

## **Shaping GME: The Future of Emergency Medicine Major Revisions to the Program Requirements for Emergency Medicine Summary of Themes and Insights**

### **Overview**

Every 10 years, the ACGME Review Committees are required to evaluate the applicable specialty-specific Program Requirements for revision. In 2017, the ACGME re-envisioned the process by which this is done and piloted a new approach within the specialty of internal medicine. The new process, which includes scenario-based strategic planning, requires a writing group (composed of Review Committee members and ACGME Board members, including public members) and the specialty community to think rigorously and creatively about what the specialty will look like in the future prior to proposing any revisions, recognizing the future is marked with significant uncertainty.

### **Key Insights about the Practice of the Emergency Medicine Physician of the Future**

Several themes emerged from the scenario planning efforts that provide insight into the emergency medicine physicians of the future and their practice. It is recognized that the emergency medicine physician of the future will not achieve mastery of all these competencies during residency alone. Residency must serve as the foundation for career-long professional development and adaptation to a changing health care system and community need.

### **Proposed Definition of the Emergency Medicine Physician**

Emergency medicine physicians provide patient-centered care that rapidly evaluates, diagnoses, stabilizes, and manages life-threatening, emergent, and urgent episodic illness and injury. Emergency medicine physicians treat any patient across the spectrum of acuity, age, illness, or injury. Emergency medicine physicians are prepared to care for any patient seeking care, at any time, across varied geographic, resourced, and system configurations. They are team leaders within the emergency department, in any extension of the emergency department, including pre-hospital or remote locations, and they collaborate within the health care system to coordinate the care of the acutely ill or injured patient.

Emergency medicine physicians adapt both their knowledge and their clinical care to shifting patterns of disease and an evolving scope of emergency practice to meet the needs of their local, national, and global communities. Emergency medicine physicians use culturally sensitive and compassionate patient-centered communication and demonstrate empathy for all patients. They understand and manage barriers to care experienced by underserved, under-resourced, and marginalized populations, and seek to mitigate health care disparities through evidence-based practice. They use shared decision making to value the perspective of patients and their families and advocate for the needs of each individual patient.

Emergency medicine physicians are adaptable learners, capable of self-assessment and self-directed learning. They efficiently and effectively sort and process patient data from many sources and utilize new and emerging literature and technology to support patient evaluation

and decision making. Emergency medicine physicians incorporate evidence-based care into their daily practice for each patient.

Emergency medicine physicians educate learners, fellow care team members, patients, and patients' families. They aim to provide information appropriate to all learners, distribute relevant knowledge, and facilitate interdisciplinary collaboration.

Emergency medicine physicians communicate clearly, allowing collaborators and future health care professionals to stay informed. The emergency medicine physician serves as a resource and as a manager of resources for patients in a complex health care system.

Emergency medicine physicians relate to patients, team members, and colleagues in ways that maximize their teams' well-being. They strive to employ effective wellness and mental health strategies essential for those working in a high-stress, fast-turn-around clinical environment. Emergency medicine physicians advocate for system improvements to maximize functionality and safety of their environments.

### **Future Emergency Medicine Residency Education and Training**

In each strategic planning scenario, strategies were developed to successfully educate and train the emergency medicine physician of the future. The strength of each strategy was then assessed in each of the other three scenarios. Strategies that were most successful across scenarios were considered most likely to be useful in any potential future. Three themes emerged from the consolidation of the diverse strategies, with specific sub-themes described below:

1. Adapting the Specialty
2. Building the Adaptable Practitioner
3. Adapting for Your Patient and the Health Care Community

#### **1. Adapting the Specialty**

*Emergency medicine physicians adapt the specialty by ensuring their knowledge, skills, and clinical practice meet the changing and evolving emergency care needs of their local, national, and global communities.*

##### Capability Expansion

Emergency medicine residency programs will:

- Teach residents to evaluate and manage patients with shifting patterns of disease presentation (e.g., the effects of climate change on human health, emerging infections).
- Expand expertise in the care of patients in the emergency department with a variety of health conditions whose final disposition outcome is significantly delayed (e.g., patients with general medical, geriatric-specific, palliative, and psychiatric conditions).
- Expand emergency medicine scope in the cognitive and procedural practice of the specialty to meet the needs of the community. This will include within the emergency department, in any extension of the emergency department, including pre-hospital, and community care settings with gaps in access to health care (e.g., rural).

##### Strategic Collaboration

Emergency medicine residency programs will:

- Collaborate with regional centers of excellence (e.g., research) focusing on advancing the specialty.
- Immerse residents in experiences that facilitate longitudinal partnerships with interprofessional colleagues, community organizations, and/or leaders in health care systems.

### Analytical Facility

Emergency medicine residency programs will:

- Teach residents to quickly and effectively sort and process data from routine and emerging technologies necessary to support their patient evaluation and decision making during the encounter.
- Teach residents to incorporate evidence-based care into their daily practice for each patient.

### Horizontal Leadership

Emergency medicine residency programs will:

- Train residents to lead and manage inter- and intra-disciplinary teams, including geographically dispersed ones and by using virtual technology.

## **2. Building the Adaptable Practitioner**

*Emergency medicine physicians must be highly adaptable practitioners. When working in changing clinical contexts or with new technologies, teaching and mentoring new and diverse learners, or maintaining self-care and resilience when faced with new and uncertain stressors, adaptable emergency medicine physicians will accommodate an ever-evolving specialty. Emergency medicine physicians know that they will continue to learn for the duration of their careers.*

### Contextual Agility

Emergency medicine residency programs will:

- Train residents to provide emergency care in varied geographic, resourced, and system configurations, as well as various degrees of health care system disruption.
- Emphasize procedural and decision-making skills for higher-complexity patients in varied practice environments.

### Mentorship

Emergency medicine residency programs will:

- Ensure that residents are trained to be effective teachers and mentors in academic and non-academic settings with a diverse group of learners.

### Self-Care and Resilience

Emergency medicine residency programs will:

- Incorporate a longitudinal curriculum to teach residents how to maintain resilience while making difficult decisions in time-constrained, high-stress situations, with varying degrees of uncertainty.

- Normalize the need for physical safety, self-care, effective wellness and mental health strategies, and build emergency medicine physicians adept at working in a high-stress, fast-turn-around clinical environment.
- Use data to inform and implement effective wellness and mental health strategies for residents and faculty members to include free and confidential opt-out psychiatric care and counseling, without fear of reprisals.

### Lifelong Learning

Emergency medicine residency programs will:

- Train physicians in self-regulated learning, including skills in self-assessment, self-directed learning, maintenance of procedural skills, and an understanding of the importance of lifelong learning.

### **3. Adapting for Your Patient and the Health Care Community**

*Emergency medicine physicians must adapt their communication to meet the needs of their individual patients, both in the provision of clinical care and in the eliciting of the perspectives of patients and their families to best provide that care. Emergency medicine physicians will be aware of their own biases and work to mitigate them. They will serve as advocates at the individual and system level, engaging collaborators when needed.*

### Patient-Centered Communications

Emergency medicine residency programs will:

- Train residents to succinctly and meaningfully communicate with patients, including those located remotely, as well as to assess and provide a diagnosis and treatment plan through new and emerging technologies (e.g., virtual platforms).
- Train residents to use culturally sensitive and compassionate patient-centered communication.
- Provide education centered on establishing rapport, sharing information, eliciting values and perspectives, and setting goals with patients and their families.

### Advocacy and Awareness

Emergency medicine residency programs will:

- Teach residents to advocate for their patients on individual and systems levels while balancing competing interests of patient care and the business of medicine.
- Teach residents to become aware of their implicit biases, as well as ways to mitigate them.
- Promote diversity of trainees.
- Promote opportunities for collaboration with local agencies to coordinate ongoing care.

### **Next Steps**

The Emergency Medicine Writing Group respectfully requests feedback regarding the major themes described above, including the vision of the future emergency medicine physician and program strategies. The group seeks diverse perspectives—from the public, patients, families of patients, community agencies, clinicians within and outside emergency medicine, and all stakeholders in health care and population health.

A Stakeholder Summit will be held in May 2023 to consider and expand on feedback from the public comment period and adjust themes and strategies to prepare for revisions to the Program Requirements for Graduate Medical Education in Emergency Medicine.

### **Questions for Stakeholders to Consider**

Considering that the training requirements developed under the above program strategies will affect physicians practicing from approximately 2025-2050:

- What, if any, additional educational experiences should be considered in support of meeting the aspirational definition of the emergency medicine physician, as proposed above?
- Describe any potential challenges your program might face in providing the experiences described above. What additional resources might be required to support implementation of these experiences?
- The Writing Group invites stakeholders to weigh in on the terminology used to describe physicians in the specialty: emergency medicine physician versus emergency physician. Which term do you prefer and why?
- In addition to the themes and strategies described above, what, if any, additional issues should be addressed in the revised Program Requirements?
- Describe any potential unintended consequences that may result from implementing the strategies above.
- What general areas within the existing Program Requirements for Emergency Medicine do not support the future strategies described above?

Submit comments using [the comment form](#) to [emergency-reviews@acgme.org](mailto:emergency-reviews@acgme.org) by **April 5, 2023**.

## Addendum

### **What is scenario-based planning?**

Scenario-based planning is a technique by which organizations develop and test their readiness for the future using a range of alternative futures or scenarios. In this case, these scenarios are detailed, systematically developed descriptions of operating environments that the US medical profession might face over the next 25 years or more. This is a technique for managing uncertainty, risk, and opportunity. It yields a strong strategic framework for understanding future needs and a practical basis for immediate action. The intent is not to predict what the future will be and then build a master plan, but rather to ask what the future might hold and identify actions that can be taken today that are most likely to be valuable regardless of how the future turns out. As a result, the technique relies far more on expert judgment and less on quantitative trend forecasts.

### **What has taken place so far?**

In 2013, the ACGME Board of Directors engaged in a scenario-based planning exercise using four widely varied, plausible, internally consistent scenarios describing the range of the future context for health care delivery. These same scenarios were used again during two workshops for the Review Committee for Internal Medicine's Program Requirement revision process in 2017 ("Internal Medicine 2035").

The process resulted in a summary of general insights about the practice of medicine in the future, followed by key insights about the internist in 2035 that worked well and were viable regardless of scenario, and final recommendations for what residency programs should do to prepare the internal medicine resident to practice in 2035. The Review Committee for Internal Medicine then used this information to design the recent major revisions to the Program Requirements for Graduate Medical Education in Internal Medicine.

The process was refined as a result of the experiences with internal medicine, and subsequently with family medicine, pediatrics, and general surgery. Emergency medicine is the fifth specialty to embark on this new major revision process through scenario-based planning. New scenarios were developed and updated for envisioning the future in 2050 or beyond. These are:

- Now You're on Your Own – A dynamic, high-technology world characterized by a novel mix of libertarian economics and progressive social policies, with a rich economy.
- New New Deal – Following decades of political division and economic stagnation, this world is based on social democracy, civic unity, bold government actions, economic rebound, and public optimism.
- Ex Uno, Plures – A world with a weak federal government, strong independent states, divisive culture wars, no safety nets, isolationism, and near-depression economics.
- One Giant Leap – A world of rapid temperature rise and extreme weather causing havoc and widespread anxiety, and a large shift in government priorities, with sluggish economics.

Forty-four participants representing the emergency medicine community, other specialties (surgical critical care, infectious disease, addiction medicine, and psychiatry), and related fields attended a workshop in May 2022. The focus was to provide the Review Committee with insights regarding what the practice of emergency medicine could look like in each scenario.

Additionally, a literature review on key topics identified by the Emergency Medicine Writing Group was conducted, along with a series of one-on-one interviews with patients, emergency medicine physicians who recently completed training, and health care influencers.

Above is a summary of the results of these efforts—key insights about the emergency medicine physician of the future that worked well and were viable regardless of the scenario, and recommendations for what programs should do to prepare emergency medicine residents to practice in 2050. The Writing Group will use these findings and public comments to begin its major revision process in 2023.