Walking into my emergency department in one of my last weeks of residency, my heart was pounding. My home away from home suddenly felt foreign to me: I was there not as a resident, certainly not as EMRA president, but as a patient. Like so many patients I had cared for over the previous three years, I sat in a hospital bed, my husband at my side, afraid I was miscarrying my early pregnancy. My co-resident took my hand in hers, said, “I’m sorry,” and confirmed the ultrasound showed what we feared. I was devastated.

Amid waves of grief, unhelpful thoughts intruded. Something felt twisted about the fact that this was happening to me, not only because we physicians seem to think we’re invulnerable, but also because I had spent the past two years writing miscarriage bereavement leave policies for EMRA and the AMA. An illogical part of me blamed that work for bringing this outcome upon my pregnancy. But maybe because of that policy work, maybe because of my supportive residency program’s culture, and probably because of generations of female physicians before me, I felt empowered to request a few days off from residency to recover emotionally. Many women, especially in medicine, still do not have this option.

The experience of being human in medicine is not one that’s inherently fair or compassionate. To me, advocacy has always seemed like the best way to make the unfair, ungovernable moments of life a bit more controllable. As young physicians who’ve inherited the harsh culture of medical training, a profit-driven health care system, and doom-and-gloom online discourse, it’s empowering to bring some compassion to the system through policy-making and solutions. And challenging the elements that don’t seem fair has been my driving force as EMRA president.

This year, we’ve advocated for stronger residency standards to ensure the quality of our training remains high as programs grow. We’ve provided education on resident unionization to educate residents on collective bargaining as a strategy to improve their working conditions, wages, and resources. We supported EM-bound medical students by revamping student resources like our Student Advising Guide and providing free EMRA membership to students under-represented in medicine selected to the ABEM Haley Academy. And we passed new EMRA policies to support our patients, including policies on firearm restrictions in EDs, opioid harm reduction, rural medicine, racial equity, and more.

As I conclude my year as EMRA president, I’m overwhelmed with gratitude to each and every one of you for trusting me to represent your voice. It has been an immense honor to lead this organization of 20,400 remarkable residents, fellows, medical students, and alumni, and I’m thrilled to witness all we will accomplish together in the years to come. Here’s to EMRA, and building a future of compassion, justice, and excellence in emergency medicine.

Jessica Adkins Murphy
Protecting our training

EMRA is dedicated to ensuring residents receive high-quality training and do not compete with PAs and NPs for procedures in the ED.

Advocacy

We’ve strengthened our approach to advocacy all around. This year, EMRA leaders have provided educational content on unionization including panels of resident organizers, EMRA*Cast episodes, and Instagram Live discussions. We addressed ED boarding and its impact on patients, physicians, and training in our first annual Advocacy Week. Live-streamed discussions on these topics and more are posted on our Instagram @emresidents, where we’ve been exploring new ways to connect with you, our members.

12 Resolutions proposed and debated by EMRA members and the Representative Council

- Firearms in emergency departments
- Opioid harm reduction
- Position on excited delirium
- Funding for rural emergency medicine
- Improving overall wellness among emergency medicine residents
- Racially equitable language and media in medical education
- Supporting populations experiencing homelessness
- Mitigation of competition for procedures between EM resident physicians
- Reproductive rights and emergency contraception
- Expanding resident experience to rural and critical access hospitals
- Improving care for patients who are incarcerated
- Standardizing away rotation applications
- On the All EM Organizations’ Diversity, Equity, and Inclusion Task Force.
- On the Coalition on Psychiatric Emergencies.

In every room where a decision affecting EM physicians-in-training is being made, the EMRA voice is sought out, respected, and heard loud and clear. In 2023, EMRA advocated on your behalf:

- At ACEP Council, where EMRA brought forward a resolution on protecting residents’ choice of three-year and four-year programs, and a resolution on prioritizing residents (over non-physician trainees) when delegating procedures in EDs.
- At the ACEP Leadership and Advocacy Conference in Washington, D.C., where EMRA residents and students joined ACEP to meet with legislators on Capitol Hill.
- At the ACGME Emergency Medicine Stakeholder Summit on residency program standards.
- At the Council of Residency Directors in Emergency Medicine Academic Assembly.
- On the All EM Organizations’ Diversity, Equity, and Inclusion Task Force.
- On the Coalition on Psychiatric Emergencies.

EMRA also personally reached out to residents displaced by program closures and to residents at EDs affiliated with Envision and American Physician Partners after these corporations restructured and closed in 2023.

Partnerships

Advanced Analgesia in the Emergency Department, AEROS, ACEP, ALiEM, AMA, Coalition on Psychiatric Emergencies, EDPMA, EMF, EMPI, NEMPAC, CORD, Essentials of EM, PolicyRx, and others.

$3.1M annually invested into members
Our EMRA/ACEP new member kits that welcome students, residents, fellows, and alumni to each new EMRA family category, have gotten an upgrade. For years, the kits have equipped trainees to excel on-shift, exemplifying EMRA’s dedication to directly supporting our 20,400 members in your daily lives. Now, in addition to our most popular printed guides like EMRA Antibiotic Guide, PressorDex, and more, we are proud to announce the first edition of the EMRA and AAED Nerve Blocks and Procedural Pain Management Guide. This new guide, created in partnership with Advanced Analgesia in the Emergency Department, focuses on procedural analgesia and dovetails with the already-established EMRA Pain Management Guide to offer thorough alternatives to opioids for pain control.

EM Resident continues to produce stellar content and we just couldn’t be prouder. “Plus One: Care of the Pregnant Trauma Patient” is being used by a maternal-fetal medicine specialist at Emory University to develop guidelines for EMS management of pregnant trauma patients. In addition, we took steps to highlight our digital content and lessened our environmental impact by transitioning our printed issues from bimonthly to quarterly publication.

EMRA’s growing member benefits make the best educational products more accessible to residents than ever before. In addition to EMRA members’ free access to EM:RAP, and discounts for Hippo EM, PEERprep, and Rosh Review, we recently secured member discounts for the EMCrit Podcast. Furthermore, recognizing the stress that residents and medical students face, EMRA is now exploring wellness-focused benefits. Through a pilot partnership with the app Headspace, 300 EMRA members have accessed guided meditation sessions in the past year. We plan to roll out even more new benefits in the months ahead.
EMRA is a launchpad to career-long leadership, and we equip residents and medical students with the opportunities and preparation necessary to shape the future of the specialty.

EMRA committees engage 5,342 of our members in meaningful opportunities to lead and learn. This year, our Education Committee engaged hundreds of residents in Quiz Show, a simulation and trivia competition during the EMRA spring meeting in Las Vegas. The Critical Care Committee joined forces with the Government Services Committee to share fascinating experiences in military medicine in Afghanistan. The Health Policy Committee was instrumental in planning and executing the Health Policy Primer at the Leadership and Advocacy Conference in Washington, D.C. And at ACEP Scientific Assembly, the annual adventure race MedWAR challenged attendees’ physical capabilities and medical skills in a heated competition led by the Wilderness Committee.

EMRA’s partnership with ACEP unlocks unique leadership opportunities and mentorship that can skyrocket a resident or medical student’s career. More than 60 resident liaisons represented EMRA to ACEP committees, sections, and task forces. The EMRA and ACEP Leadership Academy program graduated 11 Leadership Academy Fellows in 2023. These fellows completed a year-long curriculum followed by a capstone project.

This year, EMRA found new ways to support diverse leaders in EM by engaging students who are under-represented in medicine. We provided complimentary EMRA memberships to medical student scholars of the American Board of Emergency Medicine Dr. Leon L. Haley, Jr., Bridge to the Future of Emergency Medicine Academy. Scholars will have full access to member benefits including our New Member Kit on-shift guides, EMRA committees, and leadership opportunities for the duration of their medical school journey.

These are just a few of the initiatives that EMRA leaders have undertaken to advance our specialty, support fellow trainees, and propel their careers through leadership.

The Emergency Medicine Residents’ Association is proud to remain the voice of emergency medicine physicians-in-training and the future of our specialty.