

# Emergency Medicine Fellowship Strengthens Family Medicine Training Programs

Gregg Mitchell, MD

Family Medicine residency training was established in 1975 as the rural residency program in the state of Tennessee. One purpose was to provide physicians who settled away from the major metropolitan centers. At that time family physicians were commonly assumed to be able to provide hospital and emergency care. State funding was provided with the assumption that private family practice offices would, in conjunction with hospital privileges, provide emergency care. But gradually family medicine changed, and ownership of emergency care frequently was done by contract to the hospital.

Every year upon graduation from the program, at least one resident has chosen to work full time in emergency medicine. Several residents desired further training and credentialing in emergency medicine to improve their skills and become more competitive in the job market. Jackson Family Medicine residents helped start the credentialing process for the AAPS and finished the process in 2005. Since then our program has benefited in several areas to include our emergency medicine curriculum, recruiting, and increasing faculty workforce.

The Jackson Family Medicine emergency medicine curriculum has undergone many changes since the ACGME duty hour guidelines. We previously had a resident in the emergency room 24 hours/seven days a week working with our emergency medicine physicians. We revised their schedule to complete the required 200 hours but also have our PGY2 residents take calls in our emergency room every night and on weekends. Despite our current resident experience, we have residents who desire further experience and training in managing critically ill patients and improving procedural skills.

Jackson FM-emergency medicine fellows have increased the total number of procedures performed in our emergency room. We no longer defer to radiology and other specialists for these

skills. The most common procedures for our fellows to perform are intubation, central line insertion, chest tube placement, and lumbar puncture. The residency program has also benefited due to increasing the number of procedures for our residents as well. The fellows perform such a high volume of procedures that, usually after six months of training, they can begin supervising the residents to perform procedures.

Since the inception of the emergency medicine fellowship, Jackson FM has successfully matched eight residents through the NRMP match without having to scramble. This is a change for the better from the era 1999-2005. Jackson has increased the number of applicants and interviews by more than 50% since 2005. Each year we have a significant number of applicants from other medical schools whose primary interest in our program is the emergency medicine fellowship.

Since 2008, Jackson FM plans its match with the intent to specifically choose one to two students each year on the basis of their plan to enter the emergency medicine fellowship. Two Jackson residents will be staying for the emergency medicine fellowship this academic year.

The Jackson FM emergency medicine fellowship curriculum includes two days a month of supervising residents at our family medicine program. These two days have several advantages to the fellows and the residents. First, the fellows are given an opportunity to teach and utilize their outpatient family medicine skills. Second, the fellows are able to follow patients they have seen in the emergency room and schedule their appointments in our clinic on days where they are supervising. Third, the fellows are able to work directly with the family medicine residents and improve their working relationships. The result is an improved relationship in the emergency room and more accessibility for residents to perform procedures. Jackson family

medicine residents have performed more central line insertions, chest tube insertions, and lumbar punctures since the fellowship started. This is widely perceived as an improvement in the quality of the educational program.

Overall, the emergency medicine fellowship has enhanced the Jackson family medicine residency to become a much stronger and more competitive program. Residents have watched the emergency fellows gain career opportunities that were previously not available. One recent graduate applied for a position at a facility which only allowed ABEM-certified physicians to practice in their emergency department. Due to the quality of his procedure log and experience, the hospital system changed its bylaws to enable family medicine physicians to practice in the emergency department.

The American Board of Physician Specialties certification in emergency medicine has enhanced a family physician's ability to provide emergency medicine services for patients. Further, it has improved the status and desirability of the family medicine residency program.

---

*Gregg Mitchell, MD, is Associate Professor/Program Director and Fellowship Director for the University of Tennessee Family Medicine, Jackson.*

---

*Potential Financial Conflicts of Interest: By AJCM<sup>®</sup> policy, all authors are required to disclose any and all commercial, financial, and other relationships in any way related to the subject of this article that might create any potential conflict of interest. The author has stated that no such relationships exist.*