

Family Medicine Updates



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FAMILY PHYSICIANS IN EMERGENCY MEDICINE: NEW OPPORTUNITIES AND CRITICAL CHALLENGES

The future of emergency care in the United States and the role that family physicians will play in that future is of concern to the AAFP. That concern led to the development of a policy on family physicians in emergency medicine, an AAFP position paper, and the formation of the Special Interest Group-Emergency Medicine (SIG-EM), which launched at the 2010 Scientific Assembly.

According to the AAFP position paper, *“Critical Challenges for Family Medicine: Delivering Emergency Medical Care—Equipping Family Physicians for the 21st Century,”*¹ staffing in the emergency department (ED) has been controversial since emergency medicine (EM) matured as a specialty. Many EM specialists would like to limit staffing in the ED exclusively to EM residency trained physicians. However, the evidence is clear that EM residency training programs will not meet workforce needs for decades, and family physicians will be needed in the workforce.

The AAFP policy and position paper provide a foundation for changes that need to occur to ensure family physicians are part of the future of emergency medicine. According to the AAFP policy,

“Family physicians are trained in the breadth of medical care and, as such, are qualified to provide emergency care in a variety of settings. In rural and remote settings, family physicians are particularly qualified to provide emergency care. Emergency department credentialing should be based on training, experience and current competence. Combined residency programs in family medicine and emergency medicine, or additional training, such as fellowships in emergency medicine or additional course work, may be of added benefit.”²

Family physicians helped build the EM specialty during its early years, and they remain an essential part of the EM workforce. But the growth of emergency medicine as a specialty has led to an unfounded bias against family physicians. The EM field has promoted new standards for employment and credential-

ing that often exclude family physicians. For much of the past 2 decades, EM leaders argued that EM residency training programs would soon meet the nation’s workforce needs.

New workforce data, however, make it clear that this will not happen for many decades, if ever. The data support what family physicians have known for a long time: family physicians have an essential role in the future of emergency care. The Institute of Medicine report on emergency medicine provides an independent and crucial perspective on the EM workforce, including mandates for more cooperation between family medicine and emergency medicine.³

In addition, several landmark studies show that workforce shortages of EM residency-trained physicians are almost certain to continue for decades, and may never meet workforce demands.^{4,5} The data provide a new mandate for changes in workforce modeling for emergency medicine that include a role for family physicians, especially in rural areas.^{6,7} The emphasis on primary care training in the recently passed health care reform law will make this even more imperative.

Excerpts from the AAFP position paper clarify the challenges and opportunities that are ahead and provide history and context for the issue. The paper describes the historical role of family physicians in the creation of the EM specialty, the early cooperative efforts between the 2 specialties, and the eventual hiring bias that has developed against family physicians.

The paper also highlights new opportunities, including the recommendation that competition between the specialties be replaced with collaboration that recognizes the critical role of family physicians in emergency care. In addition, the paper outlines the benefits and challenges of the few existing combined family medicine/emergency medicine residency programs and notes the benefits of fellowships that provide additional training in EM for family physicians. The paper also describes the Comprehensive Advanced Life Support Course, a program developed for family physicians who periodically face the challenge of providing first-hour emergency care in rural and remote areas.

The successful integration of family medicine and EM training and practice in other countries also is outlined in the paper. For example, the Canadian model allows family physicians to receive added certification and expertise in EM practice and procedures. International models demonstrate the positive effect on the delivery and acceptance of family physicians providing

emergency care and, thus, should serve as an example for the US system.

Finally, the AAFP position paper emphasizes the strengths that family physicians bring to emergency care.

"The training environment for most of today's emergency medicine residencies is one where specialty consultants and advanced technology are readily available to the emergency physician to assist in the assessment and care of their patients. Most rural and remote emergency departments lack those kinds of resources, and (family physicians) depend upon their own best clinical skills and judgment to a greater degree. In these areas, the ideal physician is a generalist with expertise in emergency medicine..."⁸

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References

1. American Academy of Family Physicians (AAFP). *Critical Challenges for Family Medicine: Delivering Emergency Medical Care, Equipping Family Physicians for the 21st Century?* [Position Paper]. <http://www.aafp.org/online/en/home/policy/policies/e/emposition.html>.
2. American Academy of Family Physicians (AAFP). *AAFP Policy on Family Physicians in Emergency Medicine*. <http://www.aafp.org/online/en/home/policy/policies/e/emergencymedicinefamilyphysiciansin.html>.
3. Bullock KA, Gerard WA, Stauffer AR. The emergency medicine workforce and the IOM report: embrace the legacy generation. *Ann Emerg Med*. 2007;50(5):622-623.
4. Counselman FL, Marco CA, Patrick VC, et al. A study of the workforce in emergency medicine, 2007. *Am J Emerg Med*. 2009;27(6):691-700.
5. Ginde AA, Sullivan AF, Camargo CA Jr. National study of the emergency physician workforce, 2008. *Ann Emerg Med*. 2009;54(3):349-359.
6. Bullock K, Rodney WM, Gerard T, Hahn R. "Advanced Practice": family physicians as the foundation for rural emergency medicine services (Part I). *Texas J Rur Health*. 2000;17(1):19-29.
7. Family physicians help meet the emergency care needs of rural America [Graham Center One-Pager]. *Am Fam Physician*. 2006;73(7):1163.
8. American Academy of Family Physicians (AAFP). *Critical Challenges for Family Medicine: Delivering Emergency Medical Care, Equipping Family Physicians for the 21st Century?* [Position Paper]. <http://www.aafp.org/online/en/home/policy/policies/e/emposition.html>.



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2010 PISACANO SCHOLARS

Allana Krolkowski, a 2010 Pisacano Scholar, is a 4th-year medical student at the University at Buffalo (UB). She graduated from UB with a Bachelor of Science in Biomedical Sciences and a Bachelor of Arts in Spanish. While studying abroad during her senior year, she interned for 2 months at a hospital in Cuernavaca, Mexico, where she aided in and observed procedures in the emergency department and assisted in surgeries. Upon graduation, she spent another month as a volunteer, staffing and organizing a medical clinic for the disadvantaged, indigenous population in Palenque, Mexico.

As a medical student, Allana began serving with a Malaria Program in Nyamuswa, Tanzania as a volunteer, distributing mosquito nets and assisting with community education on malaria. After returning home, Allana began serving as co-coordinator of the Malaria Program. Allana took a year off from medical school and worked in the front office of a family practice office, which serves a diverse, urban, underserved population, including a large population of refugees.

After returning to medical school, Allana conducted a chart review over a 6-month period of patients with Hepatitis B followed by the practice and later presented her results to the providers. This has led the Burmese community in Buffalo to desire further education on this infection. As an advocate for health care reform, Allana has given several presentations, encouraging other medical students to become more involved in learning about health policy and advocacy. Additionally, she has provided listener commentary on a local radio station, lobbied her congressmen at the national level, and participated in rallies for health care reform.

As a family physician, Allana looks forward to providing culturally competent, full-spectrum care in underserved communities in the United States, Africa, and Latin America. She plans to continue her advocacy for health care reform and continue pursuing her interest in languages.

Matthew Malek, a 2010 Pisacano Scholar, is a 4th-year medical student at the University of Rochester School of Medicine and Dentistry. He graduated from Middlebury College in Vermont with a Bachelor of Arts in