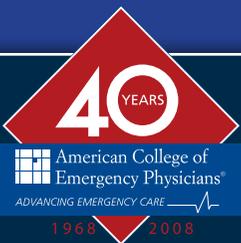


40th Anniversary Edition

MEDICINE'S Front Line



1968

2008





Our Mission

The American College of Emergency Physicians (ACEP) promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients and the public.

ACEP is the nation's oldest and largest body representing emergency physicians. Formed in 1968 by a group of eight emergency physicians, ACEP has grown to more than 25,000 members in 2008, its 40th anniversary year. The organization's history is inextricably linked with the recognition and development of emergency medicine as a medical specialty in the United States. In 1979, just 11 years after ACEP's formation, emergency medicine was formally recognized as a medical specialty by the American Medical Association and the American Board of Medical Specialties.

ACEP Headquarters, Dallas, TX



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Our Members

Physicians who specialize in emergency medicine provide an essential community service and are unique in that they possess special lifesaving skills in both adult and pediatric medicine. Emergency physicians often are called upon to serve numerous patients at once with health problems ranging from allergic reactions and broken bones to crushing chest pain and stroke symptoms. Emergency medicine is often an intense and emotionally charged specialty, but it is also very rewarding for medical professionals, especially when a life is saved.

Every year more than 115 million people seek care in our nation's emergency departments, making them America's health care safety net for everyone—available 24 hours a day, 7 days a week—caring for all people, regardless of their ability to pay. Emergency physicians provide a

health care safety net for everyone, not just the uninsured, and are standing in the gap to save lives, despite a broken health care system that people are finding harder to access.

As advocates for their patients, emergency physicians are focused on finding solutions to overcrowding and to ending the practice of “boarding,” in which patients line the hallways of emergency departments waiting for inpatient beds. ACEP is advocating for passage of the Access to Emergency Medical Services Act to reduce the dangerous trends that are limiting the public's ability to receive high-quality, lifesaving medical care and leaving emergency departments unable to respond to day-to-day emergencies, let alone a pandemic flu or terrorist attack.



Development of a Medical Specialty

In the past 40 years, emergency medicine has evolved into a state-of-the-art, medical specialty.



From Battlefield to Local Hospital

In the United States, organized field care and transportation of wounded soldiers began during the Civil War, but the actual beginnings of emergency medicine emerged in the late 1950s. During the conflicts in Korea and Vietnam at this time, physicians practicing on the “home front” began to recognize that procedures and techniques developed for the battlefield (such as timely triage and beginning treatment in the crucial first minutes after an injury or onset of illness) could also be used in local hospitals to help save lives.

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.

Inconsistent and Inadequate Care Structure

Despite this growing demand, even 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 only 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.

Additionally, even as late as the mid 1960s, many U.S. hospitals still didn’t have emergency departments, and some critical care patients 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 was done in Napoleon’s time, hearses were hardly equipped to provide lifesaving care.

National Academy of Sciences Report

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

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Development of a Medical Specialty

Alexandria Plan

During this time, it also was becoming clear that emergency care required uniquely different skills and staffing structures 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. For example, in Alexandria, Virginia, Dr. James DeWitt Mills and four other physicians established what became known as the “Alexandria Plan,” which enlisted a dedicated team of doctors to care for emergency patients 24/7.

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

ACEP Formed

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 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. Wiegstein, MD

Standards Set, Specialty Formally Recognized

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, Colorado, which was attended by 128 physicians. It was the first of what was to become an annual forum designed to present clinical courses and the latest advances in emergency medicine. By 1970, ACEP had developed a practice-based curriculum for emergency medicine residency programs and instituted a program of continuing medical education.

To achieve recognition as a specialty, ACEP created a board certification exam and promoted establishment of a certifying board in 1975. Four years later (in 1979), 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 May 1980, ACEP moved its headquarters to Dallas, Texas.

Emergency Medical Treatment and Labor Act

In 1985, to ensure that emergency care was available to anyone who needed it, Congress enacted the Emergency Medical Treatment and Labor Act (EMTALA). EMTALA mandates that all patients who come to the emergency department must be given a medical screening examination and be stabilized if they have a medical emergency, regardless of their ability to pay or insurance status. 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.

Emergency Medicine Today

Today, emergency medicine is a state-of-the-art, technologically advanced, fully recognized medical specialty, and emergency physicians are well-prepared to face the challenges and stresses of their demanding professions. They conduct cutting-edge research to improve the practice of medicine, maintain high standards of excellence, work to improve emergency medicine worldwide, and at the same time, adapt to the dramatic advances in technology and the changing health care universe.



The 21st century brought new challenges to emergency physicians, both at home and abroad. The terrorist attacks of September 11, 2001, and the natural disaster of Hurricane Katrina in 2005 highlighted the fundamental role emergency physicians play as first responders, as well as their expertise in preparing for future disasters, whether man-made, biological or natural. In the 21st century, military emergency physicians emerged as a critical lifesaving force, both at home and abroad, particularly in the U.S.-led wars in Afghanistan and Iraq.

Military Emergency Medicine

As emergency medicine rapidly evolved, so did the deployment of emergency physicians and emergency medical technicians in the United States military. Military emergency medicine

has played a critical role in research, battlefield medicine, critical care transport and the design and evolution of military trauma systems, starting with the Vietnam War.

Military emergency physicians have been instrumental in applying research in the battlefield, and subsequently in America, of many emergency medical techniques and technologies. These include trauma, ultrasound, blood substitutes, tourniquets and helicopter transport (first used in the Vietnam War). In addition, the training of pre-hospital providers in a revolutionary system called Tactical Combat Casualty Care is not only used by the military on the battlefield, but also by law enforcement SWAT medical teams, disaster teams and other civilian first responder units.

Military emergency physicians have been deployed to all areas of the world. They have worked in the Air Force's Mobile Forward Surgical Teams and Critical Care Air Transport Teams, the Navy's Shock Trauma Platoons and Forward Surgical Companies, and the Army's Forward Surgical Teams and Combat Surgical Hospitals. The development of these units has dramatically improved care on the battlefield and at home.

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Where Have Military Emergency Physicians Served?

**2005: U.S. Gulf Coast
(Hurricane Katrina)**

**2002 - Present: Iraq and
Afghanistan Wars**

**2001: World Trade Center/
Pentagon Disasters**

**1999-2000: Venezuela
(Mudslides)**

**1998-99: Central America
(Hurricanes Mitch and Georges)**

1995-99: Balkan War

1994: Panama

1992-93: Somalia

1992: Hurricane Andrew

1990-91: Gulf War

1988: Haiti

1983: Grenada

1982-84: Beirut, Lebanon

**1980: Iran Hostage
Rescue Attempt**

**1980: Peacekeeping Operations
Worldwide**

**1960-75: Vietnam War Plus
Deployments of US Forces
in Many Other Countries**

Military emergency physicians were vital in the response on September 11th, when many were mobilized along with Urban Search and Rescue Teams and Disaster Medical Assistance Teams to respond directly to the World Trade Center terrorist attacks.

Disaster Emergency Medicine

Disaster medicine, the term used to describe delivery of medical care to patients in a natural or man-made disaster, grew out of the experiences of military physicians. Forty years ago, veterans came back to the United States having learned that medical care immediately applied at the site of injury, followed by rapid transport of traumatized soldiers to specialized “trauma centers,” improved outcomes and survival. They then asked why the same procedures could not be used in America. Soon trauma centers were developed in conjunction with Emergency Medical Services throughout the United States.

Emergency physicians who specialize in disaster response are involved with planning, preparedness, response and recovery for disasters in their communities and at their hospitals. They treat the victims of fires, floods, earthquakes, tornadoes, hurricanes, riots, mudslides and snow storms. They care for people at sporting events and political rallies.

They lead and train response teams from the DMAT, FEMA, Urban Search and Rescue and others,

and provide leadership in the federal government to such agencies as the Department of Veterans Affairs, the Centers for Disease Control and Prevention and the Department of Homeland Security. Emergency physicians have provided advice to Congress through testimony and worked at the highest levels of government, both federal and state.

Temporary Field ER, Hurricane Katrina



Pediatric Emergency Medicine

Emergency physicians are specialists in treating pediatric emergencies. Trained to perform emergency procedures for children, including airway management, resuscitation and trauma care, emergency physicians treat more than 28 million children each year. Some focus exclusively on treating children and work in the nation's children's hospitals and teaching hospitals.



ACEP members pioneered the development of pediatric emergency care in the United States and remain committed to improving

emergency care for children. ACEP sponsors numerous in-depth courses on emergency care for children, and *Annals of Emergency Medicine* regularly publishes studies on such topics as sedation and pain management in 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, 1,630 physicians have become certified pediatric emergency medicine specialists, including 1,446 pediatricians.



Where Have Disaster Emergency Physicians Served?

**1980: MGM Grand Hotel Fire,
Las Vegas, NV**

**1981: Hyatt Regency
Hotel Skywalk Collapse,
Kansas City, MO**

**1989: San Francisco Bay
Earthquake, California**

**1993: The Great Midwest Floods;
World Trade Center bombing in
New York, NY**

**1994: Northridge, California
Earthquake**

**1995: Oklahoma City Bombing,
Oklahoma**

1996: Midwest Tornado Outbreak

**1999: Hurricane Floyd; Columbine
High School Shootings, Colorado**

**2001: World Trade Center
and Pentagon Terrorist Attacks,
New York and Virginia**

**2003: SARS Outbreak, China;
Hurricane Isabel**

**2004: Tsunami and Earthquake,
Indonesia**

**2005: Hurricanes Katrina,
Rita and Wilma**

**2007: Mississippi River Bridge
Collapse, Minneapolis, MN**



To meet the diverse needs of emergency physicians, ACEP 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, chairman, vice-president, secretary-treasurer and immediate past president.

Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, plus Puerto Rico and the District of Columbia, as well as a Government Services Chapter representing emergency physicians employed by military branches and other government agencies. It also has an office in Washington, DC, which advocates and communicates on behalf of its members.

Board of Directors

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 (annual meeting) to serve three-year terms, with a limit of two consecutive terms. The board elects officers of chairman, vice president and secretary-treasurer, to serve one-year terms.

Council

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 organization's 53 state chapters, the Emergency Medicine Residents' Association and ACEP's sections. Each chapter has at least one representative and an additional representative for every 100 chapter members. Council officers are elected for two-year terms, with a limit of two consecutive terms. ACEP's sections of membership, representing special interest groups, have one representative each.

The council elects the organization's president-elect and board of directors during its annual meeting in conjunction with Scientific Assembly. It votes on resolutions which may be introduced by any member, as long as at least two people co-sign its introduction. The council is also the body that votes on proposed changes to the bylaws. Whether it is a resolution or a bylaws amendment, actions of the council are also voted on by the board of directors.

Committees

ACEP committees are groups of members appointed by the president to assist the board of directors. These committees are work groups with responsibilities assigned by the president. Committee members serve for specific periods of time and are accountable to the president for achieving their assigned objectives. ACEP has more than 25 committees on topics including academic affairs, clinical policies, disaster preparedness, ethics, federal government affairs, finance and public health.

Sections

ACEP sections were developed for members who share areas of interest, such as disaster medicine or cruise ship medicine. They allow members the opportunity to develop new ideas and programs and publish a newsletter. ACEP has nearly 30 sections that focus on topics including air medical transport, emergency medicine informatics, hyperbaric medicine, international emergency medicine, rural emergency medicine and sports medicine.

Staff

ACEP employs more than 100 staff in its Dallas, Texas, headquarters and its Washington DC, public affairs division office. Four divisions are in the Dallas office—administrative services, educational and professional products, membership and policy—and the Washington, DC, staff manage the departments of congressional affairs, federal affairs, political action, public relations and quality measures/health information technology.

ACEP Efforts and Resources

Advocacy

ACEP aggressively and successfully promotes emergency medicine issues at national and state levels. It has worked for years on such issues as access to emergency services, universal health coverage and improvement of the nation's EMS system. ACEP's efforts have produced successes including 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.)

In 1980, ACEP established the National Emergency Medicine Political Action Committee (NEMPAC), through which ACEP members support the election or reelection of congressional candidates who share their commitment to emergency medicine. In ACEP's 40th anniversary year, NEMPAC ranks among the top five physician specialty PACs with receipts of nearly \$1 million per year.

In 1998, ACEP established the 911 Legislative Advocacy Network to encourage emergency physicians to cultivate relationships with federal legislators, convey ACEP's legislative and regulatory priorities and affect the final outcome of federal legislation important to the specialty. In ACEP's 40th anniversary year, more than 1,200 members are active in the 911 Network.



ACEP re-introduces the Access to Emergency Medical Services Act

ACEP also works to establish federal regulations on issues, many of which affect the future of emergency medicine. For example, ACEP supports the use of technology to improve patient safety and is working with the federal government to develop quality improvement measures that advance patient care. ACEP also has worked to revise the guidelines used to enforce EMTALA, promoted funding for graduate medical education and revised the problematic documentation guidelines that support levels of care and payment rates.

Coalitions

ACEP partners with many organizations to address clinical and health issues and to develop national guidelines and recommendations. ACEP is a founding member of the Alliance of Specialty Medicine, a coalition of 13 medical specialty organizations that advocates on health policy issues.

ACEP also works with organizations to develop clinical guidelines and clinical education materials. Examples include the American Academy of Neurology, American College of Cardiology, American Heart Association, American Stroke Association, American Academy of Pediatrics, Emergency Nurses Association, NIH/Food Allergy and Anaphylaxis Network and the Infectious Diseases Society of America.





Dr. Michael Carius being interviewed by ABC News at Scientific Assembly

Annals of Emergency Medicine

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

Annals is the largest circulation journal in emergency medicine with nearly 27,000 subscribers. More than 2,000 medical school and hospital libraries subscribe to it, and more than 4,500 institutions include it in their online licenses for ScienceDirect, the world's largest electronic resource for science, technology and medical research. ScienceDirect was used to access *Annals* approximately 312,000 times in 2007 by readers in 50 countries, a 75-percent increase over the previous year.

Annals is the emergency medicine journal most frequently cited by authors of scholarly science and medical journal articles. Among 6,164 science and medical journals in the Science Citation Index (SCI), *Annals* ranked in the top 10 percent by citation frequency and the top 13 percent by impact factor (average citation rate per article). *Annals* has the highest citation rate of all 11 emergency medicine/resuscitation journals tracked by SCI.

Public Education

ACEP publishes a variety of resources to educate the public on health and safety topics ranging from the symptoms of childhood emergencies and a home safety checklist to what to do if you experience the symptoms of a stroke or heart attack. The organization's new publication "Medical Emergencies: What You Need To Know" is a comprehensive emergency manual, designed to help everyone understand how to prevent and respond to medical emergencies.

ACEP partners with corporations and government agencies to conduct national education and advertising campaigns on such topics as the dangers of medication abuse (with the White House Office of National Drug Control Policy) and first aid (with Johnson & Johnson, in which the two organizations developed a first aid kit sold in stores across America). Additionally, emergency physicians often serve as spokespersons for campaigns on topics such as stroke, heart attack, Cover the Uninsured Week, EMS Week, wound care and heat illness.

ACEP has a Spokespersons' Network of nearly 300 media-trained emergency physicians who serve as the voice of emergency medicine to the news media in media markets across the United States. These emergency physicians have expertise in various topics and are called upon to give advice about health policy issues and medical emergencies. They also are tapped during times of disaster and national emergencies, such as during severe cold or heat waves. In addition, ACEP has a Speakers' Bureau of experts who speak to youth clubs, community groups and business and civic organizations.

ACEP Foundation

The ACEP Foundation educates the public on important emergency medical issues and engages them in supporting solutions to ensure

ACEP Efforts and Resources

access to high-quality emergency medical care, injury prevention and disaster preparedness. One of the ACEP Foundation's vehicles to help achieve its mission is *VitalCare*—a new consumer magazine for emergency department waiting rooms, which is designed to educate and reassure people who are dealing with medical emergencies. The foundation's Web site at www.EmergencyCareForYou.org contains a wide variety of information about medical emergencies.

Publications

ACEP publishes a number of highly regarded publications designed to educate and inform emergency physicians and improve patient care. ACEP's comprehensive publications catalog also contains many popular emergency medicine classics, as well as the latest titles from many of the finest medical book and software publishers in the country.

ACEP has communications designed specifically for members including:

- *ACEP Newsmakers*, a monthly newsletter, keeps members informed about ACEP policies, projects and advocacy efforts, provides current clinical news that affects emergency medicine and up-to-date information on the key regulations, such as reimbursement updates and coding changes.
- *Emergency Medicine Today*, a daily electronic newsletter, provides late breaking news relevant to the practice of emergency medicine and health care.
- *VitalCare*, a new consumer magazine for people in emergency department waiting rooms. With its positive tone, useful information and underlying message that emergency physicians are highly skilled specialists, the magazine helps reassure and inform patients and family members about the processes and treatment options available in the emergency department.

International Emergency Medicine

Through its scientific meetings, international exchanges and study missions, ACEP seeks to improve the quality of emergency care not only in the United States, but across the globe. Physicians worldwide look to ACEP as the leader in emergency medicine education, and the organization is committed to extending its reach across the world.

ACEP focuses 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 promoting continuing education, practice-based training, patient advocacy and public education, the organization is helping ensure that people worldwide receive the lifesaving 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 (ICEM), the premier scientific meeting

addressing emergency medicine in the international setting.

The 2008 International Conference on Emergency Medicine was held in San Francisco and hosted by ACEP.



ACEP Support for Emergency Physician Training

Emergency physicians are highly educated and have cross-trained among the medical specialties to meet demanding challenges. Like all doctors, emergency physicians go through four years of college and four years of medical school. After that, they train for three to four more years in a residency program at an accredited teaching hospital.

Residency Programs

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 must go beyond this technical training and develop keen recognition and intervention skills for dealing with a wide range of social emergencies, including substance abuse and family violence.



As of September 2007, 144 emergency medicine residency programs in the United States were approved by the Accreditation Council for Graduate Medical Education (ACGME). In addition, 36 emergency medicine residency programs are approved by the American Osteopathic Association (AOA). Combined, these programs graduate nearly 1,400 residents each year.

To support these residents, ACEP sponsors in-depth programs that provide critical knowledge and skill development opportunities for emergency physicians at every stage of their careers. The ultimate goal of this training is to ensure quality emergency care is available to all Americans, and meets the same high standards, no matter where they live.

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

EMRA

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 7,500 emergency physicians-in-training and medical students dedicated to emergency medicine and presents them with opportunities for career development and leadership. The organization is active among the medical community 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 magazine, *EM Resident*, featuring the news and views on issues affecting emergency medicine residents and medical students and maintains a Web site

ACEP Support for Emergency Physician Training

with information about the organization and its activities (www.emra.org). In addition, EMRA publishes support materials for residents, including a handbook on antibiotic use in the emergency department, a career planning guide, a contract issues primer and many other clinical and career development resources designed specifically for them.

Board Certification

After completing an accredited residency program, board certification in the specialty is the gold standard of practice. 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 three 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, including established investigators, residents and medical students. This research has proven crucial to foster emergency medicine investigators, enabling many of them to obtain multi-million dollar National Institutes of Health awards which have resulted in findings that have improved and saved countless lives.

Emergency Physician Qualities

During a hectic 12-hour shift, an emergency physician may be called upon to treat scores of adult and pediatric emergencies of every kind, including medical, surgical, trauma, orthopedic and obstetric. Such a challenge demands the skills of a highly trained specialist with knowledge that crosses many specialties, as well as an individual who can accurately assess medical emergencies and make important decisions quickly, often without knowing the medical history of the patient.



The skills of an emergency physician translate well to leadership positions. ACEP members have leadership roles at the national level, including the Department of Homeland Security, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid, the Department of Veterans Affairs, the White House Medical Corps and Congress. Emergency physicians have served as U.S. Surgeon General and administrator of the National Highway and Traffic Safety Administration. At the state and local levels, emergency physicians are providing leadership as state EMS directors, county disaster team managers and state legislators.

Reflections After 40 Years

Here are some quotes from ACEP members about what it's like to be an emergency physician and some reflections on the development of the specialty:

“ Dr. Ron Krome said, ‘We changed the face of American medicine. And I think that’s not an overstatement. If you look at the major changes in medicine from say 1960 to 2000, the quality of emergency care has improved dramatically, both pre-hospital care, but also the care in the emergency departments.’”

– **Brian Zink, MD, FACEP, author of *Anyone, Anything, Anytime*, 2007**

“There’s no way you’re not going to need an emergency department some time in your life. Half the population of the United States will visit an emergency department this year. The best and the brightest of medical school classes are now going into emergency medicine.”

– **Gregory L. Henry, MD, FACEP, past president of ACEP, 2007**

“[Dr.] John Wiegenstein [founder of ACEP] believed that the cause of emergency medicine was so just, that it was inevitable that [it] would become a specialty. He said ‘Emergency medicine was right for the country, it was right for the public, and it was sort of like motherhood and apple pie. I didn’t see how anyone could turn us down. I didn’t know much about politics, but I learned very quickly that it doesn’t always happen that way. I was very naïve, but in the long run I think that’s proven to be true, that politics can throw up roadblocks and interfere for a short length of time, but time always wins if it’s right.’”

– ***Anyone, Anything, Anytime*, by Brian J. Zink, MD, Page 183**

Reflections After 40 Years

“You were considered a maverick to be an emergency physician back then. We weren’t just doing what every other doctor knew how to do... We knew how to do some things exceedingly well and better than anyone else.”

– **Robert Williams, MD, FACEP, 2008**

David Wagner describes the early people who chose emergency medicine as ‘the wagon train riders.’ They were the people who would have jumped on a covered wagon and gone west 100 years earlier, and they had decided that this was something that piqued their interest and curiosity and so they just appeared.”

– **Anyone, Anything, Anytime, by Brian J. Zink, MD, page 115**

“Okay, I love emergency medicine. It is exciting, it is chaotic, it is scary, and the fact that you can create order out of chaos and take somebody who’s scared and frightened and tell them, you’re going to be okay.

– **Charlotte S. Yeh, MD, FACEP, 2007**

“No average doctor knows how to handle all these things. That is why specialized training is necessary for ER work, and why such work must be, and I believe soon will be, recognized as a specialty.”

– **Medical World News, 1968 “Does it Take a Specialist to Run Emergency Room?” by Dr. Reinald Leidelmeyer**



“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.”

– **Anonymous**

“One of the things I’m proud of as an emergency physician is that I’ve seen every patient who ever walked in and needed my care. So I came up with a slogan — ‘No shoes, no socks, no shorts, no shirts, no sanity, no sobriety, no problem.’ I’m an ER doctor. I’m your physician. We’re always here. We always care. And I think that encapsulates the essence of emergency medicine.”

– **Larry A. Bedard, MD, FACEP, past president of ACEP, 2007**

“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.”

– **Anonymous**

“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 sexual abuse or domestic violence. Emergency physicians never turn anyone away.”

– **Anonymous**



Timeline

August 16, 1968	ACEP formed.	1975	Permanent section on emergency medicine and standards for emergency medicine residencies approved by the AMA House of Delegates.
1969	ACEP Quarterly Report, ACEP's first publication, is published.		
	First Scientific Assembly held in Denver.	1976	American Board of Emergency Medicine formed.
1970	First emergency medicine residency program established at the University of Cincinnati.	1977	ACEP authorized by AMA as accrediting organization for continuing medical education.
	ACEP's first book, <i>Emergency Department Management Guide</i> , published.	Sept. 21, 1979	Emergency medicine recognized as a medical specialty by the American Board of Medical Specialties and the AMA.
1972	<i>Emergency Medicine Residency</i> newsletter published.	1980	First emergency physicians certified by the American Board of Emergency Medicine. ACEP headquarters moved to Dallas, Texas. National Emergency Medicine Political Action Committee established.
	Premier issue published of the <i>Journal of the American College of Emergency Physicians</i> (renamed <i>Annals of Emergency Medicine</i> in 1980).		
1973	Emergency Medical Services Systems Act enacted by Congress, forming 9-1-1 service to make prompt, qualified emergency care a reality.	1982	Special requirements approved for emergency medicine residency training programs by the Accreditation Council for Graduate Medical Education (effective March 1982).
	A provisional section on emergency medicine, giving ACEP a vote within the AMA House of Delegates, created by AMA board of trustees.	1985	Emergency Medical Treatment and Labor Act (EMTALA) enacted by Congress.
	Emergency Medicine Foundation founded.		First International Conference on Emergency Medicine convened in London.
1974	National EMS Week proclaimed by President Gerald Ford.	1986	ACEP office in Washington, DC, opened.
	Emergency Medicine Residents' Association founded.	1989	The American Board of Emergency Medicine status changed from con-joint (modified) board to a primary board approved by the American Board of Medical Specialties.

Timeline

1989	First annual Teaching Fellowship Program established.	2005	ACEP's Rally at the U.S. Capitol is attended by more than 4,000 emergency physicians and nurses, calling on Congress to pass the Access to Emergency Medical Service Act.
1991	Pediatric emergency medicine established as a sub-specialty of emergency medicine.	2006	Hospice and palliative medicine is established as a sub-specialty of emergency medicine.
1992	Medical toxicology, sports medicine and pediatric emergency medicine established as sub-specialties of emergency medicine.		First Report Card on the State of Emergency Medicine is released.
1993	ACEP 25th anniversary celebrated.		Landmark reports on emergency medicine are released by the Institute of Medicine; A summit of national organizations is convened by ACEP to coordinate policy agenda based on the findings of the report.
1994	Report on the role of emergency medicine released by the Macy Foundation Conference on the Future of Emergency Medicine.	2007	The Access to Emergency Medical Services Act is re-introduced in Congress.
1997	Historic resolution passed by ACEP changing membership criteria to require either board certification in emergency medicine or completion of an emergency medicine residency program.		
	Prudent layperson standard recognized for Medicare and Medicaid patients, as supported by ACEP.		
1998	The American Osteopathic Board of Emergency Medicine is recognized by ACEP as a certifying body in emergency medicine, opening the door to doctors of osteopathy to join ACEP. 911 Legislative Advocacy Network is established.		
2000	National Congress on Preserving America's Health Care Safety Net is hosted by ACEP in Washington, DC.		
	Undersea and hyperbaric medicine established as a sub-specialty of emergency medicine.		

Historical Profile

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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