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Society for Academic Emergency Medicine
Newsletter

901 N. Washington Ave. • Lansing, MI 48906-5137 • (517) 485-5484 • saem@saem.org • www.saem.org

MAY/JUNE 2009 VOLUME XXIV NUMBER 3

**Have You Renewed
Your Dues?**

**Research Foundation Luncheon
Hurry Limited Seating!**

**Critical Improvements
In Membership Services**

**Research Foundation
Full Steam Ahead!**

*SAEM Member, Brian J. Zink, MD
Brown University*

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

SAEM STAFF

Executive Director

James R. Tarrant, CAE
ext. 212, jtarrant@saem.org

Membership Assistant

Dwight Walker
ext. 206, dwalker@saem.org

Help Desk Specialist

Neal Hardin
ext. 204, nhardin@saem.org

Associate Executive Director

Barbara A. Mulder
ext. 207, bmulder@saem.org

Marketing & Membership Manager

Holly M. Gouin, MBA
ext. 210, hgouin@saem.org

Receptionist

Maureen Bruce
ext. 206, mbruce@saem.org

Executive Assistant

Sandy Rummel
ext. 213, srummel@saem.org

Meetings Coordinator

Maryanne Greketis, CMP
ext. 209, mgreketis@saem.org

Bookkeeper

Janet Bentley
ext. 205, jbentley@saem.org

Customer Service Coordinator

Jennifer Mastrovito
ext. 201, jmastrovito@saem.org

IT / Communications

Vene Yates
ext. 208, vyates@saem.org

SAEM MEMBERSHIP

Membership Count as of April 7, 2009

2022	Active
64	Associate
3078	Resident/Fellow
322	Medical Students
5	International Affiliates
26	Emeritus
9	Honorary
5526	Total

2009-10 SAEM DUES

\$510 Active	\$145 Fellow
\$475 Associate	\$125 Resident Group
\$445 Faculty Group	\$125 Medical Student
\$415 2nd yr. Graduate	\$105 Emeritus
\$300 1st yr. Graduate	\$100 CDEM
\$145 Resident	\$ 25 Interest Group

SAEM NEWSLETTER ADVERTISEMENT RATES

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

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

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

If there are logos, images and/or special fonts, please send the files for each, along with the completed advertisement.

We appreciate your proactive commitment to education, as well as personal and professional advancement, and strive to work with you in any way we can to enhance your goals.

Contact us today to reserve your Ad in an upcoming SAEM newsletter. The due dates for 2009 are:

- June 1, 2009 for the July/August issue*
- August 1, 2009 for the September/October issue*
- October 1, 2009 for the November/December issue*

Emergency Medicine Award Named for Slovis

JOHN HOWSER, VANDERBILT MEDICAL CENTER

March 20th, 2009



Corey Slovis, MD, chair of the Department of Emergency Medicine (at Vanderbilt University Medical Center, Nashville, Tennessee), was recently honored with a national emergency medicine education award created and named in his honor.

The Corey M. Slovis Award for Excellence in Education was created by the U.S. Metropolitan Municipalities EMS Medical Directors Consortium, a body of EMS medical directors who supervise the care of patients in almost all of America's largest cities, the Federal Bureau of Investigation, White House, U.S. Secret Service and nations such as Canada and England.

The award is reserved for those who have provided the emergency medical community with incomparable educational achievement and who possess the unique ability to facilitate substantive learning among the public, emergency care providers and colleagues alike.

The first Corey M. Slovis Award for Excellence in Education was recently presented to Paula Willoughby-DeJesus, D.O., and assistant professor of Medicine in the Section of Emergency Medicine at the University of Chicago. Willoughby-DeJesus is also the EMS medical director for Chicago.

She created community CPR and automated external defibrillator (AED) training programs with a DVD component, which offer an essentially free method to train hundreds of thousands of Chicago area residents in these lifesaving procedures.

"Dr. Corey Slovis is considered by most of us to be the pinnacle lecturer in the rapidly evolving subspecialty of EMS and, without a doubt, one of the premier educators across the entire house of medicine," said EMS pioneer Paul Pepe, MD, professor of Medicine, Surgery, Pediatrics and Public Health and chair of Emergency Medicine at the University of Texas Southwestern Medical Center in Dallas.

"Having an international excellence in education award named for this gold standard of learning facilitation is long overdue."



Highlights

4 President's Message

7

2009 SAEM Award Winners

9

Geriatric Interest Group Updates

10 SAEM Grant Awards

12

Academic Resident
Section

16

Summary of AAMC

2009 Semi-Final
CPC Competition

21

28

2009 NRMP Match in
Emergency Medicine



President's Message

SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

Katherine Heilpern, MD | *Emory University*

The Whole is Greater than the Sum of its Parts



Katherine Heilpern, MD

I close out this year with feelings of strength, hope and pride about the Society's accomplishments and our plans for the future. Fifteen months ago, I assembled committees and task forces comprised of hundreds of volunteers – people with full and exacting day jobs. I am awestruck by the vigor with which they've attacked their objectives, and created and drafted new documents, plans, surveys and ideas. The Board of Directors has been 'wowed' by the creativity and kinetic energy of both the SAEM members and our administrative

staff and we thank everyone for their continued efforts to advance the SAEM mission.


The signature themes and objectives for 2008-09 included the advancement of: collaboration and partnership; communication and advocacy; member services; financial strength; research and grantsmanship; and education. In previous messages I focused on: the 'clean bill of health' from our financial audit, the impact and import of the NIH Task Force, enhanced ties to the IOM, NIH and AAMC, and the energy of our inaugural Academy, the Clerkship Directors in Emergency Medicine (CDEM). The success of CDEM has spawned Academy interest from multiple groups within SAEM and the Board looks forward to reviewing proposals for additional Academies. The Academy model teaches us, once again, that the whole is greater than the sum of its parts.

This year we've strengthened our durable partnerships with AACEM, CORD, and ACEP. Equally important, Charlie Pollack and the Guidelines Committee have reached out and across to other specialty societies and organizations to offer the expertise of academic emergency medicine in the development of evidence-based clinical care guidelines that impact our patients and communities. This initiative, incepted by Judd Hollander, will continue on as an important signature theme. We cannot traverse the landscape of academic medicine, health policy and scientific advancement without excellent working relationships, enhanced visibility and continued advocacy for our patients and our specialty.

So we've looked out and then had to ask ourselves: 'Have we looked inward? Have we developed member services and messages that reach our own?' Amy Kaji and the membership committee created and disseminated a very well conceived member survey and received more than 700 responses. Those of you who responded shared a lot, but here is a distillate of what you told us:

1. You believe in the academic mission of SAEM and in fact, the focus on academic practice is the most important benefit you feel you gain from SAEM versus other EM organizations.
2. Many of you would like SAEM to 'step it up' in policy, advocacy and outreach, specifically as these topics pertain to emergency medicine education and research.
3. The majority of you are satisfied with the Annual Meeting (registration, science, networking opportunities), yet, 20 percent have never attended an Annual Meeting and nearly 60 percent have never attended a Regional Meeting.
4. You enjoy the new website and the information.
5. You find email correspondence a better way to stay in touch with the Society.
6. You enjoy the newsletter but nearly 40 percent of you stated that the paper version of the newsletter was not that important to you and thought we should give consideration to electronic dissemination.
7. A substantial minority believe we can substantively improve the timeliness of responses from the administrative offices as well as enhance member service.
8. You want the Society and, by extension, the Program Committee and Regional Meeting planners, to focus on faculty development: bedside teaching, research methodologies and virtual mentorship.

The Board of Directors has our ear lids up – we hear you. We appreciate the feedback and we're working diligently and with equal vigor to make the Society the best it can be. The Regional Meetings Task Force created a process and planning document that serves to aid regional meeting growth and impact. The Board is actively and avidly representing Society and member interests at the NIH, IOM, AAMC and other specialty societies. We're implementing a new, state-of-the art membership database with a go-live later this year. Under the direction of Jim Tarrant, the staff is eager and engaged to serve our members and other constituents. And, as economic conditions permit, we'll increase staff to meet increased administrative demands.

In closing, I have one request for you. Please be active, not passive, with your SAEM membership. The success of this Society rests on your engagement, your collaborative spirit, your ideas and your enthusiasm. The whole, indeed, is greater than the sum of its parts. 



Executive Director's Message

Critical Focus is Member Services

There has been a rolling wave of change since I joined SAEM. The leadership, membership and the staff have all contributed to the whirling eddies and turbulence which is transforming and engulfing the Society. To reflect any further back than my own tenure here would be difficult and inappropriate. The key word for the past two years has been change.

CHANGE is everywhere. We knew America faced change following the election. Who could have anticipated the economic events which are impacting our lives? I grew up near Detroit when it was the Automotive Capital of the World; today the "Big Three's" resistance to change in their business model demonstrates the disastrous results which can occur when an organization is static. SAEM is in a change mode. You will be surprised and pleased by what has been accomplished, but may wish SAEM could move forward at a more rapid pace. SAEM changes include the following:

- A new **AEM Publisher** began in January 2008. The publisher has faced change as members online access has migrated across multiple platforms and worked with SAEM to improve the accuracy of journal mailings to paid members.
- A new **Editor for Academic Emergency Medicine**, David Cone, MD, was hired effective January 2009.
- **Office infrastructure** was targeted by the Board of Directors (fall 2007) as the highest priority to improve member services.
 - **Staff size** increased from five to ten with two more positions approved but currently vacant. Feedback from membership has been positive, yet there are many processes that still need to be improved to reach expectations for superior member services.
 - **Timelier tracking of dues** payments is a major change to operations. The deadline for payment of annual dues for active members is January 15th and Residents July 30th. The AEM publisher now sends the February issue as the final journal to those who had not renewed in January.
 - **Members' interaction** with SAEM is MOST CRITICAL above all other improvements. Members should not have to face the frustration of an online process that doesn't always function. After three years attempting to create and refine a database and abstract submission process, the Board approved the purchase of a new association software application. We will need your patience over the summer while the programs are implemented; we are confident as we approach the New Year it will be a great improvement. The new

membership database will be integrated with the website allowing members to update their records online, reset passwords, register for programs and print receipts.

- **IT increased capacity and security** will be accomplished as the new membership database is implemented.

- **Relocation** of the headquarters from the current historic home to a more traditional office is planned. This initiated discussion includes whether Lansing, Michigan is the appropriate location for SAEM's headquarters.

- **Increased visibility** with other medical and health care organizations through an ongoing outreach offering SAEM member expertise to serve on guidelines committees, program planning committees, etc. Have you completed the online form at www.saem.org to share your interest in representing SAEM?
- **Academies** were established to address the special interests of SAEM members providing a voice and expanding opportunities for the creative energy of the membership toward improvement or development of educational and research tools within emergency medicine.
- Expanded **collaboration** with AACEM, CORD, ACEP, AAMC, ABEM, AAEM, and other groups to strengthen the voice of academic emergency medicine.
- A **Financial Audit** of SAEM was conducted and SAEM received a positive report with several recommendations to enhance financial procedures going forward.
- Newsletter redesigned with a more contemporary appearance.
- **Research Fund** reaches milestone of \$6 million then retreats due to market conditions. It will bounce back.
- **100/\$1,000 1000/\$100 Campaign** exceeds one-year funding level with two months to go.



James Tarrant, CAE
SAEM Executive Director

(Continued on Page 6)



("Critical Focus is Member Services" Continued)

- **SAEM Research Foundation** was established, IRS tax exempt approval and transfer of Research Fund dollars to the Foundation with oversight by a separate Board of Trustees.
- **Town Hall Meeting** with Presidential Candidate Representatives on Healthcare issues.
- **Non dues revenue** was revisited by the Board of Directors with consideration of the decreasing budgets, increasing costs and conflict of interest issues. Following the AAMC Report on Industry Relationships which requires "principled partnerships" the Board determined SAEM could establish relationships on our terms.
- Creation of **eNewsletter** was accomplished to control the number of all member emails, while

improving communication with the membership. Please share your ideas for improvements to the type of information to include in future eNewsletters.

There are still rough waters ahead as the makeover continues and member services are elevated to the professional level you should expect. As I have shared with the Board, members need to remember SAEM is a hard working staff of ten, not 100, yet we are compared to much larger organizations. What we do have are dedicated members who join because they believe in the mission and are willing to participate in moving the Society forward.

To that I say THANK YOU and please be patient for the next few months as we believe you will be able to see the next wave of change in the services to members. **1**

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**Society for Academic Emergency Medicine
Research Foundation**



Honoraria Assignment: A Painless Way to Contribute to the Research Fund

As part of the 100/1000 Campaign, SAEM is asking 100 of its members to contribute \$1000 each to the SAEM Research Fund over the next year and a half. We are well on our way toward that goal, but have a long way to go. A \$1000 contribution to anything sounds daunting, especially when gas is expensive and taxes are going up, but one method by which many of SAEM members can contribute to the Research Fund may make the donation less painful. Many SAEM members receive honoraria for speaking, consulting, etc. Often these checks are greater than the \$1000 level. Wouldn't it be easy to just sign one of those checks over to the Research Fund? If it never hits the checkbook, you may not feel it as much. It's similar to the pre-tax contributions to a 401K or pension fund, for instance, in that you never have to write the check.

The problem with assignment of honoraria to the Research Foundation, however, is that it must to be done right in order to avoid tax penalties. Rather than take an honorarium as income, and be taxed on it, simply assign the honorarium to the SAEM Research Fund. When filling out the appropriate

paperwork for honoraria reimbursement, simply put that the check should be made out to the "SAEM Research Fund," and give the honorarium payer the SAEM Tax ID number: 20-4866532. Have the check sent to you, but made out to the SAEM Research Fund. You can then send the check to SAEM, with a cover letter that explains the nature of the contribution. That way you can get "credit" for the contribution from SAEM. This method is simple, painless, and most importantly, an investment in the future of academic emergency medicine. Thank you for your contributions.

If you have further questions regarding contributions to the Research Foundation please contact Holly Gouin at hgouin@saem.org or 517-485-5484 ext. 210 at SAEM headquarters.

Contributions can be mailed to:
SAEM Research Foundation
901 N. Washington Ave.
Lansing, MI 48906



Congratulations

2009 SAEM Award Winners

Hal Jayne Excellence in Education Award

Steve Lowenstein, MD, MPH
University of Colorado Health Sciences Center

Excellence in Research Award

Jeff Kline, MD
Carolinas Medical Center

Leadership Award

Michelle Biros, MS, MD
Hennepin County Medical Center

Young Investigator Award

Stephen Trzeciak, MD
Robert Wood Johnson Medical School

Jon Rittenberger, MD
University of Pittsburgh

Jesse Pines, MD, MBA
University of Pennsylvania

Special Recognition Award

Roger Lewis, MD
Harbor-UCLA Medical Center

Bob Neumar, MD, PhD
University of Pennsylvania



The Power of ONE

ONE Donation Can Change The Faces Of Our Future

Join us May 16, 2009 in New Orleans for the Research Foundation Luncheon
An educational event you won't want to miss!

Health Policy, Politics, and Emergency Medicine - Joined at the Hip:

A historical perspective on the demand and funding for emergency care.

Presented by: Brian Zink, MD and Joseph Tyndall, MD

2009 SAEM Annual Meeting ~ May 14 - 17, 2009
Sheraton New Orleans Hotel

SAEM RESEARCH FOUNDATION



Register online today! Limited seating available! www.saem.org

SAEM Western Regional Research Forum and Medical Student Forum

Meeting Announcement and Call for Abstracts
Friday, March 19th - Saturday, March 20th, 2010
University of California, Davis Sonoma, CA

SAEM is pleased to announce the 12th annual meeting of the Western Regional Research Forum. Abstracts must be submitted via the SAEM web site; the submission deadline coincides with national SAEM. When submitting an abstract for the national SAEM meeting, simply check the box indicating your interest in the Western Regional Research Forum and your abstract will be considered for both meetings.

This meeting is an excellent opportunity for medical students, residents, fellows and junior faculty to present their research. Abstracts from senior faculty are also welcome, of course. All accepted abstracts will be presented as mini-oral presentations.

There will also be a half-day Medical Student Forum with discussions on how to select a residency program and make one's application as competitive as possible. In addition, students will have ample opportunity to speak informally with residency directors from throughout the Western United States.

The venue in Sonoma, California, is 45 miles from the San Francisco airport. The conference will run from noon on Friday through Saturday afternoon, leaving time to enjoy the spring weather, nearby golf & tennis and wine tasting in the Sonoma Valley region.

Questions can be directed to Deborah Diercks, MD, MSc, FACEP dbdiercks@ucdavis.edu or Kelsey Cearley cearleyk@ohsu.edu or call (503) 494-1475.

For additional program information please visit our website www.2009wrrf.com



SAEM Simulation Academy is Created

James A. Gordon, MD, MPA - Harvard Medical School

It is with great pleasure that I announce the formation of the SAEM Simulation Academy, which has been formally approved by the SAEM Board of Directors. The Academy recognizes the excellent collaborative work and national impact of the Simulation Interest Group and the Tech in Med Ed Committee (and preceding Sim Task Force) over the past several years—many thanks to you all. These two founding groups (IG and Committee) will merge into the Academy, effective with the 2009 Annual Meeting; this would effectively end the independent operation of these two entities and elevate coordinated work as an Academy.

Board approval for the Academy was based on an application submitted on behalf of the Committee and Interest Group, and tirelessly shepherded by Steve McLaughlin in response to a Board inquiry into the desirability/feasibility of this transition (many thanks to Steve). Over 100 SAEM members (and most of you) signed a petition advocating the formation of the Academy, which formed the basis for the application.

Those of you who applied to continue on the Committee for 2009-10, or planned to continue IG work, should now identify yourselves as members of the SAEM Simulation Academy. This comes with modest dues, and information on how to "join" will be forthcoming once the logistics are solidified. Should membership wane below a specified minimum, the initial Academy leadership will be comprised of SAEM members who currently hold or have held

(Continued on Page 25)

Member Highlight



Brian J. Zink, MD is Professor and inaugural Chair of the Department of Emergency Medicine at The Warren Alpert Medical School of Brown University, and Physician-in-Chief of Emergency Medicine at Rhode Island, The Miriam and Hasbro Children's Hospitals since July 2006. Prior to this he served in the University of Michigan Medical School Dean's office as Associate Dean for Student Programs.

Dr. Zink received his MD from the University of Rochester, and did his emergency medicine residency at the University of Cincinnati program, where he was a Chief Resident in 1987-88.

Dr. Zink served on the Board of Directors of the Society for Academic Emergency Medicine from 1996-2002, and was President of SAEM in 2000-2001. Dr. Zink's scholarly interests include emergency care of traumatic brain injury, alcohol and injury, medical student career development and the history of emergency medicine. In 2005, he authored the book *Anyone, Anytime - A History of Emergency Medicine*. Dr. Zink is on the Advisory Board of the AAMC Careers in Medicine program. In 2007, Dr. Zink received the Hal Jayne Academic Excellence Award given by SAEM for his contributions to emergency medicine and academics.



Geriatric Interest Group Updates

Ula Hwang, MD, Chair of SAEM Geriatric Interest Group

We have several great things to announce from the Geriatric Interest Group this month!

Academy of Geriatric Emergency Medicine:

Lowell Gerson, chair of the Geriatric Task Force for the last decade, has successfully petitioned the SAEM Board of Directors to approve the formation of the **ACADEMY OF GERIATRIC EMERGENCY MEDICINE (AGEM)**. As an Academy, AGEM will be considered a subcategory of national SAEM membership. While not having separate bylaws or formal incorporation documents from SAEM, AGEM will have its own operational guidelines that delineate its own policies and procedures.

AGEM will provide a forum for the collaborative exchange of ideas among emergency medicine researchers, educators, trainees and clinicians. Its mission is to *improve the quality of emergency care received by older patients through advancing research, education and faculty development*. Its specific goals are:

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

The initial academy Executive Committee shall consist of a Chairperson (Scott Wilber), two Vice-Chairs (Ula Hwang, Manish Shah), and a Secretary / Treasurer (Christopher Carpenter).

Membership in the Academy of Geriatric Emergency Medicine is open to all categories of SAEM members. Current members of the Geriatric Interest Group will automatically have AGEM membership that is good until the end of 2009. ALL ARE ENCOURAGED TO ATTEND.

Annual meeting:

*****Please mark your calendars for the first annual AGEM meeting to be held on Thursday May 14, 2009 from 3:00p-4:00p at the Sheraton Bayside B Room. *****

A preliminary agenda for the AGEM meeting will include discussion of its mission statement, guidelines, and plans for the upcoming year. Additionally, we will feature guest speaker Carolyn Hullick, B Med, FACEM, from Australia who is currently on sabbatical at the Weil Medical College of Cornell University and is a Harkness Fellow with the Commonwealth Fund. She will give a presentation on her project focused on improving the care journey for older adults in the ED.

[With the formation of AGEM, both the Geriatric Task Force and Geriatric Interest Groups will no longer exist.]

Awardees:

Other great news to announce includes very recent emergency physician awardees for Geriatric Emergency Medicine funding:

Adit Ginde, MD, MPH, a Geriatric TF and IG member from the University of Colorado Denver, received a 2009-2011 Jahnigen career development award from the American Geriatric Society. He will study "Vitamin D Supplementation and Acute Respiratory Infection in Older Nursing Home Residents." His EM specialty mentor is Kennon Heard, MD (a former EM Jahnigen recipient) and Geriatrics mentor is Robert Schwartz, MD.

Corita Grudzen, MD, MSHS, from the Mount Sinai School of Medicine, New York, received a 2009-2011 Brookdale Leadership in Aging Fellowship from the Brookdale Foundation. She will study "Emergency Department-Based Palliative Care for Older Adults." Her EM specialty mentor is Lynne Richardson, MD and Geriatrics mentor is R. Sean Morrison, MD.

Both Jahnigen and Brookdale applications are open to all types of specialties and were extremely competitive this year. Congratulations to both award recipients!



SAEM Grant Awards for the 2009 Funding Cycle

Alan E. Jones, MD

Chair, 2008-2009 SAEM Grants Committee

This year the SAEM Grants Committee saw a welcome upswing in the number of applications we received in each major category. The quality of these applications was outstanding and funding decisions were difficult. The full SAEM Grants Committee met in a face to face review session on Sunday October 26, 2008 in Chicago, IL, to review and discuss each grant. The review of each major grant category was overseen by a subcommittee chair. The following individuals served as subcommittee chairs during this review cycle:

Jason Haukoos, MD – IRTG and EMIG
Steven Bird, MD – RTG
Jim Holmes, MD – EMPSF
Christopher Kahn, MD - EMS

It is with pleasure we announce the following individuals who have been chosen for funding during the 2009 funding cycle:

Emergency Medicine Patient Safety Fellowship

Lisa Calder, MD, MSc, University of Ottawa

Dr. Calder's grant, entitled, "Understanding Disposition Decision Making in the Emergency Department" is aimed to determine criteria used when discharging patients from high acuity areas in the emergency department. The ultimate goal is for Dr. Calder to develop expertise in emergency medicine patient safety research such that she may develop a research program in patient safety research. The mentored research project will use real time interviews with emergency medicine physicians, to identify the decisions used to discharge patients from the emergency department. Dr. Calder will identify physician behaviors identified in the discharge decision process that are associated with subsequent adverse events. In addition, Dr. Calder will develop patient safety leadership qualities by participating in the HRET/NPSF Patient Safety Leadership Fellowship and the Patient Safety Officer Course by the Canadian Patient Safety Institute.

Research Training Grant

Todd Larabee, MD, University of Colorado

Dr. Larabee's grant entitled, "CART Peptide as a Neuroprotective Agent in Cardiac Arrest and Cerebral Ischemia" is a basic science project to determine if Cocaine and Amphetamine Regulated Transcript (CART) peptide, is neuroprotective in the setting of cardiac arrest induced cerebral ischemia, if CART has direct hemodynamic and physiological effects, investigate the timing of CART use, and demonstrate that neurobehavioral performance correlates with histopathological findings in a mouse model. Specifically, the applicant proposes to train in the various laboratory techniques needed for this and future molecular research in cardiac arrest-induced cerebral ischemia. This mentored project will be guided by the direction of Dr. Traystman, a

leading expert in resuscitative research. Dr. Larabee plans to take selected coursework towards completion of a Masters of Science in Clinical Sciences.

Institutional Research Training Grant

Judd Hollander, MD, University of Pennsylvania

Dr. Hollander appears to be on a clear path regarding where the departmental research structure is headed with plans for an NIH T32 application and he plans to use this grant as a stepping stone to get there. They have chosen a level of specificity (Cardiovascular Care) that is appropriate, but have kept it broad enough that the focus is on methodology and training.

Dr. Hollander is the program director and primary mentor. He is a very experienced researcher and mentor and is exceptionally qualified in this role. However, they have built a mentorship committee that has a reasonable size and covers key areas—methods, biostatistics, ethics, policy. The track record of both the University of Pennsylvania and the Department of Emergency Medicine are particular strengths of this application. This breadth of research will help any fellow as he/she determines the content area. The training will focus on clinical epidemiology, which is sufficiently broad but appropriate for the clinical research direction that they are planning. The curriculum is underpinned by the Masters in Clinical Epidemiology, but there is a level of expectations regarding skills and accomplishments that are clearly defined. It is ambitious, but required to create the researcher that can compete for the NIH level grants that they wish to produce.


Emergency Medical Services

Christian Martin-Gill, MD, University of Pittsburg

Dr. Martin-Gill's grant will allow him to complete a second year of EMS fellowship at the University of Pittsburg under a number of high quality mentors including Dr. Roth and Dr. Callaway. He will obtain clinical, administrative, teaching and research experience in various aspects of pre-hospital care. His primary research project will be a 3 year retrospective analysis of the post-resuscitation treatment and transfer of pre-hospital cardiac arrest victims. One of the main aims will be to determine if regional variability in post-resuscitation care contributes to the outcome variability seen in cardiac arrest patients.

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

- The SAEM Research Training Grant provides financial support of \$75,000 per year for two years of formal, full-time research training for emergency medicine fellows, resident physicians, or junior faculty. The trainee must have a concentrated, mentored program in specific research methods and concepts, and complete a research project.

- The SAEM Emergency Medicine Patient Safety Fellowship Grant provides financial support of \$75,000 per year for two years of formal full time research training aimed at developing emergency medicine patient safety researchers. This award is co-sponsored by SAEM and the Emergency Medicine Patient Safety Foundation. 

Academic Announcements

MICHAEL BEESON, MD, was one of eight distinguished teachers to receive the ACGME's Parker J. Palmer Courage to Teach award. The annual award, selected from a large pool of nominees, honors outstanding teachers in graduate medical education. The Courage to Teach Award is given to program directors, nominated by their peers and students, who have innovative residency program curricula, who have improved graduate medical education, and served as exemplary role models for residents.

CLIFTON W CALLAWAY, MD, PHD, was announced as the inaugural recipient of the Ronald D Stewart Endowed Chair in Emergency Medicine. The position - honoring the founder of the academic EM unit at Pitt and visionary in the formative days of emergency care, Ron Stewart - was created by Dr. Paris, the current and only Chair of Emergency Medicine here at Pitt and UPMC. Clif embodies the award - he is an outstanding investigator, clinician, educator and partner. Moreover, he is a wonderful person, great father and husband, and has improved the lives of many - including those he will never physically touch.

WYATT W. DECKER, MD, Professor and immediate past chair of the Department of Emergency Medicine at the Mayo Clinic College of Medicine, was recently elected to the Executive Board of Mayo Clinic Rochester, and appointed to Chair the Personnel Committee of the Executive Board, which oversees all Department Chair searches, as well as leadership development, staff recruitment and policy development for the organization.

LANCE HOFFMAN, MD, has been promoted to Associate Professor of Emergency Medicine at the University of Nebraska Medical Center.

WILLIAM HORGAN, MD, has been named Site Chief of Emergency Medicine for CHA's (Cambridge Health Alliance) Whidden Hospital campus in Everett, MA. Dr. Horgan comes to CHA from William W. Backus Hospital in Norwich, Conn., where he managed clinical and policy oversight for Pediatric Emergency Medicine.

KAREN JUBANYIK, MD, Assistant Professor at Yale University has been awarded the Blake Award by the 4th year Medical Student Class for her excellence as a clinician educator and mentor. She has also been named by Dean Alpern, as one of four faculty advisors for the School of Medicine, receiving 20% funding for this position.

ERIC KATZ, MD, has been appointed as Vice-Chair of Education for the Department of Emergency Medicine at Maricopa Medical Center. Dr. Katz has been the program director for the Emergency Medicine Residency since 2006, and also serves as faculty for the Department of Internal Medicine.

RAHUL K. KHARE, MD, Assistant Professor of Emergency Medicine at Northwestern University has received a one year F32 grant (\$59,000) from the Agency of Healthcare Research and Quality to assess "The Cost-effectiveness of Interventions to Reduce Mortality of Myocardial Infarctions."

FRANK LOVECCHIO, DO, has been appointed as Vice-Chair of Research for the Department of Emergency Medicine at Maricopa Medical Center. Dr. Lovecchio has been a member of the staff since 1996, has served as research director, and has also been the medical director of the Samaritan Regional Poison Control Center.

JAMES MCCLAY, MD, has been promoted to Associate Professor of Emergency Medicine at the University of Nebraska Medical Center.

ROLAND CLAYTON MERCHANT, MD, MPH, has received a grant from MIRIAM in the amount of \$40,000, to support his research entitled, "Confluence of HIV Risk Behaviors and Drug Misuse Among Rhode Island Hospital Emergency Department Patients". SAEM honored Dr. Merchant with a Young Investigator award in 2008.

ROBERT E. O'CONNOR, MD, MPH; Professor and Chair of Emergency Medicine at the University of Virginia, was awarded the 2009 Keith Neely Outstanding Contribution to EMS Award by the National Association of EMS Physicians at their Annual Meeting held in Jacksonville, Florida in January 2009. This award is presented to an active or past member of NAEMSP who has provided significant leadership to the association. Dr. O'Connor served as President of NAEMSP from 2005 to 2007.

ANNIE T. SADOSTY, MD, has just been named a 2009 Teacher of the Year by the Mayo Fellows' Association 2009 Teacher of the Year Awards! There was extra-tough competition this year, and a large number of Mayo Foundation consultants were nominated, but not chosen to receive this award.

PAULA TANABE, PHD, MPH, was invited to participate as a member of the Expert Panel to Update the Primary-Care Focused Sickle Cell Disease Guidelines, launched by the National Heart Lung and Blood Institute at the National Institutes of Health. Dr. Tanabe is a Research Assistant Professor in the Department of Emergency Medicine in the Feinberg School of Medicine, Northwestern University of Chicago, Illinois.



ACADEMIC RESIDENT SECTION

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

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

A Strategy to Help Get You Through the Most Emotionally Trying Part of Your Day Breaking Bad News in the Emergency Department

Jody A. Vogel, M.D. | Lee W. Shockley, M.D.

*From the Department of Emergency Medicine, Denver Health Medical Center, Denver, Colorado
Submitted on behalf of the SAEM Graduate Medical Education Committee*

Telling surviving family members that their loved one has died is one of the most emotionally stressful tasks for physicians.¹ It may be particularly challenging in clinical settings in which episodic care is provided. The impact of this duty is illustrated in a physician’s statements about her interactions with the parents of a dead teenager: “We knew each other not at all only fifteen minutes ago, and now I have shared with them what will probably be one of the defining moments of their lives together.”^{2,3} Conveying information about the death of a loved one to survivors is a challenging and essential skill for emergency medicine physicians.

When a patient dies in the emergency department, the surviving family members suddenly become the “patients”. They do not require medical treatment, but they do need the full support and empathy of the medical team during this very stressful, life-changing experience.⁴ Developing a personal strategy and departmental protocol to deal with death in the emergency department benefits both the surviving family members and the staff. The pearls and pitfalls of breaking bad news to survivors are outlined in Tables One⁵⁻¹¹ and Two⁵⁻¹¹.

Few conversations have as much significance in one’s life as those surrounding the death of a loved one. The manner in which this news is communicated to surviving family members has a lasting impact.¹² For some survivors the way the information is conveyed is as significant as the message itself.⁹ Research has demonstrated that poorly communicated bad news can cause confusion, distress, and resentment in survivors.

Whereas effectively communicated information can facilitate understanding, acceptance, and adjustment during the grieving process.¹³ Table Three outlines some suggestions for helpful and unhelpful statements when talking with the recently bereaved.

When delivering the news of the death of a loved one to survivors, the physician’s message should be presented in a caring way that demonstrates empathy for the receiver. Patients and families want physicians to be sincere, compassionate, and informative.⁵ When being given bad news, they want to know that the physician who cared for their loved one is competent and knowledgeable. Jurkovich et al surveyed the survivors of trauma patients who died.¹² The survivors identified the following qualities as very important in the delivery of bad news: the attitude of the person providing the information, the clarity of the communication, the privacy afforded when given the news, and the knowledge of the physician and ability to answer questions. The attitude of the physician was ranked as “highly important” by three fourths of the respondents. Survivors indicated that physicians performed the most poorly in advising them of the requirements for an autopsy, offering clergy support, and delivering the news in a private location.¹²

It is easy to appreciate that the receipt of bad news is difficult, but the discomfort for the physician delivering the news may be less apparent.⁵ The responsibility of breaking bad news can be challenging for clinicians.¹¹ Many physicians report a wide range of emotions when delivering the information including sadness, guilt,



("A Strategy to Help Get You Through the Most Emotionally Trying Part of Your Day" Continued)

feelings of failure, and identification with the patient or family.¹³ Moreover, more than 90 percent of physicians in a survey study reported that they were dissatisfied with the way bad news had been disclosed to a patient. Therefore, most physicians believe that they need to take steps to improve how this information is conveyed.¹⁰ Physicians who follow published advice about how to deliver bad news were found to be particularly skillful in this difficult task.⁶ For these reasons it is important to have a personal strategy for communicating with grief-stricken families.

Delivering the news of the death of a loved one to survivors in a way that promotes understanding and adjustment is an acquirable skill, not an inherent gift.¹² In the practice of medicine, conveying bad news is a task of great importance.¹⁴ Medical students and residents believe the optimal way to learn these essential skills is to observe the delivery of bad news, practice the task in a simulated setting, and to deliver bad news while supervised.^{12,14} Just as a senior physician should be present for the performance of a medical procedure, the

same standard of supervision should apply to notifying survivors about the death of a loved one.¹⁴ Residents and medical students should take full advantage of the opportunities available during training to learn about and refine their skills in delivering bad news. Developing a strong foundation in the delivery of this information will allow them to compassionately assist grieving families and will be beneficial throughout their career.

The care of the acutely bereaved should be an area of expertise for emergency medicine physicians. Delivering the news of the death of a loved one to a family member will never be easy. By having a strategy for providing this information and relying on the available literature about what is most helpful for survivors, the physician can have a planned, organized approach which will facilitate the initiation of the grief process.¹ Supporting survivors through this milestone event in their lives can be a very rewarding professional experience for emergency physicians.

(Continued on Page 14)

SAEM Member Campaign Steams on to New Orleans **100 for \$1,000 / 1,000 for \$100**

Despite the recession SAEM members have dug deep to support the 100 for \$1,000 / 1,000 for \$100 Campaign for the SAEM Research Foundation. We have a record breaking twenty-eight \$1,000 contributors and a record amount of money raised at over \$81,000 in the past year. The Campaign goal is to raise \$200,000 by the end of the Annual Meeting in 2010, so we have a bit of work to do to get to the halfway mark by the end of the Annual Meeting in New Orleans this May.

You will be hearing a lot about the SAEM Research Foundation at the Annual Meeting. Look for posters that list our generous donors, a special oral abstract at the plenary session, and the Donor Luncheon on Saturday May 16th. We will also be highlighting the research of past SAEM Research Foundation grant recipients. The SAEM Research Foundation mission WORKS and to keep it thriving we all need to support the mission.

New Orleans is the perennial city of hope, mirth, revelry, and rebirth. It will be a great atmosphere to band together as academic emergency physicians and move this Campaign like a steamship on the mighty Mississippi toward our goal. See you in New Orleans – don't forget your wallet!

Brian Zink, MD
SAEM Development Committee Chair;
SAEM Past President





“A Strategy to Help Get You Through the Most Emotionally Trying Part of Your Day” Continued

Table 1: Pearls for Breaking Bad News ⁵⁻¹¹

Pearls for Breaking Bad News

PREPARATION and INTRODUCTION

- Escort the family to a comfortable, private room.
- Identify a staff member (social worker, chaplain, or nurse) to serve as liaison between the medical team and the family during the resuscitation efforts.
- Have the liaison update the family frequently.
- Prepare for the meeting with the family before entering the room by reviewing the chronology of events leading up to the death, clearly establishing the identity of the deceased, and taking a personal inventory of one’s appearance (be prepared to change clothes before meeting the family if necessary).
- Introduce oneself by name and title to each family member with a handshake. “I’m Dr. Smith. I was in charge of your wife’s care since she arrived.” Determine the relationship of each individual present to the deceased.
- Maintain good eye contact and sit at eye level with the family.

THE PAST

- Assess the family’s knowledge of the situation using an open ended question such as “Tell me what you know so far” or “Tell me what happened at the house”.
- If the family made resuscitation efforts, be prepared to support them in these attempts. “You did the right thing. That was the best that anyone could have done.”
- Speak in a manner that the family will easily understand.
- Provide a brief summary of the paramedic and emergency department resuscitation efforts.

THE PRESENT

- Consider a “warning shot” statement to alert the family that the news about their loved one is not good. “Unfortunately, I have some bad news.”
- Use the words “died, dead, or deceased” in your conversation. “There was nothing further that could be done, and so she died.”
- Assure the survivors that every effort was made to help their loved one.
- Advise the family that pain was absent or minimized. However, never lie. “I think it went very quickly for her. From the time she lost consciousness at home, she was not responding to any of us, and I don’t think she suffered after that.” If the death was obviously painful, it can still be put into a more comforting light: “soon after she arrived here, we gave her pain medications and sedatives, and I don’t believe that she suffered from that point on.” [if true]
- Be silent immediately after disclosing the death.
- Expect emotional responses to the news. The most common emotion is sadness followed by anger. Be aware, however, that there is a great deal of cultural and individual variation to acute grief.
- Be supportive and empathic.
- Be sure questions are answered openly and honestly.
- Offer clergy support.

THE FUTURE

- Offer to have the family see the deceased. “Would you like to see her?” This is almost always appropriate and helps to initiate the grieving process. If the family does wish to view the body, prepare them for what they will see, especially if an endotracheal tube or other catheters will be left in place.
- Disclose information about the involvement of the coroner and possible autopsy requirements. “Since this was an unexpected death, we have to notify the coroner. The coroner may conduct an investigation; including speaking with you and possibly an autopsy if they believe it is necessary. If the coroner does not need an autopsy, you could still request one and the hospital will do that for you.”
- Inquire about organ donation if appropriate. In many states, this is a legal requirement. “We noticed on the back of her driver’s license she had indicated that she wanted to be an organ donor. Have you talked about that?”
- Provide contact information for future questions.
- Have the staff liaison explain what happens next with the body.
- Provide printed information about important legal and financial issues as well as local grief support groups.

THE EXIT

- Another handshake and the words, “I’m sorry that I had to bring you that news.” Avoid just saying “I’m sorry” because you don’t want that to be misconstrued: “The last thing the doctor said to me was that he was sorry and I think that is because they made a mistake. I don’t think this death may have been necessary.”





“A Strategy to Help Get You Through the Most Emotionally Trying Part of Your Day” Continued

Table 2: Breaking Bad News Pitfalls ⁵⁻¹¹

Breaking Bad News Pitfalls

- Using medical terminology that the family will not understand, or euphemisms, such as “passed on” or “no longer with us”.
- Disclosing the news in an area that lacks privacy such as in a hallway or waiting room.
- Not disclosing news while seated with the family.
- Failing to offer support from clergy or others.
- Being unfamiliar with the medical information or unable to answer questions. Worse still, however, is to guess at an answer that is not known.
- Neglecting to use a translator when some family members do not speak English.
- Not preparing family members for the likelihood of an autopsy when one may be required by the coroner.

Table 3: Helpful and Unhelpful Statements When Delivering Bad News

Delivering Bad News

Unhelpful Statements	Helpful Statements
<ul style="list-style-type: none"> • It was God’s will. • I know how you feel. • It could have been worse. • Be grateful you still have other children. • He lived a good life, and it was his time. • Don’t worry it will be okay. 	<ul style="list-style-type: none"> • I can’t imagine how difficult this is for you. • I would do anything to make it different for you but I know I can’t. • You are not alone. I am here to help you. • When you can think of nothing to say, don’t say anything.

Adapted from Death and bereavement. Connecticut College of Emergency Physicians, 2000.⁸

References

1. Adamowski K, Dickinson G, Weitzman B, Roessler C, Carter-Snell C. Sudden unexpected death in the emergency department: caring for survivors. *Can Med Assoc J.* 1993;149:1445-1451.
2. Benenson RS, Pollack ML. Evaluation of emergency medicine resident death notification skills by direct observation. *Acad Emerg Med.* 2003;10:219-223.
3. Haughey M. Delivering News. *Ann Emerg Med.* 2000;36:68-69.
4. Iserson KV. The gravest words: sudden-death notifications and emergency care. *Ann Emerg Med.* 2000;36:75-77.
5. Ptacek, JT, Eberhardt TL. Breaking bad news a review of the literature. *JAMA.* 1996;276:496-502.
6. Ptacek JT, Fries EA, Eberhardt TL, Ptacek JJ. Breaking bad news to patients: physicians’ perceptions of the process. *Support Care Cancer.* 1999;7:113-120.
7. Iserson KV. Notifying survivors about sudden, unexpected deaths. *West J Med.* 2000;173:261-265.
8. Connecticut College of Emergency Physicians (2000). *Death and bereavement [VHS Tape].* (Available from Connecticut College of Emergency Physicians, 60 Kings Highway North, Haven, CT 06473).
9. Harahill M. Giving bad news gracefully. *J Emerg Nurs.* 2005;31:312-314.
10. Ambuel B, Mazzone MF. Breaking bad news and discussing death. *Prim Care.* 2001;28:249-267.
11. Minichiello TA, Ling D, Ucci DK. Breaking bad news: a practical approach for the hospitalist. *J Hosp Med.* 2007;2:415-421.
12. Jurkovich GJ, Pierce B, Pananen L, Rivara FP. Giving bad news: the family perspective. *J Trauma.* 2000;48:865-873.
13. Fallowfield L. Communicating sad, bad, and difficult news in medicine. *Lancet.* 2004;363:312-319.
14. Orlander JD, Fincke G, Hermanns D, Johnson GA. Medical residents’ first clearly remembered experiences of giving bad news. *J Gen Int Med.* 2002;17:825-831.





Summary of the AAMC – CAS Spring Meeting

By David P. Sklar, MD and Marcus Martin, MD

March 5-7, 2009

Charleston, South Carolina

Seventy-five members of the Council of Academic Societies of the Association of American Medical Colleges met in Charleston, South Carolina March 5-7, 2009. Your representatives from SAEM, David Sklar and Marcus Martin, were joined by representatives from Academic Chairs of Emergency Medicine, Gabe Kelen and Mark Henry, CORD's Hal Thomas and 2 emergency medicine residents. In addition, Art Derse, an emergency physician from Medical College of Wisconsin, was at the meeting representing the American Society of Bioethics and Humanities, as was John Prescott, Chief Academic Officer of AAMC and former chair of emergency medicine and Dean at West Virginia, creating what was probably the largest specialty presence of any group at the meeting. For those of us who have been attending CAS meetings for some time, this is a substantial difference from 10 or 15 years ago, when emergency medicine had little presence or voice at AAMC.

The meeting attempts to present information to the group which represents specialty societies from all areas of basic science and clinical care who make up the faculty at medical schools. Because of the great diversity of the group, discussions are often general and input into discussion questions occurs at the level of smaller advisory boards and task forces. However, the opportunity to educate leaders from other specialties who may come from institutions without strong emergency medicine presence has often facilitated change in the organizational structure of emergency medicine.

The meeting had several important focal points:

Because of the timing of the meeting, which occurred as the Obama health advisory meetings were occurring, the topic of health reform was presented in several ways at several sessions.

Len Nichols, PhD gave the Knapp lecture. He spoke about economic, political, and systematic forces for and against health system reform. In 1987, 7% of median family income went towards purchasing health care insurance. Dr. Nichols indicated that by 2016 if the cost of health care remains "the status quo" 35-45% of median family income will be required to purchase health insurance. Health care costs exceed the growth in business revenue by wide margins.

Payment reform is needed. A new system to reward value and quality/safety rather than quantity is necessary.

Dr. Nichols stated that in many cases we have no idea what we are buying when we purchase health insurance and our incentive structure is deeply flawed. Some profit from the flaws. We can't afford business as usual. The economic meltdown is an opportunity to focus on changing the health care system. Inefficiency and waste need to be removed.

Due to the large number of uninsured, the health care coverage will have to expand. However, the payment system will have to be reformed. To do this will require shared responsibility among government officials in a bipartisan way and the entire health care community. The economic cost of doing nothing is very high. Incentives will have to be aligned amongst patients, providers and payers. Provider participation is extremely important in bringing about change.

Mr. James Guest, President and CEO of Consumers Union, indicated that affordability, security and safety are at the top of the list of consumers concerns for health care. Reform success depends on consumer voice. The doctor patient relationship should remain the core of reform and we will need to turn un-empowered patients into empowered partners in the reform. Since medical errors kill 5 times more people than car crashes safety is synonymous with quality in the eyes of the consumer. A public policy will have to be put in place such that everyone has health care coverage.

There was a consensus that cost and financing of health would probably become the highest priority in reform efforts with coverage of all and quality and safety concerns of significant, but lesser importance. Implications for academic medicine will be pressures on GME funding, changes in payment to hospitals and physicians for medical care, and problems of inadequate workforce in a setting of efforts to reduce federal support.

During a faculty forum physicians representing basic science and clinical areas addressed key work force trends affecting their particular disciplines. A theme for the clinical physicians was poor remunerations for primary care and loss of the number of students applying to those primary care specialties. There are workforce shortages in primary care as well as the specialties. The availability of general surgeons per capita is at its lowest in 50 years. Seventy percent of general surgery resident graduates go on to specialty fellowships. Only 30% or roughly 300 general surgery graduates per year



go into general surgery practice. There is particularly a large shortage of general surgeons in rural areas. Forty-two percent of endocrinologists are over age 55. The US population is aging and with the metabolic problems that tend to occur with aging, eye problems are sure to occur. There has been a decrease over the past 35 years in the entry level eye residency programs. Eighty-eight percent of eye surgery occurs in individuals over the age of 65. Major eye problems are conditions such as glaucoma, macular degeneration, etc.

With the workforce shortage expansion of training programs will have to occur. The AAMC must show data to support workforce shortage to apprise politicians of the need for the support of expanded programs.

The leadership of AAMC addressed the AAMC CAS members during a lunch meeting. Elliot Sussman, Chair of the AAMC Board, spoke about leadership accountability and integrity. Darrell Kirsch, President of the AAMC, spoke about executive searches and announced the new hires including John Prescott, MD, as Chief Academic Officer for AAMC. Darrell provided an overview of the Obama Recovery and Reinvestment Act (stimulus plan) which includes a new 10.4 billion dollar infusion to the NIH.

The AAMC legislative regulatory update found at the AAMC website contains an overview of discretionary spending including NIH, AHRQ, NSF, Health Professions, Health Resources and Services Administration, the Department of Energy Office of Science and Medicare and Medicaid provisions. Other discretionary programs of interest to the AAMC are highlighted in this publication.

AAMC president and CEO Darrell Kirsch praised the Obama American Recovery and Reinvestment Act and stated that the federal funding included for research, medical education and patient care will help to ensure that the nation's medical schools and teaching hospitals will continue to be regional economic engines. At the same time this new support will strengthen the missions of these institutions to advance medicine, educate the next generation of doctors, and care for their local communities. .

There was also an interactive presentation by former AAMC President Jordan Cohen concerning the IOM

recommendations on resident duty hours. The report does not recommend changing the requirement of the 80 hours per week averaged over 4 weeks but does recommend more time off between duties, 5 hours of uninterrupted sleep after 16 hours on duty and an increase in days off per month, and that moonlighting be counted against the 80 hour weekly limit. Although there was an acknowledgement that patient care errors could be more frequent when residents were tired, there was also a concern that the solutions might have the unintended consequences of increasing errors through loss of information or reduced numbers of providers. The IOM recommendations will be reviewed by the ACGME and numerous groups will be providing input before any actions are taken.

There was a dynamic discussion about the use of guidelines in continuing medical education and how evidence-based guidelines could be used to improve clinical practice. Expectations for continuing medical education will change in the coming year and accreditation may become more difficult for traditional lecture formats.

There were presentations on changes being planned for the MCAT and the NBME licensing examinations. The MCAT will attempt to include more social sciences and current scientific subject areas relevant to biologic systems. The NBME will be including more questions on literature review and analysis, statistics, epidemiology and providing more continuity of basic sciences concepts from Part I of the exam to Part II.

Writer Pauline Chen read from her book *Final Exam: A Surgeon's Reflection Upon Mortality*. Her presentation attempted to provide a counterbalance to much of the





("Summary of the AAMC – CAS Spring Meeting" Continued)

meeting's emphasis on limiting medical care due to cost considerations. She provided strong advocacy for physician involvement in important communications and support activities for patients and families facing death. This is an area that she feels is under-appreciated and yet it can be all the medical system can offer in some cases. She emphasized the importance of listening and emotional connection to reduce suffering, when possible.

Overall, the meeting provided an important forum for the presentation of new information and the introduction of the new AAMC Leadership Team. SAEM, AACEM, emergency medicine residents and CORD were well-represented and provided strong advocacy for the needs of emergency medicine. The AAMC can be an effective partner for advocacy efforts for academic medicine and the CAS meeting has set the stage for fruitful future collaboration.



Innovations in Emergency Medicine Exhibits – (IEME) SAEM Annual Meeting 2009


Presenting on Thursday and Friday May 14 – May 15, 2009

1. A Novel Approach to Teaching Pericardiocentesis, Mara Aloï, MD, Allegheny General Hospital.
2. Receiving: The Use of Web 2.0 to Create a Dynamic Learning Forum to Enrich Resident Education, Adam J. Rosh, MD, Wayne State University.
3. A Model for Ultrasound-Assisted lumbar Puncture, Mara Aloï, MD, Allegheny General Hospital.
4. "Sim Wars": A New Edge to Academic Residency Competitions, Richard Westenbarger, University of Florida - Jacksonville.
5. Use of Simulation Technology in Forensic Medical Education, Heather V. Rozzi, MD, York Hospital.
6. The Thanksgiving Turkey Tap: A New and Simple Model for Teaching Ultrasound-Guided Thoracentesis, Derek Kuhl Richardson, MD, New York- Presbyterian.
7. Geriatric Emergency Medicine Educational Module: Abdominal pain in the Older Adult, Eve Losman, MD, University of Michigan.
8. The Emergency Informatics Transition Course: A Flexible, On-Line Course in Health Informatics for Emergency Medicine Clinicians and Trainees, James McClay, MD, University of Nebraska Medical Center.
9. The ER of the Future: an Interdisciplinary Graduate Course in Healthcare Design, Jeremy Ackerman, MD, PhD, Emory University.
10. Teamwork Training for Interdisciplinary Applications, Cherri Hobgood, MD, University of North Carolina

Presenting on Saturday and Sunday May 16 – May 17, 2009

11. Skin Abscess Model for Incision and Drainage, Myto Duong, MD, Southern Illinois University.
12. Model for Ultrasound Assisted Lumbar Puncture Training, Jason Nomura, MD, Christiana Care Health System.
13. Geriatric Emergency Medicine With Integrated Simulation Curriculum, Brian Gillett, MD, State University of New York Downstate.
14. An Inexpensive, Easily Constructed, Reusable Task Trainer for Simulating Ultrasound-Guided Pericardiocentesis, Herb Zerth, MD, Advocate Christ.
15. Multimedia Emergency Bedside Ultrasound Quality Assurance Feedback, Stephen Leech, MD, Orlando Regional Medical Center.
16. The E.R. Game, Kevin Ferguson, MD, University of Florida.
17. Effect of an Integrated of Public Health Curriculum in an Emergency Medicine Residency, Jonathan Fisher, MPH, BIDMC.
18. Basic Emergency Medicine Skills Workshop as the Introduction to the Medical School Clinical Skills Curriculum, Jeremy Sperling, MD, New York Presbyterian Hospital / Weill Cornell Medical Center.
19. Use of Embalming Machine to Create Central Venous Access Model in Human Cadavers, Lee Wilbur, MD, Indiana University.
20. Competency Testing Using a Novel Eye Tracking Device, Gregory Christiansen, DO, VCU.




SAEM ANNUAL BUSINESS MEETING
Saturday May 16, 2009 • 2:00 pm – 2:50 pm

All SAEM members are urged to attend

1. SAEM Award and Grant Presentations *Katherine L. Heilpern, MD, President*

- a. Hal Jayne Excellence in Education Award
- b. Excellence in Research Award
- c. Leadership Award
- d. Young Investigator Awards
- e. Spadafora Scholarship Grant
- f. SAEM/EMPSF Research Fellowship Grant
- g. Institutional Research Training Grant
- h. EMS Research Fellowship Grant
- i. Special Recognition Award
- j. 2008 Annual Meeting Awards
 - i. Best Faculty Award Amy Plint, MD
 - ii. Best Young Investigator Presentation Lynn Babcock-Cimpello, MD
 - iii. Best Basic Science Award Joseph Piktel, MD
 - iv. Best Resident Award Anna Marie Chang, MD
 - v. Best Fellow Award Erik Hess, MD
 - vi. Best Medical Student Award Ms. Maria Nelson
 - vii. Best IEME Award James V. Ritchie, MD, FACEP
 - viii. Medical Student Visual Diagnosis Contest Winner TBA
 - ix. Resident Visual Diagnosis Contest Winner Dustin Mark, MD

2. Election Results *Katherine L. Heilpern, MD, President*

President-elect
Secretary/Treasurer
Board of Directors
Constitution and Bylaws
Nominating Committee
Resident Board Member

3. AEM Report and Announcements *David C. Cone, MD, Editor-in-Chief*

4. President Address *Katherine L. Heilpern, MD*

5. Introduction of 2009-10 President - Jill M. Baren, MD *Katherine L. Heilpern, MD*

6. New Business

7. Adjournment

Note: Award and grant recipients, newly elected members of the Board and Nominating and Constitution and Bylaws Committee are asked to remain after the Annual Business Meeting to participate in the brief photo session. Photos will be published in upcoming issues of the Newsletter.

2009 Academic Emergency Medicine Consensus Conference

May 13, 2009, New Orleans, LA

Public Health in the ED: Surveillance, Screening, and Intervention

Co-Chairs: Steven L. Bernstein, MD, Gail D'Onofrio, MD, MS

- 7:30-8:00a **Registration**
- 8:00-8:15a **Welcome, Opening Remarks**
David Cone, MD
Editor-in-Chief, Academic Emergency Medicine
- 8:15-8:45a **The Clinical Impact of Health Behaviors on ED Visits**
Steven L. Bernstein, MD
Yale University
- 8:45-9:45a **KEYNOTE ADDRESS**
Public Health and Emergency Medicine
Arthur L. Kellermann, MD, MPH
Emory University
- 10-11:30a **ED-Based Public Health Research Funded by Federal Agencies: Progress and Priorities: A Panel Discussion**
Gail D'Onofrio, MD, MS (moderator)
Yale University
Richard Denisco, MD, MPH
Services Research Branch, NIDA, NIH
Ralph W. Hingson, ScD, MPH
Director, Division of Epidemiology and Prevention Research, NIAAA, NIH
Amy Goldstein, PhD
Program Chief, Child and Adolescent Preventive Intervention Program, NIMH, NIH
James Heffelfinger, MD, MPH
National Center for HIV, STD and TB Prevention, CDC

CONCURRENT BREAKOUT PRESENTATIONS

- 11:30a-12:30p **Alcohol and Substance Use**
Rebecca Cunningham, MD
University of Michigan
Frederick C. Blow, PhD
University of Michigan
- Injury Prevention/Intimate Partner Violence**
Debra Houry, MD, MPH
Emory University
Stephen W. Hargarten, MD, MPH
Medical College of Wisconsin
Robin M. Ikeda, MD, MPH
Associate Director for Science
National Center for Injury Prevention and Control, CDC
- Sexually Transmitted Infections/HIV**
Jason Haukoos, MD, MPH
Denver Health
Richard Rothman, MD, MPH
Johns Hopkins

Using Health Services Databases

Jon Mark Hirshon, MD, MPH
University of Maryland
Margaret Warner, PhD
CDC/NCHS

Mental Health Disorders

Gregory Luke Larkin, MD, MS
Yale University
Anthony Spirito, PhD
Brown University

- 12:30-2:00p **LUNCH and PANEL DISCUSSION**
Controversies: Screening, Brief Intervention, Referral to Treatment: Has the enthusiasm outpaced the evidence?
Edward Bernstein, MD (moderator)
Boston University
Jack Stein, MSW, PhD
SAMHSA
Richard Saitz, MD, MPH
Boston University

CONSENSUS-BUILDING WORKSHOPS

- 2:00-3:30p **Conceptual Models of Health Behavior**
Edwin D. Boudreaux, PhD
Univ. of Medicine & Dentistry of New Jersey
Rita K. Cydulka, MD, MS
MetroHealth/Case Western
- Study Designs and Evaluation Models for Public Health Interventions**
Bruce M. Becker, MD
Brown University
Kerry B. Broderick, MD
Denver Health
- Overcoming Barriers to Implementation and Dissemination**
Mary Pat McKay, MD, MPH
George Washington University
Karin V. Rhodes, MD, MS
University of Pennsylvania
- Funding and Sustainability**
Linda C. Degutis, DrPH
Yale University
Robert Woolard, MD
Texas Tech Univ. Health Sciences Center
- 3:45-4:30p **Workshop Feedback: Defining a Research Agenda**
- 4:30-5:00p **Wrap-Up, Closing Remarks**
Steven L. Bernstein, MD



2009 Semi-Final CPC Competition

The semi-final Clinical Pathological Cases (CPC) Competition will be held on Wednesday May 13, 2009 from 8:00 am – 5:00 pm. Annual meeting attendees are encouraged to attend. There is no registration fee to attend the Competition, which showcases emergency medicine residency programs. The CPC consists of the presentation and discussion of the best 72 cases submitted from 94 submissions. The CPC Competition finalists will be announced during a reception held from 5:30-7:00 pm. The CPC Competition is sponsored by ACEP, CORD, EMRA, and SAEM. The CPC Final Competition, consisting of the six semi-finalists, will be held during the ACEP Scientific Assembly, which will be held in Boston, October 5-8, 2009.

ACMC - Highland	Advocate Christ Medical Center
Baystate	Beth Israel Medical Center- Albert Einstein
BIDMC	Boston Medical Center
Brown University	BWH/MGH Harvard Affiliated
Carolinas Medical Center	Christiana Care
Denver Health	Detroit Receiving Hospital - Wayne State
Drexel University	Duke University
East Carolina University EM/IM	Emory University
Harbor-UCLA	Henry Ford EM/IM
Lehigh Valley Hospital	Lincoln Medical & Mental Health
Long Island Jewish Medical Center	Long Island Jewish Medical Center EM/IM
Louisiana State University - New Orleans	Madigan Army Medical Center
Maimonides Medical Center	Maine Medical Center
Maricopa Medical Center	Morristown Memorial Hospital
Mount Sinai - NY	Naval Medical Center Portsmouth
Naval Medical Center San Diego	Metropolitan Hospital
New York Methodist Hospital	Northwestern University
Oregon Health & Science University	OSF St. Francis Medical Center
Regions Hospital	Resurrection Medical Center
St. Luke's Hospital	St. Luke's - Roosevelt
Stanford/Kaiser	Summa Health System
SUNY Buffalo	SUNY Downstate-Kings County-EM/IM
SUNY Downstate-Kings County	Synergy Medical Education Alliance
Temple University	Texas A&M/Scott & White
The Brooklyn Hospital	The George Washington University
UCSF-SFGH	University of Florida - Gainesville
University of Florida - Jacksonville	University of Arizona
University of California, Davis	University of California, Irvine
University of California, San Diego	University of Cincinnati
University of Iowa	University of Massachusetts
University of Michigan	University of Nevada
University of Pennsylvania	University of Pittsburgh
University of Rochester	University of Texas-Houston
University of Texas Southwestern	VCUHS-MCV
Washington University - St. Louis	William Beaumont Hospital
Yale New Haven	





SAEM Leadership Academy

May 13, 2009, 8:00 am - 5:00 pm
Preparing for the next step in your career

How do we make our working lives easier, more productive and ensure our careers are headed in the right direction? We are challenged in this rapidly changing environment to work towards transformational change and prepare ourselves for a different constantly evolving work environment.

Effective leadership begins with an innate ability and talent but it must also be cultivated. Academic Emergency Medicine has many excellent leaders who developed their leadership traits and managerial skills through a combination of on-the-job training, self-initiated mentorship relationships, self-education through reading and conference attendance and, occasionally, graduate level course work. This inaugural session of the Leadership Academy focuses on two key entities: career choices/advancement, and managing people.

This workshop will equip you to engage others, adapt to changing situations, recognize the value of others and lead from an unfamiliar and uncomfortable place. We must recognize and develop the untapped potential in our organizations and ourselves. Bill Adams of Maxcomm Inc. challenges with this statement, "Doing something differently is a natural response to the changing world around us. Becoming something different changes the world by transforming that which is within us." This conference is a step in that direction.
(LIMITED SEATING)

Leadership: What is it? Why do we need it?

Glenn Hamilton

Key Note Address: Applying the Principles of Leadership ... Getting Traction ... Getting Action

David J. Bachrach

Career Paths for the Mid-Career Emergency Physician – What are the Possibilities?

Bernie Lopez, Kate Heilpern, Brian O'Neil

The early path for the academic emergency physician typically involves the development of clinical expertise along with the pursuit of an academic niche. By mid-career, the academic EP has hopefully attained success in both areas. Academically, they may have taken on a leadership role in one area (residency program director, medical student director, research). What are the career paths that can next be followed?

This session will present a variety of career paths available to the academic emergency physician. A panel of emergency physicians who have pursued careers in areas such as the dean's office, ED administration, and medical education will present their careers and discuss issues related to their chosen area.

- Gain an exposure to potential career paths
- Understand the effects of a specific career choice on one's personal and professional life
- Understand some of the requirements for these positions as well as the necessary steps in pursuing these choices
- List some of the paths taken by emergency physicians
- Identify the effects of a particular choice on one's academic advancement
- Discuss methods to explore career choice

Format: Panel discussion with audience participation

Sustaining a Vision Through Good Times and Bad: How to Make Yours Weatherproof

Marc Borenstein

This general introductory presentation followed by a small group session will give participants hands-on work and coaching in creating and articulating a vision. At the conclusion of this session the participant should be able to:

- Distinguish leadership from management and understand the value of both
- Identify the components of an effective vision
- Recognize how to use changing circumstances to forward vision
- Appreciate what is required to sustain an effective vision over time independent from circumstances

Format: Lecture and small group discussion

Developing and Managing the Workforce of the Future

Tracy Sanson, Bill Barsan

Today's leaders are tasked to motivate, develop, acknowledge and reward, but how do we best accomplish this with our varied workforce? How do we recruit, develop, and retain the best? We must acknowledge that each faculty member brings special talents and needs.

This panel will:

- Discuss the changing demographics of emergency physicians
- Discuss generalizations about leading, coaching, and motivating the various generations in our departments
- Discuss family obligations: elder care, pregnancy, and child rearing and their impact on the workplace, workforce, and career advancement

(Continued on Next Page)



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- Review options for career and personal life balance enhancing EP wellness and career advancement/longevity

Format: Panel presentation

Conflict Resolution

Rob Strauss, Alan Forstater

The issue of conflict resolution is central to developing effective interpersonal and communication skills. It is a common and regular part of our professional and personal lives. This interactive workshop will illustrate and teach effective conflict management skills techniques. Participants will complete a self-assessment tool to detail their usual response to conflict. Participants will become more aware of their own communication style and various approaches of responding to conflict. Cases will be presented and workshop participants will take turns role-playing the scenarios, observing and critiquing each other. Discussions will be directed towards teaching effective conflict management through demonstration and actual experience. Goals:

- Recognize the principles of conflict
- Identify methods of conflict management

- Develop a basic background on the topic and stimulate further interest in the topic
- List the various approaches to dealing with conflict and their out-comes
- List effective conflict management techniques
- Discuss disruptive behaviors, fact-finding, confrontation, rehabilitation, reentry, and resolution

Format: Lecture, small group discussions, role-playing

Lessons Identified through trial and error: Panel Discussion Question & Answer

Bill Barsan, MD, Bob Hockberger, MD, Kate Heilpern, MD, Brent King, MD, Marcus Martin, MD, Tracy Sanson, MD, FACEP (Moderator)

Discussions with those who have made the career advancement move, their thoughts on sentinel events and lessons identified along the way.

Networking Reception



Nominations for SAEM Awards

Medical Student Excellence in Emergency Medicine Award

Deadline: 4 weeks prior to certificate date

SAEM is pleased to sponsor the Excellence in Emergency Medicine award. This award is made available for each medical school to select a senior medical student who has demonstrated excellence in the specialty of emergency medicine. Each medical school is limited to one recipient each year.

***For more information on our many awards,
visit www.saem.org and follow the awards
link at the top of the page.***

SEEKING APPLICATIONS

The University of Michigan is currently seeking applications for a research fellowship in the use of mathematics, computation, and engineering in the area of sepsis and critical illness. Our program emphasizes a close linkage between laboratory and clinical observations and contemporary statistical and mathematical methods. An interest in working on potentially computationally-intensive projects is a prerequisite.

Advanced course work will be tailored to previous experience, and preparation for first-time extramural funding for the fellow is a primary objective of the program. The two-year program is funded by a \$150,000 Institutional Research Training Grant from the Society for Academic Emergency Medicine. Applicants should hold either an MD or PhD, but need not have completed emergency medicine clinical residency training to be eligible. Interested parties are encouraged to contact John Younger, Associate Chair for Research, Department of Emergency Medicine, at jyounger@umich.edu.

John G. Younger, MD
Department of Emergency Medicine
University of Michigan
jyounger@umich.edu
(734) 647-7564
www.sitemaker.umich.edu/younger





Annual Residency Fair Application

Each year SAEM sponsors a Residency Fair in conjunction with the Annual Meeting.
This year the Residency Fair will be held on Saturday, May 16, 2009,
4:00pm – 5:30pm in the Armstrong Ballroom

The Residency Fair will be conducted as follows:

All EM residency programs, both allopathic and osteopathic, are invited to participate in the Residency Fair.

1. In 2008, there were over 97 programs that participated in the Residency Fair.
2. **Each participating program will receive a table that is 6 feet long and 18 inches wide.**
3. The residency program tables will be arranged in rows geographically. Applications received after May 1 may not be assigned to their geographic area.
4. **Because the tables will be in rows, there will not be walls, so there will be no opportunity to have stand-alone exhibits, materials attached to walls, or use of electrical outlets.**
5. The tables may be used to set up a small display, for brochures, or modest giveaways. Programs may bring handouts or brochures or CDs but are not obligated to bring any materials.
6. Each participating program may have **up to 3** individuals staff the program table. These individuals may include the residency director, a chief resident, and/or a faculty member.
7. The students will move around the room talking with the various program representatives.
8. Last year approximately 150 medical students attended the Residency Fair.
9. Upon receipt of the completed application (including payment) participating programs will be listed on the Annual Meeting web site so medical student registrants will know which residency programs will be participating.
10. Programs may set up for the Residency Fair beginning at 3:00 pm on May 16. The Residency Fair will be held at 4:00-5:30 pm.

The registration fee for the Residency Fair is only \$75 per program until April 10. The registration fee after April 10 is \$100, and the registration fee after April 20, including on-site registrations on May 16th is \$150. The registration form is used to cover the cost of table rental and refreshments for the participants.

Complete the application below and send it to jennifer@saem.org or via fax to 517-485-0801 or mail it to SAEM, 901 North Washington Avenue, Lansing, MI 48906.

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

Name of residency program: _____

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

- | | |
|----------------|-----------------------|
| 1. Name: _____ | E-mail address: _____ |
| 2. Name: _____ | E-mail address: _____ |
| 3. Name: _____ | E-mail address: _____ |

Name of person completing this form: _____

E-mail address of person completing this form: _____

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

Name as it appears on card: _____





Chief Residents Forum Schedule - Friday, May 15, 2009

SAEM Annual Meeting in New Orleans

7:30-8:00 am	Continental Breakfast
8:00-8:10 am	Welcome Jeff Druck, MD, University of Colorado
8:10-9:00 am	Leadership Management Role Carey Chisholm, MD, Indiana University <i>This session will discuss how leadership traits and management skills can be learned, developed, and used to maximize your effectiveness as chief resident.</i>
9:00-10:00 am	Communication as a Key to Leadership Success Jim Adams, MD, Northwestern University <i>Communication is a key element of success in any leadership role. Participants will be provided with concrete examples of a "communication skill set" that will enable them to improve in their role as intermediary between faculty and residents.</i>
10:00-10:15 am	Break
10:15-11:00 am	Work Life Balance Sheryl Heron, MD, Emory University <i>The participant will be able to discuss how other elements of life affect work function and ways to weigh competing interests.</i>
11:00 am-12:00 pm	How to Enter Academic Emergency Medicine Gail D'Onofrio, MD, Yale University
12:00-1:15 pm	Lunch with Program Directors
1:15-2:45 pm	Solving Problems as Chief - An Interactive Workshop Diane Birnbaumer, MD, UCLA Harborview Susan Promes, MD, UCSF Mary Jo Wagner, MD, Synergy Medical Education Alliance
2:45-3:00 pm	Break
3:00-4:00 pm	Problem Resolution from Former Chief Residents <i>Panel Discussion of former Chief residents</i>
4:00-5:00 pm	Networking Time

Rev 20 Feb 2009.
Schedule subject to changes.
See latest revision online at www.saem.org.

(Continued from Page 8)

leadership/officer roles in the SAEM IG/Committee/Task Force structure and within the Society for Simulation in Healthcare's EM Special Interest Group (which draws heavily from SAEM membership). These appointments will remain in effect at least for the first transitional year of Academy operation—the first election cycle is planned to coincide with a future SAEM Annual Meeting, likely May 2010.

I am VERY pleased to announce that Rosemarie Fernandez will serve as the Academy's inaugural Chair for 2009-2010. Rose has worked tirelessly on behalf of SAEM Simulation and we look forward to her leadership—congratulations Rose!! Here's a listing of the initial Academy leadership team:

Chair	Rosemarie Fernandez, MD
Vice Chair	Haru Okuda, MD
Vice Chair	John Vozenilek, MD
Treasurer	Ernest Wang, MD
Secretary	Mike Smith
Newsletter Editor	Chris Strother

Panel Member	Steve McLaughlin, MD
Panel Member	William Bond, MD
Panel Member	Leo Kobayashi, MD
Panel Member	James Gordon, MD
Panel Member	Linda Spillane, MD
Panel Member	Andy Godwin, MD

We will have an Academy "kick-off" meeting together with the final Tech in Med Ed Committee and Sim IG meeting as a unified/transitional whole at the SAEM Annual Meeting in New Orleans on Sunday May 17, 2008, from 8:00-9:30 (Cornet Room-8th Floor), just prior to the AEM Sim Consensus Conference 1 year followup session 9:30-10:30. Look forward to seeing you all there.

This is a wonderful step forward, congratulations and many thanks to you all!





Medical Student Symposium - 2009 May 16

SAEM Annual Meeting in New Orleans

The Medical Student Symposium is intended to help medical students understand the residency and career options that exist in Emergency Medicine, evaluate residency opportunities, and select the right residency. At the completion of the session, participants will: 1) know the characteristics of good emergency physicians and the "right" reasons to seek a career in this specialty, 2) have a better understanding of the application process, 3) Consider factors important in determining the appropriate residency, including geographic locations, patient demographics, length of training, etc. 4) understand the composition of an emergency medicine rotation and what to expect while they are rotating in the ED, 5) discuss the skills needed to get the most out of your educational experience in the ED rotation, 6) identify the standard sources of information in the field of emergency medicine 7) have an appreciation of various career paths available in Emergency Medicine, including academics, private practice, and fellowship training, and 8) discover current areas of research in Emergency Medicine.

8:00-8:10 am

Introduction

Terry Kowalenko, MD University of Michigan

8:10-8:50 am

Is Emergency Medicine the Right Specialty for Me?

Joshua Wallenstein, MD Emory University

The speaker will discuss the attributes and personality traits of a successful Emergency Physician. What should students expect in residency and beyond? What are the positive and negatives of the specialty? Students will have a better idea if Emergency Medicine is the right specialty for them.

8:50-9:30 am

Getting the Most Out of Your Clerkship

Gus Garmel, MD Stanford University/Kaiser Permanente

This session will provide students with valuable tips for getting the most from your Emergency Department Clerkship. Specific topics to be discussed will include: 1) appropriate educational goals for an emergency medicine rotation; 2) how to best prepare for your rotation in order to make the most of your ED experience; 3) recommended textbooks and references; and 4) important considerations when and where to do your emergency medicine rotate.

9:30-10:00 am

How to Select the Right Residency for You

Annie Sadosty, MD Mayo Clinic

An overview of EM residency programs will be discussed. Important factors to consider in the selection process including length of training (3 vs. 4 years), geographic location, patient demographics, urban vs. suburban, allopathic vs. osteopathic and academic vs. clinical will be reviewed. How does a candidate gauge the reputation of a program?

10:00-10:15 am

Break

10:15- 10:45 am

The Medical Student Performance Evaluation (MSPE)

"The Dean Letter" David Seaberg, MD University of Tennessee

The speaker, an Emergency Medicine physician and Dean, will review the components of the MSPE. Medical school deans adapt the MSPE template to prepare your Dean's letter. What is MSPE? What is the role of the MSPE in the residency process? How can you take a proactive role in your MSPE?

10:45-11:15 am

Navigating the Residency Application Process

Micelle Haydel, MD Louisiana State University

This presentation will provide students with tips on how to prepare their ERAS application. How many letters of recommendation and from whom? What volunteer and work experience should appear on the application? Tips for the Personal Statement and more. The candidate will have a much better idea of what a well written application should look like.



11:15-11:45 am

The Interview

Jamie Collings, MD Northwestern University

The speaker will explain the importance of the interview. How should a student prepare; what should he/she wear; what are appropriate questions to ask programs, etc? What are some questions the candidate should be prepared to answer? What should the candidate do after the interview? How do you follow up with your top programs? Students should have a better idea of how to prepare and what to expect at an interview.

11:45 am-1:15 pm

Lunch with Program Directors

1:15-1:45 pm

Career Paths and Prospects in Emergency Medicine

H. Gene Hern Jr, MD Highland Hospital

This session will expose students to a variety of career paths including private practice, academics, and dual training (EM-IM/EM-PEDS/FP) as well as fellowship training. The speaker will touch upon elective/career opportunities such as research, EMS, Wilderness Medicine, Rural EM, International Medicine, among others.

1:45-2:15 pm

Assessing Your Competitiveness as an Emergency Medicine Applicant and the Competitiveness of Programs

Chris Ghaemmaghami, MD University of Virginia

This session will help applicants better understand what PD's are looking for so that they can assess their own competitiveness when applying for EM residency programs. How important are USMLE scores? Do I need to be AOA or have "Honors" on my EM rotations? These and other potential predictors of success as a resident will be discussed. The speaker will also give some insight into how applicants can find out how competitive they are for individual programs. What should you be asking?

2:15-2:30 pm

Break

2:30-3:30 pm

Small Group Break-Out Sessions

- **Balancing Act** - Charlene Babcock Irvin, MD St. Johns Hospital
This session will discuss how to optimize your career and personal life.
- **Financial Planning** - Dave Overton, MD Michigan State University - Kalamazoo
This session will review practical tips on financial issues for students and residents. The speaker will address issues such as insurance coverage, loans, college expense planning, goal-setting and retirement.
- **Optimizing your 4th Year** - Douglas Ander, MD Emory University
This session will provide students with recommendations for making the most of their senior year including information about EM and other electives, research experience, and when to take their Board exams.
- **Medical Schools without Residencies** - Patricia Lanter, MD Dartmouth University
This Q&A session will help guide medical students from medical schools without EM residencies through the complicated maze that leads to a residency and career in EM. It will specifically address how this process differs from those students with an EM residency at their medical school.
- **Osteopathic Students and Programs** - Greg Garra, DO Stony Brook University
This session will be geared toward the Osteopathic medical student. The speaker will discuss the differences between Osteopathic and allopathic programs. There will be plenty of time for questions.

3:30-4:00 pm

Resident Panel

This will be a Q & A session for students to ask residents from different programs and levels questions regarding residency and the application process.

4:00-4:15 pm

Closing Comments

Terry Kowalenko, MD University of Michigan

4:30-6:30 pm

Residency Fair

Rev 20 Feb 2009.
Schedule subject to changes.
See latest revision online at www.saem.org.

The 2009 NRMP Match in Emergency Medicine

Louis Binder, MD, Scranton, Pennsylvania
 Professor of Medicine (Emergency Medicine), The Commonwealth Medical College

The results of the 2009 NRMP Match became final on March 19, 2009. Emergency Medicine residency programs offered a total of 1515 entry level positions (6% of total positions in all specialties). The following numbers (taken from the 2009 NRMP Data Book) include information from all programs that entered the 2009 Match:

	2007	2008	2009
Total # of NRMP positions	24,685	25,066	25,185
Overall % of positions unfilled	6.2%	5.6%	4.6%
Number of EM programs listed	138	141	147
	(127 PG1, 9 PG2)	(133 PG1, 8 PG2)	(141 PG1, 6 PG2)
Total PG1/PG2 entry positions	1385	1475	1515
	(1288 PG1, 97 PG2)	(1399 PG1, 76 PG2)	(1472 PG1, 43 PG2)
EM positions/total NRMP positions	5.6%	6.0%	6.0%
# EM programs with PG1 vacancies	2/127 (1.6%)	11/133 (7.5%)	5/141 (3.6%)
# unmatched EM PG1 positions	6/1288 (0.5%)	29/1399 (2.1%)	13/1472 (1%)
# EM programs with PG2 vacancies	1/9 (11%)	1/8 (12%)	0/6 (0%)
# unmatched EM PG2 positions	1/97 (1%)	1/76 (1%)	0/43 (0%)
Total # EM programs with vacancies	3/136 (2.2%)	12/141 (9%)	5/147 (3%)
Total # unmatched EM positions	7/1385 (0.5%)	30/1475 (2%)	13/1515 (1%)

Applicant Pool Data

Applicants who ranked only EM programs:

	2007	2008	2009
US graduates	1105	1125	1167
Independent applicants	385	317	457
Total applicants	1489	1442	1624

Applicants who ranked at least one EM program:

	2007	2008	2009
US graduates	1140	1239	1324
Independent applicants	584	606	684
Total applicants	1724	1845	2008

US seniors applying only to EM Programs who went unmatched 78/1105 (7.1%) 36/1071 (3.4%) 64/1167 (5.9%)

Independent applicants applying only to EM programs who went unmatched 150/384 (39%) 117/371 (32%) 181/457 (40%)

Percent of matched US seniors who matched in EM residencies 1027/16,262 (6.3%) 1128/16,412 (7%) 1171/16,611 (7%)

Breakdown of filled EM positions by type of applicant:

	2007	2008	2009
PG1 EM positions	1288	1399	1472
Filled by US graduates	1027 (80%)	1083 (77%)	1146 (98%)
Filled by independent applicants	255 (19.5%)	287 (21%)	313 (21%)
Total filled	1282 (99.5%)	1370 (98%)	1459 (99%)
PG2 EM positions	97	76	43
Filled by US graduates	77 (79%)	45 (59%)	25 (58%)
Filled by independent applicants	19 (20%)	30 (39%)	18 (42%)
Total filled	96 (99%)	75 (99%)	43 (100%)
Total EM positions	1385	1475	1515
Filled by US graduates	1104 (79%)	1128 (76%)	1171 (77%)
Filled by independent applicants	274 (20%)	317 (21%)	331 (22%)
Total filled	1378 (99%)	1445 (98%)	1502 (99%)

** For PG1 filled entry positions (1472), 1146 (78%) were filled by US seniors, 57 were filled by US physicians, 163 by osteopathic physicians, 70 by US international medical graduates, 20 by international medical graduates, 1 by Canadian physicians, and 2 by Fifth Pathway graduates.



We Call it Living *Listed as One of the Best Places to Live*

Carilion Clinic headquartered in Roanoke, Virginia is seeking full-time clinical faculty for our Department of Emergency Medicine and anticipated Emergency Medicine Residency Program starting in 2010. Candidates must be EM trained and ABEM certified. Successful candidates must possess impeccable clinical skills, a demonstrated track record of academic productivity and excellence in clinical education. Salary and benefits are excellent with protected time for administration, research and teaching. We are particularly interested in candidates with experience or training in the following areas:

- EMS Research and Direction
- Toxicology
- Education Research and Innovation
- Health Services Research/Public Health

Financially sound and nationally ranked Carilion Clinic is the largest not-for-profit integrated health system in southwest Virginia with:

- 8 hospitals
- 85+ clinics
- 8 residency programs
- 3 fellowship programs affiliated with the University of Virginia and VCOM

Carilion Clinic has embarked upon a bold initiative to transform a traditional healthcare system in to a multi-specialty physician led clinic model. Carilion is expanding its commitment to medical education with the development of multiple new fellowships and the establishment of a clinical research institute in collaboration with Virginia Tech. The Virginia Tech Carilion School of Medicine is slated to open in the Fall, 2010 in Roanoke on the Carilion Clinic main campus.

Carilion Roanoke Memorial Hospital, an 825-bed teaching/tertiary care referral center is one of the largest and busiest Level 1 trauma centers in Virginia. The facility serves over 1.5 million in southwest, Virginia and has recently expanded and renovated the ED to over 100,000 square feet and provides 60+ beds plus a separate Peds ED with Peds EM Faculty. Volumes average 75,000 non-urgent care visits (12,000 pediatrics), and a combined visit with urgent care to over 100,000 visits annually. Our Department of EM has an excellent education environment with resident and medical student lecture series and grand rounds, as well as an active US program and advanced simulator and procedure curriculum for our state of the art Center for Experiential Learning/ Simulation Center.

Roanoke, Virginia has been voted an "All America City" five times with a population over 300,000 and is located at the southern tip of the Shenandoah Valley surrounded by the Blue Ridge Mountains.

This employed position offers a competitive salary with a 2-tier bonus plan, 10% shift differential 7p-7a, relocation, paid malpractice and a comprehensive benefits plan.

For more information, contact Andrea Henson at 800-856-5206 or ahenson@carilion.com.

EOE



CARILION CLINIC

www.CarilionClinic.org

EMORY DEPARTMENT OF EMERGENCY MEDICINE



Bring your skills in diagnosis, healing, and teaching to Emory, one of Emergency Medicine's largest and best programs. We invite you to apply for the following opportunities:

Academic Practice:

If you are an outstanding clinician and love to teach, you should contact us.

We also offer specific opportunities in clinical neuroinjury, clinical administration and clinical research.

Community Practice:

We are expanding our practice to Emory-affiliated hospitals in the Atlanta suburbs. This creates a unique opportunity for outstanding emergency physicians to combine community EM practice with an academic Department of Emergency Medicine.

Chief of Service & Medical Director Emory University Hospital

We offer an outstanding leadership opportunity at one of "America's Best Hospitals". A busy University hospital ED with a complex high-acuity patient population, the Medical Director will be responsible for clinical operations, interface with nursing and hospital leadership, performance improvement processes, program development, facilities planning, clinical research and teaching, and portions of our faculty development program.

Fellowship Opportunities:

Emory offers an exceptional environment for post-residency training. We invite applications for the following fellowships: Emory/CDC Medical Toxicology, Pre-Hospital and Disaster Medicine, Clinical Research, Injury Prevention & Control, Neuroinjury, Ultrasound, Observation Medicine and Biomedical Informatics.

We offer competitive salaries and benefits. Applicants for these positions must be residency trained and/or board certified emergency medicine. Emory is an equal opportunity, affirmative action employer. Women and minorities are encouraged to apply. For more details on our opportunities, visit us at www.emory.edu/em or contact: Katherine Heilpern, M.D. Chair, Department of Emergency Medicine, 531 Asbury Circle, N340, Atlanta, Georgia, 404-778-5975. CV's can be sent to pbokros@emory.edu.





**EMERGENCY MEDICINE FACULTY POSITIONS AT BROWN UNIVERSITY,
RHODE ISLAND HOSPITAL, and THE MIRIAM HOSPITAL**

The expanding and developing Department of Emergency Medicine at the Alpert Medical School (AMS) of Brown University and the University Emergency Medicine Foundation (UEMF) has openings for 2 full-time Instructor/Assistant Professors and 3 Clinician Educator positions. This is an outstanding opportunity to join a well-established 73-member academic emergency medicine group with a highly competitive 4-year emergency medicine residency program and departmental status in the AMS. Candidates should have a defined scholarly interest and previous productivity in an area of emergency medicine research, education or clinical operations.

Minimum requirements: Completion of an ACGME-approved Emergency Medicine residency; ABEM certified or eligible; meet requirements for and obtain Rhode Island Medical Licensure and clinical privileges in Emergency Medicine at Rhode Island Hospital/Hasbro Children's Hospital and The Miriam Hospital.

Instructor/Assistant Professor Position requirements: Previous academic & scholarly work and productivity in emergency medicine; Defined research area of focus with previous publications and grant funding, or defined area of expertise and productivity in graduate or undergraduate emergency medicine education.

Clinician Educator Requirements: Excellent clinical EM skills and strong teaching portfolio and/or interest and skills in ED operations.

UEMF provides ED staffing to:

- **Rhode Island Hospital** (100,000 adult visits yearly), Southeastern New England's only Level I trauma center.
- **Hasbro Children's Hospital** (50,000 visits yearly), the region's only ED dedicated to pediatrics.
- **The Miriam Hospital** (50,000 visits yearly) a Solucient Top 100 hospital for cardiovascular care.

CV's should be sent to:

Brian J. Zink, M.D.

Professor & Chair, Department of Emergency Medicine

Rhode Island Hospital/The Miriam Hospital

593 Eddy Street, Claverick Building, 2nd Floor

Providence, RI 02903

Applicants may also apply by email: bbordieri@lifespan.org

Review of applications will begin immediately and continue until the positions are filled or the search is closed. University Emergency Medicine Foundation, an EEO/AA employer, actively solicits applications from women, minority and protected groups. It is the foundation, not Brown University, that is recruiting candidates.



Faculty Department of Emergency Medicine

The Department of Emergency Medicine of the Henry Ford Health System is seeking board certified/ prepared emergency physicians to join the faculty of our Emergency Medicine Residency Program. The successful candidate will join our staff of 30 full-time faculty involved in teaching and research. The Emergency Medicine residency program is in its 32nd year and has a total of 53 residents in three tracks including EM, EM/IM, and EM/IM/Critical Care. We have an active research division with NIH funding that focuses on sepsis, the emerging role of biomarkers, neurologic emergencies including stroke, hemorrhage, seizure, and brain injuries. This ED is the birthplace of early goal directed therapy.

The Henry Ford Hospital Emergency Department is an urban, level 1 trauma center with over 90,000 patient visits per year. Our facility has 80 rooms including a 16 bed emergency critical care unit. The Henry Ford Health System is known for its comprehensive, system-wide, electronic medical record (EMR). The Emergency Department is paperless and is fully integrated into the system's EMR.

Henry Ford Health System is an integrated health system that includes 25 medical centers and six hospitals. It is the largest health system in Southeast Michigan (population approaching 5 million). The Henry Ford Hospital is a 750 bed facility serving as the flagship of the system.

Qualified candidates must have a strong interest in furthering the academic mission of the department through research and education. We offer a highly competitive salary and excellent benefits. Please forward your CV for consideration to Scott Johnson, Physician Recruiter. Email: sjohns10@hfhs.org or fax to (313)874-4677.

AA/EEO



**ACADEMIC EMERGENCY MEDICINE FACULTY
PEDIATRIC EMERGENCY MEDICINE FACULTY**

The University of Florida Department of Emergency Medicine in Gainesville is seeking multiple full-time board certified/prepared emergency physicians as well as individuals who are board certified/prepared in pediatric emergency medicine to join our practice at the Shands Teaching Hospital at the rank of non-tenured Assistant/ Associate Professors. Successful candidates will join our current group of 20 full time faculty that will be expanding to provide clinical services in our new state of the art 61 bed ED and trauma critical care center scheduled to open in November 2009. The department also provides high volume pediatric emergency care coverage that extends to several counties surrounding the Gainesville area. Our 3 year emergency medicine residency program supports 24 residents and, along with our undergraduate medical education program, is central to our teaching efforts. There are significant opportunities for research along with the added benefits of collaborative opportunities throughout the college of medicine and institutes on the contiguous University of Florida campus.

Shands at UF in Gainesville is the hub of a multi-hospital network and has become one of the busiest level 1 trauma centers in the State of Florida. The Department provides medical direction for county EMS, hospital operated ground based, helicopter and fixed wing medical transports as well as medical direction and support for NASA activities. Qualified candidates must have a strong desire to support the academic mission of our Department through teaching and research. Our negotiable salary and benefits structure is highly competitive. Gainesville is a superb award winning college town! Positions will post until an applicant pool has been established. The review of applications will begin May 15, 2009. For more information, please visit our website at <http://emergency.med.ufl.edu>

Please send CV and cover letter to:
Donna Carden, M.D., Professor and Search Committee Chair
Department of Emergency Medicine
University of Florida
P O Box 100186
Gainesville, FL 32610-0392
dcarden@ufl.edu

Women and minorities are encouraged to apply.
The University of Florida is an Equal Opportunity Employer



**Vice Chair of Clinical Operations
Department of Emergency Medicine**

The Department of Emergency Medicine at The University of Rochester Medical Center is recruiting for a Vice Chair of Clinical Operations.

The Department currently has 37 EM faculty members, 9 PEM Faculty, 44 residents and fellows. Our 95 bed ED has trauma, fast-track and psychiatric emergency areas, a 36 bed Observation Unit and Pediatric ED. URMC is a tertiary care referral center with an annual census of 100,000 visits. We are a level I trauma center and a JCAHO primary stroke center with a state of the art Neuroendovascular program.

The successful candidate will be an individual with demonstrated interest in clinical practice and its administration, as proven by prior performance. EM residency-training and NYS medical license eligibility required. URMC offers excellent benefits and a competitive salary commensurate with experience.

Rochester, NY is located in the beautiful Finger Lakes region in the heart of the lake and winery country. It is a family friendly community with several thousand college students and endless opportunities to engage in outdoor sports, the arts, and music.

For more information or to apply, please contact:

Latha G. Stead, MD, FACEP
Professor & Chair, Department of Emergency Medicine
University of Rochester School of Medicine & Dentistry
601 Elmwood Avenue, Box 655A, Rochester, NY 14642
latha_stead@urmc.rochester.edu

**CHIEF – DIVISION OF EMERGENCY MEDICINE
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER
AT SAN ANTONIO**

The University of Texas Health Science Center - San Antonio (UTHSCSA) Division of Emergency Medicine is seeking applications for the position of Chief of Emergency Medicine. UTHSCSA is in the process of developing an emergency medicine residency program for year 2011. The program will be based at University Hospital, a 400 bed tertiary care hospital with a Level I Trauma Center. The 55 bed Emergency Center at University Hospital currently provides care for over 65,000 patient visits per year. UTHSCSA is constructing a new state-of-the-art research and clinical facility (opening in 2009) and University Hospital will open a new Emergency Center in 2012. The Division of Emergency Medicine is seeking a leader in academic emergency medicine with an interest in building a department and developing a residency program. The successful candidate will join a faculty of 15 emergency physicians. An ideal candidate would be an innovative academic physician at the professor or associate professor level with a proven record of clinical, research and educational program oversight. Rank and salary will be commensurate with experience. Candidates should have leadership experience in a university hospital setting and excellent communication skills. Candidates are invited to send their curriculum vitae to: Ronald M. Stewart, M.D., The Jocelyn and Joe Straus Endowed Chair in Trauma Research Professor and Interim Chairman, Department of Surgery, 7703 Floyd Curl Drive, MS 7840, San Antonio, TX 78229-3900. Telephone: (210)567-5705, FAX: (210)567-3447. 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.

**Olive View – UCLA Medical Center
Sylmar, California**

Olive View-UCLA Medical Center is offering a full-time faculty position with UCLA appointment. We are a Los Angeles County facility, a primary UCLA teaching hospital, and an equal partner in the UCLA EM residency.

Applicants should be BC/BP in EM with demonstrated academic interests. We are especially seeking ultrasound and/or simulation expertise. We have a well-funded research program with statistical support and research assistant staff.

Join a progressive department with protected time for career development, a friendly environment, a highly competitive salary/benefit package, a modern facility, and a desirable southern California location.

Send CV to: David Talan MD, Chairman, Dept. of Emergency Medicine, Olive View-UCLA Medical Center, 14445 Olive View Drive, North Annex, Sylmar, CA 91342; 818/364-3107; dtalan@ucla.edu.





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

The Department of Emergency Medicine at the Brody School of Medicine at East Carolina University is expanding its faculty. We are seeking BC/BP emergency physicians for tenure or clinical track positions at the rank of assistant professor or above, depending on qualifications. Our current faculty possesses diverse interests and expertise leading to extensive state and national-level involvement. Through this expansion we hope to increase our depth and further develop programs in clinical toxicology and clinical research, and our cadre of clinician-educators. The emergency medicine residency is well-established and includes 12 EM and 2 EM/IM residents per year. We treat more than 83,000 patients per year in a state-of-the-art ED at Pitt County Memorial Hospital. PCMH is a rapidly growing level I trauma, cardiac and regional stroke center. Our tertiary care catchment area includes more than 1.5 million people in eastern North Carolina, many of whom arrive via our integrated mobile critical care and air medical service. Greenville, NC is a livable, family-oriented university community located ninety minutes from the Crystal Coast. Cultural and recreational opportunities are abundant. Compensation is competitive and commensurate with qualifications; excellent fringe benefits are provided. Successful applicants will possess outstanding clinical and teaching skills and qualify for appropriate privileges from ECU Physicians and PCMH. Screening begins July 1 and will remain open until filled.

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

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

www.ecu.edu/med www.uhseast.com

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

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

University of Alabama at Birmingham (UAB) is a major academic research medical center with over \$440 million in NIH and other extramural funding. The Department of Emergency Medicine is a site for the NIH-funded Resuscitation Outcomes Consortium (ROC) and the Protocolized Care of Early Sepsis Shock trial (ProCESS). The Department also coordinates activities of the multidisciplinary Center for Emerging Infections and Emergency Preparedness. The Department has been highly successful in developing extramural research support in this warmly collaborative institution.

The UAB Hospital is a 930-bed teaching hospital. The ED treats over 60,000 patients annually and is the only Level I Trauma Center in Alabama. The Department is the site of a PGY 1-3 Residency Program.

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


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

Department Head

Regions Hospital in St. Paul, Minnesota, is a nationally recognized Level I trauma/Level I burn center with an annual ED volume of 67,000 and an accredited EM residency. Regions is part of the HealthPartners care system, which includes a multi-specialty medical group, primary and specialty clinics, and health plan.

This highly visible leader provides physician direction to the ED in physician recruitment, program development, quality improvement, budget oversight and academic activities, and in the development and delivery of comprehensive EM services in the Twin Cities and neighboring western Wisconsin communities. The Department Head serves as a member of the core faculty for the Department of EM at the University of Minnesota Medical School.

Qualified candidates must be EM residency trained and ABEM certified. Requires a strong communicator with proven leadership and management skills, a commitment to teaching and research, and eligibility for academic appointment to the U of MN faculty. Current Level I trauma facility work experience preferred. Email CV and cover letter to sandy.j.lachman@healthpartners.com or call (952) 883-5338 or (800) 472-4695 x2 for details. EO Employer



www.healthpartners.com www.regionshospital.com

DEPARTMENT OF EMERGENCY MEDICINE
SCOTT & WHITE AND TEXAS A&M COM
CENTRAL TEXAS

Scott & White and Texas A&M University College of Medicine are currently seeking outstanding physicians BC/BE in Emergency Medicine to join its Department of Emergency Medicine in Temple, TX. The state-of-the-art Emergency Department was recently completed as part of a new Center for Advanced Medicine and includes a 44-bed emergency department. As the only Level I Trauma department in Central Texas, the department evaluates and treats 75,000+ patients annually. The department presently consists of 16 full-time faculty physicians, committed to quality care delivery enhanced by resident and student education. This includes a fully accredited Emergency Medicine Residency Program with 31 residents. The department will play a critical role in the vision of the institution to grow both its clinical services and academics. Academic appointment and rank is commensurate with experience and qualifications.

Scott & White is the largest multi-specialty practice in Texas, with more than 700+ physicians and research scientists who care for patients at Scott & White Memorial Hospital in Temple and within the 20+ regional clinic system networked throughout Central Texas. Led by physicians with a commitment to patient care, education and research, Scott & White is listed among the "Top 100 Hospitals" in America and serves as the clinical educational site for The Texas A&M University College of Medicine. Additionally, the +250,000-member Scott & White Health Plan is the #1 health plan in Texas. For more information on Scott & White, please visit our web site at www.sw.org

Scott & White offers a competitive salary and comprehensive benefit package, which begins with four weeks vacation, three weeks CME and a generous retirement plan.

For additional information, please call or send your CV to:

C. Keith Stone, MD, Professor and Chairman
Department of Emergency Medicine
c/o Jason Culp, Physician Recruiter
Scott & White Clinic
2401 S. 31st St.
Temple, TX 76508
(800) 725-3627
jculp@swmail.sw.org
EOE



UNIVERSITY OF IOWA HOSPITALS AND CLINICS
PATIENT-FOCUSED, ACADEMIC MEDICAL CENTER

The Department of Emergency Medicine at the University of Iowa is currently seeking qualified candidates to join its faculty at all levels. Tenure-track or clinical-track appointments are available depending on academic interest.

Candidates must be EM residency trained, board eligible or board certified, with minimum 3 years of EM training or experience. Senior faculty must possess impeccable clinical skills, show evidence of strong organizational and leadership skills, a demonstrated track record as a Clinician Educator with a strong commitment to medical education and clinical excellence. Desirable qualifications include administrative experience in emergency medicine, EM residency, EM-PA residency programs; teaching experience in the medical sciences at post graduate level; previous flight physician experience (3+ yrs); research experience in emergency medicine or health sciences.

University of Iowa Hospitals and Clinics, a Level 1 trauma center, is an expanding 700-bed regional referral and academic medical center. The recently expanded and renovated ED features 28 private patient rooms, three major critical care rooms, three specialized trauma areas and a separate Peds ED area. State-of-the-art patient care and teaching technologies ensure patient focused, family-centered care. ED volumes average 60,000 visits annually.

The University offers a highly competitive compensation/benefits package and exceptional opportunities for career development and advancement.

To apply: visit <http://jobs.uiowa.edu>, requisition # 56564 (faculty).
For more information contact: Candace-barnhill@uiowa.edu.

The University of Iowa is an affirmative action, equal opportunity employer. Women and members of minority groups are encouraged to apply. Applicable background checks will be conducted on final candidates.

(Continued from Page 28)

From these data, several conclusions can be drawn:

1. Emergency Medicine experienced a historically modest increase of 40 entry level positions in the 2009 Match over 2008 Match numbers (a 3% increase, compared with 9% last year), occurring from quota increases occurring in EM 1-3 programs, and from six new program in the EM match. Emergency Medicine continues to comprise 6 percent of the total NRMP positions and 7% of matched US seniors.

2. Using the higher demand figures (applicants ranking at least 1 EM program), the overall demand for EM entry level positions increased 7% among U.S. Seniors applying to EM programs, and demand from other categories of applicants increased significantly (78 applicants, or 15%). The excess applicant demand over and above the size of the training base is 109 to 493 applicants (7% to 33% surplus), depending on how the parameters of the applicant pool are determined.

3. The proportions of EM positions filled by US seniors versus Independent Applicants (US graduates, Osteopaths, and International Medical Graduates) remained similar in 2009 compared with 2008 and 2007. In 2009, 77% of EM entry positions were filled with US graduates, which is a comparable percentage with recent years.

4. A small increase of 40 in the supply of EM entry level positions in 2008, coupled with a very large increase in demand among U.S. Seniors and a steady demand from other categories of applicants, resulted in an increase in the fill rate for EM programs in 2009 (99%) versus 2008 (98%). The cumulative effect of these three trends was also manifested by a decreased number of unfilled EM positions in the Match (13 in 2009, versus 30 in 2008). By historical trends and supply/demand considerations, 2009 was a "seller's year" - a small increase in the supply of EM positions, paired with a large increase in the applicant pool, led to a higher fill rate for EM programs and a higher unmatched rate for applicants.

5. The unmatched rate of 7% for US seniors, and 40% for Independent Applicants going into EM, continue to support the notion that most US seniors and Independent Applicants who apply will match into an EM residency.

CLASSIFIEDS

Bokamoso Hospital and Vanderbilt University:

The Department of Emergency Medicine at Vanderbilt University and Bokamoso Hospital in Gaborone, Botswana, are partnering to offer a unique position for an emergency physician with global health interests. Bokamoso opens in November 2009 and has been designed to deliver state-of-the-art medical and trauma care with American standards. This position includes clinical work, training and supervision of healthcare workers, and participation in Vanderbilt's International Health Program. This full-time position is 100% based in Gaborone, a stable and livable capital city, and offers a competitive salary, transportation costs, and a housing/food allowance. Contact Seth Wright, MD at seth.wright@vanderbilt.edu or 615-936-0075.

Wright State University Boonshoft School of Medicine Department of Emergency Medicine

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

New Jersey

Newark Beth Israel Medical Center
Program Type: EM 1, 2, 3
Program Director: Marc Borenstein, MD, FACEP
Program Contact: Yashonda Thomas, Residency Coordinator
Email: ythomas@sbhcs.com
Fax: 973-282-0562
Department of Emergency Medicine
201 Lyons Avenue D-11
Newark, NJ 07112

Opening: EMR-2 Position available July 1, 2009

Applicants must have completed or be currently enrolled as an EMR-1 resident for the EMR-2 position in an ACGME accredited Emergency Medicine Residency Program that has an EMR 1, 2, 3 format. Applicants without prior EM residency training are not eligible for this position. Applicants must have a solid record of academic and training achievement and be in good standing at their current program. Please email the Program Coordinator, Yashonda Thomas, ythomas@sbhcs.com directly of your interest in this position. Active candidates will be asked to submit a CV, Medical School Transcript, Dean's Letter, USMLE Scores, and two letters of recommendation from your residency program prior to being considered for this position. A letter from your current Program Director acknowledging an intended transfer and verifying your status in the current program is also required prior to being considered for this position.

University of Pittsburgh Department of Emergency Medicine

Offers fellowships in the following areas:

- Toxicology
- Emergency Medical Services
- Research
- Education

Fellows enroll in a Master's level program as a part of all fellowships. We provide intensive training and interaction with the nationally-known faculty from the Department of Emergency Medicine, with experts in each domain. Faculty appointments may be available and fellows assume limited clinical responsibilities in the Emergency Department at the University of Pittsburgh Medical Center and affiliated institutions. We provide experience in basic or human research and teaching opportunities with medical students, residents and other health care providers. The University of Pittsburgh is an Equal Opportunity Employer, and we welcome candidates from diverse backgrounds. Each applicant should have an MD/DO background or equivalent degree and be board certified/prepared in emergency medicine (or have similar experience). Please contact Donald M. Yealy, MD, University of Pittsburgh, Department of Emergency Medicine, 230 McKee Place, Suite 500, Pittsburgh, PA 15213 to receive information.

S
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E
M



Name: _____ Title: _____ Email: _____

Institution address: _____

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

Home address: _____

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

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

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

Membership Benefits Include:

- Subscription to SAEM's monthly, peer - reviewed journal, *Academic Emergency Medicine*
- Subscription to the bi-monthly SAEM Newsletter
- Reduced registration fees to attend the SAEM Annual Meeting

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

Include \$25.00 annual dues for each Interest Group you check (resident members may join one Interest Group at no charge).

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SAEM, 901 N. Washington Ave., Lansing, MI 48906, USA. email: membership@saem.org You may also join at www.saem.org Rev. Date 12/2/2008



Society for Academic
Emergency Medicine
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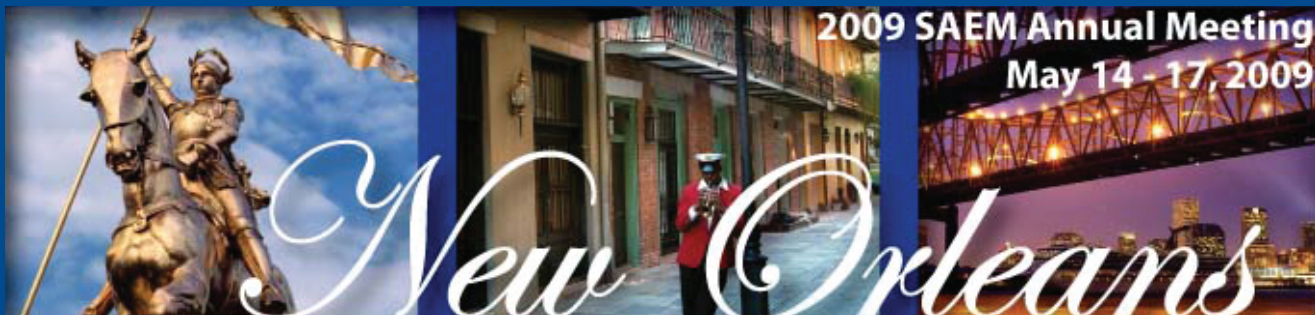
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FUTURE SAEM ANNUAL MEETINGS

2009	May 14 - 17	<i>Sheraton New Orleans, New Orleans, LA</i>
2010	June 3 - 6	<i>Marriott Desert Ridge Resort & Spa, Phoenix, AZ</i>
2011	June 1 - 5	<i>Boston, MA</i>
2012	May 9 - 13	<i>Chicago, IL</i>



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