Education Committee

1. Identify member educational needs based on assessments from a variety of sources, including state and facility CME requirements, board certification requirements, quality measures, test results, activity evaluations, member surveys, ACEP.org search terms and ACGME Milestones.

Outcome: The educational needs assessment report was presented to the Education Steering Committee in January 2016. The report comprised data from 11 sources, including PEER VIII pretest results, PIAA closed-claims data, liaison reports, ACEP15 course attendance, state and facility CME requirements, and, for the first time, an analysis of trends from the ABEM ConCert exam.

2. Design, implement, evaluate, and revise educational activities that meet identified needs and enhance ACEP’s position as the primary source for state-of-the-art emergency medicine education, including:
   - Live and enduring CME activities on the emergency medicine core content designed to reinforce cognitive expertise
   - Alternative educational opportunities such as simulation courses for procedural competencies and skills
   - Mobile and online CME courses and other activities that incorporate new learning technologies
   - PI-CME activities approved for ABEM MOC Assessment of Practice Performance
   - Digital editions of ACEP titles published for a variety of reading devices
   - EMS subspecialty certification prep resources
   - Activities designed to help students, residents, and young physicians during early years of practice
   - Activities specific to the issue of litigation stress (Amended Resolution 35-11)
   - In cooperation with SEMPA and AAENP, advanced training for physician assistants and nurse practitioners
   - Educational products related to CEDR Learning Collaborative

Outcome: The following meetings occurred: ACEP15, Advanced PEM Assembly, Simulation-based Immersive Medical (SIM) Training Course, Reimbursement and Coding, 2 offerings of the Emergency Department Directors Academy (EDDA) Phase I, one offering of EDDA Phase II and Phase III and Leadership & Advocacy Conference.
   - Successful courses focusing on simulation and procedural competencies and skills occurred at ACEP15, PEM Assembly, and the Simulation-based Immersive Medical (SIM) Training Course.
   - Many clinical and management courses at ACEP15 were identified to help students, residents, and young physicians.
   - A course on litigation stress was offered at ACEP14 and continues to be offered as a virtual product.
   - SEMPA and ACEP partnered to plan the 3-phase EM Academy, scheduled for implementation in FY 2016-17, targeting emergency medicine physician assistants and physicians practicing in rural areas.
   - DART, the new web-based tool to help identify and treat sepsis, was launched.
   - Seventy new courses were added to ACEP eCME.
   - Two new educational podcasts were launched, “ACEP Frontline” and “ACEP SA Replay.”
   - Emergency Department Design: A Practical Guide to Planning for the Future, 2e, was released.
   - The iPad edition of Cardiovascular Emergencies was released.
   - Kindle editions of Cardiovascular Emergencies and PEER VIII were released.
   - A collection of online courses on sepsis was released in support of CMS’s Transforming Clinical Practice Initiative.

3. Submit a nomination for the 2016 ACEP Award for Outstanding Contribution in Education.

Outcome: A nomination was submitted by the deadline. The Board approved the committee’s nominee in April 2016.

4. Investigate the possibility of creating additional recognition or awards in education, publications, and other areas not currently acknowledged in the national awards structure.
Outcome: A publishing award will be created during the 2016-17 committee year.

5. Continue to pursue strategic partnerships with publishers and other organizations that contribute to the College’s CME mission, goals, and objectives.

Outcome: ACEP and Astute Technologies began a collaboration on PEER IX, scheduled for release in October 2016. Other collaborations continued, including those with ABEM on the patient safety LLSA, with HippoEM on the LLSA prep materials, with Jones and Bartlett Learning on the Emergency Care and Safety Institute and eACLS, with McGraw-Hill on Tintinalli Study Guide and derivative works, and with SonoSim on ultrasonography training.

6. Investigate CME activities for physicians and other providers practicing emergency medicine and for others practicing in resource-limited settings.

Outcome: The EM Academy had a target market of emergency medicine physician assistants, nurse practitioners, and physicians practicing in rural areas. The Section on Rural Emergency Medicine selected 15 courses from ACEP15 that cover subjects of interest and educational need to rural physicians and other providers. These courses were packaged into a collection of online courses, “The Resource-Challenged ED,” and were released in July 2016.

7. Explore cost-efficient ways to provide education to international emergency physicians. Enhance ACEP’s expertise internationally in marketing publications and meetings.

Outcome: This objective is ongoing and will continue in 2016-17. Activities to date include hosting exhibit booths at three international conferences (Taipei, Abu Dhabi, Cape Town) that included ACEP eCME, Virtual ACEP, and Scientific Assembly promotions offering discounted rates for selected packages, subscriptions, and/or registrations. International cadaver labs hosted in São Paulo, Bangkok, Copenhagen, and Dublin were underwritten in full by Teleflex and offered to international physicians at no charge.

8. Work with the Disaster Preparedness & Response Committee to explore online disaster training for emergency physicians. (Education is the lead committee)

Outcome: The Education Committee’s EMS Subcommittee collaborated with the Disaster Preparedness & Response Committee to recommend previous Scientific Assembly courses for adaptation to online course material/video lecture format. The recommendations were submitted in July 2016 for consideration along with an outline of recommended future plans.

9. Work with the EMS Committee and CECBEMS to develop education resources on the culture change of spinal motion restriction in emergency medicine for EMTs and Paramedics. (Education is the lead committee.)

Outcome: This objective will continue in 2016-17. ACEP is collaborating with the American College of Surgeons Committee on Trauma and the National Association of EMS Physicians to combine separate organizational policies on spinal motion restriction. Development of educational resources will be based on the new joint policy.

10. Work with the State Legislative/Regulatory Committee to explore development of CME for education about the Physician Orders for Life Sustaining Treatment (POLST) or similar programs. (Education is the lead committee.)

Outcome: The MOC-MOL Subcommittee began development of a PI-CME activity on palliative care and the content include POLST. It is being designed for approval by ABEM as an MOC Part IV activity and is scheduled for release in 2016-17.