MEMORANDUM

To: Board of Regents

From: Board Office

Subject: Change in Status of Emergency Medicine, University of Iowa

Date: October 9, 2000

Recommended Action:

Refer the University of Iowa's proposal to change the status of Emergency Medicine to an independent program within the College of Medicine to the Interinstitutional Committee on Educational Coordination (ICEC) and the Board Office for review and recommendations.

Executive Summary:

The University of Iowa seeks approval for the formation of an independent Program in Emergency Medicine. Emergency Medicine is now a discrete specialty, with its own Board certification. This program would best serve the educational needs of the students and graduate trainees if the faculty are housed in an independent program that will provide a comprehensive curriculum in emergency medicine. In addition, this change will allow the option of SUI developing its own residency training program in the future. Emergency Medicine faculty members have historically been appointed in the Department of Surgery, but more recently, this group has been organized as a formal division within that department. The faculty has been strengthened by the recruitment of emergency medicine trained faculty. The interest of medical students in pursuing this specialty has increased, and there has been a steady increase in ETC clinical volume over the last four years. The State has a shortage of trained emergency medicine physicians, and the University has plans to eventually develop a graduate medical education program in this specialty to help meet this need.

There is no other emergency medicine program within the State of Iowa. However, there do exist such programs in several adjacent states such as Minnesota, Wisconsin, Illinois and Missouri, making recruitment of qualified staff to Iowa hospitals particularly difficult. All of the undergraduate medical and physician assistant students in the College of Medicine would be enriched by faculty participation in educational offerings of the College by emergency medicine approach learning, according to the University.

This unit is currently funded through University of Iowa Health Care, and the University does not anticipate any increase in resources for this change in status. The unit currently has appropriate personnel to undertake the additional administrative tasks that will be required. The proposal has been endorsed by the Department of Surgery and the College of Medicine Executive Committee and Medical Council.

Attached are the University's responses to the Board of Regents Questions for New Programs.

Robert J. Barak

Approved: Frank J. Stork

h/aa/docket/2000/October/suiA3

6.05 Academic Program Review

A. Review Process for New or Expanded Academic Programs at Regent Universities.

1. Need

a. and b. How this proposed Program will further the educational and curricular needs of students in this discipline and in other units in the college and university.

Emergency medicine is an important link in today's comprehensive health care delivery system by virtue of it's around the clock availability and mandate to care for all types of problems in all patients presenting for care. While there is a great deal of overlap with many other specialties, the unique attribute of the emergency physician is the ability to consider and competently manage the entire spectrum of disease in an acute care setting. This skill set is an important aspect of the education of all health science students, particularly those entering primary care specialties such as general internal medicine, pediatrics, family practice and obstetrics and gynecology. At the graduate medical education level, each of these specialties requires an adequate exposure to an emergency department practice setting for their residents, and accrediting bodies demand supervision by appropriately trained staff.

In addition to the generic need to provide good educational experience for all trainees seeking to acquire competency in emergency care, there are also specific needs to nurture the aspirations of students electing to pursue a career in emergency medicine. This year, seven University of Iowa College of Medicine graduates sought and obtained residencies in emergency medicine. There is an active emergency medicine interest group organized by the students, and this group avidly seeks valid input about the specialty. These students require not only a good exposure to clinical problem solving in an emergency department learning environment supported by formal didactics, but deserve contact with excellent role models who are willing to guide and counsel them as they formulate their plans for a professional future. Career counseling should be provided by experienced emergency physicians with first-hand knowledge of the promise and problems associated with the practice.

At the University of Iowa, Emergency Medicine faculty members have historically been appointed in the Department of Surgery, and more recently, this group has been organized as a formal division in that department. In 1997 a Collegiate faculty committee, chaired by Dr. Janet Schlechte, reviewed the Emergency Treatment Center (ETC), and recommended that the program be linked to the central administration of the medical center rather than to a single department. Several developments lead us to believe that now is the time to proceed with the formation of an autonomous program: the faculty has been strengthened by the recruitment of Emergency Medicine trained faculty; there has been a steady increase in ETC clinical volume over the last 4 years; the interest of our medical students in pursuing this specialty has increased; the State has a shortage of trained EM physicians, and we have plans to eventually develop a graduate medical education program in this specialty to help meet this need.

Thus, the initial goals of this Program will be to provide a comprehensive curriculum in emergency medicine that will meet the educational needs of all students in the COM and

health science colleges and programs and to begin the groundwork for the development of a GME program.

Historical background: The discipline of emergency medicine has evolved substantially in the past three decades. Emergency care had once been an adjunctive activity of all the other medical specialties that were called upon to serve patients on an urgent or emergency basis. However, as the public need for access to emergency health care became increasingly dependent on the technologically-advanced resources of a hospital setting, and family schedules dictated that urgent care be provided after normal business hours, emergency room utilization also increased dramatically. Physicians interested in providing care in this challenging environment began limiting their practice to the emergency department, and have now developed a recognized specialty with its own approaches to patient care, including a special fund of knowledge, clinical skills, and acceptable standards of practice. In 2000, there are 59 physicians practicing in Iowa who are board certified in Emergency Medicine; they practice in a total of 13 cities and towns.

Concomitantly, emergency physicians have also developed appropriate professional societies (e.g. the American College of Emergency Physicians and The Society for Academic Emergency Medicine) and an accrediting agency, the American Board of Emergency Medicine. There are currently 122 accredited Emergency Medicine graduate medical education programs in the United States. Further, of the approximately 70 Emergency Medicine training programs found in Academic Health Centers, almost 70% are located in independent academic Departments of Emergency Medicine.

In academic settings, the mission of emergency medicine also involves the education of care providers in a recognized core of information and skills as well as the development of emergency medicine research initiatives. The specialty shares important attributes of both the generalist's approach to primary care and the problem-focused participation in an acute episode of illness that characterizes the practice of many other specialists. The scope of EM physician's practice ranges from definitive care for many patients with illnesses and injuries that can be adequately managed on an outpatient basis to the diagnosis and stabilization of patients with more critical problems prior to their being admitted to an inpatient hospital setting. Often, this practice may extend to involve the direction of EMS services in the prehospital setting. There are also recognized subspecialties in toxicology and pediatric emergency medicine as well as numerous special interest groups with focussed emphasis in several aspects of the specialty.

2.
a-e. Regarding other programs in this field of study at other educational institutions in Iowa.

There are no other Emergency Medicine programs within the state of Iowa. Moreover, there is a paucity of adequately trained emergency physicians in Iowa. Several leaders of the specialty in the state have expressed support for enhancing the education of physicians involved in providing emergency services.

Several adjacent states, Minnesota, Wisconsin, Illinois, and Missouri, do have Departments or Divisions of Emergency Medicine. Many University of Iowa students elect rotations in emergency medicine at these out-of-state institutions because they find these rotations offer superior experiences by virtue of the academically qualified staff. These programs have historically devoted more resources to academic endeavors than our

own ETC. We believe that the reorganization to an independent Program will facilitate the development of a competitive educational program.

f. and g.
N/A

3. Estimates of the number of students affected by the program in the next 5 years.

All undergraduate medical and physician assistant students in the COM (approximately 170 students per year per class) would be enriched by faculty participation in educational offerings of the college by providing "case-based" learning that focuses on care from the EM approach. In addition, there are approximately twenty medical students each year who would seek emergency department rotations at the UIHC. This group would include the six to ten students electing to pursue careers in the specialty.

At the graduate medical education level, the emergency department is an important site of patient care and education for all residents in all of the surgical disciplines, including obstetrics/gynecology , as well as internal medicine, neurology, family practice, pediatrics, and who rotate through our emergency department as part of their residency experience. Moreover, residents from virtually all other specialties are involved in providing supervised care for patients presenting with needs for their discipline's services, and competent emergency medicine physicians can support those activities. This will also provide experience in a practice model the trainee will certainly encounter in her/his practice subsequent to completion of training.

Finally, the development of a program in emergency medicine will lay important groundwork for the subsequent establishment of a training program dedicated to providing board certified specialists. These individuals will be capable of raising the standard of patient care by staffing in the larger, busier hospitals as well as providing leadership to the smaller rural hospitals not able to support a full time staff of board certified specialists.

4. Data and information on employment opportunities available to graduates of this program in Iowa and nationally.

Although there are now 123 GME programs in emergency medicine nationally, there is still a great unmet need for emergency physicians. A recent survey conducted by the American College of Emergency Physicians (ACEP) indicated that only 48% of practicing emergency physicians were board certified by the ABEM. That ratio is much lower in Iowa, where there are only a little over a hundred board certified practitioners. Only a minority of providers are residency trained. Emergency Department directors around the state have indicated to us that recruitment of qualified staff to Iowa hospitals is particularly difficult. This seems to be a function of not only the overall EM physician shortage, but because the established residencies in emergency medicine are heavily concentrated in the coasts (NY, PA, CA) or the urban northern mid-west (MI, IL, OH). Graduates of these programs usually have an incomplete understanding of the advantages offered by life in the heartland and require relatively huge financial incentives to relocate. This situation puts Iowa hospitals at competitive disadvantage, reflected by the disproportionately high salaries commanded by ED physicians in the mid-west compared to the other regions of the country nearer to established residencies.

5. There are accreditation standards for GME programs in emergency medicine as in all other medical specialties. However, the immediate aim is to establish a program in anticipation of developing the resources required to submit a proposal to the residency review committee in emergency medicine. We anticipate that consultation from an outside source such as the Association of Academic Chairs of Emergency Medicine or the Society of Academic Emergency Medicine will be obtained to assist development of realistic plans prior to such an exercise.

6. We anticipate that the program will meet accreditation standards for a GME program at the time we are ready to develop such a program in the next few years.

7. The Coordinating Council for Post-High School Education has not been consulted.

8. Additional resource needs.

   This unit is currently funded through University of Iowa Health Care, and we do not anticipate any increase in resources for this change in status. The unit currently has appropriate personnel to undertake the additional administrative tasks that will be required. Any additional faculty recruitment would be needed regardless of the unit's status.

   The administrative reporting structure will be modified once Program status is approved. The Director of the Program will continue report to The Director of the Joint Office for Clinical Outreach & Clinical Care Coordination in University of Iowa Health Care for all matters related operational aspects of the ETC, including the budget. After Program status is achieved, the Director will also report to the Associate Dean for Faculty Affairs in the College of Medicine for all academic matters.