



EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

REFERENCE COMMITTEE REPORT

SPRING 2024 EMRA REPRESENTATIVE COUNCIL MEETING

March 14, 2024

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 and submits the following report for consideration:

Consent Agenda

Recommendation to Adopt:

- Resolution S'24-01 Update to EMRA Policy XII - Sponsorship and Advertising
- Resolution S'24-02 The Match and Residency and Fellowship Application Process
- Resolution S'24-03 Resident Duty Hours Policy Amendment
- Resolution S'24-04 Amendment to Policy XI. Relationship with the Biomedical Industry
- Resolution S'24-05 Update to EMRA Policy IV.VIII - Healthcare as a Human Right
- Resolution S'24-06 Amendment to "Firearm Safety and Injury Prevention" Policy
- Resolution S'24-07 Update to EMRA's "Medical Merit Badges During Residency Training" Policy
- Resolution S'24-09 National Bias Reporting

Recommendation to Adopt as Amended:

- Resolution S'24-13 Emergency Medicine Disaster Preparedness
- Resolution S'24-14 Decriminalizing Victims of Human Trafficking and Individuals Who Offer Sex for Something

Recommendation to Not Adopt:

- Resolution S'24-08 The Time Was Yesterday Creation of Climate Change and Environmental Justice Committee

RECOMMENDATION TO ADOPT

Resolution S'24-01 Update to EMRA Policy XII - Sponsorship and Advertising

Recommendation: Adopt

Text:

RESOLVED, that EMRA Policy XII Sponsorship and Advertising be updated to read as follows:

Corporate Relationships

EMRA recognizes the importance of transparency in ~~sponsorship~~ corporate relationships (including advertisements, sponsorships, and educational grants). All corporate ~~sponsors~~ sponsorships must ~~sign a Sponsorship Agreement Form, which delineates rights and responsibilities of both parties~~ preserve EMRA's control over any projects and products bearing the EMRA name or logo. ~~EMRA recognizes The American Board of Emergency Medicine Model of the Clinical Practice of Emergency Medicine as a guideline to determine appropriate sponsorship. Final sponsor approval is given by the EMRA Executive Director and EMRA Executive Committee.~~

EMRA retains editorial control over any information produced as part of an externally funded arrangement. When an EMRA program receives external financial support, EMRA must remain in control of its name, logo, and EMRA content, and must approve all marketing materials to ensure that the message is congruent with EMRA's vision and values.

Products or services eligible for advertising in EMRA publications must be germane to and useful in the practice of medicine, medical education, or health care delivery. ~~EMRA is not responsible to verify or endorse the information contained in the advertisement.~~ EMRA does not allow advertising by pharmaceutical, tobacco, alcohol or firearm companies.

EMRA reserves the right to refuse any advertising or sponsorship request at its discretion. ~~Final sponsor approval is given by the EMRA Executive Director and EMRA Executive Committee.~~

Discussion:

After introduction on behalf of the board, one comment made was on behalf of the Medical Student Council in support of the resolution. There were no points offered in opposition or for amendments.

Resolution S'24-02 The Match and Residency and Fellowship Application Process

Recommendation: Adopt

Text:

RESOLVED, that EMRA Policy Compendium Section V, policy XX “The Match and Residency and Fellowship Application Process” be amended as follows:

EMRA supports the use of a match process that is fair, cost-effective, and evidence-based. ~~supports the National Residency Match Program and National Matching Services process as it exists in 2013 and opposes the hiring of emergency medicine residents through processes outside of the National Residency Match Program and National Matching Services that select or give preference to individuals for Emergency Medicine residency positions based on special financial relationships or agreements between individuals, hospitals, foreign governments, corporations, or other entities.~~

EMRA opposes the hiring of emergency medicine residents through processes that select or give preference to individuals for Emergency Medicine residency positions based on special financial relationships or agreements between individuals, hospitals, foreign governments, corporations, or other entities.

EMRA:

- A. Supports proposed changes to residency and fellowship application requirements and match processes only when:
 1. Those changes have been evaluated by working groups which have adequate students and residents as representatives.
 2. There are published data which demonstrates that the proposed application components contribute to an accurate and novel representation of the candidate and are shown from an applicant and program perspective to add value to the application overall.
 3. There are data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds.
 4. The costs to medical students and residents are mitigated.
- B. Opposes the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application and match process until such time as the above conditions are met.
- C. Will continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program, the American Medical Association, and other relevant stakeholders to improve the application process in an effort to accomplish these requirements.

Discussion:

After introduction on behalf of the board, support was voiced from 2 programs, the Medical Student Council, and one individual. The simplified language in this amended language to existing policy was appreciated. There were no points offered in opposition or for amendments.

Resolution S'24-03 Resident Duty Hours Policy Amendment

Recommendation: Adopt

Text:

RESOLVED, that EMRA Policy Compendium Section V, Policy XV. Resident Duty Hours be amended as follows:

The Emergency Medicine Residents' Association supports the guidelines for resident duty hours ~~revised and approved~~ **established** by the Accreditation Council for Graduate Medical Education (ACGME) **in 2017**. ~~During emergency medicine clinical rotations, residents shall not work more than 60 clinical hours per week and 72 total hours per week. Each resident shall have one full day out of every 7 day period free of all clinical and academic responsibility. Residents may not work emergency department shifts longer than 12 hours and shall have an equivalent length of time off between shifts. While emergency medicine residents are rotating on other services the duty hours should be in accordance with the ACGME guidelines of that specialty, but residents should not be on call more than every third night on average. Activities that fall outside of the educational program shall not interfere with a resident's performance in patient care or educational requirements. EMRA believes~~ residents should **be allowed adequate rest and** have protected time from clinical responsibility ~~so they may attend weekly didactic conferences. before and during educational program didactics. Residents should be allowed adequate rest before didactics (i.e. conferences and lectures at the duty site), as defined by ACGME duty hour standards. Residency directors should arrange with all appropriate departments including emergency and off-service rotations to ensure that their residents will not be performing clinical duties after 7 P.M. the night preceding the~~ **EMRA believes** residents should be allowed adequate rest and protected time from clinical responsibility **before and during the** annual ABEM In-Training Examination ~~in order to ensure optimal performance on the examination~~. EMRA will support the institution of resident wellness programs, as part of standard emergency medicine residency training, in order to enhance the well-being of residents and to improve ~~adequate recovery time~~, education and patient safety.

Discussion:

After introduction on behalf of the board, testimony was unanimous in support of the amended language to existing policy, including from three programs, one group and one individual. From testimony provided, it is best practice to avoid referring to an outside organization's policy within our own, and this amendment aligns with that practice better than prior. There was no testimony offered in opposition or for amendments.

Resolution S'24-04 Amendment to Policy XI. Relationship with the Biomedical Industry

Recommendation: Adopt

Text:

RESOLVED, that EMRA Policy XI., "Relationships with the Biomedical Industry" be amended as follows:

Emergency medicine residents should recognize the generally accepted guidelines for interaction with the biomedical industry. Gifts should be related to education and training. Gifts should not be excessive or require reciprocal responsibility which impacts patients.

Financial compensation may be accepted for residents' work in the biomedical industry including research and innovation. However, this should be considered a potential conflict of interest and therefore should be clearly disclosed.

~~Appropriate guidelines should include:~~

~~A. No direct compensation should be accepted.~~

~~B. Financial stipends should be administered through the residency program.~~

~~C. No gift should be excessive, nor should it require a reciprocal responsibility which impacts patients.~~

~~D. Any program or speaker sponsored by a biomedical company should make that relationship clear.~~

These general guidelines do not encompass every potential interaction with biomedical companies, so individual responsibility must be exercised. While industry is important to promote the development of new technology and pharmaceuticals, residents should hold the needs and concerns of the patient in the highest regard

Discussion:

After introduction from the Board, there was a brief discussion regarding the term "excessive compensation" in the resolution. It was clarified by the Board of Directors that this is a legal term and will be determined by institutional definitions and policies at each program. The Medical Student Council, two programs, and two individuals offered testimony in support of the resolution, with the increased flexibility of this new policy being highlighted. There was no testimony in opposition.

Resolution S'24-05 Update to EMRA Policy IV.VIII - Healthcare as a Human Right

Recommendation: Adopt

Text:

RESOLVED, that EMRA Policy VIII Healthcare as a Human Right be amended to read as follows:

EMRA Policy Compendium IV.VIII - Healthcare as a Human Right

EMRA firmly believes that all individuals (especially vulnerable ~~and disabled~~ populations, including rural, elderly, and pediatric patients, ~~and patients with disability~~) should have access to quality, affordable primary and emergency healthcare services as a basic human right. EMRA ~~will work with interested stakeholders, including its primary care medical colleagues, to develop and~~ supports health care policy that will ensure adequate insurance coverage for primary and emergency health care services. ~~This work should include advocacy for~~ EMRA supports incentives ~~in reimbursement rates~~ for physicians who choose to care for vulnerable ~~and disabled~~ populations. EMRA ~~should also work with these groups to ensure vulnerable and disabled patients who present to the emergency department have~~ supports access to timely follow-up to prevent repeat emergency department visits and inpatient hospitalizations, ~~particularly in~~ vulnerable populations.

Discussion:

After introduction by the Board, there was unanimous testimony in support of the resolution from the Medical Student Council, three programs, and one individual. There was no testimony provided in opposition to this resolution.

Resolution S'24-06 Amendment to “Firearm Safety and Injury Prevention” Policy

Recommendation: Adopt

Text:

RESOLVED, that Section IV, policy VI “Firearm Safety and Prevention” be amended by addition and deletion as follows:

EMRA ~~will actively promote~~ supports regulatory, legislative, ~~advocacy~~, and public health efforts that:

- A. Improve public and privately funded research on firearm safety and prevention.

- B. Support the repeal of the Dickey Amendment, which directly influences funding allocated to firearm-related research.
- C. Create a confidential national firearm injury research registry while encouraging states to establish a uniform approach to tracking and recording firearm-related injuries.
- D. Investigate the effect of socioeconomic and other cultural risk factors on firearm injury and provide public and private funding for firearm safety and injury prevention research.
- E. Strengthen universal background checks for all firearm purchases.
- F. Restrict the sale and ownership of weapons, munitions, and large-capacity magazines that are designed for military or law enforcement use.
- G. Promote access to effective, affordable, and sustainable mental health services.
- H. ~~Never prevent~~ Empower physicians to educate and discuss ~~from educating and discussing~~ with their patients the use of firearms, prevention of intentional and unintentional injury, and means to safeguard weapons.
- I. Support a high standard of firearm safety and operation training for firearm purchase.
- ~~J. EMRA will collaborate with other organizations and coalitions to study the health impact of firearm safety and make efforts to educate their members, the medical community, the public, and any interested parties on the results of any significant studies on the health impact of firearm safety.~~

RESOLVED that EMRA will collaborate with other organizations and coalitions to support the study of the health impact of firearm safety and make efforts to provide education on the results of any significant studies on the health impact of firearm safety.

Discussion:

After introduction by the Board, there was unanimous testimony in support of the resolution from the Medical Student Council and two programs. Testimony highlighted the concise language and updated the text of the policy to be within the scope and purview of EMRA.

Resolution S'24-07 Update to EMRA's "Medical Merit Badges During Residency Training" Policy

Recommendation: Adopt

Text:

RESOLVED, that Section II, policy IX "Medical Merit Badges During Residency Training" be amended by addition and deletion as follows:

EMRA believes recognizes that while medical merit badge courses such as ACLS, PALS, NRP, CPR, and ATLS may offer educational value valuable content, the knowledge provided by these courses is already fundamental to the core content of emergency medicine residency training. ~~While attendance of these courses may provide useful knowledge and a base for junior residents and medical students and may play a role in the curriculum, they should only be considered a starting point rather than an ending point in residency training. These medical merit badge courses or other~~ and certification in such courses should not be required for clinical training as a resident in emergency medicine or as a prerequisite for employment after completion of residency

Discussion:

After an introduction by the Board, which explained the need for updated and clearer language regarding the "Medical Merit Badge" policy, there was testimony in support of the resolution from the Medical Student Council, five programs, and one individual. There was no testimony offered in opposition.

Resolution S'24-09 National Bias Reporting

Recommendation: Adopt

Text:

RESOLVED, EMRA supports the creation of a national system for residents to report bias and biased treatment towards protected classes by residency programs, faculty, and staff.

Discussion:

Testimony on this resolution was positive. An author speaking on behalf of the authorship team proposed the above resolution to call for a national reporting system to support a diverse, equitable, and safe working and learning environment in residency programs. While no system currently exists, the authorship team's intent was to voice support in creation of an incident

reporting system. The author clarified “protected classes”, as written, is defined under federal law to include “age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or veteran status, or any other bases under the law.” A medical student on behalf of the Medical Student Council offered support as a national reporting system would increase transparency between residency programs and current and future residents. Four residents on behalf of their respective residency programs supported the resolution as critical for the well being of residents. No one spoke in opposition to the resolution. The Reference Committee recommends adoption as written.

RECOMMENDATION TO ADOPT AS AMENDED

Resolution S’24-13 Emergency Medicine Disaster Preparedness

Recommendation: Adopt As Amended

Text:

~~RESOLVED, EMRA supports emergency medicine department coordination with local, regional, and national public health officials in the event of natural disasters, disease outbreak, and other public health needs of the community for the sake of emergency preparedness and response to the community.~~

RESOLVED, EMRA supports education efforts related to medical student and emergency medicine resident training in disaster preparedness.

Discussion:

After introduction by the author, there was overall support for the spirit of the resolution, however mixed testimony for the resolved clauses. There was an amendment proffered during the Virtual Resolution Review, but no testimony was provided for or against the proposed amendment. Without testimony to the proposed amendment that included production and utilization of a national study, there was no guidance for the Reference Committee to suggest this amendment be adopted in this policy.

Two programs voiced support of the original language. Two groups during the Virtual Resolution Review pointed towards redundancy of the first resolved clause. With no testimony defending

the novelty of the first resolved clause and in light of the concerns raised for redundancy of said resolved clause, the Reference Committee struck the first resolved clause and left the second as the sole resolved clause in this resolution. The Committee's final recommendation is for Adopt as Amended.

Resolution S'24-14 Decriminalizing Victims of Human Trafficking and Individuals Who Offer Sex for Something

Recommendation: Adopt as Amended

Text:

RESOLVED, EMRA supports legislation that decriminalizes individuals who are victims of human trafficking or ~~those that offer sex in exchange for something~~ sex workers who accept money, goods or other transactional exchange.

Resolved EMRA acknowledges adverse health outcomes can occur due to the criminalization of victims of human trafficking and ~~those who offer sex for something~~ sex workers who accept money, goods or other transactional exchange.

~~Resolved EMRA encourages public posting of information within emergency rooms about human trafficking resources such as the National Human Trafficking Hotline and reporting procedures in suspected cases of human trafficking.~~

Resolved, EMRA supports legislation that decriminalizes, acknowledges adverse health outcomes in criminalization and encourages public posting of human trafficking resources in emergency departments.

Discussion:

After introduction on behalf of the author, testimony was unanimous in support of the amended language to the resolved clauses including the author, board member and from four individuals. From testimony provided, it was recommended to redefine the phrasing to be more specific when discussion of services exchanged for sex. There was no testimony offered in opposition or for amendments.

RECOMMENDATION TO NOT ADOPT

Resolution S'24-08 The Time Was Yesterday Creation of Climate Change and Environmental Justice Committee

Recommendation: Not Adopt

Text:

RESOLVED, EMRA creates a Climate Medicine and Environmental Justice Committee

Discussion:

Clarification of this resolution was controversial. The primary authors of this resolution called for a new Climate Medicine and Environmental Justice Committee to be created within EMRA. This committee will be charged with advancing climate related policy, research, and education within Emergency Medicine. Clarification of the process of creating new committees was asked, and under current EMRA committee operations, the formation of a new committee is formed by majority vote of the board of directors. Concern was raised that passing of this resolution provides precedents for future committees to be created by a separate process outside of current EMRA policy. Dr. Blake Denley, EMRA president, provided clarification that the Representative Council provides an open forum and the opportunity for the council to bring forth and undertake all resolutions. Further, if passed, the Board of Directors would create and establish the committee. Dr. Denley clarified, the newly created committee would follow a two year provisional status, as per current EMRA bylaws, before being formally instated.

The primary author acknowledged this process advocating the creation of the Climate Medicine and Environmental Justice Committee through Representative Council is the most effective and appropriate process as it reflects the position and majority will of current residents. While there are subcommittees focusing on climate issues within EMRA, the author team advocated residents' interest and work in climate change and environmental justice has evolved to span across multiple fields including disaster medicine, health policy, and social EM thus outgrowing their parent committee. The authors clarified this committee will be charged with a specific task similar to the Health Policy and Sunset Committee.

A medical student on behalf of the Medical Student Council and a resident on behalf of their residency program voiced opposition to the resolution stating creating a new committee would be more appropriate through the Board of Directors to ensure a continued streamline process. No support was voiced for the resolution. The Reference Committee recommends to not adopt this resolution.