

American Board of Emergency Medicine Report on Residency Training Information (2012-2013), American Board of Emergency Medicine

Research Committee:

Rebecca Smith-Coggins, MD (Chair); Jill M. Baren, MD; Francis L. Counselman, MD; Terry Kowalenko, MD; Catherine A. Marco, MD; Robert L. Muelleman, MD; Robert P. Wahl, MD; Robert C. Korte, PhD

The American Board of Emergency Medicine (ABEM) gathers extensive background information on emergency medicine residency programs and the residents in those programs. We present the 2013 annual report on the status of US emergency medicine training programs. [Ann Emerg Med. 2013;61:584-592.]

0196-0644/\$-see front matter

Copyright © 2013 by the American College of Emergency Physicians.

<http://dx.doi.org/10.1016/j.annemergmed.2013.03.019>

INTRODUCTION

The American Board of Emergency Medicine (ABEM) gathers extensive background 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 aid our understanding of diversity in training programs and among residents;
- facilitate hypothesis generation and support research related to emergency medicine training; and
- support the interface between residents and ABEM to facilitate applicants' and candidates' certification activities.

This annual publication serves the specialty of emergency medicine and the medical community at large by documenting

*This report reflects the status of data contained in the ABEM Residency Training Information Survey as of February 6, 2013. Data accuracy is contingent on survey compliance by all currently accredited emergency medicine residency training programs and accredited emergency medicine–sponsored fellowship programs.

the progress of training in emergency medicine. It is intended to be a reference tool for evaluating the status and growth of emergency medicine residency training and inform decisions to enhance the quality of training for emergency physicians.

METHODOLOGY

ABEM annually surveys all accredited US categorical emergency medicine residency 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 postgraduate year (PGY) that residents enter and exit the program: PGY 1 to 3 and PGY 1 to 4. Information about new residents and residency programs in terms of program type, number of approved positions, and other data is typically collected from July through October. Information about fellowship programs and fellows is also collected at this time. Information about all enrolled residents and fellows is verified from December through February.

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

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

Residency programs are also asked for the following information:

- Type of program (PGY 1 to 3 or PGY 1 to 4)

- Number of first-year positions in the National Residency Matching Program (NRMP)
- Number of applications, interviews, approved positions, funded positions, and residents enrolled.

ABEM asks emergency medicine subspecialty fellowship programs for the following information:

- Board sponsorship
- Previous training requirements
- Length of fellowship
- Date of accreditation
- Number of applications, interviews, approved positions, funded positions, and fellows enrolled.

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.

RESULTS

The ACGME reports that in academic year 2012-2013, there are 160 accredited US categorical emergency medicine residency programs. One hundred fifty-eight programs were surveyed by ABEM in 2012. Two of the 160 programs were excluded because they were newly accredited. These 2 programs expect to be fully operational in 2013-2014. All surveyed programs returned the requested information on residents (100% response rate). Twenty-one combined training programs were also surveyed, of which 18 returned the requested information on residents (86% response rate). ACGME reports that there are 57 accredited emergency medicine-sponsored fellowship programs, with a total of 156 filled positions. Thirty-five (61%) of the programs completed the survey.

Emergency Medicine Residency Programs

Of the 160 accredited US categorical emergency medicine programs, 123 have a PGY 1 to 3 program format (77%); 37 are PGY 1 to 4 (23%). Programs were first endorsed in the early

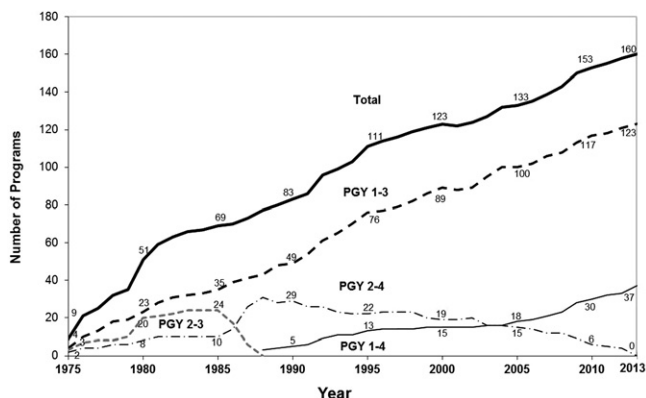


Figure 1. The growth and development of residency training programs in emergency medicine (1975 to 2013).

1970s by the Liaison Residency Endorsement Committee and the ACGME began to accredit emergency medicine residency programs in 1981. A 36-month residency was first required in 1988. Figure 1 illustrates the change in number of residency programs since 1975 by program type. The PGY 2 to 3 format ended in 1988, and the PGY 2 to 4 format decreased from 31 programs in 1988 to 4 programs in 2012 and was discontinued in the 2012-2013 academic year. The number of PGY 1 to 3 programs and PGY 1 to 4 programs have continued to increase, as has the total number of residency programs.

Figure 2 presents the geographic distribution of accredited US categorical emergency medicine training programs. Slightly more than half of the programs (53%) are found in 7 states: New York, California, Pennsylvania, Michigan, Texas, Ohio, and Illinois.

Table 1 presents information about ACGME-approved positions during the past 5 years. First-year funded positions have increased from 1,477 to 1,773 since 2008-2009. Appendix A lists currently accredited US categorical training programs in emergency medicine. Appendix B presents additional information about the types of programs by state.

Overview of Residents in Emergency Medicine

In academic year 2012-2013, there are 5,734 residents in accredited US categorical emergency medicine programs, with 3,997 (70%) in PGY 1 to 3 programs, 1,628 (28%) in PGY 1 to 4 programs, and 109 (2%) completing their training under the PGY 2 to 4 program format. This represents a 21% overall growth rate during the past 5 years. The number of graduates from emergency medicine programs has increased steadily since academic year 2009-2010. In 2011-2012, there were 1,583 residents who graduated from emergency medicine programs. Figure 3 presents this change in the number of residents and graduates during the past 5 years. The anticipated number of graduates for the current year is estimated; the number of

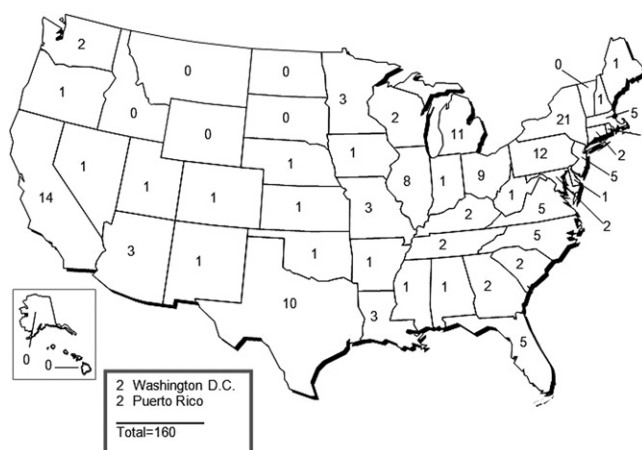


Figure 2. The geographic distribution of accredited US categorical emergency medicine training programs (2012-2013; see Appendix B).

Download English Version:

<https://daneshyari.com/en/article/6081436>

Download Persian Version:

<https://daneshyari.com/article/6081436>

[Daneshyari.com](https://daneshyari.com)