The Anticipated Negative Impact on Emergency Medicine Faculty of the New ACGME Common Program Requirements (Poster).

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INTRODUCTION

EM residencies are regulated by Program Requirements from the EM RRC. These must comply with the Common Program Requirements (CPR) established by the ACGME. In 2018, the ACGME issued new CPR that altered the definitions for core faculty.

The objective was to determine, via EM faculty perceptions, the impact of the new CPR on their well-being and job satisfaction. The faculty were asked to anticipate the impact on the educational experience of residents.

METHODS

A seven-question electronic survey was iteratively developed. After CORD approval, it was distributed using the listserve. Responses were either dichotomous (Yes/No) or on a 1 (No Impact) to 10 (Maximum Negative Impact) Likert scale and were analyzed descriptively. A single open-ended question was analyzed qualitatively.

RESULTS

There were 212 responses. Program Directors (79) and their Associates/ Assistants (81) were the majority. Core faculty (46) and administrators such as Chairs (7), Vice Chairs (8), and Research Directors (7) also responded. Twenty-one responded "other," of which the majority were Clerkship Directors (9). Likert responses are reported in Table One. Two hundred four (97.14%) stated that the loss of protected time would impact their ability to perform their jobs. Table Two summarizes the 94 open-ended responses. Negative impact to stated core ACGME values such as the educational environment, scholarly output, resident evaluation/remediation, and the patient care environment were all noted.

CONCLUSIONS

The self-reported anticipated impact by EM faculty concerning the ACGME changes to the CPR appear mostly negative. The overwhelming majority of respondents anticipate a very strong negative impact from these changes on their job satisfaction, their personal well-being, and the experiences of their residents in training. Particularly concerning are their reported potential for negative impact on their ability to perform their academic duties for their residents and their unwillingness to continue their current positions considering these changes.

Table One: Self-Reported Impact of ACGME Common Program Requirement Changes

Question Anchor N, %	1 No Impact, Will Continue	2	3	4	5 Job Threat	6	7	8	9	10 Career Threat, Max Negative Unlikely to Continue	Weighted Average
Job Satisfaction	1 0.5%	4 1.9%	3 1.4%	6 2.8%	27 12.8%	10 4.7%	25 11.6%	37 17.5%	26 12.3%	72 34.1%	7.88
Personal Well-Being	1 0.5%	2 1%	1 0.5%	6 2.9%	25 11.9%	8 3.8%	23 11%	33 15.7%	37 17.6%	74 35.2%	8.11
Negative Impact on Training	1 0.5%	1 0.5%	3 1.4%	1 0.5%	5 2.4%	10 4.8%	22 10.5%	46 22.0%	28 13.4%	92 44.0%	8.59
Likelihood to Continue Position	5 2.4%	3 1.4%	7 3.3%	5 2.4%	18 8.6%	14 6.8%	14 6.8%	38 18.1%	16 7.6%	90 42.9%	7.96

Table Two: Qualitative Analysis and Selected Responses

Top 10 Qualitative Themes In Order of Frequency
Negative impact on the educational program, including lectures, simulation, ultrasound, mentoring/coaching.
Institutional focus on "mandatory minimum" will result in increased clinical responsibility leaving no time to perform faculty responsibilities.
Negative impact on faculty wellness. This includes statements about the impact of shift work (i.e. sleep cycle).
Negative impact on the recruitment and retention of academic faculty
Negative impact on the future of the specialty
Negative impact on research and scholarly output
Negative impact on patient care and the administrative (medical direction) oversight of the clinical environment
Negative impact on the ability to evaluate and remediate residents
Negative impact on medical students
No impact

Selected Responses
"The ACGME is in the business of guaranteeing educational experience and patient safety. This makes no sense to me."
"This is the faculty equivalent of Service vs. Education."
"Education is a Professional Commitment. This takes time."
"We perform high acuity shift work. This ultimately impacts our ability to educate on-shift."
"A similar argument is how core maximum hours a resident can work is 80 hours average but EM has a maximum of 60 hours."
"It appears that the ACGME is asking to perform all these tasks (generate lectures, quality improvement, remediation, interviews, CCC) as volunteers."
"More and more of the education of EM residents must come from times when we are not directly assigned to clinical duties."
"Education takes time. If there is no time, is there potentially no education?"
"This would be climate change that will make the academic emergency physician extinct."
"Yes I would quit. But I am confident they could find a schlub to fill in for a while."

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