How to improve EM academic leadership, governance, and funding at your university: What are the best models for University EM governance and administration?

Draft Panel Recommendations

1. Along with leadership and funding, governance can have an important impact on Academic Unit/Departmental policy development and decision making. Therefore, governance should not be taken for granted. There should be a deliberate approach to governance structures, processes and improvements.

2. No two Academic Units/Departments are the same; the ideal governance structure for any given Unit/Department should be aligned with the local institutional bylaws, organizational cultures, and relative emphasis that the Unit/Department puts on the tripartite mission of academic medicine (patient care, research, and education).

3. Internal governance structures govern the relationship between the Academic Unit/Department and the constituent academic programs, and the individual physicians. While modifying to local contexts, Academic Units/Departments should consider implementing the “Top 10 list” of governance principles in their design.

4. Divisions and Sections of Emergency Medicine should seek to become Academic Departments as a means to develop, sustain, and grow strong academic programs (provided that careful analysis suggests mutual benefits to Emergency Medicine and the mission of the Medical School).

5. The CAEP Academic Section should organize and support a consultation service to provide experience, analysis, and advice to Chairs/Heads because there is no “how to” blueprint for an Academic Unit/Department to construct, implement, and improve their governance (at both levels).

6. Many of the leadership/governance/funding issues and challenges facing academic emergency medicine across the country have similar patterns and drivers (even if contexts and details may differ between Universities). The Academic Chair/Heads should establish a formal and regular forum for meeting and sharing experiences/approaches to common issues.