PRESIDENT'S MESSAGE

by Tom Scaletta, MD FAAEM

Got CEN?

AAEM precisely defines a physician specialist in emergency medicine as one who is board certified by the ABEM or the AOBEM. Correspondingly, what standard should we support in our most important partners in patient care, emergency nurses?

In 1980, both the ABEM and the Emergency Nurses Association (ENA) administered their first certification examinations. Since 2002, the Board of Certification for Emergency Nurses (BCEN) has been accredited by the ABNS, the parent nursing board, in a manner mirroring the ABEM's relationship to the ABMS. The BCEN requires passage of a rigorous exam every four years to distinguish its Certified Emergency Nurses (CENs), and that status has currently been achieved by about 15% of the emergency nurses in the U.S. In contradistinction, about 85% of emergency physicians are board certified in emergency medicine.

Because of shortages of emergency nurses, many hospitals have been transitioning newer graduates to work in the emergency department. Pushing for CEN achievement is now more important than ever as it bridges knowledge gaps and creates a framework for expertise in emergency nursing. When an astute nurse relays, "I'm really worried about that guy in bed one," we promptly investigate, and this practice increases patient safety. Of course, none of us want to hear one more, "remember that patient you saw yesterday?"

Despite the fact that many hospitals pay the CEN exam fee, provide intensive review classes and may even offer a CEN differential salary, the rate of certification remains extremely low. Emergency physicians have the ability to improve this statistic through a reward program endorsed by the AAEM Board in May 2006 called the *CEN Challenge*. The reward could be a cash honorarium (taxable), paid expenses to a professional conference (tax-exempt) or some other creative idea that will influence more emergency nurses to cross this threshold.

We know that residency training and board certification in emergency medicine for physicians reduces the frequency of malpractice cases and the amount of payouts. If you agree that teaming up with a full complement of sharp and confident emergency nurses further improves patient safety and your own professional satisfaction, then please take just a moment to seriously consider the dollar value. How much would you give up from your annual salary? The CEN is valid for four years, and for each emergency physician staffed there are roughly four emergency nurses. Thus, a break-even business plan for the *CEN Challenge* requires the reward per nurse to be equal to the amount each physician would have to give up per year.

Additional benefits of the *CEN Challenge* are significant though harder to assign a monetary value. They include demonstrating an institutional commitment, strengthening the clinical team bond and making emergency nurse recruiting and retention a little easier.

Resourceful groups might consider requesting that their current donations to the hospital foundation be directed to the *CEN Challenge*. Many foundations already support nurse scholarships and other means of promoting the nursing profession. With a little encouragement, your Foundation Director will soon be lauding the *CEN Challenge* to his or her Board.

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restrictive covenants in physician contracts.[12] Sadly, some emergency physician leaders in Tennessee supported the legislature's attempt to reimpose restrictive covenants. They even opposed attempts to protect emergency physicians through a special amendment. However, against considerable odds, Walker, Beier and TN-AAEM prevailed. The bill got sent to a study committee but will probably reappear next year.

The efforts by Walker, Beier and the rest of TN-AAEM represent a heroic example of grass roots activism. Their efforts also highlight the importance of state chapter development. Finally, this episode also provides an example of the importance of the AAEM Foundation and AAEM-PAC to advocate for emergency medicine and to protect the legal rights of our members and our patients.

In conclusion, restrictive covenants generally violate the professional rights of physicians. They violate our Constitutional rights to live and practice where we please. They serve as anti-competitive devices designed to enforce monopolies, restrain trade and violate the public interest by limiting the availability of physicians in a community. Despite their widespread use in emergency medicine, restrictive covenants rarely have any legitimacy in our specialty. The valiant effort by our members in Tennessee shows the effectiveness of grass roots advocacy. Despite our relatively small numbers, legislators will respond positively when we act in the public interest and when we act to preserve the professional and legal rights of our highly valued profession.

Note: The above article does not constitute legal advice. AAEM provides this article only for the purposes of continuing medical education and advocacy.

(Endnotes)

[1] See, e.g.: Valley Medical Specialists v. Farber, 982 P.2d 1277 (Ariz. 1999).
[2] U.S. Constitution, Art. IV, §2[1].
[3] Shapiro v. Thompson, 394 U.S. 618 (1969).
[4] U.S. v. Guest, 383 U.S. 795 (1966).
[5] Colorado R.S. 8-2-113(3).
[6] Delaware 6 Del Code §2707.
[7] Massachusetts G.L.c. 112 §12X.
[8] Alabama §8-1-1.
[9] California §16602 Bus & Prof.
[10] Montana 28-2-703 to 705.
[11] North Dakota 9-08-06.
[12] Murfreesboro Medical Clinic, P.A. v. Udom, 166 S.W.3d 674 (Tenn. 2005).
[13] Statesville Medical Group v. Dickey, 424 S.E.2d 922 (N.C. Ct. App. 1992).
[14] Iredell Digestive Disease Clinic v. Petrozza, 373 S.E.2d 449 (N.C. Ct. App. 1988).
[15] Duneland Emergency Physicians' Medical Group v. Brunk, 723 N.E.2d 963 (Ind. Ct. App. 2000).