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In Phoenix **JUNE 3-6**
for the **ANNUAL MEETING!**

New **Research Fellowship**
Certification Process

INTOXICATED
PATIENTS Ethics in
Action

Maria Glenn, MD

Residents **Fan the Flames**
of SAEM Growth!

To **Fellowship**
or Not?



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SAEM MEMBERSHIP

Membership Count as of April 1, 2010

2126	Active
61	Associate
2918	Resident/Fellow
367	Medical Students
8	International Affiliates
27	Emeritus
9	Honorary
5516	Total

2010-11 SAEM DUES

\$530 Active	\$155 Fellow
\$495 Associate	\$130 Resident Group
\$465 Faculty Group	\$130 Medical Student
\$435 2nd yr. Graduate	\$110 Emeritus
\$315 1st yr. Graduate	\$100 Academies
\$155 Resident	\$ 25 Interest Group

International – email membership@saem.org for pricing details

All membership categories include one free interest group.

SAEM NEWSLETTER ADVERTISEMENT RATES

The SAEM Newsletter is limited to postings for fellowship and academic positions available and offers classified ads, quarter-page, half page and full page options.

The SAEM Newsletter publisher requires that all ads be submitted in camera ready format meeting the dimensions of the requested ad size. See specific dimensions listed below.

- A full page AD costs \$1250.00 (7.5" wide x 9.75" high)
- A half page AD costs \$675 (7.5" wide x 4.75" high)
- A quarter page AD costs \$350 (3.5" wide x 4.75" high)
- A classified AD (100 words or less) is \$120

If there are any pictures or special font in the advertisement, please send the file of those along with the completed ad.

We appreciate your proactive commitment to education, as well as personal and professional advancement, and strive to work with you in any way we can to enhance your goals. Contact us today to reserve your Ad in an upcoming SAEM newsletter. The due dates for 2010 are:

June 1, 2010 for the July/August issue
August 1, 2010 for the September/October issue
October 1, 2010 for the November/December issue

December 1, 2010 for the Jan/Feb 2011 issue
February 1, 2011 for the March/April issue
April 1, 2011 for the May/June issue



Maria Glenn, MD – SAEM Member Highlight



Maria Glenn currently serves as the resident member on the SAEM Board of Directors. In addition to serving on the Board, she is also a chief resident at Carolinas Medical Center. Dr. Glenn became involved with SAEM during her third year of medical school where she presented her research at the Southeastern SAEM Conference and received the “Best Student Poster Presentation” Award. Her involvement continued as she volunteered on the Program Committee at the SAEM Annual Meeting during her third and fourth years

of medical school. Throughout her residency, she has continued to take an active role within the organization by serving on the Program Committee and most currently on the Board of Directors.

As Dr. Glenn nears the end of her residency training, she reflects on the positive impact SAEM has had on her development as an emergency medicine physician and embraces the role it will continue to play in pursuing a career in academic medicine. “I will never forget the feeling I had while attending my first SAEM conference as a medical student. The energy, enthusiasm, and sheer drive that I sensed was immeasurable. Not only was my decision to become an emergency medicine physician solidified, but I also realized that I wanted more--I wanted to partake in the growth and development of our specialty by contributing to educational development and research. The desire to carry out this mission has been instilled within me by the leaders who encompass the SAEM membership. I would like to express my sincere gratitude for this organization and the role it has and will continue to play in my life. I cannot think of a better way to attract and mold future leaders of our specialty than through early exposure and involvement with its current leaders. To medical students and residents, immerse yourself within the many opportunities SAEM has to offer as early as possible. A fire is only as strong as the flames which comprise it--SAEM is a glowing fire ignited by the luminescent members who act as energetic flames for our specialty. I can only hope to contribute to the growth of this fire!”



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President's Message

SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

Jill M. Baren, MD

Can SAEM Move from Good to Great? A President's Farewell Message



Jill M. Baren, MD

"Good is the enemy of great" according to Jim Collins, well known author and management researcher. In his book "Good to Great", Collins talks about this being precisely the reason why we have so little that becomes great. In a few short weeks we will convene in Phoenix for our Annual Meeting, a time for renewing commitment toward professional goals, learning from esteemed colleagues, and reuniting with friends on the national academic emergency medicine scene. The Annual Meetings also marks a time of transition alerting us that there will be a change in leadership and perhaps a refocusing of our priorities

and direction. As I approached this transition personally, I saw a chance to honestly evaluate where we are as an organization, hence the discussion of good and great. By reflecting on and applying some Collins' concepts, I have come to the conclusion that SAEM is indeed a very good organization. While not there yet, I also believe that we have the necessary pieces in place to go down a road to become a great organization.

Collins talks about the idea that the "right" people are your most important asset. I was lucky enough to have had that most important asset available to me this year in the group of people I worked most closely with, the 2009-2010 Board of Directors, a dedicated, forward thinking, and collaborative leadership team. Past-president Kate Heilpern provided the just the right amount of wisdom and advice as I stepped up to the President role, President-elect Jeff Kline offered creative vision and a readiness to leap in and take up any slack when I wasn't immediately available, and Secretary-Treasurer Adam Singer competently interpreted finances to help guide the Board's decisions and also laid the groundwork for important outreach initiatives to international organizations. Veteran Board members Deb Houry, Alan Jones, John Ma, and Cheri Hobgood continued to volunteer to head up special projects and between the four of them, served as critical liaisons to various organizations, traveled to represent SAEM at summits and meetings, and did important background research before presenting new proposals to the Board. I could not have asked for two better first-year Board members than Bob Hockberger and Deb Diercks. Although both experienced with SAEM as an organization, they came up to speed on Board procedure within days of taking office providing balanced perspective and commentary to our discussions, and worked diligently in their liaison roles. Maria Glenn, our resident member was perfect in clueing the older generation in to what residents and students relate to best and raised many important concerns relevant to this critical group of SAEM members. I sincerely thank all of you for supporting me and for giving so generously of your time.

The individuals above were absolutely the "right" people and without them a clear vision and strategy for the future would not have materialized. Two other individuals also deserve special mention. The first is Program Committee Chair, Andra Blomkalns. Not only did she handle all the usual details of planning and executing the abstract submission process and the Annual Meeting with diligence and grace, she was also enormously flexible, agreeing to test out new software, listen to new ideas, and fit in last minute requests for sessions in the upcoming meeting program. The second is AEM Editor, Dave Cone. Dave has boundless energy and commitment to the journal and has

mobilized a huge array of talent on the AEM Editorial Board. He is constantly searching for ways to make the journal work better for the Society. There were also countless impressive contributions from so many members leading and working on Committees and Task Forces, crafting didactic proposals, writing and editing manuscripts or newsletter articles, reviewing for the journal and abstract submissions, serving as official representatives, or just generating and communicating new ideas. What all of these people have in common is that they are steadfast in their belief that we can prevail and become better than what we have been. They have been willing to confront the hard truths when we have not done a good job but also willing to take steps to correct the problems. No where did this observation hold greater truth than with our Executive Director and the SAEM office staff. I am grateful to them for not crumbling in the face of what must seem like endless criticism and dissatisfaction. Instead they continue to show enthusiasm and optimism for streamlining office procedures and improving membership services. This, above all, gives me great hope that we are moving toward greatness.

Another characteristic of a great organization is being able to transcend what Collins calls the "curse of competence." With the approval of the Strategic Plan 2010-2015 (an Executive Summary of the Strategic Plan appears in this edition of the newsletter), the Board of Directors has chosen a clear set of priorities rooted in our traditional missions of education and research and remain committed to taking these to the next level. Many of our members are already recognized as leaders in medical education; however, we have set forth lofty goals for developing even more competent educators and thought leaders within and beyond emergency medicine and to developing resources and programs designed to create better educational researchers. The newly created Education Fund is designed to assist in these endeavors and it is the Board's desire to see this fund grow and become utilized to this end. We are enjoying unprecedented success in promoting awareness of the scope and the need for funding emergency care research at the federal level while continuing to prioritize funding for research training for our members through the critical growth of the SAEM Research Foundation.

The Board has also made it clear that we poised to leap into new realms that we believe have tremendous relevance to our members. With these new focus areas we will offer greater engagement for more members in the areas of advocacy and professional development. The passage of the healthcare reform bill provides some unique opportunities for academic emergency medicine (see Kline and Walthall's article in this edition of the newsletter) and opens the door for SAEM to take a much more proactive approach to these issues from our unique standpoint. As an organization, SAEM cares deeply about the professional needs of academic emergency physicians at all levels from the interested medical student to the seasoned faculty member approaching retirement and we are committed to exploring new ways to assist members with this aspect of their professional lives.

I have thoroughly enjoyed my service as President of SAEM and feel confident that I am passing on the running of a "good" organization into very capable hands. Although it was a year of intense activity, frequent travel, difficult decision-making, constant re-prioritizing of personal and professional commitments, I will sincerely miss steering the ship. As I transition out of my role, I leave with a strong belief that we have the necessary elements to achieve greatness. I hope that each of you will find a way to contribute to taking SAEM from "Good to Great."





Executive Director's Message

Change is Everywhere: A Year in Review

Previously, I commented on CHANGE impacting all our lives. From the presidential election to dramatic changes in the economy, banking and stock market crash, automotive industry collapse, housing bubble burst, all demonstrated the need for change. Growing up outside of Detroit it was often said, "What's good for GM is good for America." Who would have imagined that GM which had been the number one auto company in the world since 1931 would be replaced by Toyota in 2009?

It appears we are weathering the worst decline in the economy since the great depression. Recently a radio commentator stated that without government intervention it was likely we would be looking at the 2010 depression.

As I write this column, the Chicago area is celebrating the first real spring like day. In the northern areas of the United States, days like this bring an annual renewal, a renewed energy and spirit of what can be accomplished. While the world has not fully recovered from the economic problems, our President reminds us that he believes we are on the road to recovery. There are many positive signs, yet it will be a long road to recovery. Recently ups and downs in the stock market demonstrate the fragile recovery.

It is spring. Now as we enter this time of renewal we are witnessing major change:

Healthcare reform legislation passed by Congress aimed to provide coverage for millions of citizens, described as the most sweeping overhaul of the system in history. Time will reflect how reform will affect your practice, personal healthcare and that of the general population.

Insurance reform is to provide: no pre-existing condition exclusions for children; no lifetime benefit limits; dependent coverage to age 26; no emergency services preauthorization; no OB-GYN preauthorization and additional changes in 2014.

This week changes to the student loan system were announced, which will provide limits on repayments to 10% of income and professionals who work in underserved areas, a ten-year window after which remaining student loans will be forgiven.

Financial industry changes are on the horizon to prevent risk taking that could require the government to bail out financial institutions in the future.

SAEM also continues to embrace change as it settles in to the new location, completes staff transition and new headquarters staff become familiar with the organization, its history and vision. As the 5 year strategic plan is implemented and infrastructure improvements proceed, such as a reconstructed website, SAEM is moving toward the culture of a mature organization and an improved professional association image.

As summer begins the new academic year, it is a time to reflect on all you hope to accomplish in 2010. For SAEM success begins with the Committees, Task Force and Interest Groups embarking on projects aimed to improve education and research in emergency medicine and the quality of care provided by emergency physicians.

SAEM staff anticipates the new year will provide opportunities to create new activities for members. Plans are underway to develop a new website, which will improve access to the Society's work products created by members who volunteer time and energy to make SAEM the premier academic emergency medicine society. Working with members, SAEM looks forward to expanding educational programming beyond the annual and regional meetings. The move to Chicago area and a location 10-15 minutes from the O'Hare Terminals will allow members to visit the SAEM Headquarters and a central location for activities. Functioning as a virtual office presents new challenges. No walking down the hall to collaborate with fellow staff. SAEM staff are using Skype to communicate between remote staff.



James Tarrant, CAE
SAEM Executive Director

Strategic Plan will advance SAEM through the first half of the decade. Led by President Jill Baren, the Strategic Planning Task Force listened carefully to the members' voices to create the 2010-15 plan and incorporated their thoughts concerning the future direction of SAEM. While continuing to focus on the core mission, representing the interests of academic emergency medicine, the Task Force recognized the healthcare environment is rapidly evolving and SAEM needs to adapt to best serve its membership. The new plan will be implemented beginning at the 2010 Annual Meeting.

SAEM components are leading change into uncharted waters. The Association of Academic Chairs of Emergency Medicine (AACEM) has embarked in new directions, advocacy for the profession, influencing public policy and sharing experience and ideas between emergency departments. AACEM has obtained a seat in the ACEP Council which allows input on issues impacting academic emergency medicine. In the next few years it is anticipated a dramatic change will occur as a number of current Department chairs step down and SAEM members may fill these positions. AACEM will be a valuable resource to mentor new chairs.

The academies have been joined by our latest group, Association of Academic Administrators in Emergency Medicine. The administrators are please to have created an organizational structure anticipating it will become a resource for the academic EM administrators. CDEM, AWAEM, AGEM and Simulation academies continue to nurture the strong, diverse interests of SAEM membership to meet the specific needs of segments within the member base. CORD has expanded its activities and requested SAEM time allocated by Barb Mulder serving as CORD, Executive Director.

Change is everywhere. The next five years the strategic plan will advance SAEM. The economy may continue to surprise us and the reform efforts will change the landscape for healthcare, banking and insurance. SAEM will continue to evolve and be there to assist you as change happens all around us.



SAEM 2010-2015 Strategic Plan Summary

The Society for Academic Emergency Medicine (SAEM) is dedicated to improving the care of the acutely ill and injured patient. Our mission is to lead the advancement of emergency care through research, education, advocacy, and professional development in academic emergency medicine. SAEM achieves its mission through educational offerings at annual meetings, publications, inter-organizational collaboration, policy development, and consultation services for clinicians, educators, researchers, and students. SAEM represents excellence and leadership in academic emergency medicine and is deeply committed to nurturing camaraderie and diversity amongst members, as well as creative and symbiotic interactions with other organizations.

SAEM provides administrative support to the Association of Academic Chairs of Emergency Medicine (AACEM) and the Council of Emergency Medicine Residency Directors (CORD), as well as to the SAEM journal, Academic Emergency Medicine (AEM). SAEM is a 501c3 not for profit organization currently headquartered in Des Plaines, Illinois. SAEM was formed in 1989 from the amalgamation of the University Association for Emergency Medicine (UAEM) and the Society of Teachers of Emergency Medicine (STEM). STEM and UAEM helped define the specialty of emergency medicine, particularly by shaping education and investigation in a dynamic, young field. SAEM has continued this important endeavor throughout all of its current activities for the past twenty-one years.

The SAEM Strategic Plan 2010-2015 continues to provide a high level of support to the prior missions of the organization, building on successes of the past while creating new opportunities for growth of the Society particularly in the realms of advocacy and professional development and with a more diverse and global perspective.

Mission Statement: To lead the advancement of emergency care through education and research, advocacy, and professional development in academic emergency medicine.

Vision Statement: As the premier organization for high quality research and educational innovation in emergency care, the Society for Academic Emergency Medicine will create and promote scientific discovery, advancement of education, and the highest professional and ethical standards for clinicians, educators, and researchers

The Society's five-year strategic planning process considered value of membership as an overarching premise in creating a vision. Membership recruitment and retention will be reinforced by demonstrating tangible benefits to members through professional support, education, services, and advocacy efforts.

SAEM is acutely aware of and participates in a national dialogue on issues that affect its' members and the patients they serve. As a result, the 2010-2015 Strategic Plan was designed to specifically link to the most important issues facing academic emergency medicine today - the need for a larger physician workforce, more medical school graduates and additional residency positions in emergency medicine, imperatives for improved quality of education and maintenance of certification, the need for continued increases in federal funding and support for research training, support for critical scientific inquiry through emergency care research, and a continued investment in knowledge translation and evidence based medicine. SAEM will provide leadership in the academic emergency medicine community in many critical areas affecting the healthcare environment of the future and will remain highly responsive to any changes that might arise related to healthcare reform or other national initiatives.

Education

Goal: To develop innovative and proficient educators through educational leadership, resources, methodologies, and research.

Objectives:

- Provide leadership, focus, expertise and guidelines on emerging educational issues
- Promote career development of emergency medicine educators using a structured and advocacy oriented approach
- Assist educators in developing validated educational research methodologies that assess learner outcomes
- Promote knowledge translation into cutting edge education
- Grow the SAEM Education Fund, along with expanded opportunities to use these funds

Research

Goal: Improve emergency care through the promotion of high-quality, rigorous research and through the training, development, and mentorship of career emergency care investigators.

Objectives:

- Promote dedicated federal and non-federal research funding for emergency care research
- Enhance the integration of emergency care investigators into federal research agencies, national research planning processes, and scientific decision-making bodies
- Grow the SAEM Research Fund, along with expanded opportunities to use these funds for emergency care research and research training
- Create and promote research training and mentorship opportunities for early investigators and opportunities for enhancing the career longevity, involvement and retention of established investigators
- Inform health policy and promote advocacy efforts through emergency care research
- Develop and enhance the presentation of emergency care research at the Annual Meeting, particularly among young investigators

Membership

Goal: Increase the number of SAEM members and the quality of membership services and benefits by enhancing the impact of SAEM through the journal, website, meetings and value-added services.

Objectives:

- Promote the value of SAEM membership by enhancing our image and voice
- Utilize the membership database to understand the membership and its needs
- Promote new and sustained lifelong membership among EM educators and researchers, at academic, non-academic, and international organizations and institutions



Professional Development

Goal: To develop educational opportunities for academic emergency physicians that teach the requisite core competencies to become leaders in research, education, administration, and advocacy.

Objectives:

- Develop curricula, training opportunities, and funding sources that enhance the skill set of academic emergency physicians who seek leadership roles in the areas of research, education, administration, and advocacy
- Define academic emergency medicine leadership core competencies and work with other organizations to enhance leadership development for academic emergency physicians who wish to serve in leadership roles at the hospital, medical school, local, state, or national level
- Enhance promotional opportunities for academic emergency physicians within SAEM.

Advocacy

Goal: To foster a premier organization in research and education, with members who are advocates for the specialty, the application of their work, and patients.

Objectives:

- Collaborate with key organizations to enhance the voice of academic emergency medicine and to promote unity within the specialty of emergency medicine around key issues
- Educate and mobilize the SAEM membership in individual and collective advocacy efforts as they relate to the primary mission of SAEM


- Establish, train, and mentor scholars whose focus is research or education based advocacy and its related policy application in academic emergency medicine

Operations

Goal: Ensure that the appropriate infrastructure exists to support the activities of SAEM.

Objectives:

- Improve the SAEM internet and social media presence with timely responsiveness, usable member interface and expanded resources to enhance outreach for the organization
- Enhance customer service, communication, and member relations to promote member satisfaction
- Create internal processes for developing new projects and member services (business plans, consistency with education and research mission, resource allocation-human and financial)
- Ensure that facility and administrative support meet membership needs for access, meeting and training space and administrative functions
- Create new internal structures that are based around revenue-enhancing activities to support member services (grants, sponsorship, Research Foundation and Education Fund)
- Set clear rules about the priorities that drive revenue growth with regard to partnering with commercial entities, raising the cost of membership, consulting services, and of academic products produced by the Society

The complete 2010-2015 Strategic Plan document with Action Steps and Evaluation Metrics can be found on the SAEM website at www.saem.org. 

We Have Planted The Seed ~ Help Us Grow An Orchard

SAEM EDUCATION FUND

As the lead academic specialty society for emergency medicine, SAEM has the unique opportunity to educate academic health center leaders on the impact and importance of emergency medicine. You can help SAEM to support this role by becoming a contributing member of the SAEM Education Fund. Together we can provide the resources to help develop educational leaders for generations to come!



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www.saem.org

Mail Your Donation To:
SAEM Educational Fund
2340 S. River Rd., Suite 200
Des Plaines, IL 60018



ETHICS IN ACTION

Can Intoxicated Patients Leave Against Medical Advice

Catherine A. Marco, MD, FACEP
Department of Emergency Medicine
University of Toledo College of Medicine – Toledo, Ohio

Case:

A 42 year old man presented with complaints of chest pain and palpitations. Vital signs were stable. The patient had alcohol on his breath and admitted to “a few beers” prior to Emergency Department (ED) presentation. He responded to questions somewhat slowly, and his speech was slurred, but he was alert, oriented to person, place, and time, and answers questions appropriately. An EKG showed nonspecific ST-T segment changes, and no old EKG was available for comparison. The patient refused an IV or blood draw. When the emergency physician recommended hospital admission, the patient started walking out of the ED, yelling obscenities and threatening legal action. He refused to sign any paperwork.

Informed Consent for Emergency Medical Interventions

Informed consent and informed refusal of care are important components of the patient autonomy, or self-determination, in medical decision making. Although many routine ED procedures, such as intravenous lines and blood drawing, may be appropriately performed after general consent to treatment, either verbally or in writing, invasive emergency procedures may require additional disclosure of information regarding the procedure, its purpose, risks, benefits, and alternatives. Exceptions to requirements of informed consent exist when emergency treatment must be initiated for patients with life threatening conditions who cannot consent, or when there is a duty to treat according to public health or legal requirements. The American College of Emergency Physicians (ACEP) has summarized these issues in its Code of Ethics: “*Emergency physicians shall communicate truthfully with patients and secure their informed consent for treatment, unless the urgency of the patient’s conditions demands an immediate response.*”

Informed Refusal of Medical Care

Just as all patients with appropriate decisional capacity have the right to participate in the medical decision-making process; patients also have the right to refuse medical care. Patients may elect to refuse all treatments, refuse hospital admission, or refuse certain specific tests or therapies. Informed refusal, like informed consent, is a process, not merely a signature on a form. Importantly, the process of refusal of care, including a patient leaving AMA, should include determination of decisional capacity, and when practical, delivery of relevant information, including risks of refusing treatment, alternative treatments, and

documentation of these elements.

Patients Who Cannot Leave Against Medical Advice

In some cases, patients should be treated despite their refusal. Examples of appropriate treatment without consent include patients who do not possess appropriate decisional capacity, patients who present significant public health risks (such as active tuberculosis or bacterial meningitis), and patients who pose an immediate threat to themselves or others (such as suicidal or homicidal patients).

The Assessment of Decisional Capacity

Assessment of decisional capacity is essential, prior to allowing a patient to refuse care. **Decisional capacity** is the ability of the patient to make a decision regarding medical treatment. Decisional capacity is affected by cognitive and affective functions, including attention, intellect, memory, judgment, insight, language, emotion, and calculation. Appropriate decisional capacity for medical decision-making includes the following elements:

1. The ability to receive information
2. The ability to process and understand information
3. The ability to deliberate
4. The ability to make and articulate a choice

Decisional capacity should be assessed when evaluating all emergency patients, although a formal process may not be necessary for the majority of patients judged by the physician to be alert and appropriate in speech, action and judgment.



Impaired decisional capacity may result from disruption of any of the essential elements: the ability to receive, process, and understand information, the ability to deliberate, or the ability to communicate a decision. Numerous conditions and circumstances may impair decisional capacity, including dementia, intoxication, psychiatric conditions, language impairment, cultural issues, physical communication impairments, severe pain, organic disease states, and numerous other conditions. Reversible etiologies of impaired capacity should be addressed, if possible, to improve the patient's capacity. Even in cases of some impaired capacity, some patients may demonstrate sufficient understanding of the decision at hand to make an appropriate informed choice for a particular decision.

A blood alcohol has limited value in the determination of capacity. While the alcohol level may be useful as a baseline comparison in some circumstances, the clinical effects of alcohol are so variable as to make the absolute level relatively unreliable in predicting mental status or capacity for an individual patient.

When Patients Lack Decisional Capacity

Frequently decisional capacity is impaired, for example, in cases of impaired consciousness, intoxication with alcohol, drugs, or toxins, severe pain, impaired cognition, or any condition rendering a patient unable to participate in medical decision-making. In these circumstances, a surrogate decision-maker should be sought and consent obtained from the surrogate. Individual states have determined the legal authority and the hierarchy of surrogate decision-makers, but the decision-makers may include the patient's health-care proxy, spouse, adult children, parents, and siblings. When no one legally authorized to act on the patient's behalf is immediately available, an advance directive, if available, may be helpful in providing guidance with end of life issues. When neither surrogate nor information about the patient's wishes is available, physicians should act in the patient's best interests, according to what a reasonable person would want in similar circumstances.

Case Discussion

In this particular case, it is imperative that the physician assess decisional capacity. Because there is a significant question about capacity, a standardized test, such as the MMSE, may be helpful as an adjunct in the assessment of capacity. If the patient is determined to have capacity, the physician should conduct an informed refusal discussion with the patient, including risks and benefits of the proposed tests and treatments, the risks of refusal, and alternatives to the recommended treatment. If the patient still refuses to stay even after hearing the physician explain the reasons to be admitted, he may sign out AMA. Necessary follow-up care or alternative plans for

care should be arranged if possible, and all discussion should be documented and, if possible, witnessed.

If the patient is found to lack capacity to refuse admission, he will need to be detained against his will, possibly with security watch to prevent elopement, at least until he regains capacity, when the decision to treat the patient would need to be revisited.

Conclusions

Discharge against medical advice is a complex and challenging situation for emergency physicians. In all cases, decisional capacity should be evaluated, and if the patient is deemed to have decisional capacity, the physician should communicate with the patient regarding the proposed interventions, risks, benefits, and alternatives, and the patient's goals and values. When a patient refuses medical treatment, care should be taken to ensure that the patient understands the consequences. Reasonable alternative treatments and appropriate follow-up recommendations should be provided. The decisional capacity and voluntary decision of the patient regarding medical care and important aspects of the discussion should be documented in the medical record.



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UPMC

Chief of Emergency Services

UPMC Mercy Hospital and the University of Pittsburgh are seeking a dynamic emergency physician to lead operations in the Emergency Department. UPMC Mercy is a Level I Trauma Center and a regional Burn Unit, and the physical plant is under renovation to accommodate continued growth. The ED is a core training site for a world-class EM residency program and academic group, providing outstanding care to approximately 60,000 patients this year.

Excellent physician and mid-level provider partners are a key part of the department along with talented nursing colleagues. The hospital and UPMC are committed to ongoing emergency care excellence.

Successful applicants will be board-certified in emergency medicine and have experience in both academic and clinical leadership roles. The salary and academic appointment will be commensurate with the duties and experience.

The University and UPMC are equal opportunity employers. Contact Donald M. Yealy, MD, Chair of Emergency Medicine, 10028 Forbes Tower, 3600 Meyran Ave., Pittsburgh, PA 15260, yealydm@upmc.edu, or call 412-647-8287.

EOE

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EMERGENCY MEDICINE CHAIR

The University of Rochester School of Medicine and Dentistry is seeking a Chair of the Department of Emergency Medicine. The Department is nationally recognized for excellence in patient care, education and research, and operates modern Emergency Department facilities at both Strong Memorial Hospital and Highland Hospital accommodating 120,000 patient visits annually and a highly successful educational program. The Department is currently rated #10 nationally in NIH funding. The successful candidate will be expected to foster the growth of innovative, collaborative, and high-quality patient care, education and research. He/she should have the academic qualifications for appointment as Professor. Inquiries should be addressed to Nina F. Schor, MD, PhD, William H. Eilinger Professor and Chair, Department of Pediatrics and Pediatrician-in-Chief, Golisano Children's Hospital, University of Rochester School of Medicine and Dentistry, c/o Sharon Kubiak, Manager, Candidate Administration Services, University of Rochester Medical Center, 601 Elmwood Avenue, Box 706, Rochester, NY 14642; or Sharon_Kubiak@urmc.rochester.edu.

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MEMBER OF THE ROCHESTER GROUP



Dear Colleagues,

As you turn your attention to the SAEM Annual Meeting in Phoenix, AZ, I wish to offer you a few preparatory words. The Program Committee proudly anticipates an educational, inspiring, and fun meeting. We can expect beautiful weather, less than 0.003 inches of rain for our entire stay, lots of sunshine, and temperatures from 65-99 degrees Fahrenheit. The Marriott Desert Resort provides a beautiful setting with convenient, large conference and meeting rooms. A number of restaurants and shopping venues can be found a 15 minute walk away at the Desert Ridge Marketplace (www.shopdesertridge.com). Be ready for a setup like no other meeting in recent history.

Packing List

- Recreational clothes for dodgeball, tennis, fun run, and golf
- Tennis racquet or golf clubs
- Camera
- Sunscreen
- Swimsuit
- Contact information for colleagues you want to see

Things to Do

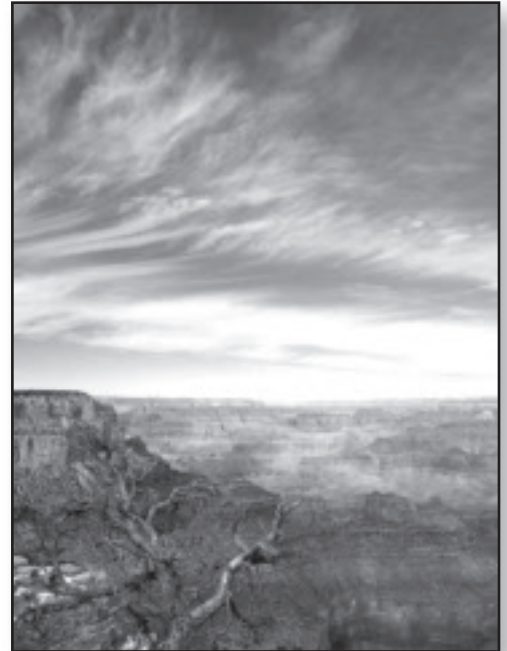
- Turn on "Out of Office" email or voice mail
- Complete requisite charting duties
- Download and print desired Didactic Session handouts
- Sign up a team for Dodgeball
- Sign up to receive up to the minute meeting tweets from Twitter (SAEMonline)

Important Numbers and Addresses

- Marriott Desert Ridge Resort
 - Phone number for reservations (480) 293-5000
 - Phone number for golf (888) 705-7775
 - Phone number for tennis (480) 293-3663
 - Address for GPS: 5350 E. Marriott Drive, Phoenix AZ 85054
- Shuttle information: SuperShuttle Transportation Systems (602) 232-4610 estimated cost from Sky Harbor Airport, is \$22.00
- SAEM contact number (847) 813-9823 for questions and website (www.saem.org)
- Desert Ridge Marketplace (www.shopdesertridge.com)

Things to do Once at the Meeting

- Check out the new "lightning oral" sessions
- Swing by the Photo and IEME exhibits
- Consider a poster tour
- Decide on dinner plans (www.shopdesertridge.com)
- Join some old colleagues or residency classmates for a drink in the atrium



Lastly, in keeping with our bimonthly education on the flora and fauna of the Phoenix desert area, I introduce the tiny and well-adapted Western banded gecko. This nocturnal creature is about 3" long and might be found scurrying from rock to rock or near insect attracting lights. During the day they hide under boulders and other structures. I am most impressed by this duo of enviable features: 1) casting off and regenerating its tail when captured (the tail jumps and wiggles for several minutes on its own to distract the predator) and 2) the ability to lick its own eyeballs. Cool! We should all be so lucky.

See you in Phoenix!

Andra Blomkalns on behalf of the SAEM Annual Meeting Program Committee 2010

On behalf of the SAEM GME Committee, we are pleased to re-introduce the “Academic Resident” section of the SAEM newsletter. Quarterly articles will focus on topics of interest and importance to emergency medicine residents, with topics recurring on a roughly 3-year cycle. It is our hope that you will find these articles to be useful tools in your academic/professional development. We encourage your feedback and suggestions regarding additional content areas that would be of value to residents and recent residency graduates. Feel free to email comments and suggestions to techsupport@saem.org

Jonathan Davis, MD, Georgetown University | **Douglas McGee**, DO, Albert Einstein | **Jacob Ufberg**, MD, Temple University



To Fellowship or Not?

Barbara Kilian, M.D.

– Assistant Professor, Emergency Medicine – Director of Undergraduate Medical Education
– Assistant Residency Director – University of California, San Francisco

Like many medical students applying to residency, I wasn't sure if I would want to do a fellowship. I was a 'late-comer' to EM and although I knew I had picked the right field, I didn't understand the complexities of the field and didn't know much beyond what type of residency I was interested in. I had a vague goal of eventually getting an academic job after residency and stereotypically linked fellowship with a career in academics. As residency progressed and I became more knowledgeable about EM as a field, I began to embark upon the difficult journey of trying to decide if I should do a fellowship and if so, which one.

Even the definition of fellowship is complicated. The Accreditation Council for Graduate Medical Education (ACGME) defines a fellowship (or subspecialty program) as a 'structured educational experience following completion of a prerequisite specialty program in GME.' In practical terms, a fellowship is an extension of an emergency medicine physician's training focusing on a particular area, after the completion of residency. Unlike other fields, such as Internal Medicine, this means that most often the EM fellow will function, in some capacity, as an attending physician in the Emergency Department.

The first step to answering the question of fellowship is to educate oneself on what is available to Emergency physicians. Some of the well-known fellowships are in the areas of ultrasound, research, toxicology, and international/global health. While these are often the most frequently mentioned by junior residents and medical students, there are a myriad of other fellowships available. SAEM maintains a list of fellowships at <http://www.saem.org/saemdn/Home/Communities/Fellows/Fellowship/tabid/78/Default.aspx>.

On first glance, fellowships for emergency medicine are divided into 'Accredited' and 'Non-accredited' fellowships. Accredited fellowships have an ACGME approved structured curriculum and will fall under all ACGME requirements, such as duty hours. For

Emergency Medicine, these include Toxicology, Hyperbaric and Undersea Medicine, Palliative Care and Pain management, Pediatrics, and Sports Medicine, and hopefully soon, Critical Care and Disaster Medicine. Accredited fellowships generally have a specialty board and exam associated with them. Previously, individuals who were fellowship trained in critical care were unable to become board certified under the US system. Recently however, emergency physicians who complete an Internal Medicine sponsored fellowship in critical care will now be able to become board certified. Under non-ACGME accredited fellowships, there are currently thirty fellowship categories ranging from administration to wilderness medicine. To complicate matters, there are also individuals who occasionally create their own fellowship, which may or may not be sustained by an institution. Lengths of fellowships can range from one to two years, may incorporate an upper level degree (such as an MPH or MBA), and vary in terms of clinical requirements and responsibilities.

Sorting fact from fiction and understanding the pros and cons of completing a fellowship can be a difficult task for residents.

MYTH: *If you want to have a career in academics, you have to do a fellowship.*

TRUTH: Fellowship training does not guarantee a career in academics. There are plenty of productive, competitive non-fellowship trained physicians who have jobs in academic centers. While fellowship may give an applicant a 'leg up' into an academic position, what is much more important is a track record of productivity. A non-fellowship trained applicant who has a substantive curriculum vitae extending from an obvious passion for a particular area of EM will likely be more competitive than a fellowship trained applicant with a thin curriculum vitae. Often fellowship-trained physicians will go on to work in community settings, using their training in non-traditional ways.



("To Fellowship or Not?" Continued)

Passion for a particular aspect of Emergency Medicine, coupled with dedicated time to build and develop oneself is one of the best reasons to do a fellowship. For many subspecialties, it is possible to develop significant experience and knowledge while practicing full time, albeit over many years without spending an additional extra year at a salary slightly above a residents. The advantage of a fellowship is a time condensed, intense exposure in a particular area generally under the guidance experts in the field, allowing for a more rapid assimilation of knowledge.

MYTH: *I don't want to go academics so a fellowship won't help me.*

TRUTH: Just as a fellowship doesn't guarantee academic positions, fellowships are not just for those wanting to pursue academic careers. Ultrasound, administration, patient safety, EMS/Disaster and many other fellowships have applications outside the academic environment.

MYTH: *I am not really sure what I want to do next and a fellowship isn't as bad as residency.*

TRUTH: After talking to many different fellows, one of the most common themes is an underestimation of the time required and the general level of stress of completing a


fellowship. In addition to juggling board preparation, transitioning from being a resident to an attending, a fellow is often dealing with various administration projects, driving their own education, often balancing master's level classes, working on publications and trying to balance life. Financially, fellowships can often be another source of stress, as fellows tend to make significantly less than their colleagues who go directly into clinical practice. It is important to have clear goals when entering a fellowship to help avoid spending a year and accomplishing little.

MYTH: *A fellowship will give me exposure and mentorship that I can't get in any other way.*

TRUTH: Mentorship can be found in many ways and can take many forms. Many academic centers and even private practices have established mentoring programs. A fellowship should ideally offer strong mentorship, opportunities for networking and exposure to all areas of the subspecialty. However, this is not always the case. Mentorship is an important component of a fellowship and will help make sure that the time spent is productive. Regular access to the fellowship director, with frequent feedback on goals and ongoing projects, is vital to having a successful fellowship. Ideally, there should be multiple individuals who can be drawn upon to mentor the fellow. Clear and established educational goals, with the financial means and administrative and moral support to complete them are also important. Depending on the fellowship, goals may be well developed beforehand or may be developed in conjunction with the fellow's interests in mind. In either case, the time spent in fellowship should maximize the opportunities to reach the learners educational goals.

MYTH: *Fellowships are designed to allow you sufficient time to develop an area of expertise.*

TRUTH: Unfortunately, this is not always the case. It is important to have a clear understanding of what your clinical commitment will be. It is important to recognize that compared to residency, clinical commitments may sound great but must be balanced with the time needed to adequately develop your area of expertise.

In essence, fellowship is a unique opportunity to get dedicated time to explore and develop an area of interest above and beyond the skills afforded to you by completing an Emergency Medicine residency. In an ideal world, a fellowship should have clear educational goals, mentorship, opportunities and time to pursue fellowship related activities. Time commitments and delays in 'income' can be definite cons to doing a fellowship and should be clearly understood. 

University of Colorado Denver

CHAIR, DEPARTMENT OF EMERGENCY MEDICINE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

The University of Colorado School of Medicine is seeking an outstanding clinician-academician to serve as the first chair of the new Department of Emergency Medicine. The Department includes 47 faculty members located at three world-class sites of practice: The Emergency Department and Level 1 Trauma Center at Denver Health Medical Center; the University of Colorado Hospital Emergency Department at the all-new Anschutz Medical Campus; and the Rocky Mountain Poison and Drug Center.

The Chair is expected to collaborate with all department chairs and center directors to assure their own and others' success. The Chair participates in school-wide program planning and development as a member of the School of Medicine Executive Committee and is a member of the Board of Directors of University Physicians, Inc., the School of Medicine Centralized Practice Plan.

Applicants must have leadership experience in academic emergency medicine and a record that demonstrates excellence in teaching, scholarship, clinical service and administration. Candidates must be qualified for appointment at the level of Professor. Applicants should also have a strong national reputation, as evidenced by membership in national organizations, invited presentations, publications in peer-reviewed journals and success in attracting extramural research funding.

Review of applications will continue until the position is filled. Applicants should apply to online at www.JobsatCU.com using posting number 694331. Questions may be directed to Nanette.Bumgardner@ucdenver.edu or by calling 303-724-5374.

The University of Colorado is committed to diversity and equality in education and employment.



Help Resuscitate the Ischemia-Reperfusion Interest Group

Norman A. Paradis MD

You already know how the importance of ischemia reperfusion injury (IRI)...IRI is central to stroke, myocardial infarction, and cardiac arrest. The conjecture that much of the damage in these events may occur with reperfusion rather than during the period of diminished blood flow but may someday be recognized as one of the great discoveries of 20th century medicine. The importance of this insight lay in the window for therapy that it created.

Ischemia-reperfusion injury (IRI) is protean in its components, likely including free radical and reactive oxygen species, disordered vasculature, inflammatory injury, programmed cell death, and pathologic remodeling among others. Importantly, these events are not limited to the thromboembolic events of classic organ infarction, but are likely generalizable to a broad spectrum of diseases as disparate as spinal cord injury and sepsis. In all likelihood, ischemia-reperfusion is part of all acute organ threatening processes.

So what is SAEM without an active Ischemia-Reperfusion Interest Group?

The SAEM Ischemia Reperfusion IG meeting has been scheduled for Thursday June 3, 2010 from 2:00p –3:00p, in Desert Suite #3. We look forward to seeing you in Phoenix.

Join us to map out the road to recovery. Our task will be simple: draft a proposal for didactic sessions at next year's meeting. So come with your list of possible lectures. **1**



Heal the sick, advance the science, share the knowledge.

DIVISION DIRECTOR Pediatric Emergency Medicine

The Mayo Clinic Department of Emergency Medicine in Rochester, Minnesota, is seeking a full-time Division Director of Pediatric Emergency Medicine. This opportunity includes:

- Primary administrative responsibilities for the clinical and non-clinical activities of the Division of Pediatric Emergency Medicine
- Clinical practice in a 75,000 visit/year, Level 1 Trauma Center, with over 14,000 pediatric visits
- A pediatric practice that is part of the Mayo Eugenio Litta Children's Hospital, a state-of-the-art pediatric facility that is the focal point of pediatric care in Southeastern Minnesota, Northern Iowa, and Western Wisconsin
- Teaching in emergency medicine and pediatric residency programs, as well as teaching of off-service residents and medical students
- Numerous opportunities for research, with administrative support and intramural funding available
- Dynamic faculty with commitment to practice, education and research
- A competitive salary with an outstanding benefit package and academic appointment through the Mayo Clinic College of Medicine

The successful candidate must be an individual with demonstrated interest and skills in pediatric emergency medicine and administration. Additionally, candidates must be board certified in pediatric emergency medicine or board certified in pediatrics and emergency medicine. Eligibility for Minnesota medical license is also required.

Located in Southeastern Minnesota, Rochester is a growing and diverse community of over 100,000 people. An excellent school system and low crime characterize the values of the city. Rochester is located only 80 miles from the Twin Cities of Minneapolis and St. Paul, which offer a complete array of cultural and entertainment opportunities. To learn more about Mayo Clinic and Rochester, MN, please visit <http://www.mayoclinic.org/physician-jobs/>

For further information, contact:
Brent R. Asplin, M.D.
Chair, Department of Emergency Medicine
Mayo Clinic College of Medicine
1216 Second Street SW • Rochester, MN 55902
Phone: (507) 255-6501 • email: asplin.brent@mayo.edu

Mayo Foundation is an affirmative action and equal opportunity employer and educator. Post-offer/pre-employment drug screening is required.



Grand Finale! The 100 for \$1,000 / 1,000 for \$100 Campaign


Brian Zink, MD, and the SAEM Development Committee

It has been nearly 2 years since we kicked off the “100 for \$1,000 / 1,000 for \$100” Campaign for the SAEM Research Foundation. As you recall, the Campaign was exquisitely timed to coincide with the biggest economic collapse since the Great Depression, yet, we have continuously solicited you for money. When you explained that you had lost half of your retirement savings, were in a negative mortgage situation, and were subsisting on Ramen noodles, we retooled our strategy to go where the real money is – to Chairs of Emergency Medicine! As a Chair I know that this is not really true, but we figured that peer pressure at this level might work. We devised the Chairs and Department Challenge whereby generous Chairs of EM would contribute \$1,000 each, and at least 10 of their very best and happy faculty members would give at the \$100 level.

So, how have we done so far? We are delighted to report that in 2009 SAEM set an all time record for annual giving to the Research Foundation, and twice as many \$1,000 donors as ever before. To date, the Campaign has raised **\$ 94,635.00**.

Given the circumstances, we are quite pleased with ourselves. But... (as those late night Ginzu knife commercials always say) – there’s more! The Campaign is not over. We set our initial target for the Campaign at \$200,000. How did we arrive at that number? It was not through consultation with

Bernie Madoff, or even Alan Greenspan. We thought that over two years we could generate 100 gifts of \$1,000 from true believers in academic emergency medicine, and that the remaining academic emergency physicians would be so inspired by these grand donors, that they would turn out in droves (1,000 of them to be exact) to contribute at the \$100 level. So that’s \$100,000 from the big guns and \$100,000 from the infantry - \$200,000 total. Enough to fund almost 3 full Research Training Grants for a year. We are still a bit short of that goal.

We are in the final stage to reach our Campaign target and the grand finale will be in the desert in Phoenix at the SAEM Annual Meeting in just a few weeks. We will be asking (even badgering) our members one more time to donate at whatever level is possible. At the meeting you will be hearing about all the great ways that the SAEM Research Foundation has stimulated emergency medicine research to help our emergency patients. You will see the research careers that have been jump-started, and the wonderful scientific discovery that has resulted. So, start budgeting now to make a meaningful contribution to your specialty with a gift to the SAEM Research Foundation. We appreciate all who have donated and hope that many more of you will be able to join our donor group in Phoenix. See you there! 

Ask Your Department Chair About the SAEM Chair’s Challenge!

Come together as an institution to raise awareness on the importance of research and education within emergency medicine. You will be able to engage in a friendly competition amongst your peers and rivals while making the difference in the lives of many!

During the Chair’s Challenge we are asking that each chair contribute \$1000 to the Foundation, and to encourage their faculty/residents to contribute at any level. The top three contributing departments will receive special awards and public recognition at the 2010 Annual Meeting in Phoenix.

**Donations can be sent to: SAEM, 2340 S. River Road, Suite 200, Des Plaines, IL 60018
or on our website at www.saem.org.**

Please make sure to reference your institution to ensure proper credit is given.





“Avoidable ED Visits” – a Concept that Finally Makes Sense

As some readers may know, I have spent much of my career arguing against the concept of “inappropriate” or “avoidable” ED visits. [See for example, Abbuhl SB, Lowe RA. The inappropriateness of “appropriateness.” *Academic Emergency Medicine*. 1996; 3(3):189-191, and Lowe RA, Abbuhl SB. Appropriate standards for “appropriateness” research. *Ann Emerg Med*. 2001; 37(6):629-632.] So often, these terms are used to cast blame on uninsured, impoverished individuals who have few other options than to come to the ED. When I heard that the highly-regarded Institute for Healthcare Improvement (IHI) was beginning an initiative to reduce “avoidable ED visits,” I was concerned enough to call Roger Resar, MD, the IHI faculty member responsible for the program.

What I learned was a pleasant surprise. Roger gave an example of what he meant by “avoidable” visits. In Jönköping County, Sweden, emergency departments noted an increase in the incidence of hip fractures in the elderly. It turned out that Sweden had begun a “green initiative,” sending free compact fluorescent bulbs to anyone who asked. When elderly people got their CFLs, they climbed up on chairs or ladders to change the light bulbs, and fell – breaking their hips. Now, when Jönköping County residents over age 65 request CFLs, there is the option to have someone come out to change the bulbs for them.

If we look far enough upstream, even hip fractures become avoidable ED visits. To cite a few examples from the IHI project, one of the participating communities identified many of the teens coming to their ED for obstetric problems as making avoidable visits, because the Department of Obstetrics and Gynecology would not give them appointments in early pregnancy. The medical center now provides better access to prenatal care. Another community worked with the primary care providers to enhance access to same-day care and telephone advice, in order to reduce ED use.

The IHI model for improvement is innovative. What seems to help these projects succeed is to have a broad coalition – recognizing that what is in the interest of emergency physicians and our patients is also in the interest of hospital administrators worried about uncompensated ED care, Medicaid HMOs trying to reduce ED use, and community providers trying to do the right thing for their patients with limited resources. Among other things, IHI provides coaching on this coalition-building process.

I am writing to encourage others in the EM community to learn about this IHI initiative. The next opportunity is to participate in the IHI’s upcoming “Web&ACTION: Reducing Avoidable Emergency Department Visits” which begins on May 13. Over the course of three web-based sessions, IHI faculty will provide an overview of the research that led to the development of a framework. They will also give examples of how prototyping organizations are testing this framework. With faculty coaching, you will be able to test aspects of the framework in your community during the time between each session.

I would encourage others to sign up for this Web&ACTION program. You may want to share it with your hospital administration; I would not be surprised if some hospital administrators are willing to pay the enrollment fee for those of us in EM. My hope is that this series will lead to further opportunities to participate in the initiative, contributing the expertise of Emergency Medicine clinicians and academicians to the endeavor.

To learn more about this program and to enroll, visit this link to the IHI website:

http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WebACTIONReducingAvoidableEDVisits.htm?utm_source=homepage&utm_medium=website&utm_campaign=avoidableedhp

Or contact Courtney Kaczmarzky at IHI (ckaczmarzky@ihl.org). I’ll be happy to answer questions about it as well (LOWERO@ohsu.edu).

Submitted by:

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2010 Academic Emergency Medicine Consensus Conference Update

Beyond Regionalization: Integrated Networks of Emergency Care

Brendan Carr, MD, MA, MS – University of Pennsylvania
Ricardo Martinez, MD – Emory University School of Medicine

Background

The editorial board of *Academic Emergency Medicine* will sponsor the 11th annual consensus conference on June 2, 2010 in Phoenix, Arizona. This year's conference, titled *Beyond Regionalization: Integrated Networks of Emergency Care*, is sponsored by the SAEM Regionalization Task Force, and will create a research agenda to support the further development of the US emergency care system.

In 2006, The Institute of Medicine (IOM) presented the *Future of Emergency Care* report, highlighting the shortcomings of a system that they described as "At the Breaking Point" and encouraging the development of "coordinated, regionalized, and accountable" emergency care systems. The IOM followed up on its landmark report with a workshop in September 2009 that brought together stakeholders from across the public and private sectors to examine the intended and unintended consequences of organizing regional systems of emergency care. Shortly afterwards, the Emergency Care Coordination Center (ECCC) sponsored a roundtable discussion focused on the development of demonstration projects for regionalized emergency care services.

We hope to bring a fresh perspective and a structured research framework to the conversation about the organization of emergency care. In using the word "regionalized" as the cornerstone of the system that they outline, the IOM reignited what has long been a controversial topic within the emergency care community. Regionalization has largely been interpreted in the context of the US model of trauma care. In this model, a tiered system is created in which some hospitals are identified and credentialed as "trauma centers" and injured patients are preferentially delivered by prehospital providers to these facilities. Disease-specific professional organizations have followed in the footsteps of trauma's model and have advocated the development of stroke centers, burn centers, ST elevation myocardial infarction (STEMI) centers, and cardiac arrest centers. While generalizing a model of regionalized care that creates winners and losers in elective diseases such as cancer or transplant may be appropriate, this system has fallen short in the delivery of emergency care.

We aim to convene a conference that moves beyond the classic model of regionalization focused on *bringing the patient to the doctor* in the hopes that we will think creatively about how, when possible, to *bring the doctor to the patient*. We envision an integrated network of emergency care that uses technological advances and a population-based perspective to better coordinate subspecialty consultations, ambulance dispatch, and inter-hospital transfers. We will start by addressing **where we are** – focusing on what works in the emergency care system and what doesn't. We'll next focus on **where we are going** – identifying best practices and novel approaches to the optimal delivery of care. Finally, we'll think critically about **how we will get there** – as we identify barriers ranging from liability to oversight and create benchmarks along the way to assure that we engage in evidence-based policy.

The conference deliverables will be featured in the December, 2010 issue of *Academic Emergency Medicine*. This special issue will include a series of conference proceedings as well as original research pertinent to the topic. Although the conference proceedings are finalized at the conference, advance work is beginning now. If you are interested in participating in the development of the research agenda for one of the themes listed below, please contact conference co-chair Brendan Carr via email (carrb@upenn.edu). We look forward to seeing you in June.

Conference Themes:

Prehospital Care & Regionalization

Beyond ED Categorization – Matching Networks to Patient Needs

Defining & Measuring Successful Networks

Patient Centered Emergency Care

Workforce (Emergency & On-Call)

Administrative Challenges to Novel Network Solutions

Electronic Collaboration: Using New Technology to Solve Old Problems of Quality Care

Inter-hospital Communications & Transport – Turning Funnels into Networks



The New Research Fellowship Certification Process

Judd E. Hollander, MD & Jeffrey Kline, MD

We are pleased to announce the creation of a SAEM certification process for patient-oriented, translational, epidemiologic, behavioral outcomes or health services research. For the first time, organized emergency medicine will have a formal evaluation process for research fellowships. This process will formally certify both the fellowship, and will also provide a framed certificate to research fellows who satisfactorily complete the research training requirements at a certified program. Working collaboratively with representatives and experienced past leadership from the NIH, ACEP, CORD and ABEM, members of the Research Fellowship Task Force created a fellowship credentialing process that has been approved by the SAEM Board of Directors.

The creation of an accredited fellowship will help to increase both the quality and the quantity of emergency care research. Many of our senior members have commented on a shortage of graduating emergency physicians entering formal research fellowships. In discussions with recent residency graduates interested in further research training, many perceive the current non-credentialed research fellowships are more analogous to a journeyman experience that is partly attributed to a lack of organized programs from which they can choose.

This creation of the research fellowship accreditation process was designed with two purposes: (1) to further motivate graduating residents who are considering a research career; and (2) motivate research directors to standardize research fellowships in a way that improves the overall rate of federal funding and external impact in emergency care research. From the perspective of the fellowship director, this process will facilitate fellowship development by better defining the explicit learning objectives. This should enable accredited fellowships to recruit top tier applicants. From the perspective of the applicant, this process should provide them with reassurance that an accredited fellowship position that will enhance their career likelihood of securing external federal funding.

The Training Program

The scope of training will focus on patient-oriented, translational, epidemiologic, behavioral outcomes or health services research. There was consensus that there was no need to reproduce bench research programs that currently exist. It is recommended that the training include an MPH, MSCE, MTR or equivalent degree but that the training should go beyond a traditional degree and focus on the science of emergency care. The focus should be on the ability to train emergency care researchers to conduct hypothesis generating research using a broad range of study designs and analytical techniques. Before completion of the fellowship, the fellow will be required to have taken an idea from conception through IRB submission/approval

and submit a manuscript related to their main emergency care research project. They will also need to become facile at grant writing and write and submit an NIH grant.

The duration of the fellowship will be a minimum of two years so it can be expected to produce emergency care researchers with equivalent training to other well regarded research fellowships.

The environment must be at an institution with an ACGME-approved Emergency Medicine residency program. This is essential for the fellowship to ultimately become American Board of Medical Specialties (ABMS) approved for certification.

The supervision will need to include experienced mentor(s) with a focus on the science of emergency care. Experienced mentors in bioethics, regulatory requirements, methodology, analytic techniques and emergency care should also be included.

The Mandatory Learning Requirements

The curriculum should be structured to maximize the research experience in accordance with the required “core competencies” approved by ACGME. The curriculum should include writing seminars, a grant writing course, and clinical research team management education so the applicant can eventually assemble a research team to conduct high quality clinical research. Broad categories of research fellowship learning objectives are:

1. Identification of Area of Focus within Emergency Care Research
2. Hypothesis Generation & Hypothesis Testing
3. Research Design
4. Data Collection Methods
5. Data Monitoring and Interim Data Analysis
6. Data Analysis
7. Presentation of Research
8. Manuscript Preparation, Submission and Revision
9. Grant Preparation, Submission and Revision
10. Project Management
11. Ethical Aspects of Medical Research
12. Regulatory Requirements
13. Informatics
14. Teaching Skills
15. Career Development



The Process

It is worth noting that the fellow will need to successfully complete an accredited program and provide documentation that they have met the required criteria.

The program application will consist of a detailed description of the resources and environment, research training plan and mentorship team. The application will require an overview of the proposed curriculum for the fellow. It should include a detailed description of how the fellow will meet the learning objectives over the two years of the program. It is expected that during this time period, the fellow will design and submit their own study for IRB approval, write one or more full-length manuscripts representing a substantial body of original work and submit an R-series or K award or equivalent application to the NIH or another national organization.

Applications for both the program accreditation and fellow certification will be evaluated by a new SAEM committee, the "Research Fellowship Certification Committee." The details on the deadlines for submission and submission fee have not yet been finalized.

The purpose of credentialing successful completion of the fellowship is to confer recognition that the fellow has received sufficiently rigorous training to be considered a highly-qualified clinical investigator, in patient-oriented, translational, epidemiologic, behavioral, outcomes or health services research. Candidates for certification must possess a medical degree and show evidence of advanced research training (MSCE [2year]; PhD; Fellowship) or equivalent; have graduated from an ACGME-approved emergency medicine residency; be board-certified (or board-eligible) in emergency medicine; and have completed a SAEM accredited 2-year research training fellowship.

Certification will be based on the strengths and potential of the candidate to become an independent clinical investigator. The application for certification will evaluate the training received and potential of the fellow to become an independently funded emergency care researcher.

This process will include review of letters of reference, manuscripts and a copy of the funded (or submitted) grant (R- or K-series to NIH or equivalent to major national organization).

We would like to thank the members of the research fellowship task force listed below.

Judd E. Hollander, MD (Chair) – *past President of SAEM*

Jeffrey Kline, MD (BOD liaison) – *President-elect of SAEM*

Roger Lewis, MD, PhD – *past President of SAEM*

Jane Scott, ScD, MSN – *NIH representative is Director, Office of Research Training and Career Development, Division of Cardiovascular Sciences at the National Heart, Lung and Blood Institute*

Rita Cydulka, MD – *past SAEM BOD and past President of ABEM*

Carey Chisholm, MD – *CORD representative, past President of SAEM*

Erik Hess, MD, MSc – *junior faculty with AHA/SAEM/EMF career development award who has completed research training outside the US*

Renee Hsia, MD, MSc – *ACEP representative; junior faculty with K-award and RWJ funding*

Michael Marchick, MD – *current research fellow*

We are very excited about this step for SAEM and emergency care research. It is through the hard work of the task force members that this idea has come to fruition.

Announcements

GRADUATE

Romolo J. Gaspari, MD, MSc, PhD, Associate Professor of Emergency Medicine at the University of Massachusetts has successfully defended and graduated from the Millennium Program at the University of Massachusetts with a PhD in Biomedical Sciences. His thesis focused on changes in central respiratory control following acute organophosphate poisoning.

PROMOTION

Timothy J. Mader, MD FACEP FAAEM has been promoted to Clinical Professor of Emergency Medicine at Tufts University School of Medicine and appointed Director of Resuscitation Research for the Department of Emergency Medicine at Baystate Medical Center/Tufts University School of Medicine.



SAEM Grant Awards for the 2010 Funding Cycle

Jason S. Haukoos, MD, MSc
Chair, 2009-2010 SAEM Grants Committee

The SAEM Grants Committee had the opportunity to review an outstanding pool of applications this year. The committee met in-person on October 4, 2009 in Boston, Massachusetts to primarily review applications submitted to the Research Training Grant (RTG), Institutional Research Training Grant (IRTG), and Emergency Medicine Patient Safety Fellowship (EMPSF) Grant categories. Applications to the Emergency Medical Services Research Fellowship (EMSRF) Award were reviewed in December, 2009 as part of a conference call. The following individuals served as chairs of the following subcommittees for this review cycle:

Jim Holmes, MD, MPH – RTG Subcommittee

The SAEM RTG provides support in the form of \$75,000 per year for two years of formal, full-time research training for emergency medicine fellows or junior faculty. The award is intended to support the development of sound research skills and to enhance the likelihood of the recipient developing into an independently-funded scientist in emergency medicine.

Manish Shah, MD, MPH – IRTG Subcommittee

The SAEM IRTG also provides support in the form of \$75,000 per year for two years in order to train a research fellow. This grant is awarded to the institution of an established investigator who has demonstrated excellence in academic emergency medicine and who is capable of successfully training future scientists.

Steven Bird, MD – EMPSF Subcommittee

This EMPSF award provides support in the form of \$75,000 for one year to enhance the development of an emergency medicine patient safety researcher. This award is co-sponsored by SAEM and the Emergency Medicine Patient Safety Foundation.

Christopher Kahn, MD – EMSRF Subcommittee

The EMSRF award provides support in the form of \$60,000 for one year and strives to foster teaching, education, and research in emergency medicine and emergency medical services. This award is sponsored by Physio-Control.

It is with pleasure that we announce the following individuals who have been chosen for funding during the 2010 cycle.

Emergency Medicine Patient Safety Fellowship

*Rosemarie Fernandez, MD
Wayne State University School of Medicine*

Dr. Fernandez is currently an Assistant Professor of Emergency Medicine at Wayne State University and the Director of Simulation and Healthcare Simulation and Patient Safety in the Department of Emergency Medicine. Dr. Fernandez's grant entitled, "Validation of a Simulated Team Experience

and Assessment Methodology (Sim-TEAM)" aims to "develop and validate metrics to assess physician performance in a team context, its effects on team processes, and its impact on team performance during assessment and resuscitation of rapidly decompensating patients." The ultimate goal is for Dr. Fernandez to develop expertise in emergency medicine patient safety research. The mentored research project will build upon two developed and validated event based scenarios to create a comprehensive Simulated Team Experience and Assessment Methodology, called Sim-TEAM. This will be accomplished by formal education in patient safety research by participating in the HRET/NPSF Patient Safety Leadership Fellowship, the SIEPS Course on human factors engineering and patient safety, and graduate study in patient safety research methodology. Dr. Fernandez's primary mentor will be Robert Wears, MD, MS from the University of Florida.

Institutional Research Training Grant

*James F. Holmes, MD, MPH
University of California Davis*

Dr. Holmes is a Professor in the Department of Emergency Medicine and the Director of the Emergency Medicine Research Fellowship at the University of California Davis. In conjunction with obtaining departmental status in the School of Medicine in 2005 and receiving one of the initial 12 Clinical and Translational Science Awards in 2006, the Department of Emergency Medicine at the University of California Davis is nicely positioned to benefit from this award. Dr. Holmes' proposal outlines a comprehensive clinical research training plan aimed to provide the fellow with critical skills to become an independently-funded and successful scientist. These skills will be developed and fostered by completion of the UC Davis Mentored Clinical Research Training Program (K30), strong and diverse mentorship (including Nathan Kuppermann, MD, MPH, Aaron Bair, MD, MS, Deborah Diercks, MD, MSc, Edward Panacek, MD, MPH, and Garen Wintemute, MD, MPH), exposure to multi-centered research (primarily the Pediatric Emergency Care Applied Research Network (PECARN)), and participation in and completion of several research projects. In the end, the fellow in conjunction with his or her mentors will prepare and submit a grant proposal to further career and research development.

Emergency Medical Services Research Fellowship

*Adam Tobias, MD
University of Pittsburgh*

Dr. Tobias is currently a Clinical Instructor and Emergency Medical Services Fellow at the University of Pittsburgh, having completed residency training in emergency medicine at the same institution. Dr. Tobias' grant will allow him to complete a second year of his fellowship under a number of

(Continued on pg. 21)



From Resident to Residency Leadership

Maria Glenn, MD – Carolinas Medical Center

Emergency medicine is a field that knows no limits given the Residency training is a time to develop and grow as a physician. Part of growth is discovering a niche that will drive you to become not only a better physician but also a more diverse individual. There are many unique aspects of emergency medicine. How is one to choose which area is best for them? The best way to make this decision is through exposure because until you ask, see, and immerse yourself within, you may never know which area of emergency medicine you can truly make a difference.

In this issue, I had the opportunity to interview Dr. Philip Shayne, the residency director at Emory University. Dr. Shayne also serves as the CORD 2009-2010 President Elect. His knowledge, experiences, and successes provide invaluable advice and insight for any aspiring resident.

MG: How does one know if residency leadership is the best path for them?


Dr. Shayne: "First of all, you must enjoy what you are doing, and the opportunities will then occur. Early in my career, I realized that I valued witnessing the professional transformation that residents make during training. June and July are the most tangible times of seeing this transformation as I watch scared, overwhelmed interns on the first day of training and know they will become confident leaders of the ED and our specialty in three short years. As a residency director, you must have a selfless vision to strengthen not only the program to which you belong but also the field of emergency medicine as a whole."

MG: What was your path to becoming a program director, and what advice can you now offer?"

Dr. Shayne : "There is no right or wrong path to becoming a program director. You must simply work hard and want to be

helpful. I worked with medical students, CME, and nursing education. One of my areas of focus was developing an emergency medicine curriculum for off-service rotators while in the ED. You must create something, develop it, and show ownership by making your vision a reality."

MG: What can a resident do during residency to prepare for a career in residency leadership?

Dr. Shayne: "Above all else, ensure that you are clinically sound by dedicating yourself to life-long learning. You must be self-directed and willing to work hard. In order to be an effective resident leader, you must understand what residency leadership is. The best way to gain this knowledge is by volunteering for activities and committees within your program. You can also seek opportunities beyond your program on the national level. Specifically, residents and new graduates can attend the Navigating the Waters: CORD Academic Development course. Attending the regional and national SAEM meetings are great opportunities to meet other aspiring clinicians and Junior Faculty among your peer group and undergo mentorship from current leaders within the field. Finally, ACEP offers a teaching fellowship for recent resident graduates designed to hone leadership and educational skills. As a resident, you should keep an open mind and avail yourself to the many unique opportunities during your training. The more experiences you have had, the more you will have to offer no matter what your future niche may be." 



("Emergency Medical Services Research Fellowship" Continued)

high-quality mentors, including Ronald Roth, MD and Clifton Callaway, MD, PhD. Dr. Tobias will continue to obtain clinical, administrative, teaching, and research experience in various aspects of prehospital care, including ground prehospital care, air medical transport, and disaster and mass gathering medicine. He will use this award to complete a second fellowship year and to complete a Master of Public Health from the University of Pittsburgh, while also continuing to work on several research projects. The primary project of his second fellowship year will include a multi-center prospective observational study to evaluate the associations between serum lactate concentrations as measured by paramedics in the prehospital setting and patient outcomes.

Research Training Grant

No RTG was awarded this year.

EMERGENCY MEDICINE STUDENT INTEREST GROUP GRANTS

This year, the SAEM Grants Committee and the Academy of Clerkship Directors in Emergency Medicine is pleased to award five EMIG grants. The primary goal of the EMIG grants are to promote the growth of emergency medicine at the medical student level and to support educational endeavors of an EMIG. The EMIG grant application process is being reviewed and will be updated by the fall 2010. For the upcoming academic year (2010 - 2011) the new EMIG grant application deadline will be January 15th, 2011. The 2009 - 2010 EMIG grant recipients are;

Tanya Castelino
David Migneault
McGill University

Mathew Martinez
University of Texas -
Houston

Daniel Henderson
University of Connecticut

William Scheels
University Wisconsin
















Darragh C. O'Carroll
University of Hawaii








Pre-Day/Wednesday, June 2, 2010












<p>8 am - 5 pm</p> <p>Semi-Final CPC Tracks</p> <p><i>Grand Canyon Ballroom 9 Grand Canyon Ballroom 10 Grand Canyon Ballroom 11 Grand Canyon Ballroom 12 Grand Canyon Ballroom 13 Pinnacle Peak 1</i></p>	<p>8 am - 5 pm</p> <p>AEM Consensus Conference</p> <p><i>Grand Sonoran E (General Session) Grand Sonoran H Grand Sonoran I Grand Sonoran J Grand Sonoran K</i></p>	<p>8 am - 5 pm</p> <p>SAEM Intensive Grant Writing Workshop</p> <p><i>Pinnacle Peak 2</i></p>	<p>8 am - 5 pm</p> <p>SAEM Leadership Academy</p> <p><i>Pinnacle Peak 3-General Session Desert Suite 5-Break-out</i></p>
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Thursday, June 3, 2010

Plenary Papers 8 - 9:30 am (Grand Sonoran E-F-G)

9:30 - 10 am - Coffee Break				9:30 - 11:30 am	9:30 - 11:30 am Oral Abstracts
<p>10 - 11:30 am Oral Abstracts</p> <p>SAHICH Abstracts 6-11 <i>Grand Canyon #13</i></p>	<p>10 - 11:30 am Oral Abstracts</p> <p>Cost and Emergency Medicine Abstracts 12 - 17 <i>Grand Canyon #12</i></p>	<p>10 - 11:30 am</p> <p>Educators' Bootcamp: Surviving Away from the Podium  <i>Grand Saguaro North</i></p>	<p>10 - 11:30 am</p> <p>Evidence to Practice: How Can Emergency Medicine Researchers Drive the Quality Agenda  <i>Grand Saguaro East</i></p>	<p>Identifying Best Practices for Training Emergency Medicine Residents in PEM  <i>Grand Saguaro South</i></p>	<p>The Geriatric Population and Their Differences  Abstracts 18-25 <i>Grand Saguaro West</i></p>
LUNCH 11:30 am - 12:30 pm					<p>11:30-12:30 pm 539 Luncheon for Women in Academic Emergency Medicine  <i>Grand Canyon #9</i></p>
<p>12:30 - 2 pm Oral Abstracts</p> <p>Ultrasound Abstracts 26-31 <i>Grand Canyon #13</i></p>	<p>12:30 - 2:00 pm</p> <p>The Next Match: What EM Departments Want When They Hire  <i>Grand Canyon #12</i></p>	<p>12:30 - 2:30 pm</p> <p>Harnessing the Power of the Internet for Bedside Teaching  <i>Grand Canyon #10-11</i></p>	<p>12:30 - 2:30 pm</p> <p>Fixing the Emergency Medicine Research Enterprise  <i>Grand Saguaro East</i></p>	<p>12:30 - 2:30 pm</p> <p>The Nuts and Bolts of Creating an Educational Podcast  <i>Grand Saguaro South</i></p>	<p>12:30 - 2:00 pm</p> <p>Teaching Professionalism: More than an Attitude Adjustment  <i>Grand Saguaro West</i></p>
<p>2 - 3 pm Oral Abstracts</p> <p>What is Clinical Competency? Abstracts 32-35 <i>Grand Canyon #13</i></p>	<p>2 - 3:30 pm</p> <p>Beyond Good Intentions: International Emergency Medicine and Sustainable Change  <i>Grand Canyon #12</i></p>	<p>2:30 - 3:30 pm</p> <p>Research on a Shoestring Budget: Strategies for Conducting Research At Minimal Cost  <i>Grand Saguaro North</i></p>	<p>2:30 - 3:30 pm</p> <p>Job-Seeking for Physicians With Interest in a Research Career: What You Should Be Looking for and Looking Out For When Considering Employment  <i>Grand Saguaro East</i></p>	<p>2:30 - 4:30 pm</p> <p>Incorporating Visual Diagnosis as an Educational Strategy  <i>Grand Saguaro South</i></p>	<p>2:00 - 3:30 pm</p> <p>Resident As Teacher  <i>Grand Saguaro West</i></p>
<p>2 - 4 pm Lightning Oral Presentations</p> <p>A Sampling of the Basic Sciences Abstracts 36-47 <i>Grand Canyon #2</i></p>	<p>Posters 3-5 pm</p> <p>Disaster Medicine Abstracts 56-63 Neurology Abstracts 64-69 Education Abstracts 70-121 Abdominal/Gastrointestinal/Genitourinary Abstracts 122-125 Diagnostic Technologies/Radiology Abstracts 126-145 Infectious Diseases Abstracts 146-175 Research Design/Methodology/Statistics Abstracts 176-180</p> <p align="right"><i>Grand Canyon Ballrooms #6-7-8</i></p>				
<p>Moderated Posters 3:30 - 4:30 pm</p> <p>Advances in EM Curriculum Abstracts 48-51 <i>Grand Canyon #3</i> Prehospital Airway Abstracts 52-55 <i>Grand Canyon #4</i></p>					
<p>5 - 6 pm</p> <p>Q&A Forum with the SAEM Board of Directors (<i>Grand Saguaro North</i>)</p>					
<p>6 - 7:30 pm</p> <p>Opening Reception (<i>Sunset Lawn</i>)</p>					

	Academy
	Faculty Development
	Education
	Administration
	Clinical Advancements
	State of the Art
	Research

Friday, June 4, 2010					
7:30 - 9:30 am					
Breakfast and Networking Session				8 am - 12 noon	8 am - 4 pm
9:30 - 11 am Oral Abstracts International Emergency Medicine Abstracts: 181-186 <i>Grand Canyon #11</i>	9:30 - 11 am Oral Abstracts The Technology of EMS Abstracts 187-192 <i>Grand Canyon #12-13</i>	9:30 - 11 am Expert Strategies for Minimizing Loss to Follow Up in Emergency Medicine Research  <i>Grand Sonoran G</i>	9:30 - 11 am Bedside Teaching of Medical Students in Emergency Medicine - An Interactive Workshop  <i>Grand Canyon # 9-10</i>	CORD General Membership <i>Grand Sonoran F</i>	Chief Resident Forum <i>Grand Sonoran C</i>
11 am - 12 noon Oral Abstracts Coping with Death Abstracts: 193-196 <i>Grand Canyon #11</i>	11 am - 12 noon Oral Abstracts Outcomes and Analysis: Observation Units Abstracts 197-200 <i>Grand Canyon #12-13</i>	11 am - 12 noon Career Path at University-affiliated Community Sites: Opportunities and Challenges  <i>Grand Sonoran G</i>	11 am - 12 noon Remote Damage Control Resuscitation: Concepts, Challenges and Research Opportunities as Trauma Resuscitation Moves into the Out-of-Hospital Arena  <i>Grand Canyon #9-10</i>		
12 - 1 pm - LUNCH BREAK				12 noon - 1:00 pm NIH Special Session on Emergency Care Research <i>Grand Sonoran J-K</i>	
12:30 - 2:30 pm Moderated IEME Presentations #4, 5, 12, 13, 17 <i>Grand Canyon #11</i>	1 - 2 pm Lightning Oral Presentations Enhancing Survival Beyond the ED (Part I) Abstracts 205-216 <i>Grand Canyon #2</i>	1 - 3 pm Best of CDEM  <i>Grand Sonoran G</i>	1 - 3 pm Improving Pediatric Guideline Implementation: A Workshop in Applied Knowledge Translation  <i>Grand Canyon #9-10</i>	1 - 2 pm Oral Abstracts Abstracts Assessing Medical Student Skills  Abstracts: 201-204 <i>Grand Sagavero East</i>	
Posters 1-3 pm Trauma - Abstracts 217-241 Administration Health Policy - Abstracts 242-304 Critical Care Resuscitation - Abstracts 305-316 Ethics - Abstracts 317-319 Geriatrics - Abstracts 320-331 Pulmonary - Abstracts 332-338 Moderated Posters 3:30 - 4:30 pm Abuse and Violence - Abstracts 339-341 Emergency Nursing - Abstracts 343-344 <i>Grand Canyon #3</i> <i>Grand Canyon #4</i>				2 - 3 pm Innovations in Resident and Medical Student Education  <i>Grand Sonoran F</i>	
3 - 4:30 pm Oral Abstracts H1N1 and Pandemics Abstracts 347-351 <i>Grand Canyon #11</i>	3 - 4:30 pm Oral Abstracts The Regionalization of Emergency Medicine Abstracts 353-357 <i>Grand Canyon #12-13</i>	3 - 4:30 pm Why be an Academic Clinical Director?  <i>Grand Sonoran G</i>	3 - 4:30 pm Ultrasound for Critically Ill Patients  <i>Grand Canyon #9-10</i>	3 - 4:30 pm Direct Observation of Competence (DOC) - Why is it Important and How to Develop a Successful Program  <i>Grand Sonoran F</i>	



Beth Israel Deaconess Medical Center



A teaching hospital of Harvard Medical School

The Department of Emergency Medicine
 At Beth Israel Deaconess Medical Center
Is seeking qualified physicians to join its faculty

Candidate Requirements

Board certified in emergency medicine with a minimum of four years of postgraduate experience and serious interest in academics

Beth Israel Deaconess Medical Center - Emergency Department

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- A major teaching hospital of Harvard Medical School
- Academic appointment at Harvard Medical School
- Outstanding academic research in both basic science and clinical areas of interest including public health research in the ED, EM education, sepsis, ultrasound, neurological emergencies. The ideal candidate would have secured external grant funding within their area of expertise
- Nationally recognized residency program and fellowships in international EM and disaster medicine.
- International emergency medicine outreach initiatives
- Strong EMS program directing multiple 911 services
- Competitive salary incentive based, generous benefits, funded CME
- Academic rank commensurate with experience

Send curriculum vitae to:

Richard E. Wolfe, M.D., Chief of Emergency Medicine
 c/o mblicker@bidmc.harvard.edu
 For more information go to www.bidmc.org/emergency

UNIVERSITY OF COLORADO DENVER SCHOOL OF MEDICINE, DEPARTMENT OF EMERGENCY MEDICINE

The University of Colorado Denver at the Anschutz Medical Campus in Aurora, Colorado, is the only completely new academic medical center to be built in more than a generation. When completed, the campus will house the University of Colorado Hospital, the Children's Hospital, the VA Medical Center, the University of Colorado Denver Schools of Medicine, Dentistry, Nursing and Pharmacy, and two new biomedical research towers. The campus is unique in its integration of public and private biotechnology. The Department of Emergency Medicine was recently developed as an academic department of the School of Medicine.

The Emergency Department at the University of Colorado Hospital is a state-of-the-art, acute-care clinical facility as well as a laboratory for the development of new technologies and pathways in emergency care.

Applications are now being accepted for a full-time emergency medicine faculty member to join our dynamic and growing department. Responsibilities include clinical practice, administrative responsibilities, teaching of emergency medicine and other housestaff as well as scholarship. Faculty applicants must be residency trained in emergency medicine and be board certified or board eligible. **Applicants with administrative experience are preferred.** Compensation is competitive. The University of Colorado Denver offers a full benefits package. Information on University benefits programs, including eligibility, is located at <http://www.cu.edu/pbs/>. The University of Colorado is committed to diversity and equality in education and employment. Please apply online by going to Jobs at CU: <http://www.jobsatcu.com>

Saturday, June 5, 2010

6 - 7 am Fun Run

<p>8 - 9:30 am Oral Abstracts</p> <p>Dysrhythmias Abstracts 359-364 <i>Grand Saguaro North</i></p>	<p>8 - 9:30 am Oral Abstracts</p> <p>The Length of Stay: An EM Stigma Abstracts: 365-370 <i>Grand Saguaro South</i></p>	<p>8 - 9 am Oral Abstracts</p> <p>Pediatric Diagnostic Tools Abstracts 371-375 <i>Grand Sonoran G</i></p>	<p>8 - 10 am</p> <p>Best of CORD <i>Grand Sonoran F</i></p>	<p>8 - 9 am Oral Abstracts</p> <p>Enhancing Survival Beyond the ED (Part II) Abstracts 375-378 <i>Grand Sonoran E</i></p>	<p>8 am - 4 pm</p> <p align="center">Medical Student Symposium</p> <p><i>Grand Canyon 12-13 General Session</i> <i>Grand Canyon 9-11 Breakouts</i></p>
<p>9:30 - 11 am Oral Abstracts</p> <p>Evaluating Faculty Abstracts 379-384 <i>Grand Saguaro North</i></p>	<p>9:30 - 11 am Oral Abstracts</p> <p>Predicting Sepsis Outcomes Abstracts 385 - 390 <i>Grand Saguaro South</i></p>	<p>9 - 10:30 am</p> <p>Thrombolysis for Acute Ischemic Stroke: Where are we now, where are we going? <i>Grand Sonoran G</i></p>	<p>10 - 11 am</p> <p>Becoming an EM Intensivist <i>Grand Sonoran F</i></p>	<p>9 - 10:30 am</p> <p>Coping with Shift-work Through the Life Cycle of the Academic Emergency Physician <i>Grand Sonoran E</i></p>	
<p>11 am - 12 noon Oral Abstracts</p> <p>The Contaminated ED Abstracts 391-394 <i>Grand Saguaro North</i></p>	<p>11 am - 12 noon Oral Abstracts</p> <p>Drugs of Abuse Abstracts 395-398 <i>Grand Saguaro South</i></p>	<p>10:30 - 11:30 am</p> <p>Advanced Principles of Biostatistics That Everyone Should Know <i>Grand Sonoran G</i></p>	<p>11 am - 12 noon</p> <p>EMS as a Recognized Subspecialty: Implications for Fellowship Training <i>Grand Sonoran F</i></p>	<p>10:30 am - 12 noon</p> <p>Simulation-based Patient Safety Initiatives: Measuring Outcomes at the Patient and System Level <i>Grand Sonoran E</i></p>	
<p>11:30 am - 12:30 pm LUNCH BREAK</p>					
<p>12:30 - 2 pm</p> <p>Faculty Needs for Years 1-3 FD <i>Grand Saguaro North</i></p>	<p>12:30 - 2 pm</p> <p>Leadership From Within - Enhancing Your Natural Ability II FD <i>Grand Saguaro South</i></p>	<p>12:30 - 2 pm Oral Abstracts</p> <p>The EM Value of Stress Tests/Caths/Cardiac CT Abstracts 399-404 <i>Grand Sonoran G</i></p>	<p>12:30 - 2 pm Oral Abstracts</p> <p>Research Methodology Abstracts 405-410 <i>Grand Sonoran F</i></p>		
<p>2 - 3:30 pm Awards & Annual Business Meeting <i>Grand Saguaro North</i></p>					
<p>3:30 - 5 pm</p> <p>Beyond the Ambulance Bay: An Introduction to Social Emergency Medicine <i>Grand Saguaro North</i></p>	<p>3:30 - 5 pm</p> <p>Bottlenecks in Patient Throughput: Applying Queuing Theory to Identify and Manage ED Flow <i>Grand Saguaro South</i></p>	<p>3:30 - 5 pm Oral Abstracts</p> <p>Treating the Patient: A Sampling of RCTS in EM Abstracts 411-415 <i>Grand Sonoran G</i></p>	<p>3:30 - 5 pm Oral Abstracts</p> <p>Prehospital Intervention and Decision Making Abstracts 417-421 <i>Grand Sonoran F</i></p>	<p>4 - 5:30 pm</p> <p align="center">Residency Fair</p> <p align="center"><i>Grand Sonoran A-B-C-D-E</i></p>	<p>4:30 - 6:30 pm Lightning Oral Presentations</p> <p>Bones, Blood, Bowel: Ultrasound Abstracts 423-435 <i>Grand Canyon Ballroom 2</i></p>
<p>Wine & Cheese Poster Session 5 - 7 pm <i>(Grand Canyon #6-7-8)</i></p> <p>Airway/Anesthesia/Analgesia - Abstracts 451-463 Cardiovascular - Abstracts 454-479 Disease/Injury Prevention - Abstracts 480-499 EMS/Out-of-Hospital - Abstracts 500-520 Psychiatry/Social Issues - Abstracts 521-527</p> <p>Moderated Posters (5-7 pm)</p> <p>Pulmonary Embolism - Abstracts 435-442 <i>(Grand Canyon #3)</i> The Disposition of the Trauma Patient - Abstracts 443-450 <i>(Grand Canyon #6)</i></p>					

Sunday, June 6, 2010

<p>Oral Abstracts 8 - 9 am</p> <p>The Difficult Airway Abstracts 576-579 <i>Grand Canyon #9</i></p>	<p>Oral Abstracts 8 - 9 am</p> <p>Myocardial Infarction Abstracts 580-583 <i>Grand Canyon #10</i></p>	<p>8 - 10 am</p> <p>Improve your teaching: Evidence-based teaching workshop using articles that will change your teaching practice. <i>Grand Sonoran E</i></p>	<p>8 - 9:30 am</p> <p>The Need for Real Time Minimally Invasive Hemodynamic Monitoring in the ED <i>Grand Sonoran G</i></p>	<p>8 - 9:30 am</p> <p>Injury Centers: Opportunities for Emergency Medicine <i>Grand Sonoran F</i></p>	<p>Oral Abstracts 8 - 9 am</p> <p>Simulation Abstracts 584-587 <i>Grand Canyon #11-12-13</i></p>
<p>Oral Abstracts 9 - 10 am</p> <p>Blunt Head Trauma Abstracts 588-591 <i>Grand Canyon #9</i></p>	<p>Oral Abstracts 9 - 10 am</p> <p>The Impact of ICU Utilization on the ED Abstracts 592-594 <i>Grand Canyon #10</i></p>	<p>10 - 12 noon</p> <p>605 Using Deliberate Practice to Address Cognitive Error <i>Grand Sonoran E</i></p>	<p>9:30 - 10:30 am</p> <p>Developing Young Faculty Investigators <i>Grand Sonoran G</i></p>	<p>9:30 - 10:30 am</p> <p>The "other" study designs <i>Grand Sonoran F</i></p>	<p>9 - 10:30 am</p> <p>Debriefing Undergraduate Healthcare Learners: A Practical and Evidence-Based Approach <i>Grand Canyon #11-12-13</i></p>
<p>10:30 - 11:30 am Lightning Oral Presentations</p> <p>The Successful Resident Abstracts 596-601 <i>Grand Canyon Ballroom 2</i></p>	<p>10:30 - 11:30 am Moderated Posters</p> <p>New Ideas/Old Problems: Abscesses Abstracts 602-605 <i>Grand Canyon #3</i></p> <p>Barriers and Solutions to Geriatric Care Abstracts 606-609 <i>Grand Canyon #4</i></p>		<p>10:30 am - 12 noon</p> <p>Supersonic Teaching: Innovations in Ultrasound Education <i>Grand Sonoran G</i></p>	<p>10:30 am - 12 noon</p> <p>Are my residents OK? - Maximizing Resident Wellness in 2010 and Beyond <i>Grand Sonoran F</i></p>	<p>10:30 am - 12 noon</p> <p>Mentorship in Action: Benefits and Techniques <i>Grand Canyon #11-12-13</i></p>
<p>12 noon - Meeting ends</p>					



Chief Resident Forum - Friday, June 4, 2010

SAEM Annual Meeting in Phoenix

- 7:30-7:50 am** **Continental Breakfast**
- 7:50-8:00 am** **Welcome**
Kevin Rodgers, M.D.
- 8:00-9:00 am** **Big Shoes to Fill: The Leadership Management Role**
Carey Chisholm, M.D. Indiana University
- *Transitioning to the Leadership Role*
 - *Middle Management Techniques*
 - *Running Meetings*
- 9:00-10:00 am** **Talk the Talk: Communication and Negotiation Skills**
Jim Adams, M.D. Northwestern University
- *Communication Styles*
 - *Effective Communication Skills*
 - *The Art of Negotiation: Creating the Win-Win*
- 10:00-10:15 am** **Break**
- 10:15-11:00 am** **Survival 101: Work Life Balance / Wellness**
Sheryl Heron, M.D. Emory University
- *Establishing a Life Balance*
 - *Wellness Techniques*
 - *Time Management / Staying Organized*
- 11:00 am-12:00 pm** **Is This For Me? Selecting and Planning An Academic Career**
Amal Mattu, M.D.
- *Personal Traits Compatible with an Academic Career*
 - *Getting a Head Start: Developing Academic Career Components*
 - *Academic Success / Longevity: Creating A Plan*
- 12:00-1:00 pm** **Lunch with Program Directors**
Dealing with RRC Non-Negotiables, Scheduling/Sick Call Issues
- 1:00-2:45 pm** **You Can't Do That: Managing Difficult Resident Problems**
Mary Jo Wagner, M.D. Synergy
Annie Sadosty, M.D. Mayo
Steve Bowman, M.D. Cook
- *Maintaining Confidentially*
 - *The Resident in Crisis (Psychiatric Disease, Alcohol/Drug Impairment, Marital Problems/Abuse)*
 - *Problem Residents (Disruptive, Unprofessional Behavior, Late, Excessive Requests)*
 - *Unprofessional Faculty Behavior*
 - *Pharmaceutical Industry Interactions*
- 2:45-3:00 pm** **Break**
- 3:00-4:00 pm** **Former Chief Resident Panel (3)**
Lessons Learned-Based on Specific Problems Already Encountered by the New CRs (solicited prior to the meeting)

Schedule subject to changes.
See latest revision online at www.saem.org.



2010 Academic Emergency Medicine Consensus Conference

June 2, 2010, Phoenix, AZ

Beyond Regionalization: Integrated Networks of Emergency Care

7:30-8:00a	Registration		
8:00-8:05a	Welcome David Cone, MD (Editor-In-Chief, <i>Academic Emergency Medicine</i>) Jill Baren, MD, MBE (President, Society for Academic Emergency Medicine)		
8:05-8:25a	ACEP Report Card, Future of Emergency Care Report Brent Asplin, MD and Steven Epstein, MD		
8:25-8:50a	IOM Regionalization Meeting & ECCC Roundtable Report Arthur Kellermann, MD, MPH and Michael Handrigan, MD		
8:50-9:20a	Redefining Regionalization – Merging Systems to Create Networks Ricardo Martinez, MD		
9:20a-9:30p	Break		
9:30-11:00p	Panel Discussion 1 – Time Critical Conditions – Lessons learned Moderators: Ricardo Martinez, MD and Brendan Carr, MD Panelists: <i>Trauma/Acute Care Surgery – Rifat Latifi, MD</i> <i>STEMI – Alice Jacobs, MD</i> <i>Stroke – Arthur Pancioli, MD</i> <i>Cardiac Arrest – Joe Ornato, MD</i> <i>Critical Care – Brian Rosenfeld, MD (VISICU)</i> <i>Pediatric Emergency Care – Marianne Gausche-Hill, MD</i> <i>Toxicology – L. Ford, NYC Poison Control Center</i>	12:30-1:00p	Boxed Lunch & Reporting From Working Groups
11:00-12:30p	Concurrent Small Working Groups The goal of these working groups will be to identify the key issues associated with the topics below. Subjects will self select into groups during the conference registrations process so that dialogue can begin prior to the face to face meeting at the conference. 1. Prehospital Care & New Models of Regionalization <i>Moderators: David Cone, MD and E. Brooke Lerner, PhD</i> 2. Beyond ED Categorization – Matching Networks to Patient Needs <i>Moderators: David P. Sklar, MD and Abhi Mehrotra, MD</i>	1:00-2:30p	Panel Discussion 2 - Administration Moderator: Arthur Kellermann, MD Panelists: Billing & Reimbursement – Brian Rosenfeld, MD (VISICU) Licensure & Credentialing – Robert Wise, MD (TJC) Oversight & Accountability – Susan Nedza, MD, MBA How Funds Flow – Randy Pilgrim, MD (EDPMA) How Hospital Structure Impacts Outcomes - Jane Englebright, RN, PhD (HCA) Health Information Technology – Patricia Wise, RN, MSN (HIMSS) CMS - TBA
		2:30-3:30p	Concurrent Small Working Groups The goal of these working groups will be to identify the key issues associated with the topics below. Subjects will self select into groups during the conference registrations process so that dialogue can begin prior to the face to face meeting at the conference. 1. Workforce (Emergency & On-Call) <i>Moderators: Nick Jouriles, MD, Adit Ginde, MD and Mitesh Rao, MD</i> 2. Administrative Challenges to Novel Network Solutions <i>Moderators: Randy Pilgrim, MD and Renee Hsia, MD</i> 3. Electronic Collaboration: Using New Technology to Solve Old Problems of Quality Care <i>Moderators: Kevin Baumlin, MD and Bruce Janiak, MD</i> 4. Inter-hospital Communications & Transport – Turning Funnels Into Networks <i>Moderators: Nels Sanddal, PhD, Ivan Rokos, MD, and David Galeski, MD</i>



3:30-4:00p **Reporting and Feedback from Working Groups**

4:00-4:15p **Break**

4:15-5:00p **Town Hall - Establishing Priorities and Building Consensus**

Moderators: Ricardo Martinez, MD, Arthur Kellermann, MD and Brendan Carr, MD
The goal of this town hall will be to synthesize the key topical issues developed in the small working groups within three categories focused on the present (where we are), the future (where we're going), and the challenges (how we'll get there) associated with developing a 21st century emergency care system.

1. **The Present (Where we are...)**

We expect that research priorities in this area will include describing the current system of emergency care and the challenges associated with optimizing care given current constraints.

2. **The Future (Where we are going...)**

We expect that research priorities in this area will include describing best practices and novel approaches to delivering emergency care.

3. **Challenges (How we'll get there...)**

We expect that research priorities in this area will include describing the many difficulties that will be encountered including liability, billing, credentialing, and oversight.

5:00-5:15p **Wrap up – Co-chairs**



Patient Protection and Affordable Care Act of 2010:

Summary, Analysis and Opportunities for Advocacy for the Academic Emergency Physician

By Jeffrey A. Kline, MD and Jennifer DH Walthall, MD

This was an analysis of the “Healthcare Act” for sections that matter to the mission of the Society for Academic Emergency Medicine. The first part was performed by Dr. Kline and consists of an extirpation and of the text of the Bill with short interpretations of each section from the perspective of academic emergency medicine. The second part is the commentary provided by Dr. Walthall, an academic EM faculty member with interest in advocacy. The purpose of this review is to identify areas where academic emergency physicians can take action to improve the translation of this Act into improved emergency care.

The “Patient Protection and Affordable Care Act,” codified as HR3590, referred to hereafter as “the Act” was downloaded from the United States Senate URL <http://thomas.loc.gov/cgi-bin/thomas>. The bill that was passed in both houses of Congress represents Item #7 on the URL and is a 906 page document.

Dr. Kline examined the Table of Contents for topics relevant to the mission statement, and then read each of those sections. Next, he performed a separate free text search of the entire document for key words. He then read the surrounding text to determine relevance. The examiner read approximately one-third of the entire Bill. He then ranked the extirpated sections in order of importance relevant to the SAEM Mission based upon opinion.

Dr. Walthall read the analysis and the relevant portions of the Act, and provided a contextual analysis of selected sections with potential actions that could be taken by the SAEM Board of Directors, committees, task forces or individual members to maximize the positive impact of the Act upon emergency care.

Summary: The Patient Protection and Affordable Care Act of 2010 contains at least 11 sections that have direct relevance to academic emergency medicine. The Act explicitly names emergency care as a right to US Citizens. One section specifically calls for increased research in emergency medicine. The Act calls for a new Institute that will promulgate patient-oriented research including clinical trials, and will create a new Methodology Committee. The Act will also create a new Center for Medicare Innovation that will be charged with controlling the use of advanced imaging services.

Conclusions: This Act has prioritized and increased funding for patient-oriented emergency care research; several immediate opportunities exist for academic emergency medicine to influence how this Act will be interpreted, and the Act has created several new opportunities for academic emergency medicine experts to serve on important advisory panels and committees.

No portion of this analysis is intended to substitute for or replace any part of the official strategic plan for SAEM, approved by the Board of Directors on March 5, 2010.

This summary outlines the complete document sent via all member email to SAEM members in April 2010. The complete document is available at www.saem.org and will be published on-line in Academic Emergency Medicine.





SAEM Leadership Academy

HOW DO WE MAKE OUR WORKING LIVES EASIER, MORE PRODUCTIVE AND ENSURE OUR CAREERS ARE HEADED IN THE RIGHT DIRECTION?

Academic Emergency Medicine has many excellent leaders who developed their leadership traits and managerial skills through a combination of on-the-job training, self-initiated mentorship relationships, self-education through reading and conference attendance and, occasionally, graduate level course work. There are currently a number of mid- and later-career academic emergency physicians who are contemplating the next stage in their careers, which may involve leadership positions such as department chair, vice-chair or medical school dean. The SAEM Leadership Academy is intended to (1) help those individuals determine if they are adequately prepared to make the transition, (2) provide them with tools that will facilitate the transition, through lectures and discussion sessions, and (3) facilitate networking with their peers and establishing mentorship relationships with current leaders in our field. The academy is planned as a series of three full-day conferences.

The inaugural Leadership Academy was held at the 2009 SAEM Annual Meeting and was comprised of presentations and workshops addressing topics important to developing. Glenn Hamilton, MD, defined leadership and its importance to academic EM. A panel comprised of Kate Heilpern, MD, Gloria Kuhn, DO, Brian O'Neill, MD, and Bernie Lopez, MD discussed potential leadership paths for the physician at mid-career. Marc Borenstein, MD, presented a talk that covered the use of changing circumstances to forward a vision as well as requirements to sustain an effective vision over time. Tracy Sanson, MD and Bill Barsan, MD presented a talk on the changing demographics of emergency physicians and generalizations about leading, coaching, and motivating the various generations in our departments; they also discussed family obligations and their impact on the workplace, workforce, and career advancement. Robert Strauss, MD and Alan Forstater, MD presented, through an interactive session, the science behind conflict and techniques for resolution with the session illustrating and teaching conflict management skills techniques. Lastly, a panel comprised of Marcus Martin, MD, Kate Heilpern, MD, Bob Hockberger,

MD, Brent King, MD, Gloria Kuhn, DO, Brian O'Neil, MD, Bill Barsan, MD, and Tracy Sanson, MD shared their sentinel events, lessons learned, and words of wisdom as they moved into their leadership roles.

The second Leadership Academy will be held as a preconference day on Wednesday, June 2, 2010. This year's agenda includes: Glenn Hamilton, MD, defining leadership and its importance to academic emergency medicine; Bernie Lopez, MD, presenting a summary of the 2009 Leadership Academy (so that those that were unable to attend can receive some of the information to augment the 2010 session); Gabe Kelen, MD, teaching how one develops a strategic plan, mission statement, and goals and objectives; Tracy Sanson, MD discussing the role of generational differences in the ED workplace; a panel comprised of Ted Christopher, MD, Robin Hemphil, MD, and David Sklar, MD to discuss the role of advocacy in leadership; afternoon interactive sessions by Robert Strauss, MD (how to conduct effective meetings) and Tracy Sanson, MD (managing the disruptive physician); and panels of EM leaders to address the future of emergency medicine as well as "lessons learned" in leadership development. Additionally, a networking lunch and end-of-day reception is planned to allow interaction between the leaders in EM and those that aspire to become one.

For the mid-career academic emergency physicians who are contemplating the next stage in their careers, for those in leadership positions looking for ways to better mentor, or for those who simply want to improve on their leadership skills, this is the conference for you! Save the date – Wednesday, June 2, 2010. The cost of the Leadership Academy is \$150 and includes the lunch and the reception. We hope to see you there!

Bernie Lopez, MD
SAEM Faculty Development Committee
Chair, Leadership Academy Subcommittee

AEM Author Announcements

Effective January 1, 2010, AEM now requires a signed copy of "The ICMJE Uniform Disclosure Form for Potential Conflicts of Interest" from EACH author before peer review of a manuscript will begin. The form is posted on Manuscript Central.

A revised set of Instructions for Authors is available on the journal's home page on Wiley-Blackwell InterScience and also were published in the January 2010 issue of the journal.

For Dynamic Emergency Medicine contributors, due to the rapid increase in submissions, and the inherent suitability of the online requirement for video, we are moving this section to an 'online only' format. Our print journal's table of contents will still list all of the DynEM papers, with instructions on how to access them online.



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The University Of Oklahoma School Of Community Medicine, Department of Emergency Medicine is seeking a full time faculty member. M.D. or D.O. degree from an accredited medical school is required along with the completion of an ACGME accredited residency in Emergency Medicine. He/she must be board certified in Emergency Medicine, and active candidacy for certification in Medical Toxicology. The ideal candidate will practice the entire spectrum of Emergency Medicine, and must also have completed a fellowship in Medical Toxicology. Faculty duties include full participation in teaching of medical students and residents and scholarly activities. Other duties include full participation in clinical care activities and attending coverage for the Department of Emergency Medicine's 22 EM residents. A history of clinical, research, teaching excellence is essential. Salary and rank are dependent upon qualifications and experience. Application by women and minority candidates are encouraged. Please send curriculum vitae to:

Stephen H. Thomas, MD, MPH
Kaiser Foundation Professor and Chair
Department of Emergency Medicine

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Busy Emergency Medicine facility, OSF Saint Francis, the flagship institution for the OSF Healthcare System, licensed for 616 beds and with a medical staff of more than 800 physicians, is the fourth-largest medical center in the state of Illinois. OSF Saint Francis is a major teaching affiliate of the University of Illinois College of Medicine at Peoria. OSF Saint Francis is the area's only Level 1 Trauma Center, the highest level designated in trauma care. There are 74,000 emergency department visits annually and a new facility, including a new ED, is being built now (July 2010) with an additional 57 rooms added to our current 45 rooms. Greater Peoria, IL metro population of over 350,000 offers remarkably low cost of living with all the comforts and attractions of the big city with less congestion.

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EMERGENCY MEDICINE DEPARTMENT Saginaw, Michigan

The Emergency Medicine Department at Synergy Medical Education Alliance is part of a medical education consortium in Saginaw, Michigan. Our community-based, Michigan State University-affiliated residency program accepts 10 residents per year in the three-year format. Our primary site at the Covenant HealthCare ED has 75,000 patient encounters a year.

This newly funded assistant director position for our residency program will help with development of innovative curriculum and teaching students and residents.

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Mary Jo Wagner, M.D.

Program Director & Chair, Emergency Medicine
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University of Alabama at Birmingham Department of Emergency Medicine

The Department of Emergency Medicine at the University of Alabama, School of Medicine is seeking talented Emergency Medicine clinician-scientists at the rank of Professor, Associate Professor or Assistant Professor to join its NIH-funded research program.

University of Alabama at Birmingham (UAB) is a major academic research medical center with over \$440 million in NIH and other extramural funding. The Department of Emergency Medicine is a site for the NIH-funded Resuscitation Outcomes Consortium (ROC) and the Protocolized Care of Early Sepsis Shock trial (ProCESS). The Department also coordinates activities of the multidisciplinary Center for Emerging Infections and Emergency Preparedness. The Department has been highly successful in developing extramural research support in this warmly collaborative institution. The UAB Hospital is a 930-bed teaching hospital. The ED treats over 60,000 patients annually and is the only Level I Trauma Center in Alabama. The Department is the site of a PGY 1-3 Residency Program.

Significant protected time, start-up funds and tenure-stream pathways will be available to qualified applicants. A highly competitive salary is offered. Applicants must be EM board eligible or certified. UAB is an Affirmative Action/Equal Opportunity Employer. Women and minorities are encouraged to apply.

Please send your curriculum vitae to: Janyce Sanford, M.D., Associate Professor & Chair of Emergency Medicine, University of Alabama at Birmingham; Department of Emergency Medicine; 619 South 19th Street; JTN 266; Birmingham, AL 35249-7013



SAEM Annual Meeting - Residency Fair Application Form

Saturday, June 5, 2010

4:00 pm – 5:30 pm

All Emergency Medicine Residency Programs, both allopathic and osteopathic, are invited to participate. The Residency Fair will be conducted as follows:

1. **Each participating program will receive one table which is 6 feet long and 18 inches wide.** The tables may be used to set up a small display, for brochures, or modest giveaways. Programs may **NOT** distribute/serve alcoholic beverages of any kind. Any food distributed must be pre-packaged, i.e. candy/gum/snacks.
2. Tables will be arranged in Geographic Region Rows. Applications received after May 3rd may not get assigned to their geographic area.
3. Tables will be in rows, so there is no opportunity for stand-alone exhibits. Materials may not be attached to walls and the use of electrical outlets is prohibited.
4. Each participating program may have **up to 3** individuals staff the program table. These individuals may include the residency director, a chief resident, and/or a faculty member.
5. The students will move around the room talking with the various program representatives.
6. Upon receipt of the completed application (including payment) participating programs will be listed on the Annual Meeting web site so medical student registrants will know which residency programs will be participating.
7. Programs may begin set up at 3:00 pm on June 5th.

The registration fee for the Residency Fair is only \$75 per program until April 5th. After April 5th the fee is \$100. The registration fee after May 3rd, including on-site registrations on June 5 is \$150. The registration fee is used to cover the cost of table rental and refreshments for the participants.

Please complete the application below and either e-mail to mgreketis@saem.org, or fax to 847-813-5450 or mail to: SAEM, 2340 S. River Road, Suite 200, Des Plaines, IL 60018

___ Yes, our program wishes to participate in the SAEM Residency Fair.

Name of residency program: _____

The following individuals (no more than 3) will represent our program at the Residency Fair:

1. Name: _____ E-mail address: _____

2. Name: _____ E-mail address: _____

3. Name: _____ E-mail address: _____

Name of person completing this form: _____

E-mail address of person completing this form: _____

Payment can be made by check (make checks payable to SAEM) or credit card (VISA or MasterCard only)

Name as it appears on card: _____

Card number: _____

Expiration date: _____ Billing address zip code: _____

Signature (as it appears on credit card): _____



2010 Leadership Academy

8:00-8:15 am

Leadership: What is it?

Glenn Hamilton, MD, Boonshoft School of Medicine

A brief overview to define leadership and its importance to academic emergency medicine.

8:15-8:30 am

Summary of 2009 Leadership Academy

Bernie Lopez, MD, MS, Thomas Jefferson University

The inaugural Leadership Academy was held as a day-long, pre-conference workshop. Topics covered included: Leadership – what is it?, career paths for the mid-career emergency physician, sustaining a vision, developing and managing the workforce, conflict resolution, and lessons learned by current leaders in EM. This summary of the important points of the 2009 Leadership Academy is presented to bring the main points of that session to the current attendees.

8:30-9:30 am

Generations at Work

Tracy Sanson, MD, University of South Florida College of Medicine

Our ED's currently employ 4 generations of workers, each with their unique developmental history and view of the future. The characteristics of each group greatly affect not only the current work environment but will likely play an even larger role in the future.

Goal: To understand the various generations encountered in the workplace. Objectives:

- 1) List the 4 generations encountered in the workplace and their characteristics*
 - 2) Discuss the expectations of and how to best recruit, engage and retain these varied practitioners*
 - 3) Discuss complex issues such as loyalty, feedback/evaluation, career plans and work patterns*
 - 4) Describe the interactions between generations and its effect on the workplace environment*
-

9:30-9:45 am

Break

9:45-10:45 am

Advocacy: How and Why Do Leaders Promote It?

Theodore Christopher, MD, Thomas Jefferson University

Robin Hemphill, MD, Vanderbilt University School of Medicine

David Sklar, MD, University of New Mexico School of Medicine

Emergency physicians, on a daily basis, serve as advocates for individual patients. On a larger political scale, they must also serve as advocates for the specialty of emergency medicine and may be called upon to advocate for important legislation that impacts the practice of medicine.

Goal: To understand the importance of advocacy in emergency medicine and the role of leaders in this area. Objectives:

- 1) Describe advocacy*
 - 2) Describe political involvement at the local, state, and national level*
 - 3) Demonstrate how a leadership position in your department can assist in effective advocacy*
-

10:45-11:30 am

Strategic Planning: Setting and Achieving the Right Goals

Gabor Kelen, MD, Johns Hopkins University School of Medicine

Leaders are often called to develop and implement long-term plans for their department and assist in the development of institutional strategic plans.

Goal: to gain an understanding of strategic planning. Objectives:

- 1) Define strategic planning*
 - 2) Define mission statements and describe how to develop one*
 - 3) Define goals and objectives and describe how to develop them*
-

11:30 am-1:00 pm

Networking Lunch

One to two course faculty per lunch table will hold an informal discussion on a variety of topics related to leadership. A list of topics related to issues with leadership will be provided at each table. Attendees will vote on the topic(s) of discussion for the lunch. The last half hour will be devoted to a summary presentation from each table.



1:00 – 4:00 pm

Concurrent sessions (90 minutes each; repeat once)

1. We've Got to Stop Meeting Like This: Conducting Effective Meetings

Robert Strauss, MD, St. Francis Hospital

"Oh no! Not another meeting!" The presenter will review when to and when NOT to have a meeting, and how to make the meetings you do have more effective and rewarding. Learn how to guide the overbearing, the sarcastic, the bashful, and the detractor. Discover effective methods to open and close discussions.

Objectives include:

Describe when to and when not to have a meeting.

Describe effective meeting planning and preparation.

Develop an effective agenda.

List problems that occur during a meeting and methods to resolve them.

Review common traps that chairs fall into, such as wandering discussion, taking a side, berating members.

Describe what to do when the meeting has concluded.

Using pre-taped scenarios, discuss methods to bring the meeting back on track.

2. Disruptive Physicians

Tracy Sanson, MD, University of South Florida College of Medicine

The majority of physicians are professional and respectful. The distressed physician negatively impacts your risk, staff morale, patient safety and his/her own life. Disruptive physician behavior undermines your institution's reputation, disrupts its operations, and affects the ability of your staff to perform their jobs. Managing disruptive physicians is one of the top challenges we face today in our goal of maintaining a culture of respect, dignity, and courtesy for all. How do you handle disruptive physician behavior? We will discuss steps to manage and prevent this behavior in your organization.

Objectives include:

1) Learn to screen physician applicants for signs of maladaptive behavior

2) Learn to draft and communicate clear expectations of physician behavior and develop an intervention plan when a physician's disruptive behavior is ongoing.

3) Identify policies and procedures to prevent and solve disruptive behavior.

4) Discuss the AMA and JCAHO definition.

5) Describe ethical and regulatory obligation towards our patients and colleagues.

6) Describe maladaptive behavior

7) Discuss possible etiologies including burnout, psychiatric disease, substance abuse, personality disorders, and medical disease.

4:00 – 4:30 pm

The Future of EM

Brian Zink, MD, Brown University/Rhode Island Hospital

Robert Hockberger, MD, Los Angeles County-Harbor-UCLA Medical Center

Lynne Richardson, MD, Mount Sinai School of Medicine

Kate Heilpern, MD, Emory University School of Medicine

Brent King, MD, University of Texas Medical School at Houston

What does the future likely hold for academic emergency medicine? Knowledge of the future trends will influence the way leaders act and how future leaders must be developed. This will be a panel discussion composed of leaders in emergency medicine

4:30 – 5:00 pm

Lessons Learned

Theodore Christopher, MD, Thomas Jefferson University

Gabor Kelen, MD, Johns Hopkins University School of Medicine

Robert Hockberger, MD, Los Angeles County-Harbor-UCLA Medical Center

Brian Zink, MD, Brown University/Rhode Island Hospital

Lynne Richardson, MD, Mount Sinai School of Medicine

Marcus Martin, MD, University of Virginia School of Medicine

Glenn Hamilton, MD, Boonshoft School of Medicine

Much of the development and training of a leader comes from the day-to-day experiences of running a department, division, or section. In this session, a panel will look back at their development as leaders and will provide words of wisdom by completing the statement, "if I could go back in time, I would..."

5:00 pm

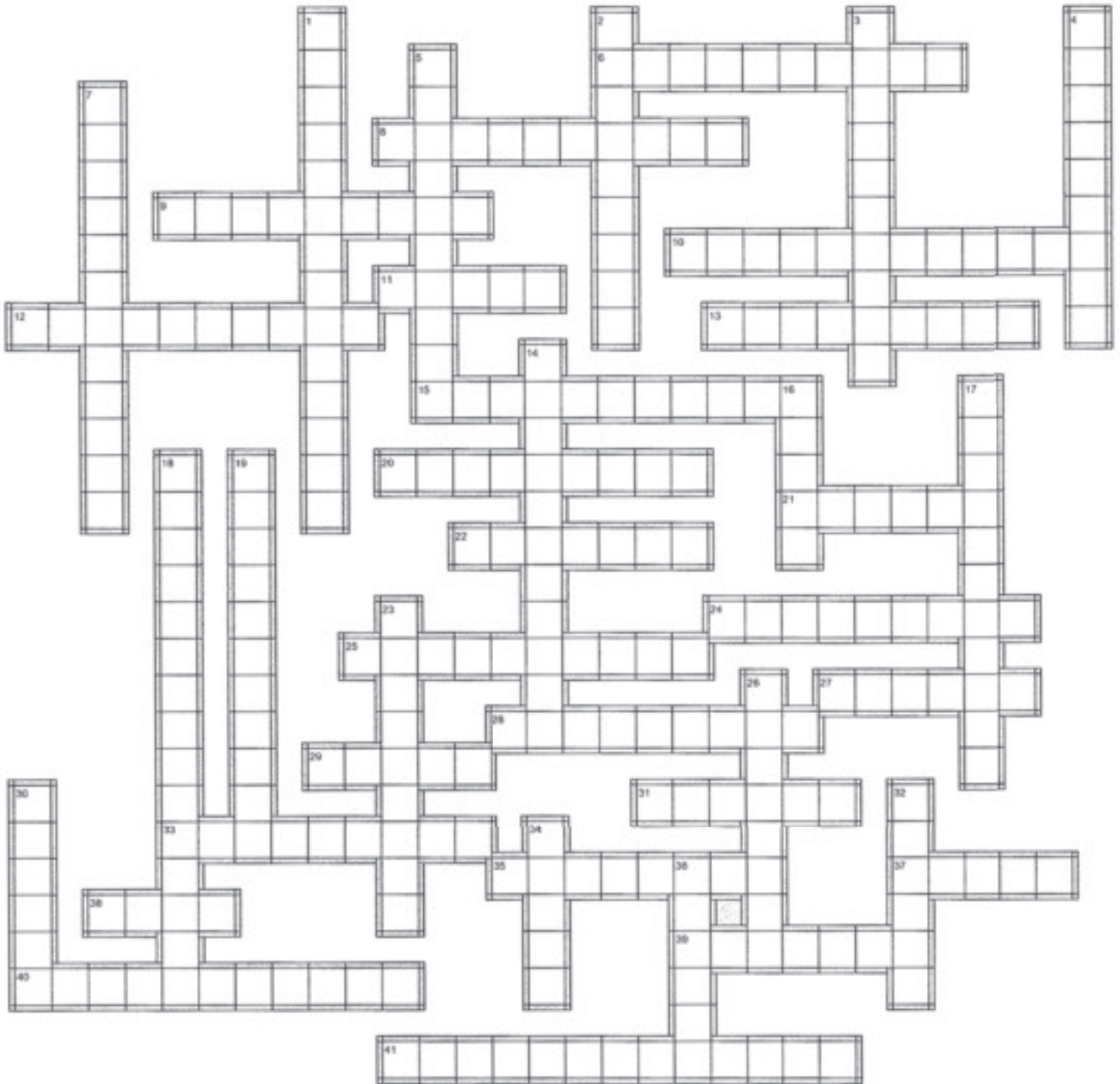
Summary and adjournment

Bernie Lopez, MD, MS, Thomas Jefferson University



Glory of Academic Quarry: AAMC Report on COI Key Concepts

Author: Raquel M. Schears, MD, MPH, FACEP, Department of Emergency Medicine, Mayo Clinic, Rochester, MN





Glory of Academic Quarry: AAMC Report on COI Key Concepts

Author: Raquel M. Schears, MD, MPH, FACEP, Department of Emergency Medicine, Mayo Clinic, Rochester, MN

Across

6. Most _____ clubs are set up as general partnerships.
8. _____ or impossible to conduct research elsewhere. This rationale, or 'compelling circumstance' per AAMC report on COI must be determined at the institutional level, to override usual mandate against participation in research with known financial COIs.
9. A person, such as a trustee, who holds a special trust and confidence to act in good faith or another's benefit.
10. When speaking at a conference as an outside activity you may use your academic rank and title as one of several _____ details.
11. Public service is a public _____.
12. Start up financial interest in outside company, not including publically traded mutual funds: 2 wds
13. AAMC Report recommends researchers identify and report ALL possible _____ (Potential, Actual, or Perceived) Of Interest (COI), through their institutional mechanism (COI cmte). Think report PAP smears and review annually!
15. Registered as a management company under the Investment Company Act: 2 wds
20. Generally, you can't use your SAEM position, title, or _____ associated with your institution to imply that SAEM sanctions your outside activities.
21. A cup of this is not a gift.
22. Generally, you can't use your professional title or academic position to _____ any product, enterprise, or service.
24. Internal management process for addressing COI within an institution.
25. You must use an approved _____ for publications and presentations for outside parties to review.
27. Cash royalties or rights _____ related to licensing a technology or product.
28. Report assets and income for yourself, spouse and _____ child(ren).
29. As a general rule, don't accept gifts from coworkers who make less _____ than you if you are in their chain of command.
31. If SAEM prohibits holding certain interests, you may be required to _____.
33. External company administrative leadership service, (ie: officer, director, fiduciary role).
35. Annuities may be fixed or _____.
37. Accepting gifts too _____, even when permitted under the gift exceptions, is a bad idea.
38. Generally when you teach, speak, or write about something related to your job, you have to do it for _____.
39. Contracts obligating the holder to buy or sell a commodity at a stipulated price.
40. Difference between an asset's cost and sale price: 2 wds
41. AAMC report recommends institutions ensure financial oversight and research decision-making process are conducted _____.

Down

1. Type of stock available to all and traded on an exchange: 2 wds
2. Study currencies captured above actual protocol costs, (ex.: milestone payments, prizes, recruitment incentives or any source).
3. _____ presumption forbids participation of individuals or institutions with COI from conducting a study unless COI Committee agrees and approves acvitivity for a specific rationale.
4. You can't use _____ information to further your own private interest or that of another.
5. Payment for an appearance, speech, article, or advisory opinion is _____.
7. _____ over \$10,000 threshold for consulting income, or 5% ownership interest for individuals usually triggers rebuttable presumption review by COI cmte.
14. When fundraising in your personal capacity, one type of person from whom you can't solicit money is a _____.
16. You learn on the job that Company X found the cure for a major disease. You may not buy _____ in Company X before the company publically announces that it found the cure.
17. Absence of minimal monetary threshold for individual reporting: 3 wds
18. Written promise to take action to avoid a conflict of interest: 2 wds
19. A certificate of _____ allows you to defer payment of capital gains tax after selling a conflicting interest.
23. A waiver from the COI Committee permits you to participate in institutional research matters that conflict with your _____ interests.
26. Publication pressure is an example of an _____ conflict for investigators.
30. This group trusts you to serve their best interests.
32. When the rules do not permit you to accept a gift, you cannot tell the giver to give the gift to your _____ instead.
34. You are to file and pay these by April 15.
36. Seek ethics advice _____ you take action on something that might involve an ethics issue (see SAEM.org website for on-line ethics consult submission form).



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The UW Madison is an EEO/AA Employer, minorities and women are encouraged to apply. Wisconsin caregiver and open records laws apply. A background check will be conducted prior to employment.



The Department of Emergency Medicine at Strong Memorial Hospital of the University of Rochester in Rochester, New York is recruiting for faculty positions.

Our department has 37 faculty members with 9 Pediatric Emergency Medicine faculty and 44 residents and fellows. We have a 95 bed department with a Pediatric Emergency Department, Psychiatry Department, Observation Unit. Volume is near 100,000 visits per year. The University of Rochester Medical Center is a tertiary care center, JCAHO accredited stroke center and regional level 1 trauma center.

We seek BE/BC candidates in Emergency Medicine for both academic and clinical tracks in both pediatric and adult Emergency Medicine. As a faculty member you will enjoy superb benefits and a dynamic work environment.

Rochester, New York is located in upstate New York near the Finger Lakes, and provides an excellent standard of living and many opportunities both professionally and personally.

For more information please contact:

Michael Kamali, MD
Acting Chair, Department of Emergency Medicine
Strong Memorial Hospital of the University of Rochester
School of Medicine & Dentistry
601 Elmwood Avenue, Box 655
Rochester, New York 14642
585-463-2970
michael_kamali@urmc.rochester.edu



Rockford, Illinois

Busy Emergency Medicine facility, OSF Saint Anthony Medical Center, seeks an additional physician to serve in the Level I Trauma Center based in Rockford, Illinois. The Trauma Center has a helicopter service (1st hospital-based helicopter in Illinois); annual volume is approximately 41,000, high acuity (approximately 22% admission rate) with 24-beds (new construction in 2004). Rockford, Illinois is an All-American city and an Illinois Arts Friendly Community and home to over 400,000 people. Beautiful recreational facilities, parks, golf courses, riverfront events, and water sports offer fun for all. Located near Interstate 90 and US Business 20, Rockford is the third largest city in Illinois.

Please Call or Send CV to:

Stacey Doolittle, OSF Recruitment

Ph: 309-683-8354 or 800-232-3129 (8)

Email: stacey.e.doolittle@osfhealthcare.org

Web: www.osfhealthcare.org



BRODY
SCHOOL OF MEDICINE

UNIVERSITY HEALTH SYSTEMS
of Eastern Carolina

◆ Clinician-Educator ◆ Clinical Researcher ◆
◆ Clinical Toxicologist ◆

The Department of Emergency Medicine at the Brody School of Medicine at East Carolina University is expanding its faculty. We are seeking BC/BP emergency physicians for tenure or clinical track positions at the rank of assistant professor or above, depending on qualifications. Our current faculty possesses diverse interests and expertise leading to extensive state and national-level involvement. Through this expansion we hope to increase our depth and further develop programs in clinical toxicology and clinical research, and our cadre of clinician-educators. The emergency medicine residency is well-established and includes 12 EM and 2 EM/IM residents per year. We treat more than 90,000 patients per year in a state-of-the-art ED at Pitt County Memorial Hospital. PCMH is a rapidly growing level I trauma, cardiac and regional stroke center. Our tertiary care catchment area includes more than 1.5 million people in eastern North Carolina, many of whom arrive via our integrated mobile critical care and air medical service. Greenville, NC is a livable, family-oriented university community located ninety minutes from the Crystal Coast. Cultural and recreational opportunities are abundant. Compensation is competitive and commensurate with qualifications; excellent fringe benefits are provided. Successful applicants will possess outstanding clinical and teaching skills and qualify for appropriate privileges from ECU Physicians and PCMH. Screening begins July 1 and will remain open until filled.

Confidential inquiry may be made to Theodore Delbridge, MD, MPH, Chair, Department of Emergency Medicine (delbridge@ecu.edu). Must apply online by using ECU OneStop on the main ECU page: www.ecu.edu.

ECU is an EEO/AA employer and accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Proper documentation of identity and employability required at the time of employment. Current references must be provided upon request.

www.ecu.edu/med

www.uhseast.com



ABMS Board of Directors Appointments

John McCabe, MD, FACEP, to Chair ABMS Board

CHICAGO – March 24, 2010 – The American Board of Medical Specialties (ABMS), the organization that oversees the certification of physician specialists in the United States, announced at its Annual Assembly Meeting today the appointment of John McCabe, MD, FACEP, as the 33rd chair of its Board of Directors, and the appointment of six new members to the Board.

Dr. McCabe joined ABMS in 1999 and most recently served as the vice chair of its Board of Directors. He has been a member of the American Board of Emergency Medicine (ABEM) since 1996, and has held all offices within that organization including president of the board from 2004-2005.

“John McCabe is an outstanding leader in advancing the ABMS mission to improve the quality of medical care through enhanced physician accountability,” said Kevin B. Weiss, MD, ABMS President and CEO. “He will be a valuable asset as ABMS moves forward with its commitment to develop and apply rigorous professional and educational standards for the certification of physician specialists and the maintenance of certification throughout their careers.”

In addition to his roles with ABMS and ABEM, Dr. McCabe, a renowned emergency medicine physician, is professor of emergency medicine, State University of New York (SUNY) Upstate Medical University in Syracuse, NY and chief executive officer and senior vice president for hospital affairs, Upstate University Hospital. He also was instrumental in the development of the university's Department of Emergency Medicine and its residency program. He served as editor of the journal, *Resuscitation*. He is past president of the American College of Emergency Physicians.

Dr. McCabe attended medical school at the SUNY Upstate Medical University, Syracuse, completed his internship at the Charles F. Kettering Medical Center in Kettering, Ohio, and his residency in emergency medicine at Wright State University School of Medicine in Dayton, Ohio.

The ABMS Board of Directors (BOD) consists of 31 voting directors - one representing each of the 24 Member Boards, three public members (which will be expanded to six over the next three years) and the ABMS officers (chair, vice chair, secretary-treasurer and president).

Other newly elected board members include:

Jo Buyske, MD

Adjunct professor of surgery, University of Pennsylvania School of Medicine, Philadelphia, representing the American Board of Surgery, of which she is associate executive director. A prominent surgeon, Dr. Buyske is the incoming president of the Society of American Gastrointestinal Endoscopic Surgeons and serves on the editorial board of *Archives of Surgery*. She is a recipient of numerous awards, including the Physician Mentor Award of the American Medical Association's Women Physician's Congress.

Bruce J. Gantz, MD

Professor and head of the department of otolaryngology, head and neck surgery, University of Iowa Hospitals and Clinics, Iowa City, representing the American Board of Otolaryngology. Dr. Gantz's research interests include: cochlear implant clinical research, management of facial paralysis, hearing preservation in acoustic tumor surgery, and management of chronic otitis media with cholesteatoma. He is the principal investigator of the Iowa Cochlear Implant Clinical Research Center, funded by the NIH since 1985.

Larry A. Green, MD

professor of family medicine and the Epperson-Zorn chair for innovation in family medicine at the University of Colorado, Denver, representing the American Board of Family Medicine. Dr. Green is a member of the National Committee on Vital and Health Statistics and co-chair of the steering committee for Preparing the Personal Physician for Practice, a national comparative case study of family medicine residency innovations.

Anne-Marie Irani, MD

Professor of pediatrics and internal medicine, and chair of the division of pediatric allergy, immunology and rheumatology, Virginia Commonwealth University, Richmond, representing the American Board of Allergy and Immunology. Dr. Irani has participated in numerous clinical trials for pediatric asthma. She is co-director of the allergy/immunology training program at Virginia Commonwealth University and has served on the editorial board of *The Journal of Allergy and Clinical Immunology* and was an associate editor of the *Annals of Allergy, Asthma and Immunology*.

Gerald H. Jordan, MD

Professor of urology and director of the adult and pediatric genitourinary reconstructive fellowship program, Eastern Virginia Medical School, Norfolk representing the American Board of Urology. Dr. Jordan has wide and varied academic interests and is an innovative leader in the field of genitourinary reconstructive surgery. He is keenly motivated in the area of investigation and has made notable contributions to urologic literature.

Wendy S. Levinson, MD

Sir John and Lady Eaton professor and chair of the Department of Medicine, University of Toronto, Ontario, Canada, representing the American Board of Internal Medicine. Dr. Levinson is a national and international expert in the field of physician-patient communication. Her research has spanned a number of highly relevant policy issues, including the relationship of medical malpractice to breakdown in communication, the effectiveness of primary care physicians and surgeons in helping patients to make informed decisions, and the disclosure of medical errors to patients.

Thomas A. Mustoe, MD

Stuteville professor and chief of the division of plastic surgery, Northwestern University, Chicago, representing the American Board of Plastic Surgery. Dr. Mustoe has been named annually to multiple best doctors lists for the past fifteen years. He has authored more than 150 peer reviewed publications and done NIH supported research for 20 years. He has served on the editorial boards of *Archives of Surgery*, *Plastic and Reconstructive Surgery*, *Journal of the American College of Surgery*, and *Wound Repair and Regeneration*. He served as president of the Wound Healing Society and received its Lifetime Achievement Award in 2006.

Thomas E. Norris, MD

associate dean and professor of family medicine at the University of Washington School of Medicine, Seattle, representing the American Board of Family Medicine. Dr. Norris has been named vice chair of the ABMS Board of Directors and has sat on the Board since 2005. An authority figure in family medicine, Dr. Norris has served as president of both the Montana and Washington Academies of Family Physicians and was elected president to the American Board of Family Medicine in 2000.



CALLS AND MEETING ANNOUNCEMENTS

We have reduced the number of pages in the newsletter devoted to calls, submissions, and meetings. Here we will provide basic information on these items including important dates. For details and submission information on the below, see www.saem.org and either look for the Newsletter links on the home page or within the Meetings section of the web site.

SAEM Annual Meeting

June 3rd - 6th, 2010 is the SAEM Annual Meeting at the JW Marriott Desert Ridge Resort and Spa in Phoenix, Arizona. Chair: Andra L. Blomkalns, MD

AEM Consensus Conference on June 2nd

Topic: "Beyond Regionalization: Integrated Networks of Emergency Care". Conference Co-Chairs Brendan G. Carr, MD MS and Ricardo Martinez, MD.

Call for Papers - AEM

2011 *Academic Emergency Medicine* Consensus Conference "Interventions to Assure Quality in the Crowded Emergency Department" will be held on May 31, 2011, immediately preceding the

SAEM Annual Meeting in Boston, Massachusetts. Original papers on the conference topic, if accepted, will be published together with the conference proceedings in the December, 2011 issue of *Academic Emergency Medicine*.

Deadline: March 26, 2011.

Call for Papers - AEM

2010 *Academic Emergency Medicine* Consensus Conference "Beyond Regionalization: Integrated Networks of Emergency Care" will be held on June 2, 2010, immediately preceding the SAEM Annual Meeting in Phoenix, Arizona. Original papers, if accepted, will be published together with the conference proceedings in the December, 2010 issue of *Academic Emergency Medicine*.

May 31 - June 1, 2011



AHRQ Releases 2007 Hospital Emergency Department Data

The Agency for Healthcare Research and Quality has released its 2007 Nationwide Emergency Department Sample (NEDS) -- the largest, all-payer emergency care database in the United States. NEDS can help public health experts, policymakers, health care administrators, researchers and others find the data they need to answer questions about the cost of emergency care, medical treatment effectiveness, and the quality of, access to, and use of emergency department, and other issues. The database contains more than 26 million records of emergency department visits at roughly 1,000 U.S. community hospitals -- approximately a 20-percent stratified sample -- and captures information both on visits that do not result in admission and those that do. NEDS is part of the AHRQ's Healthcare Cost and Utilization Project (HCUP), a Federal-State-industry partnership for building a standardized, multi-state health data system. For more information about NEDS, go to:

<http://www.hcup-us.ahrq.gov/nedsoverview.jsp>



SAEM would like to welcome the following exhibitors to our Annual Meeting in Phoenix:

Hutchinson Technology
Western Journal of Emergency Medicine
University of Texas Medical Schools
Physio-Control Inc.
EPBS-Intermedix
Pediatrix
Challenger Corporation
Cleveland Clinic
Signostics
McGraw-Hill

Be sure to visit the exhibit hall for more information!

CLASSIFIEDS

OHIO, The Ohio State University

Assistant/Associate or Full Professor.

Established residency training program. Level 1 trauma center. Nationally recognized research program. Clinical opportunities at OSU Medical Center and affiliated hospitals. Duties and primary responsibilities include didactic and bedside teaching with medical students and residents; participation in other educational activities. Conducts translational research in laboratory settings and/or clinical settings with medical students and/or residents.

Send curriculum vitae to: Douglas A. Rund, MD, Professor and Chairman, Department of Emergency Medicine, The Ohio State University, 4510 Cramblett Hall, 456 West 10th Avenue, Columbus, OH 43210; or E-mail: Sharon.Pfeil@osumc.edu; or call 614-293-8176. Affirmative Action/Equal Opportunity Employer.

UNIVERSITY OF MICHIGAN

The Department of Emergency Medicine at the University of Michigan is seeking physicians with certification in Emergency Medicine and Internal Medicine for the dual practice of Emergency Medicine and Medical Observation Medicine at the University of Michigan in Ann Arbor. Opportunity to work in inpatient Hospitalist services is available. Academic rank will be determined by credentials. Clinical responsibilities will include patient care activity in the Emergency Department and Medical Observation Unit. Responsibilities include house officer and medical student training, and providing direct patient care in a setting providing both primary and tertiary care experience. Those with leadership experience and/or research interests are encouraged to apply. Applicants should have residency training and/or board certification in Emergency Medicine and Internal Medicine. Excellent fringe benefit package. If interested, please send curriculum vitae to: Jason J. Ham, M.D., Director Medical Observation Services, Department of Emergency Medicine, UMHS, 1500 East Medical Center Drive, Ann Arbor, MI 48109-5303. Interested candidates can also call Dr. Ham at 734-615-2765 or via e-mail at jasham@med.umich.edu. The University of Michigan is an equal opportunity affirmative action employer.



Society for Academic Emergency Medicine

Membership Application

Name: _____ Title: _____ Email: _____

Institution address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred mailing address: Office Home Sex: M F Birth date: _____

Office phone: (____) _____ Home phone: (____) _____ Fax: (____) _____

Medical school or university faculty appointment and institution (if applicable): _____

Check Membership Category	
<input type="checkbox"/> Active - \$530.00 Individuals with advanced degree university appointment actively involved in EM teaching or research.	<input type="checkbox"/> International Affiliate - email membership for pricing Country: _____
<input type="checkbox"/> Associate - \$495.00 Open to those with interest in EM	<input type="checkbox"/> Medical Student - \$130.00 Open to medical students interested in EM. Graduation date: ____ / ____
<input type="checkbox"/> Young Physician Year One - \$315.00 First year following residency graduation.	<input type="checkbox"/> *Active/Associate/YP1 or YP2 Academy - \$100.00 ea. <input type="checkbox"/> CDEM <input type="checkbox"/> AWAEM <input type="checkbox"/> Simulation <input type="checkbox"/> Geriatrics
<input type="checkbox"/> Young Physician Year Two - \$435.00 Second year following residency graduation.	<input type="checkbox"/> *Medical Student/Resident/Fellow Academy - \$50.0 ea. <input type="checkbox"/> CDEM <input type="checkbox"/> AWAEM <input type="checkbox"/> Simulation <input type="checkbox"/> Geriatrics
<input type="checkbox"/> Resident/Fellow - \$155.00 Open to residents/fellows interested in EM. Graduation date: _____	*Must be SAEM member to join an Academy

Interest Groups: Society members are invited to join any of the dedicated Interest Groups listed below.

Each membership category includes **ONE** Interest Group free of charge. Additional Interest Groups can be added for \$25.00

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Academic Informatics | <input type="checkbox"/> Educational Research | <input type="checkbox"/> Palliative Medicine | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Airway | <input type="checkbox"/> EMS | <input type="checkbox"/> Patient Safety | <input type="checkbox"/> Triage |
| <input type="checkbox"/> CPR/Ischemia/Reperfusion | <input type="checkbox"/> Ethics | <input type="checkbox"/> Pediatric EM | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Clinical Directors | <input type="checkbox"/> Evidence-Based Medicine | <input type="checkbox"/> Public Health | <input type="checkbox"/> Uniformed Services |
| <input type="checkbox"/> Disaster Medicine | <input type="checkbox"/> Health Services & Outcomes | <input type="checkbox"/> Research Directors | <input type="checkbox"/> Wilderness Medicine |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> International | <input type="checkbox"/> Sports Medicine | |
| <input type="checkbox"/> ED Crowding | <input type="checkbox"/> Neurologic Emergencies | <input type="checkbox"/> Toxicology | |

Method of Payment Enclosed Check Credit Card (Visa or MC) Total: _____

Name as it appears on credit card _____ Card Number: _____

Expiration Date: _____ Billing Zip Code: _____ Signature: _____



2009-2010 SAEM Board of Directors

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The SAEM newsletter is published bimonthly by the Society for Academic Emergency Medicine. The opinions expressed in this publication are those of the authors and do not necessarily reflect those of SAEM.

For newsletter archives and e-Newsletters
Click on Publications at
www.saem.org

FUTURE SAEM ANNUAL MEETINGS

2010	June 3 - 6	<i>Marriott Desert Ridge Resort & Spa, Phoenix, AZ</i>
2011	June 1 - 5	<i>Marriott Copley Place, Boston, MA</i>
2012	May 9 - 13	<i>Sheraton Hotel and Towers, Chicago, IL</i>

2010 SAEM Annual Meeting • June 3-6



Phoenix

At www.saem.org, you will find more information on each regional meeting in the Meetings > SAEM Regional Meetings section of the site.