

Celebrating Our 25th Anniversary



**Society for Academic
Emergency Medicine**

Newsletter

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2014

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VOLUME XXIX NUMBER 2

BRENDAN CARR, MD

Bridging Research to Policy

ETHICS IN ACTION

Error and Disclosure

LOUIS S. BINDER, MD 1954-2014

Appreciation of a Gentleman

RESIDENTS AND MEDICAL STUDENTS

From Now until Residency



BRENDAN CARR, MD, MA, MS
DIRECTOR OF THE EMERGENCY CARE
COORDINATION CENTER

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

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NEWSLETTER GUIDELINES

SAEM invites submissions to the Newsletter, published bimonthly six times a year in identical online and paper editions, pertaining to academic emergency medicine in areas including:

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

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

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SUBMISSION DEADLINES

January/February issue	December 1
March/April issue	February 1
May/June issue	April 1
July/August issue	June 1
September/October issue	August 1
November/December issue	October 1

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PRESIDENT'S MESSAGE

REMEMBERING YOUR PASSION

Alan E. Jones, MD

University of Mississippi Medical Center



Alan E. Jones, MD

I was recently walking out of the ED after an evening shift. As I walked, in the distance I could hear the distinct sound of ambulance sirens. As the noise got closer, I was immediately taken back to a memory from my 4th-year medical school ED rotation. Turns out, that recent night, I was walking the same route that I had walked as a medical student 17 years ago.

What was the memory? Nothing really worth storing in the memory banks. I just remembered an adrenaline rush and immediately turning around and hurrying back to the ED to see what new patient was arriving. I remembered arriving just before the patient, and the room being filled with nurses and residents. I remember the patient was in status epilepticus and was intubated upon arrival. I remember being at the head of the bed, holding the tube for the resident during the intubation. I remember the exact room, the exact residents and nurses in the room, and even what the patient looked like.

Clearly, situational cueing triggered the memory, but I started thinking about why that memory is so vivid in my mind. I have seen literally thousands of similar situations and can't remember them. So what was it about this one that is so etched in memory? Then I got it. I figured it out. This was the event that ignited my passion for emergency medicine. I didn't realize it at the time, but

those were the moments that I found my calling and purpose in medicine and my passion for this great specialty.

Fast forward to today. And as I was thinking about this message, I went back to my first experience with SAEM. Why did I get involved and stay involved? What was my passion for the Society? For me it was quite simple: people and knowledge. During my time as a medical student, resident, and attending, SAEM put me in proximity to the smartest and most inspiring people in our specialty, people who showed me not what others could do and were doing, but what I could do...my potential. They showed me knowledge, or knowledge creation, in the form of research. Research for me is just a part of who I am, it is a fire in my belly, it is a game I will always play. Why? Because I can't imagine not doing it, it's just in my DNA. For me, what got me started in and kept me coming back to SAEM was people and knowledge.

It's just natural to lose sight of our passion over time. We get caught up in details, rules, emotion, politics, frustration.... and life. And we forget the who and why. So I ask myself, "Do you still have passion for emergency medicine? For SAEM?" And my answer is YES, I do. And while the details of life might make me lose sight of the passion at times, I still feel it, and I try every day to remember it and live it. For SAEM, it's the people and the knowledge. And for emergency medicine, it is and always will be the sirens. What's your passion? Remember it and live it every day. Doing that will make our Society and our specialty great! ▀





CHIEF EXECUTIVE'S MESSAGE

ANNIVERSARIES AND CELEBRATIONS



Ronald S. Moen

There are many anniversaries that we all celebrate in our lives. A birthday is an anniversary of sorts, although we usually don't think of it using the term "anniversary." Most of us probably focus on wedding anniversaries, and we usually think a lot about those special dates celebrated by parents and grandparents, such as the Silver 25th wedding anniversary and the Golden 50th anniversary. Not many individuals are lucky enough to celebrate their Diamond 75th anniversary, but when

it comes to organizations, many are able to celebrate the 75th and the 100th, and farther and farther beyond the date of their founding. The definition of "anniversary" highlights that it is a celebration or commemoration of an event that it has occurred in the past, and it is to this end that the Society for Academic Emergency Medicine will gather in Dallas, Texas for the 25th anniversary of its Annual Meeting and the 26th year of its existence, as it was born out of the merger of the University Association for Emergency Medicine (UAEM) and the Society of Teachers of Emergency Medicine (STEM) during the last meeting of the former in 1988.

So, you might ask, what is the big deal about SAEM's 25th Anniversary meeting? It is an important milestone in the organization's history, and a time to celebrate what the leaders and members of SAEM have contributed over the past 25 years to the advancement of emergency medicine; the lives that have been saved; the improved patient care that has resulted from research conducted by emergency medicine physicians and the educational advances they have implemented; and the dramatic changes in the delivery of care that have occurred as a result of emergency medicine's evolution into the youngest specialty in medicine. And we are gratified to observe the spread of progress in the specialty throughout the world, including to resource-limited areas.

As you look at the SAEM's Annual Meeting website (<http://www.saem.org/annual-meeting>), you will see a program that has been significantly enhanced for 2014. The Tuesday program, once focused on the Consensus Conference and Grant Writing Workshop, has had a significant expansion, with full-day programs highlighting training in ultrasound and simulation, and academic updates focused on physicians working in non-academic settings. Additional programs, including Closing the Diversity

Gap, Advanced Evidence Based Diagnosis, Planning for a Safer Decade of ED Analgesia, and the return of a one-and-a-half-day Senior Faculty Leadership Forum make this an education program that should not be missed. Further, the Meeting will feature over 100 extensively peer-reviewed didactic presentations of the latest research, as well as over 790 abstracts, the greatest number ever presented at an SAEM Annual Meeting.

New also this year is SAEM OnDemand, a web-based service which will provide video capture in sound and slides of some 75 hours of the best aspects of the Annual Meeting for members and non-members to review at their leisure.

Also, for the first time ever, the SAEM Foundation is holding a special event at the Sixth Floor Museum at Dealey Plaza (formerly known as the Texas School Book Depository). This is the site where Lee Harvey Oswald fired the shot that was heard around the world. The Museum event is a special opportunity not only to view the museum, but also to make a tax-deductible contribution to build the endowment fund of the SAEM Foundation. Another first will be a silent auction of some very special items. Visit the SAEM Foundation website (<http://www.saem.org/saem-foundation>) after March 1 and check back often to see the valuable gifts available for bidding to benefit future research and education in emergency medicine through the Foundation. Building the endowment fund of the SAEM Foundation continues to be one of our major goals, so that we may provide additional grants for research and education. You won't want to miss this very special event on Thursday, May 15. The Annual Meeting website and the SAEM Foundation website both have all the details of this unique experience.

But this 25th-Anniversary Meeting would not be complete without celebration. Don't miss the Opening Reception on Wednesday evening, May 14, from 5:30 – 7:00 pm. It is open free of charge to everyone who registers for the Meeting. This will be a great opportunity to see dear friends, renew acquaintances, and make new friends and professional contacts. There will be lots of food and beverages available to make this a most fitting opening celebration for the Meeting.

SAEM's Program Committee, ably chaired once again this year by Chris Ross, has worked hard to bring you an anniversary event to remember. We thank them for their efforts and their dedication. See you in Dallas! ▶

MEMBER HIGHLIGHT

BRENDAN CARR, MD, MA, MS BRIDGING RESEARCH TO POLICY



“Thanks so much for giving me the opportunity to reflect on where I’ve come from and where I hope to go.”

My path to emergency medicine was longer than most, and a bit winding at times, but I wouldn’t trade any of it. Along with both of my brothers, I was educated by the Jesuits at Loyola, and the principles of service and justice shape the way I see the world and the way I spend my time (thanks, Fr. Brown and Dr. Fenzel). For several years after college, while pursuing a master’s degree in clinical psychology, I worked as a crisis hotline counselor (an early introduction to overnight shifts), graduating to a role on an innovative mobile crisis response team in Baltimore upon completion of graduate school. After making the decision to redirect from psychology to medicine, I moved home to Philadelphia to attend the postbaccalaureate pre-medical program at Bryn Mawr College - a one-year intensive program for non-science majors to take the required coursework for medical school. In addition to learning biology and organic chemistry, I met an extraordinary woman in the postbac program who I’ve now been married to for almost 15 years. I will never be able to thank her enough for coaching me through physics at Bryn Mawr, parenting three beautiful boys, and everything else since then.

From Bryn Mawr I progressed to medical school at Temple University. I chose Temple because of their longstanding commitment to caring for the at-risk community that surrounds them in North Philadelphia. At Temple I was exposed to emergency medicine for the first time (thanks, Temple faculty, especially Drs. McNamara, Harrigan, Wald, and Ufberg), and came to love the unfiltered connection between the community and the health care system that exists only in the ED. During medical school, while volunteering in the non-profit sector, I met a dynamic advocate for patients and public health named Betsy Datner. Dr. Datner was faculty in EM at the University of Pennsylvania. She took me under her wing, introduced me to other faculty members at Penn, and, after spending a month as a 4th year medical student in the ED, I was fortunate to match there for residency (thanks, Drs. Baxt, Deroos, and Chen).

Residency at Penn was wonderful. I entered with a plan to capitalize on both the clinical expertise in the health system and the world-class academics on the University side. I was fortunate to meet many extraordinary people on campus committed to changing the world. Key among these was the chief of trauma and director of the injury center, Dr. Bill Schwab, from whom I came to appreciate the critical importance of developing

systems of care. After residency I entered into a fellowship in trauma and surgical critical care – Penn’s first non-surgeon to complete the fellowship (thanks, Drs. Kauder, Reilly, and Gracias). During residency and fellowship, I was encouraged to apply to the Robert Wood Johnson Foundation’s Clinical Scholars Program. The CSP is a human capital program for physicians, with a track record of creating outside-of-the-box thinkers that spend their careers working “to improve the health and health care of all Americans.” I was a clinical scholar at Penn from 2006-2008, and the extraordinary list of people propping up my career continued to grow (thanks, Drs. Metlay, Armstrong, Asch, Schwartz, Schwarz, Neumar, and Branas). At the close of my time as a scholar, I submitted my application for a career development award to study trauma systems and joined the faculty at Penn in 2008.

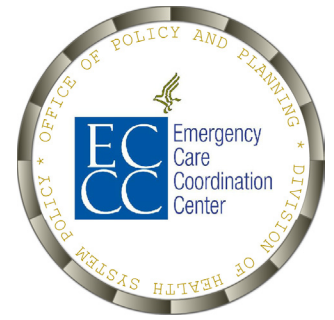
Over the last five years I have very much enjoyed a rich life in academic emergency medicine. My career development award was funded by AHRQ (thank you, Kay Anderson, Ryan Mutter, Claudia Steiner), and this award has supported my ability to broadly understand the association between emergency care system design and outcomes. This body of work, which is often referred to as regionalization, has brought me in contact with engineers, economists, professional societies, and government. Drs. Art Kellermann and Ricardo Martinez (with whom I ran the 2010 AEM Consensus Conference, Beyond Regionalization: Integrated Networks of Emergency Care) have been unbelievably helpful mentors in this realm. Much of my academic work has focused on understanding geographic variability in access to care and in outcomes for conditions that require rapid intervention, such as trauma, stroke, and cardiac arrest. I have the great pleasure of working with an extraordinary team in the policy research shop we have built. There are too many to name, but my time with Doug Wiebe, Charlie Branas, Sage Myers, Zack Meisel, Raina Merchant, Karen Rhodes, Dan Holena, Mike Mullen, and the fresh addition of Kit Delgado makes for a rich and exciting environment to think about how to design the optimal emergency care system.

In the last year or so, I have started to pivot a bit from just measuring outcomes to instead using outcomes analysis to target virtual (telemedical) interventions. This work has given

Continued on Page 7

me the opportunity to work more closely with Ben Abella and Dave Gaieski – our local clinical research experts. I've also begun to develop two new research portfolios over the last year. The first focuses on using the utilization patterns of individuals to define populations. Given that emergency care is largely a local phenomenon, the central concept is that hospitals are accountable for the neighborhoods that depend upon them in their time of need. So we are creating new geographic units consistent with the Institute of Medicine's definition of "total population health." The hope is that describing geographic catchments for hospitals and groups of hospitals will allow for cooperation even amongst competitors in order to improve community health outcomes. The second new initiative focuses on framing out what a patient-centered acute care system would really look like. The idea that we as a community of policy makers or providers would call the decision of a patient to seek medical care "inappropriate" really troubles me. I believe we can move past the rhetoric around where patients "should" be going for care and instead ask for their help as we build an acute care delivery system that meets their needs in a cost-efficient manner. This work has given me rich overlap with Judd Hollander and our almost-ready-to-graduate policy research fellow, Kristen Rising.

Just a few months ago, I accepted the position of director of the Emergency Care Coordination Center (ECCC) in the Department of Health & Human Services. The ECCC is located in the office of the assistant secretary for Preparedness & Response (ASPR) and is charged with the mission of leading the US Government's efforts to support the creation of an emergency care system that is patient- and community-centered, integrated into the broader health care system, high-quality, and prepared to respond in times of public health emergencies. In the context of my interest in moving towards understanding how to measure quality at the population level and my longing for



a responsible conversation about how to build an acute care delivery system that meets the needs of the public, the decision to put my academic life on hold was an easy one. The ECCC was created by Presidential Directive and is under the control of another exceptional example of a physician leader, the ASPR, Dr. Nicole Lurie. Dr. Lurie's believes that our ability to respond to and recover from disasters and public health emergencies requires that we build upon a highly functional day-to-day emergency care delivery system. I'm inspired by the colleagues I have come to know at ASPR - some of them familiar names to the emergency care community (Drs. Kaplowitz, Margolis, Marcozzi, and Hunt), but many others working quietly and diligently every day to craft a health care delivery system that works for individuals and populations. I'm excited about this next chapter in my life and very clearly understand that I'm here because of the many people that have helped to develop my career. Thanks so much to Dr. Baren for her flexibility, allowing me to maintain my appointment and privileges at Penn so that I can still see patients one day a week during my appointment. I plan to blend my academic perspective with my new charge to advance the ball, and hope that I'll make all of my friends at SAEM proud. ▸

"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly; who errs and comes short again and again; because there is not effort without error and shortcomings; but who does actually strive to do the deed; who knows the great enthusiasm, the great devotion, who spends himself in a worthy cause, who at the best knows in the end the triumph of high achievement and who at the worst, if he fails, at least he fails while daring greatly. So that his place shall never be with those cold and timid souls who know neither victory nor defeat."

- President Theodore Roosevelt

ETHICS

ETHICS IN ACTION

ERROR AND DISCLOSURE

Gerald Maloney, DO
MetroHealth Medical Center/
Case Western Reserve University, Cleveland, OH

A 17-month-old female patient has been transferred in from a community hospital after suffering a cardiopulmonary arrest. She had arrived there with severe respiratory distress and was intubated, following which she went into cardiopulmonary arrest. The critical care transport team that brought her tells you they discovered an esophageal intubation upon their arrival, and, after re-intubating the patient, obtained ROSC. The patient has a pulse but also has fixed and dilated pupils and no spontaneous respirations. As you are awaiting a PICU bed, you wonder: Should you address the esophageal intubation with the parents, since it may well have been the proximate cause of cardiopulmonary arrest?

Error disclosure has become more widely accepted in recent years, with several institutions establishing progressive error disclosure policies. It has also been accepted as a fundamentally ethical practice: if there is an error, even one that may not have resulted in direct harm, the patient has a right to know, and surveys have indeed shown that most patients would want any error disclosed, even if there was no untoward result. However, error disclosure still remains a source of discomfort for many physicians and hospital administrators.

The reasons for concern around error disclosure are multiple. Chief among them is fear that disclosure of error may result in litigation, and may even be construed as an admission of guilt in terms of malpractice. This opinion is frequently shared by risk management and insurance companies, and as a result full disclosure is discouraged in many cases. Most physicians receive little formal training in having conversations regarding error disclosure, and fear that disclosing an error may damage the trust inherent in the physician-patient relationship. There is also the fact that when errors occur, particularly if they result in significant harm, there is a negative psychological effect on the provider as well.

Despite these concerns, there is little doubt that error disclosure is the ethically right thing to do, and there is growing acceptance

of this practice in both academic and non-academic settings across the country. However, there is an area that is still seen as ambiguous: disclosing someone else's error. Physicians have long been reluctant to disclose each other's mistakes outside of rarefied settings such as M&M rounds. There is also the lesson ingrained in childhood, and maintained throughout adulthood to a greater or lesser degree, against "telling on" someone. Thus, when confronted with a patient who has clearly suffered as a result of someone else's error, there is a moral conundrum about when and how to disclose the error.

The ethical answer remains unchanged—the error needs to be disclosed to the patient and/or their family. There is no consensus about the best way to do this. In general, it is felt that, out of fairness to the responsible clinician, they should be notified of the discovery of the error and allowed to consult with their own administration/risk management as to the best way to disclose the error, and should take the lead in the disclosure process. In the event that they either deny responsibility for the error or refuse to disclose the error to the patient, then the physician who discovered the error should make the disclosure, ideally after consulting either risk management or the ethics committee at their own hospital. The disclosure should not be made carelessly or in the heat of the moment: disclosure of another's error should be made with all the concern and consideration you would give disclosure of your own error to the patient.

In the case presented at the beginning of the article, the ED providers discussed their concerns with hospital risk management, the referring facility was contacted and, after speaking with all parties involved, the referring hospital spoke to the family of the patient and disclosed the esophageal intubation. A confidential settlement was subsequently made on behalf of the referring hospital. ▸

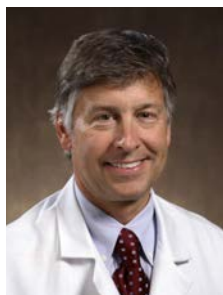
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PUTTING ITS MONEY WHERE ITS MOUTH WAS: A SHORT HISTORY OF THE SAEM RESEARCH FUND

Brian J. Zink, MD
Alpert School of Medicine, Brown University
President of SAEM 2000-2001



Brian J. Zink, MD

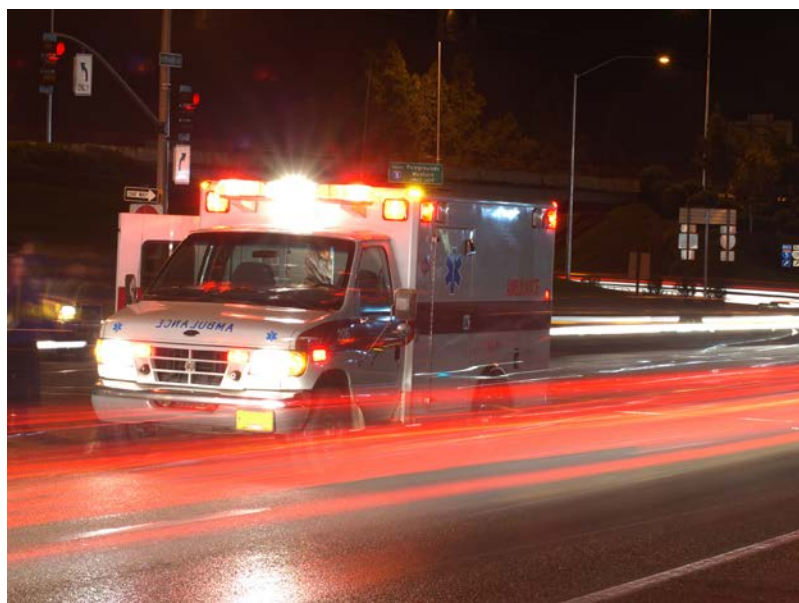
SAEM, and its precursor organization, UAEM, was in the early days almost a Mom-and-Pop-type organization, frugally run by Mary Ann Schropp, the original executive director. In the late 1990s, as more and more qualified researchers were active in emergency medicine, with limited funding available on a national level, the SAEM Board of Directors dreamed of establishing a meaningful research grant program in SAEM. Well,

this little organization, run on a shoestring, had somehow accumulated a substantial reserve. The Board made the bold move of transferring \$1 million from SAEM to create the original SAEM Research Fund. Grants continued to be funded out of the operating margin of the organization, and the money was allowed to grow like an endowment. Within a decade, that original contribution from a Society dedicated to research had grown to \$6 million, and substantial grants were being funded. Our dream of SAEM funding research on a significant level was realized, and we have all seen the power of investing in research training grants as early recipients have gone on to receive federal funding, and have made discoveries that have improved emergency care. This is a lesson on how small things, properly managed and tended, can lead to big things down the line. ▶

EMS NATIONAL CULTURE OF SAFETY STRATEGY

The end of 2013 saw the release of the National EMS Culture of Safety Strategy document, the result of cooperative efforts by the National Highway Traffic Safety Administration, the Health Resources and Services Administration, the EMS for Children Program, and the American College of Emergency Physicians, with additional support from many other organizations, including the Society for Academic Emergency Medicine. The main objective of the project was to identify safety issues facing emergency service providers, their patients, and members of the community at large, and to develop a national strategy for a new culture of safety within EMS.

The National EMS Culture of Safety Strategy document may be downloaded as a PDF at <http://www.emscultureofsafety.org/>. ▶



FRANCIS M. FESMIRE, MD – 1959-2014



Francis M. Fesmire, MD

The Society for Academic Emergency Medicine is saddened to note the sudden death of Francis M. Fesmire, MD, on January 31, 2014. Dr. Fesmire, an expert in myocardial infarction and developer of the “Erlanger Chest Pain Evaluation Protocol,” a set of widely used clinical guidelines for treating patients with suspected heart attacks, was associate professor and clinical instructor of emergency medicine at the University of Tennessee College of Medicine in Chattanooga, as well as

director of research and core faculty in its emergency medicine residency program. His many hospital, regional, editorial and organizational appointments included his position as medical director of the Chest Pain Center at Erlanger Medical Center and memberships in committees of the American College of Emergency Physicians and the Society of Cardiovascular Patient Care. Dr. Fesmire was the recipient of many awards, including ACEP’s 2008 “Hero of Emergency Medicine” award, and the author of numerous publications. He is survived by his wife, Connie, and sons, Forrest and Hunter. SAEM extends its condolences to Dr. Fesmire’s loved ones. ▶

LOUIS S. BINDER, MD – 1954-2014

APPRECIATION OF A GENTLEMAN



Louis S. Binder, MD

The Society for Academic Emergency Medicine, and the specialty of academic emergency medicine as a whole, lost a true hero and mentor with the death on January 16, 2014 of Louis S. Binder, MD. He was 59 years old. Dr. Binder had a long and distinguished career in academic emergency medicine, serving in faculty and leadership roles at Texas Tech University Health Sciences Center, the University of Illinois at Chicago College of Medicine, MetroHealth Medical Center, The Commonwealth Medical College, the Case Western Reserve University School of Medicine and University Hospitals Case Medical Center.

Dr. Binder's devotion to academic emergency medicine, and to SAEM in particular, was without equal. He was a member of SAEM's second Board of Directors in 1990-1991, remaining on the Board the following program year and, in 1992-1993, serving as president-elect of the Society. In 1993-1994, he served as SAEM's fifth president.

However, his involvement with SAEM goes far beyond his tenure on the Board. He served on countless committees and interest groups, was instrumental in the development of SAEM's journal *Academic Emergency Medicine*, made frequent contributions to SAEM events and publications, and gave generously to the education and research programs of the SAEM Foundation. His active engagement and dedicated service to the Society and to the specialty of academic emergency medicine will be sincerely missed.

Here are just a few of the many tributes to Louis Binder that have been shared and will continue to be expressed by those who were fortunate enough to work with him and know him over the years.

I met Lou as a very junior faculty member at Scott and White Memorial Hospital and Texas A&M University College of Medicine in the early 1990s. Lou already was a leader in SAEM and a sitting EM department chair, yet he

sat down and offered insight and advice to a young person employed seven hours away. He had no obligation, but he did this – and became a trusted colleague and partner for the next two decades as we both evolved in our careers.

His passion for emergency medicine – and the education of all in emergency care, medical students in particular – never wavered, and his ability to navigate professional storms is an example of how to be impactful, quietly. I will miss Lou.

- Donald M. Yealy, MD,
University of Pittsburgh Medical Center

Lou was a consistent, involved and strong voice for academic EM and always a gentleman and friend to many of us. He will be missed but not forgotten.

- Brian J. Zink, MD,
Alpert Medical School, Brown University

Truly sad. Lou was always willing to listen and assist me as a young academician, a kind soul and a true gentleman.

- Brian J. O'Neil, MD,
Wayne State University School of Medicine

Lou was a model leader. He never postured, no pretense, just leadership.

- Gabe Kelen, MD,
Johns Hopkins University School of Medicine

Lou was a tireless advocate for emergency medicine and medical education.

- J. Stephan Stapczynski, MD,
University of Arizona College of Medicine – Phoenix

I graduated from emergency medicine residency at Truman Medical Center/UMKC School of Medicine in 1983 in Dr Binder's class. For those who knew him, I can only confirm what everyone already knows, he was an outstanding physician, teacher and human being. Even when he was a resident, we looked up to Lou as being smart and an excellent clinical teacher. He always looked on the positive side of life, and I never heard him say a bad thing about anyone. After residency we both went our separate ways, and next thing I knew he was the president of SAEM. I certainly knew he had talent, but it is still a little bit of a surprise when a fellow resident has risen so far, so fast. I have looked forward to his insightful papers since and have never been disappointed by them. I also looked forward to seeing him at multiple meetings over the years, and he was the same Lou I first knew as a resident – a fun and outstanding man.

- Matt Gratton, MD,
University of Missouri – Kansas City School of Medicine

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Continued from Page 10

A remembrance written by **Ed Michelson, MD**, of Case Western Reserve University School of Medicine, entitled "Remembering Louis Binder: Educator and Mentor," was published on the website of Emergency Physician Monthly on January 29. It can be read at <http://www.epmonthly.com/www.epmonthly.com/features/current-features/emergency-medicine-mourns-the-death-of-one-of-its-consummate-educators-and-mentors/>. Dr. Michelson adds:

I can tell you that I met his 96-year-old retired physician father at the wake and funeral. Lou very much takes after his dad. I also met his younger sister and brother. All three are lovely people and still live in Minnesota; his dad in the same house that Lou grew up in. His sibs did not pursue careers in medicine.

Lou was interred in the Community Mausoleum in Lakeview Cemetery, a very historic Cleveland landmark. President Garfield grew up in the eastern suburbs of Cleveland and is also buried in this cemetery.

Dr. Binder's final article for this Newsletter was published in the November-December 2013 issue: he had been active in encouraging past presidents of the Society to draw on their experiences and memories and share them with the membership in advance of SAEM's 25th-anniversary Annual Meeting in Dallas in May 2014. In his article, he looked back on 25 years of SAEM history and of the Society's impact on the specialty. He concluded with these words, which may now serve as his valediction to those he leaves behind:

It has been tremendously rewarding to have my career supported by my involvement in a dynamic and growing organization that over the years has expanded its reach and contributions to education in tandem with my personal interests. I hope that these perspectives are useful to our younger members, and I wish you all well in picking up the torch and continuing on with the next generation of educational innovation and challenges in our specialty.

At the request of Dr. Binder's wife, Nancy, a fund has been established to honor his service and accomplishments. In recognition of his love for and dedication to emergency medicine education, this fund will provide sustaining support for the educational programs of the SAEM Foundation. Please visit www.saem.org/saem-foundation/ways-to-give/donate to donate. ▶



REGISTRATION NOW OPEN
MAY 13-17, 2014

DALLAS





RESIDENT AND STUDENT ADVISORY COMMITTEE

FROM NOW UNTIL RESIDENCY: SOME THINGS YOU MIGHT WANT TO DO

Brandi Gunn, MD
Emergency Medicine PGY-1
Emory University School of Medicine
Guest Author, SAEM Resident and Student Advisory Committee

These months are undeniably the most perfect months of your med school career. You've matched. The pressure is off; the job is waiting. Many of you have matched into your dream program, in your dream location, with your dream partner or – gloriously - a mixture of all three. Your academic expectations include a pass/fail elective rotation and some capstone-style sweet-spot courses in the run-up to graduation. Compared with any other phase of your medical journey, expectations of you are at an all-time low. Your satisfaction is at an all-time high. It's here: your Golden Spring.

This time is granted to you. Nothing I say beyond this point will make it silver or bronze. You should be in full bask mode. You have earned it.

I write from the perspective of being midway through intern year. Even in the best circumstances, intern year is grueling. Two important things happen in your intern year. First, it trains you for itself. When people set out on a cross-country bike tour, the best training advice is: "Don't worry about training. It will happen

during those first three weeks." Residency is the same, so there are lots of things you can't do until you're there. Second, intern year resets your comfort set point. You learn to adjust to increased expectations, fewer comforts, and unforeseen challenges. The benefit to you and your patients is that you finish far stronger than you began. Intern year is truly intense, so you should go into this year as prepared as possible.

But right now, we're not thinking about late-night spats with admitting residents or IVs that blow four times in 40 minutes; we're thinking about Your Golden Spring. Looking back, there are a few things I'm glad I did during the time you're entering right now, and there are a few things I wish I'd done differently. The following advice represents all I have; the rest is up to you.

Foremost, think of this as your time to be kind to your mind and body. This is a time to reinforce self-care habits that you will break in the years to come. Those neural pathways for exercise, meditation, and simple joy need all the help they can get. Your goal isn't perfection; it's getting those good mental ruts as deep as possible before the wheels start rolling every which way. Let's all accept together that humans need about half an hour of sweating most days a week to really be healthy. This isn't a phase; this is your life. This supersedes TV; it supersedes email; it supersedes everything else. Commit to a schedule, make it fun, and just do it.

Humans need connection – it's as vital as exercise. You'll be making a zillion new connections in your program. For now, *draw near to those you love* while you can still drop everything for a phone call. Invest time in your beloved family members, your BFFs, and your significant other if you have one. Explain to them in

Continued on Page 13

advance that you will be less available. Warn them not to take your inevitable distance personally. Ask for their patience and support. Above all, encourage them to persist in reaching out to you even if your responses are less than robust. As they say in NASCAR circles, “Gone but not forgotten.” That will be you.

The end of med school is truly delightful, but as quickly as you can think, “Ah, there, isn’t that nice? Some free time...” WHAMMO! You get hit with the next bolus of must-do’s. Understand that you will begin receiving paperwork and administrative tasks from your new program well before you graduate. There will likely be a move to make. All that said, there are *some practical chores you can take care of right now*. Most 4th-year med students feel the rumble of the approaching intern year, and here’s how you can expend that nervous energy:

- Jettison all that crap you thought you might need one day. Old lists, med school notes, neurology/OBGYN/psychiatry texts that will be outdated in three years (and in those three years you’ll have zero time to consult them, as you’ll be learning your own discipline in all its glorious detail). Clothes you haven’t worn? Guess what – you’ll be in scrubs 80% of the time from now on, and again, they’ll be even more past their prime in three to four years. *Let it all go. This creates mental space for you to focus on your huge task ahead.*
- Go ahead and order your text of choice. I got a big fat EM text because I love to read. The full list of text BOOKS I consult includes EM text, pathology, and that’s IT. The rest is online.
- Create a “*Professional!*” folder for licensure, certifications, official communications, etc.
- Get the remainder of your *affairs in order*. For example, tidy up your research life. Send an email to your supervisor with a modest outlook for your research schedule from here through intern year.
- Consider learning your way around a web-based (read: always available to you) *document management system*. You can use



it to take pictures of everything and share everything and it goes everywhere you have web access. All those resources you encounter all over the hospital (ex: radiology phone number list) are instantly savable and retrievable.

Finally, everyone should do something our program director told us to do: make a private *list of the reasons why you chose to become a resident in your specialty*. Be honest in your list. You will likely refer to it by December. ▀

PROTECTED HEALTH INFORMATION AND EMERGENCY RESPONSE

The potential for conflict between the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the needs of law enforcement is addressed in the HIPAA Guide for Law Enforcement, published by the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, in cooperation with the Federal Bureau of Investigation. The guide provides information on issues surrounding compliance by facilities and professionals within the health care sector and by law enforcement with the requirements of HIPAA in protecting the privacy of protected health information (PHI) in the event of incidents involving injuries resulting from criminal activity (such as shootings, bombings, etc.). The guide lists who is and who is not required to comply with HIPAA privacy rules and in what circumstances exceptions to these rules apply.

For more information, please visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/> ▀



SAEM – A STORY OF FRIENDSHIP AND ACHIEVEMENT

Sandra M. Schneider, MD, FACEP



Sandra M. Schneider,
MD, FACEP

SAEM was one of the first professional societies I joined (along with ACEP). I attended my first meeting in 1981 and was hooked. Back then it was two organizations, STEM and UAEM, but that is another story. I have never missed a meeting. While it was the science that drew me there, it became the friendships that kept me coming back. As I write this, I have just read of the passing of Lou Binder, a past president of SAEM. This past year has been costly to EM, with the passing of Ron Krome and George Podgorny, to name just a few. I remember the unique situations in which I met these friends and mentors. I met Ron Krome, for example, as he struggled to do a slide show presentation on a paddleboat, in daylight, to a group of noisy, somewhat intoxicated attendees. The deaths of these friends remind us of how far we have come as a specialty, and how many incredible people helped us get there. It also reminds us to cherish our friends, as life is painfully short.

I met Art Kellermann when he critiqued my paper with the words "I might be just a simple country doctor, but I think you could have used a paired t test and gotten a better p value. Of course, it would have been the wrong test."

I met Judy Tintinalli when she congratulated me one of my earliest papers. I don't think she knows how much that meant to me.

I remember Paul Pepe acting as moderator of an oral session when the Salvation Army Band started rehearsing next door.

I remember Ron Stewart, my mentor, making my slides (Kodalith) and then coloring them in with magic markers. He was responsible for my pink slides, not me.

I remember crying and laughing with so many. It is like going back to the same camp every summer, catching up with old and dear friends. In the end, that has been what SAEM has meant to me.

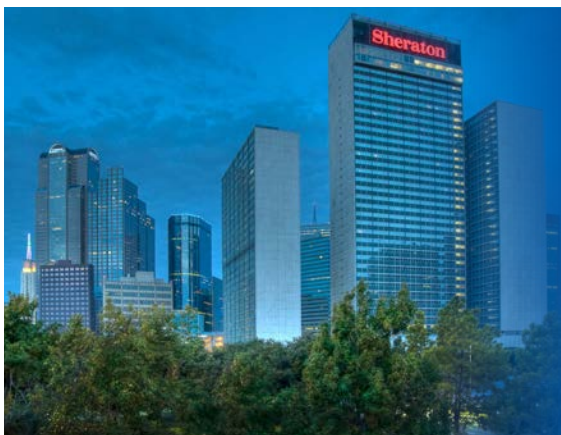
But there is also a story of achievement. I was honored to serve as president of SAEM in 1999-2000 (by the way, the first woman to do so). During the time I was on the Board, we created a journal and started the creation of the SAEM Foundation. But our biggest goal throughout that time was the NIH. At that time, even more so than today, emergency care researchers found it difficult to

compete for funding. Many found their denials filled with praise for their idea and their preliminary work, but with questions about why an emergency physician would want to do research. The NIH appeared to be an "old boys" club. Throughout my time on the Board and as president, the goal of securing funding was elusive. From my perspective, the first break actually came from AACEM, who invited several individuals from the NIH to meet with us; one emerged as our champion, providing us important guidance both then and now. However, this alone was not enough to achieve our goal. That took a constellation of factors, among them the Institute of Medicine report on The Future of Emergency Care (spearheaded by Art Kellermann) and collaboration with ACEP. While SAEM provided the research expertise, ACEP provided the DC connections and the financial backing to disseminate the IOM report and obtain a meeting with the NIH Director. That meeting was the pivotal event, and from that meeting and efforts of so many along the way, we have the Office of Emergency Care Research at the NIH today. More importantly, researchers now compete on a more level playing field for funding within the NIH and other federal agencies.

The important lesson from this story is that we are stronger when we work together. Each organization has a mission that makes it unique. But we have more in common than our differences. We must continue to work together.

There is more to do. First, we now realize that we lack well-trained researchers who are able to compete even when the playing field is level. There are a handful of NIH training grants available, and many more research fellowships offered in outstanding institutions. Anyone interested in a research career should (perhaps must) seek out these opportunities; funding is unlikely without the proper training. Funding is a major key to academic success. Second, we must continue to advocate for the funding of the Office of Emergency Care Research. We must all commit to meeting with our representatives in DC and making the case for this important funding. We must also provide financial support through ACEP's political action committee to apply pressure for funding this office. Finally, we need to support the development of our young researchers through gifts to both of our research foundations.

It has been an honor to be an emergency physician. We are unique in what we do and who we are. It has been an honor to work with friends to improve the lives of our patients. ▀



REGISTRATION NOW OPEN

**2014 SAEM Annual Meeting
Marking our 25th Anniversary
May 13-17, 2014**

The Sheraton Dallas Hotel, Dallas, TX

Program Committee Chair – Christopher Ross, MD

Watch for meeting updates on the website!

www.saem.org



MARC A. NIVET, EdD – 2014 ANNUAL MEETING KEYNOTE SPEAKER



Marc A. Nivet, EdD

With the SAEM Annual Meeting a few months away, SAEM and the SAEM Academy for Diversity and Inclusion in Emergency Medicine are pleased to announce that Marc A. Nivet, EdD, will be this year's keynote speaker.

Dr. Nivet is the chief diversity officer for the Association of American Medical Colleges. Through his advising, lecturing and writing, Dr. Nivet has worked to reframe the narrative around diversity, positioning it as a driver of excellence and highlighting the link between community engagement and health equity. He encourages audiences to elevate diversity out of its silo and into the company of talent management and strategic planning to transform organizations and, ultimately, communities. His remarks at SAEM will focus on shifting demographics, persistent health disparities, and nascent health care reform as an important opportunity to optimize the health care workforce on the front line

of the U.S. health system. In line with our goals in emergency medicine, Dr. Nivet believes this paradigm shift requires viewing diversity and inclusion as drivers of institutional excellence and as a mechanism to achieve the triple aim of better health, better health care, and lower costs. He will speak about the role of diversity and inclusion strategies, priorities, and his "Diversity 3.0" approach to promoting innovation in academic emergency medicine. After hearing his remarks, members of SAEM should gain greater understanding of how developing a diverse and culturally prepared health care workforce is a key imperative to best meet the needs of the emergency patient population.

ADIEM, as SAEM's leader on issues of diversity and inclusion, is pleased to bring Dr. Nivet to SAEM to share his thoughts. Indeed, diversity and inclusion, equity and justice should be at the core of what we do for the patients we care for, the communities we live in, and the work we do each day as emergency medicine physicians. As we celebrate SAEM's 25th year, we have a lot to be proud of and much to celebrate. Though our work continues, we reflect and remain optimistic for the future. ▀

Mark your calendars for Academy of Geriatric Emergency Medicine (AGEM) activities and sessions at the 2014 SAEM Annual Meeting!!

Wednesday, May 14, 2014

- 10:30a-11:30a "Innovations for Preventing Hospital Admissions and Re-Admissions" (Pines, Tanski, Betz)
11:30a-12:30p "Building a Geriatric ED Risk Stratification Toolbox: Evidence-based screening for cognitive impairment, risk of falls, and functional decline" (Carpenter, Platts-Mills)

Thursday, May 15, 2014

AGEM BUSINESS MEETING (8:00a-12:00p)

- 8:00a-9:15a AGEM business meeting
- Introductions
- 2014 Gerson Sanders awardee - Basil Eldadah, MD, PhD
- Abstract awards (faculty, resident/fellow, medical student)
- Elections
- Workgroup updates (journal club, fellowships, delirium, tool kit, Geri ED guidelines, boot camp)
- 9:15a-9:30a Coffee/bathroom break
- 9:30a-10:00a Breakout workgroup session (Education initiatives / Fellowships, Journal Club, Delirium Workgroup, Research Network, Geriatric EM Metrics, etc.)
- 10:00a-10:45a **Geriatric ED Guidelines**
Review of ACEP, AGS, ENA, SAEM Board of Director-approved guidelines
Dissemination plan (status of guideline dissemination, education initiatives, conferences, etc.)
- 10:45-11:45a "Business case for Geriatric ED"
"Nutz and Boltz of creating a Geriatric ED"

Saturday, May 17, 2014

- 10:00a-11:00a "So You Want to Start a (non-ACGME) Accredited Fellowship?" (Biese, Martin, Reese, Stern)



GERIATRIC EMERGENCY DEPARTMENT GUIDELINES

The Society for Academic Emergency Medicine announces the publication of a new document, Geriatric Emergency Department Guidelines. This document is the product of two years of consensus-based collaborative work among representatives from SAEM, the American College of Emergency Physicians, the American Geriatrics Society, and the Emergency Nurses Association, and has been approved by the boards of directors of all four organizations.

The purpose of the Geriatric Emergency Department Guidelines is to provide a standardized set of guidelines that can effectively improve the care of the geriatric population and which is feasible to implement in the ED. These guidelines create a template for staffing, equipment, education, policies and procedures, follow-up care, and performance improvement measures.

The guidelines are available for download from SAEM at <http://www.saem.org/education/geriatric-ed-guidelines>, and from ACEP, AGS and ENA. ▸

GERIATRIC EMERGENCY DEPARTMENT GUIDELINES



SONOGAMES® IS COMING!

The SAEM Academy of Emergency Ultrasound presents the 3rd Annual SonoGames! The 2014 edition of this popular event, which gives competitors the opportunity to demonstrate their skills and knowledge of point-of-care ultrasound and compete for the coveted SonoCup, will take place on Thursday, May 15, from 12:00-5:00 pm, as part of the 2014 SAEM Annual Meeting in Dallas, TX. Visit the Annual Meeting site for more information.

GEMA MEMBER HIGHLIGHT

MARK BISANZO, MD

For the past five years, I have been lucky enough to work with a great group of colleagues at Global Emergency Care Collaborative (GECC). Our organization was founded on the belief that providing training in emergency care that focuses on the effective use of available local resources could empower local practitioners to lessen the unacceptably high burden of preventable morbidity and mortality in austere settings. This method ensures the long-term sustainability of our initiatives.

Our programming focuses on task-shifting acute care to non-physician clinicians at the district level, especially in rural areas. GECC board members and volunteers have built a robust curriculum of over one hundred lectures that train non-physician clinicians to provide high-quality emergency care by using the chief complaint, combined with solid history-taking and physical exam skills, to narrow the differential diagnosis and initiate treatment. Data is collected on all patients treated by these providers, and outcomes at three-day follow-up are routinely assessed.

Our vision is that these non-physician clinicians (locally called emergency care practitioners, ECPs) will form the base of a tiered emergency care system. In referral and higher-volume centers, emergency physicians will provide care, supervise ECPs, and function on an advocacy and public-health level to ensure quality emergency care is delivered at all levels of the health system. As a member of GEMA, I am able to network with other colleagues outside of our organization who are active in global health, exchange ideas, and form new partnerships. This opportunity has been very valuable to me as I continue to work as an academic emergency physician specializing in global health. We are always looking for new members for the GECC team: look us up at www.globalemergencycare.org!



2014 SAEM Annual Meeting Registration Form - MEMBERS
Early Bird Registration ends March 15 *Preregistration ends May 2* **May 13-17, 2014**

The Sheraton Dallas Hotel
400 North Olive Street
Dallas, TX 75201

PLEASE PRINT OR TYPE - Send this form and appropriate fees to SAEM by fax, mail, or email. **NO PHONE REGISTRATIONS.**

Name (EXACTLY as you wish it to appear on badge): _____ Contact Number: _____ MD DO Other: _____

Institution: _____ City: _____ State: _____ ZIP: _____
Address: _____
Email: _____

Check box if you do not want your email shared with annual meeting exhibitors

Nonmembers wanting the discounted member registration rate must submit a membership application and dues payment.

Special session registration does not include registration for the Annual Meeting. If you are attending a special session ONLY, you are not required to register for the Annual Meeting.

SAEM Members Registration
(see other side for nonmember registration)

General Registration

2014 SAEM Annual Meeting Full Registration

One-Day Registration (select one):

Wednesday Thursday Friday Saturday

SAEM Emeritus Members General Registration

Tuesday Special Sessions

- Diversity 101 Session (1/2 Day)(8am-12 pm)
- AEM Consensus Conference (8am- 5 pm)
- Lifesaving Ultrasound Course(8am- 5 pm)
- Community-Based EM Seminar(8am- 5 pm)
- Evidence-Based Diagnosis Workshop(8am- 5 pm)
- Grant Writing Workshop (8am- 5 pm)
- Simulation Training Course(8am- 5 pm)
- Senior Faculty Leadership Forum(2 Days)(8am-12 pm)
- Safer ED Analgesia Session (1/2 Day)(12pm- 5 pm)

	Physician Member		Non-Physician* Member		Administrator Member		Resident/Fellow Member		Med Student Member	
	Early Bird to Mar 15	Onsite Reg. March 16 to May 2	Early Bird to Mar 15	Onsite Reg. March 16 to May 2	Early Bird to Mar 15	Onsite Reg. March 16 to May 2	Early Bird to Mar 15	Onsite Reg. March 16 to May 2	Early Bird to Mar 15	Onsite Reg. March 16 to May 2
525	575	625	225	275	350	425	175	225	50	125
300	325	375	100	150	100	150	75	125	50	125
FREE	FREE	50	FREE	FREE	FREE	FREE	FREE	FREE	FREE	FREE
50	100	125	50	100	50	100	50	100	50	100
150	200	250	150	200	150	200	150	200	150	200
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500	550	600	500	550	500	550	500	550	500	550
225	275	325	225	275	225	275	225	275	225	275
75	100	125	75	100	75	100	75	100	75	100
30	35	40	30	35	30	35	30	35	30	35
125	175	225	125	175	125	175	125	175	125	175
75	75	125	75	75	75	75	75	75	75	75
125	150	200	125	150	125	150	125	150	125	150
50	75	125	50	75	50	75	50	75	50	75
150	170	200	150	170	150	170	150	170	150	170

* - EMT/Paramedic/Nurse/Physician Asst/NP, etc.

Additional Special Sessions and Events

- Fun Run(Thu, 6am- 7:30 am)
- Resident Leadership Forum(Thu, 8am- 5 pm)
- Select afternoon track Chief Resident Track Academic Primer Track
- AWAEM Luncheon(Thu, 12pm- 1:30 pm)
- Junior Faculty Development Forum(Fri, 8am- 2 pm)
- Medical Student Symposium(Fri, 8am- 2 pm)

SAEM OnDemand 2014 (pricing for all members):

Foundation Special Event and Silent Auction at the Sixth Floor Museum:

- Select donation amount:
- \$100 (Residents and Med Students)
 - \$250 (Faculty members)
 - \$1,000 (AAECM members)
 - \$100 - Guest pass for spouse/significant other (Guest name: _____)
- Select fund:
- Education Fund
 - Research Fund
 - Split my gift evenly

Thurs, May 15 (6-10 pm)
Transportation provided.

Payment: Check Credit Card (Visa, MC, Disc, AmEx) **TOTAL DUE:** _____

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: ____/____/____ Signature: _____

Cancellation Policy: Cancellations submitted to events@saem.org (subject line: CANCEL) by April 28, 2014, will be refunded, less a \$50 cancellation fee. Cancellations received after April 28, 2014, will be assessed a \$100 cancellation fee. No telephone cancellations will be accepted. No refunds will be given for cancellation requests after May 7, 2014.

**Please note: Foundation event donations are tax deductible, less \$50 per person.

Please submit registration application to SAEM: **Mail:** SAEM, 2340 S. River Road, Suite 208, Des Plaines, IL 60018 | **Email:** events@saem.org | **Fax:** 847.813.5450

2014 SAEM Annual Meeting Registration Form - NONMEMBERS

Early Bird Registration ends March 15 Preregistration ends May 2
May 13-17, 2014

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Dallas, TX 75201

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SAEM Nonmembers Registration

(see other side for member registration)

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 One-Day Registration (select one):
 Wednesday Thursday Friday Saturday

Tuesday Special Sessions

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	Physician Nonmember		Non-Physician* Nonmember		Administrator Nonmember		Resident/Fellow Nonmember		Med Student Nonmember			
	Early Bird to Mar 15	March 16 to May 2	Onsite Reg.	Early Bird to Mar 15	March 16 to May 2	Onsite Reg.	Early Bird to Mar 15	March 16 to May 2	Onsite Reg.	Early Bird to Mar 15	March 16 to May 2	Onsite Reg.
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Payment: Check Credit Card (Visa, MC, Disc, AmEx) **TOTAL DUE:** _____

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: ____/____/____ Signature: _____

Cancellation Policy: Cancellations submitted to events@saem.org (subject line: CANCEL) by April 28, 2014, will be refunded, less a \$50 cancellation fee. Cancellations received after April 28, 2014, will be assessed a \$100 cancellation fee. No telephone cancellations will be accepted. No refunds will be given for cancellation requests after May 7, 2014.



Society for Academic Emergency Medicine FOUNDATION



Reception at the Sixth Floor Museum at Dealey Plaza

Thursday, May 15, 2014

6:00 – 10:00 pm

Come and celebrate SAEM's 25th anniversary at the SAEM Foundation event at the Sixth Floor Museum at Dealey Plaza! Gather your friends and colleagues to enjoy **delicious food and drinks**, bid on unique items at the **silent auction**, and **support EM research and education**.

The former Texas School Book Depository is now a museum that chronicles the assassination and legacy of President John F. Kennedy. On the sixth floor, walk through the museum and examine the areas where evidence was found, view artifacts from his life and death, and remember his legacy. Afterwards, grab a drink and join us on the seventh floor for a historic celebration of SAEM's 25th anniversary. Surrounded by magnificent views of the city, this event is one **you do not want to miss**.

Visit the [SAEM Foundation website](#) for details.



THE AMERICAN BOARD OF EMERGENCY MEDICINE



DOES YOUR CERTIFICATION EXPIRE IN 2014?

If your certification expires in 2014, you must have completed all of your MOC requirements by December 31, 2014. By that date you must:

- Pass 8 LLSA tests
- Earn and report an average of 25 *AMA PRA Category 1 Credits*[™] per year between 2012 and 2014
- Complete and attest to 1 Practice Improvement activity
- Pass the ConCert[™] examination

If any of these activities are not completed, you will lose your certification. Please note: You can pass the ConCert[™] examination, and not have your certification renewed. This can occur if you have any outstanding LLSA, CME, or PI requirements.

To view any unmet requirements, check your Personal Page on ABEM MOC Online. Click on the "ABEM MOC Online" button, and then the orange "View Your ABEM MOC Requirements and Status" button.

DOES YOUR CERTIFICATION EXPIRE IN 2019?

If your certification expires in 2019, you have ABEM MOC requirements due on December 31, 2014. By that date, you must:

- Pass 4 LLSA tests
- Complete & attest to 1 practice improvement activity
- Complete & attest to 1 communications/professionalism activity
- Earn and report an average of 25 *AMA PRA Category 1 Credits*[™] per year between 2012 and 2014

If you do not complete your unmet requirements by this date, you will not lose your ABEM certification; however, ABEM is required to designate and publicly report that you are "not meeting MOC requirements."

To view any unmet requirements, check your Personal Page on ABEM MOC Online. Click on the "ABEM MOC Online" button, and then the orange "View Your ABEM MOC Requirements and Status" button.

DID YOUR CERTIFICATE EXPIRE IN 2013?

If your certificate expired in 2013, and you did not renew it, there is a process available if you would like to regain certification. For more information, call the ABEM office at 517.332.4800, extension 383.



2014 SUBSPECIALTY APPLICATION CYCLES AND CERTIFICATION EXAMINATIONS

Anesthesiology Critical Care Medicine

Diplomates of the American Board of Emergency Medicine (ABEM) can now become certified in Anesthesiology Critical Care Medicine (ACCM). Eligible diplomates have two available application pathways to certification: an ACGME-accredited ACCM fellowship training pathway or a fellowship training-plus-practice pathway. The American Board of Anesthesiology will administer the next certification examination on August 9, 2014. The application period closed January 15, 2014.

Emergency Medical Services

ABEM will administer the next Emergency Medical Services (EMS) certification examination in 2015. Certification in the subspecialty of EMS is available to diplomates of any American Board of Medical Specialties (ABMS) Member Board. Eligible diplomates have three available application pathways to certification: ACGME-accredited EMS fellowship training, a practice pathway, or a fellowship training-plus-practice pathway.

Hospice and Palliative Medicine

The American Board of Internal Medicine (ABIM) will administer the certifying examination in Hospice and Palliative Medicine (HPM) on October 2, 2014. ABEM will accept applications between March 1 and June 1, 2014. Eligible ABEM diplomates will have successfully completed an ACGME-accredited HPM fellowship training.

Continued on Page 21



THE AMERICAN BOARD OF EMERGENCY MEDICINE



Continued from Page 20

Internal Medicine-Critical Care Medicine

ABIM will administer the certifying examination in Internal Medicine-Critical Care Medicine (IM-CCM) on November 11, 2014. ABEM will accept applications between March 1 and June 1, 2014. Eligible ABEM diplomates have two available application pathways to certification: ACGME-accredited IM-CCM training or a practice pathway which includes a training component. ABEM will issue the IM-CCM certificates, which indicate that the certification standards are the same as those for ABIM diplomates.

Medical Toxicology

ABEM will administer the certifying examination in Medical Toxicology on October 24, 2014. ABEM diplomates and diplomates of ABMS Member Boards other than the American Board of Pediatrics (ABP) and the American Board of Preventive Medicine (ABPM) may apply to ABEM if they have successfully completed an ACGME-accredited fellowship program in Medical Toxicology. ABEM will accept certification applications between January 16 and September 1, 2014. Diplomates of ABP or ABPM must submit their applications through ABP and ABPM, respectively.

ABEM will administer the Maintenance of Certification Cognitive Expertise Examination in Medical Toxicology on November 10, 2014, to eligible Medical Toxicology ABMS diplomates. ABEM will accept registrations online at www.abem.org between March 1 and November 6, 2014. Diplomates of ABP or ABPM must submit their applications through ABP and ABPM, respectively.

Pediatric Emergency Medicine

The ABP will administer the certification examination in Pediatric Emergency Medicine in 2015. Physicians who are certified by ABEM must submit an application to ABEM; physicians certified by ABP must submit an application to ABP. Physicians who are certified by both boards may apply through either ABEM or ABP. Eligible diplomates will have successfully completed an ACGME-accredited fellowship program in Pediatric Emergency Medicine. Upon successful completion of

the examination, certification is awarded by the board through which the physician applied. ABP will administer the spring Maintenance of Certification Cognitive Expertise Examination from March 1-31, 2014. ABEM will accept applications from January 2 to February 15, 2014. ABP will administer the fall Maintenance of Certification Cognitive Expertise Examination from August 15 to September 30, 2014. ABEM will accept applications from January 2 to September 12, 2014.

Sports Medicine

The American Board of Family Medicine (ABFM) will administer the certifying and recertifying examinations in Sports Medicine from July 16 – 19, 2014. ABFM will also administer the examinations to specifically designated candidates November 10 – 15, 2014; please contact ABEM for additional information about the November examination administration. ABEM diplomates who have or will successfully complete ACGME-accredited Sports Medicine fellowship training by June 30, 2014, or diplomates who wish to recertify must submit their Sports Medicine applications to ABEM between February 1 and June 11, 2014, to take the examination in July 2014.

Undersea and Hyperbaric Medicine

The American Board of Preventive Medicine (ABPM) will administer the certifying examination in Undersea and Hyperbaric Medicine (UHM) from October 6 – 17, 2014. ABEM will accept applications between March 1 and July 2, 2014. Eligible ABEM diplomates will have completed an ACGME-accredited UHM fellowship training program.

ABPM will administer the recertification examination in UHM on select dates and sites throughout the United States in 2014; please see the ABEM website for specific dates and locations. ABEM diplomates can apply to take the recertification examination from January 2, 2014, to 15 days prior to the desired examination date.

To request an application for one of these subspecialties, please email (subspecialties@abem.org) or call the ABEM office at 517.332.4800, ext. 387. Eligibility criteria for ABEM diplomates are available on the ABEM website at <https://www.abem.org/public/subspecialty-certification>.



ABOUT ABEM

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



ACADEMIC ANNOUNCEMENTS

Brendan Carr, MD, MA, MS has assumed the position of director of the Emergency Care Coordination Center (ECCC), located within the Office of the Assistant Secretary for Preparedness and Response (ASPR), within the US Department of Health and Human Services (HHS).

Jeremiah Schuur, MD, MHS, has been named vice chair for quality and safety in the Department of Emergency Medicine, Brigham & Women's Hospital.

Indiana University School of Medicine – Department of Emergency Medicine. **Frank Messina** has been named the medical director of the Eskenazi Health Transition Support Department and Clinical Decision Unit. **Alice Mitchell** received a 2-year mentored research award from the American Heart Association. She will develop methods to identify patients at risk for contrast-induced nephropathy from CT for pulmonary embolism, using a combination of biological markers and clinical decision rules. As part of the Clinical Informatics Board Review Program Faculty and Editors, **JT Finnell** was given a 2013 American Medical Informatics AMIA leadership award. He was also part of the inaugural class to be board-certified in clinical informatics. **Dan O'Donnell** was part of the inaugural class to be board-certified in EMS. **Donald "Joey" Woodyard** was named vice chair of administration in the Department of Emergency Medicine.

Susan B. Promes, MD, MBA, has been appointed chair of the Department of Emergency Medicine, Penn State Milton S. Hershey Medical Center.

Three promotions to full professor of emergency medicine and one promotion to the rank of associate professor have been announced at The Ohio State University Department of Emergency Medicine. Promoted to the rank of professor are **David Bahner, MD, RDMS; Michael Dick, MD;** and **Sorabh Khandelwal, MD**. Promoted to the rank of associate professor is **Nicholas Kman, MD, FACEP**. OSU congratulates these individuals along with the other faculty, which includes seven other professors, for their many contributions to OSU and emergency medicine.

CLASSIFIEDS

ADMINISTRATOR, DEPARTMENT OF EMERGENCY MEDICINE - EMORY UNIVERSITY SCHOOL OF MEDICINE (SOM) The Department of Emergency Medicine at the Emory SOM is comprised of more than 300 faculty and staff providing 290,000 annual encounters at five hospitals.

The Administrator of Emergency Medicine will serve as a resource and advisor to the Department Chairman in all clinical, business, administrative, strategic planning, academic, research and financial matters, working in conjunction with the SOM and Emory Healthcare. Requirements: Graduate degree; thorough understanding of interrelationships of academic, clinical, teaching and research activities; and strong financial skills.

Jane Fischer, Tyler & Company.

E-mail: jfischer@tylerandco.com Telephone: 610-558-6100 ext 231



2014 AACEM/AAAEM ANNUAL RETREAT APRIL 6-9, 2014

REGISTER NOW AT SAEM.ORG

THE 6TH ANNUAL AACEM/AAAEM ANNUAL RETREAT WILL
TAKE PLACE APRIL 6-9, 2014 AT THE HYATT REGENCY MISSION
BAY SPA & MARINA IN SAN DIEGO, CA.

BOOK YOUR HOTEL ROOM NOW THROUGH SAEM.ORG.



CALL FOR PAPERS

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



The 2014 Academic Emergency Medicine (AEM) Consensus Conference, Gender-Specific Research in Emergency Care, will

be held on Tuesday, May 13, 2014, the first day of 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), 2014 Consensus Conference co-chairs. Information and updates will be posted regularly in AEM, the SAEM Newsletter, and on both the AEM and the SAEM websites.

Call for Papers 2015 Academic Emergency Medicine Consensus Conference

Diagnostic Imaging in the Emergency Department: A Research Agenda to Optimize Utilization

The 2015 Academic Emergency Medicine (AEM) consensus conference, **Diagnostic Imaging in the Emergency Department: A Research Agenda to Optimize Utilization**, will be held on May 12, 2015, immediately preceding the SAEM Annual Meeting in San Diego, CA. Original papers on this topic, if accepted, will be published together with the conference proceedings in the December 2015 issue of AEM.

Diagnostic imaging is integral and beneficial to the practice of emergency medicine. Over the last several decades, emergency department (ED) diagnostic imaging has increased without a commensurate rise in identified pathology or improvement in patient-centered outcomes. Unnecessary imaging results in increased resource use and significant exposure risks. ED diagnostic imaging has become the focus of many stakeholders, including patients and various regulatory agencies. This multidisciplinary consensus conference represents the first coordinated effort to further our evidence-based knowledge of ED diagnostic imaging. This consensus conference will formulate the research priorities for emergency diagnostic imaging, initiate a collaborative dialogue between stakeholders, and align this research agenda with that of federal funding agencies.

Consensus Goal:

The overall mission of the 2015 AEM consensus conference will be to create a prioritized research agenda in emergency diagnostic imaging for the next decade and beyond. The consensus conference will feature expert keynote speakers, panel discussions including nationally recognized experts, and facilitated breakout group sessions to develop consensus on research agendas by topic. Optimizing diagnostic imaging in the ED is a timely topic that is relevant to all who practice emergency medicine. Furthermore, the conference content spans many other specialties (e.g. radiology, pediatrics, cardiology, surgery, internal medicine), all of which will be invited to participate in the conference to optimize the agenda and for future collaboration in order to improve emergency diagnostic imaging use.

Consensus Objectives:

1. Understand the current state of evidence regarding diagnostic imaging utilization in the ED and identify opportunities, limitations, and gaps in knowledge of previous study designs and methodology
2. Develop a consensus statement that emphasizes the priorities and opportunities for research in emergency diagnostic imaging that will result in practice changes, and the most effective methodologic approaches to emergency diagnostic imaging research
3. Explore and improve knowledge of specific funding mechanisms available to perform research in emergency diagnostic imaging

CALLS AND MEETING ANNOUNCEMENTS - CONT.

Accepted manuscripts will present original, high-quality research in emergency diagnostic imaging in areas such as clinical decision rules, shared decision making, knowledge translation, comparative effectiveness research, and multidisciplinary collaboration. They may include work in clinical/translational, health systems, policy, or basic sciences research. Papers will be considered for publication in the December 2015 issue of AEM if received by April 17, 2015. All submissions will undergo peer review and publication cannot be guaranteed.

Contact Jennifer R. Marin, MD, MSc (jennifer.marin@chp.edu) or Angela M. Mills, MD (millsa@uphs.upenn.edu), the 2015 consensus conference co-chairs, for queries. Information and updates will be regularly posted in AEM, the SAEM Newsletter, and the journal and SAEM websites.

INTERACTIVE CME TRAINING: ABDOMINAL PAIN IN THE OLDER ADULT



How often do you encounter older patients in the emergency department with abdominal pain? Do you find it difficult to communicate with them? Is treatment challenging?

Learn how to interact, diagnose, and treat older adults more effectively through this interactive

online training tool titled "Abdominal Pain in the Older Adult"

FREE for non-CME participants; or \$95 for 6 AMA PRA Category 1 Credits™.

This program is brought to you by AGEM (an academy of SAEM) and is funded through the generous support of the Retirement Research Foundation.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of California, Irvine School of Medicine and the Society for Academic Emergency Medicine. The University of California, Irvine School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

The University of California, Irvine School of Medicine designates this enduring material for a maximum of 6 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

California Assembly Bill 1195

This activity is in compliance with California Assembly Bill 1195, which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. For specific information regarding Bill 1195 and definitions of cultural and linguistic competency, please visit the CME website at <http://www.cme.uci.edu>.

Disclosure Policy

It is the policy of the University of California, Irvine School of Medicine and the University of California CME Consortium to ensure balance,

independence, objectivity, and scientific rigor in all CME activities. Full disclosure of conflicts and conflict resolutions will be made prior to the activity.

2014 SAEM ANNUAL MEETING SHARK TANK



For Your Research Proposal

Wanted: Fellows and junior faculty are invited to "pitch" their research ideas to experienced investigators who, in the spirit of the television show Shark Tank, will consider "investing" in you and your research idea.

The 2014 SAEM Annual Meeting Shark Tank panel will consist of David Cone, Judd Hollander, Debra Houry, Jeff Kline, and Don Yealy. The sharks can drop out (not join your team) or they can offer to help and bid on your project. Who knows, as journal editors, maybe they will even offer you guaranteed publication!

We are looking for volunteers to sign up and commit to pitching their ideas on Thursday, May 15, 2014, from 8:00-10:00 am at the Annual Meeting in Dallas. The format will be a presentation of less than 5 minutes in length, with a maximum of six slides detailing the concept (unmet need being solved); the plan (how you will solve the unmet need); the outcome (metric of success); and your credentials (why we should invest in you).

If you are interested in participating, please email Megan Ranney at megan_ranney@brown.edu. Write "Shark Tank" in the subject line and provide a short description of your idea and background. We will notify participants of selection by April 1, 2014.





SAEM IS YOU!

Visit the SAEM website to renew your dues, or join us as a new member and see what you've been missing!



**Society for Academic
Emergency Medicine**
FOUNDATION

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

DONATE TODAY AT
[HTTP://WWW.SAEM.ORG/SAEM-FOUNDATION](http://www.saem.org/saem-foundation)

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



2014 *Academic Emergency Medicine* Consensus Conference

Gender-Specific Research in Emergency Care
Investigate, Understand, and Translate
How Gender Affects Patient Outcomes

May 14, 2014 - Dallas, TX

The goal of this consensus conference is for EM researchers to methodically investigate the biological effect of gender on their clinical outcomes, create a blueprint for existing knowledge, discuss the conceptual models for designing and analyzing future gender studies, and build an interdisciplinary consortium. The key domains of the conference are **cardiovascular/resuscitation, cerebrovascular, pain, trauma/injury/violence, diagnostic imaging, and mental health / substance abuse.**

REGISTRATION IS NOW OPEN AT SAEM.ORG



2014 SAEM Residency & Fellowship Fair

Friday, May 16, 2014
4:30 - 6:30 pm
Sheraton Dallas Hotel



We would like to invite you to participate in the SAEM Residency & Fellowship Fair, to be held on Friday, May 16 from 4:30 to 6:30 pm at the Sheraton Dallas Hotel during the 2014 SAEM Annual Meeting. Don't miss out on this unique opportunity to network with hundreds of medical students interested in the specialty of emergency medicine and residents in search of a promising fellowship. The fair is a combined event that offers your institution the opportunity to showcase your residency and fellowship programs either in one combined display or as separate exhibits.

The early registration fee is \$175 per table until April 1, 2014. After April 1, 2014, the fee, including for on-site registration on May 16, 2014, is \$220. The fee is used to cover the cost of the table rental and set-up.

***Space is limited; applications will be accepted on a first come, first served basis.**

To reserve a table, please contact Michelle Orlow at morlow@saem.org or visit

www.saem.org/annual-meeting for more information.





UNIVERSITY of ROCHESTER MEDICAL CENTER

The Department of Emergency Medicine of the University of Rochester Medical Center has open **Emergency Medicine Faculty positions** for work at our primary academic site, as well as our community affiliates and our free standing emergency department.

Our Department includes a well regarded EM Residency Program, Research and Fellowship programs. Our main site, Strong Memorial Hospital, is the regional referral and trauma center.

We are seeking BC/BE candidates with dynamic personalities who are interested in a diverse Emergency Medicine experience with great potential for career development, promotion, and career longevity within our department. With these sites, there is also ample opportunity to become involved in academics and administration.

Rochester, New York is located in upstate New York offers excellent schools, low cost of living, many opportunities both professionally and personally, and easy access to Canada, including metropolitan Toronto and the northeast United States.

Interested applicants please contact:

Michael Kamali, MD, FACEP

Chair, Department of Emergency Medicine

Michael_kamali@urmc.rochester.edu

585-463-2970

UAB MEDICINE EMERGENCY MEDICINE

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

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

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

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

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

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

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

Please send your curriculum vitae to: Janyce Sanford, M.D., Associate Professor & Chair of Emergency Medicine, University of Alabama at Birmingham; Department of Emergency Medicine; 619 South 19th Street; OHB 251; Birmingham, AL 35249-7013



ACADEMIC EMERGENCY MEDICINE PHYSICIANS

The Department of Emergency Medicine, Mayo Clinic College of Medicine (Rochester, MN), is expanding and has openings for an Academic Emergency Physician and an Academic Pediatric Emergency Physician.

Among other things, these opportunities include:

- clinical practice in a busy (75,000 total annual visits with 15,000 pediatric visits), high acuity academic ED and Level I Adult and Pediatric Trauma Center
- an expanded and renovated state of the art ED and Pediatric ED (opening in 2015)
- teaching in outstanding Emergency Medicine and Pediatric residency programs, the Mayo School of Graduate Medical Education, and Mayo Medical School
- collaboration within an integrated network of 21 other Emergency Departments in the upper Midwest and with colleagues in Florida and Arizona
- a world-class multidisciplinary simulation center
- collaboration with systems engineers and analysts, programmers, and designers from the Center for the Science of Healthcare Delivery to study and optimize ED Operations
- numerous opportunities for collaborative research, with administrative support and intramural funding available
- accomplished colleagues with an unwavering commitment to high value patient care, education, and research

To apply online, please attach your CV and cover letter at www.mayoclinic.org/physician-jobs and reference job posting #14282BR or #24981BR.

For further information, please contact: Annie T. Sadosty, M.D., Chair, Department of Emergency Medicine at sadosty.annie@mayo.edu.



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The Department of Emergency Medicine at the University of Texas Health Science Center in San Antonio is recruiting for highly qualified full-time or part-time residency trained academic Emergency Medicine Physicians. Optimal candidates will have an established track record of peer-reviewed research, excellence in education and outstanding clinical service.

University Hospital, the primary affiliated teaching hospital of the University of Texas Health Science Center at San Antonio, is a 498 bed, Level 1 trauma center which treats 70,000 emergency patients annually. The University Hospital Emergency Department serves as the primary source for uncompensated and indigent care as well as the major regional tertiary referral center with a focus on transplant, neurologic, cardiac, diabetes and cancer care. A new, state of the art Emergency Department with 80 beds will open in early 2014.

The successful candidate will join a diverse, enthusiastic group of academic Emergency Physicians committed to creating the premiere Emergency Medicine residency program and academic department in Texas. Our initial class of Emergency Medicine residents started July 2013. Academic Emergency Physicians with expertise in EMS, Ultrasound, Toxicology, and multiple dual-board certified EM / IM physicians currently round out the faculty.

The University of Texas Health Science Center at San Antonio offers a highly competitive salary, comprehensive insurance package, and generous retirement plan. Academic appointment and salary will be commensurate with experience. Candidates are invited to send their curriculum vitae to: Bruce Adams, M.D., FACEP, Professor and Chair, Department of Emergency Medicine, 7703 Floyd Curl Drive, MC 7840, San Antonio, TX 78229-3900. Email: adamsb@uthscsa.edu. All faculty appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity / Affirmative Action Employer.

<http://emergencymedicine.uthscsa.edu/>



Academic-affiliated Community Physicians

The Division of Emergency Medicine at the University of Utah Health Sciences Center is recruiting for a number of physicians to staff University-affiliated community hospital emergency departments in western Wyoming and Utah regions. These hospitals are located in rural community sites that will also be used for training medical students, residents, and fellows. Direct access to the main University hospital will be available by EMR, telemedicine, and air medical transport. Opportunities for part-time work, off-site CME, and blended academic practices are also available.

The University of Utah is the primary medical teaching and research institution in the state. Candidates must be board certified/prepared and have an interest in education of residents and medical students. A competitive salary with an excellent benefits package is offered. The University of Utah is an EEO/AA employer and encourages applications from women and minorities.

Interested parties must apply online: <http://utah.peopleadmin.com/postings/28004> or if you need more information, please contact:

Erik D. Barton, MD, MS, MBA
Division Chief

Division of Emergency Medicine
University of Utah School of Medicine

30 North 1900 East, RM 1C26

Salt Lake City, Utah 84132

(801) 581-2730

Fax: (801) 585-6699

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EMERGENCY MEDICINE FACULTY

◊ Clinician-Educator ◊ Pediatric Emergency Medicine ◊ 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 members possess 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 120,000 patients per year in a state-of-the-art ED at Vidant Medical Center. VMC is an 900 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. Our new children's ED opened in July 2012, and a new children's hospital opened in June 2013. 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 • 252-744-1418



Clerkship Director | University of Colorado School of Medicine

The Department of Emergency Medicine at the University of Colorado School of Medicine is seeking candidates for the position of Clerkship Director, Emergency Medicine Core Clerkship. The position will be responsible for the required clinical clerkship in emergency care for all 3rd year medical students through the University of Colorado School of Medicine. The clerkship currently offers a well-defined didactic curriculum as well as clinical experiences at two sites; the University of Colorado Hospital and Children's Hospital Colorado. The University of Colorado Hospital Emergency Department is a brand new, 55,000 square foot state of the art facility and is a major teaching site for the Denver Health Residency in Emergency Medicine. The University of Colorado Hospital is a 551 bed tertiary care referral center, level II trauma center, ABA verified burn center, and joint commission certified comprehensive stroke center and is part of the newly formed University of Colorado Health System. Current patient volumes are in excess of 75,000 visits per year with anticipated growth of 10-20% annually. Children's Hospital Colorado is a top 10 pediatric hospital with 85,000 emergency patient visits annually.

Interested candidates should submit a CV, cover letter and list of references to: <http://www.jobsatcu.com/postings/78559>

Candidates should have extensive experience in medical student or resident education and be eligible for appointment to the rank of assistant or associate professor. Academic rank and salary will be commensurate with skills and experience. The University of Colorado offers a full benefits package and is an EEO/AA employer.

For more information, please contact:

Jeffrey Druck, MD - Associate Professor, Department of Emergency Medicine
720-848-6773 | Jeffrey.Druck@ucdenver.edu



Performance-Driven Physician Services

Join an exciting new EM Residency program in South Florida Emergency Medicine Residency Director Opportunity

Sheridan Emergency Physicians is seeking a dynamic, experienced physician to serve as Residency Director for our new ACGME-Emergency Medicine Residency Training Program starting July, 2015 in Miami, Florida.

The Director will join other Residency Program Directors in building a community academic center of excellence that will train residents in both medical and surgical specialties. The Emergency Medicine Residency Director will have the unique opportunity to lead the development of a new ACGME accredited residency program and one of the first allopathic EM programs in South Florida. Qualification requirements include demonstrated clinical excellence, leadership, teaching and research skills. Board certification with a minimum of 3 years' experience as a core faculty member in an accredited Emergency Medicine program, and a strong commitment to resident and student education is also required.

The Emergency Department at Kendall Regional ranks amongst the top hospitals in the nation for efficient ED throughput. The Medical Center is a dynamic facility committed to continual expansion to match the rapid growth and diversity of southwest Miami-Dade. Kendall Regional Medical Center's new "State of Art" Emergency Department opened in April 2007 boasting 48 beds in the Adult ED with a separate Pediatric ED and dedicated fast track area.

- Trauma Center
- 60,000 annual adult ED visits
- 60 hours of Emergency Physician coverage
+ additional MLP coverage in the main ED
- Physicians are Board Certified/Eligible in Emergency Medicine

For more information regarding this exciting opportunity, please contact Charlotte Dean at Charlotte.Dean@shcr.com or (954)838-2623.



EMERGENCY MEDICINE FACULTY

University of California San Francisco

The University of California San Francisco, Department of Emergency Medicine is recruiting for faculty beginning with the 2014-15 academic year. We have a particular interest in 1) individuals fellowship-trained in pediatric emergency medicine and 2) individuals who have a track record of successful research activities, as demonstrated by peer-review publications and funding. Rank and series will be commensurate with qualifications.

The Department of Emergency Medicine provides comprehensive emergency services to a large local and referral population with approximately 93,000 visits a year at UCSF Medical Center and San Francisco General Hospital. The new UCSF Benioff Children's Hospital Emergency Department will open in February 2015. SFGH, a level 1 trauma center, paramedic base station and training center, is opening a new hospital in 2015, with a 60-bed emergency department, including an 8-bed pediatric ED. The Department of Emergency Medicine serves as the primary teaching site for a fully accredited 4-year Emergency Medicine residency program which currently has 48 residents and directs several fellowships. Research is a major priority, with over 68 ongoing studies and 102 peer-review publications in the past year. There are opportunities for leadership and growth within the Department and UCSF School of Medicine.

We are looking for outstanding pediatric emergency physicians with board certification in Emergency Medicine or Pediatric Emergency Medicine. For the research position, board certification in emergency medicine is required and the successful candidate will demonstrate outstanding and original research, a track record of funding, and a collaborative spirit. We will also consider emergency medicine faculty with outstanding and original contributions in education and training, and/or noteworthy innovation in clinical practice.

The University of California, San Francisco (UCSF) is one of the nation's top five medical schools, and demonstrates excellence in basic science and clinical research, global health sciences, policy, advocacy, and medical education scholarship. The San Francisco Bay Area is well-known for its great food, mild climate, beautiful scenery, vibrant cultural environment and its outdoor recreational activities.

Send cover letter and curriculum vitae to:

Ellen Weber, MD, Vice Chair
c/o Natalya Khait

UCSF Department of Emergency Medicine
533 Parnassus Avenue, Suite U575 • San Francisco, CA. 94143 – 0749
Natalya.khait@emergency.ucsf.edu

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women. For additional information, please visit our website at <http://emergency.ucsf.edu>

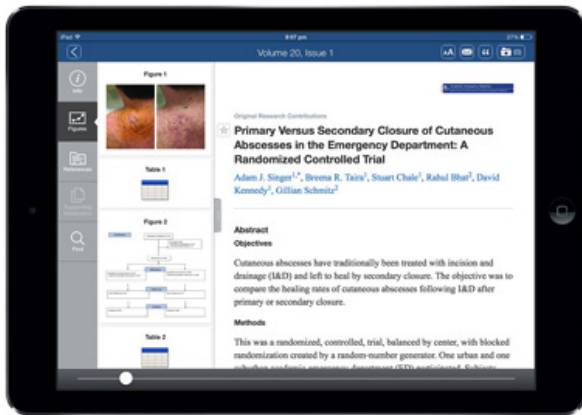




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Preferred Contact Method: Mail Email **Gender:** Male Female

Are you a Current Member? Yes No **Date of Birth:** _____

Membership Selection*	Academy Selection**
<p>*If you are a current member and are just registering for additional academies or interest groups, please select your member type and circle Yes above.</p> <p>Faculty..... \$ 595.00 Associate..... \$ 265.00 AAAEM..... \$ 495.00 Resident and Fellow..... \$ 170.00 Medical Student..... \$ 100.00 Young Physician Year 1..... \$ 325.00 Young Physician Year 2..... \$ 425.00 International..... varies Emeritus..... \$ 100.00</p>	<p>** You may join as many academies as you wish. Prices are as follows: Active/Faculty.....\$100 Associate/Fellow/YP1/YP2/Emeritus.....\$50 Resident/Medical Student.....\$25</p> <p>AEUS\$100/\$50/\$25 ADIEM...\$100/\$50/\$25 CDEM.....\$100/\$50/\$25 AGEM..\$100/\$50/\$25 GEMA.....\$100/\$50/\$25 SIM..\$100/\$50/\$25 AWAEM....\$100/\$50/\$25</p>

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