



ALAN E. JONES, MD

University of Mississippi Medical Center
SAEM President

ETHICS IN ACTION:

International Emergency
Medicine Participation

ANNUAL MEETING AWARD WINNERS

A TRUE HERO

Remembering
Ronald Krome, MD



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

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PRESIDENT'S MESSAGE

NEW SAEM PRESIDENT

Alan E. Jones, MD

University of Mississippi Medical Center



Alan E. Jones, MD

I will start with a quick fact about me: one of the most awkward tasks for me is to write about myself. So I have been procrastinating and putting this column off for a while. I prefer to write about others, and highlight their accomplishments and accolades. But I was asked to write the spotlight section of the newsletter, so here it goes.

I received a BS in Molecular Biology in 1994 from Millsaps College and an MD from the University of Mississippi in 1999. I chose emergency medicine as a specialty because I felt it was the best fit for my personality. It turns out, some 15 years later, that I made the correct choice. My career in EM started in Charlotte, NC - a place I would call my home for 12 years. I attended residency at Carolinas Medical Center. It was there that I met two of the individuals who would have the most important and lasting impact on my professional life, John Marx and Jeff Kline. They were giants of the specialty who craftily and carefully helped me navigate the first 10 years of my life and career in emergency medicine. I completed residency in 2002, and entered a clinical trials research fellowship at Carolinas Medical Center in 2003. As it turns out, the decision to do that fellowship was probably the single most important decision I have made during my career. I heeded the calling to pursue research as a career. I can't tell you why I enjoy research; it is just who I am, part of my DNA, a burning fire in my belly. I love it and hate it, often at the same time. Another critically important thing I did early in my career was joining SAEM in 1998 and attending my first Annual Meeting. More about that later.

After fellowship I had the fortune of joining what I considered the preeminent faculty in a department of emergency medicine in the country, at Carolinas Medical Center. During my time at CMC I did whatever I was asked, without questioning, not because I wanted anything, but because that is my way. I am fiercely dedicated to a mission in which I believe. During my tenure at CMC I had the fortune of receiving a few research grants, leading some clinical initiatives that dovetailed with my research, and it seemed that around every corner I was offered opportunities to advance my academic career. As I look back, there is no doubt that many if not all of those moments were prepared, placed, and enabled by my mentors and faculty colleagues. It was also during these years that I became invested in SAEM, mainly because I believed in the mission and vision. I volunteered, showed up, went to every meeting, networked,

watched, and listened. I saw how my academic heroes were impassioned by the organization and I wanted in. I wanted to give back to the specialty and to those who came after me in the same way that those before me had given to me during my career. Fast forward 15 years, and I am humbled to have the duty of leading the Society as president. Clearly, this is an honor that I owe, in large part, to my mentors, and in part just to showing up consistently and saying yes, a lot.

For various reasons, 2010-2011 was probably the single worst time of my life. The silver lining in that time was that my first emergency medicine mentor and the third individual who has had the most direct impact on my professional career, Richard Summers, began to recruit me back home to Mississippi. Having just become the Chair of Emergency Medicine at the University of Mississippi Medical Center, Richard made an offer I could not refuse, and in 2011 I moved to the University of Mississippi Medical Center as the Director of Research and Vice Chair in the Department of Emergency Medicine. Now, two years later, I can truly say that this was one of the best decisions I have ever made. Why? Because it got me out of my comfort zone, challenged me, made me think, rekindled that academic flame, and widened my network. Make no mistake, it was just plain hard to do after being at CMC for 12 years. I left my job, friends, community, and comfort. But I gained perspective, energy, focus, and a renewed sense of purpose. Perhaps we all should move, relocate, or bring meaningful change into our lives every so often. I wonder how much more productive and happy we might all be if we did

So, in essence, my career and "accomplishments" to date have really come down to a couple of important decisions that I seem to have navigated, but really and truly, I owe most if not all credit to those mentors that believed in me, gave me a chance, took a risk on me, enabled me, encouraged me, and walked with me. I have named some, and I can't name them all, but Jeff Kline, John Marx, Richard Summers, Mike Gibbs, Jeff Runge, Steve Colucciello, Jill Baren, and Cherri Hobgood: thank you. And, of course, my colleagues and friends who listen to me complain, do hours of thankless work for me, and keep me honest, Mark Courtney, Nathan Shapiro, and Steve Trzeciak: thank you. And to my colleagues on the SAEM Board of Directors, with whom I have had the honor of serving during the last five years: My hope and challenge is that, in some way, I can give to others at least a fraction of what each of you have given to me in my career and in my life. ▀



EXECUTIVE DIRECTOR'S MESSAGE

WHAT A DIFFERENCE A YEAR CAN MAKE



Ronald S. Moen

Less than a month has passed since an all-time record number of SAEM members and others attended the 2013 Annual Meeting in Atlanta. Over 2,040 individuals participated in what many members called the “best ever” annual meeting. That comment was shared with me by many members, who commented on the quality of the didactics, abstracts, posters, special events like the Consensus Conference, Grant Writing Workshop, Senior Leadership Faculty Forum, and a sold-out Resident Leadership Forum. Another feature of the meeting this year was the adoption and use of the AM mobile application, which garnered rave reviews. We’re planning for an even more robust mobile app next year. Special thanks to all who helped make this a great meeting: many of you are thanked elsewhere in this Newsletter. But we did have some negatives too, which we need to overcome going forward. Some of the rooms were very crowded, and many exhibitors were unhappy with the location of the exhibit hall and the lack of traffic for their endeavors. Overall, however, attendees were extremely positive about Atlanta; but there is no way that the Board, staff, or Program Committee are resting on these accolades, as planning is already well underway for SAEM’s 25th Annual Meeting, in Dallas, Texas in May of 2014. Fortunately, our hotel in Dallas (The Sheraton) is much larger in terms of meeting space, location for exhibits, number of sleeping rooms, and other options for special programming. We’re hoping to have some very special programs and events to celebrate and commemorate the 25th-anniversary Meeting.

One of the privileges of serving as your executive director is the opportunity to work with a great group of dedicated staff. We are a “small staff” organization, and this year, the Board of Directors decided to recognize the work we do by establishing an “Employee of the Year” award. Nominations are made for this award by staff members, who share their experiences working with their colleagues, and indicate why they think a nominee should receive the award. The review of those nominations and selection of the Employee of the Year is done jointly by the executive director and the president of SAEM. I am pleased to share with you that the Employee of the Year for 2013 is Ms. Melissa McMillian, SAEM’s Grants Coordinator. Please join me in congratulating Melissa for her hard work, dedication, and very valuable contributions to SAEM.

After spending a lot of years in association management and working with both large (70,000-plus members) and small organizations (one that initially had 11 members in a federation), I never cease to be amazed by the dedication and passion that members have for their professional organization. That is certainly true for SAEM, where we see hundreds of members

who volunteer to serve on committees and take leadership roles in academies and task forces, and who are committed to sharing with and mentoring colleagues. It reminds me of some of the principles that were highlighted in Jim Collins’ book *Good To Great*, and in his subsequent books, *How The Mighty Fall* and *Built to Last*. While these books were all based on intensive research on large corporations, the principles that he identified with successful companies and those that sustained success apply to all of us. One of the principles Mr. Collins has espoused throughout his books is the concept of “getting the right people on the bus, and the wrong people off the bus.” Simply put another way, finding the right people for a particular job, purpose, or role in your organization, and helping people who do not fit in those slots out of the organization, is key to success, whether you are a large academic medical center, a physician in private practice, a large multi-national company, or a small association. Too often we do not help individuals find a niche where they can be happy, productive contributors to the success of the organization, regardless of its size. Academic medical centers face these tasks with each resident class that enters a program. Does this resident really fit? Do we have the faculty that can help this person blossom, or is there someplace better suited to what this person wants to accomplish in her life? Do we expose that person to many options that exist, not only during the years in the residency, but also in the years that follow? I believe that Mr. Collins’ research and observations, and the challenges that he posited several years ago still have great validity for academic emergency medicine, SAEM members, and SAEM as an organization. If you have not read these three books, I urge you to get copies from your institution or local library or buy a copy for yourself to study. You will be amazed at how relevant his work is to your life and your job.

SAEM will soon complete a five-year plan. It has been a good strategic plan. It has succeeded in many areas, partially succeeded in others, and still has some areas where we need to do more. One major change that is occurring is that all of the grants that have historically been given by SAEM and the SAEM Foundation have been transferred to the Foundation. That will necessitate enlarging the corpus of the Foundation so the earnings from those investments can sustain a level of funding that is needed to support research and education well into the future. During this year leading up to the 25th Anniversary of the SAEM Annual Meeting, you will have an opportunity to consider how you can support this effort. Cherri Hobgood, the immediate past president of SAEM, now has the challenge of leading the SAEM Foundation during this year of transition. I know that you will be hearing directly from her in the coming months as this transition evolves.

My thanks to each of you for your support and involvement in SAEM and your support of the SAEM Foundation. It is a privilege to serve as your executive director. ▀

ETHICS

ETHICS IN ACTION

Ryan D. Paterson, MD

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CASE

You are currently in a US-based residency program, completing an international emergency medicine rotation at a hospital in a low-resource country. As the only doctor in the emergency department overnight, you receive a call from a hospital two hours away. The referring physician asks you to accept, in transfer, a patient who sustained a head injury 12 hours previously. Currently the patient has a GCS of 13, and is known to have a 2cm depression fracture of the left parietal skull confirmed by x-rays, since no CT scanning technology is available at the transferring hospital. Given the lack of CT scanning technology in the country, a CT is generally considered an adjunct to clinical diagnoses, and due to a lack of neurosurgeons, medical management precedes surgical intervention. The local guidelines are to observe a patient with head injury for 6 hours, and if the patient's neurological status declines, then he is given a bolus of mannitol and observed for another six hours for improvement. An operation is only considered in cases of decline after mannitol. This patient has not received mannitol, and the transferring physician suggests that you obtain a CT scan to further clarify the patient's diagnosis. Although you do have a CT scanner, you are only permitted two emergent CT scans per 24-hour period due to cost containment protocols, and you have already allocated those two scans to patients in your emergency department. Given these circumstances, how should you proceed: Should you accept the patient in transfer? And if so, should you obtain a CT scan?

DISCUSSION

Medical trainees are often enthusiastic when given the opportunity to conduct short-term electives in underserved/resource-poor settings around the world. The motivation for such electives lies somewhere between altruism and a desire to experience the exotic. Regardless of the motivation, the opportunity to undertake international global health electives is increasingly part of medical training in the US. For example, in a 2008 survey of 96 US allopathic medical schools, McKinley, et al. reported that 59% of the schools had international rotations for residents and 11% a formal global health track for medical

students.^[1] According to the 2012 Association of American Medical Colleges graduate questionnaire, 30.4% of American medical students participated in a global health rotation during training. Thus, medical trainees in all types of specialties engage in global health work during their formative years. The central question of this commentary is: What ethical complexities exist surrounding an international rotation, and how do these short-term clinical experiences in resource-limited countries influence an EM physician's ethical standards "back home"?

Many trainees hold the view that it is generally ethically appropriate for physicians to undertake short-term medical relief missions and electives. This assumption is based on the principle of beneficence with the consideration that providing some health care service is better than no medical assistance. Yet this ethical challenge, related to short-term international health work, is significant, and the ethical equation may not be so simple, particularly when some medical assistance may lead to future harms both for the patient and for the local health care system.

Medical students and residents in the United States are trained to practice medicine in a resource-rich setting. Significant issues arise when a physician or student, trained with access to the most advanced equipment and testing, is suddenly expected to take on a greater stewardship role for finite medical resources, or to practice medicine using unfamiliar treatment and testing modalities. In response, some trainees may defer to the clinical practices and protocols of their host setting, while others may attempt to practice medicine according to the standards "back home." The case above highlights such a conundrum. For example, how can an international rotator decide when it is clinically, and ethically, appropriate to defer a CT scan in a patient with a depressed skull fracture when her US-based medical training suggests that patients with depressed skull fractures should receive a head CT to evaluate for an intracranial hemorrhage requiring an operation? Similarly, medical trainees abroad are

Continued on Page 7



often asked to perform unsupervised procedures that they have never previously performed, or to undertake procedures that are above their competence level.^[2] One may argue that being asked to make such a decision or perform such procedures without specific training borders on experimentation on the underserved, and is unethical in light of the primary duty of nonmaleficence.

The situation can be remedied by adequate pre-rotation preparation and close supervision during the international rotation. Yet most international rotators receive little dedicated teaching on local patterns of disease and treatment protocols, they often are not trained in the bioethics of international medical relief, and once abroad they routinely lack adequate clinical supervision.^[3] If adequately prepared and supervised, international rotations can provide fascinating educational experiences to the US medical trainee, improve cultural competence, enhance medical knowledge, and strengthen clinical aptitude.^[4] Moreover, international work may also attune American trainees to their responsibility of ethical stewardship in the management of finite medical resources. Indeed, prudent resource stewardship is part

of the American College of Emergency Physicians (ACEP) code of ethics and is a growing part of the emergency physician's role in the changing United States health care system. Finally, international rotations can help teach residents to calibrate their medical practice between the ethical poles of beneficence and nonmaleficence.

As more American medical trainees spend time in global health activities, medical schools and residency programs need to enact specific policies and pre-field training that will prepare them appropriately and ensure that, while abroad, students and residents are adequately supervised. By doing so, we help to assure that trainees learn the most from their international experiences and realize the altruistic goal of lending knowledge and skill to benefit others. ▀

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3. Shah, S. and T. Wu, The medical student global health experience: professionalism and ethical implications. *J Med Ethics*, 2008. 34(5): p. 375-8.
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The 2013 Program Committee would like to recognize the Medical Student Ambassadors for their diligence and hard work in helping make the 2013 SAEM Annual Meeting a success!

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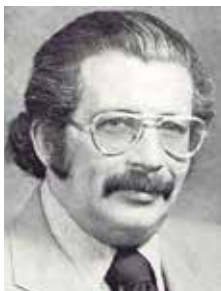
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RON KROME, MD, FOUNDER AND FACILITATOR OF ACADEMIC EMERGENCY MEDICINE

By Brian Zink, MD



Ron Krome, MD

The world of emergency medicine lost Ronald Krome, MD, one of its true heroes, on May 23, 2013. Dr. Krome was one of the most important and influential leaders in the formation of emergency medicine as a US medical specialty. In reviewing the history of our field from 1970 to 1990, one finds that Ron Krome is there at every key juncture as a significant figure both on the practice side of emergency medicine and in the academic world. His most important role may have been to serve as a unifier

who spoke the language of emergency physicians in community practice but also had academic credibility in education and research. Dr. Krome is the only person to accomplish an amazing emergency medicine leadership trifecta, serving as president of the American College of Emergency Physicians in 1976-1977, president of the University Association of Emergency Medicine (UAEM, the precursor to SAEM) in 1978, and president of the American Board of Emergency Medicine in 1984-85. He helped to transform UAEM from a surgeon-dominated organization to the new academic home for early emergency physicians and residents. Krome was also the inaugural chief editor of the *Annals of Emergency Medicine* when it started (replacing the *Journal of the American College of Emergency Physicians*) in 1980, and served in that important role for many years. It is hard to imagine how one man could have done all these things, while at the same time leading a busy, challenging academic emergency department in Detroit.

Dr. Krome's contributions to education at Detroit Receiving Hospital, Wayne State University School of Medicine, and later at William Beaumont Hospital were substantial in the number of emergency medicine residents he trained, but also in producing research fellows and junior faculty members who went on to define the field. He was a tough but beloved mentor who was cherished for his quotes and one-liners, such as: "You can say anything you want as long as you are right," and, "When all else fails, look at the patient!" (submitted by Brian O'Neil, current chair of Emergency Medicine, Wayne State). Krome could be blunt and prone to salty language, but his values shone through – he was patient-focused, and a true champion of education in EM. He was an early and ardent supporter of clinical research that would transform our field. Some more descriptors of Krome from the AACEM listserv: "Bigger than life"; "A champion is gone"; "His personality was larger than life"; "...interesting and irreverent in a funny way"; "A giant-sized impact on the field and me"; "He left his mark"; "...A true legend in our field."

Ron Krome's moxie and verbal sparring skills made him a key warrior in the battle to develop emergency medicine as a specialty Board. On the other hand, his softer side also allowed him to forge compromises with enemies of emergency medicine that led to progress toward a specialty Board for EM. A lover of auto racing, fountain pens, and fine cigars, Krome captivated younger physicians with stories from the early days of emergency medicine.



Dr. Krome speaks at "An Evening Honoring Brooks F. Bock, MD," February 2006, Dearborn, MI
Photo courtesy of Wayne State University Photography

His voice was gruff, resonant, and intense, but his speech was often punctuated with higher-pitched laughter.

My favorite memory of Dr. Krome was when I interviewed him for a book on the history of emergency medicine. Because he was still fond of cigarettes (post cardiac bypass surgery), we were conducting the interview outside on the patio of his home in Naples, Florida. Ron gave an animated account of his role in the history of emergency medicine. The heavy cigarette smoke mixed with the balmy night air, and in the haze he seemed like a grizzled private investigator from the film noir era. He related how a friend – a surgeon – had asked: "Ron, what did you do with your career?" Krome's response to me was:

*...I'm one of the people that helped change the face of emergency medicine and there are very few people, Brian, that can say that. I'm not a researcher and I'll never come out with a Salk vaccine, and maybe it's egotistical of me to say it, but John Wiegstein, Ron Krome, and a few others - George Podgorny, Peter Rosen, R.R. Hanna - the people with commitment - that were up for this. We changed the face of f***ing medicine, American medicine! (Source: Interview with Ron Krome by Brian Zink, December 9, 2002, Naples, Florida, from Zink, B.: *Anyone, Anything, Anytime: A History of Emergency Medicine*, Mosby Elsevier, 2006)*

This was classic Krome - blunt, to the point, with an expletive thrown in for emphasis – but it was not hyperbole. The things that we now appreciate, and maybe even take for granted in our specialty of emergency medicine, were built on the hard work and talent of Ronald Krome and a few other pioneers who did indeed change the face of American medicine. SAEM, and his colleagues everywhere, are saddened by his passing, but inspired by his magnificent life and contributions. ▀



THE 2013 NRMP MATCH IN EMERGENCY MEDICINE

Louis Binder, MD, Cleveland, Ohio

Professor of Emergency Medicine, Case Western Reserve University

The results of the 2013 NRMP Match became final on March 15, 2013. Emergency Medicine residency programs offered a total of 1744 entry level positions (6.6% of total positions in all specialties). The following numbers (taken from the 2013 NRMP Data Book) include information from all programs that entered the 2013 Match:

	2011	2012	2013
Total # of NRMP positions	26,158	26,722	26,392
Overall % of positions unfilled	4.6%	4.7%	3.5%
Number of EM programs listed	152	153	165
	(150 PG1, 3 PG2)	(All PG1)	(All PG1)
Total PG1/PG2 entry positions	1626	1668	1744
	(1607 PG1, 19 PG2)	(All PG1)	(All PG1)
EM positions/total NRMP positions	6.9%	8.0%	6.6%
# EM programs with PG1 vacancies	2/150 (1.3%)	0/153 (0%)	3/165 (1.8%)
# unmatched EM PG1 positions	5/1607 (0.5%)	0/1668 (0%)	3/1744 (0.1%)
# EM programs with PG2 vacancies	0/3 (0%)	N/A	N/A
# unmatched EM PG2 positions	0/19 (0%)		
Total # EM programs with vacancies	2/152 (1.3%)	0/153 (0%)	3/165 (1.8%)
Total # unmatched EM positions	5/1607 (0.3%)	0/1668 (0%)	3/1744 (0.1%)

APPLICANT POOL DATA

Applicants who ranked only EM programs:

	2011	2012	2013
US graduates	1293	1300	1392
Independent applicants	470	397	434
Total applicants	1763	1697	1826

Applicants who ranked at least one EM program:

	2011	2012	2013
US graduates	1484	1488	1580
Independent applicants	762	344	790
Total applicants	2246	1832	2370

US seniors applying only to EM			
Programs who went unmatched	94/1293 (7.3%)	66/1300 (5.0%)	90/1392 (6.5%)
Independent applicants applying only to EM programs who went unmatched	196/470 (42%)	149/397 (38%)	188/434 (43%)

Percent of matched US seniors who matched in EM residencies	1227/17,607 (4.3%)	1335/17,662 (7.6%)	1302/13,745 (9.5%)
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Breakdown of filled EM positions by type of applicant:

	2011	2012	2013
PG1 EM positions	1607	1668	1744
Filled by US graduates	1268 (79%)	1335 (80%)	1640 (94%)
Filled by independent applicants	334 (21%)	333 (20%)	101 (5.8%)
Total filled	1602 (99.7%)	1668 (100%)	1741 (99.8%)
PG2 EM positions	19		
Filled by US graduates	9 (47%)	N/A	N/A
Filled by independent applicants	10 (53%)		
Total filled	19 (100%)		

	2011	2012	2013
Total EM positions	1626	1668	1744
Filled by US graduates	1277 (79%)	1335 (80%)	1640 (94%)
Filled by independent applicants	344 (20%)	333 (20%)	101 (5.8%)
Total filled	1621 (99.7%)	1668 (100%)	1741 (99.8%)

**** For PG1 filled entry positions (1741), 1428 (82%) were filled by US seniors, 44 were filled by US physicians, 178 by osteopathic physicians, 57 by US international medical graduates, 33 by international medical graduates, 1 by Canadian physicians, and 0 by Fifth Pathway graduates.**

From these data, several conclusions can be drawn:

1. Emergency Medicine experienced a sizable increase of 76 entry level positions in the 2013 Match over 2012 Match numbers (a 4.6% increase, compared with 3% last year), occurring largely from 12 new program in the EM match. Emergency Medicine continues to comprise 6.6% of the total NRMP positions and 9.5% of matched US seniors.
2. Using the higher demand figures (applicants ranking at least 1 EM program), the overall demand for EM entry level positions increased 7% among U.S. Seniors applying to EM programs, and demand from other categories of applicants increased significantly (37 applicants, or 9%). The excess applicant demand over and above the size of the training base is 82 to 626 applicants (5% to 36% surplus), depending on how the parameters of the applicant pool are determined.
3. The proportions of EM positions filled by US seniors versus Independent Applicants (prior US graduates, Osteopaths, and International Medical Graduates) remained similar in 2013 compared with 2012 and 2011. In 2013, 82% of EM entry positions were filled with US graduates, which is a comparable percentage with recent years.
4. The bottom line: Emergency Medicine, despite its continued growth in programs and offered positions, continues to experience a parallel increase in demand for these positions, and a high match rate sustained over the past two decades. An increase of 76 in the supply of EM entry level positions in 2008, coupled with a large increase in demand among U.S. Seniors and a steady demand from other categories of applicants, resulted in a sustained high fill rate for EM programs in 2013 (99%). The cumulative effect of these three trends was also manifested by a low number of unfilled EM positions in the Match (3 in 2013). By historical trends and supply/demand considerations, 2013 was a "seller's year" - an increase in the supply of EM positions, paired with a larger increase in the applicant pool, led to a high fill rate for EM programs and a higher unmatched rate for applicants.
5. For student advisors: the unmatched rate of 6.5% for US seniors, and 43% for Independent Applicants going into EM, continue to support the notion that most US seniors and Independent Applicants who apply will match into an EM residency. ▀



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SAEM 2013 ANNUAL MEETING

ABSTRACT RESEARCH COMPETITION AWARD WINNERS

Winners of this year's abstract research competition are below. Congratulations! Participants in the competition were required to submit a full-length manuscript of their abstract and were reviewed by several members of the Program Committee on their presentation at the meeting and the quality of their manuscript.

Best Basic Science Abstract Presentation

Vikhyat S. Bebarta, MD, San Antonio Military Medical Center: Intravenous Cobinamide versus Hydroxocobalamin for Acute Treatment of Severe Cyanide Poisoning in a Swine (*Sus Scrofa*) Model - a Randomized, Controlled Trial

Best Faculty Abstract Presentation

Chris Moore, MD, RDMS, Yale University School of Medicine: Accuracy of an Ultra-Low Dose CT Protocol for ED Patients with Suspected Kidney Stone

Best Fellow Abstract Presentation:

Simon G.A. Brown, MBBS PhD FACEM, Western Australian Institute for Medical Research, Royal Perth Hospital and the University of Western Australia: Anaphylaxis: Clinical Features and Evidence for a Mast Cell-leukocyte Cytokine Cascade in Humans

Best Medical Student Abstract Presentation:

Austin Kilaru, Perelman School of Medicine at the University of Pennsylvania: Narratives Outperform Summary Content in Promoting Recall of Opioid Prescription Guideline Recommendations

Best Resident Abstract Presentation:

Hendry R. Sawe, MD, Muhimbili University of Health and Allied Sciences: Physicians' Diagnostic Accuracy in Using Simple Clinical Signs for Detecting Anemia and its Severity in Patients Seen at the Emergency Department of a Tertiary Referral Hospital in Tanzania

Best Young Investigator Abstract Presentation:

Catherine M. Wares, MD, Carolinas Medical Center: Emergency Department Prediction of Survival and Neurologic Outcome in Comatose Cardiac Arrest Patients Undergoing Therapeutic Hypothermia is Unreliable

THE SAEM FOUNDATION IS PLEASED TO ANNOUNCE THE 2013-2015 GRANT RECIPIENTS

Institutional Research Training Grant

Brown University Emergency Medicine Substance Abuse Research Fellowship

Roland C. Merchant, MD, MPH, ScD
Rhode Island Hospital



The Brown University Emergency Medicine Substance Abuse Research Fellowship is an innovative training program with the primary objective of fostering the development of skilled independent clinician scientists able to perform high-quality substance abuse research relevant to the practice of emergency medicine. The purpose of the fellowship program is to recruit, train, and retain the next generation

of clinician-scientists to help reduce the devastating impact of substance abuse on our patients and society.

Research Training Grant

Exotic Engineered Surfaces for Preventing Medical Device Infection

J. Scott VanEpps, MD, PhD, BS
University of Michigan



The goals of the research training program include developing a highly individualized, project-oriented training plan that will build on Dr. VanEpps' prior training by focusing on his career development, with emphasis on the path to research independence.

Specific aims are to: 1) compare the deposition efficiency and residence time for *S. epidermidis* and *K. pneumoniae* on functionalized carbon nanotubes vs. conventional CVC materials; and 2) determine how long-term subcutaneous implantation in a rabbit model affects deposition efficiency and residence time on the materials evaluated in Aim 1.

There is a health and economic benefit to recognizing and reducing CLABSI. This will require a more basic understanding of the mechanism by which bacteria flowing freely in the bloodstream or introduced via catheter hub come into contact with and adhere to these catheters. Such understanding will better guide the development of catheter insertion and utilization protocols, as well as aid in the design of new catheter materials aimed at reducing bacterial adhesion.



ANNUAL MEETING AWARD WINNERS

2013 SAEM Hal Jayne Excellence in Education Award



Michael S. Beeson, MD, MBA
Akron General Medical Center

Dr. Michael Beeson is a graduate of The Ohio State University College of Medicine. He completed an emergency medicine residency in 1985. For the next ten years, he focused on clinical practice, learning administrative aspects of emergency medicine, and completing an MBA degree from Case Western Reserve University with an emphasis on Health Systems Management. In 1994, he was appointed as a program director. For the next 20 years Dr. Beeson introduced innovations into emergency medicine education. This has included a topic-oriented curriculum in which the conference schedule, reading schedule, testing schedule, and faculty development is coordinated into one system of education. Other innovations have included PGY level-specific courses integrated into the conference schedule. Dr. Beeson's residents at Akron General Medical Center have responded to this emphasis on education with significant numbers electing to take fellowships and advanced degrees.

Dr. Beeson saw a need in his own program for more systematic testing of medical knowledge. Knowing that other programs would have a similar need, Dr. Beeson transformed the CORD Question Bank into an online testing system, with individual programs able to participate by sharing in the overall cost of the server, software, access, etc. In over ten years, over 500,000 online tests have been taken. The CORD Question Bank has grown to over 2,000 questions. Dr. Beeson provides a similar service to CDEM, with an online national M4 test as well as topic-oriented tests available to all students if their clerkship director so chooses. Dr. Beeson implemented the SharePoint service of CORD, in which any program can upload solutions and resources that they have developed, in order for all programs to benefit. Dr. Beeson is currently looking at ways to facilitate the objective scoring of Milestones, using an online system for end-of-shift evaluations.

Dr. Beeson has received numerous awards over the years for his efforts on local and national levels. He has been awarded Teacher of the Year twice by residents. He was inducted into AOA after nomination by medical students from Northeast Ohio Medical University. For his efforts within CORD he was given the CORD Impact Award. The ACGME recognized Dr. Beeson for his efforts at providing solutions for all programs by awarding him the Parker J. Palmer Award. EMRA recognized Dr. Beeson with its Residency Director of the Year award.

Dr. Beeson's focus has recently broadened to include educational research. He has authored or co-authored over 30 articles published in the literature, and numerous chapters, both in textbooks and online.

Dr. Beeson has held numerous leadership positions: chairman of the SAEM Graduate Medical Education Committee; president of CORD; chairman of the ABEM Initial Certification Task Force

Advisory Panel; and current vice chair of the RRC. Most recently Dr. Beeson chaired the Emergency Medicine Milestone Working Group that developed the Milestones for our specialty, and was elected to the ABEM Board of Directors for a term starting in July 2013.

Dr. Beeson's passion has been education, facilitating the success of residents within his program at Akron General Medical Center. Some of his greatest joys have been in witnessing medical students and residents achieve success where they initially did not see their potential. His interviews with medical students are focused on their goals, and different ways that they may be achieved.

Dr. Beeson is the first one to point out that he has been fortunate to have had so many individuals help him over the years. "I have had many great people influence, help, and support me. I will always be grateful for the encouragement from Sam Cleveland, my first ED director. He recognized my interest in education long before I did. And I continue to be grateful to the residents and faculty at Akron General Medical Center, and specifically Nick Jouriles, my chair, for their support."

Dr. Beeson has been influential to emergency medicine education on local and national levels. He inspires those around him to achieve their potential. He looks for solutions that all residencies, residents, and faculty may benefit from. His legacy is turning ideas into reality, in turn inspiring others to do the same.

2013 SAEM Advancement of Women in Emergency Medicine Award



Kathleen Clem, MD
Loma Linda University
Medical Center

Dr. Kathleen Clem is chair and chief of the Department of Emergency Medicine at Loma Linda University, where she is a professor of Emergency Medicine and Pediatrics. Dr. Clem was the first chief of emergency medicine at Duke University, a position she held for almost a decade.

While at Duke she started emergency medicine academic, research, and clinical programs. In 2007, she returned to Loma Linda, where she currently serves as the first and only female department chair at her alma mater.

Dr. Clem has held multiple national leadership roles within SAEM and ACEP. Her passion for the advancement of women was given unprecedented opportunity when she was selected to serve as chair of the SAEM Women in Academic Emergency Medicine Task Force.

Dr. Clem was elected as the inaugural president of the SAEM Academy for Women in Academic Emergency Medicine. The Academy was developed and designed by a group of dedicated people who volunteered their talents and time to make AWAEM a reality. Dr. Clem worked with SAEM leaders to break down

ANNUAL MEETING AWARD WINNERS

barriers, a necessary step towards bringing about the success of AWAEM and providing more opportunities for women in academic EM nationally. Early on Dr. Clem recognized that our specialty is exceptional in that we have many successful individuals with the talent, ideas, and inspiration to achieve even greater success in the advancement of women in academic emergency medicine. She works to harness this energy and provide direction. She has built bridges with other professional organizations to provide even more opportunities for women. Dr. Clem provides ongoing energy and momentum as she leads and pulls diverse talents together. With her involvement and leadership, A WAEM helps develop and provide new and expanded opportunities to women as they continue to move into leadership and management roles in today's complex health care environment. In this and in so many other ways, Dr. Kathleen Clem continues to make the advancement of women in academic emergency medicine a central focus of her career and an important part of her life's work.

2013 SAEM Master Clinician Bedside Teaching Award



Erik Laurin, MD
**University of California, Davis,
School of Medicine**

In a specialty with many outstanding clinician educators, it takes special talent and enthusiasm to achieve recognition. Dr. Erik Laurin is highly deserving of this award: he is an emergency physician whose primary responsibility is clinical teaching of emergency medicine residents and

students in a high-acuity academic setting, and who is regarded by current residents, medical students, and residency graduates as a master clinician educator who has profoundly influenced their clinical practice. As our current chief resident wrote as part of his nomination, "Erik Laurin is a once-in-a-residency educator among an elite group of accomplished educators and physicians. For myself and many of my peers, as well as medical students who did and did not enter emergency medicine, he is a lifetime count-on-one-hand mentor and role model."

Dr. Laurin's passion for education began during his years as an undergraduate student at the University of Michigan, where he helped teach independently paced courses in physics and biology. He then came to UC Davis for medical school and chose emergency medicine as his specialty for its variety, critical patient care, and ability to impact patients most in need of medical care regardless of economic or social circumstances. For him, emergency medicine was the most fair and just application of medicine, where the sickest were prioritized most highly and equality in care was most evident. He started research in emergency medicine at this time and developed his interest in emergency airway management. His accomplishments earned him the SAEM Excellence in Emergency Medicine Award for the UC Davis School of Medicine in 1996.

He decided to continue his education at UC Davis and completed the emergency medicine residency program in 1999. During these years he continued in educational endeavors and clinical research, with authorship on some of the first emergency department studies on airway management and rocuronium use in RSI. He received the Resident Research Award and also the Bo Tomas Brofeldt Award, a very prestigious award for humanitarianism from his peers at UC Davis.

Since then, in his 13 years as a faculty member in the Department of Emergency Medicine and academic advisor in the UC Davis School of Medicine, he has consistently demonstrated passion for teaching and an ability to impact, educate, and advocate for learners. In 2001 he was awarded the Department's Clinical Teacher of the Year Award, given to the faculty member with the most outstanding teaching skills and dedication to education. In 2005 he was awarded the Department's Emergency Medicine Excellence Award, awarded to the faculty member that best serves as a role model in emergency medicine. In 2010, he was honored once again with the Department's Clinical Teacher of the Year Award. Most recently, in 2013, he was awarded the UC Davis School of Medicine Inspirational Faculty Educator Award, given to a faculty member that demonstrates dedication to education and serves as a role model for medical students; he was nominated by not just one, but many students that had benefitted from his clinical skills and advising.

In addition to the above-mentioned roles, he finds tremendous satisfaction and professional challenge as an instructor for The Difficult Airway Course. This intensive, national three-day course on emergency airway management is designed to increase the knowledge base, analytical thinking, and technical skills of practicing emergency physicians. The course faculty members are internationally-known for their airway skills and educational abilities, and learning from them and the course participants has further refined his effectiveness as an educator on all levels, from medical student education to cutting-edge and novel instruction to seasoned physicians.

When we look at great educators, we see that several have the credentials described above; the truly exceptional have creativity in their methods and personal investment in the success of their learners. As department chair at UC Davis for almost eight years, having been a faculty member at several institutions, and having mentees scattered around the country, I have seen few faculty that make an impression on students, residents, and junior faculty like Dr. Laurin. His key roles in education have been a determining factor in rotating students choosing UC Davis for residency. He is an innovator in curriculum design, and has expertise in medical simulation and ultrasound. He has created a condensed preparatory course for new third-year medical students to learn technical skills, perform bedside ultrasound, practice code blue response, and learn other aspects vital to success on the wards and in the ED, such as oral presentation skills and personal wellness. Lastly, he is generous in his time and enthusiasm for emergency medicine, as he is always the first to welcome and precept visiting international students and residents, showing them the aspects of our work that make emergency medicine a truly unique and great specialty.



ANNUAL MEETING AWARD WINNERS

We celebrate Dr. Laurin's accomplishments and recognition, and just as in clinical care and research, are proud to see the bar naturally raised by Dr. Laurin in education, with the outstanding training of the next generation of educators in emergency medicine he provides. In a specialty with so many prolific and effective clinician educators, the future is very bright. We thank SAEM for this award and for their continuous support of the advancement of emergency medicine.

*Nathan Kuppermann, MD, MPH
Chair of Emergency Medicine; Professor,
Emergency Medicine and Pediatrics
University of California, Davis, School of Medicine*

2013 SAEM John Marx Leadership Award



Vincent Verdile, M.D.
Albany Medical College

Dr. Vincent Verdile has served as the 17th dean of Albany Medical College – his alma mater – since 2001, capping a career of leadership in academia and emergency medicine. He also serves as Executive Vice President for Health Affairs at Albany Medical Center, overseeing the biomedical research program, medical and

allied professional education programs, and the physician faculty practice plan.

During the course of his extraordinary career, Dr. Verdile has been a dedicated and highly effective advocate for advancing the field of emergency medicine. He has shown remarkable leadership capabilities, resulting in a rapid ascent through the ranks of academic medicine.

Dr. Verdile attended Union College in Schenectady, NY, where he received Bachelor of Science and Master of Science degrees. He received his medical degree from Albany Medical College in 1984, and was voted president of his medical school class.

Dr. Verdile completed residency training at the University of Pittsburgh, where he was named chief resident and was awarded the Ronald Stewart Award for Excellence in Teaching. After residency, he served in multiple leadership roles in the emergency department at the University of Pittsburgh, including associate program director, associate chief of the division of emergency medicine, associate director of hyperbaric medicine, and medical director of the emergency department at Presbyterian University Hospital.

In 1993, Dr. Verdile joined the emergency medicine faculty at Albany Medical College as vice chair of the department. Over the next few years, he would twice be voted "Attending of the Year" by the emergency medicine residents. He was named department chair in 1998.

Throughout his career, he has served as an exceptional leader in emergency medicine at the local, state, and national levels. His numerous leadership positions have included several in the National Association of Emergency Medical Services (EMS)

Physicians as well as several at the state and national levels of the American College of Emergency Physicians (ACEP). In 2000, he served as president of the New York chapter of ACEP. He has also held multiple national leadership positions in the Society for Academic Emergency Medicine (SAEM), including chairman of the SAEM Physio-Control Fellowship Selection Task Force, SAEM representative to the National EMS Alliance, and chairman of the SAEM EMS Committee.

Perhaps the most important leadership role he has had for our field is being a trailblazer to the dean's office. At the age of 46, he was the first residency-trained emergency physician to be named dean of an accredited medical school. Yet like all situations, getting the job is only the first step; success in performing the job is what counts most. Without any question, Dr. Verdile has been an extremely successful dean, as evidenced in part by the duration of his tenure. Currently, only six deans in the country have been on the job longer. Among the honors he has received during his tenure as dean are the William S. McElroy Award from the University of Pittsburgh Medical Alumni Association and the Meritorious Service Award from the Albany Medical College Alumni Association.

Dr. Verdile has freely and generously offered invaluable mentorship to countless emergency physicians across the country. He is the epitome of the servant-leader – one who leads not by dictate, but by example. He is a modest and genuine person who focuses enormous energy on enhancing the welfare of others. In short, he is the ideal role model for a leader in the field of emergency medicine and an imminently deserving recipient of the John Marx Leadership Award.

*Christopher King, MD
Chair of Emergency Medicine
Albany Medical Center*

2013 SAEM Excellence in Research Award



Gail D'Onofrio, MD, MS
Yale University School of Medicine

Dr. Gail D'Onofrio has had a profound impact in the specialty of emergency medicine. She pioneered the recognition and treatment of emergency department patients with alcohol or drug use disorders. She is the founding chair of the Department of Emergency Medicine at Yale, where she oversees clinical operations for three high-volume EDs, totaling over 185,000 visits annually. She still maintains an active research portfolio, and she has mentored many junior faculty, fellows, residents, and students.

Dr. D'Onofrio has been an NIH-funded independent investigator for 19 years, and has secured over \$15 million in grant support. She is passionate about creating systematic change to improve the health of the public and creating new knowledge that moves the field of EM forward. Her work spans scientific discovery to translation and implementation.

ANNUAL MEETING AWARD WINNERS

She developed and empirically tested behavioral interventions, namely the Brief Negotiation Interview (BNI), for alcohol and other drug disorders, and pharmacological interventions for the treatment of recurrent alcohol withdrawal seizures and opioid addiction. Her research has determined that: 1) lorazepam decreases recurrent alcohol withdrawal seizures; 2) brief interventions in the ED decrease alcohol consumption and reduce episodes of driving after drinking at 12 months; 3) ED-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy alcohol and drug use results in high rates of enrollment in treatment; and 4) buprenorphine initiated in the ED for opioid dependence is feasible. Her research has changed clinical practice, and demonstrated that the ED environment can be an important location for providing public health interventions. She has served as principal investigator on two R01 clinical trials funded by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) assessing the efficacy of emergency practitioner-performed brief interventions for hazardous and harmful ED drinkers. She is currently the PI on two federally funded grants: one from the National Institute on Drug Abuse (NIDA) for a clinical trial testing buprenorphine for opiate-dependent ED patients, and another from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a large U01 grant to train residents from five specialties in SBIRT. She also has a strong interest in women's health, particularly related to heart disease, and served for many years as Director of the Yale-New Haven Hospital Women's Heart Program. This work was funded by the Department of Health and Human Services' Office on Women's Health. More recently, she is a senior investigator on a large grant from the National Heart, Lung, and Blood Institute investigating the role of demographic, clinical, metabolic, biochemical, genetic, psychosocial, and lifestyle factors on outcomes for young women and men with acute myocardial infarction. The study has enrolled 2,000 women and 1,000 men in 104 sites across the U.S.

Dr. D'Onofrio has nearly 100 publications to her credit, many in high-impact journals such as the New England Journal of Medicine, JAMA, Annals of Emergency Medicine, and Substance Abuse. In addition, she has developed original educational works such as manuals describing the BNI, videos, laminated cards, and innovative technologies including websites and an online virtual coach to practice and master the skills of motivational interviewing. She collaborates with researchers in many disciplines both within and outside Yale. Her expertise is evident in the fact that she has reviewed grants for multiple NIH institutes and travels extensively throughout the United States and abroad on the behalf of NIAAA and NIDA disseminating her findings. Her research presentations have been conducted at conferences, lectures, and symposia sponsored by organizations such as the Society for Academic Emergency Medicine, the American College of Emergency Physicians, the American Heart Association, the Association for Medical Education and Research for Substance Abuse (AMERSA), the College on Problems of Drug Dependence, and the Research Society on Alcoholism.

Dr. D'Onofrio is recognized for her work and efforts in several venues. She is a founding member of the American Board of Addiction Medicine (ABAM), representing the field of EM,

and serves on the committee that prepares ABAM's certifying examination.

She has a long track record of mentoring young investigators and senior faculty, and has led numerous mentees to be independently funded researchers and clinicians. She has been a mentor on several K awards and many R01 proposals. In 2008 she received the prestigious Excellence in Mentorship Award from AMERSA. Most recently, Dr. D'Onofrio received from NIDA a K12 award to develop a three-year postdoctoral, interdisciplinary, mentored career development fellowship focusing on developing physician scientists in the areas of prevention and treatment of drug abuse, addiction, and HIV.

In summary, Dr. D'Onofrio is a prolific researcher in emergency medicine. She has contributed widely across the field and has mentored others selflessly to ensure that they have the education, experience, and resources needed to be successful clinicians and scientists. She is committed to "paying it forward" and training the next generation of EM researchers.

2013 SAEM Young Investigator Award



Nathan White, MD, MS
University of Washington
School of Medicine

Words that immediately come to mind when one is asked to describe Dr. Nathan White include intelligent, enthusiastic, focused, driven, dedicated, innovative, creative, collaborative, and generous. In a very short period of time, Nathan has established himself as an outstanding physician scientist with tremendous future potential, as well as an excellent clinician and teacher.

Dr. White received his medical degree from Wayne State University in 2003, after which he completed his emergency medicine residency at the University of Cincinnati in 2007. Nathan's drive and passion for discovery led him to complete a three-year research fellowship (2010) at Virginia Commonwealth University, funded by a highly competitive NIH National Research Service Award, focused on the study of coagulation function in the setting of critical illness and injury (NIH-NIGMS, Coagulation in Critical Illness and Injury). Nathan was exceptionally productive during this time, completing his Master's in Science in Clinical Research and Biostatistics and acquiring a strong foundation and expertise in translational animal models of polytrauma and cardiac arrest. Additionally, he developed a strong foundation in the basic science of coagulation and began the discovery work of characterizing the acquired coagulopathy observed to occur in the settings of cardiac arrest and acute traumatic hemorrhagic shock. In July 2010 Dr. White joined the faculty at the University of Washington (UW), where he has continued to demonstrate exceptional investigative talents and productivity. Dr. White's continued research focus is the post-translational modifications of coagulation proteins during traumatic shock. Specifically, he has



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identified and begun to characterize changes in key coagulation proteins that result in enhanced and early fibrinolysis, and hence the potential for increased blood loss and mortality. Importantly, Dr. White has also been able to isolate potential molecular markers of these changes. These investigations are leading to a re-examination of our understanding of the relationship between inflammation and coagulation during critical illness, and have significant potential to improve treatment for a population of patients with great morbidity and mortality.

Dr. White's drive and talents have resulted in several early career successes. His accomplishments and great promise as a physician scientist were recognized early at UW, and he was selected to become a UW Institute for Translational Health Sciences (ITHS) Multidisciplinary Clinical Research Career Development Program (KL2) Scholar, funded through the NIH CTSA program. The title of Dr. White's award is Oxidative Modification of Coagulation Proteins in Critical Illness and Injury. Dr. White is in his third year of this career development award, which is providing him with the opportunity to further advance his knowledge of the basic science of coagulation through the mentorship of Dr. Jose Lopez, an internationally known researcher in the area of coagulation.

As noted above, Nathan is highly collaborative and possesses a true understanding of the importance of interdisciplinary work in facilitating the most successful and meaningful research with the greatest potential impact. His ability to reach across multiple and wide-ranging disciplines has enabled him to build an exceptional research team at UW. He has built a research team that includes faculty from the Puget Sound Blood Center, University of Washington Hematology and Emergency Medicine, the Department of Biochemistry, and the departments of Chemical and Mechanical Engineering. Evidence of this group's effectiveness is their recent success in competing for the University of Washington Coulter Translational Research Award with their grant entitled Platelet-Dx: a Microfluidic System to Measure Platelet Clotting Forces. Nathan is also a co-investigator for a US provisional patent entitled An Integrated Approach to Detect Platelet Dysfunction for Improved Trauma Medicine: Device for Measuring Platelet Coagulation.

Dr. White's dedication, passion, and investigative talents have already resulted in publications in an impressive array of journals, including Blood Coagulation and Fibrinolysis; Shock; Resuscitation; and Biophysical Journal. His work has been recognized nationally in academic communities both within and outside of emergency medicine. He received the Young Investigator Award at the American Heart Association Resuscitation Symposium two years in a row (2009, 2010), and has presented internationally at the 2011 International Society on Thrombosis and Haemostasis Bi-annual Congress in Kyoto, Japan.

Just as important, Nathan is an exceptional teacher. Specifically, he has an extraordinary ability to educate around and communicate complex scientific concepts, and he recognizes the importance of developing other young investigators. He has already served on the dissertation committee of and as a mentor for a doctoral student in chemical engineering, mentoring her in the area of fibrinogen biochemistry, hemostasis, and trauma medicine. Recently, this

PhD candidate successfully defended her dissertation focused on the rheology of fibrinogen. Additionally, Nathan is serving as a mentor for one of the UW Trauma and Critical Care fellows in the Department of Surgery. His mentorship contributed to her receiving the Best Basic Science Prize for Region 10 in the American College of Surgeons Committee on Trauma Research Competition. Dr. White additionally serves as medical director for the US Special Operations Medic Training Program at Harborview Medical Center, in which Special Forces medics receive hands-on training to help prepare them for deployment. Just as important, he has been a superb mentor and teacher for residents and medical students in the laboratory and clinical arena.

In summary, while Dr. White's scientific career may be at an early stage, his work is already recognized as making a difference in advancing the science of trauma resuscitation, and has considerable potential to impact a disease with exceptionally high morbidity and mortality. Nathan's ability to reach across disciplines and his developed expertise in both clinical research and basic science allow him to effectively bridge the bench to the bedside better than some of the most senior investigators can. Dr. White is an exceptionally talented and passionate young investigator dedicated to making a difference, with a tremendous career trajectory. He exemplifies excellence in his research, teaching and clinical work, and will no doubt continue to make important contributions to the science of resuscitation medicine and the specialty of emergency medicine.

Susan Stern, MD

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

2013 SAEM Young Investigator Award



Comilla Sasson, MD, MS
**Denver Health Medical Center/
University of Colorado School
of Medicine, Denver**

Dr. Comilla Sasson completed clinical training in emergency medicine at Emory University in 2006. Following residency, she joined the Robert Wood Johnson Foundation Clinical Scholars Program at the University of Michigan, where she completed advanced health services research training. During that time, Dr. Sasson completed a Master of Science degree in Health Services Research and began to develop expertise in out-of-hospital cardiac arrest and health care disparities, and quickly achieved national recognition in both areas.

In 2010, following completion of the Clinical Scholars Program, Dr. Sasson joined the faculty in the Department of Emergency Medicine at the University of Colorado School of Medicine.

Since that time, she has excelled as a young scientist, demonstrating an unparalleled aptitude for scientific investigation and academic productivity, driven principally by vision, creativity, and innovation.

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In the past three years, Dr. Sasson has published over 40 peer-reviewed original research articles – on the majority of which she served as first or senior author – and obtained a significant and consistent level of career development funding to support her research and development as an investigator. Dr. Sasson has already first-authored articles published in JAMA and the New England Journal of Medicine, the latter demonstrating an association between neighborhood socio-economic status and race/ethnicity and performance of bystander cardiopulmonary resuscitation. This landmark article shed light on a health care disparity that was previously unrecognized, and has triggered other scientists and public health workers to begin to think creatively about solutions to this problem.

In the past year, Dr. Sasson was also awarded a prestigious Scientist Development Award from the American Heart Association as well as a Career Development Award from the Emergency Medicine Foundation. This was preceded by training or career development awards from the Emergency Medicine Foundation, the American Geriatrics Society, and the Colorado Clinical and Translational Sciences Institute.

In addition to her remarkable scholarly work, she also finds time to collaborate with and mentor new faculty, trainees, and students, and volunteers a significant amount of her time in the community. She is a founding member of Save-a-Life Denver, a collaborative venture partnering public health, the American Red Cross, and industry, and dedicated to increasing survival of those who experience out-of-hospital cardiac arrest by promoting strategic AED placement and community CPR training.

On a personal note, I have been fortunate to work closely with Dr. Sasson for several years and on a number of projects. She is an extraordinarily intelligent, thoughtful, and careful clinical investigator and colleague. She has demonstrated outstanding originality, both in the selection of research questions and in the design and conduct of her studies. She is methodical in her approach, originality, and research problem-solving skills, all of which at this early stage in her development have allowed her to be a valuable contributor to a large number of important clinical research projects. She is also unassuming, but with a sharp focus on and passion for becoming a highly skilled and independently funded physician-scientist in emergency medicine – a goal she is well on her way to achieving. As such, it was a great pleasure to nominate her for the 2013 SAEM Young Investigator Award, and I am very proud to see her receive the honor. Dr. Sasson epitomizes the Society's dedication to high-quality research and education innovation in emergency medicine.

*Jason S. Haukoos, MD, MSc
Director of Research, Department of Emergency Medicine,
Denver Health Medical Center
Associate Professor, Department of Emergency Medicine,
University of Colorado Denver School of Medicine, Department
of Epidemiology, Colorado School of Public Health*

2013 SAEM Young Investigator Award



Daniel Nishijima, MD, MAS
**University of California, Davis,
School of Medicine**

Daniel Nishijima, MD, MAS is an outstanding individual with a number of impressive accomplishments. In his short time as both research fellow and faculty, he has made truly significant contributions to the field of emergency medicine, specifically in the area of head injury. He has also distinguished himself in terms of receiving both national awards and extramural funding for his research.

Daniel is currently in his second year of the UC Davis Mentored Multidisciplinary Clinical/Translational Research Fellowship. This program is sponsored by the UC Davis Clinical Translational Science Center and provides three years of research training via the K mechanism. It is a very competitive program, selecting only two candidates each year. Prior to this, Daniel did his residency at SUNY Downstate/Kings County Hospital, and then completed a UC Davis Emergency Medicine Research Fellowship while earning a Master's Degree in Advanced Studies (MAS).

From the moment that Daniel arrived at UC Davis, he has excelled as a junior researcher. He is very productive. Projects that Daniel starts are reliably taken to completion. He has published 19 manuscripts since 2006, including 14 in the last three years. Daniel is the first author on 11 of these publications. He has already served as the lead investigator on two multicenter projects. He led a project in the Clinical Research in Emergency Services and Treatment (CREST) network. This six-center study prospectively enrolled patients on anticoagulant medications with blunt head trauma. In nearly three years, over 1,000 patients were enrolled, and Daniel oversaw the design and day-to-day operations of the project. Five papers have been accepted from this topic, including on the primary goal of identifying the rate of immediate and delayed intracranial hemorrhage in patients on clopidogrel or warfarin. This is the authoritative work on this difficult topic. In addition, Daniel led the second project in the Western Emergency Services Translational Research Network (WESTRN). This project combined databases from eight trauma centers and demonstrated significant variability in hospitalization practices for patients found with intracranial hemorrhages on their cranial CT scans.

Daniel was recently awarded a three-year contract from the Centers for Disease Control to continue his work studying coagulation and head trauma. In addition, Daniel has been active in SAEM. He is a member of the SAEM Research Committee and has led works on the consensus conference analysis and career development award analysis subcommittees, both of which have been accepted for publication.



2013 SAEM MEDICAL STUDENT EXCELLENCE AWARD WINNERS

Listed below are the recipients of the 2013 SAEM Medical Student Excellence in Emergency Medicine Award. This award is offered to each medical school in the United States and internationally to honor an outstanding senior medical student. This is the eighteenth year this award has been made available. Recipients receive a certificate and one-year membership to SAEM.

Albany Medical College Akhila Pamula	Loyola University Chicago Stritch School of Medicine William Burns	Sanford School of Medicine- University of South Dakota Elizabeth Roeber	University of California, Davis School of Medicine Dariush Garber	University of New England College of Osteopathic Medicine Valerie Doyle
Arizona College of Osteopathic Medicine Katherine A. Stolper	LSU School of Medicine in Shreveport William Stirling Harper	St. George's University School of Medicine Justin Seashore	University of California, Irvine School of Medicine Kiah Bertoglio	University of North Carolina at Chapel Hill Nicholas Alan True
Baylor College of Medicine Ted Fan	Marshall University Shane Richard Dragan	State University of New York Downstate Medical Center Christina Chien	University of California, San Diego School of Medicine David Benaron	University of Ottawa Jeff Yoo
Case Western Reserve University School of Medicine Heather Rybasack-Smith	Mayo Medical School Brit Long	Temple University School of Medicine Ashley Panicker	University of California, San Francisco Julie Gesch	University of Pikeville-Kentucky College of Osteopathic Medicine Jeremy Paul Jackson
Columbia University College of Physicians and Surgeons Kimberly Ann Stanford	Medical College of Wisconsin Lydia P. Mendoza	Texas A&M HSC College of Medicine Scott McCord	University of Connecticut Medical School Si (David) Woo	University of Pittsburgh School of Medicine Joshua Thomas Bautz
Dalhousie University Jennifer Gillis	Medical University of South Carolina Jason J. Crumpler	Texas Tech University HSC-Paul L. Foster School of Medicine James Bailey	University of Florida Patricia B. De Melo	University of Rochester School of Medicine and Dentistry Rachel Waldman
Drexel University College of Medicine Aaron M. Wonnacott	Memorial University of Newfoundland Sara McKinnon	The University of Arizona College of Medicine Elaine H. Situ	University of Hawaii John A. Burns School of Medicine Robert L. Barnes	University of South Alabama Nicole Shaw
Duke School of Medicine Julian Hertz	Michigan State University College of Human Medicine Graham Smith	The University of Chicago, Pritzker School of Medicine Adrienne Azurdia	University of Illinois School of Medicine Sarah Anjali	University of South Florida Morsani College of Medicine Jamie Lee Afeld
East Carolina University Brody School of Medicine Andrew Tee	New Jersey Medical School Daniel Mark Mirau	The University of Missouri - Kansas City School of Medicine Abigail Shniter	University of Iowa Diana Shewmaker	University of Vermont Jonathan Ameli
East Tennessee State University Jason Tate Barber	New York University School of Medicine Farzon Nahvi	The University of Texas Medical School at Houston Andrew J. Coyne	University of Kentucky Terren Trott	University of Virginia Cristina Armengol
Emory University School of Medicine, Emergency Medicine Kyle Tiemeier	Northeast Ohio Medical University Andrew Yocum	The University of Toledo College of Medicine Joshua Zimmerman	University of Louisville Philip W. Oliver	University of Washington Erica Nelson
Florida State University College of Medicine Babak Missaghi	Northwestern University Feinberg School of Medicine Kimberly Everett	The Warren Alpert Medical School of Brown University Zachary Drapkin	University of Manitoba Anne Sutherland	UNTHSC - TCOM Wade Swanson
Georgia Regents University Leonard Allen Yontz	Oregon Health & Science University Rachelle Nicolai	Tulane University Travis Manasco	University of Maryland Medical School Carey Nichols	Upstate Medical University Rhonda Diescher
Harvard Medical School Dylan Patrick Carney	Pacific Northwest University of Health Sciences Justin Fuehrer	UCLA Amy Douglas	University of Miami Miller School of Medicine Graham Ingalsbe	Vanderbilt University Ryan Andrew Fritz
Icahn School of Medicine at Mount Sinai Benjamin Grimmeritz	Perelman School of Medicine, University of Pennsylvania Kelly Elizabeth Quinley	UMDNJ-Robert Johnson Medical School Andrew Moczuła	University of Michigan Medical School Jeffrey Vlasic	Wake Forest University School of Medicine Brittany Matava
Indiana University School of Medicine Daniel Russell Corson-Knowles	Philadelphia College of Osteopathic Medicine Joseph Faccio	Uniformed Services University of the Health Sciences ENS Ryan Austin	University of Minnesota Brittany Brindle	Washington University School of Medicine Ran Ran
Johns Hopkins School of Medicine Paul Logan Weygandt	Queen's University Matthew White	University of Arizona College of Medicine Phoenix Christian J. Dameff	University of Mississippi Medical Center John "Michael" O'Neal	Weill Cornell Medical College Aaron Heerboth
Kansas City University of Medicine and Biosciences Jacob Matthew Pederson	Rush University Medical School Donald Lambka	University at Buffalo School of Medicine & Biomedical Sciences Matthew Steele Battaglia	University of Missouri-Columbia School of Medicine Lacy Reeves	West Virginia University Lindsey Jennings
Keck School of Medicine of USC Kayla Jeanne Dewey	Saint Louis University School of Medicine Caroline A. Dowers		University of Nebraska Medical Center Scott Madden	Western University of Health Sciences Cody Andersen
Loma Linda University School of Medicine Molly Estes			University of Nevada School of Medicine Monique Lloyd	Wright State University, Boonshoft School of Medicine Kevin James Yavorcik
				Yale School of Medicine Jonathan Fu





SonoGames™ competitors. Courtesy of Corey Heitz, MD.



SONOGAMES™ 2013: A FIGHT TO THE FINISH...WITH GEL!

Andrew Liteplo, MD Massachusetts General Hospital

We know it saves lives. We know it saves time. We know it saves money. But who knew that ultrasound could also be used as a way to compete?

On May 18, at the 2013 SAEM Annual Meeting in Atlanta, GA, the Academy of Emergency Ultrasound hosted the 2nd Annual SonoGames™, a four-hour competition amongst emergency medicine residencies in ultrasound knowledge and skills.

History

The SonoGames™ was initiated as a concept in the spring of 2011, when Dr. Andrew Liteplo and Dr. Resa Lewiss, education officer and president, respectively, of the newly formed SAEM Academy of Emergency Ultrasound conceived the idea of an interactive competition as a novel educational tool for the next year's SAEM Annual Meeting. Originally dubbed the Sonolympics, the event was renamed to avoid copyright infringement, and the SonoGames™ were born. Drs. Liteplo and Lewiss co-chaired the five-member SonoGames™ Organizational Committee, and planning started immediately. Twelve months later the inaugural SonoGames™ took place at the SAEM Annual Meeting in Chicago, IL. "We thought that an interactive game-based competition would be an effective way to engage a large number of people," said Dr. Lewiss.

SonoGames™ 2012 was an overwhelming success. Thirty-eight residencies competed, with the team from Boston Medical Center emerging as SonoChamps, their dominating performance earning them the right to take home the SonoCup until the next year's competition. When asked to sum up their impression of the event, the winning team quipped, "The SonoGames™ are a rat race of sonovation, determination, and endurance. Every round felt like it could have ended in our elimination. It is a pressure cooker of resident ultrasound that is a nerdy adrenaline rush, and when all the gel is gone only one team is left victorious."

Organizing the Games for 2013

This year's SonoGames™ Organizational Committee again consisted of five members: Dr. Andrew Liteplo again co-

chaired, along with Dr. Nova Panebianco; the other committee members were Dr. Resa Lewiss, Dr. Alice Murray, and Dr. Geoff Hayden, the latter serving as Industry Liaison. Multiple volunteers from the emergency ultrasound community helped with registration, modeling, timekeeping, judging, and staffing of the event. Additionally, Drs. Matt Dawson and Mike Mallin of the Ultrasound Podcast served as the videographers of the event. Look for live video footage and commentary on their website www.ultrasoundpodcast.com. Importantly, the SonoGames™ organizers were grateful to SAEM leadership, who partly covered the cost of the event. This generous help made it possible for proceeds from the event to go directly to fund future educational and research initiatives within the AEUS.

Industry

This year the SonoGames™ were fortunate to have great support from the ultrasound industry. Zonare, Philips, and Mindray provided both machine support and monetary support, with generous contributions from SonoSim's SonoSimulator®, MedaPhor's ScanTrainer®, CAE's VIMEDIX®, and Simulab's CentralLineMan®. Organizers received a great deal of appreciative and excited feedback from the event sponsors.

The Teams

At SonoGames™ 2013, 117 residents from all corners of the country formed the three-person teams that represented 39 EM programs. Teams were encouraged to arrive with creative names and costumes, and awards were given out for the best in each category. While "Half FAST" (George Washington University), "The Ruptured Globe Trotters" (University of Connecticut), "Houston Lung Rockets" (University of Texas at Houston), "Inferior Vena Cavaliers" (University of Virginia), and "Hertz So Good" (University of Michigan) were among the favorites, the award for Best Team Name went to "Sono-you-didn't" from St. Luke's-Roosevelt Hospital Center. The award for Best Costume went to the "Posterior Acoustic Enhancements" from the University of Arizona, which had extra padding in all the right places (Turn down that gain!).

Continued on Page 21



The Main Event

The SonoGames™ consisted of three exciting, educational, and fun-filled rounds.

The first round, “The Eliminator,” was a series of 39 ultrasound-related multiple choice questions. In each question teams were shown an ultrasound image or clip and were asked about the findings, diagnosis, or management of what they saw. Almost all applications of point-of-care ultrasound were assessed. Results were shown and then each question was followed by another slide discussing the teaching points related to the question. “It was important for us to not lose sight of the educational mission of the SonoGames™,” said Dr. Liteplo, who emceed the event and Round 1. “We wanted to be sure that anyone who came out to compete or watch would leave with some valuable teaching points regarding clinician-performed ultrasound, and so we designed the questions to optimize this learning.” Ten teams advanced to the second round.

In Round 2, teams rotated among five different skill stations and competed in various challenges that assessed all three components of point-of-care ultrasound: image acquisition, image interpretation, and incorporation of findings into clinical management. Stations were as follows:

I’m Not Dead Yet! – SonoSim and SonoGames™ organizers designed ten clinical cases with ultrasound findings: Teams were given a list of these cases and a stack of diagnosis cards and management cards, and were asked to match the correct diagnosis and management to each of the cases based on performing and interpreting their own simulated ultrasound using the SonoSim SonoSimulator® laptop-based ultrasound training machine.

Stump the Chump. – Teams competed against ultrasound experts Dr. Chris Moore (Yale University) and Dr. Chris Raio (North Shore University Hospital) in a scan-off. Ultrasound views typically encountered in point-of-care ultrasound were randomly selected, and the teams had to acquire that view on their model before the expert did the same on his. Points were awarded to the faster scanner, and more points were given for higher-quality images. Experts were handicapped by a three-second delay and needed to scan with their non-dominant hand. “I truly think I improved my left handed scanning, which is a good thing...” said Dr. Moore at the end of the day.

It’s Neck and Neck! – This station used the Simulab CentraLineMan® simulator. Team members needed to work together to perform as many central lines as possible in the allotted time. One person performed the procedure, another held the ultrasound transducer, and the third was the only one that could look at the screen and guide the others. Teams were additionally challenged by having certain randomly selected hurdles to overcome, such as having to have all verbal communication in song, or performing the procedure with handcuffs, or while listening to Celine Dion at top volume. After a few close calls, organizers commented that next year they will be sure not to ever blindfold the person holding the needle!

It Takes a Very Steady Hand. – This station used the MedaPhor ScanTrainer®, a simulator in obstetric and gynecologic transvaginal ultrasound. Teams had to scan through simulated pelvic anatomy and work through three cases, each with five questions based on clinical and ultrasound findings.



(Top) The Victors.

(Left) Posterior Acoustic Enhancements from the University of Arizona, winners for Best Costume.

(Right) HAEMR Time, the team from the Harvard-Affiliated Emergency Medicine Residency.

The simulator was so lifelike that it even screamed when too much pressure was applied!

Sono-Blindfold Challenge. – This station used the CAE VIMEDEX® simulator. Teams were given a brief clinical vignette, then battled head to head in a race to find the pathology. Further challenging was the fact that the scanner was blindfolded and was guided only by verbal cues from the other team members. The team to find the pathology faster scored the points.

Carolinas Medical Center (third place in 2012) and Boston Medical Center were the top performing teams from Round 2 and advanced to Round 3, the final round. Round 3 was emceed by Dr. Lewiss and judged by the other members of the SonoGames™ Committee. The first portion was a head-to-head quiz show format. Questions were based on four landmark ultrasound articles that had been pre-selected by the SonoGames™ Committee and distributed to all participants in advance. The second portion was a live scan-off. Team members had 30 seconds to individually scan a model and acquire a designated image. These images were projected live onto large screens and then voted on by judges and audience. It all came down to the last scan, but in the end Boston Medical Center (Neil Hadfield, Joseph Pare, and Derek Wayman) emerged victorious for an amazing repeat victory!

All in all, the SonoGames™ was again a wildly successful event, bringing together hundreds of emergency ultrasound enthusiasts. “It was the highlight of the conference,” said judge Lori Stolz. As long as there is interest, the AEUS plans to continue this new tradition of a novel, exciting, and high-energy way of learning and teaching ultrasound. Preparations are already underway for SonoGames™ 2014. Get your probes ready! ▀



RESIDENT AND STUDENT ADVISORY COMMITTEE

WELCOME TO THE NEW ACADEMIC YEAR

Kate Nugent, MD
klnugen@emory.edu

On behalf of the SAEM Resident and Student Advisory Committee, I want to welcome everyone to the 2013-2014 academic year, when new medical students will fall in love with our chosen specialty, new interns will experience what it feels like to be called “doctor” for the first time, residents will soak up knowledge while developing personal niches and leadership skills, and attending physicians will continue teaching, advising, and acting as role models for those of us who have picked emergency medicine as our career path of choice.

On the subject of personal niches and leadership skills, the Resident and Student Advisory Committee had the pleasure of hosting a panel discussion at this year’s national SAEM Annual Meeting entitled “How to Become a Trailblazer: Perspectives of Resident Innovators,” moderated by the previous chair of the committee, Dr. Marie Vrablik. Panelists including Dr. Karen Lind (Maimonides Medical Center), Dr. Shereaf Walid (Detroit Receiving Hospital), and Dr. Jon Heidt (Washington University in St. Louis) discussed the changes they implemented as residents, with great leadership and determination; while Dr. Carey Chisholm (Indiana University), the longest-serving program director in emergency medicine, added closing remarks on what he has experienced with regards to resident success in effecting change. Innovation and inspiration were abundant, and feedback proved to be extremely positive. The bar has been set high for next year’s didactic session, with ideas already beginning to circulate at the Committee’s annual meeting.

For those of you who may not be familiar with the Resident and Student Advisory Committee, our mission statement reads as follows: “to serve as educators and advocates for medical

students and residents, and work to increase the involvement and ownership of these groups in SAEM locally, regionally and nationally.” At our annual meeting this past May, we not only began brainstorming ideas for next year’s “Novel Education Program” (effective bedside teaching, becoming a true innovator, developing standout mentoring techniques), we also further developed our goals and objectives for this upcoming academic year.

Led by co-chairs Dr. Megan Cloutier and Dr. Douglas Char, the Committee worked on objectives that include collaborating with the SAEM Program Committee to design a medical student and resident curriculum for the 2014 SAEM Annual Meeting, with a focus on academic career planning, and to develop strategies to expand medical student membership within SAEM and resident involvement on committees. By working with the SAEM Membership and Social Media committees, we also hope to strengthen medical student and resident participation at the regional level. As a dry run this year at our Annual Meeting, the Resident and Student Advisory Committee launched its first annual Research Scavenger Hunt, in which teams of 1-2 residents and medical students signed up by scanning a QR code and competed by searching out specific posters during each poster presentation session and correctly answering related questions. Winners this year were Dr. Michael Galante and Dr. Brendan Fitzpatrick (Washington University in St. Louis), who were awarded free registration to the 2014 SAEM Annual Meeting in Dallas.

With upcoming meetings at the ACEP 2013 in October and the SAEM Annual Meeting in May 2014, we hope that you will join the SAEM Resident and Student Advisory Committee and get involved as advocates for medical students and residents in the field of emergency medicine. ►



DR. JEREMY BROWN TO DIRECT NIH OFFICE OF EMERGENCY CARE RESEARCH



National Institutes
of Health

The National Institutes of Health has announced in a press release that Jeremy Brown, MD, has been chosen to be the first permanent director of its Office of Emergency Care Research (OECR). Established in 2012 under NIH's National Institute of General Medical Sciences, OECR is a focal point for basic, clinical and translational emergency care research and training across NIH. It coordinates, catalyzes, and communicates about NIH funding opportunities in emergency care research and fosters the training of future researchers in this field.

Dr. Brown is currently an associate professor of emergency medicine and chief of the clinical research section in the Department of Emergency Medicine at The George Washington University (GWU). He works clinically as an attending physician at the Washington D.C. VA Medical Center. His NIH appointment will begin in July. Dr. Brown will also represent NIH in government-wide efforts to improve the nation's emergency care system.

Alan E. Jones, MD, president of the Society for Academic Emergency Medicine, expressed the satisfaction of the emergency medicine community at the establishment of OECR and at Dr. Brown's selection as its first permanent director. "SAEM, along with other emergency medicine organizations, has been very involved in efforts to create a dedicated centralized national office for emergency care research. We are delighted at the progress that has been made since the announcement of OECR's creation last year, and congratulate Dr. Jeremy Brown on his well-deserved appointment as its first director."



Jeremy Brown, M.D., associate professor of emergency medicine and chief of the clinical research section at the George Washington University School of Medicine and Health Sciences

Courtesy of Biomedical Communications

Dr. Brown is ready for the challenge of heading OECR. "I am excited to join this world-class institution and lead its efforts to improve emergency care in the U.S.," he says. "To pursue this goal, I look forward to partnering with all of the NIH institutes and centers, other government agencies, and a wide range of researchers and clinicians."

Dr. Brown replaces Walter J. Koroshetz, M.D., deputy director of the National Institute of Neurological Disorders and Stroke, who had served as OECR's acting director since its inception. ▀

RESEARCH REPORT

The RAND Corporation has released a research report entitled "The Evolving Role of Emergency Departments in the United States." The preface to the report states that the project was performed "to develop a more complete picture of how emergency departments (EDs) contribute to the US health care system." Sponsored by the Emergency Medicine Action Fund and conducted by RAND Health, the research "explores the evolving role that hospital EDs and the personnel who staff them

play in evaluating and managing complex and high-acuity patients, serving as the major portal of entry to inpatient care, and serving as 'the safety net of the safety net' for patients who are unable to get care elsewhere." A paperback version of the report may be purchased at http://www.rand.org/pubs/research_reports/RR280.html; the report may also be downloaded in PDF and other formats at the same site. ▀

2013-2014 SAEM COMMITTEES, TASK FORCES, AND ACADEMIES

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WEB EVOLUTION COMMITTEE

Chair/BOD Liaison: Andra L. Blomkalns, MD
Staff Liaisons(s): Jim Pearson & Michael Reed

2013-2014 SAEM FOUNDATION COMMITTEE

DEVELOPMENT COMMITTEE

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BOD Liaison: Deborah B. Diercks, MD
Staff Liaison(s): Melissa McMillian & Ronald Moen

2013-2014 SAEM ACADEMIES

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Staff Liaison(s): Holly Gouin & Maryanne Greketis

ADIEM

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Staff Liaison(s): Melissa McMillian

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Staff Liaison(s): Holly Gouin & Michelle Iniguez

SIM

President: William Bond, MD
BOD Liaison: Deborah B. Diercks, MD
Staff Liaison(s): Jim Pearson & Karen Freund





The Academy of Geriatric Emergency Medicine provides a forum for the collaborative exchange of ideas among geriatric emergency medicine researchers, educators, trainees, and clinicians.

Summary of AGEM Annual Business Meeting – 5/16/13, Atlanta, GA

New AGEM Board Members

- President – Ula Hwang, MD, MPH
- President-elect – Marian (Emmy) Betz, MD, MPH
- Past president – Jeffrey Caterino, MD
- Secretary – Amer Aldeen, MD
- Treasurer – Andrew Chang, MD
- At-large members – Kevin Biese, MD, MAT; Adit Ginde, MD, MPH; Maura Kennedy, MD, MPH; Mark Rosenberg, DO, MBA
- Resident representative – Anthony Rosen, MD
- Medical Student representative – Scott Poland

Awards



The **2013 Gerson Sanders Award** was presented to **Donna Regenstreif, PhD**. Donna is the former John A. Hartford Foundation senior program officer who was instrumental in promoting and supporting the funding of geriatric EM efforts in the 1990s and 2000s. Her close work with **Art Sanders**, **Mary Ann Schropp**, and **Lowell Gerson** in establishing geriatric and emergency medicine collaborative efforts through Hartford, AGS, and SAEM sowed the seeds of funding opportunities that many of us have benefited from (such as the Jahnigan Career Development Award Program) over the last decade.



Donna Regenstreif receives the AGEM Gerson Sanders award from Lowell Gerson

Excellence in Geriatric Emergency Medicine Research Awards:

- **Overall:** **Jin Han, MD**, Vanderbilt University: "A Quick and Easy Delirium Assessment for Non-Physician Research Personnel."
- **Trainee:** **Derek Richards, MD**, Oregon Health Sciences University: "Predictive Value and Appropriate Ranges of Prehospital Physiologic Criteria for Identifying Seriously Injured Older Adults During Field Triage."
- **Medical Student:** **Shannon Matthews**, University of North Carolina: "Age-related Differences in Pain Recovery after Motor Vehicle Collision: A Prospective Longitudinal Study."
- Winners receive \$100 gift cards and complimentary membership to AGEM for 1 year (students and trainees).

Request for EM applications for NIA R03 GEMSSTAR (Grants for Early Medical/Surgical Specialists' Transition to Aging Research)

<http://www.nia.nih.gov/research/dgcs/grants-early-medical-surgical-specialists-transition-aging-research-gemsstar> - While this link has not yet been updated for 2014 applications, the deadline is usually in early October. Please check the NIA website for updates.

For more information about AGEM, including workgroups and future grant funding opportunities, please visit the AGEM community at <http://community.saem.org/agem>. Please note that you must be a member of AGEM and log in to view members-only content. Join AGEM now! Following is a list of AGEM workgroups and leads. Information on these can be found in the most recent AGEM meeting minutes.

- [SAEM 2014 Didactics submissions](#) (Adit Ginde, Maura Kennedy)
- [AGEM Membership](#) (Ula Hwang)
- [Membership Needs assessment survey](#) (Maura Kennedy)
- [AGEM Journal Club](#) (Chris Carpenter, Alison Southern)
- [Geri ED guidelines](#) (Ula Hwang, Chris Carpenter)
- [SAEM Fellowship Task Force](#) (Kevin Biese)
- [Delirium Workgroup](#) (Jin Han)
- [Mattu/Rosen Geriatric EM textbook](#) (Andrew Chang, Ula Hwang, Maura Kennedy, Scott Wilber)
- [Geriatric EM training programs](#) (Kevin Biese, Chris Carpenter, Lowell Gerson, Tess Hogan, Ula Hwang)
- [Geriatric EM metrics/toolbox workgroup](#) (Chris Carpenter)
- [Geriatric EM research network](#)

AGEM's **mission** is to improve the quality of emergency care received by older patients through the advancement of research, education, and faculty development. 2013-2014 marks the Academy's **fifth year**. Its goals are:

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

Our Mission

- To promote equal access to quality healthcare and the elimination of disparities in treatment and outcomes for all groups regardless of race, sexual orientation, disability, or socioeconomic status through education and research
- To enhance the retention and promotion of those historically under-represented in medicine and to create an inclusive environment for the training of emergency medicine providers; specifically using the AAMC's guide "to unite expertise, experience, and innovation to inform and guide the advancement of diversity and inclusion in emergency medicine"
- To enhance the professional development of all EM faculty and residents with respect to culturally competent medical care

Why is ADIEM important?

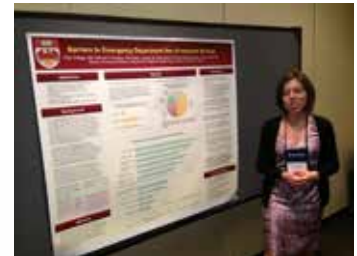
Although the U.S. population continues to become more diverse, ethnic and racial healthcare disparities persist. The benefits of a diverse medical workforce have been well described, but the percentage of emergency medicine residents from under-represented groups is small and has not significantly increased. ADIEM has partnered in a more powerful way with SAEM, working towards the realization of our common goals of diversifying the physician workforce at all levels, eliminating disparities in healthcare and outcomes, and insuring that all emergency physicians are delivering culturally competent care.

Academy for Diversity and Inclusion in Emergency Medicine



Dear colleagues,

ADIEM had a spectacular inaugural year and we couldn't be more thrilled. The culmination of ADIEM's efforts this past year on diversity and inclusion was our Academy's activities at the SAEM Annual Meeting. We had over 40 members at our annual business meeting, the highlights of which included our first Academy poster presentations on topics related to diversity and inclusion. *Congratulations to Pilar Ortega for winning best presenter award on her topic "Barriers to Emergency Department Utilization of Interpreter Services."*



ADIEM's didactic sessions on LGBT health and the history of diversity and inclusion at SAEM were also well attended. It was gratifying to walk through the history of diversity and disparities in SAEM with giants in our field such as Marcus Martin, Michelle Biros, and Lynne Richardson. It was equally enriching to see our presenters on LGBT health share information and personal stories on the topic. Led by Joel Moll, the newly formed subcommittee on LGBT within ADIEM offers a rich opportunity to continue work in this area.

A highlight of the conference was the MLK walking tour. The tour was organized by residents Carmelle Tabuteau (Emory), Gina Porter (Emory) and medical students Derrick Ashong (Emory) and Aaryn Harrison (Morehouse). There were 15 medical students from Emory and Morehouse who served as walking tour leaders. Participants in the walk were inspired by the life and legacy of Martin Luther King, Jr. The reception after the tour was held at Cafe Circa, a local establishment in the heart of Atlanta's 4th ward. We thank TeamHealth for their sponsorship of the reception. A great time was had by all.



As we look forward to SAEM 2014, we welcome your thoughts and ideas. Do you have a didactic you want to propose? Are you working on an abstract that promotes

diversity and inclusion? With the new academic year approaching in July, please encourage your residents to join the Academy. Visit the ADIEM community page to see who our ADIEM members are. Please network, share information, and reach out to our student members.

Thank you for your continued support and enjoy your summer!

Sincerely,
Sheryl Heron, MD, MPH
President



www.saem.org : membership@saem.org





THE AMERICAN BOARD OF EMERGENCY MEDICINE



PASSING THE 2013 ConCert™ EXAMINATION ONLY ONE ASPECT OF MAINTAINING CERTIFICATION

Beginning this year, diplomates could pass the ConCert™ examination and still not maintain their certification. The ConCert™ examination is no longer the final step in becoming recertified; the four parts of MOC are de-linked. Now you can register for and take the ConCert™ examination any time during the last five years of your certification, even if you have not completed all of your MOC requirements. However, at the end of your current certification, if you have any outstanding MOC requirements—missing LLSA tests or APP activities—you will lose your certification (even though you passed the ConCert™ examination). Please check your MOC current requirements via your personal webpage via the ABEM website.

Reminder! Make sure to register for the ConCert™ examination before August 30, 2013, to avoid late fees. The examination will be administered September 9-14, 2013, at Pearson VUE computer-based testing centers across the nation.

PQRS MOC ADDITIONAL INCENTIVE PAYMENT

ABEM has been approved by the Centers for Medicare and Medicaid Services (CMS) for continued participation in the PQRS MOC Additional Incentive Payment in 2013. Diplomates will be eligible to receive the same 0.5% reimbursement for 2013 Medicare billings as they were in 2012. Those who wish to participate will be able to fill out an online application on ABEM MOC Online starting July, 2013.

The same ABEM MOC “more frequently” activities required by CMS will need to be successfully completed* in 2013, namely:

- One ABEM LLSA test completed in 2013
- One practice improvement (PI) activity (the activity does not have to focus on PQRS measures)
- One patient experience-of-care survey that follows ABEM guidelines for communications / professionalism (CP) activities

Per the CMS:

- Only ABEM MOC activities completed on ABEM MOC Online will count toward meeting these requirements
- No other ABEM MOC activities, such as the ConCert™ examination, can be used to meet the PQRS “more frequently” requirements

* Activities must be completed on the ABEM “MOC Online” website, by midnight Eastern Standard Time on December 31, 2013, to count as fulfilling PQRS requirements.

ABEM will be hosting an informational webinar in the fall. Check the ABEM website for updates.

SURGICAL CRITICAL CARE

In July 2013, ABEM diplomates will be able to formally enter Surgical Critical Care (SCC) fellowships and obtain subspecialty certification in SCC. This is the result of the approval by the



American Board of Medical Specialties (ABMS) of a resolution submitted by the American Board of Surgery (ABS) allowing ABEM diplomates this opportunity.

Certification in SCC will be through the ABS. To be eligible, ABEM diplomates will complete a preliminary year of surgical training prior to entering the one-year fellowship required for SCC certification. The ABS requirements for SCC certification are not being changed in any way; rather, this new pathway will expand the pool of candidates eligible to be trained in SCC. SCC fellowship programs will be required to submit a detailed description of their preliminary year training program to the ABS for approval.

For information on SCC certification, see the ABS website.

View the SCC fellowship program requirements here.

BOARD ELIGIBILITY

Effective January 1, 2015, ABEM will recognize physicians as “board eligible” for up to five years after completing an emergency medicine residency training program. Those who completed their training prior to January 1, 2015, will be considered to be board eligible for five years after that date (that is, until December 31, 2019) whether or not they have already applied for certification. This time limit also applies to physicians who applied for initial certification under the practice pathway and still have open applications. If you know anyone who might be affected by this policy change, please refer them to the ABEM website.

If you have any questions, after checking the ABEM website, please call 517.332.4800, ext. 384, or send an email to application@abem.org.

CORRECTION

The April/May issue of the SAEM eNewsletter stated that the dates of the Undersea and Hyperbaric Medicine certification examination were from October 7-18, 2013. The actual dates will be October 7-11, and 14-18, 2013.



ACADEMIC ANNOUNCEMENTS

Gregory Conners, MD, MPH, MBA has been recognized with a Distinguished Alumni Award from the Stony Brook University School of Medicine. He will be honored at the school's "White Coat" ceremony in August.

Leon Haley, Jr., MD, MHSA, FACEP, CPE, has been selected as the new Emory School of Medicine Executive Associate Dean of Clinical Services for Grady Health System and Chief Medical Officer of the Emory Medical Care Foundation. Dr. Haley will begin his new role on July 8, serving as the primary liaison between the Emory School of Medicine and the Grady Health System, and will be responsible for executive oversight and strategic vision and direction for Emory's clinical, research, and teaching practices at Grady. **Hany Atallah, MD**, will be promoted to Chief of Emergency Medicine, Grady Health System, and Medical Director for the Emergency Care Center at Grady Memorial Hospital.

The Emory University Department of Emergency Medicine is very pleased to announce the promotion of **Sheryl Heron, MD, MPH** to the position of Vice Chair, Administrative Affairs. The Department has oversight of five emergency departments, two residency programs, multiple fellowship programs, and a large research portfolio. Dr. Heron will support the integration of the service, teaching, and research missions. In addition to strengthening administrative processes, Dr. Heron will work with Department and System leaders to amplify faculty and staff development and strategic recruitment.

Lawrence Kass, MD, FACEP, FAAEM is serving as interim chair of the Department of Emergency Medicine at Penn State Hershey. A search committee has been appointed to fill the position vacated by outgoing chair Tom Terndrup, MD, FACEP, FAAEM.

Terry Kowalenko, MD, FACEP has been appointed chair of the Department of Emergency Medicine at the Oakland University William Beaumont School of Medicine and Beaumont Health System, effective June 1, 2013. Dr. Kowalenko served previously as director of Continuous Professional Development at the University of Michigan Medical School, and was clinical professor in the school's Department of Emergency Medicine and Medical Education. Prior to this, his positions included program director in the Department of Emergency Medicine at University of Michigan/St. Joseph Mercy Hospital and the Department of Emergency Medicine, DMC/Sinai-Grace Hospital.

Brent Morgan, MD and Mike Ross, MD have been promoted to Full Professor, Clinical Track, at Emory University. Dr. Morgan created and leads a premier toxicology residency program and clinical service and is recognized nationally for his teaching and leadership of Advanced HazMat courses. He and his team have been deployed by the CDC for emergent assessment, pursued international collaborations, and serve regularly as invited speakers for national and international meetings on matters related to poisonings and other injuries. Dr. Ross has dedicated himself to observation medicine, and through enormous collaboration and team effort, created protocols now studied and disseminated internationally. He and his Emory team members have moved the institution to the forefront of observation care, STEMI care, and TIA care.

The Society for Advancement of Violence and Injury Research has elected **Deb Houry, MD, MPH** (Emory University School of Medicine) to the position of president-elect and **Rebecca Cunningham, MD** (University of Michigan Medical School) as Board member-at-Large.

The Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) Program at Drexel University College of Medicine has selected four emergency physicians for its 2013-2014 class of fellows: **Yvette Calderon, MD** (Albert Einstein College of Medicine of Yeshiva University); **Cherri Hobgood, MD** (Indiana University School of Medicine); **Deb Houry, MD, MPH** (Emory University School of Medicine); and **Tammi Thomas, MD** (Loma Linda University School of Medicine).



Peter Rosen, MD, left, receives honorary degree from Washington University Chancellor Mark S. Wrighton

Peter Rosen, MD, an international leader in emergency medicine and one of the pioneers and founding fathers of the specialty, was awarded an honorary doctorate of science by Washington University in St. Louis during the university's 152nd Commencement on May 17, 2013. Dr. Rosen, a 1960 graduate of Washington University School of Medicine, serves as senior lecturer at Harvard Medical School and visiting professor in the Department of Emergency Medicine at the University of Arizona College of Medicine, Tucson. He also is professor emeritus at the University of California, San Diego, School of Medicine.

"It is very humbling to consider the changes in the field of emergency medicine and how much of an impact it has had on the care of patients around the world and to think that I was lucky enough to have had something to do with that evolution," Dr. Rosen says. Asked what he's most proud of in his career, he points to the students and residents who have trained in programs he started, many of whom have become departmental chairs and succeeded in other notable endeavors.

Dr. Rosen's nephew, Dr. Richard Wolfe, chair of the Department of Emergency Medicine at Boston's Beth Israel Deaconess Medical Center, says his uncle had a clear vision of emergency medicine as an academic specialty at a time when most failed to see it as anything more than a dysfunctional part of the health care delivery system. "He was able to communicate and teach an ethical model of practice based on intellectual honesty, equal access to care, and compassion for the needy that was transformative for our specialty."

Dr. Rosen has written hundreds of articles, editorials and chapters to advance the literature of emergency medicine. He was founding editor of Rosen's Emergency Management: Concepts and Clinical Practice, the field's highly regarded flagship textbook, soon in its seventh edition. He is also the founding editor of the Journal of Emergency Medicine and remains on its editorial board.

Dr. Rosen won the American College of Emergency Physicians' Outstanding Contribution to Emergency Medicine Award in 1977 and 1984, as well as its Award for Outstanding Contribution in Education in 1994. In 1990, he received the Leadership Award from the Society for Academic Emergency Medicine. He also was elected to the Institute of Medicine of the National Academy of Sciences in 1993.



THE SAEM FOUNDATION IS NOW ACCEPTING GRANT APPLICATIONS FOR 2014-2015.

The following grants will be offered and have a deadline of **August 1, 2013**:

Research Training Grant – \$50,000/yr. (2-year grant)
- The Research Training Grant (RTG) is intended to provide funding to support the development of a scientist in emergency medicine.

Application Deadline: August 1, 2013

Education Fellowship Grant – \$50,000/yr. (2-year grant)
- The Education Fellowship Grant will develop the academic potential of the selected fellow by providing support for a dedicated two-year training period that includes an advanced degree in education.

Application Deadline: August 1, 2013

NEW - Education Research Grant - \$10,000 (1-year grant)
- The Education Research Grant will provide support for a medical education research project.

Application Deadline: August 1, 2013

For more details as well as detailed application instructions, please visit the Grants section of the SAEM Foundation website (www.saemfoundation.org).

SAEM-APPROVED RESEARCH FELLOWSHIP PROGRAMS

Fellow registrations due Sept. 16

The following research fellowship programs provide quality training to their fellows and have been approved by SAEM.

Beth Israel Deaconess Medical Center

–Harvard University, Boston, MA

Emory University, Atlanta, GA

Hennepin County Medical Center, Minneapolis, MN

Indiana University, Indianapolis, IN

(Approved in spring 2013)

Medical College of Wisconsin, Milwaukee, WI

Northwestern University, Chicago, IL

Oregon Health and Science University, Portland, OR

Rhode Island Hospital, Providence, RI

University of California, Davis, Sacramento, CA

University of Cincinnati, Cincinnati, OH

University of Michigan, Ann Arbor, MI

University of Ottawa, Ottawa, Ontario, Canada

University of Pennsylvania, Philadelphia, PA

University of Pittsburgh, Pittsburgh, PA

University of Rochester, Rochester, NY

Vanderbilt University Medical Center, Nashville, TN

Washington University, St. Louis, MO

Yale University, New Haven, CT

For more information on fellow registration or program approval, please visit www.saem.org/research-fellowship

CLASSIFIEDS

CEP AMERICA IS SEEKING CANDIDATES WITH STRONG LEADERSHIP POTENTIAL FOR A ONE-YEAR EMERGENCY MEDICINE MANAGEMENT FELLOWSHIP IN THE SAN FRANCISCO BAY AREA.

Fellow candidates should be a graduate of an accredited Emergency Medicine residency program. Fellows will be groomed for future administrative positions, participate in a wide array of management and leadership experiences, and will be an active member of the CEP America senior and executive management team collaborating on projects and developing products that impact the practice of Emergency Medicine. Please visit info.cep.com/fellowship or call 800-842-2619 for more information.

ENDOWED CHAIR – PEDIATRIC EMERGENCY MEDICINE

The Department of Pediatrics at the University of Oklahoma Health Sciences 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.



The George Washington University Department of Emergency Medicine Fellowship Program

The Department of Emergency Medicine at the George Washington University is offering **Fellowship** positions beginning in July 2014:

Emergency Management	International Emergency Medicine
ED Operations & Leadership	Medical Toxicology
Emergency Ultrasonography	Operations Research
Health Policy	Extreme Environmental
Telemedicine/Digital Health	

Fellows receive an academic appointment at the 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 descriptions of all programs, application instructions, and Fellowship Director contacts can be found at <http://www.gwemed.edu/fellowships/>.



EARLY VIEW for ACADEMIC EMERGENCY MEDICINE

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

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

Academic Emergency Medicine on the Wiley Online Library Platform

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

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

VIRTUAL ISSUES

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

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

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

Abstracts en Español!

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

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

SAEM NEWSLETTER INFO

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

Commercial Advertising

- A full-page ad costs \$2,000 (camera ready, 7.5" wide x 9.75" high)
- A half-page ad costs \$1,200 (camera ready, 7.5" wide x 4.75" high)
- A quarter-page ad costs \$800 (camera ready, 3.5" wide x 4.75" high)

Academic Advertising

- A full-page ad costs \$1,400 (camera ready, 7.5" wide x 9.75" high)
- A half-page ad costs \$800 (camera ready, 7.5" wide x 4.75" high)
- A quarter-page ad costs \$550 (camera ready, 3.5" wide x 4.75" high)
- A classified ad (100 words or less) costs \$150

**All ads are in full color at no additional charge.
An additional one-time fee of \$50
will be charged if ad requires formatting.**

Publishing Guidelines

SAEM invites submissions to the Newsletter, published six times a year, pertaining to academic emergency medicine in the following areas:

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

Editorial and advertising materials may be submitted for consideration for publication at newsletter@saem.org. Please include the names and affiliations of authors and a means of contact.

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

SUBMISSION DEADLINES

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

2013 SAEM ANNUAL MEETING



ATLANTA

CME CREDIT FOR ANNUAL MEETING!

Please remember that in order to receive CME credit for attendance at the 2013 SAEM Annual Meeting in Atlanta, you must submit a completed CME Attendance Verification Form to SAEM headquarters NOT LATER THAN SATURDAY, AUGUST 31, 2013. The form can be downloaded at <http://www.saem.org> and mailed to SAEM, 2340 S. River Rd, Suite 208, Des Plaines, IL 60018 or faxed to (847) 813-5450.

**CME CREDIT WILL NOT BE ISSUED
AFTER AUGUST 31, 2013. NO EXCEPTIONS!!**

THE NIH LOAN REPAYMENT PROGRAMS (LRPS)

encourage promising researchers and scientists to pursue research careers by repaying up to \$35,000 of their qualified student loan debt each year. Your research goals need to be within the mission of NIH and scope of the LRPs to qualify. You do not need an NIH grant to participate in the NIH Loan Repayment Programs. **Cycle opens September 1, 2013.**

Visit <http://www.lrp.nih.gov/index.aspx> for more information.

The Great Plains Regional Meeting

"Disruptive Innovation in Emergency Medicine Education"

SEPTEMBER 28, 2013 ~ SPRINGFIELD, IL



Abstracts for the Great Plains Regional Meeting are now being accepted online.
Link for submissions can be found on www.saem.org.

Deadline is August 15, 2013

Meeting to be held at the *Abraham Lincoln Presidential Library*

Highlights

Keynote Speaker, Felix Ankel, MD

Disruptive Innovation in Emergency Medicine Education

SimWars will be returning

Medical Student Forum

AWAEM Presentation and Panel

Innovations in Asynchronous Education Exhibit

*A complete schedule of events can be found online www.saem.org

Registration Is Open * Room Block Available at President Abraham Lincoln Hotel
Register & Book Rooms Early!

UAB MEDICINE

EMERGENCY MEDICINE

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

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

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

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

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

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

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

Emergency Medicine Physician Toxicology

Located in beautiful Hershey, PA, our growing ED cares for >70,000 patients annually at a comprehensive academic health center. We are searching for a leader in Toxicology to develop and grow a strong regional program in clinical toxicology. As the only academic medical center between Philadelphia and Pittsburgh, we are the primary referral hospital for a 7,000 square mile area. Our 'Life Lion' flight and ground EMS division, outstanding clinical informatics and extramurally funded research programs add to the academic opportunities. The candidate's professional opportunities will be determined by training, experience, and interest. Hershey is located just 90 minutes from Philadelphia and Baltimore and provides a family-friendly environment with top-rated schools and superb outdoor recreation. Penn State Hershey is an AA/EEO employer and candidates of diverse backgrounds are encouraged to apply.

**Inquiries to: Lawrence E. Kass, MD, FACEP, FAAEM
Professor and Interim Chair**

**Penn State University College of Medicine
500 University Drive, Box 850
Hershey PA 17011**

lkass@hmc.psu.edu (717) 531-8955

<http://www.pennstatehershey.org/web/emergencymedicine>





INDIANA UNIVERSITY
DEPARTMENT OF EMERGENCY MEDICINE
School of Medicine

**IU Department of Emergency Medicine Seeks
Academic Pediatric Emergency Medicine Division Chief**

Exceptional opportunity for highly motivated board-certified Pediatric Emergency Medicine Physician to join the faculty of the Department of Emergency Medicine, Indiana University School of Medicine as Academic Pediatric Emergency Medicine Division Chief.

We seek an academic leader at any rank who is interested in leading the development of an expanded academic emergency medicine program at Indiana University. Excellence in all academic missions and a demonstrated commitment to scholarly work are requirements. The successful candidate will be involved in all components of the academic enterprise. Specifically, we seek an energetic leader to develop our Pediatric Emergency Medicine Fellowship as well as create institutional opportunities for our faculty across the research spectrum. Ideally, this person will lead an independent research program. This faculty will also teach residents from one of the longest running EM training programs in the nation, as well as EM/Peds and pediatric residents. Clinical services and educational oversight occur in the nationally recognized Riley Hospital for Children.

Riley is located on the IU Medical Center campus in downtown Indianapolis and has an annual volume of 30,000 patient visits, with an admission rate near 25%. The hospital is undergoing a \$300m expansion that will include a new state of the art ED slated to be completed in 2013. Riley is a Level 1 children's trauma center and burn unit, and a tertiary care facility.

Certification in Pediatric Emergency Medicine or combined certification in Emergency Medicine and Pediatrics are required. Rank and tenure status are dependent upon qualifications of candidate. Please contact Cherri Hobgood, MD (chobgood@iupui.edu), Celeste Kichefski (ckichefski@iuhealth.org) or FAX (317)656-4216 to learn more. IU is an EEO/AA Employer, M/F/D.

Emergency Medicine Opportunities



The Emergency Services Institute at Cleveland Clinic is currently seeking Board Certified/Eligible Emergency Medicine Physicians to join our rapidly expanding team. To become part of the ESI team, the successful applicant will be interested in the spectrum of emergency medicine practice and have flexibility in staffing our various locations, including our main campus academic center, regional hospitals, and community emergency departments.

Interested candidates should submit an application online by going to www.clevelandclinic.org/careers and search under Physician Opportunities

We are also seeking a Physician Director of Quality Improvement to oversee quality assurance/improvement at 13 emergency departments with over 500,000 annual visits. Qualified candidates will be board certified in Emergency Medicine, fellowship trained in Patient & Safety Quality and/or have a Masters Degree in Business Administration, Public Health, Quality, or Healthcare Administration. 3-5 years of quality improvement experience in a large health system is preferred, along with peer reviewed publications. Responsibilities will include peer review, quality metrics, and accreditation across the enterprise. The Emergency Services Institute (ESI) at Cleveland Clinic is made up of 13 full service Emergency Departments which includes our Main Campus, 9 Regional Hospitals, 2 Free Standings, and our hospital in Weston, Florida. This dynamic opportunity offers an extremely competitive salary enhanced by an attractive benefits package and a collegial work environment. We are proud to be an equal opportunity employer. Smoke-free/ drug-free environment.



Cleveland Clinic



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~ Alan Weier, MD
Baylor Regional Medical Center
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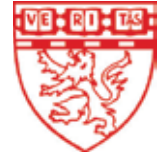
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**BRIGHAM AND WOMEN'S HOSPITAL/BRIGHAM AND WOMEN'S FAULKNER
HOSPITAL
HARVARD MEDICAL SCHOOL
CHIEF OF EMERGENCY MEDICINE**



The Departments of Emergency Medicine at Brigham and Women's Hospital (BWH) and Brigham and Women's Faulkner Hospital (BWFH) are seeking a Chief of the Department of Emergency Medicine at BWFH, to also serve as Chief of the Section of Community Emergency Medicine in the Department of Emergency Medicine at BWH.

The position of Chief of Emergency Medicine at BWFH includes an academic appointment at Harvard Medical School at an academic rank of Assistant Professor or Associate Professor commensurate with experience, training and achievements, unparalleled opportunities for professional development, and a competitive salary with an outstanding comprehensive benefit package.

Leadership responsibilities include recruiting, developing, and overseeing the medical staff in the BWFH emergency department, establishing and implementing goals for patient safety, quality of care, clinical operations, and inter-service collaboration, and directing peer review and quality improvement activities. Financial responsibilities include oversight for the department's budget and, in collaboration with nursing leadership, assessing and recommending resources to support the highest quality of care for all patients. Administrative responsibilities include participating on senior hospital administrative and clinical care committees. Teaching responsibilities will involve the teaching of medical students and residents.

Brigham and Women's Faulkner Hospital is a 150-bed, non-profit community teaching hospital located in the desirable Jamaica Plain community in southwest Boston. Founded in 1900, Brigham and Women's Faulkner Hospital offers comprehensive medical, surgical, and psychiatric care, as well as emergency, ambulatory, and diagnostic services. It is a part of Brigham and Women's Health Care, which also includes Brigham and Women's Hospital and Brigham and Women's Physicians Organization. The Department of Emergency Medicine cares for over 25,000 patients per year in an 18 bed ED.

The successful candidate will be board certified in emergency medicine by the American Board of Emergency Medicine, and will have a track record of leadership in emergency medicine with demonstrated abilities and accomplishment in administration and management, a firm commitment to maintaining and further developing the department's strong clinical programs, and an emphasis on strategic, innovative, and collaborative leadership.

Interested candidates should send a letter and Curriculum Vitae to Ron M. Walls, MD, Professor and Chair, Department of Emergency Medicine, Brigham and Women's Hospital. Please apply by confidential email to mdeloge@partners.org by August 30, 2013.

**Brigham and Women's Hospital/Harvard Medical School are Equal Opportunity/Affirmative Action
Employers actively committed to increasing the diversity of our faculty; people with disabilities,
veterans, women and members of underrepresented minority groups
are therefore strongly encouraged to apply.**



Our Mission

YOUR FUTURE

Medical Education | Research | Clinical Practice | Public Service

Director of Research, Department of Emergency Medicine

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

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

Interested candidates should forward a current CV and letter of interest addressed to **Robert McNamara, MD, FAAEM, Chief, Professor and Chairperson, Department of Emergency Medicine Chief Medical Officer, Temple University Physicians, C/O David Ciccone, Sr. Physician Recruiter, Department of Physician & Faculty Recruitment, Temple University School of Medicine, 3420 N. Broad Street, MRB 101, Philadelphia, PA 19140, Email: david.ciccone@tuhs.temple.edu, Ph: 215-707-4419, Fax: 215-707-9452.**

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

Align your future with a career in academic medicine.

Academic Emergency Medicine Physician

Located in beautiful Hershey, PA, our growing ED cares for >70,000 patients annually at a comprehensive academic health center with fully accredited 1-3 year EM residency program with 24 residents. 25 board certified faculty provide daily ED staffing of 72 hrs of physician coverage with 36 hrs of PA/NP support. Our Level I adult and pediatric trauma center, Cancer Center and brand new Children's Hospital assure that we continue to be the primary referral hospital for a 7,000 square mile area. Our 'Life Lion' flight and ground EMS division, outstanding clinical informatics and extramurally funded research programs add to the academic opportunities. We offer fellowships in EMS, Critical Care, and Research. The candidate's professional opportunities will be determined by training, experience, and interest. Hershey is located just 90 minutes from Philadelphia and Baltimore and provides a family-friendly environment with top-rated schools and superb outdoor recreation. Penn State Hershey is an AA/EEO employer and candidates of diverse backgrounds are encouraged to apply.

**Inquiries to: Lawrence E. Kass, MD, FACEP, FAAEM
Professor and Interim Chair**

**Penn State University College of Medicine
500 University Drive, Box 850
Hershey PA 17011**

lkass@hmc.psu.edu (717) 531-8955

<http://www.pennstatehershey.org/web/emergencymedicine>



New Endowed Faculty Position In Violence Epidemiology University of California, Davis, School of Medicine

The Violence Prevention Research Program in the Department of Emergency Medicine is seeking to fill a faculty position at the Associate or Full Professor in Residence level. Its focus is on the design and execution of large-scale observational and experimental research into violence and its prevention. This faculty member will serve as VPRP's Associate Director and as the Vice Chancellor's Chair in Violence Prevention, an endowed position.

The Vice Chancellor's Chair will conduct independent research, collaborative research, teaching, and mentoring. Applicants must possess a doctoral degree in epidemiology, medicine, or a related discipline. There must be an established record of independent and collaborative research on violence or injury, including demonstrated experience in the design, conduct, and reporting of large-scale observational and/or experimental studies. The position is open to both clinicians and non-clinicians.

Please see the full announcement at <http://www.ucdmc.ucdavis.edu/vprp>. Review of applications will begin in March 2013 and will continue until position is filled. Applicants should send a cover letter outlining their qualifications and areas of interest; a CV; and contact information for five references to Garen J. Wintemute, MD, MPH, at gjwintemute@ucdavis.edu.

Pediatric Emergency Medicine

FACULTY POSITION: The Department of Emergency Medicine (EM) at Penn State Hershey is seeking an additional Pediatric Emergency Medicine (BC/BE) physician to join 4 other PEM faculty. Located in beautiful Hershey, PA, we care for over 19,000 children annually with steady growth in a dynamic, high acuity emergency service. Faculty staffing is supported by 36 hrs/day of PA/NP support. Residents from the EM and Pediatric programs both rotate with us. Penn State is one of only 4 Pediatric Level I trauma centers in PA. We just opened our new state of the art Children's Hospital this winter.

Our 'Life Lion' flight and ground EMS division, including specialized pediatric transport capabilities and extramurally funded research programs complement the departmental mission. The candidate's professional opportunities will be determined by training, experience, and interest.

Hershey is located just 90 minutes from Philadelphia and Baltimore and provides a family-friendly environment with top-rated schools and superb outdoor recreation. Penn State Hershey is an AA/EEO employer and candidates of diverse backgrounds are encouraged to apply.

**Inquiries to: Lawrence E. Kass, MD, FACEP, FAAEM
Professor and Interim Chair**

**Penn State University College of Medicine
500 University Drive, Box 850
Hershey PA 17011**

lkass@hmc.psu.edu (717) 531-8955

<http://www.pennstatehershey.org/web/emergencymedicine>





DIRECTOR OF RESEARCH EDUCATION AUSTIN, TEXAS

Position: UT Southwestern-Austin is happy to offer the opportunity to join our faculty as Director of Research Education for our Emergency Medicine Residency. The program received ACGME accreditation in July 2012. We also have new pediatric EM fellowship.

Qualifications: This opportunity is primarily a mentorship position for both faculty and residents, so an enthusiasm for teaching and a track record in education are a must. Candidates should be ABEM/ABOEM certified and have GME teaching and research experience. Candidates should have peer-reviewed publications and some editorial experience (manuscript reviewer, abstract reviewer, editorial board). Experience in teaching grant writing is a plus.

Facility: University Medical Center Brackenridge is an urban teaching hospital and Level 1 Trauma Center. A new teaching hospital is being planned.

Benefits: Emergency Service Partners, L.P. is an Austin-based, 100% physician-owned and physician-led partnership serving 25 EDs across Texas. Full-time physicians enjoy a partnership track that allows them to share in the success of the practice in as little as one year!

Apply Today: Send CV confidentially to Lisa Morgan (lisa@eddcs.com) or call (512) 610-0315.



BRIGHAM AND WOMEN'S HOSPITAL

Department of Emergency Medicine
Harvard Medical School · Boston, MA

Fellowship Opportunities



INTERNATIONAL EMERGENCY MEDICINE FELLOWSHIP

The International Emergency Medicine Fellowship prepares leaders in international health and international emergency systems. Fellows develop skills in humanitarian aid and disaster response, emergency systems development, health program administration and funding, cross-cultural collaboration, international public health, and human rights. The fellowship program is designed for those seeking a career in academic international emergency medicine and/or medical leadership and research in international health organizations. Fellows will have the opportunity to earn an MPH from the Harvard School of Public Health.

Start Date: July 1, 2014

Application Deadline: September 20, 2013 (*NEW DEADLINE*)

More information: www.iemfellowships.com



FELLOWSHIP IN HEALTH POLICY TRANSLATION

The Fellowship in Health Policy Research and Translation trains leaders in emergency medicine to design, conduct, and translate innovative research and practice changes into health policy. Fellows divide their time between mentored policy-related research projects, class work, a health policy practicum, and clinical work in the Emergency Department. Fellows will have the opportunity to earn a Masters Degree from the Harvard School of Public Health. The program is designed for those seeking a career at the intersection of health policy and emergency care. The fellowship is 2 years.

Start Date: July 1, 2014

Application Deadline: Rolling (interviews in November 2013)

More information: <http://bit.ly/142HkhP>



EMERGENCY ULTRASOUND FELLOWSHIP

Emergency ultrasound fellows will have the opportunity to train under five ultrasound fellowship trained faculty members. As an attending, fellows will supervise residents and scan 1-2 times per week with ultrasound faculty. The fellow is also expected to help with rotating student and resident education, hands-on scanning sessions with faculty, ultrasound journal club, on-going research, and to give ultrasound lectures. Although fellows are encouraged to enroll in a 2 year program during which they will pursue a Masters Degree (MS, MPH, or MEd), a 1 year program may also be offered for qualified applicants.

Start Date: July 1, 2014

Application Deadline: October 1, 2013

More information: www.eusfellowships.com




Member Information

Full Name: _____ Title: _____ Date: _____

Office Address

Address Line 1: _____

Address Line 2: _____

City, State: _____ Zip: _____

E-mail: _____ Phone: _____

Home Address

Address Line 1: _____

Address Line 2: _____

City, State: _____ Zip: _____

E-mail: _____ Phone: _____

Preferred Contact Method: ☐ Office Mail ☐ Office Email ☐ Home Mail ☐ Home Email **Gender:** ☐ Male ☐ Female

Are you a Current Member? ☐ Yes ☐ No

Date of Birth: _____ (mm/dd/yyyy)

Membership Selection*:	Academy Selection**:																								
*If you are a current member and are signing up for additional academies or interest groups, please select your member type and check the current member box above. ☐ Faculty.....\$ 575.00 ☐ Associate.....\$ 255.00 ☐ Administrator (AAAEM)\$ 495.00 ☐ Resident and Fellow.....\$ 170.00 ☐ Medical Student.....\$ 145.00 ☐ Young Physician Year 1.....\$ 345.00 ☐ Young Physician Year 2.....\$ 475.00 ☐ International.....varies ☐ Emeritus.....\$ 120.00	** You may choose to join as many academies as you like. Prices are arranged as follows: The first price listed is for Faculty, Associate, YP1, YP2, & AAAEM. The second price listed is for Residents and Fellows. The third price listed is for Medical Students. ☐ AEUS\$100/\$25/FREE ☐ ADIEM...\$100/\$25/FREE ☐ CDEM.....\$100/\$50/\$50 ☐ AGEM.....\$100/\$50/\$50 ☐ GEMA.....\$100/FREE/\$25 ☐ SIM.....\$100/\$50/\$50 ☐ AWAEM....\$100/FREE/FREE																								
Interest Group Selection***:																									
***The first interest group selection is <u>FREE</u>. Every interest group membership thereafter is \$25.00 each. You may choose to join as many interest groups as you like. <table style="width: 100%;"> <tr> <td>☐ Academic Informatics</td> <td>☐ Evidence-Based Medicine</td> <td>☐ Palliative Medicine</td> <td>☐ Toxicology</td> </tr> <tr> <td>☐ Airway</td> <td>☐ Health Services & Outcomes</td> <td>☐ Patient Safety</td> <td>☐ Trauma</td> </tr> <tr> <td>☐ CPR/Ischemia/Reperfusion</td> <td>☐ Medical Quality Mgt</td> <td>☐ Pediatric EM</td> <td>☐ Triage</td> </tr> <tr> <td>☐ Disaster Medicine</td> <td>☐ Neurologic Emergencies</td> <td>☐ Public Health</td> <td>☐ Uniformed Services</td> </tr> <tr> <td>☐ Educational Research</td> <td>☐ Operations</td> <td>☐ Research Directors</td> <td>☐ Wilderness Medicine</td> </tr> <tr> <td>☐ EMS</td> <td></td> <td>☐ Sports Medicine</td> <td></td> </tr> </table>		☐ Academic Informatics	☐ Evidence-Based Medicine	☐ Palliative Medicine	☐ Toxicology	☐ Airway	☐ Health Services & Outcomes	☐ Patient Safety	☐ Trauma	☐ CPR/Ischemia/Reperfusion	☐ Medical Quality Mgt	☐ Pediatric EM	☐ Triage	☐ Disaster Medicine	☐ Neurologic Emergencies	☐ Public Health	☐ Uniformed Services	☐ Educational Research	☐ Operations	☐ Research Directors	☐ Wilderness Medicine	☐ EMS		☐ Sports Medicine	
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FUTURE SAEM ANNUAL MEETINGS

2014
SAEM Annual Meeting
May 13-17
Sheraton Hotel, Dallas, TX

2015
SAEM Annual Meeting
May 13-16
Sheraton Hotel and Marina, San Diego, CA