



Emergency Medicine Residents' Association

## EMERGENCY MEDICINE RESIDENTS ASSOCIATION

### REFERENCE COMMITTEE REPORT

#### CORD 2020 EMRA Representative Council Meeting

EMRA 2020 - March 9, 2020

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#### **DEFINITIONS OF AVAILABLE COUNCIL ACTIONS**

**For the EMRA Board of Directors to act in accordance with the wishes of the Council, the actions of the Council must be definitive. To avoid any misunderstanding, the officers have developed the following definitions for Council action:**

##### **ADOPT**

Approve resolution exactly as submitted as recommendation implemented through the Board of Directors.

##### **ADOPT AS AMENDED**

Approve resolution with additions, deletions and/or substitutions, as recommendation to be implemented through the Board of Directors.

##### **REFER**

Send resolution to the Board of Directors for consideration, perhaps by a committee, the Council Steering Committee, or the Bylaws Interpretation Committee.

##### **NOT ADOPT**

Defeat (or reject) the resolution in original or amended form.

Dr. Speaker & Councilors,

Your Reference Committee gave careful consideration to the Resolutions referred to the Council for consideration and submits the following report:

**RECOMMENDATION TO ADOPT:**

S'20-03 : Insertion of Representative Council Procedures Document into Policy Compendium

**RECOMMENDATION TO ADOPT AS AMENDED:**

Amended Resolution S'20-01 : Financial Literacy Among Residents

Amended Resolution S'20-02 : Scheduling Changes to Support the Health and Wellness of Pregnant Trainees Selection and Evaluation Processes

Amended S'20-04 : Equal Opportunity for International Medical Students to Obtain Audition Rotations

Amended S'20-08 : Pumping Breaks on Shift for Medical Students, Residents and Fellows

Amended S'20-11 : Physician Trainee Mental Health and Suicide

Amended S'20-12 : Licensing Exam Parity for Emergency Medicine Resident

**RECOMMENDATION TO NOT ADOPT:**

S'20-06 : State Medical Student Council Innovation & Collaboration Funding

S'20-09 : Single-Payer Health Insurance

S'20-10 : Exposure to Rural Emergency Medicine During Residency Training

**RECOMMENDATION TO REFER:**

S'20-07 : Funding for Rural Emergency Medicine

**RECOMMENDATION FOR DIVISION OF QUESTION:**

S'20-05 : Employment Rights of the Emergency Physician

# RECOMMENDATION FOR ADOPTION

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S'20-03 : Insertion of Representative Council Procedures Document into Policy Compendium

**Recommendation:** Adopt

**Text:**

**RESOLVED**, that the Representative Council Procedures document be combined with the Policy Compendium as Appendix B and Appendix C with the following updated amendments:

*(To be added to the Table of Contents)*

Appendix B: EMRA Representative Council Procedures

I. General Principles

II. Representatives

III. Introduction of Business

IV. Presentation of Reports and Resolutions

V. Reference Committee

VI. Reference Committee Reports

VII. Form of Action upon Reports and Resolutions

VIII. Parliamentary Procedure

IX. Sunset Policy

X. Credentials and Tellers Committee

XI. Parliamentarian

XII. Sergeant-at-Arms

XIII. Election Policy

XIV. Amending the Representative Council Procedures

Appendix C: Parliamentary Procedure Guide

I. Precedence of Motions

II. Principal Rules of Governing Motions

III. Comments on Specific Procedures

*Amend Section III. C. 2. Submissions*

**2. Submission**

Resolutions can be submitted ~~by email, fax, or US mail to:~~

~~Emergency Medicine Residents' Association~~

~~4950 W. Royal Lane~~

~~Irving, TX 75063-2524~~

~~Phone: 800-798-1822 x3298 or 972-550-0920 Email: emra@emra.org~~

~~Fax: 972-692-5995 through the EMRA website's online resolution portal.~~

***Amend Section VIII. A. Governing Code***

**A. Governing Code**

In the absence of specific provisions to the contrary in the current Bylaws of the Association or in this manual of adopted procedures, the Council shall be governed by the parliamentary rules and usage contained in the current edition of Sturgis' Standard Code of Parliamentary Procedure. [Reference Appendix C for Parliamentary Procedure Guide.](#)

*Relocate Section VIII. D, Section VIII. E, and Section VIII. F to Appendix C.*

***Amend Section IX. B. Composition of Committee***

**B. Composition of Committee**

Reviews shall be conducted by a policy review committee composed of the President, Immediate-Past President, Council Speaker and Vice-Speaker, ~~Legislative Advisor~~ Director of Health Policy, and two appointed program representatives. The Council Officers shall appoint the program representatives sixty days prior to the fall meeting.

***Amend Section IX. E. Committee Report***

**E. Committee Report**

A consent calendar of recommended actions (sunset, reaffirm, or refer for Board review), along with a brief explanation for each recommendation, shall be submitted to the Council no later than ~~sixty days~~ 30 days prior to the spring Council meeting. The consent calendar will become an item of business on the spring meeting agenda. Any representative may extract any item from the consent calendar for individual consideration by simple request. Debate on the item shall be limited to the policy review committee's recommendation only. Amendments to the policy itself shall be considered out of order.

***Amend Section X. A. Composition***

**B. Composition**

The Speaker shall appoint members of the Credentials and Tellers Committee ~~from applications that are submitted to Association headquarters on a deadline set by the Speaker prior to the Council meeting~~. No director or officer of the Association, candidate for office, or program representative of any candidate may serve as a member of the Credentials and Tellers Committee.

**Discussion:** There was strong support for this resolution including from the current EMRA President, Medical Student Council, EMRA Representative to AMA, and a resident representative from Florida. There were no concerns or opposing opinions.

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## **RECOMMENDATION TO ADOPT AS AMENDED**

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### **S'20 01 : Financial Literacy Among Residents**

#### **Recommendation: Adopt as Amended**

##### **Text:**

RESOLVED, that EMRA will advocate for further resources and research be allocated towards improving financial literacy among residents.~~; and be it further~~

~~RESOLVED, that EMRA will work with involved parties to advocate for financial literacy to be incorporated within the ACGME common program requirements; and be it further~~

~~RESOLVED, that EMRA will work with involved parties to advocate for financial literacy to be incorporated within the Model of the Clinical Practice of Emergency Medicine.~~

**Discussion:** General consensus during town hall discussion was in favor of adopting the above as amended which included striking resolved clauses two and three. Much of the discussion revolved around the concept of resident wellness, which many argued encompasses financial literacy and is well discussed and supported by EMRA throughout existing policy. Discussion also included caution with regard to imposing prescriptive language on ACGME, whose primary role is as an accrediting body.

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### **S'20-02 : Scheduling Changes to Support the Health and Wellness of Pregnant Trainees**

#### **Recommendation: Adopt as Amended**

##### **Text:**

RESOLVED, that EMRA supports programs and policies significantly limiting or eliminating night shifts and off service overnight call for ~~women during pregnancy~~ all pregnant trainees.

**Discussion:** There was broad support of the resolution, however, there was discussion about how to clarify the included group, extend protection to multiple levels of training, and make the resolution gender-neutral, which led to the proposed language above.

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## **S'20-04 : Equal Opportunity for International Medical Students to Obtain Audition Rotations**

**Recommendation:** Adopt by substitution

**Text:**

~~**RESOLVED**, EMRA will work with other relevant societies to achieve equal opportunities for domestic and international medical students when it comes to audition rotations through the use of the VSAS or traditional application models.~~

**RESOLVED**, that EMRA will work with relevant stakeholders to identify barriers for international medical students to obtain visiting student rotations.

**Discussion:** There was concern about limitations for the initial language, ranging from the existence of VSLO that already addressed some of the expressed concerns, to lack of control over program-to-program availability of VSLO. However, there was agreement that more understanding about potential barriers was important, and broad consensus about the proposed language above.

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## **S'20-08 : Pumping Breaks on Shift for Medical Students, Residents and Fellows**

**Recommendation:** Adopt as amended

**Text:**

~~**WHEREAS**, RESOLVED~~, Emergency Medicine Residency programs should have clearly delineated policies mandating regular breaks on shift for the expression of breast milk; ~~therefore, be it~~ and be it further

**RESOLVED**, EMRA encourages provision of adequate time and facilities to express and store breast milk consistent with best practices to better support medical students and resident, fellow, and attending physicians who produce breast milk. ~~for their infants~~.

~~**RESOLVED**, that EMRA continue to support the breast pumping efforts for medical students, residents, and fellows; and be it further~~

~~RESOLVED, that EMRA request ACGME mandate that medical students, residents, and fellows who are breast pumping receive a minimum of one protected 30-minute break on shift, during off service call and during conference to express breast milk; and be it further~~

~~RESOLVED, that EMRA forward a resolution to ACEP on protected time for breast-pumping when women medical students, residents, fellows, and attendings are on shift.~~

**Discussion:** Discussion was overwhelmingly in support of the spirit of this resolution with extensive change as outlined as above. These changes allowed for support of the spirit of this resolution which mandates programs provide support for breastfeeding trainees without using overly prescriptive language.

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#### S'20-11 : Physician Trainee Mental Health and Suicide

**Recommendation:** Adopt as amended

**Text:**

**RESOLVED**, to amend by addition EMRA's existing policy **Section V. VII:**  
EMRA sets the following goals and standards for emergency medicine residency programs:

- A. The issue of resident suicide and mental health should be discussed openly and often, to avoid stigmatization, to increase the likelihood that residents seek support, and to spread awareness – as would be done for any other public health crisis.
- B. Mental health care should be easily accessible, affordable and confidential for all residents.
- C. Residency programs should provide applicants with detailed information about mental health resources available to residents. Residency programs should also openly discuss residency activities that proactively support residents' mental wellness ~~such as debriefing, resident support groups, and wellness retreats~~. This information should be included along with ACGME required materials, available in paper form or online.
- D. There should exist a culture of support between and among residents and residency programs with regards to mental health.
- E. Resident mental health and suicidality should be addressed in a proactive and confidential manner.

F. No resident should fear retribution or consequences for addressing mental health and suicidality.

**Discussion:** There was strong support for this resolution with the suggested amendment from the Medical Student Council in order to not be overly prescriptive. Support was broad including from a variety of medical student and resident representatives, and a resident representative from Florida. There were no concerns or opposing opinions.

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#### **S'20-12 : Licensing Exam Parity for Emergency Medicine Resident Selection and Evaluation Processes**

**Recommendation: Adopt as amended**

**Text:**

RESOLVED, that EMRA promotes equal acceptance **and consideration** of the USMLE and COMLEX-USA at all United States emergency medicine residency programs

**Discussion:** Town hall discussion was overwhelmingly in support of the well-researched above resolution with the minor addition of “and consideration”.

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## **RECOMMENDATION TO NOT ADOPT**

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### **S'20-06 : State Medical Student Council Innovation & Collaboration Funding**

**Recommendation: Not Adopt**

**Text:**

**RESOLVED**, that EMRA:

1. Establish a semi-annual grant or other source of funding to which State Medical Student Councils can apply for innovative, collaborative events in the fields of EM-based education, advocacy, and community service.
2. Recommend that the State Medical Student Councils report back to EMRA with an explanation for which the funds were utilized, ensuring that this report can become publicized to qualitatively and/or quantitatively showcase ways that State Medical Student Councils are making an impact in EM.

**Discussion:** There was a broad consensus to not adopt the resolution as currently written, as the New Ideas Proposal Form already exists and could prove to be a more optimal avenue to address this issue, better allowing the authors to continue their involvement. There was also concern that this might reduce flexibility for the Board to create an effective budget.

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### **S'20-09 : Single-Payer Health Insurance**

**Recommendation: Not Adopt**

**Text:**

**RESOLVED**, That EMRA support the adoption of a single-payer health insurance program that finances care for all Americans, that enhances patient choice by eliminating insurance networks, and that recognizes the essential value of emergency medicine; and be it further

**RESOLVED**, That EMRA explore opportunities to partner with other like-minded organizations that favor the single-payer approach to providing universal health care to all Americans.

**Discussion:** There was broad consensus to not adopt the resolution. There was concern that this may not represent the consensus views of EMRA members, and we have a responsibility to represent various perspectives. Furthermore, EMRA's position may already be addressed in the EMRA Policy Compendium, Section IV.VIII Healthcare as a Human Right.

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#### **S'20-10 : Exposure to Rural Emergency Medicine During Residency Training**

**Recommendation:** Not adopt

**Text:**

**RESOLVED**, that EMRA will work with organizations such as AMA, ACEP and ACGME to promote the formation of rural emergency medicine electives at every emergency medicine residency program within the United States; and be it further

**RESOLVED**, that EMRA supports partnerships between rural hospitals and urban medical centers which enable residents to work in rural settings.

**Discussion:** While there was much debate regarding S'20-10, a clear consensus did arise in opposition to the amendment, possibly in lieu of including amended language to '20-07, for which the council recommends referral to the board. Many present felt that the proposed language was vague and the resolution would be cumbersome to new residency programs while overly prescriptive of ACGME.

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## **RECOMMENDATION TO REFER**

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### **S'20-07 : Funding for Rural Emergency Medicine**

#### **Recommendation: Refer**

#### **Text:**

**RESOLVED**, that EMRA supports the allocation of GME funding towards defraying costs for rural emergency medicine rotations during residency; and be it further

**RESOLVED**, that EMRA supports the presence of appropriate supervision during all rotations; and be it further

**RESOLVED**, that EMRA supports the establishment of loan forgiveness programs specifically tailored for emergency medicine physicians who choose to work in rural settings.

**Discussion:** Town hall discussion was unanimously in agreement that rural health training opportunities are incredibly important and should be a focus of future advocacy, however there was much debate and disagreement over the specifics. Given the recent establishment of an EMRA rural health task force, the general consensus was to refer this resolution to the Board for further discussion and review prior to enacting official policy.

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# **RECOMMENDATION FOR DIVISION OF QUESTION**

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## **S'20-05 : Employment Rights of the Emergency Physician**

### **Recommendation: Division of Question**

#### **Recommendation A: Adopt Resolved 1**

##### **Text:**

**RESOLVED**, that EMRA believes that emergency physicians should be protected by due process rights in their employment contracts.

#### **Recommendation B: Refer to the Board for Study Resolved 2**

##### **Text:**

**RESOLVED**, that EMRA opposes employment contracts that contain non-compete clauses and restrictive covenants that limit the right to practice medicine as an emergency physician after termination of employment or contract.

#### **Recommendation C: Not Adopt Resolved 3**

##### **Text:**

**RESOLVED**, that EMRA believes emergency physicians have a duty to document, work up, treat and disposition patients based upon their clinical judgement of medical necessity and documentation accuracy.

**Discussion:** There was robust discussion of this resolution and ultimately strong support for division of question. For the first resolved, there was unanimous support. For the second resolved, there was a general consensus that the issues of non-compete and restrictive covenants can be a complex legal issues and we may not be prepared to make the optimal decision immediately, warranting further discussion by referring to the Board. For the third resolved, there was near unanimous opposition, mainly as EMRA already reflects this sentiment in our core policy.