ARJUN VENKATESH, MD, MBA
Harvard Affiliated Emergency Medicine Residency

ETHICS IN ACTION:
Patient Refusing Medical Treatment

SAEM GRANTS
How to Get Started
SAEM STAFF

Executive Director
James R. Tarrant, CAE
Ext. 212, jtarrant@saem.org

Executive Assistant
Sandy Rummel
Ext. 213, srummel@saem.org

Accountant
Mai Luu, MSA
Ext. 208, mluu@saem.org

Customer Service Coordinator
Michelle Iniguez
Ext. 201, miniguez@saem.org

Grants Coordinator
Melissa McMillian
Ext. 207, mmcmillian@saem.org

Help Desk Specialist
Neal Hardin
Ext. 204, nhardin@saem.org

Web and Information Systems
Jason Smith
Ext. 205, jsmith@saem.org

Marketing & Membership Manager
Holly Gouin, MBA
Ext. 210, hgouin@saem.org

Meeting Coordinator
Maryanne Greketis, CMP
Ext. 209, mgreketis@saem.org

Membership Assistant
George Greaves
Ext. 211, ggreaves@saem.org

Receptionist
Karen Freund
Ext. 201, kfreund@saem.org

SAEM STAFF

SAEM MEMBERSHIP

Membership Count as of October 26, 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,265 Active</td>
<td></td>
</tr>
<tr>
<td>2,938 Resident/Fellow</td>
<td></td>
</tr>
<tr>
<td>118 Medical Students</td>
<td></td>
</tr>
<tr>
<td>76 Young Physician Year 1</td>
<td></td>
</tr>
<tr>
<td>32 Young Physician Year 2</td>
<td></td>
</tr>
<tr>
<td>9 International Affiliates</td>
<td></td>
</tr>
<tr>
<td>26 Emeritus</td>
<td></td>
</tr>
</tbody>
</table>

Total: 5,464

2012 SAEM DUES

<table>
<thead>
<tr>
<th>Category</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>$560</td>
</tr>
<tr>
<td>Associate</td>
<td>$250</td>
</tr>
<tr>
<td>Faculty Group</td>
<td>$495</td>
</tr>
<tr>
<td>2nd yr. Graduate</td>
<td>$460</td>
</tr>
<tr>
<td>1st yr. Graduate</td>
<td>$335</td>
</tr>
<tr>
<td>Resident</td>
<td>$165</td>
</tr>
<tr>
<td>Fellow</td>
<td>$165</td>
</tr>
<tr>
<td>Resident Group</td>
<td>$140</td>
</tr>
<tr>
<td>Medical Student</td>
<td>$140</td>
</tr>
<tr>
<td>Emeritus</td>
<td>$120</td>
</tr>
<tr>
<td>Academies</td>
<td>$100</td>
</tr>
<tr>
<td>Interest Group</td>
<td>$25</td>
</tr>
</tbody>
</table>

International – email membership@saem.org for pricing details.
All membership categories include one free interest group membership.

ADVERTISMENT 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 (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) costs $120

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

We appreciate your proactive commitment to education, as well as to 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 2012 are:

- December 1, 2011 for January/February issue
- February 1, 2012 for March/April issue
- April 1, 2012 for May/June issue
- June 1, 2012 for July/August issue
- August 1, 2012 for September/October issue
- October 1, 2012 for November/December issue
Are you looking for more from SAEM? More news, reminders, updates, and insight? Then become a fan of SAEM’s Facebook page, or follow us on Twitter! Just follow the links on the SAEM homepage to join.

On our Facebook page, you’ll learn about upcoming events, reconnect with colleagues, browse photos and more!

By following SAEM on Twitter, you can join in the conversation on current EM topics, follow links to important resources, and get updated on the latest SAEM news.

SAEM has always been a social group – now you can participate through social media!

---

**SAEM Has Gone Green!**

We have heard the request for SAEM to go “green” and we are listening. As of January 2011, SAEM has taken a step forward in the green movement by delivering the SAEM Newsletter electronically to your email. The electronic newsletter can be downloaded from our website to your laptop, netbook, or iPad to be read wherever you are. Whether on an airplane or sitting at the kitchen counter, members will still have easy access to the newsletter. Also, if you have missed an issue, don’t forget all newsletters are archived on our website at www.saem.org under Publications. The newsletter contains valuable information and we don’t want you to be left out! Make sure you review your profile to ensure SAEM has your email on file.
A wise colleague recently told me “When you feel the sand shifting beneath your feet, readjust your core.” Over the past few months, the SAEM Board of Directors has been discussing how we can be responsive to the evolving needs of our members, yet maintain our core values. To proactively engage in this discussion, we held a “20/20 Vision for Academic Emergency Medicine” meeting at the American College of Emergency Physicians meeting. This was a small but targeted meeting with leaders of academies and academic EM organizations, as well as key representatives for educators and researchers. I’ve also spoken with a decade’s worth of SAEM past presidents to get their views on what SAEM’s value is to its members. These meetings and conversations have all echoed the great importance of SAEM’s core concept of developing and supporting educators, researchers, and administrators in academic emergency medicine.

Our organization does represent a unique and powerful voice within emergency medicine, and we must maintain this independent perspective to protect the core values of academic emergency medicine from getting lost in this rapidly-changing healthcare environment. Practice management and clinical revenue issues are important to the success of academic departments of emergency medicine, but SAEM’s voice ensures that issues like GME funding, developing researchers, and educating medical students and residents remain priorities during these trying economic times. SAEM can also not be “everything to everyone”- we do need to remain true to our mission, but by focusing on our core and continuing to build on our strengths in areas of research and education, we can support our members under our academic emergency medicine umbrella instead of further splintering.

Research is key to SAEM’s core. The Annual Meeting has fostered the creative exchange of ideas and allowed junior investigators a stage to launch their research careers. However, many of our successful mid-career and senior scientists present their research at other specialty society meetings. This decreases our exposure to cutting-edge scientific inquiry and lessens the interactions between senior researchers and budding junior researchers just beginning their scholarly pursuits. For the first time, we will allow top research presented recently at non-emergency medicine meetings to be presented at our Annual Meeting. By doing this, we allow senior investigators to continue to present research to niche societies important to their focused research, but also to come back to emergency medicine. We are also working with our seven academies to increase academic-specific scholarly presentations at the Meeting. The Research Committee is hard at work compiling website materials to help investigators find funding and write grant proposals. SAEM also continues to fund research training grants to build the next generation of researchers. These are just a few of the ways that SAEM will enhance our support to researchers.

Education and training at all levels (medical students through seasoned emergency medicine faculty) is vitally important to SAEM’s mission. Under the leadership of Mike Hochberg, the Program Committee is developing innovative programming for educators, including incorporating more simulation and hands-on activities in didactic sessions, as well as adding critically important topics such as ACGME updates. Thinking “outside the box,” some of our tracks are now being reorganized into day-long events. For example, the chief residents’ forum will continue to spotlight high-quality chief resident-specific didactics throughout the morning culminating in the lunch with program directors; but new programming around resident leadership and academic development will be offered to all residents in the afternoon.

Similarly, a focused junior faculty forum will be offered at the Annual Meeting to give interested attendees some high-impact lectures around faculty development and teaching all within a single day. In addition, the BOD allocated funds this year for an education fellowship, as we are committed to developing the next generation of educators.

By 2020, I’ll have been off the board for many years. I am enjoying my time in this organization, but I am most looking forward to the exciting possibilities of where we will be by then, led by you through your research activities, educational innovations, and commitment to academic emergency medicine.
The Federal Government is faced with a growing deficit, and the Congressional Super Committee has been charged with determining where cuts or automatic reductions will be enacted. One proposal cuts graduate medical education (GME) by thirty percent. With the nation already facing a significant shortage of residency-trained emergency physicians, what effect will a 30-percent reduction have to the nation’s physician-training programs? The American Association of Medical Colleges (AAMC) reports the cut will force teaching hospitals to lay off staff and close training programs.

The Society for Academic Emergency Medicine (SAEM) and the Association of Academic Chairs of Emergency Medicine (AACEM) have joined the American College of Emergency Physicians (ACEP), the American Academy of Emergency Medicine (AAEM) and many other emergency medicine groups in the newly-created Emergency Medicine Action Fund (EMAF). EMAF will not lobby, but will focus on the regulations proposed by agencies to implement laws. One of EMAF’s priorities is advocating against the proposed GME cuts. The AAMC has also reported that:

Because of the concern with likely shortages, the number of medical schools is increasing, and there will be an additional 7,000 graduates every year over the next decade. Still, there can be no substantial increase in the number of residency training positions supported by the federal government. Congress must lift the freeze on Medicare-supported residency positions. Because all physicians must complete three or more years of residency training after they receive an MD degree, Medicare must continue paying for its share of training costs by supporting at least a 15-percent increase in GME positions, allowing teaching hospitals to prepare another 4,000 physicians a year to meet the needs of 2020 and beyond.

A separate AAMC report noted that:

Reducing Medicare GME will worsen the physician shortage and hurt local economies. Proposed GME cuts (60 percent/$60 billion by the Simpson-Bowles Commission; 10 percent/$9 billion by the Obama Administration; and 20 percent/$20 billion by others) will force teaching hospitals to 1) lay off up to 73,000 staff; 2) close training programs; and 3) eliminate services that operate at a loss, including those unavailable elsewhere in the community. GME cuts disproportionately target teaching hospitals, which comprise only 6 percent of all (5,800) hospitals.

Several times I have encouraged SAEM members to reach out to your Congressional Representatives. You have two Senators and a Representative who will be making a decision on how they will vote on budget cuts. They need to hear from academic physicians how devastating an effect cuts to GME funding will have on future access to healthcare. GME cuts could impact the projected shortage of physicians by 2025, currently estimated to range from 90,000 to 130,000. This will continue to coincide with Baby Boomers aging, and their need for care thus increasing patient visits.

Another election year is at hand, and organizations are already sending messages to our representatives. American Association of Retired Persons (AARP) commercials remind Congress that senior citizens earned their Medicare benefits and that 50 million of them will be voting next year. Academic emergency physicians must be heard - inform representatives of the consequences both to the training programs and the care provided by our teaching institutions. Find an hour in your busy schedule and visit your member of Congress in his or her home district office. Encourage your fellow faculty members, residents and medical students, no matter what their political persuasion, to call, write or visit Congressional members. You can talk both with your personal House member and also the House member who represents your hospital or medical school and your patients. The time to take action is now. Call your Senators and Representatives. Leave them a message with your concerns and ask if there is a time you could schedule an appointment. AAMC has background material for your call or appointment. Links are below:

Preserve Medicare Support for Physician Training

Physician Shortages to Worsen Without Increases in Residency Training

One SAEM member recently expressed an interest in running for Congress. This is a much bigger step in the political process than talking with Congressional members; however, more physicians in Congress would bring greater influence to the issues concerning patient care. Although it is unrealistic for most SAEM members to run for Congress, it continues to be important for physicians to talk with members of Congress to communicate their concerns for the quality of patient care, patient safety and access to care.
MEMBER HIGHLIGHT

ARJUN VENKATESH MD, MBA
(BWH-MGH Harvard Affiliated Emergency Medicine Residency, PGY-3)

Dr. Arjun Venkatesh is currently a Chief Resident in Emergency Medicine in the Harvard Affiliated Emergency Medicine Residency at Brigham and Women’s and Massachusetts General Hospitals in Boston, MA. His professional interests in health policy research are highlighted by multiple grants he has been awarded to study variation in emergency care patterns among hospitals and performance measure development. Most recently, he is the recipient of the American College of Emergency Physicians Health Policy Mini-Fellowship to fund work with the National Quality Forum in studying care coordination performance measures. He also serves on the Agency for Healthcare Research and Quality’s Re-Admissions Measures Clinical Review Panel and the AHRQ Healthcare Associated Infection Measure Development Group. Dr. Venkatesh previously served on the AHRQ Prevention Quality Indicators Clinical Review Panel, and is a member of the ACEP Quality and Performance Committee. He has also been actively involved in the Society for Academic Emergency Medicine as a member of the Development, External Collaborations and Grants Committees. Dr. Venkatesh graduated with Research Distinction from the Feinberg School of Medicine at Northwestern University, earned his MBA at the Fisher College of Business at The Ohio State University, and is originally from Dayton, OH. Next year, Dr. Venkatesh has been selected to enter a health policy research fellowship at Yale as a Robert Wood Johnson Clinical Scholar.

STUDY SHOWS NATIONAL USE OF OBSERVATION CARE FOR EMERGENCY DEPARTMENT PATIENTS ON THE RISE

Rising healthcare costs and tight federal budgets have focused the lens on healthcare. One area under significant scrutiny has been “unnecessary” hospital admission and hospital re-admissions, which policymakers view as costly, avoidable and worthy of measurement in the federal Medicare program.

An alternative to the short-stay admission, which has gained increased attention recently, has been the use of observation evaluations. Observation care, which usually utilizes rapid diagnostic and treatment protocols within a 23-hour hospital stay, has been shown to deliver equivalent outcomes to short-stay hospitalizations for numerous conditions, including chest pain, asthma and atrial fibrillation. Researchers at Brigham and Women’s Hospital used data from the National Hospital Ambulatory Medical Care Survey to perform the first nationwide study of observation care after emergency department visits. They found that from 2001 to 2008 there was a three-fold increase in the use of observation evaluations. The study, which was published in the open-source journal PloS One, was made available online this past week.

The study’s lead author, Dr. Arjun Venkatesh, MD, MBA, an emergency medicine resident at Brigham and Women’s, says: “In the past seven years of this national sample, we found that emergency department visits and the use of observation evaluations both had marked increases, while there was a very modest increase in inpatient admissions.” While the study was not designed to identify the cause for this rise in observation evaluations, the authors note that hospital overcrowding, changes in Medicare reimbursement policy, and clinical trials supporting observation care may have all contributed to this rise.

The authors also propose some unique measures of observation utilization, which attempt to describe use of hospital services following emergency department care. Specifically, notes Dr. Jeremiah Schuur, MD, MHS, the senior author of the study: “We found significant variation in the relative use of observation evaluation in comparison to inpatient admissions across clinical conditions, which may be explained by efficient testing and treatment pathways. Observation care is relatively common for certain conditions such as chest pain (14%) or transient ischemic attack (TIA) (13%), while it is low for conditions such as CHF (4%), which lack the same evidence-base to support observation evaluation.” The authors note that metrics such as the observation to admission ratio may be helpful for hospitals attempting to understand the impact of observation care on hospital efficiency and reduce short-stay inpatient admissions at risk of Medicare denials.

Citation: Venkatesh AK, Geisler BG, Gibson Chamber JJ, Baugh CW, Bohan JS, Schuur JD. Use of Observation Care in US Emergency Departments, 2001 to 2008. PLoS ONE, epub (in press)
A 71-year-old Pakistani man presented to the emergency department (ED) complaining of shortness of breath that had progressed over the preceding two days. He had no previous history of this, and, indeed, his only medical history was hypertension, for which he was taking hydrochlorothiazide.

The patient appeared quite concerned about his trouble breathing, and also somewhat uncomfortable. As his oxygen saturation on room air was 90%, he was placed on oxygen soon after arrival, and this made him more comfortable. Despite the fact that he was not feeling better, the patient was pleasant, patient and cooperative during what was a slow evaluation in a busy ED.

During the evaluation, it was determined that the patient lived alone and had never smoked. Though he had a primary doctor, this doctor was in a clinic in a neighboring city, where the patient used to live, and to which he made sporadic returns for check-ups and medication refills. Physical exam revealed rales approximately one-quarter of the way up the lung and congestion, but no infiltrates, on the chest x-ray. After some seven hours in the emergency department, he was diagnosed with new-onset CHF.

In light of the patient’s hypoxia and relatively poor access to follow-up, the emergency medicine resident recommended that the patient be admitted. At this point, the previously co-operative patient became less so. In particular, he refused to be admitted and insisted, albeit calmly, that he needed to leave. The team was somewhat surprised by this change in attitude and attempted to engage the patient on the matter. What was so important that he needed to leave rather than agree to stay, to their great benefit. But useful help can only be offered when the problem is understood. ◗

Yet how could the attending be comfortable that the patient was acting in a rational manner when his decision to leave, with no explanation, seemed so at odds with his decision to seek treatment in the first place. Therefore, despite the fact that the patient indeed seemed entirely lucid, the attending concluded that he was unable to document that the patient had the capacity to sign out AMA and called psychiatry to help assess whether or not the patient in fact had capacity.

Psychiatry arrived, and after a relatively brief discussion with the patient, concluded that he had capacity. Not only did he give no indication of any cognitive problems, but he explained to the psychiatrist why he needed to leave. There was no one at home to feed his dog, and no one he could call to take care of her. Given that this dog was the patient’s only companion, both the team and the psychiatrist felt that choosing to care for her was a reasonable choice for the patient to make, and he was promptly allowed to leave AMA, with the admonition that he should try to find care for his dog so that he could return to the hospital to obtain care for himself.

There are several lessons to learn from this episode. First, a failure to give a reason is not necessarily a failure to have a reason. Second, although psychiatrists are not required to make a determination of capacity, they are often more skilled at uncovering the motives behind actions, motives which, even if difficult to discover, may still be rational. Finally, since most people do have capacity, when a decision to refuse care seems unreasonable, it can be very valuable to look deeper into the matter with sympathy and patience. Although, in this case, discovering the reason the patient wanted to leave simply resulted in everyone being comfortable with his signing out AMA, in other cases, understanding the reason for the patient’s decision can be of great value. Often, the hospital has resources the patient is not aware of to help them deal with problems they believe they need to leave the hospital to deal with. They may not even realize that they can make a phone call, or that the social worker can help track down a neighbor who could care for the dog, but is not answering her phone. When these resources are made available to patients, they often agree to stay, to their great benefit. But useful help can only be offered when the problem is understood. ◗
LOOKING AHEAD TO THE 2012 ANNUAL MEETING

Michael Hochberg, MD
Chairman, Program Committee, SAEM

Greetings and salutations! I use this more formal welcome because it’s the classy thing to do; and really, that’s what the Annual Meeting is all about: not just academic excellence, or state-of-the-art research, or flashy lightning orals, but also the class and grace that come with the subtleties of our specialty. It is easy to shove a chest tube into a patient; it is much tougher to treat patients in the emergency department while maintaining a smile, a warm hand on a shoulder, or an assurance that “all will be well,” especially when surrounded by the frequently malodorous aromas of an ED.

Far too often, the malaise of the daily grind inhibits our ability to celebrate the breath of a new day and dawn; and the daily grind in the ED is one that can be downright depressing at times. It’s not just the stress; it’s not just the volume: it’s the overwhelming sense sometimes that every day is exactly the same. How do you overcome such feelings? How do you fight through those days? Do you indulge in your shenanigan of choice? That’s always important in helping beat back the blues. In the absence of shenanigans, I find that knowing that the work I do has meaning can change my perception of things quite quickly. The Annual Meeting is a celebration of each of us, and what we do, as much as it is an academic showcase.

My name is Michael Hochberg, and I am the Chairman of the Program Committee. I have been given a singular, special mandate: to create a fantastic 2012 Annual Meeting (plus a few other zillion objectives to meet). With luck, we are well on our way. “How so?” you ask?

• **New Junior Faculty Forum** The name may not be snazzy, but surely the concept is clear: supporting the growth of our junior faculty, in particular those early in their careers who are looking for the tools to become success stories in the world of emergency medicine. This is planned for Saturday, May 12, from 8 am to 2 pm. Expect a) talks from leaders in administration, research, and education, focusing on those next steps needed to climb these proverbial ladders; b) a networking lunch with senior faculty mentors; c) an interactive session on finances and productivity.

• **New Resident Leadership Academy (formerly the Chief Resident Forum)** This is a revised and re-imagined Chief Resident Forum, designed to assist both current chief residents and those burgeoning stars in the younger years of residency. Scheduled for Thursday, May 10, from 9 am to 4 pm, the first part of the day (9 am to 1 pm) will focus solely on the chief residents, and is open only to chief residents. This is the Chief Resident Forum you know and love, with that same great networking lunch with former chief residents and program directors from the across the country, but with new topics. The second half (1 pm to 4 pm) is open to all residents (with required pre-registration), including the chiefs, and will focus on the transition from flourishing resident to voice of a generation -- on the national level, at the present time or in the future.

• **More networking events.** We already have our annual reception (Thursday, May 10), networking breakfast (Friday, May 11), Wine and Cheese Poster Sessions (Friday, May 11), and AM coffee (Thursday, May 10 and Saturday, May 12). For this coming year, we also created three NEW one-hour themed networking events on the outside promenade of the hotel. These are mid-day (11 am) on Thursday, Friday, and Saturday, and are designed to maximize mingling between EM experts on a specific topic and any attendee. More info will follow about each day’s theme.

Continued on Page 9
• **New Academy Spotlight Sessions** Each academy owns a special place in the heart and halls of SAEM. The Annual Meeting should reflect their contributions to our society. To that end, each academy (in addition to their yearly business meeting hours and self-organized events), will have a 2-hour spotlight session — highlighting either specific didactics or abstracts or something wholly unique to the individual academy. I can't divulge anything just yet, as the specifics and details are still under wraps.

• **More content hours** Although this may seem slightly strange to you when you attend the meeting, the traditional planning grid we have used for the past several years has been significantly changed. Instead of planning based upon blocks of time, we are focusing on blocks of rooms -- permitting greater flexibility, and allowing for like topics to flow from one to the next. This has opened up more hours for additional content.

• **New hours for the Annual Meeting.** The Annual Meeting will open on Wednesday, May 9 at noon, and will end on Saturday, May 12 at 3 pm. The traditional opening plenary has been moved to late afternoon on Thursday, May 10, right before the opening reception, thus providing everyone a chance to get a flavor of the meeting and then attend the plenary before relaxing and getting reacquainted with friends over a few drinks and good food. Wednesday, May 9 is the same date as CPC and the Consensus Conference, but don't worry: you will not miss anything, as Annual Meeting sessions are dispersed throughout the day. We also realize that Sunday, May 13 is Mother's Day; so Saturday still gives you a full program of content, but at the same time allows you to get home in time to see Mom.

• **New rules for the lightning orals** Same time limit, but now you get to work your dazzling magic without being constrained by a maximum number of slides.

• **Did I mention that Dodgeball will likely be making a return as well?**

All this has been put into motion over the past few months since our triumphant 2011 Annual Meeting, and there is still more being worked out. Perhaps e-posters? An iPhone/Android app? Other special events? Details, details, details! Remember everything above (including dates and times) is still subject to change, but it sure does feel good to get the word out early.

**See you in Chicago!**

- **Michael Hochberg, MD**
  Chairman, Program Committee, SAEM
  Associate Clinical Professor of Emergency Medicine, Drexel University College of Medicine
  Chairman, Department of Emergency Medicine, Saint Peters University Hospital

---

**VIRTUAL ISSUES**

“Virtual Issues” will be a key feature of the journal’s new home page on our publisher’s recently implemented platform, Wiley Online Library (WOL). A virtual issue is basically just a collection of articles on a given topic - so the EMS virtual issue, for example, will be a running compilation of all EMS articles that we publish. The idea is that a reader will go there to look for a particular article, but then will see our other offerings on that topic as well - increasing our full-text download numbers and helping ensure the broadest dissemination of our authors’ work.

The first Geriatrics Virtual Issue is online. Go to the journal’s home page on the WOL platform, see “Special Features” on the left-hand side and click on the feature.


Stay tuned for updates!
HOW TO GET YOUR MEDICAL SCHOOL RESEARCH OR EMERGENCY MEDICINE INTEREST GROUP ACTIVITY FUNDED

Katherine Fellman, MD, MPH
University of Connecticut Emergency Medicine Residency

Medical school is a time full of long hours of work interspersed with periods of exciting choices: What specialty is best for me? Where will I apply for residency? Am I making the right decisions? These questions and more may be on your mind as you make your way through those four years. With all the decisions, test-taking, and clinical work, it may seem daunting to get involved in a research project. However, the benefits of doing research as a medical student are invaluable.

Reasons To Pursue Research
When applying for residency, one often asks “What sets me apart from others applying to Emergency Medicine?” One way you can stand out from the crowd of applicants is by having pursued a research project in emergency medicine as a medical student. Not only does this show dedication to the specialty, but it also demonstrates an ability to design a project, carry out a plan, and see that through in the form of a publishable paper, or a poster/oral presentation. It may seem like quite a bit of additional work, but it will expose you to the breadth of the world of academic emergency medicine, where you will very likely get excited about the field, and set yourself apart from other applicants.

How To Get Started
Getting started with a project may seem like the hardest step, especially for students who have not worked on research before medical school. If you are in a medical school that is affiliated with an emergency medicine residency program, an easy way to get going is to contact the Research Director for that program, and let them know you are interested in working on a project. There are often many residents working on already established projects who would love to have help, and this can be an easy way to get involved.

Even if your medical school does not have an EM program, your goal should be to identify a mentor who has similar research interests and discuss the possibility of working with them on a project. One of the great things about emergency medicine is that, because the field has such breadth, many research topics, including anesthesia, trauma, women’s care, and public health are relevant. This widens the research possibilities.

SAEM Research Grants for Medical Student Research
There is much research that can be done without funding, but acquiring funds can be very helpful.

Grant funds obtained can be highly beneficial in facilitating tasks such as chart abstraction and data analysis. By having financial support for these duties, a project that may not initially have been feasible for a student project may suddenly become manageable.

EMF/SAEM Medical Student Research Grant

Amount: $2,400 • Deadline: January 9, 2012
The goal of the EMF/SAEM Medical Student Research Grant is to support medical student research in the field of Emergency Medicine. For more information: http://www.saem.org/emfsaem-medical-student-research-grant

SAEM Resident and Student Advisory Committee

Paul Cheung, University of Colorado School of Medicine, is a recent recipient of the EMF/SAEM Medical Student Research Grant. Read more about his experience as a grantee below.

Paul Cheung
MSIII, University of Colorado School of Medicine

“As I progress in my career, I will reflect on the SAEM/EMF medical student grant as an important part of my development. The grant offered me the opportunity to pursue health policy research under the guidance of Dr. Adit Ginde, a skilled and devoted emergency medicine mentor. It was rewarding to see the project progress from grant application to first author manuscript publication. With early aspirations for academic emergency medicine, I had the opportunity to develop invaluable skills. Along the way, I learned how to draft research proposals, analyze population-based data, and write manuscripts. In presenting the results at national conferences, I met others with similar research interests, and it was helpful to hear their input and critique.

“My project, which uses data from the National Health Interview Survey, evaluated the association between barriers to timely primary care and emergency department utilization. The results show the prevalence of barriers doubling over the past decade, and adults with barriers to care are more likely to have associated emergency department visits. The 2010 Patient Protection and Affordable Care Act seeks to expand health insurance coverage, but the expansion of health insurance alone may not be sufficient to improve access to care given the limited availability and supply of primary care providers. Through clinical shifts, I have seen firsthand how the emergency department is a window to healthcare systems issues, including the barriers that patients experience to accessing outpatient care. Naturally, the emergency department is an important venue for studying community needs and the healthcare safety net, and I look forward to developing health policy solutions to improve access to care in the future.”

SAEM Grants for Emergency Medicine Interest Groups
SAEM Emergency Medicine Interest Group (EMIG) grants are designed to assist medical students with emergency medicine educational initiatives on campus through their student groups. SAEM funds a wide variety of projects, ranging from seed money to start a new EMIG to a variety of emergency medicine-related projects and events. Some previously funded projects include: informational meetings, skills labs, workshops (EKG/CXR, sports medicine, and intravenous lines), wilderness retreats, and student/physician meet-and-greet sessions.

Continued on Page 11
Emergency Medicine Interest Group Grant  
**Amount:** $500  
**Deadline:** February 17, 2012

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

- To promote growth of emergency medicine education at the medical student level,
- To identify new educational methodologies advancing undergraduate education in emergency medicine, and
- To support educational endeavors of an EMIG.

For more information: http://www.saem.org/emergency-medicine-interest-group-grant-emig

The John A. Burns School of Medicine EMIG and the Student Society of Emergency Medicine at the University of Texas Medical School at Houston both recently received EMIG grants from SAEM. Read more about their experiences as grantees and how the grant impacted their medical student and EM communities below.

**Darragh O’Carroll**  
**MSIV, John A. Burns School of Medicine**

"The John A. Burns School of Medicine (JABSOM) EMIG was very thrilled to be a recipient of the SAEM EMIG grant. Our institution does not possess its own Emergency Medicine residency and therefore the grant was important for two major reasons.

"First, the responsibility of fostering interest in Emergency Medicine among junior medical students rests largely in the hands of our EMIG. In a school with a total of 250 students, roughly one quarter belong to our EMIG, the majority being 1st- and 2nd-years. Along with donations from our local ACEP chapter, the grant funds were used for the following widely-attended and successful events: EM informational meeting, Honolulu Marathon Aide Station, ankle and foot pathology lecture series, and workshops on EKG, CXR, intravenous lines, ultrasound, and sports medicine. These EM events are consistently among the most well-attended of all interest groups at JABSOM.

"Second, our Dean and Vice Dean (Dr. Jerris Hedges and Dr. Roy Magnusson, both widely-known in the EM world) are striving to establish the University of Hawaii’s own emergency medicine residency program. While there are many factors that go into creating a residency program, a pivotal one is interest in the program from local students. By setting up a culture of dedicated students and fun/active workshops, the SAEM grant has ensured there will be interns ready and willing to fill those spots in the future. Out of our 4th-year class of 62, we have 5 students applying to EM programs.

"Mahalo Nui Loa! (Thank you very much!)"

**Mathew Martinez**  
**MSIV, UT-Houston Medical School**

"Over the past 15 months, the Student Society of Emergency Medicine at the University of Texas Medical School at Houston has made great progress in establishing a self-sustaining CPR training program thanks to a grant from SAEM. The funds from the SAEM grant have allowed us to purchase the training materials necessary to conduct our CPR courses. We began the project by training our officers and interested members as CPR instructors through the American Heart Association. The first CPR courses were taught to EMIG members and interested preclinical MS1 and MS2 students at our institution. We were subsequently able to reach out to multiple local university pre-medical groups and provide them with AHA CPR training for healthcare providers. These pre-medical students were also provided tours of our medical school, Memorial Hermann ER and Life Flight helicopters. In addition, a panel of EMIG members provided information about EM as well as tips on applying to medical school. These aspects of the project have been very successful and have proven to be self-sustaining with regards to funding.

"In addition to outreach at local universities, we are also in the process of creating a community outreach program in which we will teach ‘at-risk’ patients and their families the basic skills needed to perform CPR in an emergency through AHA Heartsaver courses. The subsequent EMIG leadership has chosen to do a research project integrated with the community Heartsaver CPR courses in order to determine the effectiveness of teaching CPR initially and at 30 days. Ideas like these have helped our EMIG to grow in membership and tackle projects like organizing skills and cadaver labs. We have also encouraged our membership to get involved with EM at the national level, and recently a group of MSII, MSIII and MSIV students attended ACEP’s Scientific Assembly. The grant has certainly served to bring our EMIG closer together, inspire further projects, and increase our membership."

We hope that this article has given you an idea of how rewarding and doable research and EMIG projects can be during medical school. Remember, there are many resources out there to help you get started, and the best way to start is by expressing interest to faculty and mentors. Good luck!"
Carol L. Barsky, MD, MBA has been appointed to the newly-created positions of Medical Director of Clinical Performance and Associate Chief of Patient Safety and Quality at Yale-New Haven Hospital in New Haven, CT. In these roles Dr. Barsky will chair the newly-formed Medical Directors Council and work with medical directors throughout the hospital on strengthening clinical operations, improving quality outcomes, and enhancing patient safety across services.

Steven B. Bird, MD, Program Director of the Emergency Medicine Residency at the University of Massachusetts Medical School, has received a $833,963 grant from NIH. Funded under an R21 mechanism, Dr. Bird will study the effect of novel therapeutic agents to prevent organophosphate toxicity. This NIH grant is the third for Dr. Bird, who is also a member of the division of medical toxicology.

Edward W. Boyer, MD, PhD, Chief of the Division of Medical Toxicology at the University of Massachusetts Medical School, has received a $2.03M grant from NIH. Entitled “A mobile, personalized intervention with real-time adaptation to HAART adherence,” this grant uses advanced technologies to improve antiretroviral adherence in active cocaine users. This R01 is the third for Dr. Boyer and his sixth NIH grant overall.

Dr. Andrew K. Chang, MD, MS, an Associate Professor of Emergency Medicine at Albert Einstein College of Medicine and attending physician at Montefiore Medical Center in the Bronx, NY, received a 5-year K23 award from the National Institute on Aging (NIA) entitled “Optimizing Emergency Department Treatment of Older Adults with Acute Pain.”

Marianne Gausche-Hill, MD has accepted the position of Vice Chair and Chief of the new Division of Pediatric Emergency Medicine in the Department of Emergency Medicine at Harbor-UCLA Medical Center.

Adit A. Ginde, MD, MPH, Assistant Professor of Emergency Medicine at The University of Colorado School of Medicine, received the $700,000 Beeson Career Development Award from the NIH/National Institute on Aging for his project entitled “Vitamin D and Immunosenescence in Older Long-Term Care Residents” (1K23AG040708). Dr. Ginde will conduct a 3-year clinical trial to investigate the potential of vitamin D supplementation to improve immune responses and to reduce the incidence and severity of respiratory infections in frail older adults.

Samuel A. McLean, MD, University of North Carolina, has received grant award R01 AR060852 from NIH/NIAMS. This 5-year, $3.5 million dollar grant examines genetic, psychosocial, and environmental factors influencing chronic pain development in African Americans. His other ongoing R01, AR056328, is examining factors for chronic pain development in European Americans. Individuals interested in potentially applying for funding to participate in this work via an NIH diversity supplement are encouraged to contact Dr. McLean at smclean@aims.unc.edu.

Jeremiah Schuur, MD was promoted to Assistant Professor of Medicine (Emergency) at Harvard Medical School in September 2011. Dr. Schuur was also named a member of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) in February 2011.

Brian Zink, MD, Chair of Emergency Medicine at the Alpert Medical School of Brown University, was named the inaugural recipient of the Frances Weeden Gibson-Edward A. Iannuccilli, MD Professorship in Emergency Medicine. The endowed professorship is the first for emergency medicine at Brown, and was established with a $3 million fund, half of which comes from an unrestricted endowment from the late Frances Weeden Gibson to Brown University, and half from gifts received from other generous donors through Rhode Island Hospital. Dr. Zink will also assumed the role of Assistant Dean of Medical Student Career Development at the Alpert Medical School on October 1, 2011.

Gerson-Sanders Award

The Academy of Geriatric Emergency Medicine has created a new award: the Gerson-Sanders Award for contributions to geriatric emergency medicine. The award is named after Lowell Gerson and Arthur Sanders, two pioneers in the field of geriatric emergency medicine research and care. This year, the award was given to Janis Eisner for her contributions and support of emergency medicine in the Jahnigen and Geriatrics Education for Specialty Residents programs at the American Geriatric Society. The award was presented to Ms. Eisner in September by Drs. Andrew Chang and Ula Hwang (photo).
The University of Florida College of Medicine has announced that Latha Ganti Stead, MD, Professor and Chief of Clinical Research in the Department of Emergency Medicine, has been appointed the first Toral Family Foundation Professor in Traumatic Brain Injury.

The Toral Family Foundation, a Florida nonprofit organization that supports efforts to help families affected by traumatic brain injuries, has given a substantial gift to the University of Florida College of Medicine to endow this professorship. According to the Brain Injury Association of Florida Inc., about 210,000 people in the state have been disabled by traumatic brain injuries. Such injuries are also among the most commonly sustained by US soldiers serving in Iraq and Afghanistan.

In addition to the named professorship, the endowment will also fund the UF Center for Brain Injury Research and Education, of which Dr. Stead will be Director. The Center will serve as a think tank nucleus to bring together scientists from various disciplines to examine brain injury from a multidisciplinary approach, integrating research, education, and advocacy. Dr. Stead currently is the co-principal investigator for the Banyan Biomarkers clinical trial in mild and moderate TBI at the University of Florida, and the principal investigator for the Emergency Department TBI and acute stroke registries.

Dr. Stead has a track record of leadership. She was the first Professor of Emergency Medicine at the Mayo Clinic College of Medicine, a charter member of the Mayo Clinic CTSA, and the inaugural Chair for the Division of Emergency Medicine Research, which she founded. Under her leadership, the Division’s academic productivity soared as evidenced by having some of the largest number of scientific presentations at the American College of Emergency Physicians (ACEP) and the Society of Academic Emergency Medicine (SAEM) in recent years.

Dr. Stead is also the founding Editor-in-Chief of the International Journal of Emergency Medicine. The journal has enjoyed tremendous success, having tripled its readership and achieved medline indexing within its first 18 months of launch.

Dr. Stead is a gifted teacher, as evidenced by her many teaching awards. She is the author of the First Aid Clerkship books, which are the number one bestsellers amongst medical students. Dr. Stead is a published scholar with over 270 scientific abstracts and manuscripts, and 21 books. Indeed, one of the talks she frequently gives at national and international meetings is entitled: “Get Published Now!” She is a sought-after speaker, and has lectured as a Visiting Professor at Harvard Medical School, and in various parts of the world, including Singapore, Hong Kong, Thailand, Spain, France, India, and the United Kingdom.

Dr. Stead has been a loyal member of organized medicine since she was a medical student. She has served on several committees for SAEM, ACEP and the American Medical Association. She is a scientific abstract reviewer for SAEM, and serves on the Executive committee for CDEM.

Dr. Stead has won numerous awards, including the EMRA Academic Excellence award, the ACEP National Faculty Teaching award, the Outstanding Peer Reviewer award from Academic Emergency Medicine, and the first EMRA Mentorship Award, and was also celebrated as one of the “Heroes in Emergency Medicine” by the American College of Emergency Physicians in honor of the organization’s 40th anniversary. She won the 2010 American Medical Association Young Physicians Section Award for Community Service, for her work on stroke research, education, and outreach - a program she calls BEST for “Better Early Stroke Treatment.”

---

**ACADEMIC EMERGENCY MEDICINE NOW OFFERS CME CREDIT**

ACADEMIC EMERGENCY MEDICINE is now offering continuing medical education (CME) credits for reading select articles in the journal and successfully completing a test on the content.

Physicians interested in completing the exam should log on to www.wileyblackwellcme.com. Upon successfully finishing the activity, physicians will receive an electronic certificate of completion, which can be printed and saved online under the user’s profile. The program is free to subscribers of the journal.

Stay tuned for updates!
The SAEM Research Fellowship Committee would like to congratulate the following approved institutions and their fellows for participating in the SAEM Institutional Research Fellowship Program. These programs have demonstrated excellence in research fellowship training in emergency medicine and their fellows have shown great potential for success.

SAEM-approved Research Fellowship Programs

**FALL 2011**
- Brown University/Rhode Island Hospital, Providence, RI
  - Gregory D. Jay, MD, PhD
  - Brian J. Zink, MD
- Washington University, St. Louis, MO
  - Lawrence M. Lewis, MD

**SPRING 2011**
- Beth Israel Deaconess Medical Center at Harvard University, Boston, MA
  - Nathan I. Shapiro, MD, MPH
- Emory University, Atlanta, GA
  - David Wright, MD
  - Debra E. Houry, MD, MPH
- Hennepin County Medical Center, Minneapolis, MN
  - Michelle H. Biros, MD, MS
- Medical College of Wisconsin, Milwaukee, WI
  - Tom P. Aufderheide, MD
- Northwestern University, Chicago, IL
  - D. Mark Courtney, MD
  - James G. Adams, MD
- Oregon Health and Science University, Portland, OR
  - Craig Newgard, MD
  - John McConnell, PhD
- University of California, Davis, Sacramento, CA
  - Nathan Kuppermann, MD, MPH
  - James F. Holmes, Jr., MD, MPH
- University of Cincinnati, Cincinnati, OH
  - Christopher J. Lindsell, PhD
- University of Michigan, Ann Arbor, MI
  - John G. Younger, MD, MS

- University of Pennsylvania, Philadelphia, PA
  - Judd E. Hollander, MD
- University of Pittsburgh, Pittsburgh, PA
  - Donald M. Yealy, MD
  - Clifton W. Callaway, MD, PhD
- University of Rochester, Rochester, NY
  - Manish N. Shah, MD, MPH
- Vanderbilt University Medical Center, Nashville, TN
  - Alan B. Storrow, MD
  - Douglas B. Sawyer, MD, PhD
- Yale University, New Haven, CT
  - Gail D’Onofrio, MD, MS

Registered Fellows

- Emory University –
  - Tamara Espinoza, MD • Anitha Mathew, MD
- Hennepin County Medical Center –
  - Johanna Moore, MD
- Northwestern University –
  - Scott Dresden, MD • Danielle McCarthy, MD
- Oregon Health & Science University –
  - Derek Richardson, MD
- University of California, Davis –
  - Jeffrey Green, MD • Bryn Mumma, MD
- University of Cincinnati –
  - Michael Ward, MD, MBA
- University of Pennsylvania –
  - Anna Marie Chang, MD • Nate Irvin, MD, Kalpana Narayan, MD, MSc • Anand Shah, MD
- University of Pittsburgh –
  - Jestin Carlson, MD • Adam Frisch, MD • Joshua Reynolds, MD
- Vanderbilt University –
  - Candace McNaughton, MD

Congratulations to all on behalf of SAEM!

To learn more about this program, please visit www.saem.org/institutional-research-fellowship-program. Details of each fellowship can be found online in the SAEM Fellowship Directory.

---

**ACADEMIC EMERGENCY MEDICINE ON THE WILEY ONLINE LIBRARY PLATFORM**

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

Many new features appear in the form of “modules” and will be updated on a regular basis. The new platform is more robust and easier to navigate, with enhanced online functionality. Visit often and stay tuned for updates!
NATHAN KUPPERMANN RECEIVES AWARD FOR OUTSTANDING CONTRIBUTION IN RESEARCH

The American College of Emergency Physicians (ACEP) has recognized Nathan Kuppermann, Professor of Emergency Medicine and Pediatrics and chair of the UC Davis Department of Emergency Medicine, with its 2011 Outstanding Contribution in Research Award, the only research-related honor awarded by ACEP this year.

Kuppermann received the award in October 2011 in San Francisco at the organization’s Scientific Assembly, the largest annual gathering of emergency physicians in the country. He was among a select group of physicians recognized by ACEP for excellence across a wide range of activities, including leadership, policy, education and research.

Kuppermann’s work at UC Davis and as founding chair and a principal investigator of the Pediatric Emergency Care Applied Research Network (PECARN) has earned him an international reputation for excellence in academic emergency medicine. Through PECARN and other collaborations, he established a network of pediatric emergency departments nationwide that work together to perform high-impact research to improve the care of acutely ill and injured children. Together, PECARN members and other pediatric emergency medicine collaborators have enrolled many thousands of participants in studies that have resulted in new and definitive evidence and recommendations for various pediatric emergency conditions, including the development of indications for pediatric head trauma imaging, the evaluation of fever and meningitis in young children, and assessing the risks for cerebral edema in children with diabetic ketoacidosis.

Earlier this year, he helped to further advance the field of pediatric emergency medicine in Argentina, and is now helping develop the first pediatric emergency medicine research network between that country and Uruguay. In addition, Kuppermann is leading a new, $3.3 million grant from the National Institutes of Health (NIH) that provides a training program for the next generation of emergency medicine researchers who will explore the care of adults and children with acute traumatic injuries and emergent medical illnesses.

Kuppermann was elected to the Institute of Medicine in 2010 and is the recipient of numerous research awards, including the Pediatric Emergency Medicine and Critical Care Research Award from the American Academy of Pediatrics Section on Emergency Medicine. He is the primary or senior author of nearly 100 research papers published in leading journals, including the New England Journal of Medicine, Journal of the American Medical Association, The Lancet, Annals of Emergency Medicine and Pediatrics.

Kuppermann holds the Bo Tomas Brofeldt Endowed Chair in the UC Davis Department of Emergency Medicine. He received his medical degree from UC San Francisco, completed his residency at Harbor-UCLA Medical Center in Torrance, Calif., and a fellowship in pediatric emergency medicine at Children’s Hospital Boston. He also holds a master’s degree in public health from the Harvard School of Public Health.

UC Davis Health System is advancing the health of patients everywhere by providing excellent patient care, conducting groundbreaking research, fostering innovative, interprofessional education, and creating dynamic, productive partnerships with the community. The academic health system includes one of the country’s best medical schools, a 645-bed acute-care teaching hospital, an 800-member physician’s practice group and the new Betty Irene Moore School of Nursing. It is home to a National Cancer Institute-designated cancer center, an international neurodevelopmental institute, a stem cell institute and a comprehensive children’s hospital. Other nationally prominent centers focus on advancing telemedicine, improving vascular care, eliminating health disparities and translating research findings into new treatments for patients. Together, they make UC Davis a hub of innovation that is transforming health for all. For more information, visit healthsystem.ucdavis.edu.

PEER-REVIEWED LECTURES (PeRLs) ARE COMING!

Academic Emergency Medicine will be publishing a series of videos of lectures on topics in emergency medicine. These are intended to represent the state of the art in emergency medicine education. Residents, practicing physicians, and medical students may use them for didactic education. The videos should contain both the presented audiovisual materials for the lectures (such as PowerPoint slides) and live video of the presenter.

Each video lecture should contain the following information:

- A written abstract describing the content of the lecture
- Conflict of interest statement
- The body of the lecture (< 30 minutes)
- Contact information for questions
- Lecture title, author, and institutional affiliation on a title slide
- A brief overview of the lecture content (~ 1 minute)
- References and further reading (~ 30 seconds)

Prospective authors should consider contacting the PeRLs editorial board (through John Burton, MD, Senior Associate Editor: jhburton@carilionclinic.org) for a discussion before starting on video production of a lecture for a determination of topic suitability. Videos can be complex to produce, and given the effort involved, having a discussion with an editor either by e-mail or by phone before producing it is recommended.

STAY TUNED FOR MORE INFORMATION!
CRITICAL CARE MEDICINE CERTIFICATION APPROVED FOR EMERGENCY PHYSICIANS

East Lansing, Michigan and Philadelphia, Pennsylvania <October 21, 2011>—Diplomates of the American Board of Emergency Medicine (ABEM) now have the ability to become board certified in Critical Care Medicine (CCM). The number of critically ill patients presenting to emergency departments is increasing nationwide. This opportunity is a natural extension of the practice of Emergency Medicine.

On September 21, 2011, at the General Assembly meeting of the American Board of Medical Specialties (ABMS), a joint program between the American Board of Internal Medicine (ABIM) and ABEM was unanimously approved. Emergency physicians can now supplement their Emergency Medicine residency training by participating in Internal Medicine-sponsored Critical Care Medicine (CCM) fellowships. Upon completion of CCM training, these individuals would be eligible to seek board certification. By January 1, 2012, ABEM will announce the specific eligibility criteria, the timeline, and the administrative process for emergency physicians to access the critical care certification examination offered by ABIM. ABEM will issue the CCM certificate to its diplomates, but the certificate would indicate that the standards are the same as those of ABIM. Information about the program can be found here.

“We are excited that emergency physicians now have the opportunity to assess their knowledge and skills in critical care medicine and that a formal training pathway exists to build upon their emergency training, and that this will allow them the opportunity to become certified in this important subspecialty,” stated Richard N. Nelson, M.D., ABEM President.

IM CCM becomes the seventh subspecialty available to ABEM-certified physicians along with Emergency Medical Services, Hospice and Palliative Medicine, Medical Toxicology, Pediatric Emergency Medicine, Sports Medicine, and Undersea and Hyperbaric Medicine.

###

About ABEM
Founded in 1976, the American Board of Emergency Medicine (ABEM) develops and administers the Emergency Medicine certification examination for physicians who have met the ABEM credentialing requirements. ABEM has nearly 28,000 emergency physicians currently certified. ABEM is not a membership organization, but a non-profit, independent evaluation organization. ABEM is a member of the American Board of Medical Specialties.

About ABIM
For 75 years, certification by the American Board of Internal Medicine (ABIM) has stood for the highest standard in internal medicine and its 19 subspecialties and has meant that internists have demonstrated – to their peers and to the public – that they have the clinical judgment, skills and attitudes essential for the delivery of excellent patient care. ABIM is not a membership society, but a non-profit, independent evaluation organization. Our accountability is both to the profession of medicine and to the public. ABIM is a member of the American Board of Medical Specialties. For additional updates, follow ABIM on Facebook.
Emergency Medicine" proposes to build a solid foundation upon this Consensus Conference on "Education Research in Emergency Medicine: Opportunities, Challenges and Strategies for Success," will be held on May 9, 2012, immediately preceding the SAEM Annual Meeting in Chicago, Illinois. Original papers on the conference topic, if accepted, will be published together with the conference proceedings in the December 2012 issue of Academic Emergency Medicine.

A divide has traditionally existed in academic medicine between the educator and the researcher. The goal of this conference is to bridge this gap, by exploring the principles that guide these two allied disciplines in order to create a unified focus on education research science that will benefit our teachers, our learners, and, ultimately, our patients.

Emergency medicine (EM) educators have long perceived the need for better research to guide the frequent challenges encountered in the academic environment. These include identifying best practice teaching methods, validating assessment tools, evaluating competency, and preventing cognitive errors. Efforts to address these challenges have begun; however, the historical use of suboptimal study designs, subjective outcomes, small samples sizes, and lack of expertise in methods useful in other domains can limit the success of education research studies. A coordinated agenda for EM education research is needed to address these topics and streamline our research efforts.

The Accreditation Council for Graduate Medical Education (ACGME) Outcome Project now mandates that training programs demonstrate the effectiveness of educational interventions and show evidence of trainee aptitude and achievement in the core competencies. The American Board of Emergency Medicine (ABEM) now requires its diplomates to provide evidence of Assessment of Practice Performance in order to receive continuous certification. These and other requirements highlight the current paucity of available evidence to inform our instruction and evaluation of emergency physicians, and call for our field to develop high-quality education research.

A systematic approach to education research in EM is essential for the continued improvement of clinical emergency care, even for providers beyond residency training. In the decade since the Institute of Medicine’s 2001 “Crossing the Quality Chasm” report identified the failure of health care environments to consistently deliver evidence-based care, the increased emphasis on translational research and patient safety has identified even broader needs for education-based research. Without well-designed studies to investigate the most effective methods to teach and evaluate emergency physicians, scientific discoveries cannot be effectively disseminated to physicians in training or in practice, nor can the benefits be fully realized by our patients.

This Consensus Conference on “Education Research in Emergency Medicine” proposes to build a solid foundation upon which EM education researchers can build interdisciplinary scholarship, networks of expertise, discussion forums, multicenter collaborations, evidence-based publications and improved learner education. Such efforts will enable us to make significant contributions to the state of knowledge in medical education and, ultimately, to optimize patient care.

**Consensus Conference Goals:**

- Develop a framework to increase collaboration, access to research support and potential funding sources and promote faculty development in education research
- Identify priority agenda areas within specific education research domains, such as:
  - Establishing the effectiveness of clinical and didactic curricula in educating EM trainees in each of the six ACGME core competencies
  - Evaluating performance of learners across the continuum of medical education, from medical student to practicing emergency physician
  - Validating educational assessment tools
  - Teaching and evaluating non-cognitive ACGME core competencies, such as “Professionalism” and “Interpersonal and Communication Skills”
  - Measuring the impact of educational interventions to improve patient safety
  - Research designs conducive to studying education outcomes
- Develop a framework to increase collaboration, access to research support and potential funding sources and promote faculty development in education research

Original contributions describing relevant research or concepts on this topic will be considered for publication in the December 2012 issue of Academic Emergency Medicine if received by Monday, March 12, 2012. All submissions will undergo peer review and publication cannot be guaranteed. For queries, please contact Nicole Delorio, MD (deiorion@ohsu.edu), Joseph LaMantia, MD (jLaManti@nshs.edu), or Lalena Yarris, MD (yarrisl@ohsu.edu), Consensus Conference Co-chairs. Information and updates will be regularly posted in Academic Emergency Medicine, the SAEM Newsletter, and the journal and SAEM websites.

**DEADLINES**

**Abstracts** –
Open October 31, 2011 –
Close December 7, 2011, 5 p.m. Central time

**IEMEs** –

**Photo Competition** –
Open December 5, 2011 – Close February 2012
CALLS AND MEETING ANNOUNCEMENTS

CONTINUED...

Call for Papers
Evidence-based Medicine

Academic Emergency Medicine is soliciting authors for writing structured Evidence-based Medicine (EBM) review articles on topics relevant to the practice of emergency medicine. These reviews are designed to provide answers to the clinical questions raised by emergency physicians in their day-to-day practice. These reviews are expected to identify and appraise high-quality studies with designs most appropriate for the research question at hand. The structured format and methodical approach of these manuscripts ensure a unified stepwise evidence-based approach to translate the research findings into clinical practice. In the absence of high-quality systematic reviews and meta-analyses, these reviews can cast light on numerous dilemmas that emergency physicians encounter in their practice. The instructions for preparing structured EBM reviews can be found under the “Progressive Clinical Practice” section (http://www.wiley.com/bw/submit.asp?ref=1069-6563&site=1). The authors will be guided through the manuscript preparation by one of the editors with experience in writing EBM and/or systematic reviews.

The editors also welcome topic suggestions for such reviews. These suggestions will help generate a topic list that would be made available to interested authors. The format of EBM reviews can be viewed in some of the published manuscripts from these series:


Zehtabchi S, Nishijima DK. Impact of transfusion of fresh-frozen plasma and packed red blood cells in a 1:1 ratio on survival of emergency department patients with severe trauma. Acad Emerg Med. 2009;16:371-8

To get started on your EBM review, or with questions or suggestions, please contact Shahriar Zehtabchi, MD (Shahriar.Zehtabchi@downstate.edu).

Call for Papers
Consensus Conference Follow-Up Manuscripts

Submissions in any category (Original Contributions, Brief Reports, etc.) that describe research that was initiated to address a research agenda topic generated at one of the prior Academic Emergency Medicine consensus conferences should be identified as such in the cover letter that accompanies the manuscript, when the manuscript is submitted for review. Authors should state to which consensus conference the manuscript relates, and should also state which issue(s) discussed or raised at that consensus conference is/are addressed by the manuscript. Attempts will be made to publish consensus conference follow-up manuscripts as a group, rather than individually, and if authors are aware of other papers underway from that same conference’s research agenda, they are encouraged to coordinate submission with the authors of those other papers. Contact: Gary Gaddis, MD, PhD (ggaddis@saint-lukes.org).

2011/2012 SAEM Grant and Scholarship Information

SAEM is pleased to offer a variety of grants available for competitive application. The grant below has an upcoming deadline:

EMF/SAEM Medical Student Research Grant – The Emergency Medicine Foundation (EMF) and Society for Academic Emergency Medicine (SAEM) jointly award stipends to encourage medical students to engage in and to be exposed to emergency medicine research. For more information, or to apply for this grant, please visit the EMF website (emfoundation.org).

Application Deadline: January 9, 2012

Additional Upcoming SAEM Grants Include:

SAEM/ACMT Michael P. Spadafora Toxicology Scholarship ($1,500) - Scholarship fund to encourage Emergency Medicine residents to pursue Medical Toxicology fellowship training. One recipient will be chosen to attend a national toxicology conference.

Application Deadline: August 1, 2012

SAEM Institutional Research Training Grant ($75,000/yr. for 2 years) - The Institutional Research Training Grant (IRTG) is intended to identify, develop, and fund promising institutions dedicated to providing high quality training to research fellows in emergency medicine.

Application Deadline: August 1, 2012

SAEM Research Training Grant ($75,000/yr. for 2 years) - The Research Training Grant (RTG) is intended to provide funding to support the development of a scientist in emergency medicine.

Application Deadline: August 1, 2012

SAEM/Physio-Control EMS Fellowship – This grant awards $60,000 over a 12-month period to support a fellowship in Emergency Medical Services (EMS). The Emergency Medical Services Research Fellowship Grant strives to foster teaching, education, and research in emergency medicine. Through the generous support of Physio-Control, this fellowship in emergency medical services (EMS) provides an opportunity for a qualified emergency physician to acquire important skills and begin to develop expertise as part of an academic career with a focus in EMS. The mission of the grant is to develop the academic potential of the selected fellow by providing support for a one-year training fellowship that develops both EMS leadership and research. Potential for, and experience with, EMS leadership and research will be weighted equally when evaluating applications. Leadership will include, but will not be limited to, involvement with administration, education, and prehospital medical direction.

Application Deadline: November 1, 2012

For more details as well as detailed application instructions, please go to the SAEM website (www.saem.org) and click on “Grants” under the “Education & Careers” tab.
CALLS AND MEETING ANNOUNCEMENTS
CONTINUED...

Call for Abstracts
2012 Society for Academic Emergency Medicine Annual Meeting
May 9-12, 2012 Chicago, Illinois

The Program Committee is accepting abstracts for review for presentation at the 2012 SAEM Annual Meeting. Authors are invited to submit original emergency medicine research in the following categories:

- Abdominal/Gastrointestinal/Genitourinary
- AEM Consensus Conference - Education
- Research in Emergency Medicine: Opportunities, Challenges and Strategies for Success
- Airway/Anesthesia/Analgesia
- Cardiovascular – Basic Sciences
- Cardiovascular – Clinical Research
- Clinical Decision Guidelines
- Clinical Operations – Personnel
- Clinical Operations – Processes
- Computer Technology
- Critical Care/Resuscitation
- Diagnostic Technologies/Radiology
- Disaster Medicine
- Disease/Injury Prevention
- Education
- EMS/Out-of-Hospital – Cardiac Arrest
- EMS/Out-of-Hospital – Non-Cardiac Arrest
- Ethics
- Geriatrics
- Health Policy Research
- Health Services Research
- Infectious Diseases
- International Emergency Medicine
- Neurology
- Obstetrics/Gynecology
- Orthopedics
- Pediatrics – Infectious Diseases
- Pediatrics – General
- Professional Development
- Psychiatry/Social Issues
- Pulmonary
- Research Design/Methodology/Statistics
- Simulation
- Toxicology/Environmental
- Trauma
- Other

The abstract submission site and instructions will be available on the SAEM website at www.saem.org in October, 2011. For further information or questions, contact SAEM at saem@saem.org or 847-813-9823.

As the reach of emergency medicine expands, SAEM recognizes that many abstracts traditionally submitted to the Annual Meeting are also pertinent to other national societies, and may be presented at their respective scientific assemblies. In an effort to provide a forum for SAEM Annual Meeting attendees to hear and experience the vast breadth of emergency medicine research, abstracts submitted to or presented at other, non-emergency medicine, national meetings within the past calendar year (June 2011 to May 2012) will be considered for presentation at the SAEM Annual Meeting. Original abstracts presented at SAEM 2011-2012 Regional Meetings will be considered.

Only reports of original research may be submitted. The data must not be published in a manuscript or e-publication prior to the first day of the Annual Meeting except in abstract form when associated with a presentation at a non-emergency medicine national conference.

Abstracts accepted for publication at the Annual Meeting will be published in the Academic Emergency Medicine online supplement. SAEM strongly encourages authors to submit their manuscripts to AEM. AEM will notify authors of a decision regarding publication within 60 days of receipt of a manuscript.

CALLS AND MEETING ANNOUNCEMENTS
CONTINUED...

Call For Papers
Evidence-Based Diagnostics

The Evidence-Based Diagnostics section of the Academic Emergency Medicine journal is seeking submissions. These manuscripts will evaluate a single emergency medicine-relevant diagnosis using a systematic review and meta-analysis to summarize high-quality clinical research focusing on history, physical exam, readily-available lab tests, and common imaging strategies. Evidence quality will be graded using the Quality Assessment Tool for Diagnostic Accuracy Studies. The highest-quality evidence will then be summarized to report point-estimates or ranges for pre-test probability, diagnostic accuracy including interval likelihood ratios, and test-treatment thresholds for definitive tests. Authors are encouraged to contact the section editor, Christopher Carpenter, MD (carpenterc@wusm.wustl.edu) with specific questions for this series.

Evidence-Based Diagnostics

Evidence-Based Diagnostics Submissions to this section use a systematic review to answer diagnostic clinical questions about a single topic. An appropriate report would address a question that is important to most readers, use information from previous high quality diagnostically focused clinical research and have explicitly stated and reproducible search methods. Submissions should use at least two investigators to rate the evidence quality using the Quality Assessment Tool for Diagnostic Accuracy Studies and report inter-rater reliability for this assessment. Heterogeneity should be assessed and meta-analysis performed, when applicable. The literature review should provide information about the prevalence of the disease/injury in emergency medicine populations. Diagnostic accuracy (sensitivity, specificity, likelihood ratios) for history, physical exam, bedside tests, and relevant imaging studies should be reported with confidence intervals in these analyses, including interval likelihood ratios for continuous data. Test-treatment thresholds should be defined using the methods of Pauker and Kassirer. The discussion section should include a succinct statement of implications for future diagnostic research. All articles in this series undergo standard masked peer review. Authors are encouraged to contact the section editor, Christopher R. Carpenter, MD (carpenterc@wusm.wustl.edu), with specific questions regarding submission to this section.

SAEM SEEKS AWARD NOMINATIONS FOR 2012

The Awards Committee wishes to consider as many exceptional candidates as possible.

For submission information, see our web site at http://www.saem.org
Click on Education & Careers and then Awards

Young Investigator Awards
Deadline: December 14, 2011
SAEM identifies up to three (3) awardees for the Young Investigator Awards each year. This award recognizes those SAEM members who have demonstrated commitment and achievement in research during the early stage of their academic career. The Society’s core mission includes the creation of knowledge and this award recognizes those who have achieved early success in this sphere.

Hal Jayne Educational Excellence Award
Deadline: January 2, 2012
SAEM seeks nominations for the Hal Jayne Educational Excellence Award. Complimentary to the Research Award and as the second pillar of SAEM, this award is presented to a member of SAEM who has made outstanding contributions to emergency medicine through the teaching of others and improving knowledge about the teaching of learners.

Excellence in Research Award
Deadline: January 2, 2012
SAEM seeks nominations for the Excellence in Research Award. Complimentary to the Hal Jayne Education Award and as the third pillar of SAEM, this prestigious award is presented to a member of SAEM who has made outstanding contributions to emergency medicine through the creation and sharing of new knowledge.

Advancement of Women in Academic Emergency Medicine Award
Deadline: January 9, 2012
SAEM is soliciting nominees for the Advancement of Women in Academic Emergency Medicine Award. This award recognizes an SAEM member who has made significant contributions to the advancement of women in academic emergency medicine.

Leadership Award
Deadline: January 2, 2012
SAEM seeks nominations for the Leadership Award. This award honors a SAEM member who has made exceptional contributions to emergency medicine through leadership - locally, regionally, nationally or internationally.

2011 FINAL CPC COMPETITION WINNERS

Resident Winner: Nadine Himelfarb, MD, Warren Alpert Medical School of Brown University

Resident Runner Up: Kevin Koehler, MD, Naval Medical Center Portsmouth

Faculty Winner: Daniel Egan, MD, St. Luke’s - Roosevelt Hospital

Faculty Runner Up: Tala Elia, MD, Baystate Medical Center

We would like to thank all of the participants and judges of the 2011 CPC Competition.
SEEKING CORPORATE TECHNOLOGY PARTNERSHIPS: HOW YOU CAN HELP GROW THE SAEM FOUNDATION

The SAEM Foundation is seeking corporate technology sponsorships for its research and education training grants. For the past 20 years, in a superb model of corporate/foundation partnership, the Physio Control Corporation has sponsored the “Physio Control EMS Fellowship.” Their donation of $60,000 per year funds a one-year training fellowship for SAEM members interested in a career in EMS education/research/administration. It is our belief that there are other potential corporate technology companies out there which can provide similar partnerships with the SAEM Foundation.

The SAEM Foundation Development Committee, in conjunction with the SAEM Grants Committee, has begun soliciting technology companies in an attempt to create named training grants within the SAEM Foundation grants portfolio. Ultrasound and simulation companies are the most notable targets of this search, under the assumption that many companies would like to contribute either money or technology to allow the creation of high quality training grants with their name on them. We are specifically looking to fund two-year technology-related research or education grants which would result in an advanced degree (MS, etc) for the fellow. Eight companies have already been solicited.

Here’s where we need your help. Writing letters to companies without a specific targeted person or pre-established relationship is less than effective. Targeted mailings or personal meetings with the “right” contacts in the technology companies are much more effective. **We need your contacts!!** If you have a pre-existing relationship with a technology company vendor/marketing/development officer, and are willing to connect us with them or make an introduction, we would love to take advantage of the opportunity. These opportunities are rarely competitive with your own technology needs, but can provide a chance for the technology companies to create something special for our trainees and for themselves.

Please forward your contacts to us, or to Holly Gouin, or Melissa McMillian in the SAEM office, or give a heads-up to one of the Development Committee or Grants Committee representatives, and we’ll take it from there. ☞

Thanks very much for your help.

Jim Hoekstra, MD
Chairman, SAEM Foundation Development Committee

James Holmes, MD
Chairman, SAEM Grants Committee

As a small token of gratitude for all generous contributions, the SAEM Foundation Development Committee will be entering donors’ names into a drawing for an iPad. The drawing will take place prior to the 2012 Annual Meeting in Chicago. Also, the institution that leads with the most donations will be recognized at the Foundation Awareness Cocktail Hour in Chicago.

All donations can be made online at www.saem.org or by mail to:

SAEM Foundation
2340 South River Rd, Suite 200, Des Plaines, IL 60018

AEM AUTHOR ANNOUNCEMENTS CROSSCHECK

Academic Emergency Medicine now employs a plagiarism detection system. By submitting your manuscript to this journal, you accept that your manuscript may be screened for plagiarism against previously published works.
Great Medical Student Opportunity!
Jump Start a Career in Academic Emergency Medicine!

SAEM is looking for 15 energetic, self-starting, responsible, and enthusiastic medical students to work with the SAEM Program Committee at the Annual Meeting in Chicago, May 9-12, 2012. The Program Committee is responsible for the planning, coordination, and execution of SAEM’s Annual Meeting. It is comprised of nearly 40 faculty members selected by the President of SAEM from Emergency Medicine programs all over the country.

Benefits for medical student committee members:
• Waiver of your registration fee to the SAEM Annual Meeting*
• A member of the Program Committee will be assigned to you to serve in an advisory capacity for future EM pursuits
• Learn much more about the current research and educational activities taking place in the field of Emergency Medicine
• Have the opportunity to form relationships with faculty members from EM programs around the country.
• A personal letter from the Committee Chair will be sent to your Dean of Student Affairs, acknowledging your contributions to the Program Committee.

Requirements and expectations of medical student committee members:
• Arrive the late evening of May 8th and stay through 3pm on May 12th.*
• Attend daily Program Committee meetings
• Seeing to assigned tasks and responsibilities, which include, but are not limited to:
  o Approximately 6 hours of responsibilities per day
  o Soliciting reviews
  o Assisting in AV needs
  o Facilitating workshops
  o Being responsive and flexible to the needs of the Program Committee

Interested medical students should submit their name and contact information to the SAEM office by emailing Michelle Iniguez at miniguez@saem.org. Please write “Medical Student Ambassadors” in the subject line and attach a very short statement of interest (<150 words) as well as an updated electronic copy of your CV. Deadline is February 1, 2012. Recipients will be notified by February 10, 2012.

*Travel and hotel will be the responsibility of the individual student; however, SAEM will provide the emails of other selected students to facilitate consolidating lodging expenses.
Call for Photographs | Deadline: Feb. 3, 2012

Original high quality clinical images relevant to the practice of Emergency Medicine are invited for presentation at the 2012 SAEM Annual Meeting in Chicago. EKGs, radiographic studies and other visual data are also considered but photographs are preferred. Submissions should depict classic diagnostic examination findings or catalog unusual exam features with high educational value. Accepted submissions will be displayed at the Clinical Images Exhibit and may be featured in the “Clinical Pearls” session or the “Visual Diagnosis” medical student/resident contest.

No more than three different images should be submitted for any one case. Submit digital copies only in JPEG or TIF format by email attachment to miniguez@saem.org (resolution of at least 2000 x 1600 pixels required, higher resolution images preferred). Submissions will be selected based on their educational merit, relevance to emergency medicine, image quality, the case history and appropriateness for public display. Contributors will be acknowledged in the Annual Meeting onsite program, the exhibit itself, and the 2012 July/August SAEM newsletter. Academic Emergency Medicine (AEM), the official SAEM journal, may invite a limited number of displayed photos to be submitted to AEM for consideration of publication. SAEM will retain the rights to use submitted photographs in future educational projects, with full credit given for the contribution.

Photo submissions must be accompanied by a brief case history (250 word limit) written as an “unknown” in the following format: Two-page word document, 14pt font: Page One- 1) chief complaint, 2) history of present illness, 3) pertinent physical exam (other than what is depicted in the photo), 4) pertinent laboratory data, 5) one or two questions asking the viewer to identify the diagnosis or pertinent finding(s); Page Two- 1) answer(s) and brief discussion of the case, including an explanation of the finding(s) in the photo and 2) one to three bulleted take home points or “pearls.” If accepted for display, SAEM reserves the right to edit the submitted case history.

Photographs must not appear in a refereed journal prior to the Annual Meeting.

If a patient can be identified in the image, written consent from the patient must be obtained for the image to be displayed or the patient must be appropriately masked to insure anonymity. An attestation statement to confirm that written consent has been obtained is included in the submission template.

If you have any questions or concerns, please contact SAEM at miniguez@saem.org or 847-813-9823.
Become One

ATTENTION RESIDENTS: SAEM is looking for your involvement in the Become One Campaign too! It is individuals like you that can make a difference in the future of our specialty. Just $10.00 could help in funding the next grant. Even more importantly, that next grant could be one you are applying for. Take the steps to Become One and stand beside some of the world’s leaders in emergency medicine who have already Become One.

With your donation, you will be entered into a drawing for a chance to win free annual meeting registration, accommodations, and travel to the SAEM Annual Meeting in Chicago, May 2012.

Get your friends and colleagues involved and challenge other residency programs. The winner will be recognized and receive a plaque during the Foundation Awareness Cocktail Hour at the Annual Meeting in Chicago as well as bragging rights for the next year!

All donations can be made online at www.saem.org or by mail to:

SAEM Foundation
2340 South River Rd., Suite 200, Des Plaines, IL 60018

2012 National Emergency Medicine CPC Competition

Call for Case Submissions – Deadline: 5:00 pm Eastern Time, January 16, 2012
The Clinical Pathologic Case (CPC) presentation is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients in the Emergency Department. Cases for presentation must be relevant to emergency medicine practice, solvable and discussible. Given the variety of cases seen in a typical Emergency Department, the spectrum of potential CPC cases is broad. Cases that are unusual presentations of common diagnoses or typical presentations of unusual diagnoses make the best cases for CPC. More information about the competition is available at the CORD website, www.cordem.org.

Call for Judges – Deadline: 5:00 pm Eastern Time, December 5, 2012
The Clinical Pathological Case (CPC) Task Force of the Council of Emergency Medicine Residency Directors (CORD) is charged with the organization and judging of the 2012 National Emergency Medicine CPC Competition and is now soliciting letters of interest from as many as 30 individuals who will be appointed to the CPC Task Force to serve during the entire one-year competition cycle.

If you or a member of your faculty would like to serve as a CPC Task Force Member and judge the 2012 Competition, please complete the Judge’s Interest Form at the CORD website, www.cordem.org by 5:00 pm EST Monday, December 5, 2011.

The online submission form is currently open and is available at the CORD website, www.cordem.org.

Questions should be directed to the CORD Office, cord@cordem.org or 517-647-6400 or the CPC Task Force Chair, Saadia Akhtar, MD at sakhtar@chpnet.org.
Endowed Chair – Pediatric Emergency Medicine

The Department of Pediatrics at the University of Oklahoma Health Science Center is seeking an Endowed Chair of Pediatric Emergency Medicine.

Responsibilities include establishing and coordinating the research component of the Emergency Department.

Highlights:
• $2 million CMRI Express Personnel Endowed Chair.
• Approved budgetary resources necessary to establish a research department.
• Opportunity to establish and develop a fellowship program.
• 19 other Endowed Chairs within the Department of Pediatrics.
• PEM Board Certification required.

Contact Marti Quisling, at (817) 929-3441 or marti@millicansolutions.com.

The University of Oklahoma is an equal opportunity/affirmative action employer.

EMERGENCY MEDICINE FACULTY INSTRUCTOR THROUGH PROFESSOR LEVEL

The University of Pittsburgh in collaboration with the University of Pittsburgh Medical Center (UPMC) have full-time opportunities for emergency medicine residency trained and board certified/prepared candidates. UPMC’s diverse faculty are widely recognized for excellence in research, teaching and clinical care. Our three clinical sites provide tertiary and Level I trauma care to approximately 170,000 ED patients collectively each year while training residents, fellows and students. The toxicology and hyperbaric medicine treatment programs are a part of our department, and we have multiple fellowships. Academic clinician, clinician-investigator or clinician-educator career opportunities exist. We have particular interest in candidates with ultrasound or investigative interests that compliment our current excellence. Salary is commensurate with experience and duties.

For further information write to: Donald M. Yealy, MD, Chair, Department of Emergency Medicine, University of Pittsburgh Physicians, 3600 Meyran Avenue, Suite 10028, Pittsburgh, PA 15260.

UPMC
LIFECHANGINGMEDICINE

EOE
The National Heart, Lung, and Blood Institute (NHLBI) funded six institutional research career development (K12) awards to promote multidisciplinary clinical research training programs in Emergency Medicine (EM). These programs will prepare clinician-scientists for independent research careers and academic leadership roles in EM. Each program will provide comprehensive research training to evaluate innovative approaches in the diagnosis and clinical management of patients with acute, life-threatening manifestations of cardiovascular, pulmonary, hematologic and trauma-related diseases in emergency department settings. The goal of this program is to promote the growth of strong, competitive clinical EM and Pediatric EM investigators.

Components of the programs include 1) Didactic training in clinical research and 2) a mentored research experience, with a training period of two or three years. Scholars will meet the standards for an academic appointment in the school of medicine. Although their research interests must focus on Emergency Medicine, scholars may come from a variety of clinical backgrounds, including Emergency Medicine, Cardiology, Pulmonary/Critical Care, Hematology, Surgery, and Pediatrics, as well as Nursing and Pharmacy. Each program is committed to training scholars from under-represented minority groups and those with disabilities.

For program specific information, please contact the program directors, identified below:

K12 Scholarships will begin July 1, 2012.

**Emergency Medicine K12 Programs**

- **Mount Sinai School of Medicine, Department of Emergency Medicine**
  Lynne D. Richardson, MD, FACEP  Lynne.Richardson@mssm.edu

- **Oregon Health and Science University**
  Robert A. Lowe, MD, MPH  lowero@ohsu.edu
  Cynthia Morris, PhD, MPH  morrisc@ohsu.edu

- **University of Pennsylvania**
  Lance B. Becker, MD  Lance.becker@uphs.upenn.edu
  Brian Leslie Strom, MD, MPH  bstrom@exchange.upenn.edu

- **University of California-Davis, Department of Emergency Medicine**
  Nathan Kuppermann, MD, MPH  nkuppermann@ucdavis.edu
  James F. Holmes, MD, MPH  jfholmes@ucdavis.edu

- **University of Pittsburgh, Department of Emergency Medicine**
  Donald M. Yealy, MD  yealydm@upmc.edu
  Clifton W. Callaway, MD, PhD  callawaycw@upmc.edu

- **Vanderbilt University**
  Alan B. Storrow, MD, Alan.storrow@vanderbilt.edu
  Douglas Sawyer, MD, PhD  Douglas.b.sawyer@vanderbilt.edu
FELLOWSHIP positions beginning July 2012:


Fellows receive an academic appointment at George Washington University School of Medicine and work clinically at a site staffed by the Department. The Department offers Fellows a common interdisciplinary curriculum, focusing on research methodologies and grant writing. Tuition support for an MPH or equivalent degree is also provided.

Complete description of all programs, application instructions and Fellowship Director contacts can be found at [http://www.gwemed.edu/fellowships/](http://www.gwemed.edu/fellowships/).
**MEDICAL DIRECTOR**

**Department of Emergency Medicine, University of California, San Francisco**

San Francisco General Hospital

The Department of Emergency Medicine at UC San Francisco is seeking an outstanding individual for one of the key leadership positions in the Division of Emergency Medicine at San Francisco General Hospital. The successful candidate will have exceptional administrative and organizational skills and a proven record of successful performance as a leader in the areas of patient care, Quality Assurance and Performance Improvement, and care delivery in an academic emergency medicine environment. The successful candidate will serve as Medical Director and Director of Performance Improvement at San Francisco General Hospital and will have major responsibilities in organizing the clinical service, providing medical direction, innovating new models of care delivery, and overseeing the Performance Improvement activities of the Department.

San Francisco General Hospital is fully affiliated with UCSF, and is the sole Level I Trauma Center for San Francisco and Northern San Mateo counties with an annual volume of approximately 60,000 emergency department visits. Over 250 students and residents, including Emergency Medicine residents from two programs, are trained in the Emergency Department annually. The position carries an appointment to the UCSF faculty at a level and series commensurate with the candidate’s academic qualifications. Excellent academic and administrative support, compensation and benefits package, including professional liability coverage, is provided.

Please send your curriculum vitae to:

Michele O’Brion
Human Resources Manager
San Francisco General Hospital - Room 1E21
1001 Potrero Avenue, San Francisco, California 94110.

E-mail: Michele.Obrion@emergency.ucsf.edu

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.
University of New Mexico Department of Emergency Medicine
EMS Fellowship Program

The Fellowship is designed to give graduates of ACGME-recognized residencies in Emergency Medicine a broad introduction to all aspects of EMS Medical Direction including ground EMS (both fire-based and private), air medical transport, tactical medicine and disaster medicine. Depending on specific interests and long-term goals fellows may focus on any of these areas.

Dedicated Faculty, Extensive Field Opportunities, Month-long Orientation, Weekly Didactic Sessions, Field Response Vehicles, Mentoring as Associate Medical Director, Paid as Junior Faculty – just 2 shifts/week, Generous $5000 travel/education stipend, Two Months of Electives, 4 Weeks of Vacation, Full University Benefits

For more information visit our website: http://hsc.unm.edu/emergem
or contact:
Darren Braude MD, EMT-P
EMS Fellowship Director
dbraude@salud.unm.edu

Attention Healthcare Professionals: The Society of Chest Pain Centers (SCPC) is Awarding Clinical Research Grants

SCPC has two $10,000 grants for clinical research related to acute care of chest pain, heart failure and atrial fibrillation patients.

- Application open to any healthcare professional
- Areas of potential focus:
  - Diagnostic strategies and outcome measures
  - Potential solutions to challenges evaluating these patients
  - HF management in an observation setting
  - Patients presenting with atrial fibrillation
- Research proposed must be completed within the one-year funding period

Deadline for receipt of applications is January 6, 2012. For more information or to submit an application, go to http://www.scpcp.org/grant.
Emergency Physician

Exceptional opportunity for highly motivated Emergency Physician (BE/BC) to join the Division of Emergency Medicine at the University of Wisconsin School of Medicine & Public Health in Madison, Wisconsin. We are seeking applicants who are interested in pursuing a professional career in academic emergency medicine. Specific leadership and/or program development opportunities exist in medical direction, ultrasound and research. EM faculty provide clinical services in the Emergency Department (ED) of the University of Wisconsin Hospital & Clinics (UWHC). UWHC is a busy, university-based, referral hospital; one of only two academic medical centers in the state, and a Level I Trauma and Burn center for both adult and pediatric patients. EM faculty supervise EM and off-service residents, as well as medical students. The successful candidate will join a faculty of over 25 emergency physicians and pediatric emergency physicians.

Madison is the capital of Wisconsin and a vibrant city boasting many recreational resources, cultural, and athletic events. Madison consistently ranks as a top community in which to live, work, play, and raise a family. Compensation and benefits are extremely competitive.

To inquire, send your curriculum vitae and cover letter to:
E-mail preferred: agh@medicine.wisc.edu, Azita G. Hamedani, MD MPH, F2/217 Clinical Science Center, MC 3280, 600 Highland Ave., Madison, WI 53792.

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

To apply, please contact:
agh@medicine.wisc.edu, Azita G. Hamedani, MD MPH, F2/217 Clinical Science Center, MC 3280, 600 Highland Ave., Madison, WI 53792.

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

EM Faculty Development/Education Fellowship
University of California, Irvine School of Medicine

University of California, Irvine, Department of Emergency Medicine (EM) is seeking a HS Clinical Instructor- Faculty Development and Education Fellow for July, 2012. University of California, Irvine Medical Center is a Level I Trauma center with 2500 runs/year, 40,000 ED census with a three-year residency program since 1989. Fellowship concentrations could include residency curriculum design/education, medical school curriculum design, and Western Journal of EM editing. This two-year fellowship requires completion of a Master degree in Education. One-year fellowship possible for those with a Master degree or starting one during the fellowship. Completion of an ACGME accredited EM Residency required. Salary commensurate with qualifications and proportion of clinical effort.

Send CV and statement of interest to Fellowship co-Directors:
Drs. Shahram Lotfipour at SHL@uci.edu and Bharath Chakravarthy at bhakrav@uci.edu

Department of Emergency Medicine
UC Irvine Medical Center, Route 128-01
101 The City Drive
Orange, CA 92868
Phone: 714-456-5239

See the Department of Emergency Medicine’s website available at http://www.emergencymed.uci.edu/fellowships.asp for more details.

Emergency Medicine Fellowships: Massachusetts General Hospital

The Massachusetts General Hospital Department of Emergency Medicine is recruiting candidates for its fellowships in Emergency Medicine. The goal of the fellowships is to provide EM residency graduates with a formal opportunity to develop those skills required for a successful career in academic medicine. At the completion of the fellowship, it is expected that graduates will be prepared to conduct independent work in their chosen field. Fellowship options include a Master's Degree in Public Health at Harvard or other university degree programs. Fellows will be given academic appointments at Harvard Medical School.

Fellowships offered and fellowship directors include:
- Global Health (Thomas F. Burke MD),
- Medical Simulation (James A. Gordon MD, MPA),
- Research (John T Nagurney MD, MPH),
- Emergency Ultrasound (Andrew S. Litelpo MD, RDMS), and
- Wilderness Medicine (N. Stuart Harris MD).

The Massachusetts General Hospital Department of Emergency Medicine supports teaching and research in all of these fellowship areas. In addition, it is home to the Emergency Medicine Network, a consortium of emergency departments which focuses on public health research, with a particular emphasis on pulmonary/allergic diseases (www.emnet-usa.org).

Clinical experience will be provided at a 91,000 annual visit level I trauma center with a PGY1-4 emergency medicine residency. Candidates must have completed residency training in emergency medicine and be eligible for board certification by ABEM. Interested candidates should submit a letter of interest and curriculum vitae to: Deirdre Patton, Department of Emergency Medicine, Massachusetts General Hospital, Zero Emerson Place # 353, Boston, MA 02114; phone: 617 726-7622; email: DPATTEN@PARTNERS.ORG.

For additional information, please go to the SAEM fellowship website at: www.saem.org. Massachusetts General Hospital is an equal-opportunity/affirmative action employer.
University of California Irvine, Department of Emergency Medicine is seeking applicants for the fellowship in EMS and Disaster Medical Sciences for July 1, 2012. UCI Medical Center is a Level I Trauma center with 2200 runs/year and a 40,000 ED census. Fellows serve as HS Clinical Instructors. The program combines the disciplines of emergency management/disaster medicine and public health with traditional emphasis on services systems research including mass casualty management and triage. Completion of American Council of Graduate Medical Education (ACGME) accredited Emergency Medicine Residency required prior to start. The two-year combined program, with an integrated Masters of Public Health, will be jointly administered by Director, Emergency Medical Services and Disaster Medicine. Salary commensurate with level of clinical work.

Send CV, statement of interest and three letters of recommendation to:

Carl Schultz, MD.
Department of Emergency Medicine
Rte. 128, UC Irvine Medical Center
101 The City Drive South
Orange, CA 92868.

The University of California, Irvine is an equal opportunity employer committed to excellence through diversity.

The University of Nebraska Medical Center, Department of Emergency Medicine is recruiting an additional faculty member who has completed an ultrasound fellowship and is committed to developing an academic career.

With an accredited three year emergency medicine residency program with 22 residents, this is a great opportunity to help shape the future of emergency medicine in this region. The Center for Clinical Excellence which opened in November 2005 houses the Emergency Department and provides services for over 50,000 annual visits.

This is an established ultrasound program with QA, credentialing and billing processes already developed. The ED currently has three ultrasound systems available.

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

SAEM FOUNDATION

We Have Planted The Seed ~ Help Us Grow An Orchard

Boyer’s four areas of scholarship
The scholarship of discovery
The scholarship of integration
The scholarship of application
The scholarship of teaching

Emergency Medicine is about making a difference.
Sometimes through treating. Always through caring. Eternally through teaching.

Make your donations today at www.saem.org or to SAEM Foundation, 2340 S. River Rd., #200, Des Plaines IL 60018 Contact hgouin@saem.org with any question regarding donations

* Please note that all donations are for Education

** University of Washington, School of Medicine Division of Emergency Medicine is seeking an Emergency Physician, BC/BE Toxicologist

The University of Washington (UW) School of Medicine (SoM), Division of Emergency Medicine (EM) is seeking a highly motivated, BE/BC, academically oriented EM physician with fellowship training in Toxicology. This individual will have the opportunity to lead the development of a robust Toxicology program, to include a Toxicology Fellowship. This position brings with it excellent opportunities with the WA State Poison Control Center. There are additional collaborative academic opportunities with the well-established Injury Prevention and Research Center, the School of Public Health, and the UW Department of Medical Education and Biomedical Informatics.

Faculty will work at Harborview Medical Center ED, which is the only Level I Trauma Center for a 4-state region and sees 65,000 patients per year, and the University of Washington Medical Center ED, which sees 26,000 patients per year.

The UW SoM is a regional resource for WA, WY, AK, MT, and ID - the WWAMI states and is recognized for its excellence in clinical training, its world-class research initiatives, and its commitment to community service.

If you are interested in building a world-class Toxicology Fellowship program and a robust Toxicology Consult Service at the highly acclaimed UW SoM please send your CV to: Susan Stern, MD; Professor and Division Head, Emergency Medicine; Harborview Medical Center; 325 9th Avenue; Box 359702; Seattle, WA 98104-2499 (ssstern@uw.edu). The UW is building a culturally diverse faculty and strongly encourages applications from women and minority candidates. The University is an Equal Opportunity/Affirmative Action employer.
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: ______________________

Office phone: (____)_________ Home phone: (____)_________ Fax: (____)______________________

<table>
<thead>
<tr>
<th>Check Membership Category</th>
<th>Check Membership Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Active - $560.00  Individuals with advanced degree university</td>
<td>□ International - email membership for pricing</td>
</tr>
<tr>
<td>appointment actively involved in EM teaching or research.</td>
<td>□ *Active/Associate/YP1 or YP2 Academy - $100.00 ea.</td>
</tr>
<tr>
<td>□ Associate - $250.00 Open to those with interest in EM</td>
<td>□ AEUS □ AWAEM □ CDEM □ Simulation</td>
</tr>
<tr>
<td>□ Young Physician Year One - $335.00  First year following</td>
<td>□ GEMA □ Geriatrics</td>
</tr>
<tr>
<td>residency graduation.</td>
<td>□ *Medical Student/Resident/Fellow Academy - $50.00 ea.</td>
</tr>
<tr>
<td>□ Young Physician Year Two - $460.00  Second year following</td>
<td>□ AEUS □ CDEM □ Simulation □ Geriatrics</td>
</tr>
<tr>
<td>residency graduation.</td>
<td>□ *GEMA Medical Student - $25.00 ea.</td>
</tr>
<tr>
<td>□ Resident/Fellow - $165.00 Open to residents/fellows interested</td>
<td>□ *AWAEM Resident/Fellow/Medical Student - FREE</td>
</tr>
<tr>
<td>in EM. Graduation date:</td>
<td>□ *GEMA Resident/Fellow - FREE</td>
</tr>
<tr>
<td>□ Medical Student - $140.00 Open to medical students interested</td>
<td>*must be a current SAEM member to join an academy</td>
</tr>
<tr>
<td>in EM. Graduation date:</td>
<td></td>
</tr>
</tbody>
</table>

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

Each membership category includes **ONE** Interest Group free of charge. Additional Interest Groups can be added for $25.00

- Academic Informatics
- Airway
- CPR/Ischemia/Reperfusion
- Clinical Directors
- Disaster Medicine
- Diversity
- ED Crowding
- Educational Research
- Ethics
- Evidence-Based Medicine
- Health Services & Outcomes
- Neurologic Emergencies
- Palliative Medicine
- Patient Safety
- Pediatric EM
- Public Health
- Quality Medical Mgt
- Research Directors
- Sports Medicine
- Toxicology
- Trauma
- Triage
- Uniformed Services
- Wilderness Medicine

**Method of Payment**  □ Enclosed Check  □ Credit Card (Visa or MC)  Total: ______________________

Name as it appears on credit card: ___________________________ Card Number: ___________________________

Expiration Date: __________  Billing Zip Code: ___________________________ Signature: ___________________________

SAEM, 2340 S. River Rd, Suite 200 Des Plaines, IL 60018. email: membership@saem.org You may also join at member.saem.org  Rev. Date 10/26/2011
Board of Directors

Debra E. Houry, MD, MPH
President

Cherri D. Hobgood, MD
President-Elect

Deborah B. Diercks, MD
Secretary-Treasurer

Jeffrey A. Kline, MD
Past President

Brigitte M. Baumann, MD, DTM&H, MSCE
Andra L. Blomkalns, MD
Robert S. Hockberger, MD
Alan E. Jones, MD
Brent R. King, MD
Sarah A. Stahmer, MD
Melinda J. Morton, MD, Resident Member

Executive Director
James R. Tarrant, CAE

Send Articles to:
newsletter@saem.org

Send Ads to:
mgreketis@saem.org

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

For Newsletter archives and e-Newsletters Click on Publications at www.saem.org

FUTURE SAEM ANNUAL MEETINGS

2012
May 9-12
Sheraton Hotel and Towers, Chicago, IL

2013
May 15-19
The Westin Peachtree Plaza, Atlanta, GA

2014
May 14-18
Sheraton Hotel, Dallas, TX

2015
May 13-17
Sheraton Hotel and Marina, San Diego, CA

AEM Consensus Conference
May 9, 2012
Co-chairs: Nicole Delorio, MD; Joseph LaMantia, MD; Lalena Yarris, MD, MCR