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THE DIVERSE PRACTICE OF EMERGENCY PHYSICIANS ACROSS VARIED CLINICAL SETTINGS

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Emergency Medicine Practice Settings

- Academic Emergency Departments
- Community Hospitals
- Critical Access Hospitals (CAHs)
- Freestanding Emergency Departments (FSEDs)
- Urgent Care Centers
- Specialty and Hybrid Models (e.g., tele-EM, event medicine)

Academic Emergency Departments

- High patient acuity and complexity
- Access to subspecialists, advanced diagnostics, and research
- Involvement in medical education and academic output
- Pathology: STEMI, stroke, sepsis, trauma, rare cases
- Resources: 24/7 consultants, ICU access, advanced imaging

Community Emergency Departments

- Bread-and-butter emergency medicine
- Emphasis on efficiency and throughput
- Balanced acuity with high volume
- Limited subspecialty backup
- Pathology: abdominal pain, chest pain, minor trauma, CHF, COPD
- Resource constraints require pragmatic decision-making

Critical Access Hospitals (CAHs)

- Rural setting with limited inpatient beds
- Emergency physician may also serve other roles
- High need for transfer coordination
- Pathology: farming injuries, delayed chronic illness, peds emergencies
- Limited imaging/labs, reliance on telemedicine

Freestanding Emergency Departments (FSEDs)

- Often community-based or affiliated with larger systems
- Manage low to moderate acuity
- No inpatient beds, require streamlined transfers
- Pathology: lacerations, pain, minor trauma, stroke, cardiac disease and orthopedics
- Resources: basic imaging/labs, no surgical/ICU backup

Urgent Care Centers

- Lower acuity care, usually no EMS arrivals
- Focus on rapid evaluation and discharge
- EM-trained physicians bring expertise to low-risk patients
- Pathology: viral syndromes, minor injuries, UTI, rashes
- Minimal resources: no CT, limited labs, short hours

Resource Utilization Across Settings

Setting	Imaging	Labs	Specialist Support	Follow-up
Academic	Full (MRI, IR, Cath Lab)	Extensive	Immediate	Extensive
Community	CT, US, X-ray	Routine labs	Limited	Moderate
CAH	Basic imaging	Basic labs	Remote (tele)	Limited
FSED	X-ray, some CT/US	Point-of-care labs	Transfer-dependent	Limited
Urgent Care	None or X-ray only	Minimal	None	Limited

Flexibility and Adaptability of EM Physicians

- EM training prepares for any clinical setting
- Rapid clinical decision-making under uncertainty
- Independent or team-based care
- Systems-based thinking and adaptability

Challenges and Opportunities by Setting

- Academic: burnout, innovation
- Community: autonomy, staffing
- CAH: broad skills, limited resources
- FSED: patient satisfaction, transfer needs
- Urgent care: lifestyle vs. scope

Case Examples

STEMI in a:

- Case 1: CED — rapid recognition and transfer
- Case 2: FSED & Urgent Care — stabilization and coordination
- Case 3: Critical Access— disposition challenge

Conclusion

- EM is uniquely versatile across environments
- Different challenges and opportunities exist
- Physicians must be resourceful and adaptable
- Diversity of practice strengthens EM's public health impact

Q&A

- Thank you for your attention.
- Questions?

Thank You