

Re: "A National Evaluation of the Scholarly Activity Requirement in Residency Programs: A Survey of Emergency Medicine Program Directors".

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Published In/Presented At

Greenberg, M. R., Totten, V. Y., Repplinger, M. D., & Menchine, M. D. (2016). Re: "A National Evaluation of the Scholarly Activity Requirement in Residency Programs: A Survey of Emergency Medicine Program Directors". *Academic Emergency Medicine: Official Journal Of The Society For Academic Emergency Medicine*, 23(4), 511-512. doi:10.1111/acem.12912.

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CORRESPONDENCE

Re: “A National Evaluation of the Scholarly Activity Requirement in Residency Programs: A Survey of Emergency Medicine Program Directors”

To the Editor:

We read with interest the recent article by Geyer et al.,¹ which reported the results of a survey of emergency medicine (EM) residency research and program directors (RDs/PDs). The survey aimed to describe how RDs/PDs interpreted and applied the scholarly activity requirement as written by the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Emergency Medicine (RC-EM).² All U.S. ACGME-accredited allopathic EM residencies were surveyed in this study, which included programs with concurrent American Osteopathic Association (AOA) certification (MD/DO programs). The authors found no consistent interpretation of the RC-EM requirement, with only five programs requiring creation and submission of a manuscript to a peer-reviewed journal to satisfy this prerequisite to graduation. A wide range of other formats were accepted. As EM training moves toward a single accreditation system, it is worth reviewing how the standard of scholarly activity endorsed by the AOA/American College of Osteopathic Emergency Physicians (ACOEP) compares to that of the RC-EM.^{2,3}

For core EM faculty, the AOA/ACOEP requires evidence of at least two scholarly activities per faculty over a 4-year period, compared with RC-EM's requirement of one scholarly pursuit annually per faculty.^{2,3} Acceptable AOA/ACOEP faculty scholarly activities are broad, including holding a leadership position in a professional association or one of its committees, writing chapters in textbooks, and dissemination of original research findings. However, the *residents* of osteopathic programs have a much higher bar: they must complete a research project that is suitable for publication³ (Data Supplement S1, available as supporting information in the online version of this paper)

Beyond simply completing this manuscript, the AOA/ACOEP has provided further guidance on how these research projects should be conducted and reported. First, ideally, no more than two residents should work on any one project. Further, residents must submit their finalized research papers to the ACOEP at least 6 months prior to completion of residency. Multiple reviewers at the ACOEP then score these papers on 11

features including originality, design, and analytic approach. The scores for each paper are then weighted by the level of evidence for the paper, reflecting importance and relevance to EM, to produce a final evaluation score⁴ (Data Supplement S1). Residents then receive a summary letter identifying their own score and the average score for their training site. Residency programs also receive a report identifying the programs that ranked in the top 10% nationally.⁴ Conversely, the RC-EM provides loose guidance regarding acceptable projects and provides no such ranking.⁵

Moving to a single accreditation system will require harmonizing the discordant scholarly project requirements. Interestingly, Geyer and colleagues found no difference in the number of residents pursuing academic faculty positions when evaluating programs that require “original research” with those that do not. Since research scholarship is much more resource-intensive than other scholarly activities, we must consider whether instituting the high bar set by AOA/ACOEP is universally justifiable. Alternatively, eliminating such a standard may have a chilling effect on resident research productivity. Since it falls on RDs/PDs to coordinate these endeavors locally, we must engage the AOA/ACOEP and ACGME in thoughtful dialogue to come to a reasoned consensus.

In addition to approval by the SAEM Board of Directors, the following members of the SAEM Research Director's Interest Group have reviewed and provided written support: Marc Afilalo, MD, John Allegra, MD, Harrison Alter, MS, MD, Aaron Barksdale, MD, James Feldman, MD, Christian Fromm, MD, Marna Rayl Greenberg, DO, MPH, Jim Holmes, MD, MPH, Erik Kochert, MD, Alex Limkakeng Jr., MD, MHSc, Michael Menchine, MD, MPH, Dave Milzman, MD, Nicholas M. Mohr, MD, Michael Repplinger, MD, MSc, Michael Runyon, MD, Tanya Strout, PhD, RN, MS, and Vicken Totten, MD, MS.

doi: 10.1111/acem.12912

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Supporting Information

The following supporting information is available in the online version of this paper:

Data Supplement S1. American Osteopathic Association (AOA)/American College of Osteopathic Emergency Physicians (ACOEP) Requirements for EM Resident and Faculty Research.