

American Board of Emergency Medicine Report on Residency and Fellowship Training Information (2016-2017)



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The American Board of Emergency Medicine (ABEM) gathers extensive background information on emergency medicine residency programs and the residents training in those programs. We present the 2017 annual report on the status of US emergency medicine training programs. [Ann Emerg Med. 2017;69:640-652.]

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INTRODUCTION

The American Board of Emergency Medicine (ABEM) gathers extensive information on emergency medicine residency programs and the residents training in those programs. Survey data are collected annually from all emergency medicine programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Selected parts of the data are reported in this article.[†] Also included in this report is information on accredited emergency medicine–sponsored fellowship programs reported by the ACGME.

ABEM has several reasons for collecting and disseminating information on emergency medicine programs, residents, and fellows. As the evaluating and certifying arm of the specialty, ABEM seeks to meet the following goals:

- Collect accurate and comprehensive information pertaining to residents and residency programs
- Disseminate information that will aid policymakers and educators in establishing guidelines to improve the quality of graduate medical education in emergency medicine
- Gather background information on residents and fellows to understand the diversity in training programs and among residents
- Facilitate hypothesis generation and support research related to emergency medicine training

[†]This report reflects the status of data contained in the ABEM Residency Training Information Survey as of February 22, 2017. Data accuracy is contingent on survey compliance of participating 2016-2017 programs.

- Support the interface between residents and ABEM to facilitate certification activities

This annual publication serves the specialty of emergency medicine and the medical community at large by serving as a reference tool for evaluating the status and growth of emergency medicine residency and fellowship training and informing decisions to enhance the quality of training for emergency physicians.

METHODOLOGY

ABEM annually surveys all ACGME-accredited US categorical residency programs, ABEM-approved combined residency programs, and ACGME-accredited fellowship programs. Categorical programs are residency programs in a single primary specialty such as emergency medicine. There are currently 2 types of emergency medicine categorical programs, based on the number of postgraduate years (PGYs) that residents are in the program: PGYs 1 to 3 and PGYs 1 to 4. ABEM-approved combined programs consist of PGY 1 to 5 and PGY 1 to 6 program formats. The ACGME-accredited fellowships range between 1 and 3 years long. Information about new residents, fellows, and their respective programs is annually collected from July through October. Information about all enrolled residents and fellows is verified from December through January.

ABEM asks programs for the following information about each of their residents and fellows:

- Name
- Date of birth
- Sex

- Country of birth
- Medical degree
- Location of medical school (United States, international)
- Year of medical school graduation
- Dates of residency
- Citizenship
- Previous internships or specialty training
- Ethnicity (not required)

Programs are also asked for the following information:

- Number of applications received
- Interviews
- Residents or fellows enrolled

ABEM also reports the following data provided by the ACGME:

- Approved positions
- Type of program
- Length of fellowship
- Date of accreditation

Additional information on resident demographics is obtained from comparison data derived from the Graduate Medical Education report that is published annually in the *Journal of the American Medical Association (JAMA)*. Data are used with permission.

Analyses are performed with academic year and calendar year. For the most part, analyses related to a residency or a fellowship program are conducted with the academic year (July 1 to June 30). Analyses related to residents or fellows are based on their status as of December 31, referred to as “calendar year.” For clarity, the use of academic or calendar year is specified for each analysis throughout the article.

RESULTS

In academic year 2016-2017, there are 201 accredited US categorical emergency medicine residency programs. One hundred ninety-one categorical programs were surveyed by ABEM in 2016; 10 programs were not surveyed because their date of accreditation was after December 2016. Twenty-three combined training programs were also surveyed; one program was not surveyed because they will not begin training residents until July 2017. All surveyed programs, categorical and combined, submitted the requested program and resident information. The ACGME reports that there are 121 accredited emergency medicine–sponsored fellowship programs, with a total of 271 filled positions.

Emergency Medicine Residency Programs

Programs were first endorsed in the early 1970s by the Liaison Residency Endorsement Committee, and the ACGME began to accredit emergency medicine

residency programs in 1981. [Figure 1](#) illustrates the change in number of residency programs since the 1974-1975 academic year by program format type. The PGY 2 to 3 format ended in 1986-1987 because a 36-month residency was first required in 1988. The PGY 2 to 4 format was discontinued in 2011-2012. During the 2015-2016 academic year, there was an increase in residency programs because of the implementation of the Single Accreditation System (SAS). Under this agreement, residency training programs approved by the American Osteopathic Association (AOA) can become accredited by the ACGME. Of the 201 accredited US categorical emergency medicine programs, 152 (76%) have a PGY 1 to 3 program format and 49 (24%) have a PGY 1 to 4 program format. The numbers of PGYs 1 to 3 and 1 to 4 increased this year by 17% and 29%, respectively. This reflects both an increase in allopathic programs and the addition of the osteopathic programs under the SAS.

[Table 1](#) illustrates the path from ACGME-approved positions through applications and interviews to enrolled residents during the last 5 years. Applications and interviews are the number reported by programs for the academic year. Last, the table contains the number of enrolled first-year residents, which increased 16% from calendar years 2012 to 2016.

[Figure 2](#) presents the geographic distribution of accredited US categorical emergency medicine training programs by region within the United States. ACGME regions 5, 6, and 7 account for more than 53% of all emergency medicine residency programs.

The full list of current ACGME-accredited US categorical residency training programs in emergency medicine is contained in [Appendix 1](#). [Appendix 2](#) has the

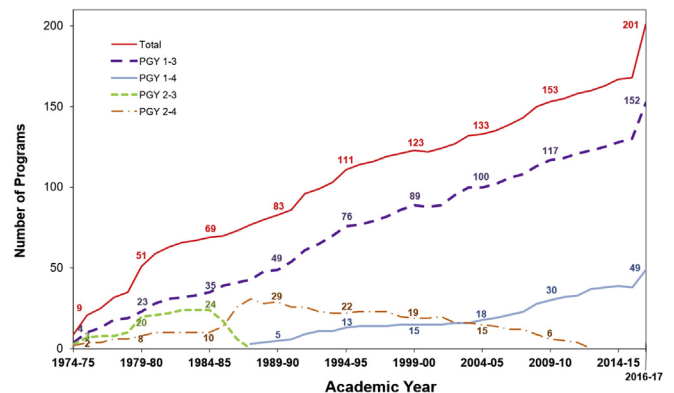


Figure 1. The growth and development of ACGME-accredited residency training programs in emergency medicine (academic years 1974-1975 to 2016-2017).

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