EDITORS LETTER

Educate, Don’t Dictate

by David Kramer, MD FAAEM

I had mixed emotions when I recently reviewed the list of emergency medicine residency programs that have provided membership for all of their residents. On the one hand, the list is growing every year. On the other, it remains small compared with the other emergency medicine resident organization (EMRA). Please don’t misinterpret me. I am not suggesting that support should be transferred to the AAEM/RSA. I strongly believe that our residents should see what both organizations have to offer so that they are best able to make informed decisions as to how to spend their membership dollars when they are coming out of their own pockets. No organization is perfect, and one organization’s “agenda” may be more attractive to some residents than others. What ruffles my feathers is the unilateral decision of a program director or chair not to expose its residents to both options. Each of us carries political baggage. The influence we have on our residents carries with it the responsibility to present open, balanced and evidence-based education to them. We must be transparent and admit our own biases to our residents. Our job is to educate by showing all the evidence, not selected portions. This doesn’t mean that we shouldn’t try to influence their decisions. It does mean that we should do so in a fair and ethical manner. My approach (and the one I recommend to my colleagues in leadership positions) is to show both sides of the story and let the residents decide. Sure I had Dr. McNamara visit and present at conferences and provide an AAEM update to my residents. I also had Dr. Hancock from ACEP do the same one week later. My residents had very cogent questions for the leaders of both organizations. I am constantly impressed by how perceptive our residents are. When presented with the evidence, they make well-informed and wise decisions. There is no doubt in my mind that my residents learned more by hearing from both organizations than they would have by hearing from only one.

Although I wear many hats, I take my responsibility as program director and educator very seriously. Part of that responsibility involves making sure that my residents are exposed to all sides of our specialty’s political quagmire. Of course, membership in the AAEM/RSA is supported for all of my residents. In addition, we pay for their membership in SAEM, ACEP and EMRA. No one is educated by having us stick our heads in the sand. It is my belief that adult learners are best served by making informed decisions. So this is my plea to all emergency medicine chairs, program directors and others in positions of leadership and influence: educate, don’t dictate.

While I have your eyes, I would like to encourage all young emergency physicians recently out of residency to read the article in the new Young Physicians Section. There are exciting opportunities for involvement that will benefit you and your colleagues. This is a good way to have input and help shape our organization. It is also a good way to increase your political capital and influence within AAEM. So step up to the plate and get involved.

Finally, I know how difficult it is to get away from the ED to attend some conferences. Our Scientific Assembly in Las Vegas is fast approaching. Each year this meeting gets better and better. I anticipate great opportunities for education and networking. Be sure to get your requests in to your schedule maker ASAP. You don’t want to miss this meeting!

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The American Academy of Emergency Medicine (AAEM) is the specialty society of emergency medicine. AAEM is a democratic organization committed to the following principles:

1. Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
2. The practice of emergency medicine is best conducted by a specialist in emergency medicine.
3. A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
4. The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
5. The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
6. The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patient.
7. The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.

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