



## Chris Ross, MD, FRCPC, FACEP, FAAEM

Cook County Hospital

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### SAEM WEBSITE REDESIGN

Key Features  
Explored

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### CAREER PATH

Transition from  
Resident to  
Attending

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### ETHICS IN ACTION:

Parental Refusal  
of Care for  
Their Children



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

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## Membership Count as of December 7, 2012

AAAEM	74	Honorary	7
Active	2,523	International Affiliates	10
Assoc	44	Medical Students	173
Emeritus	19	Residents	2,617
Fellows	59		<b>Total 5,526</b>

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# PRESIDENT'S MESSAGE

## CAPACITY, COMMITMENT AND WONDER

**Cherri D. Hobgood, MD**  
Indiana University School of Medicine



**Cherri D. Hobgood, MD**

I am reminded of a scene from one of my favorite chick flicks, *Pretty Woman*, in which Richard Gere, a hard-nosed corporate raider, comes out of his boardroom and begins to discover the world around him. In this scene, Gere takes off his shoes in the park and tentatively walks barefoot, experiencing as if for the first time the feeling of the grass on his feet. Gere's childlike wonder at this experience is part of a transformation he undergoes that changes his entire worldview.

Now, just for a moment, reflect on your own lives and attempt to define your own worldview. Are you living out the proverbial corporate raider philosophy, where every patient is a hit? Or is the patient just another chest pain? A major social issue to be resolved? Another expensive ER patient who could be treated cheaper elsewhere? Or do you allow yourself to think about the person inside the gown? Why is he here? What is her "ARC"—the actual reason for coming? What are the social and societal issues that have arisen in the use of the ER? How can you in your brief interaction drill down to the ARC and potentially improve the patient's care? How can we as healthcare systems provide better care?

Sometimes we can make a big win, and other times we will simply be frustrated by many of the issues that we cannot resolve. But from my perspective we should be thankful for every patient we see. Thankful? Really? Thankful for a busy shift? For unresolved social issues? For an ever diminishing opportunity for remuneration? The answer to all these questions is: yes, thankful.

Follow my rationale for a moment: as emergency physicians, we should be thankful for capacity: the capacity to think, to move

freely, and to help. We all went to medical school with the same mantra: "I want to help people." Somewhere in each of us, that is an actual truth, or else we would not have gone into EM. Each of us has found a way to help, and as SAEM members we have actually expanded our repertoire and capacity.

Most of us help at the bedside, at the level of the individual patient and family. We help them through a rough day and provide a service that is based on more than just years of education and training. We also help our learners. We model professionalism and we disseminate and inculcate knowledge into our learners.

We help by changing the practice of medicine through scientific practice and through discovery and innovation. Now, in this time of change for health care, emergency medicine has an opportunity to become part of a larger solution. With the build-out of the structure of accountable care organizations, emergency medicine has an opportunity to help craft the solution to many of the issues that confront us daily. With the thrust to "keep those expensive patients out of the ER," we have the ear of our administrators and the opportunity to lead in the building of systems that address the needs of our patients. As academic emergency medicine physicians, we have a strong voice in what these best practices could and should look like, and it is incumbent on us to speak with a unified voice, to say that "emergency medicine is not part of the problem but part of the solution."

It is my hope that during this holiday season, each of us can think for a moment about our capacity and commitment. Then, in that moment, as we feel the coolness and tingly texture of the proverbial grass beneath our feet, each of us can once again revel in the wonder of medicine, the intellectual gifts we have been given, and can renew our commitment to being, in every way, a part of the solution. ▸

## Attention Medical Students & Residents!

**2013 SAEM Residency & Fellowship Fair** The SAEM Residency & Fellowship Fair is open to all Medical Students & Residents at the SAEM 2013 Annual Meeting in Atlanta, GA. Don't miss out on this unique opportunity to meet & network with over 100 program representatives.

**Friday, May 17, 2013**  
**4:30pm—6:30pm**

**200 Peachtree Conference Center &  
Mezzanine, Grand Atrium**

Visit the SAEM Annual Meeting website for an up-to-date list of institutions that will be present.



# EXECUTIVE DIRECTOR'S MESSAGE



Ronald S. Moen

This has been a very exciting year for me personally and for SAEM. It is hard to believe that as I write this, it has been almost a year since I joined the SAEM staff (January 16, 2012) just as an "Interim" Executive Director, and then later in June the SAEM Board of Directors decided to extend my work with you and we dropped the "interim" from the title.

One of the major priorities this year has been the development of the completely redesigned websites: [www.saem.org](http://www.saem.org) and the accompanying SAEM Foundation site: [www.saem.org/saem-foundation](http://www.saem.org/saem-foundation). Articles in previous newsletters as well as in this issue have detailed the systematic approach taken, with significant member input. We hope you like the new look, new features and improved functionality. With websites, as with so many other things, however, the work is never done, and we will continue to refine and tweak the site throughout 2013.

Another major effort during this year was the move to an expanded and newly renovated office space. We were able to remain in the same building, but moved down the hall to provide space that better fits our needs. Also completed in 2012 was a new on-line course on care for geriatric patients in emergency medicine. The launch of this program will be announced on our website and in the March/April 2013 Newsletter.

As we look to the 2013 Annual Meeting in Atlanta, your Program Committee has been hard at work to make this the "best ever." A total of 142 didactics were submitted and 76 have been

accepted, which is an all-time record. Again this year, the quality of the submissions continues to grow, making it difficult to make the decisions.

A total of 1,220 abstracts have been submitted, which is another all-time record, and as I write this the Program Committee is hard at work reviewing and scoring these to determine which will be accepted.

This year the keynote speaker is Dr. Thomas R. Frieden from the Centers for Disease Control and Prevention. His presentation should not be missed by anyone in academic emergency medicine.

The SAEM business meeting will feature presentations by Gordon Wheeler, associate executive director of Public Affairs at ACEP; Dr. Atul Grover, chief public policy officer at the American Association of Medical Colleges; and a senior staff person from NIH on the impact of health care reform on academic emergency medicine. Another not-to-be-missed session!

New for this year's Annual Meeting are special discounted airfare rates on Delta Airlines domestic flights. Our international members will also benefit from discounts on Delta's international rates and with their code-share partners.

Watch the SAEM website for Annual Meeting details regarding registration, hotel reservations and airfare discounts.

It's a pleasure to work with the SAEM Board of Directors, our academies, committees, task forces and interest groups. We have a great staff, who are dedicated to serving the members and advancing the mission of SAEM. 2013 will be a banner year for all of us. ▶

## SAEM TESTS A ROARING SUCCESS!

The questions used by SAEMTests.org were written by CDEM members, and were recently edited with new questions written in order to develop two end-of-rotation tests for students rotating on Emergency Medicine. Beginning in July, 2012, 22 tests are on the website, [www.saemtests.org](http://www.saemtests.org). These tests reflect the accepted national M4 curriculum. Since July 1, 2012, 20,192 tests have been taken. There are two end-of-rotation tests. Each of these tests was written with questions that conform to NBME standards. The two M4 end-of-rotation tests have been given 1,297 times. The advantage of using one of these two tests is that normative data is known and can be accessed with an Administrator Clerkship ID. Both of these two tests are online and are scored automatically, with the test score sent to the clerkship. If your clerkship would like to take advantage of these tests, email [Michael.beeson@akrongeneral.org](mailto:Michael.beeson@akrongeneral.org) for access to an administrator ID and password.



# MEMBER HIGHLIGHT

## Christopher Ross, MD, FRCPC, FACEP, FAAEM

Dr. Christopher Ross is a man of many hats. He is currently the Associate Chair of Planning, Education and Research at Cook County (Stroger) Hospital in Chicago and Associate Program Director for the Department of Emergency Medicine at the same institution. He is an Associate Professor of Emergency Medicine at Rush Medical College.

He wants to give back to the specialty, the patients in his care and the community, as there is a debt in each of these areas for him.



Dr. Ross grew up in a small town in southern Ontario, about two hours north of Toronto. His childhood was composed of endless bus rides for hockey games and trips to the Niagara Escarpment for skiing. Always a busy person, even as a teenager, he won hockey, musician and speaking awards along with several academic achievements for his small town of Hanover, Ontario. "I was very lucky that my parents were so involved in my childhood," he says. "They were always there to help me and allow me to pursue so many interests that were so crucial in defining me as a person." Dr. Ross did his undergraduate study at the University of Western Ontario in London, Ontario. He was accepted into medical school at the University of Toronto and enjoyed medical school immensely.

Dr. Ross notes: "As pretty much everyone in our specialty, I loved every rotation. Trying to decide what the future held for me was a tough decision. After medical school I decided to be a general practitioner in southern Ontario. I would go to various smaller centers and work in clinics and do some work in emergency departments. In my heyday, I was on staff at over 20 hospitals. The more I helped in emergency departments, the more I realized I had found what I had craved as a career. But if this was what I wanted, I needed the training. At that time, the Ontario government had blocked training for post-graduate physicians, so I started to look south of the border."

Dr. Ross accepted a residency position at the Cook County Hospital Program. "I loved the program when I interviewed as it was so full of energy and the patient population was so thankful for the care. I knew it was the place for me. The mission statement for the hospital was, 'To provide a comprehensive program of quality health care with respect and dignity to the residents of Cook County, regardless of their ability to pay,' so it was a natural fit coming from a socialized system." After completing the program at Cook County, Dr. Ross proceeded to return to Canada. The Royal College of Physicians and Surgeons of Canada specialty-training program in emergency medicine is a five-year program, so he did his PGY5 year at McMaster University in Hamilton, Ontario. After successful completion of his Canadian training and certification, he worked for Hamilton Health Sciences Corporation and was involved in teaching for

their Royal College training program. "I loved being in academics and wanted to pursue this avenue," he explains. "I missed the Cook County program and applied for a faculty position. I was lucky that they had an open position and my career in academics started with a solid foundation at a renowned institution." Dr. Ross became very active in the residency program immediately, and was named an assistant program director within six months of starting his position. He then took over digitalizing all the program's examination processes as well as developing an orthopedic rotation and a resuscitation course. Dr. Ross realized at this time that he really enjoyed the procedural component of teaching. "Procedures often help define our specialty, and it was important for me to be sure that I was able to develop a teaching model that would allow our residents to be well trained. Between the cadaveric experiences and the tremendous volume at our institution, I was confident our residents were receiving a tremendous experience and were very well trained by graduation." More on Dr. Ross' love of procedures later. During his years teaching, he has received awards as procedural instructor of the year and attending of the year.

Dr. Ross also implemented residency management software into his program, actually working with the vendor to create a better experience for emergency medicine. "I enjoyed that data that could be developed in real time to assist residents in their training, and the vendors loved my input about making a better product. I then realized that at our institution, there wasn't a similar software system that could be used between all of the specialties. A product like this could then be used as a platform for sharing of ideas and tools that would benefit all of the programs. I initiated the procedure of online residency management and monitoring for our bureau of health, and soon I was working a lot with graduate medical education in overseeing the process. In light of the mantra 'No good deed goes unpunished,' I was offered the position of associate chair of our GME a few years ago due to my work at an institutional level. I now help in oversight in the training of over 400 residents and fellows. It is wonderful to really help at such a global level. I am

*Continued on Page 8*

very proud of the fact that our programs are above the national mean for accreditation status despite very limited funding. This is a true testament to the devotion of our programs," says Dr. Ross.

At a regional level, Dr. Ross became involved in the local chapter of ACEP, planning an oral board review course. Within a year, Dr. Ross became chair of this committee, instituting change and taking a paper-based course and turning it into a multimedia online curriculum and conference. Being new to the United States and wanting to learn more about the governmental system, he joined a governmental affairs committee to learn the ropes. "It was eye-opening for me to see American politics in action. It also made me realize how important it is to take a strong stand for your patients, as, often, their interests are lost to politicians and society in general. We will have to be sure in the next few years to step up and make our political voices heard in this tremendous time of change for health care in the United States."

Dr. Ross had an interest in cardiovascular medicine and started lecturing locally and regionally before speaking at the ACEP Scientific Assembly on STEMI and NSTEMI for several years. As has become routine, Dr. Ross was then asked to sit on the ACEP planning committee for the Scientific Assembly, a position he currently holds, to plan cardiovascular, orthopedic, toxicological, environmental, neurologic and knowledge translation tracks.

He has also taken his love of procedures to the next level. He developed an advanced procedural laboratory that has gone nationally to several residencies, and for the past two years has been showcased at the ACEP Scientific Assembly for actively practicing physicians. "It is so fulfilling to help train residents and also to help physicians out in practice to refresh their skills in an environment ripe for teaching." Dr. Ross is also one of the lead authors and editors of the *Cook County Manual of Emergency Procedures*.

Dr. Ross has been with SAEM since the beginning of his career. "I have always thought of SAEM as a premier organization for our specialty. I remember going to the Annual Meeting early in my career and thinking how proud I was at how we were developing as a specialty. I always left the Annual Meeting energized and full of ideas that I would then incorporate into our program at Cook County. Several years ago, when SAEM was having their Annual Meeting in Chicago, I jumped at the chance to get involved with the Program Committee. I remember sitting at that first meeting, seeing so many established giants in our specialty, and feeling so humbled. It was an honor to be involved. I believed in the process and loved that I could be involved in helping shape our specialty. Each year I worked hard and became more involved. I was asked to co-chair didactics for the last meeting and then was asked to chair for next year's meeting. I was (and still am) in disbelief that I am so lucky that I get to help guide such a talented group. I hope that the membership knows how hard this committee works to provide cutting-edge research, education and career development offerings. We have just finalized our didactics program and are now in the process of scoring the abstracts submitted. This is the biggest year ever for submissions of both abstracts and didactics, so Atlanta should be a fantastic meeting. We will showcase more of our specialty than ever before!"



Dr. Ross met his wife, Theresa, while still a resident at Cook County. She is an emergency physician as well, and works at the Advocate Christ Medical Center, in a teaching program for emergency medicine on the South Side of Chicago. "Theresa has provided such a positive influence in my life. I am sure that without her, I would simply be cooped up in my office working and not enjoying all that life has to offer," Dr. Ross notes. "It is important to realize that work is only a part of what is important to a rich and fulfilled life. Someone that can help you understand this makes life that much better." They

have two children, Madison, 8, and Lucas, 9. Life at the Ross household is crazy at the best of times. Dr. Ross has both his son and his daughter on travel hockey teams (two different ones) for most of the year, which makes for some interesting scheduling for him and his wife. "Some days it is actually ridiculous when you are literally planning 'laterals' of kids between hockey games and shifts in the emergency departments. Theresa is from Los Angeles and sometimes fails to see the wisdom of this religion called hockey. I continue to try and lead her to the dark side. When your kids are on the ice six days a week, 'busy' goes to the next level. So my opinion was, therefore, if I am going to games and practices, I might as well coach. How else can you yell at your kids under the guise of sports?" he says with a grin. Dr. Ross has received his level II coaching certification from USA Hockey and has coached both mite- and squirt-level teams for the Chicago Bulldogs hockey organization. "I think it is important to be involved in the community, especially if you can share your passions with it. Coaching hockey, like training residents, provides tremendous satisfaction, knowing you are making a difference. I grew up playing hockey and it was so important in my development. I love the game itself and, as with other team sports, it doesn't matter how gifted you are as a player: you need your team to be successful. A very good work, not to mention life strategy in my opinion."

"I hope that I can always contribute to a specialty that has always been so good to me. Medicine is on a trajectory for tremendous change in the next few years, and there will never be a more important time for our voices to be heard. We have to represent our specialty and our patients in a time that will be progressively more challenging. But I know that emergency medicine has an arsenal of great leaders that will be sure to continue our presence in health care and assure great training for our residents and fellows, while providing quality care for our patients." ▀



# SAEM PAST-PRESIDENT PROFILE

## JAMES NIEMANN, MD, FACEP

By Alisa K. Hayes, MD

SAEM Faculty Development Committee



James Niemann, MD

Taking two organizations and melding them into one is certainly a challenge, but the first president of SAEM, James Niemann, MD, did this skillfully, and created a lasting organization that has now branched out into much more.

In 1989, Dr. Niemann merged the Society of Teachers of Emergency Medicine (STEM) and the University Association for Emergency Medicine (UAEMS) into SAEM as we now know it. Prior to that he had been involved since he first presented research at the 1981 UAEMS meeting in San Antonio, Texas, and had received the first STEM Annual Award for Academic Excellence in 1985. At the time of the merger he was president-elect, having been nominated from the floor and elected after only two years on the Board of Directors. Dr. Niemann describes the challenge of merging the two organizations as “like herding cats,” but credits his ability to distinguish a signal from noise and his ability to say no as critical skills in getting that accomplished.

There were some skeptics at the beginning who did not believe that SAEM could last. Now, more than 20 years later, it continues to expand. Dr. Niemann is happy to have served as the the first SAEM president and past-president, and then as Program Committee chair for three years.

At the time of his presidency, Dr. Niemann was an associate professor of medicine on a tenure track. He believes a national

reputation is a must for promotion to full professor, but feels that this can be attained through research rather than simply by holding an office. Dr. Niemann recalls that, prior to 2000, the SAEM meeting was *the* place to present research in his area of interest, resuscitation. The networking opportunities are tremendous and, he reports, probably still exist for the junior faculty member starting out in her career. Since the AHA has developed a specific Resuscitation Science Session at its meetings, he has been attending these regularly, and has presented 40-50 abstracts since 2000.

Dr. Niemann encourages junior faculty to attend SAEM events to network with others as we climb the academic ladder, but also encourages those interested in a traditional academic series to seek out other specialty meetings, to achieve recognition of our work in other areas and expand our network. He cautions us to remember not to take ourselves too seriously, to have fun, and to beware of trying to be everything for everyone.

Currently Dr. Niemann is a senior faculty member and a Professor of Medicine in Residence at the David Geffen School of Medicine at UCLA / Harbor UCLA Medical Center. He continues to be prominent in resuscitation research and also sits on the UCLA School of Medicine Senior Thesis Committee, in addition to his numerous peer review positions on 16 peer-reviewed journals.

Overall, Dr. Niemann provided a great start for SAEM, and we can all be thankful for all of the work he put in during those early years that allows more junior faculty to continue to have this wonderful opportunity. ▶



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@  
[www.saem.org](http://www.saem.org)

- **[Cdemcurriculum.org](http://cdemcurriculum.org)**

An online resource for EM student curricular offerings, designed and implemented by CDEM members. Includes online self-study modules based on the National Curricular Task Force guidelines, and links to EM blogs, social media, and simulation and other interactive cases.

- **National EM4 Exam (versions 1 and 2)**

Also developed by CDEM educators. Two multiple-choice standardized tests for EM students that have been administered to nearly 2,000 students from 54 clerkships nationally in the first year alone.

- **Clerkship primers and handbooks**

Guides available online for students on an EM rotation, clerkship directors and coordinators.

- **Innovative national EM meeting programs**

CDEM develops education-focused tracks at all major national meetings, based on membership needs and current curricular topics. Presentations at these conferences are often published and further the advancement of EM education research.

Questions? Contact [cdem@saem.org](mailto:cdem@saem.org)





# MAKING THE BIG TRANSITION: PREPARING FOR YOUR FIRST ATTENDING JOB

**Brandon Maughan, MD, MHS**  
Resident Member, SAEM Board of Directors

At last! After many years of training, you're approaching the end of residency. Perhaps you have some job interviews scheduled -- or maybe you have interviewed and already agreed to an offer! In a few more months, you can walk in to your first day of work as an attending. Are you ready?

No matter where you work, making the transition from resident to attending isn't easy. Taking a position as a junior faculty member can also present some unique challenges. Here are a few tips gleaned from fellow SAEM colleagues on how to prepare for the big switch:

**Tip 1: Recognize the challenges ahead.** Among the attendings interviewed for this article, there was universal agreement that the transition to being an attending is daunting. Although the medicine doesn't change, everything feels different when the full responsibility for patient care is sitting on your shoulders. For people who take jobs at sites other than where they trained, this change is multiplied by other differences -- different ordering systems, different clinical norms, and different resource availability.

Megan Ranney, a member of the SAEM Program Committee and current co-chair of the Didactics Subcommittee, says, "Expect that the first 6-12 months after residency are among the hardest transition periods you will face. Just as you shouldn't expect too much of yourself in your intern year, similarly your expectations should remain realistic for your first as junior faculty."

**Tip 2: Contribute to your department and know how you are evaluated.** As with any new job, early results go a long way toward building your professional reputation. Work hard. Genuinely engage yourself and become involved in the department. Do everything you say you will do, do it well, and do it on time. Build a reputation for being dependable. Be a team player.

At the same time, identify your professional priorities. Understand how your department chair is going to evaluate your performance. In the words of one attending I spoke with, "It is reasonable to know the scorecard before you get scored." If you haven't spoken with your department leaders about how your performance will be graded, do so. Find someone you trust in the department and ask them about performance evaluations. Recognize that you will likely be judged on a far broader set of criteria than you were as a resident. Clinical metrics still matter, but so do other faculty responsibilities: research or teaching productivity, publications, grants, resident evaluations (by you and of you), participation in hospital or university committees, mentorship of residents or students, and more.

Get involved and support your department -- but do so smartly.

**Tip 3: Continue developing your professional interests.** Define yourself professionally. If you haven't done so already, find a niche in research, education, or other areas of clinical expertise. Understand the landscape of that topic: read about it, understand the background, know who is doing research and what they are doing, even if this is not in your own department or institution. Consider reaching out to them. Lecture to the residents in your department or in other departments. Get involved in interest groups within SAEM and other national organizations.

This sounds like a lot to do early in your career, and it is. Invest the time to develop yourself as a topic leader and you will be rewarded with more opportunities to advance and differentiate yourself earlier in your career.



**Tip 4: Build your teaching and management skills.** Are you ready to oversee care provided by other clinicians? Not surprisingly, supervising residents and midlevel providers is among the greatest psychological hurdles facing new faculty members. Every new attending goes through a period of being exceptionally cautious. Discuss your concerns with other attendings whose clinical skills you respect, and see how your clinical practice compares to others in your department. It is not possible (nor desirable) to repeat all of a resident's work on a patient, so a key skill as an attending will be to assess resident clinical skills and medical decision-making. Spend an extra moment considering the patients that the resident wants to send home, especially if they're not entirely low-risk. One attending commented, "Regardless of what the resident wants to do, you're the boss. It's your name on the chart, and it is okay to pursue an alternative plan. The patient is your first priority!"

While learning to manage residents, remember that clinical education is part of your job, too. As residents, we all recognize that certain faculty members are stronger educators than others. Like other skills, your teaching will improve with practice. Seek feedback on your teaching style and be willing to make changes.

**Tip 5: Protect your investment.** You have come a long way. Many of us look forward to the redemption of attending-level earnings after years of arduous training and \$100,000-\$200,000 in student debt (or more!). There is an overt temptation to live large when your earnings increase. You shouldn't live exactly like you did on a resident salary because you aren't a resident, and you have earned it. Nonetheless, buying a car or a house isn't necessarily a good idea, either. Remember the loans we just discussed?

The topic of personal finance is immense, but a few bits of advice may help you start planning:

- Save money. For a year or two, avoid major purchases and live just a little better than you did as a resident. Direct the savings toward real priorities, whether that means a future down payment on a home, paying off high-interest student loans, or simply building up your savings in case of unexpected events.
- Get a financial planner. Being a talented physician does not make you a talented money manager.
- Start a Roth IRA while you are still eligible for it. Maximize your 401(k) or 403(b) contributions. If you're not sure what those are, speak with a financial planner.
- Buy life insurance, and strongly consider purchasing disability insurance before you graduate residency. Again, financial planners can help decipher the relevant issues and explain your options.

Nothing will eliminate all the challenges of being a new attending, but we hope these suggestions will help ease your transition out of residency to a productive junior faculty career. Happy interviewing! ▶



# SAEM WEBSITE REDESIGN

James Pearson

## Part 3: Upcoming Site

*This is the third of three articles discussing the SAEM website refresh.*

*The first article discussed the strategy and techniques used to redesign the site.*

*The second article reviewed the data that was collected and how it was applied to the new site design.*

*The third article will review the upcoming site and highlight key features.*

At the time of writing this article, SAEM is testing the new site, which is scheduled to launch in January. There are three distinctly different sites that share a common SAEM theme: the main web site - [www.saem.org](http://www.saem.org); a site for the SAEM Foundation - [www.saem.org/saem-foundation](http://www.saem.org/saem-foundation); and the Annual Meeting site - [www.saem.org/annual-meeting](http://www.saem.org/annual-meeting).

One thing that was noted during the research-gathering process was that members rely heavily on mobile devices. Therefore, the site layout was designed to respond to the device that is used to view it. The responsive design is a relatively new concept in website development, and was created to address the the variety of different devices that people use to access the web.

For example, if you view [saem.org](http://saem.org) in a computer browser, it will display at its full size (image 1, below). However, if you display it on a full-size tablet (e.g., an iPad), it will display in a slightly smaller scale, which will look very similar to the full site. As the devices get smaller, so does the site layout. However, the design, content and navigation remain the same. So if you view the site on an iPad Mini (Image 2, next page on the left) or on a smartphone (Image 3, this page on the left), the site will display in a different format, but with the same functionalities.

Once the updated websites launch, we invite you to visit each of them on your computer, tablet and smartphone and let us know what you think. ▶

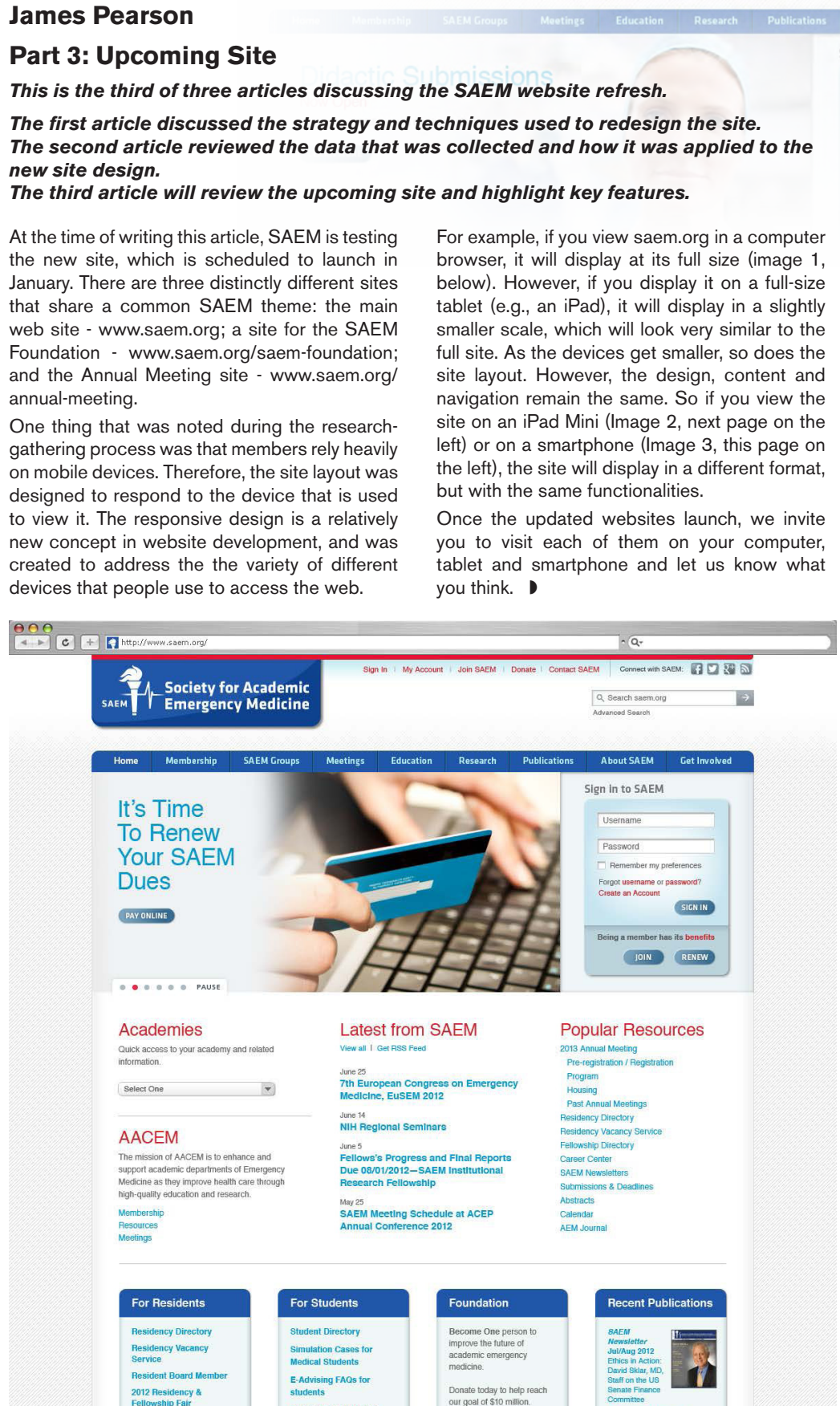
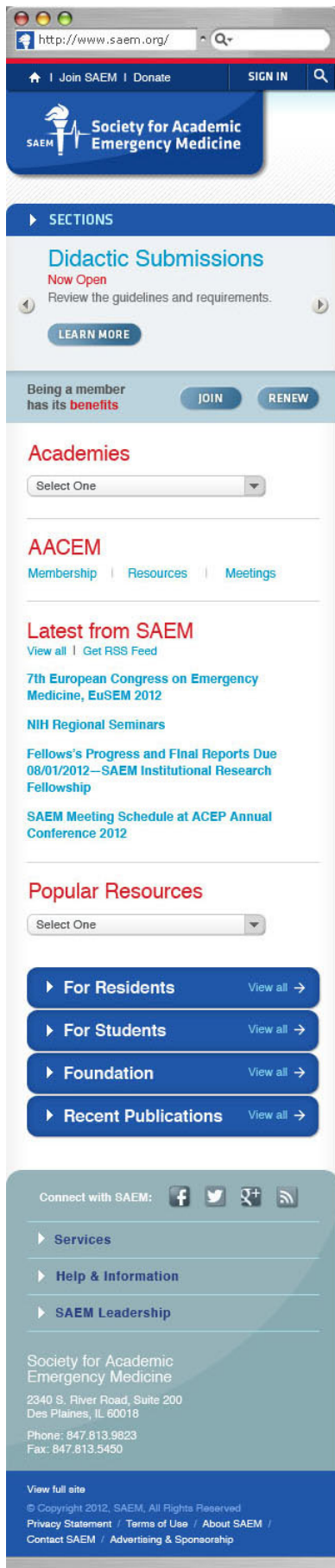
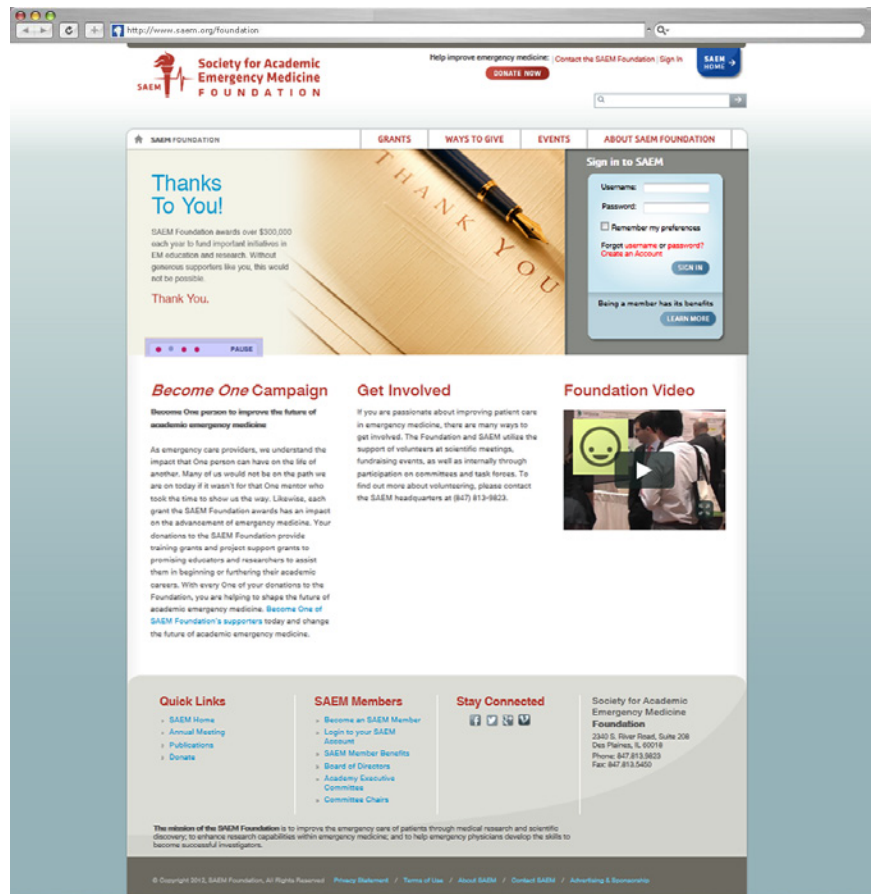
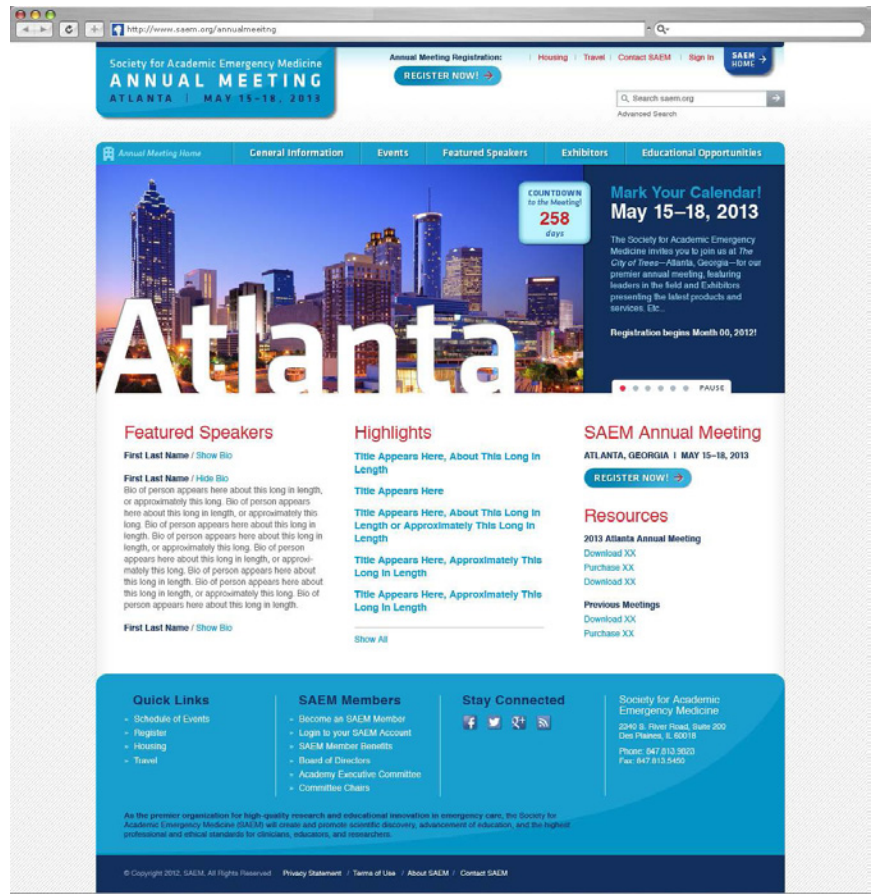
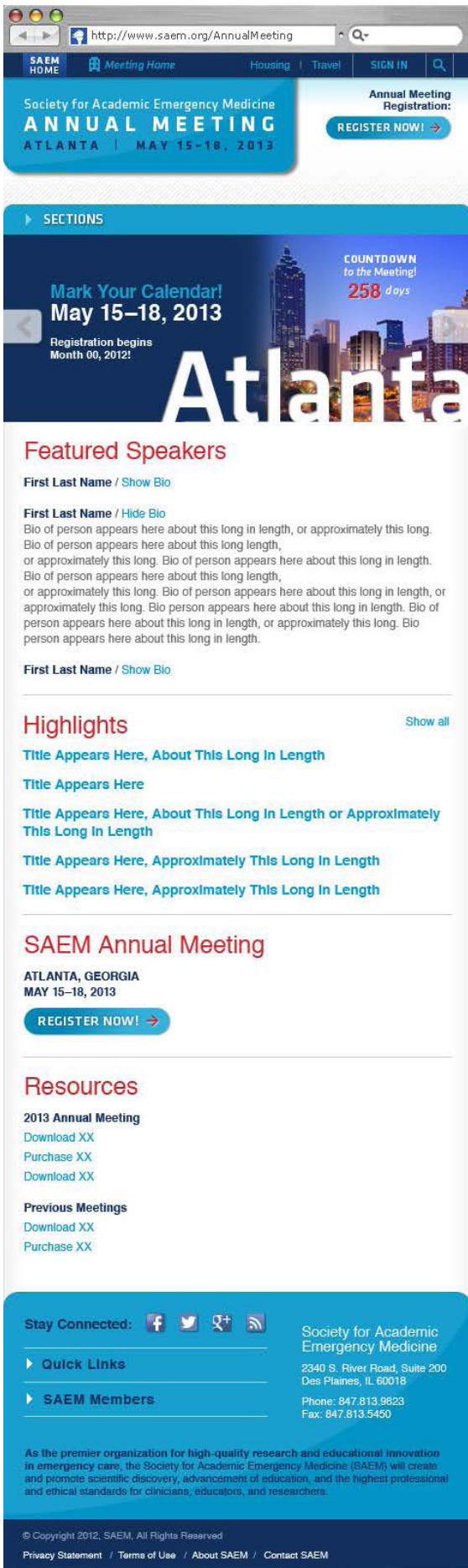


Image 1, above: SAEM website viewed in a computer browser window.

Image 3, left: SAEM website viewed on a smartphone.



Above: SAEM Foundation website viewed in a computer browser window. Image 2, left: SAEM Annual Meeting website viewed on an iPad Mini.

# ETHICS

## ETHICS IN ACTION

**Gerry Maloney, DO**

**Case Western Reserve School of Medicine and MetroHealth Medical Center Emergency Medicine Residency**

A 19-year-old mother presents with her 12-day-old daughter. According to the mother, the child “doesn’t act right.” The delivery was at a different hospital, and the mother does not know if she had Group B strep. The child is fussy and has a rectal temp of 39.1 C. You explain your concern about possible sepsis to the mother and tell her that her daughter will need to have blood drawn, be catheterized for urine, and have a lumbar puncture for cerebrospinal fluid analysis, and that she will need to be admitted and started on antibiotics. The mother tells you she doesn’t think the child is that ill and refuses all care, and states her intent to take the child home. Several people, including the resident physician, attending physician, nurse, social worker, and inpatient pediatric attending all try to explain to her the very serious risk of infection in the child, and the risk of death or permanent disability should they leave. The mother is adamantly refusing all intervention, including options such as treating and admitting the child but deferring the lumbar puncture. She is bundling the child up and preparing to leave. What should you do?

It is generally accepted, on both legal and ethical principles, that parents have a right to make decisions regarding the medical care of their minor children. However, this right must be closely balanced with the need for beneficence, to ensure that the child’s best interests and health are being protected, given that children, due to their inability to make decisions for themselves, are considered a vulnerable population. In order to permit parents as much freedom as possible to fill their parental role as they see fit, society allows great latitude in decision-making, even in instances where the decisions may be detrimental to the child’s health (including in areas of diet, obesity, discipline, and vaccination), requiring intervention only in cases of clear neglect or imminent harm to the child. This situation naturally sets up occasional tensions between parental discretion and society’s obligation to protect the well-being of children.

Health care professionals comprise one of the social institutions specifically charged with serving as advocates for a child’s well being. Every state has mandatory reporting laws for suspected cases of abuse or neglect. While most providers are more than willing to deal with the inevitable confrontation with parents that reporting causes in the context of clear abuse or neglect, it becomes much less appealing when the parent(s) are jeopardizing the child’s health not through callous indifference but due to either a lack of understanding of the seriousness of the medical issues or religious beliefs concerning medical care.

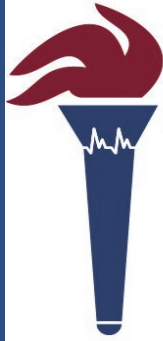
The largest number of legal cases have revolved around religious beliefs that conflict with medical care, and the courts have generally held that parents cannot withhold life- or limb-saving treatment for their child. In less serious matters, the courts have generally allowed much more latitude.

From an ethical perspective, while respect for autonomy (in this case, of the parent(s)) is always a primary goal, our duty here is not to the parent, but to the child. While the majority of these febrile neonates do not have serious bacterial infections, the incidence is high enough that treatment of the child for an SBI is the most appropriate course of action, clinically and ethically. Many parents are concerned about the pain and suffering of their child resulting from medical interventions, and reassurance and steps to minimize discomfort, such as use of local anesthesia, can be offered. While not clinically ideal, even forgoing a certain portion of the diagnostic process (such as a lumbar puncture) but still admitting and treating the child may be a reasonable compromise with a concerned but objecting parent. Refusal of any care in this case amounts to endangering the child, and the principle of beneficence applies: the parents should not be allowed to refuse life- or limb-saving care for their child.

In this case specifically, it appears that the parent did not appreciate the potential seriousness of the issue. This makes an argument about truly informed refusal difficult. When the parent(s) seem to lack understanding or insight into the severity of illness and proposed treatment, that complicates any refusal of care on their part and should prompt a multidisciplinary effort to ensure that the best decision is reached for the well-being of the child while still respecting parental autonomy. However, in the end, we have both an ethical, and, in every state, a legal obligation in this case to ensure that the child receives the potentially life-saving treatment she needs.

In summary, this case presents a not-infrequently encountered issue of parental refusal of care for their child. Legally and ethically, parents are allowed a great deal of discretion, including making decisions for their children that may not be in the child’s best interest but is not causing immediate harm. However, in a case such as this, where the parental refusal of care can result in serious consequences to the life and well-being of the child, the health care provider needs to act in the best interests of the child, even if that runs counter to parental wishes, and involve the proper agencies if needed to protect the child. ▀





# SIMULATION ACADEMY

OF THE SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

## OUR MISSION

- To serve as a unified voice for emergency medicine on issues of simulation in education, research and patient care.
- To provide a forum for emergency medicine providers interested in simulation to communicate, share ideas and generate solutions to common problems.
- To foster a coherent research mission in the various applications of simulation.
- To foster the professional development and career satisfaction of emergency physicians involved with simulation in their academic careers.
- To foster relationships with other organizations to promote the use of simulation.

A unified voice for emergency medicine on issues of simulation in education, research and patient care.



The Simulation Academy is a national educational organization and academy within the Society for Academic Emergency Medicine (SAEM) that was founded in 2009 by emergency physicians.

## Membership

Annual dues are \$100 for faculty and \$50 for fellows, residents and medical students.

For more information regarding joining the SIM Academy, please contact the SAEM Membership Department at [membership@saem.org](mailto:membership@saem.org).



## Accomplishments

The Simulation Academy provides a communication venue for educators interested in various forms of simulation as both a training and evaluation tool for multiple disciplines and specialties. The Academy holds meetings during the SAEM Annual Meeting as well as other major EM and simulation meetings.

**Consensus Conference** – Leaders within the Simulation Academy presented the 2008 Consensus Conference, The Science of Simulation in Healthcare.

**SimWars** – The popular “American Idol” styled contest was conceived by Academy members Steven Godwin and Haru Okuda. The SimWars competition is presented at all major EM meetings with plans to move to a regional semi-final format.

**Simulation Case Bank** – The Academy has worked with the Council of Residency Directors to develop a simulation case bank and has partnered with the AAMC MedEdPortal to provide a peer reviewed publication opportunity for simulation cases.

**Milestones Project**—The Next Accreditation System Task Force is developing a series of tested simulation cases that are linked to the NAS competency milestones. The group is currently engaged in vetting assessment tools, creating case material, and planning for testing of the cases. The goal is to have a series of cases that would pass peer review for online publication and be valuable to program directors.

[www.saem.org/simulation-academy](http://www.saem.org/simulation-academy)



### **History**

AGEM was founded in 2009 as the second academy in SAEM. AGEM is comprised of clinicians, educators, and researchers committed to enhancing care of the older adult in the emergency department. Already, 1 in 5 ED patients are 65 years of age or older. This number will double in the next 10-20 years. The goal of AGEM is to be sure EDs are ready for this challenge by supporting academic EM physicians in their endeavors in three areas: clinical care, education, and research.

### **Our Mission**

- Our Mission is to improve the quality of emergency care received by older patients through advancing research, education and faculty development.

### **Our Objectives**

- To serve as a unified voice for geriatric emergency medicine researchers, educators, trainees and clinicians.
- To provide a forum for individuals committed to geriatric emergency medicine to communicate, share ideas, and generate solutions to common problems.
- To foster research that improves the care and quality of life of older patients.
- To advance resident and continuing education and professional development to improve clinical outcomes as they pertain to issues of aging.
- To foster relationships with other organizations to promote geriatric emergency medicine.



### **Accomplishments**

Accomplishments by the members of AGEM span the three separate, but interrelated, areas of clinical care, education, and research.

### **Clinical Care**

The Geriatric Emergency Department Initiative: This is a collaborative effort between ACEP, ENA, and AGS. The initiative is developing criteria for what it means to be a geriatric ED including resource and staffing suggestions, environmental suggestions, clinical policies, follow-up needs etc.

### **Research**

Research grant recipients in geriatric EM: AGEM members have been highly successful in obtaining foundation and federal funding in geriatric EM. For example, seven AGEM members have received NIH K23 funding. The AGEM website provides a list of EM physicians who have received grants in geriatrics which can be used to find collaborators and others with common interests.

Research mentoring: AGEM researchers also offer mentoring and counseling to junior and mid-career investigator members of AGEM seeking to improve their grant applications

AEM Virtual Issue – Geriatrics: The first virtual issue of AEM provides an easily accessible resource for some of the best articles in geriatric EM.

### **Education**

Coming soon: AGEM Journal Club: Modeled after the highly successful ACP Journal Club, AGEM Journal Club will provide expert review and commentary on articles judged to be critical to geriatric EM. A structured format is followed, including well-defined searches of national data bases, rating of evidence by experts using the BEEM rater scale, and, finally, a critical appraisal of the article by an expert in geriatric EM. The first AGEM Journal Club reviews will be available Jan 2013.

Geriatric EM - Competency Grid: A resource for educators created by Eve Losman, MD and the SAEM Geriatrics Task Force. Identifies links to resources for teaching each of the ACGME geriatrics core competencies for residents.

Geriatric EM Curricula: Links to several different curricula, many developed by AGEM members, are available on the AGEM website.

Information summaries: Short, informative outlines of clinical topics specific to geriatric EM. The summaries are useful for clinical care, education, and developing presentations.

Grand Rounds Speakers: AGEM members with expertise throughout the many specialty areas of geriatric EM are available to give grand rounds presentations. A list of available speakers I presented on the AGEM website.

Video lectures on care of older adults in the ED: A series of ten 30-minute lectures recorded in 2011 for ACEP by ACEP and AGEM members who are leading experts in geriatric EM.

### **Membership**

Open to any member of SAEM. Contact SAEM or one of the AGEM officers today! Group, student, resident and fellow discounts available.



# THE AMERICAN BOARD OF EMERGENCY MEDICINE



The Board of Directors has now finalized the readings for the 2014 Lifelong Learning and Self Assessment (LLSA) test. On behalf of the Board, thank you to all of the organizations and individuals who recommended readings to ABEM. The Board greatly appreciates all of your efforts. Please note that all readings submitted but not selected for 2014 that still met the selection criteria will be considered for future LLSA tests.

Please note that beginning with the 2014 LLSA Test, readings will no longer be organized by designated and non-designated content areas, but rather will be solicited from all areas of the EM Model Listing of Conditions and Components.

A copy of the reading list for the 2014 LLSA test is available at [www.abem.org](http://www.abem.org). Also available on the ABEM website are the submission and selection criteria for LLSA readings, as well as a description and overview of the entire EMCC program.

## Submitting Recommendations for the 2015 LLSA Test

Although readings for the 2013 and 2014 LLSA tests have been selected, the Board invites your organization to recommend reading suggestions for future annual LLSA tests. Currently, ABEM is soliciting readings for the 2015 LLSA test. As noted above, beginning with the 2014 Reading List, there are no longer designated content areas, so reading submissions may come from any content area of the EM Model Listing of Conditions and Components. To be considered for inclusion in the 2015 LLSA test, recommendations must be received by May 1, 2013. Please note that with the integration of CME for participation in LLSA activity, the submission deadline is now one month earlier than in the past. This earlier deadline provides the additional time needed for the CME Task Force to review the reading list selections.

# I AM ONE

## *Past SAEEM President*

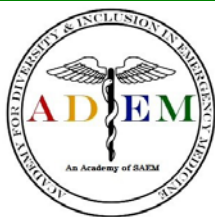
**Deb Houry, MD, MPH** a former president of SAEM from the Emory University School of Medicine in Atlanta, GA, is one individual who took the SAEM Foundation challenge and **BECAME ONE**.

Will you take the challenge and **BECOME ONE** member who changed the future of academic emergency medicine?



Make your donation online today at [www.saem.org](http://www.saem.org)





ADIEM has been extremely productive. With more than 100 members and growing, ADIEM continues to expand its reach and philosophy to ensure diversity **and** inclusion for all of SAEM's members. We are delighted to announce that 2 didactics have been accepted for SAEM 2013. They are **LGBT Health: Educating EM Physicians to Provide Equitable and Quality Care** and **Disparities & Diversity in Emergency Medicine: SAEM – Where are we now?** ADIEM will partner with GEMA to present their joint session within a combined ADIEM/GEMA academy meeting.

**Attention members:** We encourage everyone who has submitted abstracts that address diversity and disparities in EM to contact ADIEM. We would like to highlight your efforts and also plan to reserve time from our section to share your work, if you so desire. ADIEM's mission is to respond to the needs of **ALL** its members; students, residents, and faculty, and to share our voice as we address inequities. We are reminded of this mission during both Black History month and Women's History month.

In that spirit, please take a moment to read the **CNN OpEd** by myself and Deb Houry, our Board Liaison which was published in November. Looking forward to seeing everyone at SAEM!

Sincerely,  
Sheryl Heron, MD, MPH  
Chair – ADIEM

## ADIEM Member Highlight

Thea James, MD is ADIEM's member spotlight for January/February. Thea has been a trailblazer for Diversity and Inclusion for SAEM. As the primary author of SAEM's Diversity Interest Group now ADIEM mission statement on Diversity, Thea continues to work to address topics of diversity for all people. She is an Assistant Dean for Diversity & Multicultural Affairs at Boston University School of Medicine and directs Boston Medical Center's site for the Massachusetts Violence Intervention Advocacy Program. She will be a panel member for one of ADIEM's inaugural didactic presentations "**LGBT Health: Educating EM Physicians to Provide Equitable and Quality Care**" and will present another didactic "**Building Blocks for Establishing Hospital-based Violence Intervention Programs in (Your) Emergency Departments**". She received the Visionary Educator Award from the SAEM DIG in 2012 and focuses her diversity work on African-American Culture, LGBT health and Women in Medicine. It is fitting as we approach Black History Month (February) and Women's History Month (March) that Thea is our inaugural spotlight member of ADIEM.



### How many older adults are you seeing in your ED?

- Almost 1 in 5 ED patients are 65 years of age or older
- 2 in 5 will be that age by 2030...

**Our Mission:** To improve the quality of emergency care received by older patients through advancing research, education, and faculty development.

### What can AGEM offer you? We can:

- *Help you and your ED care for older patients*
  - o The Geriatric ED Initiative, in collaboration with SAEM, ACEP, ENA, and AGS, is developing criteria for what it means to be a geriatric ED including resources, staffing, environment, policies, etc.
- *Help you prepare your trainees to care for older patients*
  - o AGEM members are available to give grand rounds presentations on a variety of topics
  - o See our Geriatric EM lectures, training curricula, and simulation cases
  - o Coming soon: Geriatric EM Journal Club: Modeled after the

highly successful ACP Journal Club, it will provide expert review and commentary on articles critical to geriatric EM  
Coming soon: Assessment tools for our simulation cases

- *Help you advance your research agenda*
  - o AGEM has a large number of NIH and foundation-funded researchers (including 7 with K23 grants)
  - o We offer mentoring and counseling to junior and mid-career investigator members of AGEM

**Membership: Open to any member of SAEM. Contact SAEM or one of the AGEM officers today! Group, student, resident, and fellow discounted rates available.**

<http://www.saem.org/academy-geriatric-emergency-medicine>





# CALLS AND MEETING ANNOUNCEMENTS

For details and submission information on the items below, see [www.saem.org](http://www.saem.org) and look for the Newsletter links on the home page or links within the Events section of the website.

## CALL FOR PAPERS

### 2013 *Academic Emergency Medicine* Consensus Conference “Global Health and Emergency Care: A Research Agenda”

The 2013 *Academic Emergency Medicine* consensus conference, “Global Health and Emergency Care: A Research Agenda” will be held on Wednesday, May 15, 2013, immediately preceding the SAEM Annual Meeting in Atlanta, GA. Original papers on the conference topic, if accepted, will be published together with the conference proceedings in the December 2013 issue of *Academic Emergency Medicine*.

Global health includes clinical care, education, and research. It places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, causes, and solutions; involves many disciplines; and is a synthesis of population-based prevention and patient care. This consensus conference proposes to build a solid foundation upon which international researchers can build interdisciplinary scholarship, networks of expertise, discussion forums, multicenter collaborations, evidence-based publications, and improved education.

#### Consensus Goal:

Identify the principles, opportunities, and challenges for acute and emergency care research in the global environment; establish the research agenda that will advance the science of global emergency medicine.

#### Consensus Objectives:

1. Define the need for research in acute and emergency care within the framework of health as a human right

2. Describe the principles and components needed to build capacity and sustain global acute and emergency care research
3. Identify global trends in funding priorities in emergency care research
4. Develop and propose a consensus strategy to strengthen emergency care research globally and enhance sustainable funding

Accepted manuscripts will describe relevant research concepts in areas such as medical education, data collection, and ethics. They may include work in clinical/translational, health systems, or basic sciences research. Descriptions of specific research, projects, or collaborations may be used for illustrative purposes but should not comprise the core of the submission. Original contributions describing relevant research or concepts on these or similar topics will be considered, and original high-quality research may also be submitted alone or in conjunction with concept papers. Papers will be considered for publication in the December 2013 issue of *Academic Emergency Medicine* if received by Monday, March 11, 2013. All submissions will undergo peer review and publication cannot be guaranteed.

For queries, please contact Stephen Hargarten, MD, MPH ([hargart@mcw.edu](mailto:hargart@mcw.edu)), Mark Hauswald, MS, MD ([markhauswald@gmail.com](mailto:markhauswald@gmail.com)), Rebecca Cunningham MD ([stroh@med.umich.edu](mailto:stroh@med.umich.edu)), Jon Mark Hirshon, MD, MPH, PhD ([jhirs001@umaryland.edu](mailto:jhirs001@umaryland.edu)), or Ian B K Martin, MD ([ian\\_martin@med.unc.edu](mailto:ian_martin@med.unc.edu)), the 2013 consensus conference co-chairs. Information and updates will be regularly posted in *Academic Emergency Medicine*, the SAEM Newsletter, and the journal and SAEM websites.



## SAVE THE DATE

### AACEM AND AAAEM ANNUAL CONFERENCE

APRIL 7-10, 2013

TURNBERRY ISLE, AVENTURA FL



#### AACEM Tracks

- How to Create and Sustain a Diverse Faculty
- ED Networks—Multi Hospital
- Academic Emergency Medicine—  
Combating the Negative with Positive  
Messages and Action
- What’s Keeping You Up at Night?

#### AAAEM Tracks

- AAAEM Business Meeting
- Strategic Planning Group—“Boot Camp Preview”
- Multi-Specialty Practice Plans
- AAAEM Scorecard & Metrics: How and What Do  
We Measure?
- AAAEM Committee Meetings/Interest Group  
Development
- AAAEM Moderated Open Discussion

Please visit [SAEM.org](http://SAEM.org) for more information.



**AAEM**

ACADEMY OF ADMINISTRATORS  
IN ACADEMIC EMERGENCY MEDICINE

### Call For Papers

#### **2014 Academic Emergency Medicine Consensus Conference - Specific Research in Emergency Medicine: Investigate, Understand and Translate How Gender Affects Patient Outcomes**

The 2014 *Academic Emergency Medicine* (AEM) Consensus Conference, "Gender-Specific Research in Emergency Medicine," will be held on Wednesday, May 14, 2014, immediately preceding the SAEM Annual Meeting in Dallas, TX. Original papers on this topic, if accepted, will be published together with the conference proceedings in the December 2014 issue of AEM.

Gender-specific medicine is the science of how normal human biology differs between men and women and how the manifestations, mechanisms and treatment of disease vary as a function of gender. While gender-specific medicine incorporates advances in reproductive health issues, the AEM Consensus Conference will focus on broad disease-specific EM issues that are relevant to both women and men. The key domains of the conference are cardiovascular/resuscitation, cerebrovascular, pain, trauma/injury/violence, diagnostic imaging, mental health and substance abuse.

#### **Consensus Goal:**

The goal of the 2014 AEM Consensus Conference is to stimulate EM researchers to methodically recognize, investigate and translate the impact of gender on their clinical research outcomes. The conference proposes to build a foundation upon which researchers can build interdisciplinary scholarship, networks of expertise, discussion forums, multicenter collaborations, evidence-based publications, and improved education. The overarching themes of the conference have been guided and informed by NIH research priorities on gender medicine and include study of lifespan, sex/gender distinctions, health disparities/differences and diversity and interdisciplinary research.

#### **Consensus Objectives:**

- 1) Summarize and consolidate existing data and create a blueprint that furthers gender-specific research in the prevention, diagnosis and management of acute diseases.
- 2) Discuss the conceptual models for designing studies and analysis that incorporate gender as an independent variable.
- 3) Build a multinational interdisciplinary consortium to study gender medicine for acute conditions.

Accepted manuscripts will describe relevant research concepts in gender-specific areas, with priority placed on differential disease risk, vulnerability, progression and outcomes. They may include work in clinical/translational, health systems, policy or basic sciences research. Descriptions of specific research, projects, or collaborations may be used for illustrative purposes but should not comprise the core of the submission. Original contributions describing relevant research or concepts on these or similar topics will be considered, and original high-quality research may also be submitted alone or in conjunction with concept papers. Papers will be considered for publication in the December 2014 issue

of AEM if received by Monday, March 11, 2014. All submissions will undergo peer review, and publication cannot be guaranteed.

For queries, please contact Marna Rayl Greenberg, DO, MPH (Marna.Greenberg@lvh.com) or Basmah Safdar, MD (basmah.safdar@yale.edu), the 2014 Consensus Conference co-chairs.

Information and updates will be regularly posted in AEM, the SAEM Newsletter, and the journal and SAEM websites.

## ACADEMIC ANNOUNCEMENTS

**Lisa Moreno-Walton, MD, MS, MSCR** has been awarded a research grant from the HIV FOCUS Foundation, a branch of Gilead Sciences. The grant for \$340,000.00 will fund a study on the impact of fourth-generation antigen testing on early diagnosis and linkage to care for patients diagnosed with HIV in the ED. Dr. Moreno has also been appointed director of the Division of Diversity at Louisiana State University Health Sciences Center- New Orleans Section of Emergency Medicine.



### **SAEM Leadership Workshop**

May 14-15, 2013

Atlanta, GA

*Make sure you're on the right path! Join SAEM for this one-of-a-kind leadership experience, where leaders of emergency medicine will discuss with participants: what makes a good leader, how to play to your strengths, and what is your leadership compass.*

*This is an excellent opportunity for those starting off their career or veterans who need new focus.*



# CALL FOR PROPOSALS

## 2015 AEM CONSENSUS CONFERENCE

**SUBMISSION DEADLINE: APRIL 15, 2013**

The editors of *Academic Emergency Medicine* are now accepting proposals for the 16th annual AEM Consensus Conference, to be held on May 13, 2015, the day before the SAEM Annual Meeting in San Diego, CA.

Proposals must advance a topic relevant to emergency medicine that is conducive to the development of a research agenda, and be spearheaded by thought leaders from within the specialty. Consensus conference goals are to heighten awareness related to the topic, discuss the current state of knowledge about the topic, identify knowledge gaps, propose needed research, and issue a call to action to allow future progress. Importantly, the consensus conference is not a “state of the art” session, but is intended primarily to create the research agenda that is needed to advance our knowledge of the topic area.

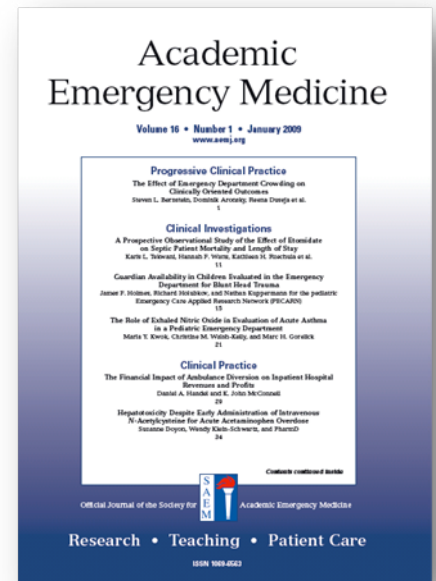
### Previous topics have included and will include (2013 and 2014):

- 2000: Errors in emergency medicine
- 2001: The unraveling safety net
- 2002: Quality and best practices in emergency care
- 2003: Disparities in emergency care
- 2004: Information technology in emergency medicine
- 2005: Emergency research without informed consent
- 2006: The science of surge
- 2007: Knowledge translation
- 2008: Simulation in emergency medicine
- 2009: Public health in the emergency department: surveillance, screening, and intervention
- 2010: Beyond regionalization: integrated networks of emergency care
- 2011: Interventions to assure quality in the crowded emergency department
- 2012: Education Research in Emergency Medicine
- 2013: Global Health and Emergency Care: A Research Agenda
- 2014: Gender-specific Research in Emergency Medicine: Investigate, Understand, and Translate How Gender Affects Patient Outcomes

Well-developed proposals will be reviewed on a competitive basis by a sub-committee of the AEM editorial board. Proceedings of the meeting and original contributions related to the topic will be published exclusively by AEM in its special topic issue in December, 2015.

Submitters are strongly advised to review proceedings of previous consensus conferences, which can be found in the past November and December issues of AEM, to guide the development of their proposals. These can be found open-access on the journal's home page on Wiley Online Library - <http://onlinelibrary.wiley.com/doi/10.1111/acem.2011.18.issue-10/issuetoc>

Submitters are also welcome to contact the journal's editors or leaders of prior consensus conferences with any questions, or for copies of submissions from prior years.



### Proposals must include the following:

1. Introduction of the topic
  - brief statement of relevance
  - justification for this topic choice
2. Proposed conference chairs, and sponsoring SAEM interest groups or committees (if any)
3. Proposed conference agenda and proposed presenters
  - plenary lectures
  - panels
  - breakout topics and questions for discussion and consensus-building
4. Anticipated audience
  - stakeholder groups/organizations
  - federal regulators
  - national researchers and educators
  - others
5. Anticipated budget, to include such items as:
  - travel costs
  - audiovisual equipment and other materials
  - publishing costs (brochures, syllabus, journal)
  - meals
6. Potential funding sources and strategies for securing conference funding.

### How to submit your proposal.

Proposals must be submitted electronically to [aem@saem.org](mailto:aem@saem.org) no later than 5PM Eastern Daylight Time on April 15, 2013. Late submissions will not be considered. The review sub-committee may query submitters for additional information prior to making the final selection. Questions may be directed to [aem@saem.org](mailto:aem@saem.org) or to the editor-in-chief at [editor@saem.org](mailto:editor@saem.org). ▸



## SAEM INSTITUTIONAL RESEARCH FELLOWSHIP PROGRAM

The next deadline for institutional applications is April 1, 2013. Please visit <http://www.saem.org/institutional-research-fellowship-program> – for application instructions.

The following approved institutions have demonstrated excellence in research fellowship training in emergency medicine, and their fellows have shown great potential for success.

### SAEM-approved Research Fellowship Programs

#### Spring 2012

- **University of Ottawa, Ottawa, Ontario, Canada**  
Ian G. Stiell, MD, MSc, FRCPC

#### Fall 2011

- **Brown University/Rhode Island Hospital, Providence, RI**  
Gregory D. Jay, MD, PhD  
Brian J. Zink, MD
- **Washington University, St. Louis, MO**  
Lawrence M. Lewis, MD

#### Spring 2011

- **Beth Israel Deaconess Medical Center at Harvard University, Boston, MA**  
Nathan I. Shapiro, MD, MPH
- **Emory University, Atlanta, GA**  
David Wright, MD  
Debra E. Houry, MD, MPH
- **Hennepin County Medical Center, Minneapolis, MN**  
Michelle H. Biros, MD, MS
- **Medical College of Wisconsin, Milwaukee, WI**  
Tom P. Aufderheide, MD
- **Northwestern University, Chicago, IL**  
D. Mark Courtney, MD  
James G. Adams, MD
- **Oregon Health and Science University, Portland, OR**  
Craig Newgard, MD  
John McConnell, PhD
- **University of California, Davis, Sacramento, CA**  
Nathan Kuppermann, MD, MPH  
James F. Holmes, Jr., MD, MPH
- **University of Cincinnati, Cincinnati, OH**  
Christopher J. Lindsell, PhD
- **University of Michigan, Ann Arbor, MI**  
John G. Younger, MD, MS
- **University of Pennsylvania, Philadelphia, PA**  
Judd E. Hollander, MD
- **University of Pittsburgh, Pittsburgh, PA**  
Donald M. Yealy, MD  
Clifton W. Callaway, MD, PhD
- **University of Rochester, Rochester, NY**  
Manish N. Shah, MD, MPH
- **Vanderbilt University Medical Center, Nashville, TN**  
Alan B. Storrow, MD  
Douglas B. Sawyer, MD, PhD
- **Yale University, New Haven, CT**  
Gail D'Onofrio, MD, MS

Details of each fellowship can be found online in the SAEM Fellowship Directory.

## EM Interest Group Grants Request for Proposals

Deadline: February 15, 2013

The SAEM Foundation, in collaboration with CDEM, recognizes the valuable role of emergency medicine medical student interest groups (EMIGs), and awards grants to support these groups' educational activities.

The goals of the SAEM Emergency Medicine Interest Group grants are:

- To promote growth of emergency medicine education at the medical student level,
- To identify new educational methodologies advancing undergraduate education in emergency medicine, and
- To support educational endeavors of an EMIG.
- Given these broad goals, there are few limitations on the nature of eligible proposals.

Proposals should focus on educational activities or projects related to undergraduate education in emergency medicine. Grant monies may be used for supplies, consultation, and seed money. Faculty salary support is excluded.



Dear SAEM Members,

It is my great pleasure to announce that the Academy of Emergency Ultrasound has created an Ultrasound Mentorship Network!

Ultrasound experts from across the country have volunteered to be mentors for any medical student, resident, fellow or even attending who wants guidance in ultrasound-related activities.

This includes how to host an ultrasound training session, ultrasound research, fellowship acquisition, career guidance, billing and coding, procedural and critical care, international and simulation.

Please visit the link provided. If you have a particular mentor you would like to be paired with, please include this in your e-mail to [nova224@hotmail.com](mailto:nova224@hotmail.com). If you have no preference, you will be matched with a mentor in your geographic location.

<http://www.saem.org/ultrasound-mentorship-network-0>

Sincerely,

Nova Panebianco, MD, MPH  
SAEM Academy of Emergency Ultrasound Chair

**AEUS**  
ACADEMY OF EMERGENCY ULTRASOUND  
an academy of SAEM



# WORLDWIDE GEMA



Global Emergency Medicine Academy

## The Globalization of Emergency Medicine Affects YOU

*When you travel, do you want to be taken care of by professional emergency physicians? Do you want to know they have had the right training? Do you want a good pre-hospital care system to take you to the right hospital?*

*All around the world, EM is emerging as a specialty. Working together, we can mutually strengthen our specialty.*

*GEMA (the Global Emergency Medicine Academy) of SAEM is YOUR VEHICLE to further academic emergency medicine around the world.*

## Membership Benefits

\* Close mentorship from and collaboration with leaders in the field of Global Emergency Medicine.

\* Fellowship networking with other globally-minded academic emergency physicians from across the United States and across the world.

\* Access to a central repository of Global Emergency Medicine resources (e.g. educational research materials, funding opportunities, international meeting notifications, etc.)

\* At least semi-annual Global Emergency Medicine dedicated newsletters

\* The opportunity to help SAEM transition to a truly global organization.

\* The opportunity to help shape the provision of emergency care in austere environments through consensus statements and other educational research publications.

\* The opportunity to serve as a catalyst for the development of emergency medicine as a specialty elsewhere in the world.

***Login to your SAEM profile and join  
GEMA today!***

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***www.saem.org***

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**GEMA Newsletter**  
***www.saem.org/newsletter-0***

# Join Us in Atlanta

SAEM Annual Meeting - May 14-18, 2013  
at The Westin Peachtree Plaza

## MEETING HIGHLIGHTS

**May 14-15th**

SAEM Leadership Workshop

**May 15th**

AEM CC , Global Health and Emergency Care:  
A Research Agenda

SAEM Foundation: Cocktails and Dreams

**May 16th**

SAEM Wine & Cheese Reception

**May 17th**

EuSEM Spotlight

**May 18th**

AEUS SonoGames

[www.saem.org](http://www.saem.org)  
for details

## AEM Consensus Conference - Atlanta, GA

*Global Health and Emergency Care:  
A Research Agenda*

# May 15, 2013



**Jeffrey Koplan, MD, MPH**  
Vice President for Global  
Health and Director of Emory  
Global Health Institute

**Linda C. Degutis, DrPH, MSN**  
Director of National Center for  
Injury Prevention and Control  
Centers for Disease Control and  
Prevention



Look for continued updates at [www.saem.org](http://www.saem.org)



### EARLY VIEW for ACADEMIC EMERGENCY MEDICINE

Academic Emergency Medicine has been loading articles on "Early View" as soon as they are processed now - so be sure to check this feature regularly on the journal's Wiley Online Library (WOL) homepage, regularly.

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1553-2712/earlyview](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1553-2712/earlyview)

### Academic Emergency Medicine on the Wiley Online Library Platform

Make sure you keep checking the journal's home page on the recently implemented platform, Wiley Online Library (WOL) - [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1553-2712](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1553-2712).

Many new features appear in the form of "modules" and will be updated on a regular basis. The new platform is more robust and easier to navigate, with enhanced online functionality. Visit often and stay tuned for updates!

### VIRTUAL ISSUES

"Virtual Issues" are now a key feature of the journal's home page. A virtual issue is basically just a collection of articles on a given topic. The idea is that a reader will go there to look for a particular issue, but then will see our other offerings on that topic, as well, increasing our full-text download numbers and helping insure the broadest dissemination of our authors' work.

We now have four "virtual issues" online. Go to the journal's home page on the Wiley Online Library (WOL) platform - "Find Issues" on the left-hand side and click on the feature. Three additional virtual issues, in addition to the initial geriatrics one, are up and running on: ultrasound, toxicology and injury prevention. Again, consult the "Find Issues" area and click on the desired issue.

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1553-2712](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1553-2712).

### Abstracts en Español!

Beginning with the September issue, *Academic Emergency Medicine* will be publishing the abstracts of the various articles in Spanish. They will be presented alongside the English abstracts in the online versions of each paper (pdf, html, and mobile apps). The Spanish abstracts will also be included in the print edition of the journal for any papers that originate in Spanish-speaking countries, or are likely to be of particular interest to emergency physicians in Spanish-speaking countries.

This project would not be possible without technical assistance and generous funding from our publisher, John Wiley and Sons, Inc., and the language assistance of Emergencias, the journal of the Sociedad Española de Medicina de Urgencias y Emergencias (SEMES).

## SAEM NEWSLETTER INFO

[HTTP://WWW.SAEM.ORG/NEWSLETTER-PUBLISHING-GUIDELINES](http://www.saem.org/newsletter-publishing-guidelines)



### Commercial Advertising

- A full page ad costs \$2,000
- A half page ad costs \$1,200
- A quarter page ad costs \$800

### Academic Advertising

- A full page ad costs \$1,400
- A half page ad costs \$800
- A quarter page ad costs \$550
- A classified ad (100 words or less) costs \$150

All ads are in full color at no additional charge.

For details, please visit [SAEM.org](http://saem.org)

### Publishing Guidelines

SAEM invites submissions to the Newsletter pertaining to academic emergency medicine in the following areas:

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

Materials may be submitted for consideration for publication in the SAEM Newsletter at [newsletter@saem.org](mailto:newsletter@saem.org). Be sure to include the names and affiliations of authors and a means of contact.

Please submit ads to [mgreketis@saem.org](mailto:mgreketis@saem.org).

SAEM has schedule four regional meetings leading up to the Annual Meeting in Atlanta. Regional meetings are a great opportunity to submit abstracts locally and possibly be chosen as one of the top five to be featured from your region at the Annual Meeting. Visit us online at [www.saem.org](http://www.saem.org) for specific submission deadlines.

### Mid-Atlantic Regional Meeting

February 2, 2013  
 George Washington School of Medicine  
 Washington D.C.  
**Abstracts Open**

### Southeastern Regional Meeting

March 23-24, 2013  
 University of Florida - Jacksonville  
 Jacksonville, FL  
**Abstracts Open**

### New England Regional Meeting

April 3, 2013  
 Rhode Island Convention Center  
 Providence, RI  
**Abstracts Closed**

### Western Regional Meeting

March 22-23, 2013  
 Renaissance Long Beach Hotel  
 Long Beach, CA  
**Abstracts Open**



## EMS Medical Director

Exceptional opportunity for highly motivated, Emergency Medicine (EM) Residency and **EMS fellowship trained** (or significant equivalent experience) Emergency Physician to join the faculty group of **Emergency Medicine** at the **University of Wisconsin School of Medicine and Public Health** in Madison, Wisconsin.

We are seeking applicants to serve as the **EMS Medical Director** for a county-wide EMS consortium. This is an amazing opportunity to develop a regional system with the opportunity to significantly impact prehospital care for the state of Wisconsin. EM faculty provide clinical services in the Emergency Department (ED) of the University of Wisconsin Hospital & Clinics (UWHC). UWHC is a busy, university-based, tertiary care, referral hospital. It is one of only two academic EDs in the state, and is a Level I Trauma and Burn center for both adult and pediatric patients. The successful candidate will join a faculty of over 25 emergency physicians and pediatric emergency physicians.

Compensation and benefits are extremely competitive. To inquire, send your CV and cover letter (Email preferred) to:

[agh@medicine.wisc.edu](mailto:agh@medicine.wisc.edu)

**Azita Hamedani, MD MPH, F2/211 CSC, MC 3280,  
 600 Highland Ave., Madison, WI 53792**

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



UNIVERSITY OF  
 WISCONSIN-MADISON  
 SCHOOL OF MEDICINE  
 AND PUBLIC HEALTH

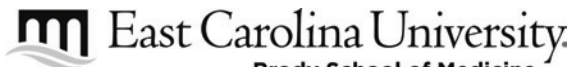
### Wright State University Boonshoft School of Medicine

#### Department of Emergency Medicine Faculty Position

Wright State University Boonshoft School of Medicine Department of Emergency Medicine seeks applications for a full time faculty member at the Instructor, Assistant or Associate Professor level. Faculty rank and salary are commensurate with the candidate's professional qualifications and Boonshoft School of Medicine standards. Faculty activities include medical education at all levels, curriculum coordination, administration and patient care. An interest and ability in clinical and classroom education are preferred. Requirements for appointees include: MD or DO; Instructor, EM board prepared; Assistant, EM board certified; Associate, EM board certified and 5 years emergency medicine experience. All must be graduates of an emergency medicine residency and eligible for Ohio license. For additional requirements and to apply, go to <https://jobs.wright.edu/postings/5978> by March 1, 2013. Work location is in Kettering, Ohio. An AA/EO Employer.







**East Carolina University**  
**Brody School of Medicine**

◆ Clinician-Educator ◆ Clinical Researcher ◆ Ultrasound◆

The Department of Emergency Medicine at East Carolina University Brody School of Medicine seeks BC/BP emergency physicians and pediatric emergency physicians for tenure or clinical track positions at the rank of assistant professor or above, depending on qualifications. We are expanding our faculty to increase our cadre of clinician-educators and further develop programs in pediatric EM, ultrasound, and clinical research. Our current faculty possesses diverse interests and expertise leading to extensive state and national-level involvement. The emergency medicine residency is well-established and includes 12 EM and 2 EM/IM residents per year. We treat more than 110,000 patients per year in a state-of-the-art ED at Vidant Medical Center. VMC is an 860 bed 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. The ED expanded into a new children's ED in July 2012, and a new children's hospital is also under construction. Greenville, NC is a fast-growing university community located near beautiful North Carolina beaches. 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 VMC.

Confidential inquiry may be made to Theodore Delbridge, MD, MPH, Chair, Department of Emergency Medicine (delbridget@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/ecuem](http://www.ecu.edu/ecuem)  
 252-744-1418

UMDNJ



**ROBERT WOOD JOHNSON  
 MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

## Emergency Medicine Faculty

The Department of Emergency Medicine at UMDNJ-Robert Wood Johnson Medical School is seeking outstanding ABEM/ABOEM board certified or prepared emergency physicians for our growing department.

Our residency program is in its third year, we have an EMS/Disaster Medicine Fellowship and our Division of Emergency and Critical Care Ultrasound has just started recruiting for our new Emergency Ultrasound Fellowship. The department has a growing toxicology service and an active clinical research program. We are currently planning for new initiatives including an observation unit and an urgent care center.

The department is active at all levels of medical student education including a mandatory 4th year medical student clerkship and an active Emergency Medicine Interest group. Opportunities exist for involvement in research, EMS, Ultrasound, Toxicology, new ventures and all levels of medical student, resident and fellow education.

Our major teaching affiliate is Robert Wood Johnson University Hospital, a 580-bed tertiary care facility and Level One Trauma Center. The Emergency Department sees nearly 70,000 adult and 25,000 pediatric patients (in a separate pediatric emergency department) annually.

Qualified candidates should send a letter of intent and curriculum vitae to: **Robert Eisenstein, MD, FACEP, Interim Chairman, Department of Emergency Medicine, Robert Wood Johnson Medical School, 1 Robert Wood Johnson Place, MEB 104, New Brunswick, New Jersey, 08903; E-mail: eisensrm@umdnj.edu; Call: 732-235-8717; Fax: 732-235-7379.** Academic appointment is commensurate with experience. UMDNJ is an Affirmative Action/Equal Opportunity Employer.



Our Mission

**YOUR FUTURE**

Medical Education | Research | Clinical Practice | Public Service

## Director of Research, Department of Emergency Medicine

Temple University School of Medicine (TUSM), Department of Emergency Medicine announces the search for a Director of Research. The selected individual will be expected to lead the clinical research endeavors of the Department. The preferred candidate will have an established record of scholarly pursuit and publication and strong teaching skills. The main focus of this position will be to provide direction and mentorship to junior faculty and residents while continuing personal scholarly activity and professional development. Adequate protected time to achieve the goals will be provided.

The Director of Research will implement the research curriculum for residents on that track and assist them and junior faculty in study design, implementation, and preparation for presentation and publication. Additionally, the Department of Emergency Medicine seeks qualified Emergency Medicine Physicians to become a part of our Faculty as well. Applicants should be board certified in Emergency Medicine and possess the credentials that will qualify for a faculty appointment. Rank and compensation will be commensurate with experience.

Interested candidates should forward a current CV and letter of interest addressed to: **Robert McNamara, MD, FAAEM, Chief, Professor and Chairperson, Department of Emergency Medicine Chief Medical Officer, Temple University Physicians, C/O Julie Brissett, Sr. Physician Recruiter, Department of Physician & Faculty Recruitment, Temple University School of Medicine, 3420 N. Broad Street, MRB 101, Philadelphia, PA 19140, Email: julie.brissett@tuhs.temple.edu, Ph: 215-707-5665, Fax: 215-707-9452.**

The University is especially interested in qualified candidates who can contribute through their research, teaching, and/or service to the diversity and excellence of the academic community. Temple University School of Medicine is an Affirmative Action/Equal Opportunity Employer and strongly encourages applications from women and minorities.

*Align your future with a career in academic medicine.*



### Faculty Position

University Physician Associates, the physician group practice for the **University of Missouri-Kansas City School of Medicine**, is recruiting for faculty at the Assistant Professor or Associate Professor level in the Department of Emergency Medicine at **Truman Medical Center**. Candidates must be residency-trained, board-certified/board-prepared emergency physicians. All candidates considered, but preference will be given to candidates with Research, EMS or Ultrasound expertise or interest. The department supports a fully-accredited three-year residency, with 10 residents per year, one of the nation's oldest. The Truman Medical Center ED has an annual volume of 65,000 patients and is a modern, state-of-the-art facility with 48 beds. Kansas City offers an attractive lifestyle with low cost-of-living and affordable housing, renowned suburbs with top-ranked schools, and numerous outdoor activities. Interested candidates should e-mail a letter of interest and CV in confidence to:

Matthew Gratton, MD  
 Associate Professor and Chair  
 Department of Emergency Medicine  
 2301 Holmes Street  
 Kansas City, Missouri 64108  
[matthew.gratton@tmcmcd.org](mailto:matthew.gratton@tmcmcd.org)



EOE – M/F/D/V





University of Washington, School of Medicine  
Division of Emergency Medicine

### **Seeks an Assistant or Associate Emergency Medicine Residency Program Director**

As the University of Washington (UW) Emergency Medicine Residency Program continues to grow, we are seeking candidates for the position of Assistant or Associate Program Director. This is an exceptional and unique opportunity to help lead the further development of this already outstanding emergency medicine residency program. The Harborview Medical Center and the University of Washington Medical Center offer outstanding, wide-ranging and unique opportunities for resident education. Additionally, there are excellent and wide-ranging opportunities for academic growth of faculty, including collaboration with the UW Department of Medical Education and Biomedical Informatics, and the UW Institute for Simulation and Interprofessional Studies (ISIS). Full-time faculty may be recruited at the rank of Assistant, Associate or Full Professor commensurate with experience.

The Assistant/Associate PD will work at Harborview Medical Center Emergency Department, the only Level I Trauma Center for a 5-state region and sees approximately 66,000 patients per year, and the University of Washington Medical Center Emergency Department, which sees approximately 26,000 patients per year. The UW School of Medicine is a regional resource for Washington, Wyoming, Alaska, Montana and Idaho - the WWAMI states. The UW School of Medicine is recognized for its excellence in clinical training, for its world-class research initiatives, and for its commitment to community service.



THE GEORGE WASHINGTON UNIVERSITY  
SCHOOL OF MEDICINE  
AND HEALTH SCIENCES

## ***Research Director***

The Department of Emergency Medicine at the George Washington University Medical Faculty Associates is seeking a Section Chief for its Clinical Research division. Current faculty in the section have R01 funding, K awards through the CTSI at GWU and Children's National Medical Center, and industry-supported research. The section also hosts a number of research fellows, active clinical associates, and a summer research program.

The Section Chief will be responsible for managing the process for clinical research in the department: mentoring junior faculty to become funded and published investigators, advising the Chair on capital investments needed to support our research efforts and liaising with other section chiefs to support publications and grant applications in their sections.

The Section Chief should be residency trained in Emergency Medicine, eligible for DC licensure, and have additional training or experience in research administration or methodology. Candidates should have a successful track record of research funding and publication and be eligible for University appointment at the rank of Associate Professor or higher. Additional information about the department can be found at [www.gwemed.edu](http://www.gwemed.edu)

**Please submit CV by mail to:**  
Robert Shesser, MD  
Chair, Department of Emergency Medicine  
George Washington University  
2120 L Street NW, Suite 450  
Washington DC 20037  
Or by email at: [rshesser@mfa.gwu.edu](mailto:rshesser@mfa.gwu.edu)

*The George Washington University is an Equal Opportunity/Affirmative Action employer*





**Member Information**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Home Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Contact Method:  Mail  Email

Gender:  Male  Female

Are you a Current Member?  Yes  No

Date of Birth: \_\_\_\_\_

Membership Selection*:	Academy Selection**:
<p>*If you are a current member and are signing up for additional academies or interest groups please select your member type and check the current member box above.</p> <p><input type="checkbox"/> Faculty..... \$ 575.00</p> <p><input type="checkbox"/> Associate..... \$ 255.00</p> <p><input type="checkbox"/> AAAEM..... \$ 495.00</p> <p><input type="checkbox"/> Resident and Fellow..... \$ 165.00</p> <p><input type="checkbox"/> Medical Student..... \$ 140.00</p> <p><input type="checkbox"/> Young Physician Year 1..... \$ 335.00</p> <p><input type="checkbox"/> Young Physician Year 2..... \$ 475.00</p> <p><input type="checkbox"/> International..... varies</p> <p><input type="checkbox"/> Emeritus..... \$ 120.00</p>	<p>** You may choose to join as many academies as you like. Prices are arranged as follows: The first Price listed is for Faculty, Associate, YP1, YP2, &amp; AAAEM. The second price listed is for Residents &amp; Fellows. The Third price listed is for Medical Students.</p> <p><input type="checkbox"/> AEUS .....\$100/\$25/FREE <input type="checkbox"/> ADIEM...\$100/\$25/FREE</p> <p><input type="checkbox"/> CDEM.....\$100/\$50/\$50 <input type="checkbox"/> Geriatrics..\$100/\$50/\$50</p> <p><input type="checkbox"/> GEMA.....\$100/FREE/\$25 <input type="checkbox"/> Simulation..\$100/\$50/\$50</p> <p><input type="checkbox"/> AWAEM....\$100/FREE/FREE</p>

Interest Group Selection***:			
<p>***The first interest group selection is Free every selection thereafter is \$25.00 each. You may choose to join as many interest groups as you like.</p>			
<input type="checkbox"/> Academic Informatics	<input type="checkbox"/> Educational Research	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Airway	<input type="checkbox"/> EMS	<input type="checkbox"/> Patient Safety	<input type="checkbox"/> Trauma
<input type="checkbox"/> CPR/Ischemia/Reperfusion	<input type="checkbox"/> Evidence-Based Medicine	<input type="checkbox"/> Pediatric EM	<input type="checkbox"/> Triage
<input type="checkbox"/> Clinical Directors	<input type="checkbox"/> Health Services & Outcomes	<input type="checkbox"/> Public health	<input type="checkbox"/> Uniformed Services
<input type="checkbox"/> Disaster Medicine	<input type="checkbox"/> Medical Quality Mgt	<input type="checkbox"/> Research Directors	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> ED Crowding	<input type="checkbox"/> Neurologic Emergencies	<input type="checkbox"/> Sports Medicine	

Method of Payment:  Check  Credit Card (VS, MC, DC, AX)

Grand Total: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_



## FUTURE SAEM ANNUAL MEETINGS

**2013**

**SAEM Annual Meeting**

**May 14-18**

The Westin Peachtree Plaza, Atlanta, GA

**AEM Consensus Conference**

**May 15, 2013**

Topic: "Global Health and Emergency Care:  
A Research Agenda"

Co-Chairs: Stephen Hargarten, MD, MPH  
Mark Hauswald, MD  
Jon Mark Hirshon, MD, MPH  
Ian B.K. Martin, MD

**SAEM Leadership Forum**

**May 14-15, 2013**

Topics:

"Leadership"  
"Developing and Sustaining a Vision"  
"Strategic Planning"  
"Building a Team"  
"Conflict Resolution"  
"How to Run a Meeting"  
"ED Operations Overview"  
"Change Management"  
"Negotiating for Your Dept./Faculty"  
"Overview of Dept. Finances"  
"Communication Skills"

**2014**

**SAEM Annual Meeting**

**May 14-17**

Sheraton Hotel, Dallas, TX

**2015**

**SAEM Annual Meeting**

**May 13-16**

Sheraton Hotel and Marina, San Diego, CA