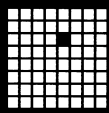




## Medicine's Front Line



American College of  
Emergency Physicians



## Our Mission

The American College of Emergency Physicians (ACEP), with more than 21,000 members, is the oldest and largest representative body for emergency physicians. The history of ACEP is inextricably linked with the recognition and development of emergency medicine as a medical specialty in the United States.

Headquartered in Dallas, Texas, ACEP has 53 Chapters representing each state, as well as Puerto Rico and the District of Columbia, and a Government Services Chapter representing emergency physicians employed by military branches and other government agencies.

It also has an office in Washington, D.C., which advocates and communicates on behalf of its members.

Every year more than 100 million people seek care in the nation's emergency departments, making the emergency department American's health care safety net — available 24 hours a day, 7 days a week — treating patients from all walks of life — rich and poor, young and old, insured and uninsured.

### **Our Mission: Quality Emergency Care**

ACEP's mission remains committed to its founding goals. Its six value statements serve as the guiding principles for the specialty:

- Value 1** Quality emergency care is a fundamental individual right and should be available to all who seek it.
- Value 2** There is a body of knowledge unique to emergency medicine that requires continuing refinement and development.
- Value 3** Physicians entering the practice of emergency medicine should be residency trained.
- Value 4** The best interests of patients are served when emergency physicians practice in a fair, equitable, and supportive environment.
- Value 5** Emergency physicians have the responsibility to play the lead roles in the definition, evaluation, and improvement of quality emergency care.
- Value 6** Quality emergency medicine is best practiced by qualified, credentialed emergency physicians.

*Emergency medicine is often an intense and emotionally charged specialty, but it is also very rewarding, especially when a life is saved. Physicians who specialize in emergency medicine provide an essential community service. They have special lifesaving skills in adult and pediatric medicine that spans multiple disciplines and specialties. Emergency physicians often juggle numerous patients at once with health problems ranging from allergic reactions to crushing chest pain.*

*In addition to the daily responsibility of treating the very sickest patients, emergency physicians increasingly face overcrowded emergency departments and a large population of patients who are uninsured with no other access to regular medical care. For these reasons, hospital emergency departments are the backbone of our nation's health care safety net—responsible for providing care to all people regardless of their ability to pay or insurance status.*

## History of Emergency Medicine

In the United States, organized field care and transportation of wounded soldiers began during the Civil War, but the actual beginnings of the specialty emerged in the late 1950s. During the conflicts in Korea and Vietnam, physicians practicing on the “home front” recognized that procedures and techniques developed for the battlefield could also be used in local hospitals to help save the lives of thousands of Americans each year. They saw the need for timely triage and the importance of beginning treatment in the crucial first minutes after an injury or onset of illness.

### Origins of the Specialty

As recently as the early 1960s, emergency care in the United States was at best inconsistent. Much of the care was provided by inadequately equipped emergency “rooms,” frequently staffed by nurses. Interns or on-call physicians — physicians from other specialties required to pull “ER” duty to maintain admitting privileges — were called in as needed.

Even as late as the mid 1960s, many U.S. hospitals still didn’t have emergency departments, and although some states required public hospitals to provide emergency care, critical care patients still were transported to emergency rooms in hearses, because they were the only vehicles available in which people could lie flat. Prehospital care was almost nonexistent, and medical treatment usually didn’t begin until a patient arrived at the hospital.

While the emergency care system of the 1960s represented a remarkable advance from the days of hot air balloons transporting wounded soldiers to clinics stocked with leeches, as done in Napoleon’s time, hearses were hardly equipped to provide lifesaving care.

As a result of advances in medical science, the availability of diagnostic equipment, and the public’s growing demand for access to medical services, emergency visits almost tripled between 1954 and 1964. The increased demand focused attention on improving emergency care.

At the same time, awareness was growing that unintentional injury was a leading cause of death

and disability in America. In 1966, the National Academy of Sciences published its landmark report, *Accidental Death and Disability: The Neglected Disease of Modern Society*, dramatically pointing out the deficiencies in the emergency care system of the day. The awareness of the importance of emergency care quickly led to a mandate from patients and physicians alike: improve the American system of emergency care.

### Establishing the Specialty

During this time, it also was becoming clear that emergency care required uniquely different skills from general medical practices. Hospitals began experimenting with staffing patterns that used doctors from various medical specialties to improve emergency care and provide 24-hour coverage.

Significant advances were made, but emergency physicians still had to contend with the lack of training and recruitment. There simply were no training programs for young doctors interested in practicing emergency medicine.

On August 16, 1968, in Lansing, Michigan, a group of eight physicians who shared a commitment to improve the quality of emergency care formed the American College of Emergency Physicians. From the beginning, ACEP’s overriding goal was to educate and train physicians in emergency medicine to provide quality emergency care in the nation’s hospitals.

ACEP moved quickly to improve care by setting standards for educating and training emergency physicians. In 1969, ACEP sponsored a national meeting — called Scientific Assembly — in Denver, attended by 128 physicians. It was the first of what was to become an annual national forum that presents clinical courses, and the latest advances in emergency medicine. It was attended by thousands. By 1970, ACEP had developed a practice-based curriculum for emergency medicine residency programs and instituted a program of continuing education.

In an effort to achieve recognition as a specialty, ACEP in 1975 created a board certification exam and promoted establishment of a certifying board. Four years later in 1979,



“WE’RE  
No. 23”

emergency medicine was formally recognized as America’s 23rd medical specialty by the American Medical Association and the American Board of Medical Specialties (achieving primary medical board status in 1989).

In 1985, to ensure that emergency care was available to anyone who needed it, Congress enacted the Emergency Medical Treatment and Labor Act (EMTALA). Known as the federal “anti-dumping law,” EMTALA mandates that all patients who come to the emergency department must be given a medical screening examination and be stabilized (if their conditions warrant), regardless of their ability to pay or insurance coverage. This federal regulation places great responsibility on emergency physicians to provide a health care safety net for the nation’s most vulnerable populations, including the poor, the underinsured, and the uninsured.

**ACEP was founded in 1968 by eight physicians in Lansing, Michigan:**

- George C. Fink, MD
- Robert N. Leichtman, MD
- Richard W. Ligenfelter, MD
- Eugene C. Nakfoor, MD
- Robert J. Rathburn, MD
- John T. Rogers, MD
- John A. Rupke, MD
- John G. Wiegenstien, MD

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## Emergency Medicine Today

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Over the past 30 years, emergency medicine has become a state-of-the-art, technologically advanced, fully recognized medical specialty. Today's emergency physicians are highly educated and trained to face the challenges and stress of a demanding job. They conduct cutting-edge research to improve the practice of medicine. They maintain high standards of excellence and work to improve emergency medicine worldwide. They evolve constantly with the dramatic advances in technology and the changing health care universe.

In the past 10 years, ACEP was instrumental in developing the subspecialties of sports medicine, medical toxicology, undersea and hyperbaric medicine, and pediatric emergency medicine.

### Developing Pediatric Emergency Medicine

Emergency physicians are specialists in treating adult and pediatric emergencies. Trained to do emergency procedures for children including airway management, resuscitation, and trauma care, emergency physicians treat more than 40 million children each year. Some emergency physicians decide to focus exclusively on treating children and work in many of the nation's children's hospitals and teaching hospitals.

ACEP members pioneered the development of pediatric emergency care in the United States and continue to improve the care that children receive. ACEP sponsors numerous courses on emergency care for children, and *Annals of Emergency Medicine* regularly publishes studies on topics, such as appropriate sedation and pain management of children. This research helps develop innovative ways to enhance treatment for children.

In 1992, the American Board of Emergency Medicine and the American Board of Pediatrics jointly developed and now administer an examination for board certification in the pediatric emergency medicine subspecialty. Since that time, more than 1,000 physicians have become certified, pediatric emergency medicine specialists.

### ACEP

ACEP played a key role in developing the specialty of emergency medicine, and its more than 21,000 members synergize their efforts to continue to improve and develop the practice of emergency medicine, promote emergency medicine research, advocate for patients, conduct public education, and impact the state and national regulatory and legislative arenas.

**ACEP Governance.** To meet the diverse needs of emergency physicians, ACEP's national organization operates through a system of elected representatives, governed by a Board of Directors, consisting of elected directors. The officers of the board are the president, president-elect, vice-president, secretary-treasurer, and immediate past president.

The Board of Directors serves as ACEP's policymaking body, responsible for its management and control; Board members are elected by the ACEP Council at Scientific Assembly (ACEP's annual meeting) and serve 3-year terms, with a limit of 2 consecutive terms.

Council representation ensures "grassroots" involvement in the democratic decision-making process. Led by a Speaker and Vice Speaker, the ACEP Council is made up of more than 200 Councillors representing the 53 state Chapters, the Emergency Medicine Residents' Association, and ACEP's Sections. Each Chapter has at least one Councillor representative and an additional Councillor for every 100 Chapter members. Council officers are elected for 2-year terms, with a limit of two consecutive terms. ACEP's Sections of membership, representing special interest groups, have one Councillor each.

Specialized interests are represented through ACEP's Committees (at the national and state levels) and Sections. ACEP members apply to and are appointed by the president-elect for Committee appointments to develop policy and address such issues as ethics, emergency medicine practice, pediatric emergency care, violence prevention, and public health. Sections are open to any members with common concerns in such areas as disaster medicine, rural emergency medicine, managed care, cruise ship medicine, injury prevention, and emergency medical services.

**Liaison and Coalition Activities.** ACEP encourages development of specialized interests by providing resources and support for joint initiatives. Toward this end, ACEP and the American Academy of Pediatrics jointly developed an Advanced Pediatric Life Support course.

In addition, ACEP works with and appoints liaisons to various coalitions, organizations, and other medical specialty organizations to address various clinical and health issues and to develop national guidelines and recommendations. For example, ACEP participated on a national task force to develop guidelines for improving care for children with special health care needs, coordinated by the Emergency Medical Services for Children Program of the U.S. Department of Health and Human Services (HHS). ACEP also worked with HHS to develop *Healthy People 2010*, the nation's health goals for the year 2010, and the American Academy of Pediatrics to develop joint guidelines on pediatric emergency care.

**Scientific Assembly.** Each fall, ACEP sponsors the world's largest gathering of emergency physicians to share the latest advances in treatment, debate clinical controversies, and get hands-on diagnostic and therapeutic skill labs experience. Scientific Assembly offers hundreds of clinical and management courses and debates issues important to the practice and future of emergency medicine. In addition, the annual Research Forum occurs at Scientific Assembly, where emergency physicians present new research.

**Annals of Emergency Medicine.** ACEP publishes this premier journal of emergency medicine, which presents peer reviewed clinical research and issues pertinent to emergency physicians. Articles span the breadth of the specialty, including trauma, pediatrics, toxicology, injury, emergency medical services, and infectious disease.

**Publications.** ACEP publishes numerous high-quality publications designed to meet the needs of emergency physicians and improve patient care, ranging from brief reports and position papers to information on organizing and managing an emergency department. ACEP's *Publications Catalogue* contains many popular emergency medicine classics, as well as the latest titles from some of the finest medical book and software publishers in the country.

The publication line-up also includes numerous magazines designed specifically for members. *ACEP News* is a monthly newsletter that keeps members informed about ACEP policies, projects, and Committee activities and provides up-to-date information on the regulations that affect practice, such as reimbursement and coding changes. *EM Today*, a biweekly online publication, provides late-breaking news relevant to the practice of emergency medicine. *The Connection*, a monthly publication for national and state Chapter leaders, covers current issues and hot state topics. *24/7*, published quarterly, is tailored to the needs of medical students and residents.

**Public Education.** ACEP publishes a wide variety of resources for the public and to help members educate patients, including a monthly feature column series and patient-friendly brochures on health and safety topics. The *Public Relations Resource Catalogue* contains a list of all public educational materials.

**Advocacy.** ACEP aggressively promotes emergency medicine issues at national and state levels and in both legislative and regulatory arenas. It has worked for years on such issues as access to emergency services, the uninsured health and safety, and expansion and improvement of the nation's EMS system. ACEP's legislative efforts have produced numerous successes including, for example, establishment of the prudent layperson standard of emergency in the Medicare and Medicaid managed care programs. This standard bases a health plan's coverage of emergency care on a patient's symptoms and not his or her final diagnosis.

ACEP also represents the interests of emergency patients and physicians in establishing federal regulations on practice and reimbursement issues, many of which affect the future of the practice. For example, ACEP was instrumental in representing the concerns of emergency physicians related to revising the guidelines used to enforce EMTALA; promoting funding for graduate medical education; and revising the problematic documentation guidelines that support levels of care and payment rates for services.

### Residency Program

Physicians who choose to specialize and become certified in emergency medicine complete 3 to 4 years of residency training beyond medical school. Residency programs provide formal training and direct hands-on experience in a wide range of adult and pediatric emergencies, including medical, surgical, trauma, cardiac, orthopedic, and obstetric. Residents also learn recognition and intervention skills for dealing with a wide range of social emergencies, including substance abuse and family violence.

As of June 1998, 122 emergency medicine residency programs in the United States were approved by the Accreditation Council for Graduate Medical Education (ACGME). Combined, these programs graduate more than 950 residents each year. In addition, 25 osteopathic emergency medicine residency programs graduate more than 100 residents per year.

To support emergency medicine residents, ACEP sponsors programs that provide critical knowledge and skills for emergency physicians at every stage of their careers. The goal is to ensure emergency care is available to all Americans, meeting the same high standards, no matter where they live.

ACEP fosters development of residency programs by offering two faculty programs — the Teaching Fellowship and the Emergency Medicine Basic Research Skills Workshop. ACEP also is actively involved in developing and refining the core curriculum for residency training programs and sits on the ACGME Residency Review Committee for Emergency Medicine that makes accreditation decisions.

In addition, ACEP provides management services for the Emergency Medicine Residents' Association (EMRA), the only independent, separately incorporated resident specialty organization in medicine.

EMRA represents more than 4,500 emergency physicians-in-training and medical students interested in emergency medicine and presents them with many opportunities for involvement and leadership. The organization is active within the house of medicine and is a strong voice for residents within organized emergency medicine, providing liaison relationships with ACEP, the

Society for Academic Emergency Medicine, the Residency Review Committee for Emergency Medicine, the American Medical Association, and other key organizations.

EMRA publishes a bi-monthly newsletter, *EM Resident*, featuring the news and views on issues affecting emergency medicine residents and medical students and maintains a website with information about the organization and its activities ([www.emra.org](http://www.emra.org)). In addition, EMRA publishes numerous materials for residents, including a handbook on antibiotic use in the emergency department, a job directory and a career planning guide.

### Board Certification

After completing an accredited residency program, board certification in the specialty is a further mark of excellence.

In 1997, ACEP passed a historic resolution changing membership criteria (beginning after December 31, 1999) to require either board certification in emergency medicine or completion of an emergency medicine residency program.

When emergency medicine was recognized as a medical specialty in 1979, the American Board of Emergency Medicine (ABEM) was recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) as the 23rd specialty member board. ABEM offers the certification examination, a comprehensive assessment of competence in emergency medicine. The core content was approved by ACEP, ABEM, and the Society for Academic Emergency Medicine. In 1998, ACEP recognized the American Osteopathic Board of Emergency Medicine (AOBEM) as a certifying body in emergency medicine, opening the door to allow doctors of osteopathy who are certified by AOBEM to join ACEP after the new membership requirements take effect.

### Continuing Education

To keep up to date on the latest advances in emergency medicine, ACEP members are required to complete at least 150 hours of continuing medical education (CME) every 3 years. ACEP and its Chapters sponsor regular, ongoing programs covering such topics as

environmental emergencies, cardiac resuscitation, airway management, advanced pediatric life support, poison control and treatment, practice management, and quality assurance. These programs also serve to educate physicians from other specialties on key issues in emergency medicine. In addition, each fall, hundreds of CME courses are offered at ACEP's annual Scientific Assembly.

### **Emergency Medicine Research**

The body of knowledge in emergency medicine continues to expand through the efforts of leading researchers and institutions. To foster these efforts and promote research in emergency medicine, ACEP in 1973 established the Emergency Medicine Foundation (EMF), a 501(c)(3) nonprofit organization dedicated to securing and distributing research funding. Since its founding, EMF has distributed millions of dollars to scores of researchers, ranging from \$2,400 medical student awards to \$250,000 center of excellence grants. This research has proven crucial to foster emergency medicine investigators, enabling many of them to obtain multi-million dollar NIH awards.

ACEP is committed to emergency medicine research and underwrites the full administrative expense of EMF. In fact, because of ACEP's support, 100 percent of EMF donations go directly to research. EMF awards approximately 20 grants per year to established investigators, residents, and medical students. The foundation also works with researchers to identify and secure other outside funding sources.

ACEP also publishes *Annals of Emergency Medicine*, the premier journal of emergency medicine, which publishes the latest clinical research and in-depth articles and information important to emergency physicians. In addition, ACEP sponsors the annual Research Forum at Scientific Assembly where emergency physicians present unpublished research.

### **International Emergency Medicine**

Through scientific meetings, international exchanges, and study missions, ACEP seeks to improve the quality of emergency care worldwide. Physicians across the globe look to ACEP as the leader in emergency medicine education.

ACEP continues to focus resources on the formidable challenges facing international emergency medicine and works with government agencies, other medical organizations, corporations, and physicians on many issues to promote emergency medicine as a specialty in other countries. By stressing continuing education, practice-based training, patient advocacy, and public education, the organization is helping ensure that people everywhere receive the vital care they need in an emergency.

ACEP is one of four sponsoring associations of the International Federation for Emergency Medicine, founded in October 1991 to promote international interchange, understanding, and cooperation among physicians practicing emergency medicine. Each sponsoring association (ACEP, the Australasian College for Emergency Medicine, the British Association for Accident and Emergency Medicine, and the Canadian Association of Emergency Physicians) rotates hosting the biennial International Conference of Emergency Medicine, the premier scientific meeting addressing emergency medicine in the international setting.

### **Sources of Expertise**

Emergency physicians are extensively used as expert sources by the news media and other organizations on various topics including adult and pediatric emergencies, managed care, public health, substance abuse, injury prevention, and emergency medical services. ACEP promotes emergency medicine at the national and state levels and assists emergency physicians in educating the public, advocating for patients, and offering their expertise in various arenas.

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## Medicine's Front Line

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Some days may be uneventful in an emergency department, but during a hectic 12-hour shift, a single emergency physician may be called upon to treat up to 60 adult and pediatric emergencies of every kind — medical, surgical, trauma, orthopedic, obstetric. Such a challenge demands the skills of a highly trained specialist with knowledge that crosses many specialties. Here are some quotes from ACEP members about what it's like to be an emergency physician:

***“Emergency medicine is unique in that the most difficult cases from all medical specialties can end up in the emergency department. That’s why you have to know internal medicine, as well as pediatrics and family practice. You also have to know gynecology, surgery, orthopedics, and trauma. And you have to make accurate diagnoses quickly.”***

Emergency physicians must have the ability to recognize dire emergencies and respond immediately with effective treatment. They also must provide comfort and reassurance to patients and their families.

***“The most difficult part about being an emergency physician is having to accept the fact that you may not save everyone. There’s nothing more painful than having to tell a mother that her 17-year old son has just died from a drug overdose.”***

Emergency physicians see every kind of human drama imaginable, treating multiple patients at a time. Some patients are desperately ill or severely injured and are engaged in an all-out fight for life. Other patients have less serious injuries, and they can be treated and released. Still others look to the emergency department to solve problems for which there are no medical cures, such as victims of abuse or domestic violence. Emergency physicians never turn anyone away.

***“Heart attacks, gunshot wounds, car-wreck injuries — emergency physicians see it all. Exposure to health risks — HIV, hepatitis, TB — also is very real, as is the potential for violence from the community spilling over into the emergency department. Many emergency departments even screen visitors for weapons now.”***

Emergency physicians make many personal sacrifices to do their jobs.

***“Normal day-to-night and weekday-to-weekend differences don’t exist for emergency physicians because emergency departments are staffed 24 hours a day, 7 days a week. This may mean that while everyone is home for Christmas opening presents, you may be pulling a shift. It can be hard on you and your family.”***

One of the most meaningful jobs a person can have is that of an emergency physician.

***“Very few jobs give you the gratification of an emergency department, whether you resuscitate a trauma patient or relieve the pain of a child with a high fever and an ear infection.”***

Tens of thousands of dedicated men and woman have chosen emergency medicine as a career to make a difference in people's lives. Today, if you have an emergency, you can expect to be cared for by highly trained specialists using advanced diagnostic equipment and the most effective medical techniques.

You also don't have to look far to find those who are making the critical difference in our country's health care system today. They are the ones you count on to be on medicine's front line — our emergency physicians.

## Historical Profile

<b>August 16, 1968</b>	ACEP formed.	<b>February 1982</b>	Special requirements approved for emergency medicine residency training programs by the Accreditation Council for Graduate Medical Education (effective March 1982).
<b>1969</b>	ACEP <i>Quarterly Report</i> , ACEP's first publication, published.	<b>1985</b>	Emergency Medical Treatment and Labor Act (EMTALA) enacted by Congress.
<b>November 1969</b>	First Scientific Assembly in Denver.	<b>1985</b>	First International Conference on Emergency Medicine convenes in London.
<b>July 1970</b>	First emergency medicine residency program at the University of Cincinnati.	<b>September 21, 1989</b>	The American Board of Emergency Medicine status change from conjoint (modified) board to a primary board approved by the American Board of Medical Specialties.
<b>1970</b>	ACEP's first book <i>Emergency Department Management Guide</i> published.	<b>October 1989</b>	First annual Teaching Fellowship program.
<b>1972</b>	<i>Emergency Medicine Residency Newsletter</i> published.	<b>1993</b>	ACEP celebrates 25th anniversary.
<b>January 1972</b>	Premier issue of the <i>Journal of the American College of Emergency Physicians</i> (renamed <i>Annals of Emergency Medicine</i> in 1980).	<b>1994</b>	Report on the role of emergency medicine released by the Macy Foundation Conference On the Future of Emergency Medicine.
<b>1973</b>	Emergency Medical Services Systems Act enacted by Congress, forming 9-1-1 service to make prompt, qualified emergency care a reality.	<b>1997</b>	Historic resolution passed by ACEP changing membership criteria to require either board certification in emergency medicine or completion of an emergency medicine residency program.
<b>May 1973</b>	AMA Board of Trustees created a provisional section on emergency medicine, giving ACEP a vote within the AMA House of Delegates.	<b>1998</b>	ACEP recognizes the American Osteopathic Board of Emergency Medicine as a certifying body in emergency medicine, opening the door to doctors of osteopathy to join ACEP.
<b>1973</b>	Founding of Emergency Medicine Foundation.	<b>2000</b>	ACEP hosts National Congress on Preserving America's Health Care Safety Net in Washington, D.C.
<b>November 3-10, 1974</b>	National EMS Week proclaimed by President Gerald Ford.		
<b>1974</b>	Founding of Emergency Medicine Residents' Association.		
<b>December 1975</b>	Permanent section on emergency medicine and standards for emergency medicine residencies approved by the AMA House of Delegates.		
<b>June 1976</b>	American Board of Emergency Medicine formed.		
<b>September 1977</b>	ACEP authorized by AMA as accrediting organization for continuing medical education.		
<b>September 21, 1979</b>	Emergency medicine recognized as a medical specialty by the American Board of Medical Specialties and the AMA.		
<b>May 1980</b>	First certification of emergency physicians by the American Board of Emergency Medicine.		

### ACEP continually strives to improve the quality of emergency medical services through:

- Setting high standards and developing clinical polices,
- Encouraging excellence in residency training programs,
- Funding emergency medicine research,
- Providing public education and conducting awareness campaigns, and
- Advocating for patients and physicians in the legislative and regulatory arenas.



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