LAUREN HUDAK, MD, MPH
Resident Member, SAEM Board of Directors

ETHICS IN ACTION
Healthcare Stewardship

RESIDENT & STUDENT ADVISORY COMMITTEE
Reflections on Residency

SAEM SOCIAL MEDIA
Just-in-Time Learning

To lead the advancement of emergency care through education and research, advocacy, and professional development in academic emergency medicine.
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As I write my last message to you, with the end of another academic year in sight, I’m drawn to think about beginnings and endings and how we measure our success between those events. The Oxford Dictionary defines success as “the accomplishment of an aim or purpose.” Individuals tend to define it based on their particular life experiences. Here are a few examples:

**John Wooden** (coach) - “Success is peace of mind, which is a direct result of self-satisfaction in knowing you did your best to become the best you are capable of becoming.”

**Maya Angelou** (poet) - “Success is liking yourself, liking what you do, and liking how you do it.”

**Thomas Edison** (inventor) - “Success is 1% inspiration, 99% perspiration.”

**Winston Churchill** (political leader) - “Success is going from failure to failure without losing enthusiasm.”

**Deepak Chopra** (spiritual leader) – “Success in life could be defined as the continued expansion of happiness and the progressive realization of worthy goals.”

**Steven Covey** (business leader) - “If you carefully consider what you want to be said of you at your funeral, you’ll find your definition of success.”

While our experiences as physicians, educators and scholars will no doubt inform our own definitions of success, I believe we can benefit from considering the perspectives of thoughtful individuals who have taken the time to reflect on their lives.

So, while you ponder what success might look like for you at the end of the next academic year, your career, or your time on this planet, I would like to leave you with a definition that has always resonated with me, by Ralph Waldo Emerson: “To laugh often and much, to win the respect of intelligent people and the affection of children, to earn the appreciation of honest critics and endure the betrayal of false friends, to appreciate beauty, to find the best in others, to leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; to know even one life has breathed easier because you have lived. This is to have succeeded.” This quote reminds me that, in the end, true success may come more from how we choose to live our journeys and treat others along the way, than it does from accomplishing a particular aim or purpose.

It has been an honor to serve as the SAEM president. However you define your measures of success, I hope that life grants each of you more than your fair share.

**Bob Hockberger, MD**
David Geffen School of Medicine at University of California Los Angeles Harbor—UCLA Medical Center
CHIEF EXECUTIVE’S MESSAGE

What happens to a retiring CEO?

And, I don’t just mean me—although I am retiring as the CEO of SAEM by the end of June 2015—I am referring to all the various CEOs that exist in companies, medical schools, hospitals, school superintendents, and anyone else who functions as the chief staff officer in any organization, large or small. It is something that all of us ponder in one way or another as we think about “retirement” in whatever form it takes.

Some research suggests that retirement for individuals who have served as a chief staff officer, by whatever title, or those who have been managing partners in firms, often have difficulty adjusting to a less pressured life. Others seem to have a new lease on life and become engaged in activities and responsibilities that have always been on a bucket list, but never had a chance to pursue.

AWAEM, with the support of ABEM, ACEP and SAEM, is currently undertaking a survey to help understand what retirement means for individuals who practice emergency medicine. Although the impetus for this survey was a concern about how women in emergency medicine have or have not planned for their retirement, the survey is moving beyond that initial question to encompass gender, positions, and other factors when one looks at the broad issue of retirement.

So this column is not just about CEOs, it is about all of us thinking about retirement, regardless of age.

So often retirement focuses on financial planning, and while that is significant in today’s economy, especially with the demise of defined benefit plans in favor of defined contribution plans, more and more studies are focusing on the ever-increasing numbers of individuals who are living longer, playing a more active role in society and wanting to maintain a very active life style, like they have been accustomed to in their previous 20-30 years. In recent discussions with friends and colleagues, I have learned of some men and women who are continuing to work well into their 80s and some into their 90s. None of them are working at the same pace or with the same “work hours” they did at a much younger age, but nevertheless they are still “working,” enjoying their work, getting satisfaction from their work and most also maintain a very healthy life style as a result. Advances in healthcare have made it possible to live much longer than in past generation.

As someone who came to this position with only limited exposure to emergency medicine, these past 3.5 years with SAEM have given me wonderful experiences with many bright, talented, dedicated and hardworking individuals, for which I will always be grateful. But it also strikes me that all who labor in this field need to think about retirement in perhaps a slightly different way than others who work in business or even other medical specialties.

You have a very unique work life, with your changing shifts that require adjusting to long hours, making decisions quickly that can affect the life or death of your patients, an emphasis on staying current with the latest research and imparting your knowledge to others who are in training to follow you in this most special profession. It strikes me that EM physicians need to take a very long view in planning for retirement, and not just to deal with the financial aspects of retirement, but to look carefully at how to plan for and be ready to move on to another phase of your life.

I know that some have selected coaches to help deal with this planning. Others are blessed with supportive spouses that recognize that life will indeed change and create new opportunities with retirement, whatever that might turn out to be. So, regardless of your age, whether a medical student interested in emergency medicine, a resident or fellow, a faculty member, or a department chair, I do hope you pause on occasion to think about the next stages of your career and that eventual retirement, regardless of when and how that might happen.

As for me, I am looking forward to a more leisurely time in my life, more time to spend with family and friends, traveling to places that are on my bucket list, and finding time to do a lot more reading and perhaps even some writing. This has been a wonderful experience, and I treasure the people that I have had the pleasure to work with on the staff, the Board of Directors, committee chairs and members who continue to contribute to and make SAEM such a unique and special place.

I look forward to turning the reigns over to a new CEO and wish that person the very best in working with some of the best and brightest professionals I have had the pleasure to meet.

Ronald S. Moen
On both the personal and professional level, my world has changed remarkably in these short few years of residency. Losing my mother, becoming a mother and working my dream job have given me a sharp focus on life and my hopes for the future. My training at Emory and my involvement in SAEM activities have been critical to my professional and personal development, and I hope to share a few of these experiences to illustrate how the collective academic EM environment impacts training residents on a daily basis. The academic family around me, which includes my mentors, the Emory EM faculty, my co-residents and the SAEM board, have supported me enormously. I am grateful to work with such talented and inspiring people, and I hope to share in our EM community’s growth and development going forward.

My parents instilled a strong love for learning and teaching. My father is an OB/GYN and is the main inspiration for my career as a physician. His passion for his work, his patients, and knowledge is infectious, and I was inspired to follow in his footsteps to medical school. Additionally, my mother’s love for creative problem-solving, research, and innovation also has tremendously shaped me into the person I am today. Her work spanned from immunology publications on the “bubble boy” to the effects of space travel on astronaut physiology. Her warm and accepting nature, combined with a quirky Texas spunk, made her into the amazing woman that inspired and shaped me. Her life and the legacy she has left means so much to me as I start my path into motherhood while weaving in my passion for my work.

I attended Emory University for my undergraduate, medical and public health training. I also stayed on as a resident here after looking at many other amazing programs throughout the country. Keeping with this trend, I am ecstatic to soon be starting at Emory as junior faculty. I lived in Arizona for a short time growing up and spent few months working in Nashville, but I consider Atlanta and Emory my home. While I understand and appreciate the need for diversity in education, I am proud of my academic heritage. Emory truly has been the best choice for me at each level of my training. Each stage logically led to the next, and EM was a natural decision for me. After taking Dr. Deb Houry’s Injury Prevention and Control course while in public health school, my passion for injury and violence prevention blossomed. Working with her as well as the amazing folks at the Emory Center for Injury Control provided me with tangible skills in the areas of policy, advocacy, program development and research.

Once I started residency, I felt I had my life pretty much figured out. I was going to work hard and continue on with business as usual. Little did I know so much could happen in three short years. On our first day, Dr. Philip Shayne gave me and my fellow residents his famous “Seven Rules” to live by:

“I strive to be worthy to serve those in need. The highs and lows throughout my time as a resident helped me rediscover my passion for patients and the academic environment.”

Lauren Hudak, MD, MPH
Dr. Hudak is the resident member of the SAEM Board of Directors. Beginning the next academic year, she will start at Emory University’s Department of Emergency Medicine as an assistant professor. She is currently finishing her residency at Emory University School of Medicine.

Lauren Hudak’s mother, B. Sue Criswell-Hudak, PhD, photographed in a laboratory in 1969. Criswell-Hudak, a scientist who worked for NASA and the University of Arizona, passed away in February of 2014.

Lauren Hudak, her partner John Lyons and their daughter Annabel.
1. Always take good care of your patients
2. Always take good care of yourself
3. Take good care of each other
4. Take good care of Sharon*
5. Read and respond to emails daily
6. Conference attendance is 100 percent, 75 percent is the minimum
7. Remember why you are here

*Sharon Ashley is Emory’s incredible residency program coordinator. She is the glue that holds us all together!

During the busy rush of residency, life took me places I was not ready to go. My mom became ill and passed away in February 2014 when I was 24 weeks pregnant with my daughter Annabel. While this time has been tremendously bittersweet, I cherish the warmth and support I received from my family and EM family. These moments have been overwhelming and I recall them in a blur: Dr. Sierra Beck, one of our ultrasound faculty, helping me make a video for my mom and Annabel to meet. The EM faculty that supported me during the loss of my mom and her memorial service. My amazing co-residents who held me up and covered for me in my times of need. The SAEM Board members who gave me advice on life and career. Dr. Shayne’s principles, which grounded me and gave me direction. All of these moments and countless other acts of kindness let me know I am truly at home in this wonderful group of people.

All the while, I continued to push onward. After the generous time my program gave me for rule No. 2 (Always take good care of yourself), I moved forward and got involved. Intern year I was awarded one of the EMF resident research grants, and my project has thankfully resumed in my final year of training. SAEM’s program committee work during my first and second year of residency gave me a glimpse into the inner workings of the Annual Meeting and what it takes for academic EM folks to thrive. Additionally, helping medical students through SAEM’s medical student ambassador program was a very fulfilling experience. My SAEM involvement is now in full swing, and I am grateful for my opportunity to serve on the board as the resident member this past year. Ranging from working on the SAEM strategic plan and assisting with the new CEO selection, I never dreamed I would get such an opportunity to help shape such a wonderful organization of like-minded people. Sitting amongst some of the biggest thought leaders in our profession has been an incredible experience, and their approachability and mentorship has been invaluable.

Reflecting now, it seems that No. 7 (Remember why you are here) is the most striking “rule” for me currently. I strive to be worthy to serve those in need. The highs and lows throughout my time as a resident helped me rediscover my passion for patients and the academic environment. I am grateful for the opportunities I have been given, and I am humbled by the generosity I have experienced from my collective academic EM family. SAEM has brought me closer to other like-minded professionals, and I find myself more excited about the Annual Meeting this year than ever before. I hope other residents and students take full advantage of the vast opportunity within SAEM, as it provides a wealth of possibilities for all of us on our unique paths in our dynamic specialty.
Affordable Care Act could make for more complex interactions for emergency physicians

By Torben K. Becker, MD, PhD

Recent changes in the healthcare environment have been interpreted by many emergency physicians (EPs) as a possible threat to the mission of their specialty. The majority of these concerns have centered on the Affordable Care Act and new, but typically related, CMS regulations.

EPs are questioning how the perceived new mandate of Emergency Departments (EDs) as a center of acute-care needs, but not necessarily true emergencies, will be balanced with the ground rules regulating ED use such as the EMTALA legislation. Other areas of concern include an apparent encroachment on how to actually practice medicine and the role of healthcare providers who are not physicians, as well as patient expectations and satisfaction. The transformation of existing, diverse healthcare institutions into more unified accountable-care organizations has raised questions about physician practice models, profit sharing and healthcare rationing.

The following cases illustrate the potential for complex interactions, unanticipated and unintended consequences and possible solutions. One of the most important concerns shared by many physicians is that government regulations could push them toward practicing medicine in a way that may not be appropriate for an individual patient or not be based on sound scientific data.

Case 1

Consider an elderly patient who presents to the ED with symptoms that suggest a diagnosis of transient ischemic attack (TIA). This diagnosis is confirmed after an evaluation by the treating EP. In this theoretical scenario, new guidelines from the patient’s public insurance recommend an outpatient work-up for patients with a diagnosis of TIA if certain criteria are met. The hospital’s administration recently urged all emergency physicians to carefully assess the need for admission for such patients, as payment will typically be denied.

The patient has good outpatient follow up with his primary care physician. However, the patient and his family feel that inpatient care would best fit their expectations and comfort level with this diagnosis, and leaving the hospital without a definite work-up would cause them significant discomfort and anxiety. The EP feels that both outpatient and inpatient management would be reasonable for this patient. However, she finds herself caught between the expectations of her administration and the patient.

A patient’s physical and emotional needs should always be the treating physician’s primary concern. However, since healthcare resources are not infinite, the costly decision to admit a patient needs to be balanced with the needs and expectations of society as a whole. The EP should ensure that the patient and his family understand the diagnosis, the care plan, and typical management options for this disease, including their risks and benefits. They should be made aware of the insurance regulations and that outpatient management of TIA patients is an option that is being supported by current research. If the patient does not change his mind, alternative options could include the involvement of other healthcare professionals, such as the patient’s primary care physician or medical social workers. The patient may also wish to contact his insurer directly. The patient could be offered to pay for his hospital stay himself, though a reasonable estimate of expected costs should be given.

Case 2

Readmission penalties have received particular attention amongst the general public and physicians alike. Consider the case of a patient with severe congestive heart failure (CHF) who presents to the ED complaining of shortness of breath with an obvious exacerbation of his disease.

The EP initiates treatment with nitrates and diuretics and the patient’s condition improves. He is now much more comfortable and has normal vital signs. The EP feels the patient will require ongoing monitoring and treatment in the hospital. However, the hospital administration requests the patient be kept in the ED’s observation unit because the patient was just discharged from the hospital after another CHF exacerbation two weeks ago. The EP does not feel comfortable with this plan, because the observation unit is not equipped to provide the close clinical monitoring and treatment that seems necessary. On the other hand, the hospital would incur a penalty associated with this early re-admission for CHF.

Continued on Page 10
Post-operative delirium guideline aims to improve care of older adults

By Maura Kennedy, MD, MPH

Delirium is one of the most common post-operative complications in older adults and may be preventable. To improve the prevention, treatment and outcomes of post-operative delirium, the American Geriatric Society (AGS) convened a multidisciplinary expert panel to develop an evidence-based guideline of pharmacologic and non-pharmacologic interventions for the prevention and/or treatment of post-operative delirium. The goal of the guideline is to provide guidance to hospitals and healthcare professionals on evidence-based measures that can be implemented to improve delirium prevention and treatment. The comprehensive guideline was published in November 2014 and is available for free online at www.GeriatricsCareOnline.org. A summary of the guideline is published in the Journal of the American Geriatric Society¹ and a companion Best Practices statement is published in the Journal of the American College of Surgeons².

Guideline development

The AGS Expert Panel on Post-Operative Delirium in Older Adults was chaired by Sharon Inouye, MD, MPH, and Thomas Robinson, MD, MS, and included representatives from various surgical specialties, geriatric medicine, hospital medicine, emergency medicine, neurology, psychiatry and pharmacology. A comprehensive literature search was undertaken of several databases, including PubMed, Embase and CINAHL, evaluating pharmacologic and non-pharmacologic interventions for the prevention and/or treatment of delirium. Due to the limited literature available in the post-operative setting, articles in other acute inpatient medical settings, such as patients hospitalized on medical wards, were included. All articles that met the inclusion criteria were reviewed by the panel chairs. Articles meeting the guidelines criteria were subsequently sorted by topic and provided to the full panel for consideration of inclusion and exclusion; at least two panel members reviewed each article.

Initial recommendations were developed on the basis of this literature review. A final listing of articles was then extracted into evidence tables. Following a standard, rigorous methodological approach, evidence tables and quality ratings were prepared for each selected article. The evidence tables and quality ratings were subsequently used by the panel members to develop their final recommendations and to rate the quality of the evidence for and strength of the recommendations. The draft guideline was sent for peer-review at multiple organizations, including the SAEM and the American College of Emergency Physicians, and underwent a period of public commentary.

Results

A total of 10,877 records were identified through the search process. Of those, 3,512 met initial inclusion and exclusion criteria and were reviewed by the panel co-chairs. The full panel reviewed 223 articles, of which 63 were ultimately used for developing the recommendations. The panel issued 14 recommendations, of which eight were strong recommendations and three were weak recommendations; for the final three recommendations strength of rating was not applicable. The comprehensive guideline and the summary guideline discuss the evidence for and potential harms of each recommendation.

Recommendations include:

• Ongoing education for healthcare providers on delirium risk, prevention and treatment.
• Non-pharmacologic interventions delivered by an interdisciplinary team to prevent delirium. Such interventions include reorientation to the environment, avoiding physical restraints, encouraging early mobility, and optimizing nutrition and hydration.
• Optimizing post-operative pain control, preferably with non-opioid analgesics.
• Performing a medical evaluation to identify and manage underlying contributors to delirium when a patient is diagnosed with delirium.
• Antipsychotics may be used at the lowest effective dose and for the shortest duration possible to treat delirious patients who are severely agitated or distressed and are threatening substantial harm to themselves or others.
• Benzodiazepines should not be used as a first-line treatment of agitated delirium, except when specifically indicated (such as alcohol or benzodiazepine withdrawal).
• Antipsychotic and benzodiazepines should not be prescribed for patients with hypoactive postoperative delirium.

The best practices statement provides more specific recommendations for the implementation of these guidelines and discusses additional topics such as risk factors for post-operative delirium and methods for delirium diagnosis and screening.

Applicability to emergency medicine

Although these guidelines were designed specifically to address post-operative delirium, the evidence comes from a variety of inpatient settings. Therefore, many of the findings are applicable to other hospital settings, including the emergency department (ED). For instance, recommendations regarding the evaluation of the delirious patient, avoidance of delirium-inducing medications, and pharmacologic management of agitated delirium are directly relevant to emergency providers. With the growth of ED observation care as well as national issues with ED boarding, recommendations on delirium prevention may also be applicable. Emergency providers also are encouraged to proactively discuss this guideline with their surgical colleagues.

References:


About the Author: Dr. Maura Kennedy is an attending physician and assistant director of emergency medicine research at Beth Israel Deaconess Medical Center and an instructor in emergency medicine at Harvard Medical School. She is the president-elect for the Academy of Geriatric Emergency Medicine and served on the AGS Expert Panel on Post-operative Delirium in Older Adults, which authored the guidelines discussed above.
Reflections on residency, year two

By Joel Brooks, DO

After surviving your intern year and transitioning to a seasoned resident physician within the emergency department (ED), you look forward to the challenging cases that will enhance your skills and knowledge. Gone are the days you are only responsible for a select group of patients. Now you must care for your patients while overseeing interns who are apprehensively caring for their own patients and expect guidance from their senior residents. Your role has shifted from being the doctor making the decisions to being a physician who instructs, directs and manages all aspects of care for all patients on your service. Becoming more comfortable with your position encourages your colleagues and attending physicians to place more confidence in your abilities, and your responsibilities grow.

As a second-year resident, the number of patients you treat in a shift increases dramatically. Each new case offers a unique learning opportunity. Even when the diagnosis is seemingly clear and the course is laid out, there can still be unexpected surprises.

Resources at the touch of a finger

I frequently reference my Pocket Medicine and the Pocket Survival Guide published by the Emergency Medicine Resident Association. Medical apps are an essential part of a resident’s arsenal. My personal favorites are Epocrates Essentials, Micromedex, Medscape, and Opioid converter for quick references on medications. For risk stratification of my patients, I have found Qx Calculate and ASVD Risk Estimator to provide reliable assessments. LactMed@NIH is an app that provides information on how drugs and dietary supplements can affect breastfeeding, and I have used it to both safely treat and educate my patients on multiple occasions. UpToDate is an excellent resource when a quick and efficient summary of a condition is necessary. However, none of these resources take the place of in-depth studying. Every night (or day) after work, your goal should be to read about the conditions you treated and review one or two journal articles. This is an important habit to develop as the medical field is constantly changing and new treatment recommendations are routinely published.

Time management

While treating more patients, a senior resident also must participate in the supervision of interns and medical students on his/her service. Allow them to manage their own patients and be available to help them when questions arise. Medical students are on a rotation to learn, so help foster an environment in which this occurs. This involves allowing them to present patients and providing them with constructive feedback. You should also review the workup, diagnosis and treatment. Suggest that students read about their case and review it at the end of each shift; then direct them with additional topic-focused reading to present you with the information. This places some of the responsibility of learning on the students and fosters a daily studying plan, which is essential to the profession.

In most programs you complete a large amount of your required floor months in your first year, there are still rotations to experience, most notably in the intensive care unit (ICU). These are daunting months where you will find yourself tested both mentally and physically by the demanding nature of the ICU. The resources you developed during your ICU months as an intern will continue to serve you well. As a senior, apart from managing the medical care, it will be your responsibility to discuss care management plans with patients, including goals of care, code status and running family meetings. It is important to become comfortable having these discussions, as it is a skill used both in the ICU and ED.

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Ethics, continued from Page 7

Though the patient’s safety and well-being should, again, remain the physician’s priority, institutional policies and close and early cooperation between the administration and clinicians will be required to resolve such conflicts. Federal regulations that affect the hospital as a system will continue to lead to challenging clinical situations on a regular basis, and EPs will need to advocate for the needs of their patients, and be involved in all related decision- and policy-making.

Case 3

Finally, consider a 70-year-old smoker with a past medical history of hypertension and diabetes who presents to the ED complaining of chest pain. The patient has been evaluated for similar complaints in this and other EDs in the area at least three times within in the last two months.

The patient’s public insurance deemed these prior visits non-emergent because the patient was discharged from the ED each time with a diagnosis of musculoskeletal pain. Based on new regulations, payment was therefore denied. The hospital administration has urged the ED to limit extensive medical work-ups for complaints that are likely to be result in the diagnosis of a non-emergent condition.

After evaluating the patient, the EP feels that serial cardiac enzymes and observation in the ED are indicated. However, the EP is concerned that payment may again be denied, leading to further tensions between hospital administrators and ED clinicians. Nonetheless, the emergency physician’s ethical and legal responsibility to provide good medical care and to rule out life-threatening diseases remains unchanged.

A multidisciplinary approach may help to decrease the number of repeat ED visits for non-emergent complaints. Physicians should work with medical social workers, the hospital administration, primary care physicians and other hospital leaders to explore alternative possibilities. What are the reasons for the patient’s frequent ED visits? Is he unable or unwilling to afford his medication? Is it the lack of access to primary care services? Alternative care models that have been studied could include evaluation in an adjacent clinic for non-urgent complaints or same-day referral to a primary care physician.

Final thoughts

Ignoring these challenges will not help and will place EPs in a position where they are forced to react, instead of being given the opportunity to help define standard procedures and processes in a way that benefits patients and physicians. Most EPs feel that they are increasingly expected to consider healthcare system resources beyond an individual patient encounter, whether they have asked for this role or not. New strategies will be required to address this challenge, and to help EPs become stewards of a balanced healthcare system.

About the Author: Dr. Torben K. Becker is a graduating resident physician in the Department of Emergency Medicine at the University of Michigan. He will soon be a fellow in Multidisciplinary Critical Care Medicine at the University of Pittsburgh. He first served on the SAEM Ethics Committee in 2010. His areas of interest include the ethics of international volunteer medical work and ethical problems of cardiac arrest resuscitation.

Reflections, continued from Page 9

Seeking advice

While your duties have grown to include care for patients and provide supervision, it is important to remember you are not alone. You can and should ask for help from your co-workers and your attending physician when appropriate. It is better to ask for assistance before becoming overwhelmed, rather than when it is too late. While the second year may not feel as isolating as intern year, there will be difficult moments. Speak to your friends, colleagues, mentors and attendings and jointly work through the challenges. It is helpful to develop your clinical judgment by taking counsel from those around you.

An important aspect of your second year of residency is deciding your career path. You must first decide whether you are interested in a fellowship or wish to finish residency and begin practicing. There are a plethora of fellowships available to emergency medicine residency graduates and they are competitive. Popular choices include ICU, toxicology and ultrasound, but other available opportunities include sports medicine, research, disaster medicine, emergency medicine services and more. SAEM has a fellowship directory on its website that provides the information on available training programs.

If you are considering a fellowship, it is best to start collecting resources early. Speak to fellowship trained physicians and find a mentor. Research is an important component of your CV and application, and it is best to start working on projects as early as possible. Attending and presenting at national conferences can be beneficial. Conference information such as abstract submission dates is listed on various organization websites. For more information, including a complete application timeline and other invaluable resources, visit the Electronic Residency Application Service website at aamc.org/students/medstudents/eras/fellowship_applicants

If you decide fellowship is not for you, there are still decisions to be made, including the type and setting of the ED where you will practice. Do you desire an academic position, a community-based position or a combination? What are the job opportunities in the location you wish to reside? These are factors that must be considered while planning your future. Talk to your advisors and mentors to formulate the career path that is best for you.

The most important piece of advice I can offer is to be courteous to your co-workers: be polite and have a smile on your face. This creates a positive working atmosphere and learning environment. Continue to build friendships with the nurses and other staff members. They are an invaluable resource and source of knowledge.

The second year of residency is the time to hone your skills and formulate a plan for your future medical career.

SAEM appreciates the contributions from the Resident Student Advisory Committee. This column presents advice, insights and suggestions for other residents and students.

About the Author: Dr. Joel Brooks is a second-year resident at the Heart of Lancaster Regional Medical Center in Lititz, Penn. He serves on SAEM’s Resident and Student Advisory Committee.
Today’s technology: ‘Just-in-Time’ learning

By Lauren Westafer, DO, MPH

How many medical applications are on your iPhone? How many times do you “Google” something during a shift? Do you stalk the internet for a video of a lateral canthotomy when you anticipate a patient may need one? These are all “just in time” training or learning.

Just in time training (JiTT) or learning is a prominent concept in medical education. It entails finding the right resources to meet a skill or knowledge gap at the time the information is required, followed by application of that knowledge. Theoretically, this contextualizes the information, which may make it more meaningful to the learner. Further, developing skills of seeking information from appropriate resources in a self-directed fashion remains a critical skill to foster in trainees and young physicians. This may be of particular importance in emergency medicine (EM), a field in which we perform life-saving interventions, often ones we only may have simulated, at a moment’s notice. Additionally, there may be added safety in consulting educational resources rather than relying on our memory, such as when selecting pharmaceutical therapy.

Electronic resources are usurping the traditional move to consult textbooks when necessary information for a patient encounter is missing. The use of electronic sources, particularly those that are open access, may allow individuals outside of academic institutions or in resource-limited settings to stay current.

These “Just-in-Time” resources are worth a look:

LacerationRepair.com: Most suturing is straightforward; however, Dr. Brian Lin’s website shares pearls, tips, and tricks for approximating the most difficult or rarely encountered wounds. Still, this resource is useful when confronted by wounds of all levels of complexity and may be used to review with trainees or when preparing to use a rare means of closure.

Procedure Videos: Key EM procedure videos are freely available but variable in quality and scattered across the internet. Unfortunately, these are not well codified. The Life in the Fast Lane blog has pulled many of these videos into a searchable database found (lifeinthefastlane.com/procedures/). For example, these include the cornucopia of videos by Dr. Larry Mellick including mundane procedures such as tracheostomy and g-tube replacements (www.youtube.com/user/lmellick), hard-core procedure videos from Dr. Scott Weingart (emcrit.org/category/procedures/), splinting videos by Dr. Rob Orman (blog.ercast.org/splint-like-a-pro/), and many more. A downside to these videos is that equipment and protocols may vary between institutions.

One-Minute Ultrasound Application: The use of ultrasound in EM seems ubiquitous, yet not everyone has the same level of training. This free application from Drs. Matt Dawson and Mike Mallin provides quick reminders for those newly acquainted to ultrasound or in performing rarely used scans.

Paucis Verbis Cards From Academic Life in Emergency Medicine: These summary “cards” (www.aliem.com/pv-cards/) are designed as a quick electronic reference for diagnostic criteria, treatment modalities and interpretation of tests for a wide array of processes encountered in the ED. The succinct cards are available on mobile devices and contain references for further learning.

GoogleFOAM.com (“FOAM Search”): An increasing number of emergency providers, particularly residents, use FOAM on a regular basis. The increasing breadth of these resources may make it difficult to find information, especially during a busy emergency department shift. This search engine, created by Todd Raine, MD, specifically features FOAM resources as well as relevant journals.

Using the smartphone as a “peripheral brain” has the potential to augment patient safety and contextualize learning. Yet, the ease with which we access these resources comes with a few tradeoffs. The quality of many of these resources is excellent, but without discretion or curation of content, one may access inaccurate or inapplicable information. As such, use of the right resource is paramount. Further, increasing utilization of “just in time” resources may create a dependence, making practice without a smartphone or computer difficult or unsafe (such as in a disaster situation where digital resources are scarce). Lastly, JiTT is not a replacement for a curriculum or independent study. Rather, with appropriate direction, it can serve as a powerful supplement.

For more information, attend the SAEM didactic “FOAM On The Spot: Integration of Online Resources Into Real-Time Education and Patient Care” at the 2015 Annual Meeting.

References:

About the Author: Dr. Lauren Westafer is an emergency medicine resident at Baystate Medical Center in Northamptom, Mass. She serves on SAEM’s Social Media Committee as the resident social media scholar.
SAEM Academy for Diversity & Inclusion in Emergency Medicine fosters relationship with student group

By Jamila Goldsmith, MD

The Student National Medical Association (SNMA) is committed to promoting the field of medicine by providing support to underrepresented medical students. The organization promotes its mission through nationwide programming efforts which help to create culturally competent, socially conscious, and clinically excellent physicians. This year, SNMA expanded its scope to include LGBT and immigrant health education within its programming focus. Last year, SNMA celebrated 50 years of existence and progress in promoting its mission. This year, the Annual Medical Education Conference, “Unsilencing the Unheard and Underserved,” was held April 1-5 at the Hyatt Regency in New Orleans. Members of SAEM were well represented on the conference agenda!

On Thursday, April 2, Lisa Moreno-Walton, MD, MS, professor of clinical emergency medicine, Louisiana State University Health Science Center, delivered a keynote address, keynote address titled “The History of a DIVERSE Medicine.” Moreno-Walton is also on the board of directors of the American Academy of Emergency Medicine and is a member at large of SAEM’s Academy for Diversity and Inclusion in Emergency Medicine (ADIEM).

On Friday, April 3, Rickquel Tripp, MD, Kene Chukwuanu, MD, and I facilitated the EM Specialty Interest Groups Meeting, which was a panel discussion, attended by more than 40 medical students. We shared information about becoming competitive applicants for emergency medicine. The session was closed with pearls of wisdom by Bernard Lopez, MD, MS, associate dean of diversity and community engagement of Sidney Kimmel Medical College at Thomas Jefferson University, professor and vice chair of the Department of Emergency Medicine at Sidney Kimmel Medical College, and president-elect of ADIEM.

ADIEM, in partnership with Emergency Medicine Residents Association (EMRA) and the University of Colorado/Denver Health, sponsored the Second Annual Emergency Medicine Specialty Breakfast on Saturday, April 4. The goal of the breakfast was to provide information to medical students from across the country about the field of emergency medicine and current opportunities for medical student involvement.

Presentations were given on behalf of EMRA and SAEM-ADIEM by Zach Jarou, MD, EMRA membership development coordinator, and myself. This was followed by a presentation from the University of Colorado/Denver Health given by resident Java Tunson, MD.

The panel was moderated by Kene Chukwuanu, MD, medical education fellow and clinical instructor for Division of Emergency Medicine at St. Louis University, and included Lopez Vaughan Browne, MD, PhD, associate professor of emergency medicine, faculty sponsor of the University of Colorado’s local SNMA chapter, member of the School of Medicine admissions executive advisory committee at the University of Colorado School of Medicine, director of emergency ultrasound education at the University of Colorado Hospital, and a member of ADIEM. The panel also included Moreno-Walton; Renee King, MD, MPH, assistant professor of emergency medicine at University of Colorado School of Medicine; and Christine Babcock, MD, MSc, program director and assistant professor of emergency medicine at the University of Chicago Emergency Medicine Residency.

Students showed strong interest and participation during the Resident Breakout Sessions, which provided an informal opportunity for interaction and open discussion about life as an EM resident, how to prepare for application season, military involvement, LGBT, and more. Resident panelists included Zachary Jarou, MD (PGY-1), Badewa Fatunde, MD (PGY-1), Stephanie Oberfoell, MD (PGY-2), and Java Tunson, MD (PGY-3) from the University of Colorado/ Denver Health; Joffre Johnson, MD (PGY-1), Rickquel Tripp, MD (PGY-2), Kelvin Adjei-Twum (PGY-2) and myself from University of Chicago; and LeTonna Bradford, MD (PGY-2) from Louisiana State University Health Science Center. The breakfast concluded with a survey administered via iPads by Stephanie Oberfoell, MD. Feedback gathered will be used to tackle needs addressed by the attendees and to improve next year’s event.

It is imperative that we as EM physicians foster relationships with organizations such as SNMA on a local and national level, and that we as leaders in our specialty contribute to the professional development of physicians who are most likely to practice in underserved communities. With more than 6,000 members nationwide, SNMA affords us access with possibilities for mentorship and recruitment. With continued success and involvement with such opportunities that expose URMs to emergency medicine, we can continue to stimulate an interest and establish a pipeline of students entering the specialty. It is our responsibility to improve the patient care we deliver, which means we all should strive to encourage excellence in cultural competency, promote a diverse and inclusive work environment, and recruit a workforce that is representative of the diverse patient populations, including LGBT, that we encounter on a daily basis. Accomplishing these goals ultimately promotes our efforts toward addressing and eliminating healthcare disparities. We encourage you to join ADIEM, as every voice matters.

About the Author: Dr. Jamila Goldsmith is a second-year emergency medicine resident at the University of Chicago and a member-at-large of ADIEM.
After nearly 20 years, the 2015 Mid-Atlantic Research Meeting returned to Georgetown for the sixth time, breaking attendance records and featuring nearly 230 attendees and 162 oral paper presentations. SAEM members from all over the country attended this Mid-Atlantic event, including Stanford, New Mexico, Highlands General Oakland, University of Texas-San Antonio, Arizona, Denver, University of Illinois at Chicago, and St. John's Hospital (Detroit). There were even attendees from Canada and New Zealand.

The day’s schedule included six invited lecturers, including Georgetown University Medical School Dean Stephen Ray Mitchell, MD, MBA. He welcomed everyone with a history lesson that highlighted one of Georgetown's previous leaders: Patrick Healy who was the first American of African ancestry to earn a PhD; the first to become a Jesuit priest; and the first to be president of Georgetown University or any predominantly white college.

Mitchell introduced a fellow Tarheel, Jim Manning, MD, University of North Carolina, who wowed attendees with his cutting-edge look at the clinical viability of his life's work in ECMO and Aortic Arch perfusion. Manning reminded us of the excellence achieved through dedication to a purpose.

Art Kellerman, MD, MPH, Dean, Uniformed Services Medical School, delivered the day's keynote. He is a former SAEM president and EM Chair at Emory University Rollins School of Public Health. Dr. Kellerman made an impassioned call for attendees to challenge themselves with service to others. Bernie Lopez, MD, Associate Dean for Diversity and Community Engagement, Thomas Jefferson University, discussed diversity in EM research. He was immediately followed by Bhakti Hansoti, MD, MPH, Johns Hopkins University, who explained the need for continued changes for gender inequality in EM. Volunteer faculty who also moderated included: Wayne Lau, MD, Thomas Jefferson University; Autumn Graham, MD, Georgetown University; CDR James Palma, MC, USN, Uniformed Services University of the Health Sciences; and, rita Manfredi, MD, Georgetown.

The audience also was treated to the following invited lecturers:

- Edward Jauch, MD, MS, Medical University of South Carolina, provided a state-of-art lecture on Alteplase use in mild stroke.
- Jesse Pines, MD, MBA, MSCE, George Washington University and the School of Public Policy, discussed crowding and super-users in the ED.
- Jennifer Newberry, MD, JD, Stanford, spoke on medical legal partnerships.
- Charlene Babcock, MD, St. John Hospital, gave her lessons learned from 25 years of EM practice to students, residents, and junior attendings.
- Greg Larkin, MD, South Auckland Clinical School, New Zealand, delivered a valuable lecture on his 12 pitfalls in EM research.

The day also provide attendees with two plenary sessions with 12 papers, six sessions with 60 oral papers and six sessions with 86 lightening oral sessions. A large number of papers presented on clinical care, ultrasound, education, outcomes, and patient safety.

**Additional highlights include:**

- **The Automated Pneumothorax Detector (APD): A Novel Technology to Assist Clinicians With the Early Identification of Pneumothorax on Bedside Thoracic U/S**
  Jeff Morgan, MD, U.S. Army Medical Department Center, Ft. Sam Houston
- **Stress-Delta N-Terminal Pro-B Type Natriuretic Peptide Levels in Patients Undergoing Cardiac Stress Testing**
  Alexander Limkakeng, MD, Duke University Medical Center
- **Clinical Metrics in Emergency Medicine: The Shock Index and the Likelihood of Admission and In-Hospital Mortality**
  Bachar Hamade, MD, MSc, Johns Hopkins School of Medicine
- **Absolute And Relative Changes In Contemporary Sensitivity Cardiac Troponin Levels: How Do They Relate To Actual Coronary Artery Disease On Cardiac Catherization**
  Craig Tschatscher, Wayne State University
- **Prospective Analysis of Clinical Outcomes after Emergency Department Goal-Directed Echocardiographic Evaluation for Right Ventricular Dysfunction in Acute Pulmonary Embolism**
  Angela Johnson, MD, Carolinas Medical Center
- **Can Emergency Department Compliance With a Basic Three (3) Hour Sepsis Bundle Reduce Mortality, ICU Utilization, Length of Stay, and Hospital Costs without Reliance on Physiologic Endpoints?**
  Ben Wie, North Shore-LIJ Health System
- **Therapeutic Hypothermia in Severe Traumatic Brain Injury**
  Amar Tomar, University of Texas–San Antonio

No meeting this size could have been pulled off in one day without the dedication delivered by Georgetown students Jeremy Altman, Aidan Neustadt and Matt Milzman; the members of the campus EMS crew, Georgetown Emergency Response Medical Service; as well as the continued dedicated work of the amazing SAEM staff of Holly Byrd-Duncan, LaTanya Morris and George Greaves, who made sure that all was done and done well.

Thank you to all of the presenters who really made this a presenters meeting, and hopefully everyone had a most excellent time. Look for an encore performance in 2016.

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**About the Author:** Dave Milzman, MD, Georgetown University School of Medicine/Washington Hospital Center EM Department, was chair of the 2015 program.
How students and residents can maximize their experience at the SAEM 2015 Annual Conference

By Alexis Pelletier-Bui, MD

The 2015 SAEM Annual Conference includes hundreds of didactic sessions, research presentations, innovations, social events and more. While there is no way to participate in it all, the Resident and Student Advisory Committee is here to tell you how to maximize your experience as a medical student/resident this year.

Start your first official day on Wednesday, May 13. Meet new friends and eat pancakes and waffles at the networking breakfast at 8:00 am. Immediately following is the keynote address given by Dr. Steven Stack, the first board-certified emergency physician to serve on the American Medical Association Board of Trustees and AMA President-Elect. Before lunch, check out the six best emergency medicine research abstracts submitted to SAEM at the Plenary Abstract Presentations.

On Wednesday afternoon, learn how social media can be used for something more than playing Candy Crush Saga at “FOAM On The Spot: Integration of Online Resources Into Real-Time Education and Patient Care” (1:30 pm). If you want to learn about where your career can take you after residency, check out “What Will Be the EM Fellowships of the Future?” (2:30 pm). If you’re getting tired and don’t have the attention span to sit through a full lecture, try out the IGNITE! Sessions: A series of five-minute presentations with 20 slides, each automatically advancing every 15 seconds (1:30 pm–5:30 pm on both Wednesday and Thursday).

One great aspect of emergency medicine is the people who are attracted to our specialty. They are individuals who work and play hard. Spend the rest of your first day celebrating with these individuals at SAEM’s social events. Kick off the conference with SAEM signature cocktails and yard games while overlooking the bay at the Opening Reception (4:00 pm, Bay View Lawn). Or, enjoy the superb wines of California while rubbing elbows with some of the most established researchers in emergency medicine at the SAEMF Networking California Wine Tasting Event (6:30 pm; additional registration fee).

Thursday, May 14 is packed with many different educational opportunities. If you are initiating a research project but find it a particularly daunting task, don’t miss the four lectures in SAEM’s multi-year research curriculum: “Finding the Best Tour Guide to Your Research Success: Mentoring in Emergency Medicine” (9:00 am), “Research Using Chart Reviews and Quality Improvement Projects” (1:30 pm), “Introduction to Statistics” (2:30 pm), and “Writing the Abstract and Manuscript that will be Accepted” (4:00 pm). If you want to explore a way to spice up your presentations, check out “Not Another Boring Lecture: Interactive Methods to Engage Your Learners” (2:30 pm). Or, if you are in the mood to watch some friendly competition while learning a thing or two, cheer on your favorite team at the SIM Wars competition in the morning (8:00 am–12:00 pm) or the SonoGamesTM competition in the afternoon (1:00 pm-5:00 pm).

Save some of your energy, so you don’t miss the activities planned for Thursday evening. Show up early to the Residency and Student Advisory Committee Reception poolside at the LaNai Lawn. The first 200 people will receive a free drink ticket (5:00 pm-6:30 pm). Take a short nap before heading out to the annual EMRA Party from 10:00 pm–2:00 am, usually the highlight social event of the conference.

If you want the most bang for your buck at this year’s Annual Meeting, spend Friday, May 15 attending the Medical Student Symposium or the Resident Leadership Forum, which splits to the Chief Resident Forum/Academic Development Track and Junior Resident/Rising Intern Track. Make sure to sign up in advance as these have sold out in the past, and for good reason! The Medical Student Symposium is your all-access pass to EM program directors from across the country. Pick their brain on how to ace your EM rotations and match at the program of your dreams. If you are not that far in the process and deciding whether emergency medicine is the fit for you, we have you covered. The Resident Leadership Forum is a must for any resident interested in academic emergency medicine. The lessons I learned from the Resident Leadership Forum and Chief Resident Forum were invaluable during my year as chief resident and are still useful as a junior faculty member. Both of these forums are well worth the extra participation fee.

If you don’t have the extra cash to enjoy one of the forums, you can still spend your Friday gleaning some advice from the leaders in the field at “Legendary Leadership – Lessons from Four of the Founders of Emergency Medicine” (11:30 am). You’ll also have plenty of opportunities to meet program directors and other emergency medicine faculty at the Residency and Fellowship Fair, where institutions from across the country showcase their programs (3:00 pm-5:00 pm).

On Friday, finish the Annual Meeting at the Closing Reception (5:00 pm-6:30 pm) where you can enjoy refreshments at Shoreline Bar/Poolside while bidding farewell to all the new friends you’ve met at this year’s meeting.

While attending the 26th SAEM Annual Meeting, don’t forget about all of the research abstracts, ePoster presentations, innovations, visual diagnosis cases and committee and interest group meetings that can easily fill any gaps that may come up in your schedule. No matter what you decide, the week is sure to promise plenty of opportunities for learning, collaboration, meeting new friends, catching up with old colleagues, and experiencing one of America’s finest cities, San Diego. We look forward to seeing you there.

About the Author: Dr. Alexis Pelletier-Bui is the co-clerkship director in the Emergency Medicine Department of Cooper University Hospital and an instructor of emergency medicine at Cooper Medical School of Rowan University.
The National Clinician Scholars Program: Continuing the legacy of the Robert Wood Johnson Foundation Clinical Scholars Program

By David A. Asch, MD, MBA; Cary Gross, MD; Rodney Hayward, MD; Judith Long, MD; Carol M. Mangione, MD, MSPH

“The report of my death was an exaggeration.” - Mark Twain in the New York Journal of June 2, 1897

Many were surprised and saddened when, in early 2014, the Robert Wood Johnson Foundation announced it was concluding its support for the Clinical Scholars Program and that the cohort entering in July 2015 would be its last. Among those saddened by the announcement were those residents who had planned to apply. The program had been open to those who had completed residencies in any specialty.

The four current sites of the RWJF Clinical Scholars Program (University of California Los Angeles, University of Michigan, University of Pennsylvania and Yale University) have created the National Clinician Scholars Program (NCSP) to advance new visions based on the legacy of the original program. Those who had hoped to apply to be clinical scholars entering July 2016 can now apply to be National Clinician Scholars for the same year by going to nationalcsp.org.

There will be some changes to the program, because health and healthcare are changing. One change is that the program will now also accept doctorally trained nurses, whereas in the past the program trained only physicians. The nation needs inclusive partnerships to address its challenging health and healthcare goals. Second, once the NCSP is launched, it is expected that the program will expand beyond the current four sites. Those details are not yet worked out, but the objective is to recognize many other institutions have the ability to contribute toward our goals. Alongside these changes, many central elements that made the RWJF Clinical Scholars Program so effective and valuable will be maintained.

This new initiative is exciting for those who created it and those who will participate. It would be hard to overstate the importance of the Clinical Scholars Program to academic pediatrics, to medicine as a whole, or to the last several decades of health and healthcare in the U.S. more generally. This program can be credited with bringing health services research and health policy activity into mainstream academic medicine by selecting and training physicians to advance health and healthcare in ways decidedly more social than biomedical. In addition to supporting its “scholars,” the program supported academic infrastructure and professional networks both to create a new field and to accelerate the recognition of that field — all with tremendous support from the Veterans Health Administration.

Clinical Scholars, now nearly 2,000 of them, have come from all specialties, including emergency medicine.

The program began in 1969 with support from the Carnegie Corporation and the Commonwealth Fund. The Robert Wood Johnson Foundation took over financial responsibility in 1973, and the Veterans Health Administration became a central partner. There are reports in the literature of the program’s start, and an engaging recounting of its origins was published as part of a Festschrift to Hal Holman, one of the program’s founders. The program grew from a bold vision, and its output has been spectacular. There are departments and training programs in academic institutions across the nation that would not exist today were it not for the field building the program supported — not just at the few places that have been training sites, but at the many places where alumni have landed and made contributions. Leadership in health and healthcare in the United States—in industry, government, philanthropy, clinical service and academia—is peppered with those who grew up in this program or were touched by it.

That is why it is so essential to keep going. As program directors at the four sites, we have worked closely with the Robert Wood Johnson Foundation and the Veterans Health Administration in the design of the National Clinician Scholars Program and value the shared goals going forward. In parallel, the Foundation has been working toward the design of a new set of human capital programs of its own. In the meantime, we are delighted to announce that the National Clinician Scholars Program is up and open for business.

References:

About the Authors: Dr. David A. Asch is a professor of medicine, anesthesiology and critical care, and medical ethics and health policy at the University of Pennsylvania School of Medicine. Dr. Cary Gross is a professor of medicine and epidemiology at the Yale School of Medicine. Dr. Rodney Hayward is a professor of internal medicine at the University of Michigan. Dr. Judith Long is an associate professor of medicine at the Veteran’s Administration Medical Center in Philadelphia. Dr. Carol Mangione is a professor in the School of Medicine and the School of Public Health, both at UCLA.
MedEdPORTAL’s first deputy editor spreads word about publication service’s benefits

By Tara Burghart

Michael T. Fitch, MD, PhD, first learned about MedEdPORTAL when one of its staff members gave a presentation at an educational meeting nearly a decade ago.

“I was really struck by the opportunity to recognize and value the work that our clinical educators do,” said Fitch, a professor and vice chair for academic affairs in the Department of Emergency Medicine at Wake Forest School of Medicine. “I was very intrigued from the very beginning.”

Now, nine years later, Fitch has been named the first deputy editor in MedEdPORTAL’s history. And he’s hoping to continue spreading the message that MedEdPORTAL is not only a great, free resource for individual teaching but also a way to help advance SAEM members’ careers.

MedEdPORTAL, a program of the Association of American Medical Colleges, is celebrating its 10th year as a publication service this year. SAEM is one of its five partners.

“The unique thing about MedEdPORTAL is while we have a very rigorous peer review process that is very similar to most traditional print journals, the content that we are peer reviewing and publishing is the actual educational materials themselves,” said Fitch.

Those educational materials span 30 medical specialties and more than 40 dental specialties; some are designed for medical or nursing students, others for residents, interns and physicians.

There are also different types of educational materials: Simulation, problem-based learning modules, assessment tools, videos and more. The actual educational materials are housed in electronic form on MedEdPORTAL servers.

MedEdPORTAL Publications experiences more than 2,400 downloads a month from users around the world. The top five downloading countries are the United States, Canada, United Kingdom, India and Australia.

Approximately 40 new submissions are received every month: Of those that enter peer review, four percent are immediately accepted; 81 percent are accepted after revisions; and 15 percent are rejected.

**Working as a peer reviewer**

Fitch’s first interaction with MedEdPORTAL came as a peer reviewer due to his work with an SAEM interest group (now an Academy) on simulation. That interest group was “an early pioneer” in its partnership with MedEdPORTAL.

“I learned an enormous amount from serving as a peer reviewer in those early years about what other educators were doing. I got to read and provide feedback on educational materials that were very different than the materials I would create or the type of materials I might find at my local institution,” Fitch said. “From a career standpoint, I learned what is possible, what kinds of things are effective and useful so I could incorporate those into my own work.”

He eventually became an associate editor and joined the editorial board. When SAEM became a MedEdPORTAL partner in 2012, Fitch was designated as the associate editor for the SAEM collection of materials.

“That broadened my horizons with different submissions to handle—not just simulation,” he said. “Now I’ll get another opportunity as deputy editor to see some of the scholarly materials being crafted by educators from disciplines very different from emergency medicine.”

**A new role**

Sara Hunt, the managing editor for MedEdPORTAL Publications, said while the service is celebrating a decade of success, it is looking forward to growing and expanding even more with Fitch on board.

“Dr. Fitch has been one of the most active and engaged associate editors in MedEdPORTAL’s history. Associate editors are responsible for shepherding submissions through our peer review process in their specific area of expertise, but Dr. Fitch has gone above and beyond this task, helping to provide direction and guidance to a rapidly growing program,” Hunt said in an email.

“We are thrilled that Dr. Fitch has accepted the new role as deputy editor for MedEdPORTAL Publications,” Hunt said. “In this role, he will assist Chris Candler, MD, EdD, editor-in-chief and co-founder, in issuing final decisions on materials submitted for publication. His understanding of scholarly criteria and ability to communicate clearly and directly with our authors, reviewers, and associate editors is an asset to our program.”

**Opportunities for SAEM Members**

Fitch currently serves as the director of MedEdPORTAL’s Faculty Mentor program, which aims to promote the use of educational tools currently available within MedEdPORTAL and to encourage the submission of valuable resources by users from all health professions. Hunt pointed out that for several years, he also has represented MedEdPORTAL as a panel speaker at national medical education meetings.

At those meetings, Fitch said he urges educators including SAEM members to sign up for a free MedEdPORTAL account and spend some time browsing. He thinks that way they’ll get a better understanding what a high-quality resource MedEdPORTAL can be for their own teaching. But he also hopes it sparks ideas about educational materials they could submit.

Continued on Page 17
For a lot of educators, the opportunities for traditional peer review and publication might be limited, Fitch said. “We have SAEM educators who are doing outstanding work throughout the country and around the world. This is just another opportunity for them to highlight and showcase it in a rigorous and scholarly way.

“Those faculty can not only demonstrate their scholarly productivity but they get a citation just like a journal article that can go on their CV, something many promotion and tenure committees across the country recognize as evidence of educational scholarship at a high level,” Fitch said.

**Passing the torch**

Fitch’s replacement as the associate editor in charge of the SAEM collection will be Corey Heitz, MD, director of undergraduate medical education in the Department of Emergency Medicine at the Virginia Tech Carilion School of Medicine. Heitz has been involved in MedEdPORTAL for many years as an author and peer reviewer, winning three consecutive “top reviewer” awards. He’s also part of MedEdPORTAL’s Faculty Mentor program.

“Working with MedEdPORTAL has been a great way to expose myself to the world of educational scholarship in a new and meaningful way,” Heitz said via email. “Educational research is difficult and time consuming, and doesn’t allow the reader to implement the educational intervention in their program. Publications on MedEdPORTAL, allow educators to obtain high-quality, fully developed resources from multi-disciplinary sources. It’s been really eye-opening to see the various ways in which the health education community creatively develops learning products.”

Heitz said he took on the associate editor in role in part because of his respect for Fitch, with whom he has worked since residency.

**Interested in submitting educational materials to MedEdPORTAL?**

After the author submits his materials, there is a rigorous copyright and patient privacy screening conducted by staff editors. Then, depending on the content, the submission is assigned to one of about 35 associate editors who selects peer reviewers from a pool of over 1,500 invited experts, both clinicians and formally trained educational specialists. The associate editor works with the peer reviewers to provide an honest and constructive assessment of the materials based on widely accepted principles of scholarship. Most often, revisions are required, so the author is asked to revise their work and resubmit. Each MedEdPORTAL submission requires a detailed instructor’s guide and it must have been “classroom-tested” or used with real learners.

Revisions can go more than one round. The final decision on accepting a submission for publication is made by Michael T. Fitch, MD, the site’s deputy editor, or Christopher S. Candler, MD, EdD, editor-in-chief and co-founder. The average time a submission takes to go through peer review, revisions and receive a final decision is approximately five months.

“‘I was honored when he asked and look forward to increasing the visibility of the SAEM collection on MedEdPORTAL over the next few years,’ Heitz said.

In his own new role as MedEdPORTAL’s deputy editor, Fitch said he will continue to spread the message of how the service can help members of SAEM.

“I would really encourage people to look at MedEdPORTAL as a way to further their career as academic emergency educators,” he said.

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**About the Author: Tara Burghart is a contributing writer to the SAEM Newsletter.**

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**Jeannie Chin Hansen selected as Gerson Sanders Award recipient**

Each year, the Academy of Geriatric Emergency Medicine (AGEM) selects an individual as the recipient of the “Gerson Sanders Award.” The award is named in honor of Lowell Gerson and Arthur Sanders — both are leaders and pioneers in the championing of geriatric emergency care. The award recognizes individuals who have made significant contributions to improving care for older adults in emergency medicine.

This year’s winner is Jennie Chin Hansen, who was selected for the remarkable work she has done as the CEO of the American Geriatric Society (AGS) in embracing and advocating for geriatric EM initiatives. This included creating special breakouts at the AGS meeting to talk about geriatric EM programs, the Geriatric Emergency Department Guidelines and geriatric EDs. She also staunchly advocated for the creation of the Geriatric EM “Bootcamp” to help EDs set up geriatric programs. A pilot program proposal, submitted jointly by SAEM and the American College of Emergency Physicians, received support through the Geriatrics-for-Specialists Initiative of AGS and is currently underway.

Ms. Hansen is the immediate past-president of AARP and previously served as a federal commissioner of the Medicare Payment Advisory Commission. She has decades of experience in advocacy, federal policy, administration, public and community health. Without her support, the progress that Emergency Medicine has had in developing geriatric programs would not be where it is today.
AWAEM keeps members’ interest first

By Marilyn Mages

The success of academic emergency medicine and the ability of the specialty to train future emergency physicians are certainly linked to the concept of gender equality in the workforce, especially since almost half of all medical students are now female. According to the Association of American Medical Colleges, 47 percent of students and 46 percent of residents are women.

Within SAEM, the Academy for Women in Academic Emergency Medicine works to promote the recruitment, retention, advancement and leadership of women in the field. This is done by its members attending regional events, hosting educational sessions, sponsoring networking events (for instance the AWAEM/GEMA Luncheon at the Annual Meeting), and distributing a bimonthly newsletter that details current issues and accomplishments.

“It is important for women physicians to know that they are not in a vacuum,” said Susan Watts, PhD, AWAEM's president. “In fact, many of the challenges and frustrations are the same.”

Supporting women’s careers

In a recent communication to AWAEM members, Megan Ranney, MD, MPH, was asked to provide a summary of the 2015 publication “XX in Health: State of Women in Healthcare Leadership.” The report found that companies with women in top leadership positions are valued higher, and firms with higher returns are more likely to have a higher number of female board members. Yet it also found that women in the healthcare field are paid less than men for the same job and that women are still missing from the executive ranks; out of 46 Fortune 500 healthcare companies, only three have women at the top.

XX in Health is driven by a community of men and women, across the country, dedicated to supporting female leaders in healthcare. XX in Health began as an informal dinner series for female healthcare leaders in San Francisco and it has since grown into a popular annual retreat, lively online community, and greater movement to promote female leadership in healthcare. The XX in Health initiative was the brainchild of Rock Health Founder Halle Tecco, and it is currently led by volunteers. More information can be found at xxinhealth.org.

“This is just one of many discussions that healthcare is having about gender and leadership,” said Ranney. She said these discussions help individuals learn about work-life balance, general gender equity issues, and the creation of policies that spread across all organizations.

EM Specific policy development

Last October, AWAEM was successful in getting the policy statement “Supporting Women in Emergency Medicine” endorsed by the boards of the American College of Emergency Physicians and SAEM.

The policy statement grew out of a white paper on best practices for hiring and retaining women in emergency medicine. The white paper was developed by a national taskforce of women in emergency medicine, including members of the American Association of Women Emergency Physicians (AAWEP) and AWAEM. The initial draft was shared during a panel presentation and discussion at the AAWEP section meeting at the 2013 ACEP Scientific Assembly. AAWEP and other stakeholders came to believe that an ACEP policy statement would best support the identified needs in this area.

This policy is for academic and non-academic areas of healthcare. Watts says, “AWAEM creates the ability for women to learn how to advance their careers and helps to raise equity and longevity for women.”

Why AWAEM works

AWAEM works to ensure that everyone does better. “We need to make people aware of the issues they encounter,” Ranney says, “by talking about what works and what doesn’t.” This includes reaching out to students and junior faculty. Its goal is to ensure that women physicians are involved at every stage in their career.

“As leaders, we want to make sure that we are talking about what works and what is not working as well. We discuss roles and are active in the profession,” says AWAEM’s past president, Esther Choo, MD, MPH.

The work has paid off for AWAEM, which has members who are engaged and invested in the group’s mission. In fact, more than 80 percent of members voted in this year’s elections.

About the Author: Marilyn Mages is the SAEM Communications Manager. She can be reached at mmages@saem.org.

AWAEM Annual Meeting Programs

AWAEM is sponsoring many didactics at the 2015 Annual Meeting. These can be found in the on-site program book found at www.saem.org/annual-meeting.

This year’s events include:

Thursday, May 14

11:30 am - 1:00 pm  Luncheon co-hosted by AWAEM & GEMA – Fairbanks Ballroom C&D; Bay Tower-Lobby level – Registration required, $50 on site

1:00 pm - 2:00 pm  Business Meeting – Coronado Room B; Bay Tower-Upper level – Open to all

2:00 pm - 4:00 pm  Workshop “Network Your Way to Success” – Coronado Room B; Bay Tower-Upper level – Open to all

5:00 pm - 6:30 pm  Mixer co-sponsored by AWAEM/AAWEP/EMRA – At the ‘Shoreline’, Sheraton Hotel; on the Bay, between the pools – Open to all
SAEM OnDemand

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saem.org/ondemand

Physicians should claim only the credits commensurate with the extent of their participation in the activity.

ACCME to provide continuing medical education for physicians. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians. The University of Cincinnati designates this live activity for a maximum of 8 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

Ultrasound in the Critical Patient:
A Case-Based Approach

Committee: Rachel Liu MD – AEUS Education Officer
Kristin Carmody MD – AEUS Immediate Past-President
Matt Fields MD – AEUS President

May 12th, 2015
Sheraton Hotel & Marina, San Diego
8 am – 5 pm

Trauma
Shock
Chest Pain
Dyspnea
Abdominal Pain
Procedures

Hours of hands-on experience

CME: 8 hours
Cost: $500 SAEM members
$600 non-members

(early registration before 3/13/15)

To Register:
http://www.saem.org/annual-meeting/registration/pricing

Note: You do not have to be a member of SAEM to register. However, you will need to create a free account on the SAEM site.
Connect with ABEM on Facebook and LinkedIn

ABEM now has its own Facebook page. The page is intended to share recent news and important information with diplomates, residents, EM programs and the public. ABEM will continue to send updates via email, U.S. mail, and the ABEM website, but the ABEM community is encouraged to view the new Facebook page and provide feedback, comments, and suggestions. It can be found at https://www.facebook.com/pages/American-Board-of-Emergency-Medicine/1486582104906186.

ABEM is also on LinkedIn, a professional networking site. The company page “American Board of Emergency Medicine” includes information about the organization, mission, and a link to the website. The company page can be found at https://www.linkedin.com/company/abem.

ABOUT ABEM

Founded in 1976, the American Board of Emergency Medicine (ABEM) develops and administers the Emergency Medicine certification examination for physicians who have met the ABEM credentialing requirements. ABEM has nearly 30,000 emergency physicians currently certified. ABEM is not a membership organization, but a non-profit, independent evaluation organization. ABEM is one of 24 Member Boards of the American Board of Medical Specialties.

ABEM MISSION

The ABEM mission is to ensure the highest standards in the specialty of Emergency Medicine.

New ABEM Emergency Medicine Fellowship Aimed at Early-Career, Health-Science Scholars

ABEM has endowed a fellowship within the Institutes of Medicine (IOM), which is a part of the National Academy of Sciences. The ABEM Emergency Medicine Fellowship is a two-year fellowship that will provide early-career, health-science scholars (two to 10 years after residency completion) the opportunity to experience and participate in evidence-based healthcare or public health studies that affect the nation’s health. The fellow will be expected to continue to work at his or her primary academic/research posts, while fulfilling the responsibilities of the fellow position. It is expected that the fellow will devote 10 to 20 percent of his or her time and effort on the fellowship. Fellows will also participate actively in the work of an appropriate expert study committee or roundtable, including contributing to its reports or other products. Among the reasons ABEM endowed the fellowship is that it will bring emergency medicine-based considerations to the forefront, and enhance the stature of emergency medicine within the IOM and the House of Medicine.

Potential fellows will be evaluated by an IOM-appointed committee based on the candidate’s professional qualifications, scholarship, and the quality of professional accomplishments as evidenced through publications and research grants, and relevance of current field expertise to the work of the IOM. Preference will be given to candidates who have a demonstrated interest in, and focus on, advancing the delivery of emergency care and scholarship related to emergency medicine. Candidates must be an ABEM diplomate or meet the emergency medicine eligibility criteria for board certification. The IOM has begun the solicitation process for the first fellow. Nominations can only be submitted by a member of the ABEM board of directors or a member of the IOM. Those wishing to submit a nomination for consideration by the ABEM board must submit a completed nominations packet to Kelly R. Johnston at kjohnston@abem.org by May 15, 2015.

A complete description of the fellowship, the eligibility and selection criteria, and timeline, as well as the nominations packet is available under “activities” on the IOM website at iom.edu.
ANNA MARIE CHANG, MD, MSCE, has accepted the position of director of research operations in the Department of Emergency Medicine at Sidney Kimmel Medical College of Thomas Jefferson University. She completed an SAEM Research Fellowship at the University of Pennsylvania and the NHLBI K12 at Oregon Health Sciences University.

KATE HEILPERN, MD, Ada Lee and Pete Correll Professor and Chair of Emergency Medicine at Emory University, has been named executive associate dean, Office of Faculty Affairs and Professional Development, Emory School of Medicine. Dr. Heilpern will continue as chair of emergency medicine. The department is responsible for five emergency departments in the metro Atlanta region with more than 300,000 patient visits, 110 faculty members, 66 residents, 70 advance practice providers, a vibrant basic science and translational research portfolio, large, thriving programs in EMS, Toxicology, and Observation Medicine and two dynamic residency programs with multiple post-graduate fellowship opportunities.

DOUG LOWERY-NORTH MD, MSPH, associate professor, has been promoted from vice chair to executive vice chair for the Emory Department of Emergency Medicine. Dr. Lowery-North has particular expertise in operations, finance, analytics and informatics, and he will play a key role in the development and deployment of departmental operations and strategic initiatives.

DARA PURVIS, MHA, was recruited and appointed department administrator for the Emory Department of Emergency Medicine. Purvis is an experienced healthcare administrator with a background in healthcare consulting, expertise in operations and revenue cycle management, and a track record of success as an academic department administrator in obstetrics gynecology and family/community medicine at the Medical University of South Carolina and the University of Arizona.

DAVID WRIGHT, MD, associate professor, has been named vice chair for research, Emory Department of Emergency Medicine. Dr. Wright is a highly regarded translational physician-scientist, particularly renowned in the field of acute neuro-injury. The Emory Department of Emergency Medicine is known for its bench to bedside work in neuro-injury, innovative design collaborations with engineering colleagues at Georgia Tech, violence and injury, cardiovascular and observation medicine, health services research, infectious diseases and public health.

The newly established Department of Emergency Medicine at Wisconsin School of Medicine and Public Health has received a transformative $13.5 million gift from JAMES G. BERBEE, MD, MS, MBA, and KAREN A. WALSH, MA. Berbee completed his emergency medicine residency at Wisconsin after a career as an entrepreneur. UW Health will match $4 million of the gift to double the clinical footprint of the current UW emergency department by March 2016. The remainder of the gift creates a $9 million endowment, part of which includes support for AZITA G. HAMEDANI, MD, MPH, MBA, founding chair, and MANISH N. SHAH MD, MPH, vice chair of research and academic affairs. Hamedani, along with the faculty and staff of the Department of Emergency Medicine, are enthusiastic about the recent recruitment of Shah, as his accomplished record will help the new department accelerate its research efforts. Shah’s research interests closely dovetail the administrative efforts of the department, as led by Jeffrey P. Pothof, MD, vice chair of quality and operations.

JACOB W. UBERG, MD, professor of emergency medicine at Temple University, will assume the newly created role of assistant dean for medical school admissions at Temple University. Dr. Ufberg will continue in his role as emergency medicine residency program director.

DAVID A. WALD, DO, professor of emergency medicine at Temple University, has been appointed assistant dean for clinical simulation at Temple University School of Medicine. Dr. Wald will continue to serve as department director for undergraduate medical education.

MANISH GARG, MD, associate professor of clinical emergency medicine at Temple University, has accepted the role of assistant dean for global medicine at Temple University School of Medicine. Dr. Garg continues to serve as the residency program’s associate director.

DAVID J. KARRAS, MD, professor of emergency medicine at Temple University, has accepted the newly created role of assistant dean for clinical education integration at Temple University School of Medicine. Dr. Karras will continue to serve as his department’s associate chair for academic affairs.

MICHAEL T. FITCH, MD, PHD, professor and vice chair for academic affairs in the Department of Emergency Medicine, has been appointed by the Association of American Medical Colleges (AAMC) as the new deputy editor for MedEdPORTAL Publications. This free publication service, provided by the AAMC in partnership with the American Dental Education Association, promotes educational scholarship and collaboration by facilitating the open exchange of peer-reviewed health education teaching and assessment resources. Dr. Fitch has previously served as an associate editor with the MedEdPORTAL since 2007, as a member of the editorial board since 2011, and as director of the faculty mentors program since 2013. In this new role as deputy editor, Dr. Fitch will work closely with the editor-in-chief, Dr. Christopher S. Candler, and the rest of the MedEdPORTAL team to provide a rigorous peer review process for submissions based on standards used in the scholarly publishing community.

COREY HEITZ, MD, director of undergraduate medical education at the Carilion Clinic and Virginia Tech School of Medicine, has been appointed by the Association of American Medical Colleges (AAMC) and the SAEM Board of Directors as the new SAEM associate editor for MedEdPORTAL Publications. Dr. Heitz has served for several years as a peer reviewer for MedEdPORTAL, and has received recognition as a top reviewer. In this new position, he will facilitate the peer review of educational materials created by faculty authors and submissions to the SAEM collection of emergency medicine resources in MedEdPORTAL Publications.

LOUANN WOODWARD, MD, is set to become the first woman to lead Mississippi’s only academic medical center. Woodward will succeed Dr. James E. Keeton as the University of Mississippi Medical Center’s vice chancellor for health affairs and dean of the School of Medicine upon his retirement by summer. Until then, she will continue to serve as the Medical Center’s second-in-command in her current role as associate vice chancellor for health affairs; she is also vice dean of the medical school. Woodward, 51, earned her BS in microbiology at Mississippi State University in 1985 before graduating from UMMC’s School of Medicine in Jackson six years later. At UMMC, she also completed an internal medicine internship and a residency in emergency medicine. Certified by the American Board of Emergency Medicine, Woodward has also earned certifications as an instructor in advanced disaster life support and in advanced cardiac life support.
Introduction to research curriculum

Initiating clinical research in emergency medicine can be a daunting task especially for residents, junior faculty, fellows and other early career investigators. To address many of the challenges that arise, the SAEM Research Committee has created an “Introduction to Research” curriculum to take place on a rotating basis over the next three SAEM Annual Meetings. The curriculum is designed to provide yearly didactics in four areas:

1. “Getting Started” will teach you how to foster collaborations, obtain mentors, deal with the IRB and find grant funding in order to leverage your research idea into a successful product.
2. “Methods” will introduce you to research methods that are highly relevant to early career researchers: retrospective chart reviews, studies utilizing electronic databases, and mixed methods, such as surveys and qualitative research.
3. “Analysis” will introduce you to the basics of biostatistics and epidemiology. This series will cover foundation concepts such as p-values and precision, but will also introduce methods to both recognize and deal with potential bias and confounding.
4. “Dissemination of Information” will familiarize you with basic concepts related to abstract and manuscript writing, publication, the perspective of peer reviewers, and writing for the lay public.

The SAEM Annual Meeting in San Diego in May 2015 will inaugurate this “Introduction to Research” series. The initial presentations in each of these four areas will cover topics especially relevant to junior investigators. They are all scheduled for Thursday, May 14, at the times indicated:

- 9:00 am to 10:00 am: Getting Started - Finding the Best Tour Guide to Your Research Success: Mentoring in Emergency Medicine
- 1:30 pm to 2:30 pm: Methods - Using the Past to Predict the Future: Research using Chart Reviews and Quality Improvement Projects
- 2:30 pm to 3:30 pm: Introduction to Statistics
- 4:00 pm to 5:00 pm: Writing the Abstract and Manuscript That Will Be Accepted

AGEM looking for new leaders

The number of geriatric patients presenting to emergency departments in the United States is growing rapidly and will continue to do so. The Academy for Geriatric Emergency Medicine (AGEM) has worked to further the acute care of geriatric patients since its inception. During the past year, the executive board has continued its focus on engaging medical students, residents, and faculty in the field of geriatric emergency medicine. AGEM has positions on the executive board for all levels of training and offers awards at SAEM for abstracts presented by medical students, residents/fellows, and faculty. Most recently, we partnered with Christina Shenvi, MD, PhD, to contribute to the blog “Academic Life in EM” (aliem.com/geriatric-emergency-medicine-for-students-residents-and-physicians/). This post gathered the wisdom of leaders in geriatric EM across the country and shared recommendations, inspiration and motivation. We hope that individuals at all levels of training will find it a useful resource to help further their own career or those they mentor. If you are interested in learning more about geriatric EM, please do not hesitate to contact one of the following AGEM board members: Katherine Hunold, University of Virginia School of Medicine (kmh5ee@virginia.edu); Kevin Biese, MD, MAT, University of North Carolina (kevin_biese@med.unc.edu) or Marian Betz, MD, MPH, University of Colorado (marian.betz@ucdenver.edu).

‘Shock Symposium’ to be held June 5 in Boston

The Beth Israel Deaconess Medical Center’s Emergency Department is organizing a “Shock Symposium” on June 5, 2015, at the Joseph B. Martin Conference Center in Boston. This course will provide an overview of aspects on the identification, diagnosis and management of the patient in shock/critical illness. The morning program will include a series of interactive lectures/panel discussions on management of patients post-cardiac arrest (targeted temperature management), sub-massive pulmonary embolism, and hemorrhagic shock. The afternoon will have sessions on topics involving the management of septic shock and metabolic/mitochondrial dysfunction in shock as well as management of mechanical ventilation in patients with critically low oxygen. There will also be a poster session showcasing new research during lunchtime. Session will be judged, and prizes will be awarded.

The targeted audience will include physicians, residents, fellows, nurses, EMTs, paramedics and experts in the field of shock.

The event will also feature an optional Day 2 ACLS Refresher Course on June 6, 2015. This non-Harvard CME Course will include an ACLS course for participants that wish to take part in it. CME credits will not be offered for this session.

For more information on the schedule and fees, and to register for this event, contact program coordinator Enola Mosley at enola_mosley@hms.harvard.edu.

The SAEM Foundation relies on donations from individuals like you to provide grants that make possible the ongoing development of academic emergency medicine. In times like these when government funding is limited, we can ensure our researchers and educators continue to receive the support they need.

DONATE TODAY AT HTTP://WWW.SAEM.ORG/SAEM-Foundation
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DONATE TODAY AT HTTP://WWW.SAEM.ORG/SAEM-Foundation

SAEMF Networking Event Featuring California Wine Tasting

The SAEM Foundation, in partnership with the SAEM Research Committee, is hosting the 2015 SAEMF Networking Event on

Wednesday, May 13, 2015 at 6:30 pm
at the Sheraton San Diego Hotel & Marina.

Gather your colleagues and join us for a night of fabulous California wine and superb conversation with guest appearances from established researchers in emergency medicine.

Featuring wine-tastings from:
Michael David Winery, Lodi, CA
Indelicato Family Vineyards, Black Stallion Estate Winery, Napa, CA
The Hess Collection Vineyards, Napa Valley, CA
Trinchero Family Estates, various vineyards located in CA
Benziger Family Wines, Sonoma Mountain appellation, CA
Cakebread Cellars, Napa and Anderson valleys, CA
Alexander Valley Vineyards, Sonoma County, Alexander Valley, CA

Register Online at www.saem.org
If you are an underrepresented minority or a lesbian, gay, bisexual or transgender patient in the United States, you probably don’t have access to the same quality health care as others. Emergency Medicine is that access.


Our mission:

To promote equal access to quality healthcare and the elimination of disparities in treatment and outcomes through education and research.

To enhance the retention and promotion of those historically under-represented in medicine and to create an inclusive environment for the training of emergency medicine providers; specifically using the AAMC’s guide “to unite expertise, experience and innovation to inform and guide the advancement of diversity and inclusion in emergency medicine”.

To enhance the professional development of all EM faculty and residents with respect to culturally competent medical care.
The Department of Emergency Medicine at Albany Medical College is recruiting pediatric emergency physicians to join our academic faculty. Candidates must be fellowship trained and board-certified eligible in pediatric emergency medicine and will enter at the assistant or associate professor level based on experience and qualifications.

Albany Medical Center – comprised of the medical college and hospital – is northeastern New York’s only academic health sciences center. Albany Medical College is one of the nation’s oldest medical schools, founded in 1837. The 714-bed Albany Medical Center Hospital is the only Level 1 Trauma Center in the region and is the busiest trauma center in the state. As the primary referral center for the region, the hospital received over 10,000 transfers last year.

The Department of Emergency Medicine has a well-established residency program that began over 25 years ago and has faculty who are fellowship trained in ultrasound, clinical research, toxicology, sports medicine, emergency medical services, critical care medicine and pediatric emergency medicine. We have a busy, high-acuity emergency department with an annual census of over 70,000 patients.

Albany Medical Center is located in the capital of New York State, with easy access to the metropolitan areas of New York City, Boston and Montreal. The Capital Region offers safe communities and excellent schools. There is also close proximity to numerous outdoor activities (skiing, hiking, climbing, camping, etc.) in the Adirondack and Catskill mountains.

Candidates should send a current curriculum vitae and letter of interest to:

Christopher King, MD, FACEP
Chair, Department of Emergency Medicine
Albany Medical College
47 New Scotland Ave.
Albany, New York 12208
518.262.3443
kingc1@mail.amc.edu

www.amc.edu
The Department of Emergency Medicine of the University of Rochester (URMC) is expanding our faculty group. We are seeking Emergency Medicine and Pediatric Emergency Medicine BC/BE Faculty for positions at our primary academic site, as well as our community affiliates and off-campus emergency department.

Seeking faculty for:
- Academic EM positions
- Academic Pediatric EM positions
- Community EM positions

The Department of Emergency Medicine includes a highly regarded EM Residency, an active research program, and fellowship programs including Pediatric EM, International Medicine, Research, and Ultrasound. Strong Memorial Hospital (SMH) is the academic medical center and is the regional referral and Level 1 trauma center. It has a full complement of specialist consultant services, as well as ED-based social workers, pharmacists, and child-life specialists. SMH sees over 100,000 patients per year, including 28,000 pediatric patients. The new Golisano Children’s Hospital at Strong is set to open in the summer of 2015. Our multiple community EDs and off-campus ED offer physicians the opportunity to practice in varied settings, experiencing a mix of acuity and patients in both adult and pediatric age groups.

Successful candidates will be dynamic individuals, interested in a diverse Emergency Medicine experience with great potential for career development, promotion, and longevity within our department. Ample opportunity exists to be actively involved in education, administration, and research.

Rochester, New York, located in Upstate New York, offers excellent schools, a low cost of living, and many opportunities both professionally and personally. We have easy access to Canada, including metropolitan Toronto, the Great Lakes, the Finger Lakes and the northeastern United States.

Interested applicants please contact:
Michael Kamali, MD, FACEP
Chair, Department of Emergency Medicine
Michael.Kamali@URMC.Rochester.edu
585-463-2970

To apply, please submit a current Curriculum Vitae to:
Chair, Department of Emergency Medicine
585-463-2970

The University of Florida Department of Emergency Medicine is recruiting motivated & energetic emergency physicians to join our new UF Health – Northside Emergency Department in Jacksonville, Florida.

Live and play at the beach. Work and learn with academic colleagues on the cutting edge of simulation, ultrasound, advanced airway management, critical care and wellness. Be part of a growing and supportive academic faculty that will work to help you establish your professional goals.

UF Health – Northside will begin as a 28 bed full-service, free-standing emergency department with six observation beds. There will be comprehensive radiology and laboratory services, and consultation will be available from all UF Health specialty and subspecialty services. Phase 2 of this project will include the addition of 99 inpatient beds to this facility. This is a rare opportunity to get in on the ground floor of an exciting project, and take care of patients in a beautiful, state-of-the-art emergency department.

Join the University of Florida Faculty and earn an extremely competitive community-based salary as a UF assistant or associate professor in a private practice setting. Enjoy the full range of University of Florida State benefits including sovereign immunity occurrence-type medical malpractice, health, life and disability insurance, sick leave, and a generous retirement package.

All physicians are ABEM / ABOEM Board Certified / Board Eligible.

E-mail your letter of interest and CV to Dr. Kelly Gray-Eurom: Kelly.grayeurom@jax.ufl.edu

EOE/AA Employer
The Department of Emergency Medicine at the University of Alabama School of Medicine is seeking talented residency trained Emergency Medicine physicians at all academic ranks to join our faculty. The University offers both tenure and non-tenure earning positions.

The University of Alabama Hospital is a 903-bed teaching hospital, with a state-of-the-art emergency department that occupies an area the size of a football field. The Department treats over 75,000 patients annually and houses Alabama’s only designated Level I Trauma Center. The Department’s dynamic, challenging emergency medicine residency training program is the only one of its kind in the State of Alabama.

The University of Alabama at Birmingham (UAB) is a major research center with over $440 million in NIH and other extramural funding. The Department of Emergency Medicine hosts a nationally-recognized research program and is a site for the NIH-funded Resuscitation Outcomes Consortium (ROC). The Department has been highly successful in developing extramural research support in this warmly collaborative institution.

Birmingham Alabama is a vibrant, diverse, beautiful city located in the foothills of the Appalachian Mountains. The metropolitan area is home to over one million people, who enjoy recreational activities year round because of its mild southern climate. Birmingham combines big city amenities with Southern charm and hospitality.

A highly competitive salary is offered. Applicants must be EM board eligible or certified. UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of race, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

A pre-employment background investigation is performed on candidates selected for employment.

In addition, physicians and other clinical faculty candidates, who will be employed by the University of Alabama Health Services Foundation (UAHSF) or other UAB Medicine entities, must successfully complete a pre-employment drug and nicotine screen to be hired.

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; OHB 251; Birmingham, AL 35249-7013

Assistant/Associate Director of Research:
We seek a physician and/or PhD researcher interested in collaboration and team science, research administration and development of junior clinical faculty. Competitive candidates will have a demonstrated track record of independent scholarship and grantsmanship leading to funded research in areas that map to institutional strengths. The successful candidate will join a vibrant department nationally known for cutting edge research, teaching and clinical care delivery.

Director/Associate Director, Emory University Center for Injury Control (ECIC)
We seek a Physician and/or PhD researcher with extensive knowledge and a track record of scholarly excellence in injury prevention and control to lead an established multi-disciplinary, highly collaborative team of injury researchers. The ECIC was formed in 1993, and operates under the mission to build the field of injury prevention and reduce fatalities in Georgia by facilitating collaborations, supporting innovative research, training practitioners and researchers, and strengthening the bridge between science and practice. The candidate must have strong leadership skills and the ability to develop an independent and sustainable scholarly research program, lead multi-institutional and multi-disciplinary injury prevention efforts and engage in educational activities. Successful candidates must demonstrate proficiency in preparing research grants with experience as a principal investigator for funded research studies, publishing in peer-reviewed journals, and presenting at professional meetings.

For further information, visit our web site at www.emory.edu/em, then contact: Katherine Heilpern, MD, Professor and Chair Department of Emergency Medicine 531 Asbury Circle, N-340, Atlanta, GA 30322 Phone: (404)778-5975 / Fax: (404)778-2630 / Email: ida.jones-render@emory.edu

Emory is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.
Emergency Physicians

The Emergency Medicine Department at Penn State Milton S. Hershey Medical Center seeks energetic, highly motivated, talented physicians to join our Penn State Hershey family. This is an excellent opportunity from both an academic and a clinical perspective. As one of Pennsylvania’s busiest Emergency Departments with 26+ physicians treating over 70,000 patients annually, Penn State Hershey is a Magnet® healthcare organization and the only Level 1 Adult and Level 1 Pediatric Trauma Center in PA with state-of-the-art resuscitation/trauma bays, incorporated Pediatric Emergency Department and Observation Unit, along with our Life Lion Flight Critical Care and Ground EMS Division.

We offer salaries commensurate with qualifications, relocation assistance, physician incentive program and a CME allowance. Our comprehensive benefit package includes health insurance, education assistance, retirement options, on-campus fitness center, day care, credit union and so much more! For your health, Hershey Medical Center is a smoke-free campus.

Applicants must have graduated from an accredited Emergency Medicine Residency Program and be board certified by ABEM. We seek candidates with strong interpersonal skills and the ability to work collaboratively within diverse academic and clinical environments.

Apply online: www.pennstatelioncareers.com/EDPhysician

For additional information, please contact:

Susan B. Promes, MD, Professor and Chair, Department of Emergency Medicine, 500 University Drive; H043, Hershey, PA 17033, (717) 531-8935, spromes@hmc.psu.edu.

The University of Michigan is an equal opportunity affirmative action employer. Equal Opportunity Employer – Minorities/Women/Protected Veterans/Disabled.

The Emma, MI 48109-5301.

Emergency Medicine, UMHS, 1500 East Medical Center Drive, Ann

Robert Neumar, M.D., Ph.D. Professor and Chair, Department of

and fringe benefit package. If interested, please send curriculum vitae to:

training and board certification in Emergency Medicine. Excellent salary

commensurate with responsibilities. Applicants should have residency

University of Michigan Health System and include shift reduction

will include patient care activity in the Emergency Department at

Academic rank will be determined by credentials. Clinical responsibilities

will include patient care activity in the Emergency Department at University of Michigan Health System and include shift reduction commensurate with responsibilities. Applicants should have residency training and board certification in Emergency Medicine. Excellent salary and fringe benefit package. If interested, please send curriculum vitae to: Robert Neumar, M.D., Ph.D. Professor and Chair, Department of Emergency Medicine, UMHS, 1500 East Medical Center Drive, Ann Arbor, MI 48109-5301.

The University of Michigan is an equal opportunity affirmative action employer.

The Department of Emergency Medicine at the University of Michigan is seeking motivated faculty with an interest in medical education and residency leadership for Associate or Assistant Residency Director Position (APD). The APD responsibilities will include mentoring residents, supervision of the didactic curriculum, and direction of the Longitudinal Professional Development Tracks in Research, Education, Clinical Excellence and Administration. The APD will report to the Program Director and share in the leadership and responsibilities of the residency. The residency has a well-developed simulation curriculum. There is potential for professional development in medical education research working with Ph.D.s in education and actively involved faculty.

The Department of Emergency Medicine has nationally recognized clinical expertise in brain injury, sepsis, injury prevention and pediatric emergency medicine. The Department is a Level 1 adult and pediatric trauma center. The residency is a four-year joint program with St. Joseph Mercy, a well-resourced community Hospital, and Hurley Hospital which serves Flint, MI. It is dedicated to providing a diverse training experience with an emphasis on clinical excellence.

The University of Florida Department of Emergency Medicine is recruiting motivated & energetic emergency physicians to join our community affiliate in Winter Haven, Florida. Winter Haven is located in central Florida with easy access to both the Orlando and Tampa areas. There are plenty of places to live, play, explore and reflect both on land and on the water.

Winter Haven Hospital has 527 beds and is a nationally recognized Magnet hospital. The 33-bed ED provides services to 60,000 patients each year in a physician friendly environment with full nurse staffing, radiology services located in the ED and dedicated support staff including:

- Full subspecialty backup available 24 hours a day
- Twenty four hour CT, US, and MRI with stat dictation reports
- Nationally accredited stroke and interventional ACS programs
- Integrated EMR systems and ITS team

Join the University of Florida team and earn an extremely competitive community-based salary as a UF assistant or associate professor in a private practice setting. Excellent benefits including sovereign immunity occurrence-type medical malpractice, health, life and disability insurance, sick leave, and a generous retirement package. All physicians are ABEM / ABOEM Board Certified / Board Eligible. E-mail your letter of interest and CV to Dr. Kelly Gray-Eurom or Dr. Jedd Roe at: Kelly.grayeurom@jax.ufl.edu or jedd.roe@jax.ufl.edu

EOE/AA Employer

The Penn State Milton S. Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce. Equal Opportunity Employer – Minorities/Women/Protected Veterans/Disabled.

The University of Florida College of Medicine - JACKSONVILLE

The University of Florida Department of Emergency Medicine is recruiting motivated & energetic emergency physicians to join our community affiliate in Winter Haven, Florida. Winter Haven is located in central Florida with easy access to both the Orlando and Tampa areas. There are plenty of places to live, play, explore and reflect both on land and on the water.

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- Full subspecialty backup available 24 hours a day
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- Nationally accredited stroke and interventional ACS programs
- Integrated EMR systems and ITS team

Join the University of Florida team and earn an extremely competitive community-based salary as a UF assistant or associate professor in a private practice setting. Excellent benefits including sovereign immunity occurrence-type medical malpractice, health, life and disability insurance, sick leave, and a generous retirement package. All physicians are ABEM / ABOEM Board Certified / Board Eligible. E-mail your letter of interest and CV to Dr. Kelly Gray-Eurom or Dr. Jedd Roe at: Kelly.grayeurom@jax.ufl.edu or jedd.roe@jax.ufl.edu

EOE/AA Employer
NEW Academic Leadership Opportunity in Omaha, Nebraska!

OMAHA: Seeking a Facility Medical Director with Academic Faculty Appointment to join our Emergency Medicine team at CHI Health Creighton University Medical Center in Omaha, Nebraska. This 17-bed ED sees 36,000 patients annually and supports a Fast Track. Designated as one of the region’s only Level I Trauma Centers, Creighton University Medical Center offers a full range of specialties and services. The ED provides 30 hours of physician coverage and 24 hours of APC coverage daily.

Creighton University Medical Center is a part of the Catholic Health Initiatives health system and is a teaching hospital. Medical students, including physician residents and physician assistant students, rotate through the ED for valuable training. Physician resident specialties that rotate through the ED include OB/GYN, Internal Medicine and Family Medicine. Future development of emergency medicine training program underway. Qualified candidates for this leadership opportunity will be board certified in emergency medicine with current ATLS certification. Prior leadership and academic experience preferred.

To learn more about this or other Emergency Medicine opportunities, contact Anne Brewer at 885.985.7177, Anne_Brewer@teamhealth.com, or visit www.myEMcareer.com

Chair of the Department of Emergency Medicine
Pennsylvania Hospital – Associate or Full Professor
Clinician-Educator or Academic Clinician Tracks

The Department of Emergency Medicine at the Perelman School of Medicine at the University of Pennsylvania seeks candidates for an Associate or Full Professor position in the non-tenure clinician-educator or non-tenure academic-clinician track. While evidence of scholarship is required in the clinician-educator track, research is not required in the academic clinician track. Rank & track will be commensurate with experience. The successful applicant will be accomplished in the area of Emergency Medicine. Applicants must have an M.D. degree & have demonstrated excellent qualifications in education, research, & clinical care. Applicants must be board-eligible or board certified in Emergency Medicine.

Pennsylvania Hospital (PAH) is part of Penn Medicine and is located at 8th and Spruce Streets in the historic Society Hill district of Philadelphia. PAH is a 520-bed acute care facility that provides a full range of diagnostic and therapeutic medical services and functions as a major teaching and clinical research institution. The hospital has over 29,000 inpatient admissions and 115,000 outpatient visits each year, including over 5,200 births.

The Department of Emergency Medicine manages more than 30,000 annual visits. This position reports jointly to the Chair of the Department of Emergency Medicine/Chief of Emergency Services for the Health System and to the Executive Director of PAH. The Chair will provide medical leadership for the PAH ED and is accountable for the quality of clinical services, patient experience, engagement and education of the faculty, staff and residents, and the overall integration of the PAH ED into overall emergency services at Penn Medicine.

The successful candidate will demonstrate commitment to integrating the department with the clinical and academic programs of the Department of Emergency Medicine at Penn Medicine and will possess administrative experience in clinical operations, demonstrated leadership skills, and a strong commitment to education and faculty development. Other valuable qualities include collaborative research skills, visionary thinking, and sound financial acumen to build on a solid foundation of excellence within an interdisciplinary environment.

• Academic Clinician track applicants are not required to do research.
• Clinician-Educator track applicants will be expected to show evidence of scholarship and may perform collaborative research.

Interested applicants should submit their application, CV, and letter of intent no later than September 1, 2015. Clinician Educator track candidates should also submit a statement of research interests. We seek candidates who embrace and reflect diversity in the broadest sense. The University of Pennsylvania is an EOE. Minorities/Women/Individuals with disabilities/Protected Veterans are encouraged to apply.

Apply online for the Academic Clinician Track position: https://www.med.upenn.edu/apps/faculty_ad/index.php/g321/d3939
Apply online for the Clinician Educator Track position: https://www.med.upenn.edu/apps/faculty_ad/index.php/g321/d3941

Faculty: Emory University seeks exceptional clinician-educators and clinician-scholars to advance our broad teaching and research missions. We provide clinical care, teaching and research support for 5 academic metro Atlanta emergency departments encompassing 300,000 patient visits. These include 3 Emory Healthcare sites, the Atlanta VA Medical Center, and Grady Memorial Hospital with its new state of the art Marcus Trauma Center.

Fellowships: Emory offers an exceptional environment for post-residency training. We will be considering applicants for 2016 for the following fellowships: Emory/CDC Medical Toxicology, Pre-Hospital and Disaster Medicine, Clinical Research, Injury Control & Prevention, Neuro-injury, Administration/Quality, Ultrasound, Biomedical Informatics and Observation Medicine. Candidates must be EM residency trained or Board certified.

For further information, visit our web site at www.emory.edu/em, then contact: Katherine Heilpern, MD, Professor and Chair
531 Asbury Circle , N-340, Atlanta, GA 30322
Phone: (404)778-5975 / Fax: (404)778-2630
Email: ida.jones-render@emory.edu

Emory is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.
SAEM invites its members to submit materials to be considered for publication in the Newsletter, which is published bimonthly six times a year in identical online and paper editions, pertaining to academic emergency medicine in areas including:

- Clinical practice
- Education of EM residents, off-service residents, medical students, and fellows
- Faculty development, CME
- Politics and economics as they pertain to the academic environment
- General announcements and notices

Submit materials for consideration for publication at newsletter@saem.org. Please include the names and affiliations of authors and a means of contact.

**Commercial Advertising**

- Full-page advertisement: $2,100.00  
  (camera-ready, 7.5" wide x 9.75" high)
- Half-page advertisement: $1,250.00  
  (camera-ready, 7.5" wide x 4.75" high)
- Quarter-page advertisement: $830  
  (camera-ready, 3.5" wide x 4.75" high)

**Academic Advertising**

- Full-page advertisement: $1,450.00  
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- Half-page advertisement: $850.00  
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- Classified advertisement (100 words or fewer): $155
  
  ⇒ **No extra charge for full four-color.**
  ⇒ **No bleeds.**
  ⇒ **An additional one-time fee of $50 will be charged if ad requires formatting.**

**Submission Deadlines**

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SAN DIEGO, CA
MAY 14
2015

REGISTER FOR THE RUN ONLINE AT www.saem.org
2015 SAEM ANNUAL MEETING
MAY 12 – 15, 2015

SAN DIEGO