission criteria and schedules.

10. The SAEM Annual Meeting each May is the largest forum for the presentation of research in Emergency Medicine.

11. SAEM with co-sponsorship by EMRA, sponsors a Chief Residents’ Forum each May, usually the day before the SAEM Annual Meeting. This is a full day session that has been well-received by attendees.
Sample Schedule

The position of Program Director entails monitoring a variety of activities and processes. Many of these are cyclical, with each academic year requiring the same actions at the same time each year. Below is a sample schedule of some of the more common events that affect the residency. Not all of the events listed below pertain to every residency. The months are arranged in the fashion of an academic year.

Monthly Events
- Evaluations of residents, students, and rotators
- Scheduling of didactic sessions for upcoming months
  - Committee meetings (departmental, hospital)

Semiannual Events
- Evaluation of faculty by residents
- Evaluation of residents by faculty
- Resident Meetings to review evaluations with program director or designee

Annual Events
- ABEM Inservice Testing (February)
- Graduation of Senior Residents
- New EM1 application/interview/ranking
- Annual residency curriculum review and critique

July
- New EM1I residents begin
- Orientation for residents new to the Emergency Department
- Any special courses for orientees:
  - ACLS, ATLS, PALS/APLS
- Begin preparation for fall national meetings
  - abstract submission, lecture preparation, poster presentation
  - hotel and airline reservations
- Consider updating website or brochures
- Monthly Events
- ERAS Post Office closes for the prior academic year July 15
August

- ERAS Post Office begins transmitting August 15
- Begin applicant screening
- Finalize plans for fall national meetings
- Monthly Events

September

- Continue ERAS applicant screening
- Finalize plans for fall national meetings
- Monthly Events

October

- Continue ERAS applicant screening
- National meetings
- Monthly Events
- Scheduling of didactic sessions (remember the upcoming holiday season in December, and any special scheduling needs)

November

- **Deans’ Letters are released for Program Director’s review**
  - Although information can be submitted through ERAS up to and including Match Day, this will often be the last major piece of information to be added to the applicant package
  - Disseminated on or about November 1
- ERAS screening continues (should plan to dedicate several days to complete first screening of all applications once deans’ letters are in)
- Begin to offer applicant interviews?
- Prepare for six-month interview and evaluations with individual residents
- Monthly Events
- Scheduling of didactic sessions (remember the upcoming holiday season in December, and any special scheduling needs)
December

- Applicant screening and interviews
  - ERAS screening will continue since pieces of information will continue to be submitted and there will be late applicants. The majority of ERAS work will be completed.
- Set a deadline for applications
- Six-month interview and evaluations with individual residents
- Monthly Events
- Semiannual Events

January

- Applicant screening and interviews
- Monthly Events

February

- Generate NRMP resident rank list and submit
- ABEM Inservice examination the last week of the month
  - Consider residency photograph and social function on this date; this is one occasion where all personnel are together at once
- “Advancement Committee” or equivalent, for the residency will meet to consider individual resident advancement, contract issuance for the upcoming year
- Begin preparations for spring meetings
- Monthly Events

March

- Match results
  - Program Director is notified the day before the Match of the results. This allows for preparation for a “scramble” on Match Day if the program has not filled
- Contact matched students/applicants via telephone call and/or letters of congratulations. Assign “big brother/big sister” and advisor
- Begin preparing the upcoming academic year’s scheduling
  - Contact other departments concerning any scheduling needs in their departments (e.g., if Pediatrics would rather have the EM residents during the winter months, etc.)
- Complete preparations for spring national meetings
- Monthly Events
April

- ABEM Inservice results return (if meeting the desired 60-day deadline)
- Finalize preparations for spring national meetings
- Finalize yearly schedules for upcoming academic year
- Monthly Events
- Begin Graduation planning

May

- ABEM Inservice results return (if meeting the mandatory 90-day deadline)
- Distribute yearly schedules, choose vacations for upcoming year
- Resident contracts to be completed, issued, signed (if not already completed)
- Orientation preparation
  - Schedule
  - Resident “survival manual”
  - Departmental manual: policies and procedures, goals and objectives, schedule of yearly events
  - Procedural competency survey of incoming residents?
  - Plan the welcoming social event for incoming residents
- Prepare for exit interviews with graduating residents
- Monthly Events
- Prepare for Semiannual Events

June

- Senior Graduation ceremonies
- Exit interviews with Senior residents
- Final preparations for orientation
- Consider Updating website or brochure material
- Monthly Events
- Semiannual Events
- New resident social event
- Final graduating resident evaluations and letters to file
Emergency Medicine Residency Interviews

Emergency Medicine Residency interviews are generally a tremendous source of pride for residency directors as they showcase their program and residents. Following this most recent match, program directors utilized the CORD list server to discuss inappropriate questions and unethical standards allegedly utilized prior to the 2001 Match during the interview season. This discussion generated a session during the SAEM CORD meeting in May 2001. The problem identified was a lack of content knowledge surrounding the legalities and ethical issues involved during interview questioning. Although many program directors are well versed in the nuances of interviewing, often times their faculty colleagues and residents are not. These issues are further amplified by the high turnover of program directors, steady influx of new faculty members and the limited human resource training academic physicians receive. Below you will find questions that should be avoided based on existing law and human resource recommendations. When in doubt, don’t ask the applicant-ask the HR director instead! Please share this information with the program’s interview team and onsite residents. Special thanks to Lee Shockley, MD, and Vicki Gotkin, JD.

Peter DeBlieux, MD
Charity Hospital-LSU

I. Examples of Discriminatory Interview Questions

II. **Marital and Family Status** -- “Are you or have you ever been married?” ”How many children do you have and how many live at home with you?”, “Are you a single mother?”, “Are you pregnant and do you plan to have children during your training?”, “What kind of work does your husband/wife do?” - Executive Order 11375 amended 11246 by adding sex as a basis for nondiscrimination. Marital status, family planning and a spouse’s occupation play no role in job performance.

III. **Convictions, Arrests, and Court Records** -- “Have you ever been arrested? There is a five year break in your medical training; did you spend time in jail?” An applicant can be arrested, but not convicted and an applicant can be questioned specifically about a conviction only if the crime is relevant to the job functions the candidate would be performing.

IV. **Age** – “How old are you?” “You don’t look like you just finished your third year of medical school; how did you get such a late start in life?” - The Age Discrimination In Employment Act of 1967.

V. **Disabilities** – “Do you have a disability that will interfere with your ability to perform your duties?” - The Rehabilitation Act of 1973 forbids potential employers from asking candidates questions about whether they are disabled.

VI. **Religion** – “Will you require any days off for religious holidays that the University does not observe?” “Are you available to work on Saturday nights and Sundays?”, “Would you consider yourself hyper-religious?” - Civil Rights Act (Title VII) of 1964- candidates may not be discriminated against due to religious beliefs.

VII. **Military Record** -- What type of military discharge did you receive?” - The Vietnam Era Veteran’s Readjustment Assistance Act of 1974. All military veterans are in a protected class in the workplace.
VIII. **Relatives** – “Do you have friends or relatives that work for the Hospital/University?” - Conveys a sense of preference or bias based on relationships in the work place.

IX. **Nationality/Citizenship** – “Where were you born?” “Do you speak a foreign language?” “Are you a U.S. citizen?” “Were your parents born in this country?” - Civil Rights Act (Title VII) of 1964, Immigration Reform and Control Act. Minorities and persons of foreign nationality are a protected class under federal law.

X. **Political Affiliations** - “Are you a Republican or a Democrat?” “Are you a member of the young communists supporting universal healthcare coverage?” - Equal Employment Opportunity Commission (EEOC). Political affiliations and beliefs do not play a role in candidate selection.

XI. **Sexual Orientation** – “Would you agree that most women who play rugby are not married to men?” “Does wearing an earring in your nipple constitute being gay?” - Equal Employment Opportunity Commission (EEOC). Sexual orientations do not play a role in candidate selection.

*The Civil Rights Act of 1964* (and the subsequent additional and clarifications), the *Americans With Disabilities Act*, the *Age Discrimination in Employment Act*, the *Immigration Reform and Control Act*, and the *EEOC* contain guidelines for questions that may not be asked in a job interview. Those areas prohibited by those guidelines include:

1. race, color
2. age, birthdate
3. national origin, ancestry
4. marital status, maiden name
5. children, plans regarding children, pregnancy status
6. spouse’s job, nationality, ancestry
7. clubs or organizations the applicant belongs to (except those that would not identify the applicant’s race, color, religion, gender, national origin, age, disability, or sexual orientation)
8. political affiliations or beliefs of the applicant
9. religious beliefs, affiliations, or denominations of the applicant
10. whether the applicant owns or rents a home
11. the existence, nature, severity, origin, or prognosis of disabilities or medical conditions, except in the case of a bona fide occupational qualification (Be extremely careful in this area, limiting your questions only to the necessary, not just desirable, physical abilities required for the job.)
12. sexual orientation

If the applicant broaches a “prohibited” area by volunteering information or asking a question, you are able to discuss it, within reasonable limits. Please be careful in doing so.