



# 2010 annual meeting

a SMASHING SUCCESS!

---

**Ian B.K. Martin, MD**  
International Man of Medicine

---

Giving **FEEDBACK** in  
**Medical Education**

---

**Results Are In:**  
Chairs Challenge

---

**REGIONAL MEETINGS**  
Now Accepting Abstracts

---

*“to improve patient care by advancing research and education in emergency medicine”*

## SAEM STAFF

**Executive Director**

James R. Tarrant, CAE  
ext. 212, [jtarrant@saem.org](mailto:jtarrant@saem.org)

**Executive Director-CORD**

Barbara A. Mulder  
ext. 207, [bmulder@saem.org](mailto:bmulder@saem.org)

**Executive Assistant**

Sandy Rummel  
ext. 213, [srummel@saem.org](mailto:srummel@saem.org)

**Customer Service Coordinator**

Michelle Iniguez  
ext. 201, [miniguez@saem.org](mailto:miniguez@saem.org)

**Membership Assistant**

Gina Marie Brancher  
ext. 211, [gbrancher@saem.org](mailto:gbrancher@saem.org)

**Marketing & Membership Manager**

Holly Gouin, MBA  
ext. 210, [hgouin@saem.org](mailto:hgouin@saem.org)

**Meeting Coordinator**

Maryanne Greketis, CMP  
ext. 209, [mgreketis@saem.org](mailto:mgreketis@saem.org)

**IT / Communications**

David Kretz  
ext. 205, [dkretz@saem.org](mailto:dkretz@saem.org)

**Help Desk Specialist**

Neal Hardin  
ext. 204, [nhardin@saem.org](mailto:nhardin@saem.org)

**Bookkeeper**

Janet Bentley  
ext. 202, [jbentley@saem.org](mailto:jbentley@saem.org)

**Communication Coordinator Intern**

Neil Ambrose  
[nambrose@saem.org](mailto:nambrose@saem.org)

### SAEM MEMBERSHIP

**Membership Count as of June 15, 2010**

2375	Active
69	Associate
3415	Resident/Fellow
401	Medical Students
13	International Affiliates
27	Emeritus
9	Honorary
<b>6309</b>	<b>Total</b>

### 2010-11 SAEM DUES

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

International – email [membership@saem.org](mailto:membership@saem.org) for pricing details

All membership categories include one free interest group membership.

## SAEM NEWSLETTER ADVERTISEMENT RATES

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

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

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

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

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

*August 1, 2010 for the September/October issue*  
*October 1, 2010 for the November/December issue*  
*December 1, 2010 for the January/February 2011 issue*

*February 1, 2011 for the March/April 2011 issue*  
*April 1, 2011 for the May/June 2011 issue*  
*June 1, 2011 for the July/August 2011 issue*



## Successful SAEM Foundation “1000/100 Campaign” Comes to a Close

James Hoekstra, MD

As was announced in Phoenix, the SAEM Foundation “1000/100” development campaign, and the corresponding “Chair’s Challenge” have come to an end. It’s with great pleasure that we announce the success of the campaign. At its inception, the 1000/100 campaign set the high goal of 100 members giving \$1000 each, and 1000 members giving \$100 each, yielding \$200,000 in donations to the SAEM Foundation. Although we did not reach this goal, the campaign raised more money in donations than any other campaign in SAEM Foundation history. A total of \$105,043 was raised from January 2008 until June 2010. Of that total, \$22,251 was raised in Phoenix at the Annual Meeting. There were 47 members who donated \$1000 or more (some more than once) and 432 members who donated at the \$100 mark.

The “Chair’s Challenge” was also a success. Forty two chairs donated \$1000 or more, 312 faculty donated \$100, and many departments made strong showings in the competition. The winners were:

**1st Place: Summa Health Systems/Akron City Hospital - \$12,550.00**

**2nd Place: Carolinas Medical Center - \$10,302.00**

**3rd Place: University of Massachusetts Medical School - \$5,375.00**

Next year, our own challenge is to keep the momentum growing. Starting this year, donations to the SAEM Foundation can be earmarked for “Research” or for “Education.” SAEM members now have a choice as to what type of academic development their donations will support. It’s our hope that this direction of funds will result in more overall donations to the SAEM Foundation, and more career development for academic emergency physicians. The SAEM Board of Directors, the SAEM Foundation Board, and the SAEM Development Committee wish to sincerely thank you for your continued support of academic emergency medicine.

Donations can be sent to SAEM, 2340 S. River Road, Suite 200, Des Plaines, IL 60018 or online at [saem.org](http://saem.org)



## Midwest Regional Meeting November 8, 2010

Dayton, OH

Submit Abstracts online at [saem.org](http://saem.org)

# Highlights

**12** Highlights From the Western SAEM Regional Meeting

**13**  
New Board

**15**  
SAEM Award Winners 2010

**17** Semi-Final CPC Competition Results

**22**  
2010-2011 SAEM Committees/Task Forces

**32**  
Giving Feedback in Medical Education

SAEM 2010 Annual Meeting Update **36**

**41** First Woman Professor of Emergency Medicine in the UK





## President's Message

SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

Jeffrey A. Kline, MD

### Raising Arizona Again



Jeffrey A. Kline, MD

Reactions to Arizona statute sb1070 reflect the beliefs of a wide spectrum of political beliefs. At the extreme right, we find vigilantes, clutching their M4 Bushmaster rifles, poised to shoot out the drinking water tanks placed by church groups on behalf of dehydrated immigrants at the Arizona-Mexican border. At the left, we find human rights advocates, who assist with legal and financial support of all immigrants, and who believe

that taxpayers should not complain about funding healthcare of uninsured, illegal immigrants since many of them perform services that are undesirable and offer little pay. Somewhere in between these extremes we can find the opinions and beliefs of the majority of Arizona voters, and I believe most SAEM members.

During the first ever open question and answer session to the Board of Directors of SAEM, held on June 5th at the Annual Meeting in Phoenix, several SAEM members approached the microphone and challenged the BOD and other leaders in SAEM to consider the consequences of this Act. To research and prepare for this Q&A session, each of us had read every word on all 19 pages of the Act. As one member, I found its words to read innocuously. Perhaps section 1G is the most inflammatory, stating the following:

**“A PERSON MAY BRING AN ACTION IN SUPERIOR COURT TO CHALLENGE ANY OFFICIAL OR AGENCY OF THIS STATE OR A COUNTY, CITY, TOWN OR OTHER POLITICAL SUBDIVISION OF THIS STATE THAT ADOPTS OR IMPLEMENTS A POLICY THAT LIMITS OR RESTRICTS THE ENFORCEMENT OF FEDERAL IMMIGRATION LAWS TO LESS THAN THE FULL EXTENT PERMITTED BY FEDERAL LAW.”**

The law calls for Arizona state and local law enforcement officials to enforce federal law and it spells out the intent for “a person”, presumably the State Attorney General, to sue noncompliant departments for money. Section 1 I then indemnifies police officers. Other sections describe more mundane prohibitions, some of which border on humorous. Consider section 5 that outlaws stopping a vehicle to pick up pedestrians on busy streets if the vehicle blocks traffic. Not much that seems to spell out hate and racism to the objective, or possibly, uninformed reader such as myself.

However, learning from the Q&A session, and from many personal conversations, I believe that I speak for the entire BOD when I say that we recognize that for the most part, the words of the law were not the main issue. Instead, we were reminded of the lessons learned from historical dissection of societies that died from the cancer of hatred. The implicit point of the speakers was the potential for this law to enable an incremental public tolerance for hatred. A baby step that could lead to more small steps, then a walk, and then a march toward societal intolerance. Besides this highly charged, metaphorical scenario, the questioners stated the belief that the act was already causing fear among illegal immigrants that signing into an emergency department might put them at risk for deportation. And this fear may delay emergency care in real life, now. One speaker proffered that the new law could lead to prosecution of emergency department staff for harboring illegal aliens who happen to be patients. The result of these fears—real or perceived—may be harm to health and ultimately increased cost of care. I submit that no SAEM member wants to allow either the metaphorical or real scenarios either by action or inaction.

On the other hand, I submit that most SAEM members hold pragmatic opinions. Most members acknowledge the majority of the Arizona's voters support the act, and most members believe that SAEM has no business telling Arizona's citizens how to run their state. Many members take the common sense position that Arizona taxpayers should not have to pay disproportionately for the health care of their large illegal immigrant population, while the benefits of their low cost work are shared across the entire US. It remains possible that the law could reduce overcrowding, which might be an indirect benefit to our patients. Others would agree with the statement that a country without borders is not much of a country. Moreover, we believe that most members understand that we could move the meeting to boycott Arizona. Our contract-specified monetary penalties for cancelling our Annual Meeting at such a late date would have bankrupted our society.

Two things remain certain. SAEM is not a political organization, and the BOD does not use emotion as the sole basis for decisions. We recognize a lack of actual data to support the assertions that the law is causing mothers to deliver their babies at home, or that patients with myocardial infarctions are presenting too late. The BOD was moved by the point made that permissive policy can lead to tolerance of racism. Accordingly, the BOD moved to draft a letter to the Governor of Arizona stating this position. We believe that the letter provides the strongest position we could take in the absence of hard data. A copy of this letter follows this writing.



## Executive Director's Message

### Evolution of SAEM Foundation

For more than a decade the research fund has been on the tip of members' tongues when discussing SAEM fellowships and grants. In the past two years the creation of a separate foundation and establishment of an education fund resulted in many questions and brings new opportunities to serve the membership. This is a brief description of the SAEM charitable endeavors evolution, how the research and education funds have expanded the scope of SAEM grant making.

**THE RESEARCH FUND** established in 1998 was "founded to increase research training opportunities for emergency medicine researchers and educators." The ongoing strategy for the Research Fund has been to build an endowment large enough that annual gains would cover the fellowships and grant expenses. SAEM estimated a corpus of \$10 million would be required to produce adequate revenue. In 2008 the funds reached \$6 million dollars, allowing the Board to authorize modest withdrawals from gains to fund grants. Since its inception grants have grown to include: Institutional Research Training Grant, Research Training Grant, EMS Research Fellowship, EMF/SAEM Medical Student Research Grant, Ten Medical Student Interest Group Grants and SAEM Spadafora Medical Toxicology Scholarship.

**THE EDUCATION FUND** established in 2009 offers "the unique opportunity to educate academic health center leaders on the impact and importance of emergency medicine." Based on comprehensive work by the Education Fund Task Force, the SAEM Board of Directors approved the creation of an education fund affirming its commitment to educational scholarship with the new education fund; the 2010 Annual Meeting increased the number of education based didactic sessions, and the journal *Academic Emergency Medicine* will now include an education section editor and articles focused on educational topics. New grant criteria was drafted for education to allow the fund to provide resources to help develop EM educational leaders.

The SAEM Foundation supports educational research project grants, and SAEM would continue to encourage educators to submit applications for research projects such as outcomes based feedback techniques and the use of simulation in procedural competency.

**THE SAEM FOUNDATION** was formed in 2008 to separate the research fund from SAEM operations. It is common for professional associations to maintain two separate entities to provide member services and to manage endowment donations and charitable activities. There are multiple reasons to create a Foundation; however, in the association business there has been a trend to protect endowment funds from potential claims from a lawsuit against the association. To afford greater transparency and avoid competing interests, the Foundation Board is comprised

of SAEM Board leaders and broader representation from committees and past presidents to align the missions of the Society and Foundation.

The research fund investments were transferred to the new Foundation. These funds will continue to grow with the anticipation in the near future the endowment level can be achieved.



**James Tarrant, CAE**  
SAEM Executive Director

**DONATIONS** References to the "fund" have many members asking when I donate, to which fund will it go and how does the Foundation fit? The Foundation Board of Trustees voted to establish two "designated" accounts within the Foundation: the Research Fund and the Education Fund. Members can donate online or mail a check and designate to which "fund" they would like their donation applied. At the meeting in Phoenix, one attendee asked if he could split his donation between the two funds. He donated \$100 to each fund.

All funds will be held within the Foundation and overseen by the separate Board. Grant applications will be reviewed and recommendations will be made by the SAEM Grants Committee. The SAEM Board of Directors will approve a final list of grants to forward to the SAEM Foundation Board of Trustees. Education grants and research grants will be funded from the respective designated fund.

The 1000/100 100/1000 Campaign for the research fund raised \$105,000 of which \$23,000 was raised at the 2010 annual meeting in Phoenix. The Foundation Board and Development Committee appreciate the support given to the campaign and the Chairs' Challenge. This is much more than the average donations in any previous year. The education fund is also picking up momentum as donations exceeded \$16,000 in its first six months. The support of members is critical as we focus requests beyond members and seek appropriate external support for grants, fellowships and projects.

The SAEM Foundation welcomes contributions from the SAEM membership and others. SAEM covers all administrative costs of the SAEM Foundation, so that 100% of every contribution is used to build the two funds of the SAEM Foundation. Designated donations can be made by sending a check to SAEM Foundation, online contribution at [www.saem.org](http://www.saem.org) or calling the SAEM office (847) 813-9823.



# SAEM FOUNDATION

We Have Planted The Seed ~ Help Us Grow An Orchard

Remember when. . .

As a student, Dr. G. taught you how to evaluate chest pain.

Remember when. . .

As a resident, Dr. J. taught you how to place a central line.

Remember now. . .

As an attending, you teach your resident and student what Drs. G. and J. would do.

*Emergency Medicine is about making a difference.*


Sometimes through treating. Always through caring.  
Eternally through teaching.

Make your donations today at [www.saem.org](http://www.saem.org) or to  
SAEM Foundation, 2340 S. River Rd., #200, Des Plaines IL 60018  
Contact [hgouin@saem.org](mailto:hgouin@saem.org) with any question regarding donations  
\*\*\*\* Please note that all donations are for Education



**PHYSIO  
CONTROL**

**2010 SAEM/Physio Control EMS fellowship was awarded to Adam Tobias, MD, University of Pittsburgh with Fred Chapman, MD, Physio Control Director of Research**

The Emergency Medical Services Research Fellowship (EMSRF) Grant strives to foster teaching, education, and research in emergency medicine. Through the more than 20 years of generous support of Physio-Control, this fellowship in emergency medical services (EMS) provides an opportunity for a qualified emergency physician to acquire important skills and begin to develop expertise as part of an academic career with a focus in EMS. The mission of the grant is to develop the academic potential of the selected fellow by providing support for a one-year training fellowship that develops both EMS leadership and research. 







## Ian B.K. Martin, M.D. – SAEM Member Highlight



A native of the Washington, D.C. metropolitan area, Dr. Martin now lives in Cary, North Carolina.

Dr. Martin earned a Bachelor of Science in biology from Duke University. Before starting medical school, he lived and studied in West Africa for a short while—undoubtedly an experience which still shapes his personal and professional life. Upon his return to the States, Dr. Martin also realized a long-time dream of teaching school. He

briefly taught science to sixth and eighth graders at Friends' Central School located just outside Philadelphia. Dr. Martin remained in the Philadelphia area to earn his Doctorate of Medicine at MCP-Hahnemann School of Medicine (now Drexel University College of Medicine).

Dr. Martin returned home to train in both Emergency Medicine and Internal Medicine at the University of Maryland Medical Center—where he also served as Chief Resident.

Dr. Martin completed his circle several years ago when he joined faculty back at Duke. There, he held appointments



in both the Department of Surgery, Division of Emergency Medicine and the Department of Medicine, Program in Hospital Medicine. More impressively, Dr. Martin actually cared for patients both in the Emergency Center and on the inpatient medical wards at Duke University Hospital.

Dr. Martin has thus far dedicated his academic career to improving the delivery of emergency care internationally—with particular emphasis on East Africa. Before leaving Duke, he founded and recruited the first fellow to the Duke International Emergency Medicine Fellowship/Global Health Residency Program. As this is one of Dr. Martin's proudest accomplishments to date, he relishes in seeing the program continue to grow.



Again, Dr. Martin has since left Duke for a new and upwardly mobile position at the University of North Carolina (UNC) at Chapel Hill, School of Medicine. Although his clinical hours have decreased because of more administrative responsibilities, Dr. Martin continues to be one of only a handful of academic physicians who practices both Emergency Medicine and General Internal Medicine. He cares for patients in the Emergency Department at UNC Hospitals as well as for patients on the inpatient General Medicine teaching service there. When not seeing patients, Dr. Martin, as Associate Program Director, is busy helping to run a dynamic residency program.

The final hat that Dr. Martin wears at UNC-Chapel Hill is that of Director of Global Emergency Medicine. In this role, he continues to push for the improvement of emergency care in developing countries—namely, Kenya and Tanzania. For several years now, Dr. Martin has led relief trips to these countries—escorting Emergency Medicine residents, emergency nurses and nurse practitioners, as well as medical students. His teams have cared for countless patients in need over the years in some of the poorest conditions. On the road to sustainability, Dr. Martin has newly established



The Honorable Jan Brewer  
Governor of Arizona  
1700 W. Washington  
Phoenix, AZ 85007

June 21, 2010

Dear Governor Brewer:

On behalf of the Board of Directors for the Society for Academic Emergency Medicine (SAEM), I write to tell you how much we enjoyed having our Annual Meeting at the JW Marriott Resort and Spa in Scottsdale, from June 2- June 6. Our meeting included approximately 2100 emergency physicians from around the US, each of whom is a leader in teaching and research in emergency care. We estimate that our group collectively spent \$5,250,000.00 in Arizona during our five day conference. I believe that I speak for most members when I say we found the people and your state extremely warm, inviting and hospitable. Unfortunately, our good feelings are chilled by concerns expressed by many of our members regarding the potential, or possibly, real impact of sb1070 on access to emergency care in Arizona.

Prior to our meeting, several dozen SAEM members urged the Board of Directors to cancel our meeting in Arizona. We strongly considered this option, but we ultimately rejected it on a purely economic basis. On June 5, we held an open microphone "town hall" type of question and answer session. During this session, several impassioned SAEM members reminded the Board of Directors of the fact that sb1070 has strengthened those who hate. Such as the vigilantes who we are told shoot at water towers, placed in desert immigrant crossing zones by church groups, for the purpose of saving human lives from death by dehydration. Although we cannot substantiate the claims with scientifically validated data, we heard also that fears imparted by sb1070 is now causing people of Latin descent to delay or forego seeking care for true emergent conditions. It was suggested that immigrants perceive the notion that they will be interrogated by law enforcement officers if they present for care at a hospital emergency department. We submit that if this perception exists, the consequences will be delayed care for adults having heart attacks and strokes, mothers in childbirth, and children with meningitis and appendicitis. As a consequence, these patients will either die a preventable death, or present for care at a later stage, ultimately increasing human suffering and cost of care to Arizona and US taxpayers.

As an apolitical organization, SAEM does not purport to suggest how you should govern your state. We also cannot confirm a direct link between sb1070 and decreased access to emergency care, and we even recognize the potential for the act to decrease emergency department overcrowding, possibly causing some benefit. However, our mission is to improve emergency care to all humans, and we remain extremely concerned about the secondary effects of sb1070: fueling a culture of fear among immigrants, and inadvertently galvanizing a few hate mongers who happen to be US citizens. We also recognize that history teaches that societies can be consumed and destroyed by fear and hatred started with one small act.

We will be watching and listening for evidence that defines the impact of sb1070 on emergency care, with a bias toward believing it will cause more harm than good. As we watch, we will consider the impact of sb1070 on access to emergency care as we consider the decision to return our Annual Meeting to your state.

On behalf of the SAEM Board of Directors

A handwritten signature in black ink, appearing to read 'Jeffrey A. Kline', is written over a light grey rectangular background.

Jeffrey A. Kline MD  
President

cc: Sherry Henry, Arizona Office of Tourism  
Steve Moore, Phoenix Convention & Visitors Bureau





# Procedures Lab, Western Regional SAEM, Sonoma, CA March 20th, 2010

Pediatric and Adult resuscitation, basic and advanced airway management, ultrasound introduction, chest tubes, and ultrasound guided central venous access



*Drs. Troy Dean and David Barnes, teach central venous access and tube thoracostomy*



*Dr. Daniel Nishijima at the pediatric simulator teaching management of supraventricular tachycardia*



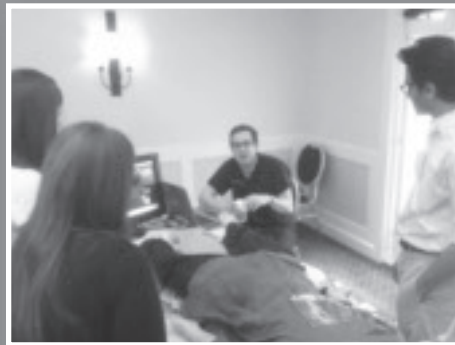
*Dr. Erik Laurin teaching cricothyrotomy*



*Dr. Lisa Mills at the ultrasound station*



*Dr. David Barnes instructing chest tube placement*



*Dr. Joe Barton teaching resuscitation using the adult simulator*



*The Simulance!*

***Thanks to all for your help producing an outstanding course!***



# Residency Fair





# Dodgeball



# SimWars



# Fun Run



# Consensus Conference





# Highlights From The Western SAEM Regional Meeting

Deb Diercks and Lisa Mills, University of California, Davis

It was another exceptional year at the Western SAEM annual research forum. The regional conference was hosted by the University of California, Davis Department of Emergency Medicine and held in Sonoma over the weekend of March 19-21. This year was the largest Western SAEM meeting to date, with over 225 students, residents, and faculty in attendance. The meeting included a record 175 abstracts, along with several academic forums, panel discussions and a medical student symposium.

The 175 abstract presentations were grouped into 23 sessions and moderated by volunteer faculty from around the country. Special didactic sessions included the State of the Art in Trauma and Infectious Disease. The awards for best presentations went to: (pre-medical) Mon Briones "A Simple Quick-Launch Dispatch Protocol Decreases Call Processing and EMS Response Times for Immediate Life-Threatening Calls," (medical student) Sara Johnson "The Genetics of Warfarin Sensitivity in an Emergency Department Population With Thromboembolic Disease," (resident) Patrick Godwin, "Presenting Characteristics Of Tuberculosis Patients At A Public Emergency Department" and (fellow), Gina Soriya, "Safety of Pre-hospital Single-Dose Fentanyl in Adult Trauma Patients."

The plenary session was moderated by Nate Kuppermann, Chair of UC Davis Department of Emergency Medicine. At the conclusion of this session, the award of Best Faculty Research presentation went to Christopher Fee for his presentation "Increasing Attention to Community-acquired Pneumonia Core Measures was not Associated with Increased Inappropriate Antibiotic Administration in Emergency Department Patients Admitted with Congestive Heart Failure."


Along with the large number of excellent abstract presentations, there were several educational session and

panel discussions, providing the opportunity to interact with the academic leaders of the region.

The meeting opened with the first regional symposium by the Academy of Women in Academic Emergency Medicine. The highlight of this symposium was an interactive panel, led by Kathleen Clem, Chair of the Loma Linda Department of Emergency Medicine and comprised of women in leadership positions within their departments and medical schools.

Another panel presentation "Academic Emergency Medicine: Surviving Challenging Financial Times," included Erik Barton, University of Utah, Mark Langdorf, University of California, Irvine and O. John Ma, Oregon Health & Science University. Each presenter shared a candid discussion of the fiscal challenges and solutions they have addressed at their respective institutions.

The Medical Student Forum began with a hands-on lab organized and led by Aaron Bair, David Barnes, Erik Lauren, and Lisa Mills from University of California, Davis. Medical students had the opportunity to participate in medical simulation, difficult airway, and ultrasound guided procedures. The student's afternoon included didactic sessions organized by David Slattery from the University of Nevada. The forum concluded with an innovative new program the "Speed Meet and Greet" with Program Directors from around the region.

Once again the Western SAEM Regional Research Forum was a huge success and provided a collegial venue for research presentations, networking, and education. This success was the result of collaboration between multiple departments and their dedication to providing an outstanding educational experience. 


---

## *Raising Arizona – Continued from Page 4*

To close this piece, I drew from a comment by one of the questioners, who reminded me separately of the testimony of Martin Nimoller to Congress about his role in Nazi Germany (from the Congressional Record, October 14, 1968, page 31636):

"When Hitler attacked the Jews I was not a Jew, therefore I was not concerned. And when Hitler attacked the Catholics, I was not a Catholic, and therefore, I was not concerned. And when Hitler attacked the unions and the industrialists, I was not a member of the unions and I was not concerned. Then Hitler attacked me and the Protestant church -- and there was nobody left to be concerned."

Recognizing that we live in an age where political parties invoke Hitler and the Nazis to fallaciously argue virtually any position, I nonetheless believe this excerpt remains relevant to the reason for the letter from SAEM to the Governor of Arizona.

I will close my first newsletter as president of SAEM with the hope that the remainder of my contributions this year focus on our collective mission to create and teach the art and science of emergency care. 



# new board

## Election Results Announced at the 2010 SAEM Annual Business Meeting

---

- Jeffrey A. Kline, MD, President, Carolinas Medical Center
- Debra E. Houry, MD, MPH, President-Elect, Emory University
- Adam J. Singer, MD, Secretary-Treasurer, Stony Brook University
- Jill M. Baren, MD, MBE, Past President, University of Pennsylvania
- Brigitte M. Baumann, MD, DTM&H, MSCE, Cooper Hospital/University Medical Center
- Deborah B. Diercks, MD, University of California, Davis Medical Center
- Cherri D. Hobgood, MD, University of North Carolina, Chapel Hill
- Robert S. Hockberger, MD, Harbor-UCLA Medical Center
- Alan E. Jones, MD, Carolinas Medical Center
- O. John Ma, MD, Oregon Health and Science University
- Jody Vogel, MD, Denver Health Medical Center



Transfer of the gavel of authority

Incoming President Jeffrey Kline accepts the gavel of authority from Jill Baren.





# grants

## EMF/SAEM Medical Student Research Grant

### EMS-Physio Control Research Fellowship Grant

**Adam Tobias, MD**  
*University of Pittsburg*

### Institutional Research Training Grant

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

### EMPSF/SAEM Patient Safety Fellowship Grant

**Rosemarie Fernandez, MD**  
*Wayne State University*

Learn more about these winners on our website at [www.saem.org](http://www.saem.org) under the Grants and Awards Section.



## AWAEM Awards

AWAEM presented three awards at its 2010 business meeting. **DR. GILLIAN SCHMITZ** was the recipient of the inaugural AWAEM Early Career Faculty Award, recognizing her academic promise and her dedication to the careers of women in academic EM. Dr. Schmitz graduated from the emergency medicine residency program at the University of North Carolina in 2007 and currently is Assistant Professor at Georgetown University. **DR. KATHERINE HEILPERN**, Chair and Professor of Emergency Medicine at Emory University

School of Medicine, received the AWAEM Advancement of Women in Academic Emergency Medicine Award, which honors leaders whose achievements have broadly influenced the careers of women in academic emergency medicine. **DR. GLENN HAMILTON**, former chair of the Department of Emergency Medicine at Wright State, received an AWAEM Special Recognition Award for his strong and consistent advocacy for women in academic emergency medicine, and his contributions to the establishment of AWAEM.



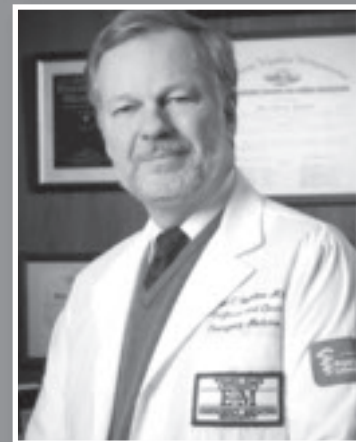
### Early Career Faculty Award

**Dr. Gillian Schmitz**



### Advancement of Women in Academic Emergency Medicine Award

**Dr. Katherine Heilpern**



### Special Recognition Award

**Dr. Glenn Hamilton**





## 2009 Annual Meeting Presentation Winners

Determined from the 2009 presentations after the meeting in New Orleans, LA and recognized at the 2010 meeting in Phoenix, AZ.

### BEST BASIC SCIENCE PRESENTATION

Vikhyat S. Bebarta, MD - Wilford Hall Medical Center

*Hydroxocobalamin and Sodium Thiosulfate versus Sodium Nitrite and Sodium Thiosulfate in the Treatment of Acute Cyanide Toxicity in a Swine (Sus Scrofa) Model*

### BEST FACULTY PRESENTATION

Dr. Mark Courtney, MD - Northwestern University

*Prospective Multi-center Assessment of Interobserver Agreement for Radiologist Interpretation of 64-channel CT Angiography for Pulmonary Embolism*

### BEST FELLOW PRESENTATION

Jason McMullan, MD - University of Cincinnati

*Midazolam Versus Diazepam for the Treatment of Status Epilepticus: A Meta-Analysis*

### BEST MEDICAL STUDENT PRESENTATION

Helen Won - Johns Hopkins University

*Rapid Detection of Bacterial Meningitis using a Broad Based PCR Assay*

### BEST RESIDENT PRESENTATION

Michael Puskarich, MD - Carolinas Medical Center

*Long-Term Survival Benefit from an Emergency Department Based Early Sepsis Resuscitation Protocol: A Prospective Study*

### BEST YOUNG INVESTIGATOR PRESENTATION

Simon Mahler, MD -

Louisiana State University HSC Shreveport

*Resuscitation with Balanced Electrolyte Solution Prevents Hyperchloremic Metabolic Acidosis in Patients with Diabetic Ketoacidosis; a Pilot Study*

### BEST INNOVATIONS IN EMERGENCY MEDICINE EDUCATION (IEME) EXHIBIT

Gregory M. Christiansen, MD - Medical College of Virginia School of Medicine Competency Testing Using a Novel Eye Tracking Device

### PHOTO COMPETITION WINNER

Matthew Borloz, MD -

Georgetown University School of Medicine



## SAEM Award Winners 2010

### BEST BASIC SCIENCE PRESENTATION

John A. Watts, PhD - Carolinas Medical Center

*Pulmonary Vascular Endothelial Cell Dysfunction during Experimental Pulmonary Embolism*

### BEST FACULTY PRESENTATION

Kristen E. Nordenholz, MD -

University of Colorado Denver School of Medicine

*The Likelihood of Acute Pulmonary Embolism in ED patients is Not Lower Among Patients Taking Warfarin*

### BEST FELLOW PRESENTATION

Robinson Mark Ferre, MD - Wilford Hall Medical Center

*Thoracic Ultrasound can be used to Predict the Size of a Pneumothorax in a Cadaver Model*

### BEST MEDICAL STUDENT PRESENTATION

Brian Geyer -

University of Arizona College of Medicine - Phoenix

*Bypassing Out-of-Hospital Cardiac Arrest Patients to Specialty Centers Results in Improved Survival*

### BEST RESIDENT PRESENTATION

Jeremy Branzetti, MD -

McGaw Medical Center of Northwestern University

*Procedural Experience among Incoming Emergency Medicine (EM) Interns*

### BEST YOUNG INVESTIGATOR PRESENTATION

Lise Nigrovic, MD - Harvard Medical School

*Clinical Observation before the Decision to Obtain a Computed Tomography (CT) for Children with Blunt Head Trauma*

### BEST INNOVATIONS IN EMERGENCY MEDICINE EDUCATION (IEME) EXHIBIT

Jessie G. Nelson, MD -

Regions Emergency Medicine Residency

*Thoracotomy Training Without The Live Animal - Development of a Pre-fabricated Fiberglass Torso for Training EM Residents Multiple Invasive Truncal Procedures*

### PHOTO COMPETITION WINNERS

1st Place - Cindy Zimmerman, MD, University of Alabama at Birmingham

2nd Place - Lauren Wiesner, MD, Georgetown University



**EMORY**  
UNIVERSITY  
ATLANTA, GA

**DEPARTMENT OF EMERGENCY MEDICINE**

Bring your skills in diagnosis, healing and teaching to Emory, one of Emergency Medicine's largest and best programs.

**If you are an outstanding clinician and love teaching, contact us.**

**Immediate opportunities exist in:** Pre-Hospital and Disaster Medicine, Clinical Research and Observation Medicine.

**Fellowships:** Emory offers an exceptional environment for post-residency training. We will be considering applicants for 2011 for the following fellowships: Emory/CDC Medical Toxicology, Pre Hospital and Disaster Medicine, Clinical Research, Injury Control & Prevention, Neuro-injury, Ultrasound, Biomedical Informatics and Observation Medicine. Candidates must be Board eligible or Board certified.

For further information, visit our web site at <http://www.emory.edu/em>, then contact:

Katherine Heilpern, MD, Chair  
Department of Emergency Medicine  
531 Asbury Circle, N-340, Atlanta, GA 30322  
Phone: (404)778-5975 Fax: (404)778-2630  
Email: [pbokros@emory.edu](mailto:pbokros@emory.edu)

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

**EMERGENCY MEDICINE FACULTY POSITION**

**Beth Israel Medical Center, the Manhattan Campus of the Albert Einstein College of Medicine in New York City** announces a great opportunity for an Emergency

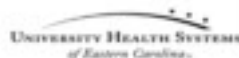
Medicine residency trained, board certified physician to join the core faculty at a fully accredited EM residency program at an academic department. The Emergency Medicine Residency Program is in a PGY 1, 2, 3 format with 12 residents per year- total of 36 residents. Beth Israel Medical Center is a Level II Trauma Center and Stroke Center. It is a 745 bed teaching hospital located in Manhattan. The annual ED census is 90,000, with a diverse patient population. The ED is currently under expansion. The faculty has diverse areas of expertise including Airway Management, Cardiology, Disaster Medicine, Pain and Palliative Care, Pediatric Emergency Medicine, Pulmonary and Critical Care, Simulation, Toxicology, and Ultrasound. Abundant research opportunities are available.

Salary and academic rank will be commensurate with experience. Beth Israel Medical Center offers a competitive and comprehensive benefits package. If interested, please submit your curriculum vitae by e-mail to:

Saadia Akhtar, MD  
Program Director  
Emergency Medicine Residency  
Beth Israel Medical Center  
First Avenue at 16<sup>th</sup> Street  
New York, NY 10003  
Work: (212) 420-4253  
Email: [SAkhtar@chpnet.org](mailto:SAkhtar@chpnet.org)



**BRODY**  
SCHOOL OF MEDICINE



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

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

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

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

[www.ecu.edu/med](http://www.ecu.edu/med)

[www.uhseast.com](http://www.uhseast.com)



**West Virginia University**  
School of Medicine

**Open-Rank BE/BC Emergency Medicine Physicians**

Think you know West Virginia? Think again! West Virginia University School of Medicine has outstanding opportunities for open-rank BE /BC Emergency Medicine Physicians at Jefferson Memorial Hospital, a premier community hospital with an Emergency Department volume of 22,000. JMH is strategically located in the Eastern Panhandle of WV, approximately 60 miles from Washington, D.C. and Baltimore. West Virginia offers numerous outdoor activities including mountain biking, skiing, hiking, boating, and whitewater rafting. On your days off, surround yourself in history at a National Park such as Harper's Ferry or Antietam Battlefield. Or if you prefer, visit one of the many local galleries, museums, specialty shops, and unique restaurants. We are close to the train into D.C., a national retail outlet mall, horse racing and slots. The successful candidate(s) will be responsible for clinical care, teaching, and supervising Medical Students, and Family Medicine Residents. The department has efficient systems including twenty-four hour Radiology readings, rapid lab and X-ray turnaround times, and mid-level coverage. The updated and modern Emergency Department is undergoing a \$4.6 million expansion - doubling its size and creating a Fast Track. Positions will remain open until filled.

To find out more about us, contact **Laura Blake, Director, Physician Recruitment** at [blakel@wvuh.com](mailto:blakel@wvuh.com) or 304-293-6135.

<http://www.hsc.wvu.edu/som>

WVU is an AA/EOE Employer. Minorities, persons with disabilities and women are encouraged to apply.



# Semi-Final CPC Competition Results

2010 SAEM Annual Meeting

On June 2nd, seventy-two Emergency Medicine Residency Programs competed in the Twentieth Annual Semi-Final CPC (Clinical Pathological Cases) Competition. A resident from each participating program submitted a challenging unknown case for discussion by an attending from another residency program. The faculty discussant had 20 minutes to develop a differential diagnosis and explain the thought process leading to the final diagnosis.

## DIVISION 1

Presenter: Ellen Hsu-Hung, MD, Brown University  
Discussant: Kevin Reed, MD, FACEP, Georgetown/  
Washington Hospital Center

## DIVISION 2

Presenter: Jessica Riley, MD, George Washington University  
Discussant: Jordan Spector, MD, Albert Einstein Medical  
Center

## DIVISION 3

Presenter: Trushar Naik, MD, MBA, SUNY Downstate/  
Kings County Hospital Center  
Discussant: Dimitrios Papanagnou, MD, SUNY Downstate/  
Kings County Hospital Center

Winning presenters and discussants were selected from each of six tracks and these individuals will compete in the CPC finals that will be held at the ACEP Scientific Assembly in Las Vegas. The CPC Competition is sponsored by CORD, ACEP, EMRA and SAEM and is coordinated by Saadia Akhtar, MD.

## Congratulations to the 2010 Semi-Final Winners!

### DIVISION 4

Presenter: Julie Wachtel, DO, Lehigh Valley Health  
Network  
Discussant: Todd Parker, MD, Naval Medical Center  
Portsmouth

### DIVISION 5

Presenter: Chip Davenport, MD, William Beaumont  
Hospital  
Discussant: Andrew Bazakis, MD, Synergy Medical/MSU

### DIVISION 6

Presenter: Leana Wen, MD, MSc, Brigham & Women's/  
Massachusetts General Hospital  
Discussant: Jeanne Noble, MD, University of California  
San Francisco

*Ian B.K. Martin, M.D. – SAEM Member Highlight – Continued from Page 6*

a formal Tropical Medicine rotation at the University of Arusha Medical Center in Arusha, Tanzania. He is also in the process of creating an acute care clinical rotation in the Accident and Emergency Department at Kenyatta National Hospital in Nairobi, Kenya. By doing this, learners from Dr. Martin's home institution will learn acute and chronic care in the tropics as well as emergency care in a resource-limited setting. In exchange, his learners will hopefully share with local health care providers state-of-the-art practices from the States. Dr. Martin has also just entered into collaboration with leadership at Kenyatta National Hospital/University of Nairobi in hopes of establishing the first Emergency Medicine training program in the country. It is also worth mentioning that Dr. Martin, seen as a leader in Global Emergency Medicine, has served as an external reviewer of Emergency Medicine training programs established in developing countries by other US academic institutions.

To help support his academic work abroad, UNC-Chapel Hill, School of Medicine awarded Dr. Martin an unprecedented six-year term as a prestigious Simmons Scholar. This designation and award comes with financial support as well as structured mentorship from around the University aimed at assuring continued academic growth and success.

Dr. Martin has proudly been a member of the Society for Academic Emergency Medicine since 2006. In his modest time with the organization, he has already served as the

Secretary for the International Emergency Medicine (IEM) Interest Group and very briefly as Chair of the International Committee. Dr. Martin currently serves as Chair of the IEM Interest Group. Under his leadership, the IEM Interest Group has increased its membership and perhaps most importantly, has built bridges with other international organizations, such as the Emergency Medicine Residents' Association International Interest Group and the European Society of Emergency Medicine. Dr. Martin, before he leaves office, hopes to help guide the Interest Group toward Academy status.

When at home, Dr. Martin enjoys spending time with family and friends. He is an avid tennis fan—playing and attending tournaments whenever he can. And as you might imagine, he lives to travel.

Ian B.K Martin, M.D.  
Assistant Professor of Emergency Medicine  
Assistant Professor of Internal Medicine  
Simmons Scholar  
Associate Program Director, Emergency Medicine  
Residency  
Director, Global Emergency Medicine  
University of North Carolina at Chapel Hill, School of  
Medicine







# Photography Exhibit and Visual Diagnosis Contest

There were over 100 cases and photos submitted to the Program Committee for consideration of presentation at the Annual Meeting.

Winners in the Resident category will be awarded a major Emergency Medicine textbook.

SAEM would like to thank the following individuals who contributed to this year's Clinical Pearls and Visual Diagnosis Contest entries. It is a significant commitment of time and intellect to develop the ever-popular Photo Display, which was again presented at the SAEM Annual Meeting, along with posters and Innovations in Emergency Medicine Education Exhibits.

Sarah Christian-Kopp, MD	Jeff Freeman, MD
Elizabeth J. Haines, DO and Michael E. Silverman, MD	Allysia Guy, MD and Mark Silverberg, MD
Carlos Holden, MD	Diane Scheer, MD and Mark Silverberg, MD
Paul Michael Petty, MD	Christopher Johnson, MD and Mark Silverberg, MD
Amy McCroskey, MD	Teresa Bowen-Spinelli, MD and Mark Silverberg, MD
Pete Pryor, MD, MPH and Bonnie Kaplan, MD	Zina Semanovskaya, MD and Mark Silverberg, MD
Jessica Yearwood, MD	Kaedrea Jackson, MD and Mark Silverberg, MD
Sonya Melville, MD	Elizabeth Brothers, MD and Mark Silverberg, MD
Robert Katzer MD	Brijal Patel, MD and Mark Silverberg, MD
Joni Claville, MD	Thomas Nguyen, MD and Okechukwu Echezona, MD
MT. Ryan, MD	Ryan J. Smith, MD
Gerard Troutman, MD, Brian Tollefson, MD and John McCarter, MD	Neha P. Raukar, MD, MS and Rebecca Hasel, PA
Tessa Hue, MD	Brenda Natal, MD and Mark Silverberg, MD
Chris Woodward, DO and Terrell Caffery, MD	Jennifer Fredericks, MD, PhD
Meagan Hunt, MD, Jason McMullan and Rhonda S. Cadena, MD	Ian Tate, MD, Lee Shockley, MD and Peter Pryor, MD
Cristal Cristia, MD	Bonnie Kaplan, MD and Peter Pryor, MD
Melissa W. Ko, MD and Paul Y. Ko, MD, FACEP	Adriana Rodriguez, MD and Craig Huang, MD
Dan Wing, MD	Jody Vogel, MD and Peter Pryor, MD
	Derek R. Cooney, MD, FACEP

## AEM Author Announcements

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

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

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



## 2010 SAEM Medical Student Excellence Award Winners

Listed below are the recipients of the 2010 SAEM Medical Student Excellence in Emergency Medicine Award. This award is offered to each medical school in the United States to honor an outstanding senior medical student. This is the eleventh year this award has been made available. Recipients receive a certificate and one-year membership to SAEM, including subscription to the SAEM Newsletter and Academic Emergency Medicine.

Albany Medical College Lindsey Ann Tillack	Ross University School of Medicine Steven G. Hardy	University of Kentucky Joseph Hild
Arizona College of Osteopathic Medicine Rebecca Dowler	Rush University Medical School Theresa Adams	University of Louisville Evan Mussetter
Baylor College of Medicine Donald Eugene Stader III	Sanford School of Medicine-University of South Dakota Randall Wood	University of Maryland School of Medicine Jordan Celeste
Brody School of Medicine at East Carolina University Lynda Bridges Bialobrzewski	Southern Illinois University School of Medicine James Waymack	University of Miami Miller School of Medicine Braden Fichter
Chicago Medical School Anisiia Doytchinova	St. Louis University School of Medicine Cade T. Lawrence	University of Michigan Karen Kinnaman
Columbia University College of Physicians & Surgeons Michael K. Bouton	Stony Brook School of Medicine James Miranda	University of Missouri-Columbia Evan Cameron
DALHOUSIE UNIVERSITY Aafiah Hamza	SUNY Downstate Rodrigo Kong	University of Nebraska Medical Center Brian Kitamura
Drexel University College of Medicine James Heilman	SUNY Upstate Medical University Nicholas Nacca, MD	University of Nevada School of Medicine Brandan Crum
Duke University School of Medicine Cesar Avila	Temple University School of Medicine Benjamin Bui	University of New England College of Osteopathic Medicine Tara West
East Tennessee State University, James H. Quillen College of Medicine Georganna Michelle Rosel, MD	Texas A&M HSC College of Medicine Laura Tribuzi	University of North Carolina at Chapel Hill Ryan Shanks
Eastern Virginia Medical School David A. Ahlers	Texas Tech University HSC, Paul Foster School of Medicine Kailin Zhen	University of North Dakota School of Medicine & Health Sciences Rachel K. Redig
Feinberg School of Medicine Matthew Patton	The David Geffen School of Medicine at UCLA Casey Grover	University of North Texas Health Sciences Center Stephanie Fuller
Florida State University Tracy Graham	The Medical College of Georgia Kathryn Ann Seal	University of Pennsylvania School of Medicine Adam Laurence Lessler
Georgetown University School of Medicine Brianna Steele	The Ohio State University College of Medicine Ashley Elizabeth Holland	University of Pittsburgh School of Medicine Gillian Alexandra Beauchamp
Harvard Medical School Jamie Chang	The University of Arizona Nicola Baker	University of Rochester School of Medicine and Dentistry Lars-Kristofer Nelson Peterson
Indiana University School of Medicine Tiffany C. Williams	The University of Manitoba Murdoch Leeies	University of South Alabama Adam Wesley Watterson, MD
John Hopkins School of Medicine Keith Curtis	The University of Oklahoma, College of Medicine Matthew Paul Perron Bauer	University of South Carolina Joshua Skaggs
Kansas City University of Medicine and Biosciences Staci Nicole Reinjes	The University of Texas Medical Branch at Galveston Jennifer Lynn Russell	University of South Florida College of Medicine Nishan Shah
Keck School of Medicine Sara Whitacre Johnson	The University of Toledo College of Medicine Ryan Squier	University of Texas-Houston Daniel Kievlan
Loma Linda University Medical School James Alan Chenoweth	The Warren Alpert Medical School of Brown University Peter Chai	University of Virginia Sean D. Foster
Louisiana State University School of Medicine- Shreveport Jesse Arthur Standifer, II	UC Davis School of Medicine Charles Kurlinkus	University of Washington School of Medicine Joseph Rogers
Loyola University Stritch School of Medicine Bradley Knox	UMDNJ RWJMS at Piscataway Michael Prasto	University of Calgary Kip Rogers
Marshall University School of Medicine Sarah Flaherty	UMDNJ-New Jersey Medical School Matthew Alexander Cummins	University of Iowa Charlotte A. Sadler
Mayo Medical School Kristina Mary Cobenson	University of Massachusetts Medical School Katherine Boyle	UT Southwestern Medical School Tiffany C. Jan
Medical College of Wisconsin Erik J. Amoroso	University at Buffalo, School of Medicine and Biomedical Sciences Terrence Patrick Lester	Vanderbilt University School of Medicine Demetrios E. Tavoulaareas
Michigan State University College of Human Medicine Catherine Burger	University of Alberta Andrea Wensel	Wake Forest University School of Medicine Benjamin Morel
Morehouse School of Medicine Heather Nasya Whitlow	University of Arkansas for Medical Sciences Michael David Rose	Washington University School of Medicine Ambrose Hon-Wai Wong
New York Medical College Patricia D. Fermin, MD	University of California, Irvine School of Medicine Deena Ibrahim	Wayne State University School of Medicine Emily Yocum
New York University School of Medicine Radhika Sundararajan	University of California, San Diego School of Medicine Chad Valderrama	Weill Cornell Medical College Raquel Renee Ferrer
Northeastern Ohio University College of Medicine Steven Warrington	University of California, San Francisco Nicholas Johnson	West Virginia University Meredith Cavalier
Penn State University College of Medicine Jillian Davison	University of Chicago, Pritzker School of Medicine Mary Bister	Western University of Health Sciences, College of Osteopathic Medicine of the Pacific Mary E. Welch
Philadelphia College of Osteopathic Medicine Ryan C. Overberger, DO	University of Florida Peter K. Milano	Wright State University, Boonshoft School of Medicine Brian Pennington
Queen's University Adam Szulewski	University of Hawaii John A. Burns School of Medicine Kate A. Pettigrew	



## 2010 Residency Fair Participants

Advocate Christ Medical Center  
Alameda County Medical Center  
Alameda County Medical Center-Highland Campus  
Albert Einstein Medical Center (PA)  
Alleghany General Hospital-West Penn Hospital  
Bay State Medical Center  
Baylor College of Medicine  
Beth Israel Deaconess Medical Center  
Beth Israel Medical Center  
Boston Medical Center  
Brigham Womens Hospital/Mass General Hospital  
Brown Emergency Medicine Residency  
Carolinas Medical Center  
Christiana Care Health Systems  
Christus Spohn EM Residency Program  
Cook County EM Program at John Stroger Hospital  
Denver Health Emergency Medicine Program  
Duke University  
Eastern Virginia Medical School  
Emory University  
Geisinger Health System  
George Washington University Emergency Medicine Residency Program  
Georgetown University Hospital/Washington Hospital Center  
Harbor-UCLA Medical Center  
Hennepin County Medical Center  
Indiana University EM and Pediatric EM  
Iowa Emergency Medicine Residency  
Jacobi/Einstein and Montefiore  
John Peter Smith Emergency Medicine Residency Program  
Johns Hopkins University  
LAC+USC Medical Center(Keck School of Medicine U of Southern California)  
Lehigh Valley Health Network  
Lincoln Medical and Mental Health Center  
Louisiana State Health Sciences Center-Shreveport  
Louisiana State University in New Orleans  
Louisiana State University-HSC Baton Rouge  
Maimonides Medical Center  
Maine Medical Center  
Maricopa Medical Center  
Mayo School of Graduate Medical Education/Mayo Clinic  
Medical University of South Carolina  
Metro Health Medical Center  
Michigan State University/Sparrow Campus  
Mount Sinai School of Medicine  
New York Hospital Queens  
New York Methodist Hospital  
New York Presbyterian Hospital  
Newark Beth Israel Medical Center  
North Shore University Hospital  
Northwestern McGaw Center for Graduate Medical Education  
Oregon Health & Science University  
Orlando Regional Medical Center  
Penn State Hershey  
Regions Hospital  
Resurrection Medical Center  
Robert Wood Johnson Emergency Medicine Residency  
Southern Illinois University School of Medicine  
St. Johns Hospital & Medical Center  
St. Louis University Hospital  
St. Luke's-Roosevelt  
Stanford/Kaiser Emergency Medicine Residency  
Staten Island University Hospital  
Summa Health System/NEOUCOM  
SUNY Downstate/Kings County Hospital  
SUNY Upstate Medical University  
Synergy Medical Education Alliance  
Texas A&M/Scott & White Memorial Hospital  
Texas Tech University  
The Brody School of Medicine at East Carolina University  
The Ohio State University  
UCSF Fresno EM Residency  
University at Buffalo  
University of Alabama at Birmingham  
University of Arizona  
University of Arizona/UPH K GME Consortium  
University of California – Irvine  
University of California- Davis  
University of California- San Diego  
University of California San Francisco-SFGH EM Residency Program  
University of Chicago  
University of Cincinnati  
University of Florida  
University of Florida COM Jacksonville  
University of Illinois College of Medicine at Peoria  
University of Kentucky  
University of Massachusetts  
University of Michigan-St Joseph Mercy Hospital  
University of Nebraska  
University of Nevada (UNLV)  
University of New Mexico  
University of North Carolina  
University of Oklahoma  
University of Pittsburgh  
University of South Florida EM Residency Program  
University of Texas – Houston  
University of Utah  
University of Virginia  
University of Wisconsin  
UT Southwestern Medical Center-Dallas TX  
Wake Forrest University  
Washington University School of Medicine-St. Louis  
West Virginia University  
William Beaumont Hospital  
Wright State University  
Yale-New Haven Medical Center  
York Hospital Emergency Medicine Residency





## Academic Emergency Medicine Consensus Conference Update

Brendan Carr, MD  
University of Pennsylvania

On June 2, 2010, the 11th annual Academic Emergency Medicine Consensus Conference took place in Phoenix, Arizona. This year's conference titled **Beyond Regionalization – Integrated Networks of Emergency Care** focused on the challenges and opportunities related to the organization of the emergency care system in the coming decade. A number of key events have increased attention to this issue over the last half decade. The 2006 Institute of Medicine's Report on the Future of Emergency Care, (subtitled *At the Breaking Point*) described the emergency care system as fragmented and charged the US to develop *coordinated, regionalized, and accountable* systems of emergency care. In response, the federal government, as part of the All Hazards Preparedness Act, created the Emergency Care Coordinating Center (ECCC) within the Department of Health & Human Services, with a stated mission to "assist and strengthen the U.S. government's efforts to promote Federal, state, tribal, local, and private sector collaboration and to support and enhance the nation's system of emergency medical care delivery." The IOM held 4 dissemination workshops as well as a final regionalization workshop to bring attention and resources to the issue. Finally, in September 2009 the ECCC held a roundtable discussion to define an agenda and to establish priorities related to the organization of the emergency care system. The purpose of the conference was to build upon the work done in this area by developing a research agenda to accompany the ongoing development of "regionalized, coordinated, and accountable" emergency care systems.

Although the conference took place in June 2010, preparations and planning had been taking place for over a year. The SAEM Regionalization Task Force was awarded the consensus conference by the Academic Emergency Medicine editorial board in May of 2009, and immediately partnered with the American College of Emergency Physician's (ACEP) Categorization Task Force. Conference leadership successfully created partnerships with ACEP and the Emergency Department Practice Management Association (EDPMA), and received conference grant funds from the Agency for Healthcare Research & Quality, the National Institute of Neurologic Disorders & Stroke, and the National Institute of Child Health & Human Development. Pre-conference planning included defining the key domains of building integrated networks of emergency care, identifying leadership to coordinate the working groups, and populating the groups with interested participants to develop consensus recommendations about important research questions. The domains and leaders are listed below.

Prehospital Care & New Models of Regionalization

Beyond ED Categorization – Matching Networks to Patient's Needs

Defining & Measuring Successful Networks

Patient Centered Integrated Networks

Workforce

Administrative Challenges to Novel Network Solutions

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

Inter-hospital Communication & Transport – Turning 1-way funnels into 2-way networks

Dave Cone & E. Brooke Lerner

Dave Sklar & Abhi Mehrotra

Charles Branas & Seth Glickman

Jill Baren & Prasha Govindarajan

Nick Jouriles, Adit Ginde, & Mitesh Rao

Randy Pilgrim & Renee Hsia

Kevin Baumlin & Bruce Janiak

Nels Sanddal, Ivan Rokos, & Dave Gieski

The conference was a great success with over 140 participants. The agenda was broad and included representatives from the federal government, organized emergency medicine, academia, and the private sector. Invited speakers and panelists educated and energized participants, breakout group leaders used collaborative small group time to finalize their work developing consensus around important research questions, and industry leaders painted a vision for the direction of the private sector. The December 2010 issue of Academic Emergency Medicine will feature original research, concept pieces, and the conference proceedings.



## 2010-2011 SAEM Committees/Task Forces

### AWARDS COMMITTEE

CHAIR: Louis Ling, MD: [lingx002@umn.edu](mailto:lingx002@umn.edu)  
BOD Liaison: Jill Baren, MD: [jill.baren@uphs.upenn.edu](mailto:jill.baren@uphs.upenn.edu)  
Staff Liaison: Michelle Iniguez: [miniguez@saem.org](mailto:miniguez@saem.org)

### SOCIAL MEDIA/COMMUNICATIONS COMMITTEE

CHAIR: Nick Genes, MD, PhD: [nickgenes@gmail.com](mailto:nickgenes@gmail.com)  
BOD Liaison: O. John Ma, MD: [maoj@ohsu.edu](mailto:maoj@ohsu.edu)  
Staff Liaison: Holly Gouin: [hgouin@saem.org](mailto:hgouin@saem.org), Dave Kretz: [dkretz@saem.org](mailto:dkretz@saem.org)

### CONSTITUTION AND BYLAWS COMMITTEE

CHAIR: Peter Sokolove, MD: [pesokolove@ucdavis.edu](mailto:pesokolove@ucdavis.edu)  
Board Liaison: Deborah Houry, MD: [dhoury@emory.edu](mailto:dhoury@emory.edu)  
Staff Liaison: James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)

### CONSULTATION SERVICES COMMITTEE

CHAIR: Philip Shayne, MD: [pshayne@emory.edu](mailto:pshayne@emory.edu)  
BOD Liaison: Robert Hockberger, MD: [hock@emedharbor.edu](mailto:hock@emedharbor.edu)  
Staff Liaison: James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org),  
Gina Marie Brancher: [gmbbrancher@saem.org](mailto:gmbbrancher@saem.org)

### DEVELOPMENT COMMITTEE

CHAIR: Jim Hoekstra, MD: [jhoekstr@wfubmc.edu](mailto:jhoekstr@wfubmc.edu)  
BOD Liaison: Jill Baren, MD: [jill.baren@uphs.upenn.edu](mailto:jill.baren@uphs.upenn.edu)  
Staff Liaison: Holly Gouin: [hgouin@saem.org](mailto:hgouin@saem.org)

### ETHICS COMMITTEE

CHAIR: Jeremy Simon, MD: [jeremy.simon@nyu.edu](mailto:jeremy.simon@nyu.edu)  
BOD Liaison: Adam Singer, MD: [adam.singer@stonybrook.edu](mailto:adam.singer@stonybrook.edu)  
Staff Liaison: Sandy Rummel: [srummel@saem.org](mailto:srummel@saem.org)

### EXTERNAL COLLABORATION COMMITTEE

CHAIR: Chris Fee, MD: [christopher.fee@ucsfmedctr.org](mailto:christopher.fee@ucsfmedctr.org)  
BOD Liaison: Deborah Diercks, MD, MSc: [dbdiercks@ucdavis.edu](mailto:dbdiercks@ucdavis.edu)  
Staff Liaison: James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)

### FACULTY DEVELOPMENT COMMITTEE

CHAIR: Tracy Sanson, MD: [oaks61596@aol.com](mailto:oaks61596@aol.com)  
BOD Liaison: Robert Hockberger MD: [hock@emedharbor.edu](mailto:hock@emedharbor.edu)  
Staff Liaison: Neal Hardin: [nhardin@saem.org](mailto:nhardin@saem.org)

### FINANCE COMMITTEE

CHAIR: Richard E. Wolfe, MD: [rwolfe@bidmc.harvard.edu](mailto:rwolfe@bidmc.harvard.edu)  
BOD Liaison: Adam Singer MD: [adam.singer@stonybrook.edu](mailto:adam.singer@stonybrook.edu)  
Staff Liaison: Janet Murray-Bentley: [jbentley@saem.org](mailto:jbentley@saem.org)

### GME COMMITTEE

CHAIR: Jonathan Fisher, MD: [jfisher2@bidmc.harvard.edu](mailto:jfisher2@bidmc.harvard.edu)  
BOD Liaison: Alan E. Jones, MD: [alan.jones@carolinashealthcare.org](mailto:alan.jones@carolinashealthcare.org)  
Staff Liaison: Maryanne Greketis: [mgreketis@saem.org](mailto:mgreketis@saem.org)

### GRANTS COMMITTEE

CHAIR: Jason Haukoos, MD, MSc: [jason.haukoos@dhha.org](mailto:jason.haukoos@dhha.org)  
BOD Liaison: Alan E. Jones, MD: [alan.jones@carolinashealthcare.org](mailto:alan.jones@carolinashealthcare.org)

### INDUSTRY RELATIONS COMMITTEE

CHAIR: Robert Birkhahn, MD: [rbirkhahn@pol.net](mailto:rbirkhahn@pol.net)  
BOD Liaison: Deborah Diercks, MD, MSc: [dbdiercks@ucdavis.edu](mailto:dbdiercks@ucdavis.edu)  
Staff Liaison: James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)

### MEMBERSHIP COMMITTEE

CHAIR: Jamie Collings MD: [j-collings@northwestern.edu](mailto:j-collings@northwestern.edu)  
BOD Liaison: Cherrie Hobgood, MD: [cherri\\_hobgood@med.unc.edu](mailto:cherri_hobgood@med.unc.edu)  
Staff Liaison: Holly Gouin: [hgouin@saem.org](mailto:hgouin@saem.org)

### NOMINATING COMMITTEE

CHAIR: Debra Houry, MD: [dhoury@emory.edu](mailto:dhoury@emory.edu)  
BOD Liaison: Debra Houry, MD: [dhoury@emory.edu](mailto:dhoury@emory.edu)  
Staff Liaison: James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)

### PROGRAM COMMITTEE

CHAIR: Andra Blomkalns, MD: [andra.blomkalns@uc.edu](mailto:andra.blomkalns@uc.edu)  
BOD Liaison: Debra Houry, MD: [dhoury@emory.edu](mailto:dhoury@emory.edu)  
Staff Liaison: Maryanne Greketis: [mgreketis@saem.org](mailto:mgreketis@saem.org),  
Sandy Rummel: [srummel@saem.org](mailto:srummel@saem.org)

### RESEARCH COMMITTEE

CHAIR: D. Mark Courtney, MD: [drcourtney@mac.com](mailto:drcourtney@mac.com)  
BOD Liaison: Cherrie Hobgood, MD: [cherri\\_hobgood@med.unc.edu](mailto:cherri_hobgood@med.unc.edu)  
Staff Liaison: Dave Kretz: [dkretz@saem.org](mailto:dkretz@saem.org)

### RESEARCH FELLOWSHIP CREDENTIALLING COMMITTEE

CHAIR: Judd Hollander, MD: [Judd.Hollander@uphs.upenn.edu](mailto:Judd.Hollander@uphs.upenn.edu)  
BOD Liaison: Jeffrey Kline MD: [jkline@carolinas.org](mailto:jkline@carolinas.org)  
Staff Liaison: Maryanne Greketis: [mgreketis@saem.org](mailto:mgreketis@saem.org)

### WEB EDITORIAL BOARD

CHAIR: D. Matthew Sullivan, MD: [matthew.sullivan@carolinashealthcare.org](mailto:matthew.sullivan@carolinashealthcare.org)  
BOD Liaison: Jody Vogel, MD: [Jody.vogel@ucdenver.edu](mailto:Jody.vogel@ucdenver.edu)  
Staff Liaison: Dave Kretz: [dkretz@saem.org](mailto:dkretz@saem.org),  
Neal Hardin: [nhardin@saem.org](mailto:nhardin@saem.org)

### ACEP/SAEM JOINT NIH TASK FORCE - CONTINUING

CHAIR : Roger Lewis, MD, PhD: [roger@emedharbor.edu](mailto:roger@emedharbor.edu)  
BOD Liaison : Jill Baren, MD: [jill.baren@uphs.upenn.edu](mailto:jill.baren@uphs.upenn.edu)  
Staff Liaison: James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)

### CONTINUING MEDICAL EDUCATION TASK FORCE

CHAIR: Tony Seupaul, MD: [rseupaul@iupui.edu](mailto:rseupaul@iupui.edu)  
BOD Liaison: Jeffrey Kline, MD: [jkline@carolinas.org](mailto:jkline@carolinas.org)  
Staff Liaison: Sandy Rummel: [srummel@saem.org](mailto:srummel@saem.org)

### CORD COLLABORATIVE TASK FORCE

CHAIR: Stephen Hayden, MD: [srh@ucsd.edu](mailto:srh@ucsd.edu)  
BOD Liaison: O. John Ma, MD: [maoj@ohsu.edu](mailto:maoj@ohsu.edu)  
Staff Liaison: Michelle Iniguez: [miniguez@saem.org](mailto:miniguez@saem.org),  
James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)

### EDUCATION FUND TASK FORCE

CHAIR: David Manthey MD: [dmanthey@wfubmc.edu](mailto:dmanthey@wfubmc.edu)  
BOD Liaison: Brigitte Baumann, MD, MSCE:  
[baumann-b@cooperhealth.edu](mailto:baumann-b@cooperhealth.edu)  
Staff Liaison: Holly Gouin: [hgouin@saem.org](mailto:hgouin@saem.org),  
James Tarrant: [jtarrant@saem.org](mailto:jtarrant@saem.org)



## Academic Announcements

**MICHELLE LIN, MD**, Associate Professor of Clinical Emergency Medicine at UCSF was chosen to receive the Graduation Teaching Award from the UCSF Medical School Class of 2010.

**CHRISTOPHER ROSENBAUM, MD**, a medical toxicologist at the University of Massachusetts, has been invited to lecturer at the June meeting of NIH's Community Epidemiology Work Group (CEWG). Dr Rosenbaum is a nationally recognized expert on synthetic cannabinoid receptor (CB1) agonists that are added to "legal" marijuana alternatives such as "K2", "Spice", and other products. He will present his findings on the epidemiology of the outbreak of K2 abuse, clinical effects of those who abuse the drug, and laboratory testing to confirm the presence of CB1 agonists.

**EDWARD W BOYER, MD, PHD**, Chief of the Division of Medical Toxicology, has been promoted to Professor of Emergency Medicine at the University of Massachusetts Medical Center. Continuously funded since 2001, Dr Boyer conducts NIH supported research at the intersection of technology and behavior; his other research interests include ethnography of substance abuse and emerging illicit drug use practices. He has mentored five junior faculty to the point that they have received their own NIH funding to pursue independent research investigations. He has served on numerous invited advisory panels convened by Rand Corporation, National Institutes of Health, Substance Abuse and Mental Health Services Administration, Food and Drug Administration, and other federal agencies. He has delivered invited presentations at national meetings of the American Psychiatric Association, the American Society of Addiction Medicine, and the American College of Medical Toxicology. His publications have appeared in *New England Journal of Medicine*, *Archives of Internal Medicine*, *Pediatrics*, *Addiction*, and other journals.

**STEVEN L. BERNSTEIN, MD**, Associate Professor of Emergency Medicine at Yale, has been awarded a five-year R01 for \$3,343,594 from the National Cancer Institute for his study, "Treating Low-Income Smokers in the Hospital Emergency Department."

**JOHN G. YOUNGER, MD, MS**, at the University of Michigan, has been appointed full membership in the Surgery, Anesthesia, and Trauma study section at the NIH's Center for Scientific Review. The appointment spans October, 2010 through September 2014.

**CHRISTOPHER ROSENBAUM, MD**, a medical toxicologist at the University of Massachusetts, has been invited to lecturer at the June meeting of NIH's Community Epidemiology Work Group (CEWG). Dr Rosenbaum is a nationally recognized expert on synthetic cannabinoid receptor (CB1) agonists that are added to "legal" marijuana alternatives such as "K2", "Spice", and other products. He will present his findings on the epidemiology of the outbreak of K2 abuse, clinical effects of those who abuse the drug, and laboratory testing to confirm the presence of CB1 agonists.

**MANISH N. SHAH, MD, MPH** Chief, Division of Prehospital Medicine Associate Professor of Emergency Medicine, Community and Preventive Medicine, and Geriatrics University of Rochester School of Medicine

**TAMMIE QUEST, MD**, Associate Professor, Emory University Department of Emergency Medicine, has been named the Interim Director of the new Emory University Center for Palliative Care. The Center spans multiple schools and Departments throughout the University. Dr. Quest is among an elite handful of physicians board certified in both emergency medicine and hospice medicine and palliative care.

**MICHAEL ROSS, MD**, Associate Professor, Emory University Department of Emergency Medicine, has been elected President of the Society of Chest Pain Centers, a position he will assume May 1, 2010. The Society of Chest Pain Centers (SCPC) is a non-profit international society dedicated to the belief that heart disease can be eliminated as the number one cause of death worldwide.

**KATHERINE L. HEILPERN, MD**, Ada Lee and Pete Correll Professor and Chair of the Emory University Department of Emergency Medicine has been elected the AAMC Council of Academic Societies (CAS) representative for the Society for Academic Emergency Medicine.

**ARTHUR L. KELLERMANN, MD, MPH**, has left Emory University to advance to the position of Senior Policy Researcher, Rand Corporation. Dr Kellermann will also hold the O'Neill Alcoa Chair in Policy Analysis. He will maintain a volunteer faculty appointment with the Emory Department of Emergency Medicine. The RAND Corporation is a nonprofit institution that helps improve policy and decision making through research and analysis. Areas of expertise include such critical social and economic issues as education, poverty, crime, and the environment, as well as a range of national security issues.

**STEPHEN H. THOMAS, MD, MPH**, Kaiser Foundation Professor & Chair of the University of Oklahoma Department of Emergency Medicine, has been named Chairman and Emergency Physician-in-Chief at Tulsa's Hillcrest Medical Center (OU's primary training site). Jeff Dixon MD, the medical director of Hillcrest's ED, has been named Vice Chair of the OU Department of Emergency Medicine. The OU EM training program, with 21 residents, is in its third year and will graduate its first class in June 2011

**PETER J. MARIANI, MD** has been promoted to Professor of Emergency Medicine at SUNY Upstate Medical University, Syracuse NY. In 2009, He achieved board certification in Undersea & Hyperbaric Medicine, and received the Physician Hero Award from Hospice of Central New York for performing ultrasound-guided palliative procedures in patients' homes.

**KEVIN TERRELL, DO** has been promoted to Associate Professor of Emergency Medicine with Tenure at the Indiana University School of Medicine. Dr. Terrell has a Master of Science in Clinical Research and is a Center Scientist in Indiana University—Center for Aging Research and a Scientist in the Regenstrief Institute, Inc. He currently holds a K23 Career Development Award from the National Institutes of Health. The aims of this 5-year award are (1) to validate a set of previously developed quality indicators for transfers of care in both directions between nursing homes and emergency departments and (2) to plan the formal testing of an intervention to improve the emergency care of nursing home residents.

**LEE WILBUR, MD** has been promoted to Associate Professor of Clinical Emergency Medicine at the Indiana University School of Medicine. Dr. Wilbur is one of the Program Directors of the IUEM Residency Training Program.

**DYLAN COOPER, MD**, Assistant Professor of Clinical Emergency Medicine, Indiana University School of Medicine, has been named an Assistant Residency Program Director for the Emergency Medicine Residency at the Indiana University School of Medicine.

**DAN RUSYNAK, MD**, Associate Professor of Emergency Medicine, Indiana University School of Medicine, has been named to the Board of Directors for the American College of Medical

*Continued on Page 25*





## Joshua N. Goldstein, MD



Joshua N. Goldstein graduated from Tufts University with a B.S. in Biopsychology, followed by a combined MD/PhD program in Molecular Biology and Biochemistry at the University of Connecticut Health Center. He then trained in the combined Harvard Affiliated Emergency Medicine Residency program of Brigham & Women's Hospital

(BWH) and Massachusetts General Hospital (MGH). During

his training, he developed an interest in cerebrovascular emergencies. To further this interest, he embarked on a research fellowship in Vascular and Critical Care Neurology at Partners-affiliated institutions (BWH and MGH). He became an attending physician in the Department of Emergency Medicine at Brigham and Women's Hospital where he excelled as a clinician and teacher, even as he juggled the heavy academic responsibilities of his fellowship. In recognition of his research potential, he was awarded the Esther B. Kahn research award from the Department of Emergency Medicine at BWH. During this fellowship, he began a series of investigations on acute neurologic emergencies that was to define his research career. Specifically, he began to work on a series of studies examining anticoagulation reversal in patients with intracerebral hemorrhage. During this period, he completed an intensive program at the Harvard School of Public Health in quantitative methods and further refined his skills in epidemiology by working with Dr Carlos Camargo on patient opinions of informed consent issues.

Josh joined his research mentor, Dr Jonathon Rosand of Neurology, at MGH and became a faculty member of the Department of Emergency Medicine in 2006. There he has continued his research on the management of patients with acute cerebrovascular emergencies. His earliest roles were as a site principal investigator on multicenter clinical trials on the treatment of intracerebral hemorrhage (ICH). These were followed by a series of observational studies of acute ICH management. His current efforts involve more advanced studies of this disease in attempts to gain understanding of the pathophysiology of ongoing bleeding and hematoma expansion. In recognition of this work, he was awarded the Miles and Eleanor Shore research award from the Department of Emergency Medicine at MGH and Harvard Medical School.

Josh has successfully obtained extramural funding from a variety of sources, both nonprofit and industry. He has been the site principal investigator for three multicenter NIH-funded studies and is a coinvestigator on their Spotrias (Specialized Programs of Translational Research in Acute Stroke) network investigating the diagnosis and therapy of acute ischemic stroke. Working with collaborators at BWH and the Beth Israel Deaconess Medical Center, he is the site

principal investigator for an NIH-funded Harvard Catalyst grant studying emergency department patients who present with dizziness. He has been awarded two industry grants for interventional trials involving emergency treatment of bleeding and one for neurocritical care education. The culmination of his research efforts to date has been the recent award of a K23 Career Development Award from the NIH.

These efforts have been recognized by the emergency medicine and neurovascular research communities, leading to invited talks and presentations in national fora. He has served as primary or co-author on over 26 peer-reviewed original research articles, 28 published abstracts and 19 review articles and book chapters. His overall productivity has been extraordinary. In addition to his research successes, Josh has served our emergency medicine community in many ways. He has served on the Industry Relations Committee for SAEM (2008), the Editorial Board of the International Journal of Emergency Medicine, and the Annual Meeting Committee for the Neurocritical Care Society (2009-2010)

Despite being early in his career, Josh has already taken on the role of helping to train the next generation of emergency investigators. He has served as mentor to emergency medicine fellows and residents and to medical students. These efforts have led to multiple abstracts at national meetings and original research articles. In addition to his expertise in research, he is a gifted teacher. Last year he won a coveted award bestowed by our emergency medicine residents when he was voted the Outstanding Emergency Department Attending at MGH. His peers consider Josh an expert clinician and a wonderful colleague. He is always willing to do more than his share. His patients universally appreciate his calm, kind, and caring bedside manner.

Our department is extraordinarily proud of Josh's successful career development. This award by our society represents a major milestone in that path. Speaking personally, it has been a pleasure being part of Josh's professional journey and observing his growth from a first year resident to a well-recognized and successful researcher. The commitment and enthusiasm with which Josh pursues research questions in acute neurologic emergencies is inspiring. He has worked tirelessly along this path to become an excellent clinical investigator, clinician, and teacher. He is very deserving of our society's Young Investigator Award.

John T Nagurny MD MPH  
Research Director, Department of Emergency Medicine  
Massachusetts General Hospital



## Carey Chisholm, MD

Carey Chisholm graduated from Washington and Lee University in 1976, and the Medical College of Virginia in 1980. He subsequently completed his EM Residency at Madigan Army Medical Center in 1983. In 1985 he assumed the position of Residency Director at Brooke Army Medical Center in San Antonio, and was involved in doubling the size of the residency with the incorporation of Wilford Hall Air Force Medical Center. In 1989 he assumed the residency director position at the Methodist Hospital of Indiana. The program has grown from 8 to the current 18 resident positions each year as it expanded into Wishard Memorial Hospital under the new Department of EM at Indiana University in 1999. In 1991 he started the first, and one of only three nationally, Combined EM-Pediatrics Residencies.

Carey has had the opportunity to contribute to many of the professional organizations involving EM. These include ABEM as an In-Training Item Writer and Oral Board examiner, ACEP as a member of the BOD for the Govt Services and Indiana Chapters, CORD as a charter member, Past President and BOD member, and SAEM as a Past President with 7 years of service with the BOD. He previously served as a RRC-EM Site Reviewer and member of the Appeals Panel for over a decade.

Carey's passion for education was fostered through many wonderful mentors in High School, College, Residency and the jobs and organizations we has worked with since then. At IU, he has emphasized an honor system (modeled on Washington and Lee's and predicated on the assumption that physicians cannot be selectively dishonest) within the training program that has enormous value to the faculty and trainees. The School of Medicine has subsequently configured its own honor system similarly.

Dr. Chisholm is passionate regarding the influence of industry (particularly the pharmaceutical companies) on subconscious

physician behavior, consumer misinformation, and the costs of retail medications borne by patients and society. He has not leaped onto this bandwagon but in fact was among the few who have helped assemble it. He has sought insertion of related education into the School's curriculum and the School has incorporated this into its own policy.



He has been a student and educator of the undue risks of EM resident moonlighting (to both patients and trainees), conflict of interests in research and education, the filming of patients in the prehospital and ED for societal entertainment purposes, and the dangers of the US aeromedical system to patients and providers.

If asked to characterize his personal passion, he states "I am a resident advocate". His philosophy reflects the "mantra" of the IU EM Residency: "Always ask, 'How can we do this better?' and 'What opportunities are here that we haven't fully explored?'" His "take home" message is to learn all you can from others, and share that with everyone that you can.

Dr. Chisholm attributes his success completely to the wonderful people he has watched, emulated, and learned from starting in Boy Scouts and continuing in his current position. Without their patience, teaching skills, and support his career would have unfurled very differently. He wishes to note the special role his wife Robin has played in this journey since 1980.

### *Academic Announcements – Continued from Page 23*

Toxicology. In addition, Dr. Rusyniak has been awarded a NIH R01 from NIDA for his grant entitled "CNS Circuitry and Receptors Mediating the Effects of MDMA." He currently holds a K08 Career Development Award from the National Institutes of Health for his grant entitled "Ecstasy and the Dorsomedial Hypothalamus."

**ED BARTKUS, MD**, EMT-P, Assistant Professor of Clinical Emergency Medicine, Indiana University School of Medicine, has been elected to the Board of Directors for the National Registry of Emergency Medical Technicians.

UCSD DEM Selected to Lead Beacon Community Site by Federal Office of National Coordinator

The UC San Diego Department of Emergency Medicine was awarded a \$15.2 million grant from the Federal Office of the National Coordinator as one of 15 nationwide "Beacon Communities" to lead innovation and adoption of information technology and informatics in healthcare. The award was announced at the White House by Vice President Joe Biden and DHHS Secretary Kathleen Sibelius on May 4, 2010. UC San Diego Emergency Medicine faculty involved in the project include Ted Chan, MD (Principal Investigator), David Guss, MD, Jim Killeen, MD, and Edward Castillo, Ph.D. (Co-Investigators).

The Department of Emergency Medicine will lead the effort along with a collaboration of healthcare providers and stakeholders in the San Diego region. The goal will be to foster data exchange, interoperability, and clinical integration to improve healthcare efficiency and outcomes. The San Diego Beacon collaborative will focus on expanding pre-hospital emergency field care and electronic information transmission to improve outcomes for cardiovascular and cerebrovascular disease, empowering patients to engage in their own health management through web portal and cellular telephone technology, and improving continuity of care for all, including veterans and military personnel through the VA and DOD Virtual Lifetime Electronic Record initiative.

**LAWRENCE KASS, MD**, Vice Chair of Education in the Department of Emergency Medicine, has been awarded the Penn State College of Medicine 2010 Distinguished Educator Award. This is the highest award offered by the College in recognition of skill and accomplishments as an educator.





## Seth W. Glickman, MD, MBA



Seth Glickman graduated from the University of Pennsylvania School of Medicine and completed a residency in Emergency Medicine at the University of Chicago. As he gained clinical experience as a board certified emergency physician, Seth gained a better perspective on economic, management and quality challenges of our healthcare system. In order to be better positioned to more formally

understand these areas, he pursued advanced training in healthcare management at Duke's Fuqua School of Business. While at Fuqua, Seth was involved in groundbreaking approaches to understanding health care economics in the areas of drug development for tuberculosis (TB). This project, performed in conjunction with the Duke's School of Economics, resulted in a Science article and significant additional resources committed to global TB efforts. Seth was awarded the Nan Gray Monk Scholarship for his outstanding research efforts at Fuqua. After completed receiving his masters degree in Healthcare Management at Duke, Seth was awarded a research fellowship at the Duke Clinical Research Institute (DCRI). At the DCRI, Seth began using economic and management perspectives to address issues in health care quality. Seth was key in proactively building an interdisciplinary research group to study the quality of care at U.S. hospitals, including the impact of pay-for-performance programs on quality of care and acute cardiac outcomes.

While I was at the DCRI, Seth also worked with me in my role as the Director of Emergency Research to apply these approaches directly to research in emergency care. Seth was funded by one of the initial grants of the Duke CTSA to better understand the challenges of emergency clinical research, including the disparities in recruitment of subjects. He also highlighted the limitations of current paradigms in assessing the quality of emergency care. This work resulted in numerous prominent publications, including primary author papers in JAMA and the New England Journal of Medicine, as well as prominent presentations at the American Heart Association and the Society for Academic Emergency Medicine. For these efforts, Seth was awarded the annual Duke Emergency Medicine Award for Outstanding Research.

I recruited Seth to join our faculty when I moved from Duke to become Chair of Emergency Medicine at UNC. While Seth also continues to work with the renowned

DCRI Health Care Management and Cardiovascular Outcomes Research groups, he has also been successful in applying these research skills and interests to broad aspects of emergency care, including EMS. Indeed, Seth has successfully integrated these efforts to assess health implications of regionalization of EMS care for patients with acute, time-sensitive conditions such as acute myocardial infarction, trauma, and stroke.

Seth recently received the Robert Wood Johnson (RWJ) Faculty Scholar Award to study the inequalities in EMS systems and highlight the implications for regionalized systems of health care delivery in minority populations and rural areas. He is also a primary investigator on a 4-yr American Heart Association grant to study the impact of a statewide regionalization program for ST-elevation acute myocardial infarction on costs, quality of care, and patient outcomes.

He has a truly remarkable publication record with over 30 peer-reviewed publications, including primary author manuscripts in the journals Science, JAMA, the New England Journal of Medicine, Medical Care, Annals of Emergency Medicine and Academic Emergency Medicine.

Seth is also building an impressive research funding track record. In addition to the RWJ Faculty Scholar Award, he has also received over \$1.5 million in extramural funding, including principal investigator awards from the Defense Advanced Research Projects Agency (DARPA), the American Heart Association and the NIH Center for Translational Science Awards. Thus, Seth is proving his ability to become a successful, independent, federally funded investigator. In addition to his rapidly evolving research career, Seth is an excellent clinician and teacher with both students and residents routinely giving him outstanding evaluations.

Thus, Seth Glickman's unique combination of advanced training, interdisciplinary mentorship, research interests and high impact publication record will enable him to have a profound influence on clinical, outcomes and policy research into quality and regionalization of emergency care. He is well positioned to be a national advocate and leader for academic emergency medicine as the country's health care delivery and research system undergoes transformation.

Charles B. Cairns, MD  
University of North Carolina





## Benjamin Sun, MD, MPP

I am delighted to introduce Benjamin Sun, MD, MPP, as one of the recipients of the 2010 SAEM Young Investigator Award. I have had the pleasure of knowing Ben since 2004, when he came to UCLA for his fellowship training. As a mentor, collaborator, and friend, I believe that Ben has an essentially unlimited future as a health services researcher and clinical scientist. Ben's trajectory illustrates the critical importance of mentorship, formal research training, and early grant support for the development of promising emergency medicine researchers.

Ben attended Harvard for his undergraduate, public policy, and medical educations. Between his third and fourth years of clinical clerkships, he completed a two year Masters degree in health care policy. During that time he received formal training in biostatistics, program evaluation, and research design. He had the opportunity to work with and be mentored by senior leaders in emergency medicine and health services research, including Drs. Jim Adams, Helen Burstin, and Troyen Brennan at the Brigham and Women's Hospital. Ben's work as a public policy student focused on patient satisfaction with emergency care, and this early research was supported by medical student grants from SAEM and the Emergency Medicine Foundation (EMF).

He began his residency training at the Harvard Affiliated Emergency Medicine Residency in 2000 and continued to develop his research interests and skills. With Dr. Phillip Rice, at the Brigham, he performed an interventional trial to improve ED patient satisfaction. Ben also began a series of epidemiologic studies, with mentorship from Dr. Carlos Camargo at the Massachusetts General Hospital, that have laid the foundations for his long term research interest in the ED management of syncope. His research efforts as a resident were supported by the EMF as well as internal grants from the Brigham Department of Emergency Medicine and the Harvard Risk Management Foundation.

After completion of residency in 2004, Ben left Harvard to begin a health services research (HSR) fellowship at the UCLA Robert Wood Johnson Clinical Scholars Program. During his two year fellowship, Ben continued formal training in both quantitative and qualitative research methods. He has developed a network of research mentors and collaborators at UCLA, the West Los Angeles VA, the RAND Corporation, and Kaiser Permanente. An incomplete list of his mentors includes Drs. Carol Mangione, Robert Brooks, Bill Mower, and Steven Asch.

I have worked with Ben on a number of projects, including several studies of syncope and a secondary analysis of the NEXUS II head trauma database. I have been extraordinarily impressed by his enthusiasm, energy, intelligence, and remarkable productivity. He has not only undertaken a series of substantial research projects, simultaneously, that would greatly tax a far more experienced academician, but he personally makes sure that all the work gets done, and on time. When I or others have given him feedback

regarding some issue related to the work he is doing, he always takes the next appropriate step virtually immediately – it almost seems discouraging trying to mentor Ben, because just when you think a problem is back on his plate, he has already turned it around, and advanced to the next issue!

Ben has compiled an impressive academic record since joining UCLA and the West Los Angeles VA as a research track faculty member in 2006. He entered this position with two mentored career development awards, including a UCLA/ NIA K12 grant and a Jahnigen award from the American Geriatrics Society. Dr. Carol Mangione, co-Director of the UCLA Robert Wood Johnson Clinical Scholars Program, continues to serve as his senior faculty advisor. Ben has a diverse research portfolio, including projects on syncope, ED crowding, and telemedicine applications. He is first or senior author on 19 peer-reviewed research reports published in emergency medicine, cardiology, and geriatrics journals. He has been a Consulting Editor for the Annals of Emergency Medicine since 2006. He is the recipient of over \$1.6 million in extramural funding from the NIH, the Veterans Affairs Health System, the Agency for Healthcare Research and Quality, and private foundations. Ben is one of the few emergency physicians to be funded through the NIH Challenge Grant (RC1) mechanism and is currently leading a multi-site, pilot randomized trial of a syncope observation protocol. Finally, Ben has developed into a mentor himself, and he works with younger research colleagues, health service research fellows, and medical students.

Ben is simply a pleasure to teach, and work with, and he has already accomplished more than many colleagues do after years of work. His trajectory illustrates the critical importance of sustained mentorship, formal research training, and early grant support for the development of young emergency medicine researchers. His accomplishments would not have been possible without the generous commitment of time and attention from a large number of mentors, and I am delighted to see that he is giving back through his own mentoring efforts. Congratulations to this wonderfully talented and enormously deserving young man on receiving one of the 2010 SAEM Young Investigator Awards!



Jerome R Hoffman, MA, MD  
Professor of Medicine/ Emergency Medicine  
UCLA School of Medicine



## Susan Stern, MD



Sue Stern completed medical school at Case Western Reserve University in Cleveland, Ohio graduating AOA. She trained in Emergency Medicine at the University of Cincinnati where she served as Chief Resident in her final year. After completion of a research fellowship at Cincinnati, she joined the newly developed faculty in Emergency Medicine at the University of Michigan. She rose to the rank of Associate Professor with tenure

on the strength of her clinical and scholarly activities. Her research has focused on hemorrhagic shock resuscitation and has led to numerous awards, grants, presentations, and publications. In addition to her laboratory work, she has been an essential member of numerous committees and task forces within SAEM and other national organizations.

Dr. Stern has an extensive interest in medical education and has won institutional teaching awards and authored articles on career development. She served as Vice-Chair for Education in the Department of Emergency Medicine at the University of Michigan and in that role was the founder of the Graduate Medical Education Scholars Program (GMESP). This unique program is designed to provide longitudinal, comprehensive training to participating House Officers in either medical education or healthcare administration with rigorous didactics and mentoring. In April 2009, Dr. Stern assumed the position of Professor of Medicine and Division Chief for Emergency Medicine at the University of Washington in Seattle.

Dr. Stern has consistently set very high standards for both herself and those with whom she works, and we have been privileged to work with her both as residents, junior faculty members and colleagues. Several of her publications and presentations have been on the development of an academic career and focused on the importance of effective mentoring relationships. As a mentor, she is one of those rare individuals able to practice what she preaches. Despite her amazingly busy schedule, she has always had an open door policy. Because of her effective mentoring and role modeling, there are five junior faculty women in our department with a strong interest in medical education who are actively pursuing research in this area. Prior to Dr. Stern assuming the role of Vice-Chair for Education, we had been content to “just get the work done” and focus on running a high-quality residency and student clerkship. Dr. Stern brought with her a research-based set of skills and expectations. With her encouragement, we began to look beyond our administrative skill set and have developed the basis for true academic careers and research in medical education.

Dr. Stern's broad skill set with regards to scientific inquiry, education and administration served each of her many mentees very well. On an individual level, the female faculty she mentored benefited from her wealth of knowledge and experience which she skillfully shared and tailored based on individual needs. She served as a sounding board for the development of a research project to evaluate the effectiveness of a novel educational intervention; she read grants and IRB applications and offered a thoughtful critique to the content and style; she steered and introduced junior faculty to colleagues inside and outside of the institution to foster collaborative relationships. Her example has been “paid back” as several of her mentees are now mentoring other junior faculty along the road to academic success.

One of Dr. Stern's major contributions is that she does not take over but instead sets up conditions that allow people to develop independent skills. For example, she developed a medical education research group within the department of Emergency Medicine whose monthly meetings she initially directed. Now, even without her physical presence, this group has become self-sustaining. The research projects coming out of this group have resulted in multiple presentations at national meetings including SAEM, CORD, and SSIH with papers in preparation for publication.

Dr. Stern leads more by her example and hard work than by flag waving and is an incredible advocate for others and the causes that she believes in. Most importantly, she is a true mentor who does not take over responsibility from others but helps them learn the process and the decision-making skills to proceed independently in the future. Her effective mentoring has taught others how to be mentors and enabled them to expand the circle of those involved in medical education research and begin to serve as mentors for more junior faculty. To quote one female faculty member from the University of Michigan, “She's the reason I'm doing what I'm doing.”

In addition to her influence on faculty at the University of Michigan, Dr. Stern has served as a role model and mentor for many women faculty around the country. Her scientific expertise, diligence and mentoring ability is certainly worthy of emulation by others. Susan Stern, MD is highly deserving of this recognition from SAEM as her influence has dramatically altered multiple career trajectories among the women in Emergency Medicine at the University of Michigan and nationally.

Laura Hopson, M.D.

Eve Losman, M.D.

William Barsan, M.D.



## Sandra Schneider, MD

Dr. Schneider has been dedicated to SAEM and the field of emergency medicine over the past three decades. She has advanced emergency medicine nationally and internationally by leading almost every emergency medicine organization. She has advanced research, mentored a generation of leaders, helped develop federal policy, and developed one of the finest Departments of Emergency Medicine. In all that she has done, she has been an advocate for emergency medicine, its clinicians, researchers, academicians, and patients. For this, she deserves the SAEM Leadership Award.

She graduated from medical school at the University of Pittsburgh in 1975. Because emergency medicine was not recognized as a specialty, she trained in Internal Medicine at the University of Pittsburgh and then spent 3 years in the Public Health Service Corps in Hazard, Kentucky practicing internal and emergency medicine. She then returned to Pittsburgh where her first appointment was Director of the Emergency Room at Montefiore (University) Hospital.

In 1993 Dr. Schneider became the inaugural Chair of the Department of Emergency Medicine at the University of Rochester. Among her numerous accomplishments are establishing a residency program, establishing numerous fellowships including sports medicine and EMS, building a state-of-the art ED, and leading the development of ERNIES, a CTSI-based research network involving rural, urban and suburban ED's across New York and northern Pennsylvania. As Chair, Dr. Schneider mentored students, residents, and faculty and supported their research. The Department's funding portfolio rose steadily and was ranked as number two nationally in NIH funding in 2008 when she stepped down.

Over the last number of years, Dr. Schneider has focused her career on advancing the specialty and its members by working to improve health policy and research opportunities. She served in a number of leadership positions at SAEM, including as President and as a member of the Board of Directors. More recently, she has become a key leader within ACEP. She was elected to the ACEP Board of Directors in 2005 and will become President in September 2010. Dr. Schneider is the first person to serve as President of both ACEP and SAEM.

As part of her recent activities, Dr. Schneider has served as a member of the SAEM/ACEP NIH Joint Task Force in meetings at the NIH, which has had a direct impact on the opportunities for emergency medicine researchers, encouraged the NIH to place qualified emergency physicians on study sections, and led to the recent NIH roundtables on emergency research. She served as the Chair of the Emergency Medicine Foundation, which provides grant money to promising young investigators in the field. She established a yearly grantee workshop to provide additional mentoring of young researchers. Finally, she has created

a network between community and academic sites across the country to facilitate research which will begin soon.

Dr. Schneider's mission to improve health care has been focused on the issues of ED crowding and boarding. She has approached this problem by performing research, supporting others' research, and advocating for policy changes. She worked on the 2006 National Report Card on Emergency Care and the 2009 Workforce Study. Through her accomplishments, she is one of the leading authorities on crowding and frequently works with national organizations and federal agencies to address this issue.



Despite spending most of her career developing others, whether they may be her mentees, a department, professional organizations, or health policy, Dr. Schneider has achieved a tremendous amount individually. Dr. Schneider spent her early research career in toxicology and is well known for her work on Amanita phalloides mushroom poisoning. Her work led to a treatment that is used around the world for this rare mushroom toxicity. She has also written dozens of book chapters, papers, and served as editor of Emergency Medical Reports.

Despite these numerous activities to advance our specialty, Dr. Schneider is most proud of her mentorship of dozens of students, residents, fellows, and faculty. Many of these individuals are now also leaders in our field, serving as Chairs and Deans.

Dr. Schneider has won several awards for her achievements, including Teacher of the Year given by the American Association of Women Emergency Physicians and the Susan B. Anthony Women's Leadership Award. This past year she was honored as a 'Hero of Emergency Medicine'.

Dr. Schneider's activities over the past three decades have demonstrated her commitment and leadership, resulting in significant advancements in all aspects of emergency medicine. Her efforts warrant our recognition through this award.

Manish N. Shah, MD, MPH  
Chief, Division of PreHospital Medicine  
Associate Professor of Emergency Medicine,  
Community and Preventative Medicine and Geriatrics  
University of Rochester School of Medicine





# Nathan Kuppermann, MD, MPH

by Peter Sokolove, MD



This year's SAEM Excellence in Research Award recipient is Nathan Kuppermann, MD, MPH. Dr. Kuppermann is one of the nation's leaders in emergency medical services for children (EMSC) research, and has been actively involved with SAEM for years. He sets the standard for pediatric emergency care research and has been a steadfast supporter of both general emergency medicine and pediatric

emergency medicine (PEM). Dr. Kuppermann has made extraordinary contributions to emergency medicine through his research accomplishments and collaborations, his peer-reviewed publications and the grant support he has obtained to support his research activities, and his mentoring relationships. Accordingly, he previously has received numerous honors and awards that further validate his remarkable achievements.

By way of background, Dr. Kuppermann is a Professor of Emergency Medicine and Pediatrics, and the Bo Tomas Brofeldt Endowed Chair of Emergency Medicine at the UC Davis School of Medicine. He is a graduate of Stanford University, the UC San Francisco School of Medicine and the Harvard School of Public Health. He completed his residency and chief residency at Harbor-UCLA Medical Center followed by a fellowship in pediatric emergency medicine at Children's Hospital, Boston. He arrived at the UC Davis School of Medicine in 1995, and since 2006 has served as Chair of the Department of Emergency Medicine. His desire to train and collaborate with general academic emergency physicians in the area of Pediatric Emergency Medicine has greatly helped to "bridge the gap" between the two disciplines. He is one of just a few pediatric emergency physicians who serve as chairs of departments of general emergency medicine, and perhaps the only one holding an endowed chair position.

Despite the administrative burden associated with his position as a Department Chair of a large Department of Emergency Medicine, Dr. Kuppermann actively spearheads important and truly groundbreaking and impactful investigations focused on pediatric emergency care. Throughout his career, Dr. Kuppermann has been the primary leader in the establishment of multidisciplinary, multicenter collaborations to investigate key clinical questions in EMSC. He is perhaps the leading PEM researcher regarding the care of the acutely injured child, as well as children with diabetic ketoacidosis, and he is one of a handful of leading PEM researchers in the area of pediatric infectious emergencies. Dr. Kuppermann has secured several million dollars in federal grant funding for his research. His impact in advancing EMSC research

over the past two decades has been felt nationally both through his own research, and through his leadership and mentorship in multicenter research networks. In the past decade, his research has been published throughout the emergency medicine literature, as well as twice in the *New England Journal of Medicine*, once in *JAMA*, and just last year in the *Lancet*, as the lead author of a landmark study of 45,000 head-injured children in which a neuroimaging decision rule was both derived and validated.

Perhaps most important has been Dr. Kuppermann's leadership in multicenter research. He has been the leader of two major multicenter research networks in the past 15 years, which have paved the way for future investigators to continue to push the frontiers of research in EMSC. Dr. Kuppermann led and helped to develop the first collaborative pediatric emergency medicine research group in the United States for 4 years (1996-2000), the Pediatric Emergency Medicine Collaborative Research Committee (PEM CRC), under the auspices of the American Academy of Pediatrics, during a time when emergency care research networks were sparse. In that network, Dr. Kuppermann was the senior author of an important study entitled "Risk Factors for Cerebral Edema in Children with Diabetic Ketoacidosis" and published in the *New England Journal of Medicine* in 2001. This study provided new insights into the etiology and risk factors for cerebral edema in that condition, and addressed treatment of DKA, challenging long-held dogma. Dr. Kuppermann subsequently played a pivotal role in the establishment of the first federally funded multicenter research network in EMSC in 2001, the Pediatric Emergency Care Applied Research Network (PECARN), served as the founding PECARN Chair since its inception in 2001 until late in 2008, and remains one of the four PIs and driving forces of the network. PECARN is the first federally funded EMSC research network in the nation and includes 22 pediatric EDs. This effort has involved close collaboration with federal research agencies, participation and oversight of many different sites and countless investigators and staff, much grant writing and study leadership. The fact that this network has been so successful is a testimony to his effectiveness as a research leader and ability to build consensus among many different groups. PECARN's impact on the field of EMSC are being realized; under Dr. Kuppermann's leadership, PECARN has produced several seminal publications in the field of EMSC, and secured millions of dollars in federal research funding.

In addition to publishing his own work through the years, Dr. Kuppermann has mentored countless trainees and junior faculty members, many of whom have gone on to become independent investigators themselves. The research conducted by Dr. Kuppermann and his mentees has changed how we care for acutely ill and injured children. There is an entire generation of clinical investigators in PEM who owe their skills regarding the design, conduct, publication

and funding of clinical research to Dr. Kuppermann. Dr. Kuppermann fosters a strong, nurturing, collaborative culture of research and research mentoring both at his home institution and nationally. Not surprisingly, Dr. Kuppermann has been awarded numerous teaching, role modeling, and mentoring awards over the past 20 years, including the UC Davis Dean's Award for excellence in mentoring, and perhaps most importantly, by the national 2009 Miller-Sarkin Award from the Academic Pediatric Association for mentoring, given to just one academic pediatrician in the U.S. annually; many of Dr. Kuppermann's peers around the country look to him as a "mentor of mentors." It is noteworthy that he has received multiple honors for both the quality and impact of his research activities and for his skills in teaching, mentoring, and serving as an outstanding role model.

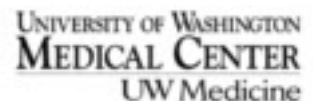
Dr. Kuppermann has also been involved with the federal research enterprise at a national level, representing the field of emergency medicine. He has been invited to participate on NIH panels regarding ethical issues in emergency research, to participate on an NIH/IOM Medical-Surgical Emergency Roundtable on Barriers to, and Priorities in Research in Emergency Medicine (serving as the lone representative of the specialty of pediatric emergency medicine, but consistently pointing out the common interests of emergency medicine and pediatric emergency medicine researchers), to Chair an NIH review panel, and to address the IOM and participate in a series of IOM-sponsored dissemination workshops regarding the future of EMSC in the U.S. Most recently, Dr. Kuppermann has

been a key supporter and participant in the development of an emergency care research network within Clinical and Translational Science Award (CTSA) institutions along the West Coast. For the past 4-5 years, members of SAEM have discussed methods to enter the CTSA framework, and in the past year, Dr. Kuppermann, along with several EM colleagues, has helped develop the first such emergency care research network (West Coast Emergency Services Translational Research Network – WESTRN) among 7 sites, with several studies and grant applications in progress. He represents an investigator who has made large strides not only towards pushing the science of pediatric emergency medicine forward, but also helping to meld the fields of pediatric and general emergency medicine. One can clearly see that Dr. Kuppermann has been representing and advocating for research in our specialty at the highest levels in the nation.

Dr. Kuppermann brings compassionate and high-quality work to all his endeavors. He has made outstanding contributions to the basic research infrastructure for both emergency medicine and pediatric emergency medicine, and in the process has devoted endless hours of time to nurture the next generation of researchers in EMSC. For all these reasons, it is fitting that Dr. Kuppermann will receive the 2010 SAEM Excellence in Research Award. 🏆



**University of Washington, School of Medicine  
Division of Emergency Medicine**



The University of Washington (UW) School of Medicine, Division of Emergency Medicine is beginning an Emergency Medicine residency program and is seeking an EM Residency Program Director as well as highly motivated, board prepared/certified, academically oriented Emergency Medicine physicians to join in this exciting venture. Faculty will work at Harborview Medical Center (HMC) Emergency Department, which is the only Level I Trauma Center for a 5-state region and sees approximately 68,000 patients per year, and the University of Washington Medical Center (UWMC) Emergency Department, which sees approximately 28,000 patients per year.

**Emergency Medicine Residency Program Director**

This is an exceptional and unique opportunity to *create and lead* an outstanding emergency medicine residency program. The HMC and the UWMC offer outstanding, wide ranging opportunities for resident education. There are excellent opportunities for academic growth of faculty, including collaboration with the UW Department of Medical Education. Faculty must have experience as a Program Director or Associate PD, have demonstrated leadership capabilities and expertise in medical education, and be positioned to mentor junior faculty in the area of medical education and career development. Appropriate individuals may be considered for the position of Vice Chair of Education.

**Academic Emergency Medicine Faculty**

There are excellent and wide ranging opportunities for academic faculty who seek a career with a focus in research (basic science or clinical) or medical education. Opportunities to collaborate with well-established researchers in areas such as Resuscitation, Injury Prevention, Health Services, Pre-Hospital Care, Simulation and many others are abundant. There are also opportunities to work with the UW Department of Medical Education and Biomedical Informatics, which offers course work focused on faculty development and general medical education, including their nationally recognized Teaching Scholars Program.

If you are interested in leading the development of a world-class Emergency Medicine Residency program, or in joining our esteemed clinical and academic faculty at the highly acclaimed University of Washington School of Medicine please send your CV to: Susan Stern, MD; Professor and Division Head, Emergency Medicine; Harborview Medical Center; 325 9<sup>th</sup> Avenue; Box 359702; Seattle, WA 98104-2499. E-mail: [ssstern@uw.edu](mailto:ssstern@uw.edu).

The University of Washington is building a culturally diverse faculty and strongly encourages applications from women and minority candidates. The University is an Equal Opportunity/Affirmative Action employer.

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

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



## Giving Feedback in Medical Education

### John Houghland MD

Chief Resident  
Denver Health Residency Program in Emergency Medicine  
Department of Emergency Medicine  
University of Colorado School of Medicine

### Jeff Druck MD

Associate Residency Director  
Denver Health Residency Program in Emergency Medicine  
Department of Emergency Medicine  
University of Colorado School of Medicine

### Introduction

*As a compendium of cognitive, psychomotor, and affectual behaviors, clinical skill is easier demonstrated than described. And, like ballet, it is best learned in front of a mirror. Feedback occurs when a student or house officer is offered insight into what he or she actually did well as the consequences of his or her actions.*

Since Ende's seminal article, giving learners feedback has been recognized as a crucial component to clinical medical education.<sup>1,4</sup> Moreover, medical education has been, and continues to be, a highly apprentice-based system. Thus, it is imperative that all physicians who supervise learners are capable of giving feedback effectively.<sup>5</sup> However, feedback has been variably defined in the literature,<sup>6</sup> and disagreement between teachers and learners exists regarding the type and frequency of feedback that actually occurs.<sup>3,7,8</sup> Furthermore, physicians have reported feeling uncomfortable giving feedback<sup>9</sup> and may be generally ill-equipped to do so.<sup>10</sup> This article: 1. Provides an operational definition of feedback based on recent literature; 2. Discusses the importance of feedback to medical education; 3. Highlights key components of the content and process of effective feedback; 4. Focuses on important behaviors of teachers as well as learners in the feedback process, and 5. Addresses potential problem areas of the feedback process.

### What is Feedback?

Historically, there has been no well-accepted definition of feedback. Believing this to be likely harmful to medical education, van de Ridder et al. recently performed a meta-analysis to investigate the concept of feedback. Within the body of medical education and social sciences literature, three concepts of feedback dominated: 1. Feedback as *information*, 2. Feedback as a *reaction*, and 3. Feedback as a *cycle*. Therefore, the authors proposed the following conceptual and operational definition of feedback that incorporates each of these elements for further research: “specific information about the comparison between a trainee's observed performance and a standard, given with the intent

to improve the trainee's performance.”<sup>6</sup> This definition directs the supervisor to describe objective performance measures to the trainee, to give constructive critique comparing his or her performance to this standard, and to provide information to help close this performance gap.

### Why Feedback?

Having established a working definition of feedback, the question remains: Why give feedback? The simple answer is, physicians and trainees are notoriously inaccurate at self-assessment.<sup>11</sup> To counter this, regulatory guidelines mandate, and experts in graduate medical education recommend, frequent and objective feedback. The Accreditation Council for Graduate Medical Education requires residency training programs to “provide objective assessments of resident physician competence, use multiple evaluators, document progressive performance, and provide evaluation of performance with feedback.”<sup>3</sup> A recent consensus statement from the Council of Emergency Medicine Residency Directors (CORD) Academic Assembly states that frequent feedback is important, particularly in the education of the current generation of medical students and residents.<sup>12</sup>

While the lack of a well-accepted definition of feedback has limited rigorous study of feedback, the available evidence suggests that feedback in its various forms improves both cognitive and procedural competency. Early on, Wigton et al. demonstrated that computer program feedback improved clinical diagnostic skills among medical students,<sup>13</sup> and Porte et al. showed that verbal feedback created immediate and lasting improvement in the technical skills performance of medical students learning to suture.<sup>14</sup> Finally, there is increasing evidence that real-time feedback in the form of simulation medicine is an effective tool that improves learners' knowledge, clinical decision making, and procedural competency.<sup>15-26</sup> Simulation medicine additionally has the advantage of being able to instruct, test, and provide feedback to the learner in both cognitive and procedural realms simultaneously.



## Good Evaluators: Who Are They?

How do you become proficient at giving feedback? To answer this question, first identify your role models. The literature suggests that certain behaviors and characteristics are frequently attributed to “good” evaluators. Excellent evaluators are frequently able to detect and discuss emotional response among learners, and have proficiency in handling conflict. Furthermore, these individuals begin teaching interactions by asking learners for educational goals, and make professional goals clear to the learner by writing down or discussing them. (Of note, the latter two behaviors are also associated with creating a positive learning environment in general). Finally, good evaluators have been reported to work frequently with learners to establish mutually agreed upon goals and objectives, and encouraging learners to problem-solve ways to achieve these goals, as well as other issues, themselves.<sup>27</sup>

## Giving Feedback: Best Practices

**Setting the Stage.** When you are ready to give feedback, perhaps the most important step to doing so effectively is setting the stage: ensuring a ready and willing recipient and an appropriate setting. A key element is recognizing there is a large emotional component to receiving feedback.<sup>28</sup> The majority of clinical performance evaluations are comprised of subjective feedback, and the literature suggests that learners may at times disregard feedback that is negative or in opposition to their self-perception of performance.<sup>28-30</sup> Effective feedback may be further hampered when learners are dissatisfied with or perceive the evaluation system as unfair.<sup>28</sup> Therefore, avoid giving feedback that could be misconstrued as a personal attack, and instead guide the learner through a constructive, self-reflection process on objective performance measures.<sup>1</sup> Consider developing the habit of asking the learner for permission to give feedback. This not only may

increase learner acceptance of the process, but identifies the feedback as such, and reduces the chance that your critique is viewed as negative or as personal.<sup>3,7</sup> Finally, choose an appropriate setting to give feedback. Positive feedback may be well-received in front of patients or colleagues, but deliver constructive criticism in a more private setting.<sup>4</sup>

**ESSENTIAL COMPONENTS OF FEEDBACK.** During the feedback process, be sure to incorporate these elements into the feedback to maximize learner reception.

1. **Utilize the method of “positive critique.”** This technique incorporates the cycle concept mentioned above, involving a series of exchanges regarding the learner’s performance. First, ask the learner what elements of his or her performance went well; then list elements you thought went well. Second, ask the learner what he or she thinks could be improved; add your thoughts for what could be improved. Soliciting the learner’s view in both cases not only increases his or her participation in the feedback, but also gives the teacher insight into his/her self-perception of performance, allowing correction of behaviors and misconceptions.<sup>4</sup>
2. **Be timely.** Timely feedback allows the learner to more rapidly correct errors, preventing cementing of misconceptions and incorrect behaviors. Timely feedback also provides immediate positive reinforcement for appropriate behavior and thought processes.<sup>4</sup> Finally, as medical education is a highly situated learning environment,<sup>31-33</sup> a lack of a temporal connection to feedback likely decreases the signal strength and effectiveness of feedback.
3. **Be specific.** Overly general statements do not provide learners a guide on which elements need correction or how to improve.<sup>4</sup> Rather than advising the learner, “You need to work on your work up of chest pain”, focus on correcting a specific behavior, such as “You seem to



## Social Media Committee

Nick Genes, MD, PhD  
Mount Sinai School of Medicine

The newly-formed Social Media Committee had a busy spring, recruiting followers for SAEM’s Facebook and Twitter presence in advance of the Annual Meeting. In the weeks before the conference, dozens of noteworthy research abstracts were highlighted on the SAEM Facebook page and Twitter feed, thanks to Zach Meisel of the Communications Committee and Ali Raja of the Program Committee, and support from David Kretz.

In Phoenix, social media activity swung into high gear, with hundreds of tweets and Facebook comments coming from dozens of conference attendees. If you followed the @SAEMonline account on Twitter, you learned of special events and breaking news from the conference, and were pointed in the direction of some active Twitters at the meeting, including ACEP president Angela Gardner. Viewers of SAEM’s Facebook page saw photos uploaded by attendees, as well as Scott Joing’s videos of the plenary session, and Jim Miner’s interviews with several SAEM luminaries.

The committee is already looking ahead to the 2011 Annual Meeting in Boston, using social media to survey members about activity options around the city. We plan to work closely with the Program Committee to draw attention to noteworthy research and events. In the meantime, we hope to further develop our Facebook page and Twitter feed into a real research resource for EM investigators. We’re also working on guidelines for appropriate use of social media tools for SAEM members.

Your input is always welcome! Please participate in our discussion forums or leave a “wall” post at <http://facebook.com/SAEMonline>, and subscribe and respond to our tweets at <http://twitter.com/SAEMonline>.

Committee members: Nick Genes, Michelle Lin, Graham Walker, Jim Miner, Mark Hauswald, Matt Sullivan, Rob Rodgers



have misread this patient's EKG and missed their ST elevation MI."

4. **Be realistic.** Certain elements of patient-learner interaction cannot be changed. A learner's gender and speech pattern are impossible to change. Still other aspects, such as body habitus, hairstyle, and dress are inappropriate to comment on unless there is a clear violation of a written guideline regarding the latter two. Instead, focus feedback on modifiable areas of knowledge and behavior.<sup>4</sup>
5. **Own the feedback.** State specifically that the feedback is your opinion. Doing so adds credibility and weight to the information. At the same time, it gives the learner the opportunity to critically evaluate the feedback, and if he or she, to engage the teacher in further discussion.
6. **Start with a positive.** As mentioned previously, learners may be less receptive to feedback that is negative or is dissonant with their self-perception. Therefore, augment learner acceptance by preceding any critique with a positive: something the learner did well. Anecdotally, many teachers in the authors' collective medical education have used the "crap sandwich", where negative elements are sandwiched between positive elements, additionally allowing the feedback to conclude on a positive note.<sup>34</sup>

## Problem Areas

**PROBLEMS WITH FEEDBACK.** Several problems are inherent to the process of giving feedback. The personal interaction that occurs with both giving and receiving feedback introduces potential problem areas related to body language, which communicates attitudes and feelings, voice tone, silences and other nuances of interpersonal communication which may result in poor reception of feedback. Second, educators may have received no formal training on giving feedback; thus many key elements of feedback may be lost. Finally, while educators may generally know the elements of appropriate feedback, without priming, they may not focus on enough on objective measures of performance.

**PROBLEM RECIPIENTS.** Learner resistance to feedback happens. Before attempting to tackle what you assume to be a purely behavioral issue, first reflect critically on the situation—look for problematic aspects of the feedback or learner barriers to progress, such as underlying personal issues. Consider whether the feedback was provided in a clear manner and understood by the learner, or if your expectations for improvement were unrealistic. Alternatively, consider whether personal issues or drug or alcohol abuse may be interfering with learner improvement. If these issues can safely be excluded, consider the following solutions to several common behavioral issues.

1. **External locus of control.** Overwhelmed at times with the pressure to perform or increasing responsibility, this learner will not accept responsibility for errors, instead placing blame externally (a la "The dog ate my homework"). He or she may blame the nurse for providing misinformation, or emphasize that certain data points are unknowable due to the patient not disclosing them. If these behaviors occur consistently, they likely poor coping mechanism that has become a habit. To remediate these learners, constant reproducible and

measurable documentation is critical. Only by showing the repeated nature of the error will the learner recognize that the issue in question is his or her responsibility, and an issue of deficient performance.<sup>9</sup>

2. **Blaming the evaluator.** Some learners will turn on the evaluator when receiving negative feedback, blaming a personal conflict as the cause. Consistent feedback from multiple sources will help remedy this issue. Even better, we recommend archived, written evaluations on a regular basis to prevent confusion and misinterpretation, as learners who blame the evaluator have even brought their disagreements with feedback into the legal arena.
3. **No desire to improve.** Finally, some learners will appear to have no interest in improving in a certain area, rationalizing that performance in this area is irrelevant to their ultimate career goals. Often this is a false assertion, so attempt first to reconnect the importance of the tasks at hand to their future goals. For example, for the medical student going into General Surgery, emphasize the similarity of the elements used in the history and physical for medical and surgical patients. For the student going into Internal Medicine, emphasize the importance of learning a good physical exam during their General Surgery rotation for when they will later refer their patients for elective hernia repairs.<sup>9</sup>

## Future Directions: Learner Responsibility

Current teaching methods and evaluative processes emphasize the best practices of the teacher. However, future emphasis may shift away from modifying evaluator behaviors to focus on best learner behaviors. Existing learner-specific barriers to effective feedback include the low capacity of learners for self-assessment and metacognition; as well as the aforementioned overpowering affective reactions of learners to feedback (i.e., conflict with self assessment leading to emotional response).<sup>1</sup> Interventions focusing on the teacher have shown that feedback behaviors are modifiable and can improve feedback. In the future, educational focus needs to be additionally directed at the learner.<sup>11,35,36</sup>

### Reference

1. Bing-You RG, Trowbridge RL. Why medical educators may be failing at feedback. *JAMA*. 2009;302(12):1330-1331.
2. Ende J. Feedback in clinical medical education. *JAMA*. 1983;250(6):777-781.
3. Yarris LM, Linden JA, Gene Hern H, et al. Attending and resident satisfaction with feedback in the emergency department. *Acad Emerg Med*. 2009;16 Suppl 2:S76-81.
4. Vickery AW, Lake FR. Teaching on the run tips 10: giving feedback. *Med. J. Aust*. 2005;183(5):267-268.
5. Henderson P, Ferguson-Smith AC, Johnson MH. Developing essential professional skills: a framework for teaching and learning about feedback. *BMC Med Educ*. 2005;5(1):11.
6. van de Ridder JMM, Stokking KM, McGaghie WC, ten Cate OTJ. What is feedback in clinical education? *Med Educ*. 2008;42(2):189-197.
7. Sender Liberman A, Liberman M, Steinert Y, McLeod P, Meterissian S. Surgery residents and attending surgeons have different perceptions of feedback. *Med Teach*. 2005;27(5):470-472.
8. Hutul OA, Carpenter RO, Tarpley JL, Lomis KD. Missed opportunities: a descriptive assessment of teaching and attitudes regarding communication skills in a surgical residency. *Curr Surg*. 2006;63(6):401-409.

9. Lake FR, Ryan G. Teaching on the run tips 11: the junior doctor in difficulty. *Med. J. Aust.* 2005;183(9):475-476.
10. Bahar-Ozvaris S, Aslan D, Sahin-Hodoglugil N, Sayek I. A faculty development program evaluation: from needs assessment to long-term effects, of the teaching skills improvement program. *Teach Learn Med.* 2004;16(4):368-375.
11. Kruidering-Hall M, O'Sullivan PS, Chou CL. Teaching feedback to first-year medical students: long-term skill retention and accuracy of student self-assessment. *J Gen Intern Med.* 2009;24(6):721-726.
12. Moreno-Walton L, Brunett P, Akhtar S, DeBlieux PMC. Teaching across the generation gap: a consensus from the Council of Emergency Medicine Residency Directors 2009 academic assembly. *Acad Emerg Med.* 2009;16 Suppl 2:S19-24.
13. Wigton RS, Patil KD, Hoellerich VL. The effect of feedback in learning clinical diagnosis. *J Med Educ.* 1986;61(10):816-822.
14. Porte MC, Xeroulis G, Reznick RK, Dubrowski A. Verbal feedback from an expert is more effective than self-accessed feedback about motion efficiency in learning new surgical skills. *Am. J. Surg.* 2007;193(1):105-110.
15. Issenberg SB, McGaghie WC, Gordon DL, et al. Effectiveness of a cardiology review course for internal medicine residents using simulation technology and deliberate practice. *Teach Learn Med.* 2002;14(4):223-228.
16. Ten Eyck RP, Tews M, Ballester JM. Improved medical student satisfaction and test performance with a simulation-based emergency medicine curriculum: a randomized controlled trial. *Ann Emerg Med.* 2009;54(5):684-691.
17. Kneebone R. Simulation in surgical training: educational issues and practical implications. *Med Educ.* 2003;37(3):267-277.
18. Okuda Y, Bryson EO, DeMaria S, et al. The utility of simulation in medical education: what is the evidence? *Mt. Sinai J. Med.* 2009;76(4):330-343.
19. Lynagh M, Burton R, Sanson-Fisher R. A systematic review of medical skills laboratory training: where to from here? *Med Educ.* 2007;41(9):879-887.
20. Fried GM, Feldman LS, Vassiliou MC, et al. Proving the value of simulation in laparoscopic surgery. *Ann. Surg.* 2004;240(3):518-525; discussion 525-528.
21. Issenberg SB, McGaghie WC, Petrusa ER, Lee Gordon D, Scalese RJ. Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. *Med Teach.* 2005;27(1):10-28.
22. Boulet JR. Summative assessment in medicine: the promise of simulation for high-stakes evaluation. *Acad Emerg Med.* 2008;15(11):1017-1024.
23. Maker VK, Bonne S. Novel hybrid objective structured assessment of technical skills/objective structured clinical examinations in comprehensive perioperative breast care: a three-year analysis of outcomes. *J Surg Educ.* 2009;66(6):344-351.
24. Xeroulis G, Dubrowski A, Leslie K. Simulation in laparoscopic surgery: a concurrent validity study for FLS. *Surg Endosc.* 2009;23(1):161-165.
25. Binstadt E, Donner S, Nelson J, Flottemesch T, Hegarty C. Simulator training improves fiber-optic intubation proficiency among emergency medicine residents. *Acad Emerg Med.* 2008;15(11):1211-1214.
26. Lammers RL. Learning and retention rates after training in posterior epistaxis management. *Acad Emerg Med.* 2008;15(11):1181-1189.
27. Menachery EP, Wright SM, Howell EE, Knight AM. Physician-teacher characteristics associated with learner-centered teaching skills. *Med Teach.* 2008;30(5):e137-144.
28. Watling CJ, Lingard L. Toward meaningful evaluation of medical trainees: the influence of participants' perceptions of the process. *Adv Health Sci Educ Theory Pract.* 2010. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/20143260> [Accessed February 10, 2010].
29. Sargeant J, Mann K, Ferrier S. Exploring family physicians' reactions to multisource feedback: perceptions of credibility and usefulness. *Med Educ.* 2005;39(5):497-504.
30. Sargeant J, Mann K, Sinclair D, Van der Vleuten C, Metsemakers J. Understanding the influence of emotions and reflection upon multi-source feedback acceptance and use. *Adv Health Sci Educ Theory Pract.* 2008;13(3):275-288.
31. Lave J, Wenger E. *Situated Learning: Legitimate Peripheral Participation.* Cambridge, UK: Cambridge University Press; 1991.
32. Orey MA, Nelson WA. Situated Learning and the Limits of Applying the Results of These Data to the Theories of Cognitive Apprenticeships. In: ; 1994. Available at: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED373746> [Accessed April 21, 2010].
33. Brown J, Collins A, Duguid P. Situated cognition and the culture of learning. *Educ Res.* 1989;(18):32-42.
34. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. *Med Teach.* 2007;29(1):2-19.
35. Notzer N, Abramovitz R. Can brief workshops improve clinical instruction? *Med Educ.* 2008;42(2):152-156.
36. Salerno SM, Jackson JL, O'Malley PG. Interactive faculty development seminars improve the quality of written feedback in ambulatory teaching. *J Gen Intern Med.* 2003;18(10):831-834.



## UNIVERSITY OF Nebraska Medical Center

The University of Nebraska Medical Center, Department of Emergency Medicine is recruiting additional faculty members committed to developing an academic career.

With an accredited three year emergency medicine residency program with 21 residents, this is a great opportunity to help shape the future of emergency medicine in this region. The Center for Clinical Excellence which opened in November 2005 houses the Emergency Department and provides services for over 50,000 annual visits.

Respond in confidence to: Robert Muelleman, M.D., Professor and Chairman, Department of Emergency Medicine, University of Nebraska Medical Center, 981150 Nebraska Medical Center, Omaha, NE 68198-1150 (402-559-6705). Individuals from diverse backgrounds are encouraged to apply.



## SAEM 2010 Annual Meeting Update

The Program Committee would like to say thank you to all who attended the 2010 annual meeting last month at the beautiful J. W. Marriott Desert Ridge in Phoenix, AZ. Over 2000 attendees absorbed cutting edge research and expert didactics, all in the setting of great weather and a stunning resort. While I saw no scorpions or geckos, and spotted only one rather aggressively amorous quail, this year's meeting showcased a number of innovative successful platforms for all to see:

- Lightning oral sessions
- Poster tours by research leaders
- Oral session for Innovations in Emergency Medicine Education
- Expanded photo exhibit
- Medical student ambassadors
- Updates on Facebook and Twitter

The Program Committee for 2011 is several hundred e-mails on its way to planning the next exciting annual meeting June 1-5, in Boston, MA at the familiarly charming Boston Marriott Copley Place. Deadlines are posted in this newsletter and can be found on the SAEM website. Mark your calendars and save the dates!

Andra Blomkalns, MD on behalf of the  
SAEM 2011 Annual Meeting Program Committee

## 2011 Annual Meeting Deadlines –

**All Deadlines are 5:00 PM EST**

- **Call for Didactics** - Deadline Tuesday, September 7, 2010
- **Call for Expert Abstract Reviewers** – Deadline Tuesday, October 05, 2010
- **Call for Abstracts** - Deadline Tuesday, December 7, 2010
- **Call for IEME** – Deadline Tuesday, January 25, 2011
- **Call for Photos** – Deadline Tuesday, February 8, 2011
- **Call for Medical Student Ambassadors** – Deadline Tuesday, February 15, 2011
- **Call for AEM Consensus Conference Manuscripts** – March 26, 2011

*Please visit [saem.org](http://saem.org)  
for updated submission criteria.*



Peoria, Illinois

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

**Please Call or Send CV to:**

Stacey Doolittle, OSF Recruitment

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

Email: [stacey.e.doolittle@osfhealthcare.org](mailto:stacey.e.doolittle@osfhealthcare.org)

Web: [www.osfhealthcare.org](http://www.osfhealthcare.org)



## Chief of Emergency Services

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

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

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

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

EOE



## Faculty Positions in Division of Pediatric Emergency Medicine

The Mayo Clinic Department of Emergency Medicine in Rochester, Minnesota is seeking faculty members for its Division of Pediatric Emergency Medicine. The Division is looking for applicants that are:

- Skilled in pediatric emergency medicine with an emphasis on provision of clinical care
- Committed to the teaching of medical students and residents in pediatrics, emergency medicine, and family medicine
- Interested in advancing the care of acutely ill and injured pediatric patients in the region of Southeastern Minnesota, Northern Iowa, and Western Wisconsin through quality improvement initiatives in the region
- Interested in working in a collaborative practice with a committed group of emergency medicine and pediatric subspecialty providers
- Board certified in pediatric emergency medicine or board certified in pediatrics and emergency medicine
- Eligible for Minnesota medical licensure

Options are also available for qualified candidates to be involved as Division Director or as a member of the child abuse evaluation team, inpatient pediatric practice, or a pediatric sedation practice.

The practice setting is the St. Mary's Hospital Emergency Department in Rochester, Minnesota with an annual volume of 75,000 visits per year, including over 14,000 pediatric visits. The practice involves the care of all levels of acutely ill and injured children at a recently recertified Level One adult and pediatric Trauma Center. All pediatric subspecialties are available through the Mayo Eugenio Litta Children's Hospital, a state-of-the-art pediatric facility.

Multiple opportunities for collaboration and career development are available through faculty members in both the Department of Emergency Medicine and the Department of Pediatric and Adolescent Medicine. Academic appointment is provided through the Mayo College of Medicine. A competitive salary along with an outstanding benefit package is offered.

Located in Southeastern Minnesota, Rochester is a growing and diverse community of over 100,000 people. An excellent school system and safe community characterize the values of the city. To learn more about Mayo Clinic and Rochester, MN, please visit <http://www.mayoclinic.org/physician-jobs/>

For further information, please contact:

**Brent R. Asplin, MD • Chair, Department of Emergency Medicine**  
Mayo Clinic College of Medicine  
1216 Second Street SW • Rochester, MN 55902  
Phone: (507) 255-6501 • email: [asplin.brent@mayo.edu](mailto:asplin.brent@mayo.edu)

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

## 20th Annual Midwest Regional SAEM Meeting



**November 8, 2010**

**Wright State University  
Boonshoft School of Medicine  
Dayton, Ohio**

**Abstracts may be submitted from  
May 1 to October 1**

For additional information contact Nancy Andrews at [nancy.andrews@wright.edu](mailto:nancy.andrews@wright.edu)





# Top 10 Reasons You Should Consider an SAEM-Accredited Research Fellowship

By Erik Hess, Renee Hsia, Michael Marchick

If you are considering pursuing a career in academics, the completion of a research fellowship is a great start. However, there are a number of questions one should ask about a program and the training you will receive before making a commitment. SAEM has recently approved a mechanism for approving EM research fellowships, a process that we, as young investigators have helped design (Erik and Renee are emergency medicine faculty members who have completed formal research training and successfully obtained extramural grant support; Michael is currently a research fellow). The requirements for an SAEM-approved research fellowship are a cohesive framework of criteria designed by productive EM researchers to enable you to succeed in your research career. Fulfilling the requirements of an approved program ensures you have received broad training in research fundamentals and are prepared to take the next steps to become a successful independent investigator.


Still need more convincing? Here are our top ten reasons Emergency Medicine residents with an interest in research should consider an SAEM-approved research fellowship:

- 10 It will help you avoid the pitfall of spinning your wheels without adequate direction; fellowship criteria include designation of a qualified research mentor and mentorship team that will be critical to your development and success;
- 9 It ensures that your fellowship includes training deemed vital by the biggest names in academic EM for becoming an independently funded researcher;
- 8 It provides training in the essential task of research presentation (oral and written), so that you can communicate your findings clearly;
- 7 It includes vital training in how to write a grant from those who have been previously successful in obtaining extramural funding;
- 6 It offers training in the skills of managing a clinical research team (which are not skills you will have learned in your medical training);
- 5 It develops your ability to ask novel and feasible research questions, design a methodologically sound study, and implement your study idea;
- 4 It supplies training in research ethics and regulatory requirements - keeping you out of trouble;
- 3 It affords you the knowledge that your training program has the resources and environment necessary to jump-start your research career;

- 2 It bestows a standardized certificate you can present to future academic employers on your CV; the fellowship criteria are truly well thought-out, rigorous, based on the consensus of experienced emergency care researchers and funding agency representatives, and indicate quality research training ;

*And, do I hear a drumroll.....*

- 1 Another framed certificate for your office (and we are lobbying to make sure it's pretty!).

Because our specialty is still relatively young compared to others, we must take active steps in catalyzing our ability as a specialty to perform high-quality research. The SAEM research fellowship is one step – along with many of those who have already paved the way – in that direction. For those of you seriously considering a career in research, identifying a research fellowship that has been given SAEM approval is perhaps one of the most efficient uses of your time, both in the short and long-term, as it provides you the training you need, as well as providing assurance to others both inside and outside of our field to recognize your training. 



*Rockford, Illinois*

**HEALTHCARE**

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

**Please Call or Send CV to:**  
 Stacey Doolittle, OSF Recruitment  
 Ph: 309-683-8354 or 800-232-3129 (8)  
 Email: [stacey.e.doolittle@osfhealthcare.org](mailto:stacey.e.doolittle@osfhealthcare.org)  
 Web: [www.osfhealthcare.org](http://www.osfhealthcare.org)



# New England Research Directors (NERDS) Regional Meeting Report

*James Feldman MD MPH, Boston Medical Center/Boston University School of Medicine  
Chair, NERDS SAEM New England Regional Meeting*

*Patricia Mitchell, RN, Boston Medical Center/Boston University School of Medicine  
NERDS SAEM New England Regional Meeting Director*

The 14th Annual New England Research Directors Regional SAEM conference was held on April 14, 2010 at the Hoagland-Pincus Conference Center at the University of Massachusetts Medical Center. This year's meeting was hosted by Boston Medical Center/Boston University School of Medicine with Hartford Hospital/University of Connecticut - NERDS 2011 host - participating in the planning efforts.

This meeting marked the maturation of emergency medicine as a specialty in the New England region. With over 300 abstracts submitted for consideration, NERDS was forced to balance logistic constraints with our original goal of creating an intimate experience for New England emergency researchers, especially resident and junior faculty participants. Given the spatial limitations of the centralized meeting place at Hoagland-Pincus, the pre-meeting NERDS dinner focused on finding this balance and this will be an active agenda item for the Program Committee for NERDS 2011.

The NERDS 2010 program featured impressive oral presentations delivered by each of the 9 residency programs in New England. The presentations covered the following areas:

1. The role of capnography in procedural sedation
2. The effects of a computerized order set on compliance with sexual assault guidelines
3. The effect of the Massachusetts statewide ambulance diversion ban on a Level I Trauma Center
4. A guideline to identify those with resistant organisms who present with severe sepsis or septic shock
5. Utility of obtaining MB fraction of CPK in low risk chest pain patients
6. Impact of ED based STEMI activation on STEMI process measures and clinical outcomes
7. Potential use of C-reactive protein to identify those with severe influenza
8. Implementation of a vital sign "trigger alert" program in the ED
9. The results of repeated CT imaging in patients transferred to a Level I Trauma Center

Dr. Linda Degutis, Associate Professor of Emergency Medicine and Public Health and Associate Clinical Professor of Nursing at Yale University delivered the Keynote Address "From Research to Reality: Translating Research Data for Policy and Advocacy."

Drawing on her extensive health policy and research experience, Dr. Degutis provided a talk that was both educational as well as inspirational. Dr. Degutis has served in many professional and governmental roles, including her service as a Robert Wood Johnson Health Policy Fellow in


the office of the late Senator Paul Wellstone (D-MN) and Past President of the American Public Health Association (APHA). Her lecture offered very practical advice on how to be an effective advocate and the role of advocacy in advancing emergency medicine and public health. She demonstrated the effectiveness of her approach with three specific case studies from her work in Connecticut. Based upon research and objective data, Dr. Degutis illustrated how her work had contributed to gun safety regulations in New Haven, CT and affected changes in host liability laws to reduce underage alcohol use as well as the implementation of a graduated license program to reduce death and injuries related to teen driving. Ultimately, all practitioners seek to change the world. Dr. Degutis provided the audience with a pathway.

Bracketed by the presentation of 92 moderated poster presentations in the morning and afternoon, NERDS 2010 included a panel focused on physician wellness as well as a presentation by David Wilcox, MD, FACEP, Chief Medical Officer, WellCare of CT about the SAEM Research fund. Ginger Mangolds, NP, U Mass Medical Center/U Mass School of Medicine led a lunchtime work group to continue to develop a regional study on the use of therapeutic hypothermia as a collaborative NERDS initiative.

Dr. Judith Linden, Vice Chair of Education, Boston Medical Center/Boston University School of Medicine moderated a panel discussion about wellness and maintaining work-life balance throughout a career in emergency medicine. The panelists included Dr. Francesca Beaudoin, Chief Resident Rhode Island Hospital/Brown University School of Medicine; Dr. Jon Fischer, Chief Resident, Yale- New Haven Medical Center/ Yale University School of Medicine; Dr. Cynthia Price, Assistant Residency Director, Hartford Hospital/University of Connecticut and Dr. Liudvikas Jagmanis, Vice Chair Department of Emergency Medicine/Yale School of Medicine. Blending personal experience, humor and thoughtful insight, the panelists offered practical suggestions on how to achieve balance between life and an emergency medicine career.

Judging by the participants' evaluations, NERDS 2010 once again succeeded in creating a premiere forum for academic emergency medicine research presentation, education and networking. All of the oral presenters received well deserved awards for their outstanding presentations.

We look forward to many innovations for the 15th Annual NERDS 2011 meeting. Dr. Tom Stair Brigham and Women's Hospital/Harvard Medical School will be leading an effort to allow on-line registration, credit card payment and other procedures to simplify the meeting preparation.

We would also like to acknowledge the contributions of the entire BUSM research group for their contributions and efforts in making NERDS 2010 a seamless success. 



## External Collaboration Committee

### WHO WE ARE, WHAT WE DO, AND HOW YOU CAN HELP

Christopher Fee, MD  
University of California, San Francisco

Now that the dust has settled from the Annual Meeting, it's time to get to work for the 2010-2011 SAEM External Collaboration Committee (formerly the Guidelines Committee). The name change reflects the fact that SAEM does not currently develop clinical guidelines for patient care (though one of our objectives for the current year is to analyze SAEM's potential role in doing just that). Instead, this committee, under the guidance of former Chair Charles Pollack, has served to recommend topic experts from within the SAEM membership to work with outside organizations in developing guidelines that effect care of emergency medicine patients. Additionally, committee members reviewed these guidelines and made recommendations to the SAEM Board of Directors as to whether or not SAEM should endorse them. This work continues.

Last year, the SAEM Board of Directors approved a proposal by this committee to join both the AMA-Physician Consortium for Performance Improvement (AMA-PCPI) and the National Quality Forum (NQF) in order to review proposed performance measures for emergency medicine and to provide evidence based critiques on behalf of SAEM. A future Academic Emergency Medicine article details this process. This year's committee is hitting the ground running as several proposed measures are currently under review by the NQF.

#### What can you do to help this committee, SAEM, emergency medicine, and your patients?

1. When becoming a new SAEM member or renewing your membership, complete the intake form and identify yourself as a topic expert if appropriate.
2. Notify the SAEM Board of Directors or this committee if you are invited to work on developing clinical guidelines or performance measures and perhaps you will be approved to represent SAEM (the rules of engagement must be adhered to).
3. Provide individual critiques of proposed performance measures as they arise for public comment (see the NQF website at [qualityforum.org](http://qualityforum.org)). The more EM voices, the better. To simplify this process, we plan to provide a link to measures currently being reviewed under the Advocacy page on the SAEM website (thank you Matt Sullivan).

We look forward to another productive year.



## Emergency Medicine Physician

Join The Reading Hospital and Medical Center, one of the busiest EDs in the fastest-growing area in Pennsylvania.

- 105,000+ patients annually – serving a population of 400,000+
- Partner with the University of Pennsylvania to operate Level II Trauma Center
- 40 physicians – 400+ total staff
- 59 specialty and multi-purpose treatment rooms plus 24-bed Observation Unit
- Adult and Pediatric Fast Track
- Ranked in top 5% nationwide for patient safety – HealthGrades Distinguished Hospital Award
- Clinical and academic affiliations with major academic medical centers
- BC/BE in EM and licensed/eligible to practice medicine in Pennsylvania required
- Very competitive salary, \$20,000 Sign-On Bonus, Educational Loan Repayment, Relocation Assistance and Full Benefits Package

For additional information, please contact:  
**Ronni Diamond, Physician Recruitment Consultant**  
Phone: 610-389-0101  
E-mail: [ronnidiamond@msn.com](mailto:ronnidiamond@msn.com)  
Hospital website: [www.readinghospital.org](http://www.readinghospital.org)  
Physician Recruitment website: [www.readingdocs.org](http://www.readingdocs.org)



The Reading Hospital  
and Medical Center

EOE

Continuum Health Partners, Inc.  
[wehealny.org](http://wehealny.org)

**St. Luke's  
Roosevelt**

*A New Year with  
Exciting Possibilities...*

Continuum Health Partners, Inc. is the parent company of Beth Israel Medical Center, St. Luke's-Roosevelt Hospital Center, Long Island College Hospital, and New York Eye & Ear Infirmary. We provide the leadership that brings together outstanding clinical resources, reinforces strong service traditions and attracts world-renowned physicians – ensuring the highest quality of care for our patients.

### Director of Clinical Research

*Department of Emergency Medicine — St. Luke's-Roosevelt Hospital Center*  
Seeking a leader with a demonstrated record of achievement in academic, administrative and clinical activity to join our RRC fully-accredited program with 42 residents (EM 1, 2, 3). The ED consists of 2 sites, serving Midtown Manhattan, Upper West Side, Columbia University/Morningside Heights and Central Harlem in New York City. There are currently 40 full-time faculty including 6 pediatric emergency physicians. The St. Luke's site is a Level I Trauma Center. Both sites have a hospital-based EMS service. The ED also has divisions of clinical toxicology, ultrasound, research and international medicine. Faculty appointment to Columbia University College of Physicians and Surgeons commensurate with academic status.

The successful applicant will have proven research experience, substantive peer review publications and leadership credentials. An advanced degree or completion of a research fellowship in emergency medicine is encouraged. Responsibilities will include supervision of emergency medicine resident research activities, supervision of undergraduate research associates, as well as mentoring junior faculty.

Submit CV for consideration to: **Dan Wiener, MD, Chair, Department of Emergency Medicine, St. Luke's-Roosevelt Hospital Center, 1111 Amsterdam Avenue, New York, NY 10025.** Visit our website at [www.slred.org](http://www.slred.org) to learn more about the St. Luke's-Roosevelt Hospital Center Emergency Department.

*[We are committed to diversity and equal opportunity.]*





# The First Woman Professor Of Emergency Medicine In The UK




Suzanne MASON, MBBS, FRCS, FCEM, MD was promoted to the rank of Professor of Emergency Medicine this year, making her the United Kingdom's first woman Professor of Emergency Medicine. The title of Professor in England is bestowed rarely, and requires a superb record of academic and clinical excellence. There are only 7 Professors of Emergency Medicine in the United Kingdom.

Professor Mason qualified in medicine from London University in 1990. She pursued her training initially in surgery and then specialised in Emergency Medicine. She spent a year as a Royal College of Surgeons of England Research Fellow and was awarded an MD whilst undertaking higher training in Emergency Medicine. She joined the School for Health and Related Research (SchARR) at the University of Sheffield as a Senior Clinical Lecturer in 2001 and was promoted to Reader in 2007. Professor Mason divides her time between research at the University and clinical work at the Northern General Hospital, part of Sheffield Teaching Hospitals Trust. She is Director of Health Services Research at SchARR and co-directs a program for academic fellows in emergency medicine. She is a member of SAEM and the UK's College of Emergency Medicine, where she is vice-chair of the Research Committee.

Professor Mason's primary research interests include evaluating complex interventions in emergency and urgent care. She is particularly interested in the evaluation of new roles and alternative pathways of care. She helped to implement, a program in Yorkshire in which paramedics trained as Emergency Care Practitioners provided treatment for selected conditions in the home for the elderly to prevent ED visits. The program received the "Frontline Award for Emergency Care" as "an excellent innovative scheme which is having a major impact on avoiding unnecessary admission to hospital." Her randomized study of this intervention showed it to be as safe as an ED visit. Her current studies include evaluating junior doctor confidence and competence in carrying out their role in emergency medicine (The EDiT study: <http://www.shef.ac.uk/scharr/sections/hsr/emergency/edit.html>), evaluating the use of a falls pathway by paramedics attending older people who have fallen (SAFER 2 Trial), and assessing the impact that the UK four-hour Emergency Department target has had on patient care (SAFETIME study).




UNIVERSITY OF NEBRASKA MEDICAL CENTER



Join us for the inaugural  
**Great Plains Regional Society for Academic Emergency Medicine Meeting**  
 Friday, September 17, 2010 • University of Nebraska Medical Center • Omaha, Nebraska

Come and experience the spirit of the prairie




**ABSTRACT DEADLINE: August 9, 2010**

This activity has been approved for AMA PRA Category 1 Credit™.

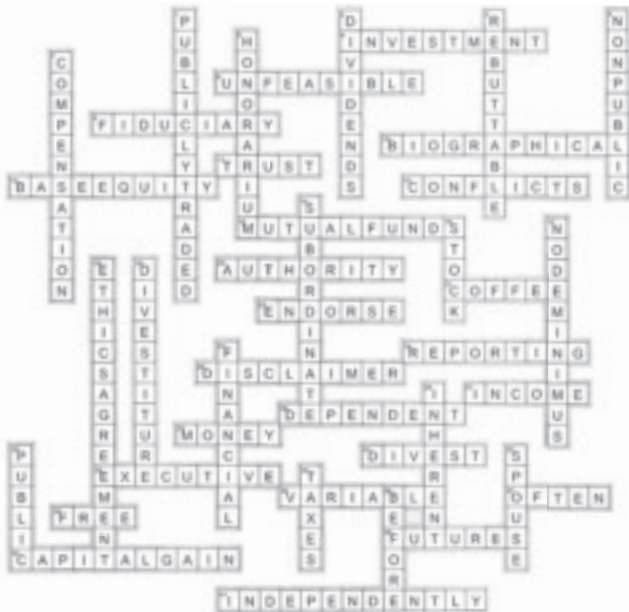
For more information, contact:

Robert Williams  
rwilliams@unmc.edu  
(402) 559-6705

Brandi Ram, CMP  
bram@unmc.edu  
(402) 559-8230



## Glory of Academic Quarry: AAMC Report on COI Key Concepts - Answer Key



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

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

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

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

For more information please contact:

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



## CALLS AND MEETING ANNOUNCEMENTS

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

### Call for Papers - AEM

2011 *Academic Emergency Medicine* Consensus Conference "Interventions to Assure Quality in the Crowded Emergency Department" will be held on June 1, 2011, immediately preceding the SAEM Annual Meeting in Boston, Massachusetts. Original papers on the conference topic, if accepted, will be published together with the conference proceedings in the December, 2011 issue of *Academic Emergency Medicine*.

Deadline: March 26, 2011.

**CLASSIFIEDS**

### OHIO, The Ohio State University

Assistant/Associate or Full Professor.

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

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

### Emergency Department w/ New Residency Program!

A well-known Medical School affiliated with multiple respected Medical Centers, seeks a Director of Research and Faculty Development to promote academic productivity and excellence within its Department of Emergency Medicine.

Candidates should have:

- Publication history and funded grants are preferred.
- Eligible for appointment at the rank of Associate Professor or Professor of EM.
- Board Certified (ABEM or ABOEM) in Emergency Medicine (EM).
- 5 years administrative experience in an academic department of EM.
- Excellent communication skills, mentoring experience and be a recognized leader in EM

Qualified candidates should send CVs to:

Lauren Hehn  
Foley Proctor Yoskowitz  
Healthcare Executive Search  
[lhehn@fpyssearch.com](mailto:lhehn@fpyssearch.com)



## Nominations Sought ABEM Board of Directors

Deadline: November 1, 2010

The American Board of Emergency Medicine will elect two new directors at its February 2011 Board of Directors meeting. ABEM is soliciting nominations for these two positions from Emergency Medicine organizations. ABEM has invited and encouraged SAEM to submit nominations.

The ABEM Nominating Committee will review all nominations and prepare a slate of candidates for consideration by the ABEM Board of Directors, who will vote on this slate at its February, 2011 meeting. The newly elected directors will begin a initial four year term in July 2011, and upon successful completion of that term, will be eligible for election to a second and final four year term. New directors will attend the summer 2011 ABEM Board meeting as observers.

Nominated physicians must meet the following criteria:

- Be a graduate of and ACGME-accredited Emergency Medicine residency program.
- Be an ABEM diplomat for a minimum of ten years.
- Have demonstrated extensive active involvement in organized Emergency Medicine. Ideally, this includes long-term experience as an ABEM item writer, oral examiner, or ABEM appointed representative.
- Be actively involved in the clinical practice of Emergency Medicine.

Interested SAEM members should send a letter of interest, a current CV, and a letter of willingness to serve by November, 1 2010 to James Tarrant, SAEM Executive Director, jtarrant@saem.org. The SAEM will select a slate of nominees to forward to ABEM.

### University of Alabama at Birmingham Department of Emergency Medicine

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

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

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

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

### EMERGENCY MEDICINE PHYSICIANS DIVISION OF EMERGENCY MEDICINE

#### UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

The Division of Emergency Medicine at University of Texas Health Science Center at San Antonio is recruiting full-time residency trained, BC/BE Emergency Medicine Physicians committed to developing an academic career. Academic rank and salary will be commensurate with experience. UTHSCSA is in the process of developing an emergency medicine residency program for year 2012. University Hospital will open a new Emergency Center in 2014. University Hospital is a 498 bed tertiary care facility. University Hospital Emergency Center is a 55 bed Level I trauma center which evaluates and treats more than 60,000 patients annually. There is double physician coverage daily along with mid-level providers. UTHSCSA offers a competitive salary, comprehensive insurance package, and generous retirement plan.

Candidates are invited to send their curriculum vitae to: Claire Escamilla, M.D., FACEP, Interim Chief of Emergency Medicine and UHS/EC Medical Director, 7703 Floyd Curl Drive, MS 7840, San Antonio, TX 78229-3900. Telephone: (210)358-4321, FAX: (210)358-1972. All faculty appointments are designated as security sensitive positions.

The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer.



## New Board of Directors

**Jeffrey A. Kline, MD**  
President

**Debra E. Houry, MD, MPH**  
President-Elect

**Adam J. Singer, MD**  
Secretary-Treasurer

**Jill M. Baren, MD, MBE**  
Past President

Brigitte M. Baumann, MD,  
Deborah B. Diercks, MD  
Cherri D. Hobgood, MD  
Robert S. Hockberger, MD  
Alan E. Jones, MD  
O. John Ma, MD  
Jody Vogel, MD

**Executive Director**  
James R. Tarrant, CAE

**Send Articles to:**  
[newsletter@saem.org](mailto:newsletter@saem.org)

**Send Ads to:**  
[mgreketis@saem.org](mailto:mgreketis@saem.org)

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

For newsletter archives and e-Newsletters  
Click on Publications at  
[www.saem.org](http://www.saem.org)

## FUTURE SAEM ANNUAL MEETINGS

**2011**

June 1 - 5

*Marriott Copley Place, Boston, MA*

**2012**

May 9 - 13

*Sheraton Hotel and Towers, Chicago, IL*

**2013**

May 15 - 19

*The Westin Peachtree Plaza, Atlanta, GA*

**2014**

May 14 - 18

*Sheraton Hotel, Dallas, TX*

**2015**

May 13 - 17

*Sheraton Hotel and Marina, San Diego, CA*

At [www.saem.org](http://www.saem.org), you will find more information on each regional meeting in the Meetings > SAEM Regional Meetings section of the site.

### MIDWEST REGIONAL MEETING

20th Annual Midwest Regional SAEM Meeting  
November 8, 2010 • Wright State University Boonshoft School of Medicine Dayton, Ohio

Abstracts may be submitted from May 1 to October 1

For additional information contact Nancy Andrews at [nancy.andrews@wright.edu](mailto:nancy.andrews@wright.edu)

### GREAT PLAINS REGIONAL MEETING

Friday, September 17, 2010 (Reception: September 16, 2010)

Michael F. Sorrell Center for Health Science Education  
University of Nebraska Medical Center • Omaha, Nebraska

August 9, 2010 – Deadline for abstract submission

For More Information:

Robert Williams  
[rwilliams@unmc.edu](mailto:rwilliams@unmc.edu)  
(402) 559-6705

Brenda Ram, CMP  
[bram@unmc.edu](mailto:bram@unmc.edu)  
(402) 559-9250