

## Final Committee Objectives 2024-25

### Academic Affairs Committee

Chair: Rahul Bhatt, MD, FACEP

Vice Chair: Sara Krzyzniak, MD, FACEP

Board Liaison: Jennifer J. Casaletto, MD, FACEP

Staff Liaison: Jonathan Fisher, MD, MPH, FACEP

1. Solicit nominations and recommend recipients for the:
  - National Faculty and Junior Faculty Teaching Awards (nominations are approved by the Board)
  - Excellence in Bedside Teaching Award (nominations are approved by the Board)
  - National Outstanding Medical Student Award (joint award with EMRA – nominations approved by the EMRA Board and ACEP president on behalf of the Board)
  - Local Medical Student Awards (one award per medical school – recipients approved by the Academic Affairs Committee)
2. Develop a Policy Resource and Education Paper (PREP) to accompany the Implicit Bias Awareness and Training policy statement as directed in Amended Resolution 14(19) Implicit Bias Awareness and Training.

*Note: PREPs must be submitted to the Board of Directors for a 30-day comment period prior to publication on the ACEP website or submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the PREP was developed by the Academic Affairs Committee.*
3. Examine the impact of racial and ethnic disparities on faculty development. Obtain input from the Diversity, Equity, & Inclusion Committee and the Research Committee. (Academic Affairs is the lead committee.)
4. Provide subject matter expertise and feedback into ACGME Requirements.
5. Complete development of best practices for residency EMS curriculum. Obtain input from the EMS Committee. (Academic Affairs is the lead committee.)
6. Review the following policy per the Policy Sunset Review Process:
  - Resident Training for Practice in Non-Urban - Underserved Areas
  - Compensated Time for Faculty Academic Administration and Teaching Involvement
  - Scholarly Sabbatical Leave for Emergency Medicine Faculty

*Determine by December 15 if the policy should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*
7. Create strategies and tools to promote medical student interest in pursuing a career in emergency medicine.
8. Identify challenges and develop resources for mid-career faculty, with an emphasis on women and/or URiM physicians. Find opportunities to highlight diversity within academic medicine.
9. Review best practices in academic departments that result in equitable pay.
10. Work with AAEP, ABEM, ACGME, CPE, ACEP's Public Health Committee, and other stakeholders to develop and implement a plan to create a subspecialty pathway in emergency psychiatry. (Academic Affairs is the lead committee.)
11. Develop strategies to address Amended Resolution 50(22) Supporting Emergency Physicians to Work in Rural Settings:

RESOLVED, That ACEP support and encourage emergency medicine trained and board certified emergency physicians to work in rural EDs; and be it further

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RESOLVED, That ACEP help establish, with the Council of Residency Directors in Emergency Medicine, a standardized training program for emergency medicine residents with aspirations to work in rural settings; and be it further

RESOLVED, That ACEP support working with the Accreditation Council for Graduate Medical Education and Centers for Medicare and Medicaid Services to increase resident exposure and remove regulatory barriers to rural emergency medicine.

12. Work with relevant stakeholders to determine the best approaches for preparing emergency medicine residents in the management of early pregnancy loss as directed in Amended Resolution 45(23) Emergency Physicians' Role in the Medication and Procedural Management of Early Pregnancy Loss:

RESOLVED, That ACEP work with other relevant stakeholders to determine the best approaches for preparing emergency medicine trainees in the management of early pregnancy loss.

13. Collaborate with the Research Committee and other stakeholders to identify resources to support educational research. (Academic Affairs is the lead committee.)
14. Work with stakeholders to develop a strategy to promote and improve pediatric critical care training and experiences for emergency medicine residents.
15. Collaborate with the Diversity, Equity, and Inclusion Committee in their objective to develop curricular recommendations for residency and fellowship programs related to health equity and diversity, equity, and inclusion. (Diversity, Equity, & Inclusion is the lead committee.)
16. Collaborate with the Research Committee in their objective to work with CORD, SAEM, EMF, EMRA, and other stakeholders to address Substitute Resolution 20(23) Emergency Medicine Research Mentorship Network and identify other ways to enhance the research pipeline. (Research is the lead committee.)

RESOLVED, That ACEP foster collaborations with Society for Academic Emergency Medicine, Council of Residency Directors in Emergency Medicine, and Emergency Medicine Foundation, and other stakeholders to support robust research mentorship opportunities.

17. Create resources for writing letters of recommendation for academic promotion to the rank of assistant, associate, and professor.
18. Collaborate with the Ethics Committee, EMRA, and CORD to develop a policy statement and strategy to work with appropriate medical school organizations to develop guidelines that fees assessed to medical students for visiting student rotations should be based on the actual cost of administering the additional learner and with a fee structure that treats learners fairly and equitable. (Academic Affairs is the lead committee.)
19. Serve as a resource to ABEM in the development of the Disaster Medicine subspecialty with the support of the Disaster Medicine Committee and the EMS Committee. (Disaster Medicine is the lead committee.)
20. Review the second and third resolves of Amended Resolution 44(24) Building the Rural Emergency Medicine Workforce by Expanding Access to Rural Resident Rotations and work with the Rural Emergency Medicine Section to integrate information into ACEP's response to the ACGME requirements for emergency medicine. [added February 2025]

RESOLVED, That ACEP continue to advocate for additional critical access hospital funding to cover the salary, housing, and travel costs of emergency medicine resident rotations at rural Critical Access Hospitals; and be it further

RESOLVED, That ACEP support the Rural Emergency Medicine Section in maintaining a central "Rural Rotation List" to be managed by the ACEP Rural Emergency Medicine Section and shared with the Council of Residency Directors in Emergency Medicine; and be it further

RESOLVED, That ACEP request that the Accreditation Council for Graduate Medical Education encourage all emergency medicine residencies to offer at least one rural emergency medicine clinical elective.

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21. Submit information to ABEM recommending climate change be addressed in the revised “The Model of the Clinical Practice of Emergency Medicine” as directed in the third resolved of Amended Resolution 45(24) Climate Change Research and Education in Emergency Medicine. [added February 2025]

RESOLVED, That ACEP encourage and support comprehensive research efforts on the health effects of climate change and the pivotal role of emergency medicine in mitigating and responding to these effects; and be it further

RESOLVED, That ACEP call for and promote initiatives to facilitate data collection on climate-related health emergencies, such as heat-related illnesses, vector-borne diseases, and extreme weather events, to inform evidence-based interventions, strengthen disaster preparedness, and enhance the capacity to respond effectively to climate change-induced health challenges; and be it further

RESOLVED, That ACEP support the introduction of curricula that address climate change in medical schools and residency programs.