2009 Annual Meeting A Success!

Discover
New Regional Guide

Winners of the 2009 Young Investigator Award
(Lt to Rt) Accepting on behalf of Stephen Trzeciak, MD is Michael E. Chansky, MD,
Jesse Pines, MD, Jon Rittenberger, MD

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

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## Membership

**Membership Count as of June 8, 2009**

- **2212** Active
- **68** Associate
- **3307** Resident/Fellow
- **364** Medical Students
- **6** International Affiliates
- **28** Emeritus
- **9** Honorary
- **5994** Total

## SAEM NEWSLETTER ADVERTISEMENT RATES

The SAEM Newsletter is limited to postings for fellowship and academic positions available and offers classified ads, quarter-page, half page and full page options. The SAEM Newsletter publisher requires that all ads be submitted in camera ready format meeting the dimensions of the requested ad size. See specific dimensions listed below.

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

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

We appreciate your proactive commitment to education, as well as personal and professional advancement, and strive to work with you in any way we can to enhance your goals. Contact us today to reserve your Ad in an upcoming SAEM newsletter. The due dates for 2009 are:

- **August 1, 2009** for the September/October issue
- **October 1, 2009** for the November/December issue
Dr. Stephen Trzeciak is a recipient of a 2009 SAEM Young Investigator Award. Steve graduated from the University of Wisconsin Medical School, and completed clinical training in Emergency Medicine and Internal Medicine at the University of Illinois at Chicago, followed by a fellowship in Critical Care Medicine at Rush-Presbyterian-St. Luke's Medical Center. He then joined the faculty at Cooper University Hospital, where he has dual faculty appointments in both the Department of Emergency Medicine and the Division of Critical Care Medicine. Steve also serves as the Director of Clinical Research for the Division of Critical Care Medicine.

Steve's work is focused on clinical investigations in patients with circulatory shock. Specifically, he has developed techniques for assessment of microvascular perfusion (using in vivo videomicroscopy) in patients with septic shock. After publishing multiple observational studies on this topic, Steve is now advancing this research program toward interventional trials. He recently received a K23 Award from the NIH to conduct a randomized controlled trial of exogenous nitric oxide administration to improve microcirculatory blood flow in septic shock patients who manifest persistent tissue hypoperfusion after conventional resuscitation. It is notable that his K23 application was funded on its first submission. Steve's ultimate long-range career goal is to conduct important interventional trials to improve survival from shock states. Toward that end, he is currently studying in the clinical trials track of a Masters of Science in Clinical Epidemiology program as the didactic component of his K23 Award.

Since his fellowship, Steve has generated multiple peer-reviewed publications, including eleven as first author or senior author. He successfully competed for four extramural research grants, including a Career Development Grant from the Emergency Medicine Foundation, and multi-year research grants from the American Heart Association and the North American/United States Shock Society, in addition to his K23.

Steve also successfully mentored two other Emergency Medicine Foundation grant recipients from my Department, one resident research grant and one Career Development Grant. Despite being a young investigator himself, Steve is already proving to be an effective mentor for others and truly has a passion for mentoring new clinical investigators in shock research.

The SAEM Young Investigator Award is a well-deserved recognition for the great promise that Steve has shown, and we congratulate him on this prestigious award.

Michael E. Chansky, MD Emergency Department Chair
UMDNJ-Robert Wood Johnson Medical School at Camden Cooper University Hospital
President’s Message

SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

Jill M. Baren, MD

SAEM - The Tie that Binds

At a recent faculty meeting one of my colleagues was educating us on billing compliance and documentation issues. There were about twenty of us around the table and in an effort to grab our attention he went around pointing to each of us and described an example of an ED patient that matched our particular academic area of interest. For our cardiologist researcher he described an overdose patient, for our cardiology researcher a patient with an acute MI, for our trauma liaison a patient with multisystem injury – you get the picture. I was impressed with the incredible academic diversity that existed among us, yet we were all unified members of the same academic department.

Over my 20 years in emergency medicine I continue to be amazed with the scope and breadth of knowledge required to practice emergency medicine. Our clinically diverse practice has fostered the development of markedly diverse administrative, educational and research career pathways. But no matter what special interest lies in our hearts, we are unified by the unique way we provide care – prepared for anyone, anything, at anytime. We don’t triage patients according to specific complaints or diseases. None of us would want to return to the old days when surgical patients went to the “surgery side” of the ED and so on. We simply wouldn’t accept it. We would see this as fragmentation of our skills as emergency physicians and would do everything we could to prevent it.

Within SAEM we face the constant threat of fragmentation. Emergency medicine educational methodologies and research accomplishments have matured significantly and we are achieving greater recognition within the house of medicine. Although this couldn’t be more positive for our specialty, this maturation process has had some unintended consequences. Seeking increasing validation for their scholarly achievements, many of our educators and researchers are lured to other venues and professional societies for the presentation of their work, the publication of papers, and the establishment of professional affiliations and collaborations. I personally have felt this pressure in my own academic career although I never feel completely at home in a place where my needs and interests as an academic emergency physician are not prioritized.

No one would argue that we have an obligation to interface with others. We would be remiss if we did not subject our research to peer review outside our discipline or if we failed to disseminate our research findings to a wider audience. However, this should not be at the expense of weakening our own growth. Dilution of our accomplishments into other venues will ultimately diminish our own value and make us vulnerable to outside forces. No other academic society will care as much about our interests as we do. The solidarity that SAEM provides as the premier research and education organization in emergency medicine protects your interests.

What are some of the strengths of SAEM that can counteract the threat of fragmentation? We provide a common ground. Researchers study different problems but frequently use similar methodologies. The annual meeting is a forum which provides this close proximity for such groups. SAEM publicly proclaims the expertise of its members to other organizations by sending representatives to federal workshops and guideline development committees. SAEM sets high internal standards for quality research and education. If we all contribute to this effort we develop greater self-esteem and turn our organization into one which lures others to us instead of the other way around.

Therefore, I challenge each of you to speak to your colleagues who are seeking professional validation through other venues and ask them why they haven’t made SAEM their home. Tell them what SAEM represents – academic diversity without fragmentation and adherence to the core missions of research and education in emergency medicine. Tell them we accommodate educators and researchers of any and all subspecialties. Ask them to consider allocating a substantial proportion of their work to the SAEM Annual Meeting or to the Academic Emergency Medicine Journal. This is an investment in our future. SAEM is the professional development home to the vast majority of emergency medicine residents who need exposure to quality scholarly achievement. SAEM members who are willing to do this are making a selfless gesture. Making a conscious choice to focus more of your academic efforts at SAEM will have many, many unintended benefits. Despite our academic diversity we should all be able to find a home within SAEM. SAEM doesn’t prioritize one special interest group over another. We all exist under one roof with the goal of improving the care of the emergency patient through research and education. That is our real strength – the recognition that SAEM is the tie that binds us together.
Thank you to all who attended the 2009 Annual Meeting in New Orleans. SAEM continues to have high levels of member involvement which is a major strength of the organization. The Annual Meeting draws approximately 33% of the SAEM membership compared to most associations which have a lower membership/attendee ratio. This speaks well to the quality of the program and the overall member support of SAEM.

I had the opportunity to speak with many members at the meeting who shared their perspective on the meeting, expressed their vision for our potential to expand the audience and offered thoughts on Society improvements for the future. I was reminded that 50% to 60% of our membership is unable to attend the SAEM Annual Meeting in any given year, since someone needs to be home taking care of patients. As a reference point, SAEM attendance reflected 35% of membership which compares to the national average of 20%. This national average is mirrored by other EM organizations with ACEP and AAEM each having 20% attendance. Our attendance numbers represent an excellent turnout by the dedicated membership.

Annual Meeting attendance correlates with the number one reason members’ submitted to our member survey question --- Why are you a member of SAEM? Members join to support the SAEM mission.

Your endorsement of SAEM is further demonstrated by participation in the committee, task force and interest group meetings held in conjunction with the Annual Meeting.

The enthusiasm of the new Academies is bringing forth ideas on how the membership will extend participation within the Society. The Academy excitement is generating plans for more education and networking opportunities; leadership training and academic faculty development; and, methods to increase grants for EM education and research.

The energy of the interest groups is creating new directions for the Society. Thoughts on the role of advocacy, international academic involvement, expanding leadership training and mentoring will guide us into the future.

All of these ideas and passion will be valuable in the development of a new five year plan (2010-2015), which will take SAEM to a new plateau as an association. Each member has the opportunity to share their thoughts with the Strategic Planning Task Force as it moves forward in its work. Several planning questions have been posed to the Board and Task Force. These same questions are on the website for you to comment or share your vision for SAEM’s future, go to www.saem.org/future.

SAEM staff has begun the implementation of a new database which we anticipate will remove many of the problems members face when interacting with the current database. There may be a few bumps in the road as we transfer files and update servers, which could result in losing access for short periods of time. We will email members to alert you when we anticipate down time.

The summer months will be busy as committees, task forces and interest groups work to develop the next wave of ideas, work products and expectations for your Society. SAEM staff will continue its efforts to improve the infrastructure of SAEM to enhance member interactions.

Thank you for your commitment and passion to improve SAEM and positively impact academic emergency care through education and research.

James Tarrant, CAE
SAEM Executive Director

SAVE THE DATE
SATURDAY, NOVEMBER 7, 2009
8:00-12:00
AACEM and SAEM Education session
@ AAMC Annual Meeting
Sheraton Hotel - Boston, MA

TOPIC:
The Science of Simulation in Healthcare:
Defining and Developing Clinical Expertise

SPEAKERS:
James A. Gordon, MD, MPA
Harvard/Mass General Hospital
John A. Vozenilek, MD
Northwestern University
Steve McLaughlin, MD
University of New Mexico School of Medicine

There is no registration fee for this meeting; however, notification of attendance is required to (saem@saem.org)

SATURDAY, NOVEMBER 7, 2009
12:00-2:00
Association of Academic Chairs of Emergency Medicine (AACEM) member’s luncheon
The 2009 SAEM Annual Meeting in New Orleans was a huge success, with 2,166 attendees and many outstanding presentations and activities. Highlights included 683 research abstracts (the largest ever), 33 didactic sessions, and very well-attended special events (Opening Reception, Networking Breakfast, Chief Resident Forum, Medical Student Symposium, and Fun Run).

If you weren’t able to attend, please go to the SAEM website to view podcasts of the 5 Plenary abstract presentations and the special session “Regionalization of Emergency Care: Possibilities and Pitfalls, A National Dialogue,” plus photos from the meeting. Thank you to all who attended. You can help us continue to improve the Annual Meeting by taking a few minutes to fill out the on-line evaluation form on the SAEM website – we value your feedback and insights. We look forward to seeing you again in 2010!

Congratulations to the following Annual Meeting award winners:

- **Best Faculty presentation:**
  Mark Courtney - Northwestern University

- **Best Young Investigator presentation:**
  Simon Mahler - LSUHSC

- **Best Basic Science presentation:**
  Vikhyat Bebarta - Wilford Hall Medical Center

- **Best Fellow presentation:**
  Jason McMullan - University of Cincinnati

- **Best Resident presentation:**
  Michael Puskarich - Carolinas Medical Center

- **Best Medical Student presentation:**
  Helen Won - Johns Hopkins University

- **Best IEME exhibit:**
  Gregory Christiansen - VCU

- **Resident Visual Diagnosis Contest Winner:**
  Matt Borloz - Georgetown

Over 150 registrants gathered in New Orleans on May 13th to attend the tenth annual Academic Emergency Medicine consensus conference. This year’s conference was entitled “Public Health in the ED: Surveillance, Screening, and Intervention.”

The conference featured a keynote address by Arthur L. Kellermann, MD, MPH, Vice Dean for Policy at Emory University; a panel discussion featuring speakers from the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and the Centers for Disease Control and Prevention discussing their agencies’ research portfolios’ relevance to EM; and a lunchtime debate on the efficacy of screening, brief interventions, and referral to treatment (SBIRT). Additional sessions included a plenary talk on the clinical impact in the ED of risky health behaviors, five breakout sessions addressing specific behaviors such as substance use and injury, and four consensus workshops addressing various themes relevant to public health research in the ED.

Attendance at all sessions was excellent, and conversations were lively and provocative. Besides NIH and CDC, additional federal speakers and attendees came from the Substance Abuse and Mental Health Services Administration and the new Emergency Care Coordinating Center in the Department of Health and Human Services.

Conference proceedings, including plenary papers and submissions solicited through a call for papers, will be published in the November issue of AEM. Slide sets of all presentations, working papers, and a video of Dr. Kellermann’s keynote address are available on the consensus conference webpage: http://www.saem.org/saemdnn/Meetings/2009AnnualMeeting/AEMConsensusConference2009May13/tabid/1158/Default.aspx

Primary conference support was provided by the Agency for Healthcare Research and Quality and NIDA, with secondary support from NIMH, NIAAA, SAMHSA, and numerous academic medical centers.
events

2009 SAEM Annual Meeting
SAEM would like to take this opportunity to thank Leon L. Haley Jr., MD, Member-At-Large; Judd E. Hollander, MD, Past President; Ellen J. Weber, MD, Member-At-Large; and Joseph Becker, MD, Resident Member; for their dedication to SAEM and Emergency Medicine by serving on the SAEM Board of Directors. Their commitment and leadership skills were appreciated by the Board members as well as the staff and many committees, task forces and interest groups who have had the opportunity to work with them. We look forward to their continued contributions to the organization in the future.

Election Results Announced at the 2009 SAEM Annual Business Meeting

Jill M. Baren, MD, President, University of Pennsylvania
Jeffrey A. Kline, MD, President-Elect, Carolinas Medical Center
Adam J. Singer, MD, Secretary-Treasurer, Stony Brook University
Katherine L. Heilpern, MD, Past President, Emory University
Robert S. Hockberger, MD, Member-at-Large, Harbor UCLAMedical Center
Cherri D. Hobgood, MD, Member-at-Large, University of North Carolina, Chapel Hill
Debra Houry, MD, MPH, Member-at-Large, Emory University
O. John Ma, MD, Member-at-Large, Oregon Health & Science University
Alan E. Jones, MD, Member-at-Large, Carolinas Medical Center
Deborah B. Diercks, MD, Member-at-Large, University of California, Davis
Maria F Glenn, MD, Resident Member, Carolinas Medical Center

Transfer of the gavel of authority

Incoming President Jill Baren accepts the gavel of authority from Kate Heilpern.
EMF/SAEM Medical Student Research Grant

Luke C. Helland, BS - University of Colorado Denver, Division of Emergency Medicine  Mentor: Adit A. Ginde, MD, MPH for “Recruitment of New Emergency Medicine Residency Graduates to Rural Emergency Departments?” - Health Policy

Gillian A. Beauchamp, BA  University of Pittsburgh  Mentor: David P. Hostler, PhD for “Evaluation of the Recovery of Cognitive Function following Treadmill Exercise in Firefighter Protective Gear” - Clinical Science

EMPSF/SAEM Patient Safety Fellowship Grant

Lisa Calder, MD, MSc  University of Ottawa

Institutional Research Training Grant

Judd Hollander, MD  University of Pennsylvania

EMS Research Fellowship Grant

Christian Martin-Gill, MD  University of Pittsburg

Research Training Grant

Todd Larabee, MD  University of Colorado

Learn more about these winners on our website at www.saem.org under the Grants and Awards Section.

2009 SAEM Annual Meeting
2008 Annual Meeting Presentation Awards

Determined from 2008 presentations after the meeting in Washington DC and recognized at the 2009 annual meeting in New Orleans, Louisiana.

**BEST FACULTY AWARD**
Amy Plint, MD
*A Multi-Center Randomized Controlled Trial of Nebulized Epinephrine and Dexamethasone in Outpatients with Bronchiolitis*

**BEST FELLOW AWARD**
Erik Hess, MD
*Diagnostic Accuracy of Clinical Prediction Rules to Exclude Acute Coronary Syndrome in the Emergency Department Setting: A Systematic Review*

**BEST YOUNG INVESTIGATOR PRESENTATION**
Lynn Babcock-Cimpello, MD
*Ability of S100B to Predict Abnormal Head CT in Children with Mild TBI*

**BEST MEDICAL STUDENT AWARD**
Maria Nelson
*A Geospatial Analysis of Persons Opting-Out from an Exception to Informed Consent Out-of-Hospital Interventional Trial*

**BEST BASIC SCIENCE AWARD**
Joseph Piktel, MD
*Attenuated Effect of Cooling on Dispersion of Repolarization Underlies Decreased Risk of Arrhythmogenesis in Therapeutic vs. Severe Hypothermia*

**BEST INNOVATIONS IN EMERGENCY MEDICINE EXHIBIT AWARD**
James V. Ritchie, MD, FACEP
*The Contraption: A Low-Cost Participatory Hemodynamic Simulator*

**BEST RESIDENT AWARD**
Anna Marie Chang, MD
*Left Bundle Branch Block Does Not Increase Risk of Acute Myocardial Infarction in ED Patients with Potential Acute Coronary Syndrome*

**BEST MEDICAL STUDENT AWARD**
Maria Nelson
*A Geospatial Analysis of Persons Opting-Out from an Exception to Informed Consent Out-of-Hospital Interventional Trial*

**BEST BASIC SCIENCE AWARD**
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*The Contraption: A Low-Cost Participatory Hemodynamic Simulator*

**BEST RESIDENT AWARD**
Anna Marie Chang, MD
*Left Bundle Branch Block Does Not Increase Risk of Acute Myocardial Infarction in ED Patients with Potential Acute Coronary Syndrome*

**RESIDENT VISUAL DIAGNOSIS CONTEST WINNER**
Dustin Mark, MD
## 2009 Annual Meeting Presentation Winners

Recognition and presentation of these awards will occur at the 2010 Annual Meeting in Phoenix, Arizona.

### BEST FACULTY AWARD
D. Mark Courtney, MD - Northwestern University
181 Prospective multi-center assessment of interobserver agreement for radiologist interpretation of 64-channel CT angiography for pulmonary embolism - Pulmonary Embolism

### BEST YOUNG INVESTIGATOR AWARD
Simon Mahler, MD - Louisiana State University HSC Shreveport
8 Resuscitation With Balanced Electrolyte Solution Prevents Hyperchloremic Metabolic Acidosis In Patients With Diabetic Ketoacidosis; A Pilot Study - Resuscitation

### BEST FELLOW AWARD
Jason McMullan, MD - University of Cincinnati
18 Midazolam Versus Diazepam For The Treatment Of Status Epilepticus: A Meta-Analysis - Neurology

### BEST BASIC SCIENCE AWARD
Vikhyat Bebarta, MD - Wilford Hall Medical Center
376 Hydroxocobalamin And Sodium Thiosulfate Versus Sodium Nitrite And Sodium Thiosulfate In The Treatment Of Acute Cyanide Toxicity In A Swine (Sus Scrofa) Model - Toxicology

### BEST MEDICAL STUDENT AWARD
Helen Won, MD - Johns Hopkins University
169 Rapid Detection Of Bacterial Meningitis Using A Broad Based PCR Assay - Infectious Disease

### BEST RESIDENT STUDENT AWARD
Michael Puskarich, MD - Carolinas Medical Center
349 Long-Term Survival Benefit from an Emergency Department Based Early Sepsis Resuscitation Protocol: A Prospective Study - Sepsis

### BEST RESIDENT STUDENT AWARD
Michael Puskarich, MD - Carolinas Medical Center
349 Long-Term Survival Benefit from an Emergency Department Based Early Sepsis Resuscitation Protocol: A Prospective Study - Sepsis

## New Guide to the SAEM Regional Meetings Available

During the May, 2008 Annual Meeting, then President Katherine Heilpern, MD charged the newly established SAEM Regional Meetings Task Force with a series of objectives.

**Objective 1** was for the Task Force to create a model/template designed to enhance communication between SAEM Regional Meeting coordinators to best identify best practices, pearls, and pitfalls; to create and disseminate the ideal timeline for regional meeting planning and execution; and to discuss financial management including industry support, conflict of interest, and budgetary issues.

**Objective 2** requested the task force to recommend enhancements to pre and post meeting procedures and meeting summaries.

At that same meeting, the Task Force agreed the optimal means of fulfilling those objectives was to combine them and draft a new Guide to SAEM Regional Meetings for the leadership and membership. The audience for the Guide would be current directors of Regional Meetings in our six established regional meeting sites, as well as new potential developers of regional meetings in other areas of the country.

In conjunction with the development of this guide, the task force identified two new potential regional meeting areas, Great Plains, and South Central. Discussions are currently underway for these new regions to coalesce and establish Regional Meeting opportunities within their geographic boundaries.

Through this article, we are pleased to announce the availability of the Board-approved Guide to SAEM Regional Meetings on the SAEM web site. It can be found on the web site [http://www.saem.org](http://www.saem.org) by going to Meetings > SAEM Regional Meetings. We anticipate a web-based guide will be a dynamic document. One easily updated or reconfigured for best use of each Regional Meeting planner. We look forward to your comments and feedback regarding the Guide. Please put it to good use and help us enhance an already very successful endeavor for the Society…the SAEM Regional Meetings.

**Glenn C. Hamilton, MD**
Chair, SAEM Regional Meeting Task Force (2008-2009)
2009 Annual Meeting Recognition Awards

Hal Jayne Excellence in Education Award
Steven R. Lowenstein, MD, MPH
University of Colorado Health Sciences Center

Excellence in Research Award
Jeffrey A. Kline, MD
Carolinns Medical Center

Leadership Award
Michelle Biros, MD, MS
Hennepin County Medical Center

Young Investigator Awards
Accepting on behalf of Stephen Trzeciak, MD, MPH is
ED Chair Michael E. Chansky, MD, both from Cooper University Hospital
Jesse Pines, MD, MBA - University of Pennsylvania
Jon Rittenberger, MD, MS - University of Pittsburgh

Special Recognition Award
Bob Neumar, MD, PhD - University of Pennsylvania
Roger Lewis, MD, PhD - Harbor-UCLA Medical Center

Learn more about these winners on our website at www.saem.org under the Grants and Awards Section.
Michelle Biros Awarded the 2009 SAEM Leadership Award

Dr. Biros has been a faculty member of the Department of Emergency Medicine at Hennepin County Medical Center since 1986 and is a Professor of Emergency Medicine at The University of Minnesota Medical School and the Vice Chair for Research for the Department of Emergency Medicine at the University of Minnesota Medical School. She attended medical school at the University of Minnesota Medical School in Minneapolis, and completed her emergency medicine residency in Cincinnati in 1986.

Dr. Biros has been a member of first UAEM and then SAEM since starting her emergency medicine residency at the University of Cincinnati in 1982. Since that time, she has attended every SAEM Annual Meeting and has presented original basic science or clinical research at nearly every meeting. She won the best basic science award three times (1985, 1990, and 1995). She has moderated research presentation sessions (including 11 plenary sessions), began the Fundamentals in Research and Advanced Research Concepts lecture series, and has been a frequent presenter of other didactic sessions at SAEM.

Michelle was the chair of the SAEM Research Committee in the early 1990’s. At that time, there were many challenges facing research in Emergency Medicine. Other specialties were more developed in the research and had set agendas that did not always correspond to the needs of the science of Emergency Medicine. During that time Dr. Biros spearheaded SAEM’s involvement with federal regulatory agents to develop the current research regulations for exception from informed consent. She created the Coalition of Acute Resuscitation Researchers, held a consensus conference with stakeholders from many specialties, and drafted recommendations that served as the basis of the current regulations. She continues to consult with federal agencies and other research entities on issues related to this type of research. Her leadership resulted in the recognition that emergency consent is different than other consent and changed the entire process for the current guidelines.

Dr. Biros began her 10-year tenure as the second Editor-in-Chief for Academic Emergency Medicine in 1997. During this time, the journal expanded from 243 submissions a year to almost 1000, the subscription numbers increased from 3500 to 7000, and AEM’s impact factor increased from 1.07 to 1.99. She developed journal subsections to highlight areas of unique interest to emergency clinicians, including the sections Progressive Clinical Practice and Dynamic Emergency Medicine. It transitioned to an electronic submission process, and there is an electronic version of the journal online.

As Editor, Dr. Biros lead the journal through a period of tremendous growth and innovation, in part because of her leadership and willingness to foster new talent and mentor junior faculty. Dr. Biros greatly expanded the Editorial Board, and included young investigators, who she paired with more seasoned researchers to develop confidence and new editorial and decision making skills. As part of her vision of the role of a specialty journal, Dr. Biros developed the AEM consensus conference, which has brought together thought leaders to develop research agendas on important medical, educational, and social topics relevant to our academic practice. These conferences have included out-of-specialty leaders and decision makers as well, and have resulted in a broader understanding and appreciation of our specialty among federal regulatory and funding agencies. Over the years, the consensus conferences have become almost self-sustaining, with most of the conferences paid for by competitive small conference federal grant awards. The consensus articles have been timely and widely quoted in the literature with an impact that has demonstrated emergency medicine resolve to address the important topics of the day. Examples include: simulation in health care, information technology, disparities, ED overcrowding, the unraveling safety net, the transfer of knowledge from research to practice, errors in emergency medicine and quality of emergency care, and the ethics of resuscitation research.

Dr. Biros’ leadership has taken a young journal through a critical growth period, and firmly established its academic worth among the medical literature. She has lead AEM and EM researchers with encouragement and guidance to develop science unique to our specialty. She has been a mentor to many of the members of SAEM, and both as an individual and as the Editor-in-Chief of AEM has helped many of us grow as academic physicians. Her enthusiasm, leadership, and dedication have benefited our specialty and SAEM. She is an unsurpassed role model and her unique leadership is worthy of our gratitude and recognition.
Listed below are the recipients of the 2009 SAEM Medical Student Excellence in Emergency Medicine Award. This award is offered to each medical school in the United States to honor an outstanding senior medical student. This is the eleventh year this award has been made available. Recipients receive a certificate and one-year membership to SAEM, including subscription to the SAEM Newsletter and Academic Emergency Medicine.

2009 SAEM Medical Student Excellence Award Winners

Albany Medical College
Molly Boyd

Albert Einstein College of Medicine
Joshua Silverberg

Arizona College of Osteopathic Medicine
Lusana Schultz

Baylor College of Medicine
Erik Andrew Reichl

Warren Alpert Medical School of Brown University
Jeremy Boyd

Case Western/Metro Health
Maya Kidu

Chicago Medical School
Edzie John Akumvili

College of Physicians & Surgeons of Columbia University
Rishi Madhok

Dalhouse University
Kirsten Moritz

Drexel University
Grant Swisher

Duke University School of Medicine
Samantha Phillips

East Carolina University-Brody School of Medicine
Shelby Kuplan

East Tennessee State University College of Medicine
Saad Aidin Al-Khatib

Eastern Virginia Medical School
Sean M. Lowe

Emory University School of Medicine
John Hiram Woodruff

Florida State University
Stephan Viel

Harvard Medical School
Menirih Qualis

Hospital Episcopal San Lucas
Ramon L. Cruz-Rivera

Indiana University School of Medicine
Benjamin Christopher Chastain

Jefferson Medical College
John Greenwood

Johns Hopkins University
Susan Peterson

Kansas City University of Medicine and Biosciences
Melissa Lynn Halliday

Loma Linda University
Benjamin James Watters

Louisiana State University, Shreveport
Jana A. Beckett

Loyola University Stritch School of Medicine
Daniel Bartgen

Mayo Medical School
Joy Marion Hartison

McGill University
Lucas Chartier

Medical College of Georgia
Adrienne Van Curen

Medical College of Wisconsin
Andrew J Szymbanski

Michigan State University College of Human Medicine
Angela Kristen Gregory

Mount Sinai School of Medicine
Nelson Wong

Morehouse School of Medicine
Nicholas Borm

New York Medical College
Ashley C. Crimmins

New York University School of Medicine
Baruch Shmuel Fertel

Northeastern Ohio Universities
Christopher M. Fridth

Northwestern University Feinberg School of Medicine
Brian William Patterson

Oregon Health & Science University
Mark Goodman

Penn State University College of Medicine
Rachel Rockford

Philadelphia College of Osteopathic Medicine
Jonathan D. Trager

Ponce School of Medicine
Ramón L. Cruz-Rivera

Queen’s University
Khala Albert

Ross University
Tomislav Jelic

Rush Medical College
Jessica Suzanne Sinnott

Saint Louis University
Justin Coomes

Sanford School of Medicine
Stephanie Knodel

Southern Illinois University School of Medicine
Drew Peterson

St. George’s University
Sarah Kuhnman

Stanford University
Beau Brieses

State University of New York, Stony Brook
Mira Kiranarwala

SUNY Downstate Medical Center
Valerie Ng

SUNY Upstate Medical University
Andrea Kreiger

Temple University
Nadia Markovechik

Texas A&M Health Sciences Center College of Medicine
Dylan Medley

Texas Tech University HSC
Christopher Ang

The Ohio State University College of Medicine
Francis Madore

UMDNJ - New Jersey Medical School
Kimmerle Anne Sellen

University of Alberta
Arthur Tse

University of Arizona
Allison Peaslee

University of Arkansas for Medical Services
William Bernard Baker III

University of California, Los Angeles David Geffen School of Medicine
Meghan Wood

University of Buffalo School of Medicine and Biomedical Sciences
Pamela Bannom

University of California, Los Angeles
Megan Wood

University of California, Davis
Bryce Pulliam

University of California, Irvine
Emile Chang

University of California, San Diego
Nicholas Kanaan

University of California, San Francisco
Oron Frankel

University of Chicago-Pritzker School of Medicine
Stephanie Donald

University of Florida
Omayra Marrocco

University of Hawaii
Keith Errecart

University of Iowa
Lindsay Griffin

University of Kentucky
Phillip Overall

University of Louisville
Patton Thompson

University of Manitoba
Kirsten Moritz

University of Maryland School of Medicine
Semhar Tewelde

University of Miami Miller School of Medicine
Ryan D. Aycock

University of Michigan
Kelley Cardeira

University of Minnesota
Joseph Mayeira

University of Mississippi Medical Center
Dustin LeBlanc

University of Missouri-Columbia
Adam Stevens

University of Missouri-Kansas City
Sandeept Gutnikonda

University of Nebraska Medical Center
Joseph Timothy Margheim

University of Nevada School of Medicine
Ryanne Walther

University of New England College of Osteopathic Medicine
Gretchen Holst

University of North Carolina, Chapel Hill
Hallam Melville Gugelmann

University of North Dakota School of Medicine and Health Sciences
Steven D. Schmidt

University of North Texas Health Science Center at Fort Worth
Heather Leanne Beard

University of Oklahoma College of Medicine
Andrew H. Liew

University of Pennsylvania
Dan del Portal

University of Pittsburgh
Eric Michael Schenfeld

University of Rochester
Sarah Philip

University of South Alabama
Andrew D. Houssholder

University of South Carolina
Kristen Paysinger

University of South Florida
Matt Sisko, MSIV

University of Toledo
Daniel Adams

University of Toronto
Laurel Murphy

University of Washington School of Medicine
Thomas Edwin Robey

Vanderbilt University School of Medicine
Nathan Rollins Hoot

Virginia Commonwealth University
Marie Rodgers

Wake Forest University
Stephanie Lareau

Washington University School of Medicine
Molly K. Tran

Wayne State University
Sarah Albers

Weill Medical College of Cornell University
Anand Nataraj

West Virginia University
Sarah Mills

Western University of Health Sciences/College of Osteopathic Medicine of the Pacific
Kevin W. Jones

Wright State University
Matthew Armstrong

Yale School of Medicine
Sundeept Bhat

UMDNJ RWUMS AT PISCATAWAY

Daniel Nelson
SAEM would like to thank the following EM residency programs that participated in the Residency Fair that was held on Saturday, May 16 just after the Medical Student Symposium in New Orleans. SAEM recognizes the effort and cost expended by these residency programs. The purpose of the Residency Fair is to provide a unique and economical opportunity for medical students interested in a career in emergency medicine. This year’s Medical Student Symposium attracted more than 100 students.

Advocate Christ Medical Center
Albany Medical Center
Albert Einstein Medical Center (PA)
Alameda County Medical Center
Allegheny General Hospital
Baystate Medical Center
Beth Israel Deaconess Medical Center
Beth Israel Medical Center
Boston Medical Center
Brigham & Women's Hospital/MGH Harvard Affiliated
Brown University
Carolinas Medical Center
Christiana Care
Corpus Christi
Denver Health Medical Center
East Carolina University
East Carolina University EM/IM
Eastern Virginia Medical Center
Emory University
Geisinger Health System
Georgetown University Hospital
George Washington University
Grand Rapids MERC/MSU
Harbor UCLA
Hennepin County Medical Center
Henry Ford Hospital
Indiana University
Indiana University EM/Peds
Jacobi Medical Center
Johns Hopkins Hospital
LAC-USC Medical Center
Lehigh Valley Health Network
Loma Linda University
Louisiana State University - Baton Rouge
Louisiana State University – New Orleans
Louisiana State University – Shreveport
Maimonides Medical Center
Maine Medical Center
Michigan State University/Kalamazoo
Mount Sinai
Newark Beth Israel Medical Center
New York Hospital Queens
New York Methodist Hospital
New York Presbyterian Hospital
North Shore University Hospital
Oregon Health & Science University
Orlando Regional Medical Center
Regions Hospital
Resurrection Medical Center
St. Lukes Hospital
St. Luke's-Roosevelt
Stanford/Kaiser
Stony Brook University
SUNY Downstate/Kings County Hospital
SUNY Upstate Medical University
Summa Health System/Northeastern Universities
Synergy Medical Education Alliance
Texas A&M/Scott & White Memorial Hospital
Texas Tech University
The Ohio State University
University of Alabama
University of Arizona
University of California - Davis
University of California - Irvine
University of California - San Diego
University of California San Francisco – Fresno
University of California San Francisco – SFGH
University of Chicago
University of Cincinnati
University of Florida - Gainesville
University of Florida - Jacksonville
University of Illinois - Peoria
University of Kentucky
University of Massachusetts
University of Michigan
University of Mississippi
University of North Carolina
University of Nevada
University of New Mexico
University of Pittsburgh
University of Rochester
University of South Florida
University of Texas – Houston
University of Utah
University of Virginia
University of Wisconsin
UT Southwestern Medical Center
Washington University
West Virginia University
William Beaumont Hospital
Wright State University
Yale-New Haven Medical Center
York Hospital
2009-2010 SAEM Committees/Task Forces

Awards Committee – 10awards@lists.saem.org
Chair: James Adams, MD, jadams@mh.org
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Staff Liaison: Jennifer Mastrovito, jennifer@saem.org

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2nd Staff Liaison: James Tarrant, jtarrant@saem.org

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ACEP/SAEM/ NIH (joint ) Task Force – emednetworking@lists.saem.org
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Regionalization (joint with ACEP) Task Force – regionalization@lists.saem.org
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Strategic Planning Task Force – saemplanning@lists.saem.org
Chair: Theodore Christopher, MD, tc@jefferson.edu
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Staff Liaison: Holly Gouin, hgouin@saem.org
CHRISTOPHER BEACH, MD has been promoted to Associate Professor of Emergency Medicine and secondary appointment as Associate Professor of Institute for Healthcare Studies at Northwestern University - The Feinberg School of Medicine, Chicago, IL. Effective 1 Sept. 2009.

VIK BEBARTA, MD, faculty for the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) residency in Emergency Medicine received a $147,815 grant from the US Air Force Office of the Surgeon General to study “Sodium thiocyanate versus hydroxocobalamin in the treatment of acute, severe cyanide induced cardiotoxicity in a swine (Sus scrofa) model.” Co-investigators are Robert Kacprowicz, MD and Julio Laiert, DO.

 STEFANIE ELLISON, MD was promoted as of July 1, 2009 to Associate Professor of Emergency Medicine at the University of Missouri at Kansas City School of Medicine and Truman Medical Center also in Kansas City, MO. She is the Medical Student Clerkship Director.

ROBINSON FERRE, MD, faculty for the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) residency in Emergency Medicine received a $147,632 grant from the US Air Force Office of the Surgeon General to study “The evaluation of thoracic ultrasound as an Associate Professor. This year, she will receive her doctorate in education from the Peabody College of Education. Her areas of focus at Emory include enhancement of the faculty development program, educational scholarship and assessment of the new Emory School of Medicine curriculum on the student learners.

ADIT A. GINDE, MD, MPH, Assistant Professor, Division of Emergency Medicine at University of Colorado Denver, received a 3-year, $400,000 K12 Research Scholar Award from the NIH/Colorado Clinical and Translational Sciences Institute to investigate the role of vitamin D in prevention of acute respiratory infection in adults with obstructive lung disease. Dr. Ginde was also awarded the 2-year, $200,000 Jahnigen Career Development Scholar Award from the American Geriatrics Society to test whether vitamin D supplementation reduces the incidence of acute respiratory infection in older nursing home residents.

MICHAEL T. FITCH, MD, PHD, has been promoted to Associate Professor of Emergency Medicine at Wake Forest University in Winston-Salem, North Carolina. Dr. Fitch is a member of the Core Teaching Faculty at the School of Medicine, and he continues as Director of the Emergency Simulation Program.

JULIO LAIRET, DO, faculty for the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) residency in Emergency Medicine received a $43,867 grant from the US Air Force Office of the Surgeon General to study “A comparison of proximal tibia versus distal femur infusion rates using the EZ IO intraosseous device on the adult swine (Sus scrofa) model”. Co-investigators are Robert Kacprowicz, MD and Vik Bebarta, MD.

SHAHRAM LOTFIPOUR, MD, MPH, Associate Clinical Professor of Emergency Medicine at the University of California, Irvine has been promoted to Associate Dean for Clinical Science Education in the School of Medicine. Dr. Lotfpour has been the Assistant Dean for the past year. Director for the Clinical Foundations course for two years and the Director of Undergraduate Emergency Medicine Education for seven years.

JOHN MCCABE, MD, a faculty member at SUNY Upstate Medical University for more than 20 years, has been named interim chief executive officer and senior vice president for clinical affairs at University Hospital. Dr. McCabe has been head of the department of emergency medicine. He replaces Phillip S. Schaengold, who is leaving to become CEO of Memorial Health in Savannah.

CHRISTOPHER MOORE, MD, Director of Ultrasound at Yale University received the “Ultrasound Achievement Award”, an annual award presented by SAEM USIG (Ultrasound Interest Group) for the person who has “done the most for the field”.

Effective July 1, 2009, CRAIG NEWGARD, MD, MPH, Associate Professor of Emergency Medicine, will be appointed Director of the Center for Policy and Research in Emergency Medicine (CPR-EM) at the Oregon Health & Science University.

NIELS K RATHLEV, MD was recently promoted to Professor, Department of Emergency Medicine at Tufts University School of Medicine.

SALLY SANTEN, MD, has joined the Emory Department of Emergency Medicine as an Associate Professor. This year, she will receive her doctorate in education from the Peabody College of Education. Her areas of focus at Emory include enhancement of the faculty development program, educational scholarship and assessment of the new Emory School of Medicine curriculum on the student learners.

CHARLES STEWART MD has been named Professor of Emergency Medicine at the University of Oklahoma School of Community Medicine. Dr. Stewart has also recently assumed the directorship of the Oklahoma Institute for Disaster and Emergency Medicine, which is housed within the OU Department of Emergency Medicine.

MARY JO WAGNER, MD has been promoted to full Professor, Program in Emergency Medicine at Michigan State University College of Human Medicine in E. Lansing, Michigan.

DR. MARCUS L. MARTIN (founding Chair of Emergency Medicine) has been appointed interim Vice President and Chief Officer for Diversity and Equity at the University of Virginia effective July 1, 2009. The Office for Diversity assists and monitors University units in their efforts related to inclusion, recruitment and retention of faculty, staff and students from historically underrepresented groups and to ensure supportive environments for work and life. Over the past three years, Dr. Martin has served in the positions of assistant dean, assistant vice president and associate vice president. He is also the co-PI on a Department of Defense grant to develop a prostate exam simulator to teach medical students clinical detection skills and a $5 million National Science Foundation grant designed to increase the number of minorities entering science, technology, engineering, and mathematics careers.

The University of North Carolina received one of the five Geriatric Education for Specialists (GSSR) training awards from American Geriatrics Association. These two-year awards are designed to improve the amount and quality of geriatric education received by residents and provides support to develop or enrich geriatrics teaching in the residency programs. Each grant will provide two-year support of $40,000. The Program Director is Kevin Biese, MD, MAT and the Co-PI, Jan Busby-Whitehead, MD.

On June 5, the Yale Corporation unanimously approved the Section of Emergency Medicine’s elevation to department status. Formerly part of Yale’s Department of Surgery, emergency medicine will now be a freestanding academic department.
The Diversity Interest Group (DIG) has had a very successful year. Starting from the 2008 SAEM Annual Meeting to the present, several key agenda items were achieved, and plans were established for future ones. Key agenda items from the previous year that were accomplished were:

1. Establishment of a survey on the state of underrepresented minorities and women in SAEM. The survey tool was designed and a pilot was administered to a core group of academic chairs. IRB approval of the survey instrument was established and the next step will be to administer the tool to academic chairs and program directors across the nation.

2. The Marcus Martin Leadership in Diversity award, an offshoot of the Diversity Interest Group awards, was presented to the SAEM Executive Board for recognition. The award was accepted by the Executive Board and will now be given honorable mention during the Annual Conference Business meeting. This year, the award was given to Sheryl Heron, MD from the Emory Department of Emergency Medicine.

3. A didactic presentation on the next step in closing the gap in health disparities – Increasing Diversity among EM Faculty – was presented during the 2009 Annual Conference. This was co-sponsored by the SAEM Women’s Group and the Carolinas Medical Center Emergency Department.

4. SAEM DIG was present at several meetings during the year and was instrumental in leading membership drives, recruiting and spreading the goals and objective of the organization. SAEM DIG was at the American College of Emergency Physicians Conference in Chicago, the National Medical Association Conf in Atlanta, the National Hispanic Medical Association in Brooklyn, NY and the Student National Medical Association Conference in New Orleans.

At the 2009 meeting in which over 60 members were present, the group identified several items for the coming year:

1. The DIG will continue to submit proposals to academic forums on matters of diversity. Though broad, this general objective will be a recurring one. The DIG will continue identify matters of interest regarding diversity in the specialty of Emergency Medicine from patient care, education, professional development and recruitment. Next year, the Group will plan on holding a research funding workshop at the Annual Conference. The workshop will be designed for under-represented minorities and women and will consist of representation from SAEM and NIH sub-agencies.

2. The DIG had developed awards to recognize individuals, for significant contributions to SAEM’s mission which includes “…its goal of attaining diversity in emergency medicine residencies and faculty that reflects our multicultural society and the communities we serve.”

3. The DIG is growing and is now considering re-organization into an Academy of SAEM. Efforts will be put into place to ensure that the development is possible. The DIG will work closely with already established Academies, namely CDEM and the Women’s Group, to determine what protocols are needed for implementation. It is expected that the transition may take some time as membership in DIG is still under the 100-member threshold needed to establish an Academy.

4. The DIG continues to provide outreach and assistance to students from underrepresented groups with the goal of increasing retention and recruitment of emergency medicine residents from those groups. Last year, DIG was present at several professional organizations, including NMA and NHMA, and student group, the SNMA. This year, it is expected that DIG will participate as well and coordinate its efforts with other SAEM groups, including CORD, and AACEM.

The Diversity Interest Group will continue to evaluate its progress on these current objectives and work toward their implementation.

I would like to thank all of the DIG members who participated and especially recognize Sheryl Heron, MD, Lynne Richardson, MD, Lisa Moreno-Walton, MD, Steven Bowman, MD, Marcus Martin, MD, David Holson, MD, and Kevin Fergusson, MD for the support and energy of the last few months and making this year a success.

Respectfully submitted,

Ugo A. Ezenkwele, MD, MPH
Chair Diversity Interest Group
Society of Academic Emergency Medicine

Learn more about the Diversity Interest Group by going to their web site. Start at www.saem.org and on the left side of the page you will see the Communities navigation block. Click on Interest Groups and on that page you will see a navigation block on the left for all the Interest Groups, click on Diversity.
SAEM International Interest Group Business Meeting Minutes
8:00-9:30am, Friday, May 15, 2009, New Orleans, LA

Members present:
Kate Douglass (Chair), Ian Martin (Secretary), Mark Hauswald (Vice-Chair), Vicken Totten, Scott Weiner, David Walker, Kris Arnold, Erika Schroeder, Christine Houser, Caleb Trent, Hawnwan Moy, Michael Radeos, Indrani Sheridan, Juan March, Adam Singer

Drs. Douglass, Martin and Hauswald called the meeting to order.

Dr. Sheridan provided an update of the IEM Committee.
- There is a current reorganization taking place within the structure of SAEM. In order to improve horizontal communication, the IEM Committee has been dissolved and members have been reassigned to other committees, such as membership, which overlap with the international arena.
- The committee was quite successful during its existence, and Dr. Sheridan was thanked for her service. 9 out of 10 goals were achieved, and a manuscript about the need for EM development internationally is still in progress.
- The current role of the former committee members and the upcoming structure is still to be determined. Three former IEM committee members are on the task force and will help develop this structure.

Jim Tarrant (executive director of SAEM, e-mail jtarrant@saem. org) provided an overview of the organization as it relates to the IEM Interest Group.
- An affiliate program was approved by the Board and is being developed. The idea is to connect individuals, groups or societies internationally with SAEM.
- SAEM is working on its new five-year plan for 2010-2015, and international affiliate development is one of two key foci for development (along with advocacy)
- International members have a different dues structure already (but SAEM only has 6 international members – it would like more).
- It was emphasized that academic emergency physicians who wish to be full members may do so; the affiliate and international dues structures are there because some non-US based physicians may not be able to exercise all of their rights as SAEM members because of distance, and may therefore want a less-expensive, and truncated membership.
- The SAEM membership database will be changing to be easier to use and more efficient. A discussion then ensued regarding SAEM’s role internationally. It was noted that this is the only major EM organization in the US that doesn’t have “American” in its name. We want SAEM to be a source of leadership/mentorship internationally, and expand primarily in non-English speaking countries. A member suggested that SAEM make overtures to EuSEM (via the current president, Gunnar Ohlen (gunnar.ohlen@karolinska.se) about encouraging Academic EuSEM members to join SAEM.

Dr. Hauswald, in his role as senior editor for International Emergency Medicine in Academic Emergency Medicine, then provided an update about the journal as it relates to the IEM Interest Group.
- The journal wants to expand its pool of international submissions.
- The journal has been actively recruiting from poster sessions of high-quality conferences in other countries.

- The journal wishes to establish a mentoring program, both for help with writing in English and also to help develop appropriate research questions/study design.
- The journal is particularly interested in 2 kinds of papers:
  1) topic applicable to EM in other countries (e.g. malaria)
  2) topics without boundaries (e.g. wound care, teaching methodology).
- They are working on a small notice on the masthead letting international authors know that assistance is available to non-English speaking authors.

A discussion ensued about a future idea for the IEM Interest Group to work on. The group would like to create an on-line source of lectures/resources helping EM researchers internationally with basic concepts such as how to ask a research question, how to do a literature search, how to perform data analysis, etc. The idea was appreciated, and a working group was formed by the following members to move this idea forward:
- Dr. Vicken Totten (vicken.totten@UHhospitals.org)
- Dr. Kate Douglass (k.douglass33@gmail.com)
- Dr. Kris Arnold (karnold@bu.edu)
- Dr. Christine Houser (cm.houser@gmail.com)

Dr. Adam Singer provided an update as liaison from the Interest Group to the Board of Directors.
- There is strong interest in developing “Academies” of certain topics that would have more expectations in terms of productivity, holding meetings, etc.
- International EM does appear to be amenable to becoming an academy.
- In the future, academies may host individual tracks during the annual meeting.
- Dr. Singer also discussed the rationale for breaking up the International EM Committee and distributing its members amongst other relevant committees.

Election of new officers ensued.
Dr. Ian Martin was nominated as Chair
Dr. David Walker was nominated as Vice-Chair
Dr. Scott Weiner was nominated as Secretary
Dr. Kate Douglass became Immediate Past Chair

All offices carry a term of 2 years, without automatic advancement (i.e. the Vice-Chair does not automatically become Chair after 2 years, but must run again).

All candidates ran unopposed. Dr. Arnold moved, and Dr. Totten seconded the approval of the new officers, who were unanimously elected by the members that were present.

Respectfully submitted,

Scott Weiner, MD

See additional notes and follow future dialog on developments by visiting and book marking the International Interest Group web site. Go to www.saem.org and from the Communities navigation module on the left, click on Interest Groups. Once there, click on the left module for International.
On behalf of the SAEM GME Committee, we are pleased to re-introduce the “Academic Resident” section of the SAEM newsletter. Quarterly articles will focus on topics of interest and importance to emergency medicine residents, with topics recurring on a roughly 3-year cycle. It is our hope that you will find these articles to be useful tools in your academic/professional development. We encourage your feedback and suggestions regarding additional content areas that would be of value to residents and recent residency graduates. Feel free to email comments and suggestions to techsupport@saem.org

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

PREPARING A DIDACTIC PRESENTATION

Carey D. Chisholm, MD
SAEM Board of Directors
Indiana University

Preparing a formal presentation to deliver to your peers and attendings can be a very intimidating task for the resident, especially the first time. Public speaking remains one of the most anxiety provoking activities that we face. The following reflects a philosophy about approaching the mandated “lecture” activity and using it as an opportunity for personal growth while providing an invaluable educational experience to your audience. Life is too short to sit through hours of poorly developed or presented information.

The Product
Your goal should be to develop a high quality interactive presentation that provides a state of the art update on the topic. This includes the 3-5 critical “take home” points that you’d like your audience to remember 6 months later. A brief hand-out will reinforce these points for the audience. The delivery is interactive (talking with, not at the audience) to increase attentiveness, retention and allow tailoring to learner needs.

The Process

- Become “the expert”. If you have any impact in the selection of a topic, consider taking one that makes you feel uncomfortable. This will maximize your potential for personal growth. Start by reviewing text information on the topic. Perform a “learner’s needs assessment” by asking your colleagues and EM faculty what areas they would like to hear about (“What makes you most uncomfortable about x?” or “What are the biggest dilemmas you’ve faced with this problem?”). Contact non-EM faculty who specialize in the area of your topic and pick their brain (“What problems or mistakes have you seen in the ED management of a patient with x?” or “How can we best assist you in caring for one of your patients who presents to the ED with y?”). Finally, contact EM community practitioners and elicit their perspective about these patients and how they are cared for outside of the academic ED.

- Perform a literature search and cross reference it with the bibliography in the text chapters. If you missed a sizable number of the text chapter citations, ask the search librarian for assistance in your search. Review these references and critically appraise any that will be used in your presentation. If the information appears to conflict with what you’ve heard from one of the folks above, contact them again and request clarification (“3 of the studies suggested that diagnostic test Z doesn’t assist in managing the patient acutely… I was curious if you agree with their recommendations”).

- Investigate costs and charges for diagnostic tests, therapies and medications. Call local pharmacies to ascertain charges to patients for medications, and our inpatient pharmacy for inpatient/ED costs and charges. Your medical director of the ED should be a valuable asset in obtaining this information.

- Create a lesson plan. This is not an outline of the topic, or a reprint of power point slides. It is a description of what you will teach over your allotted time and how you will teach the information. Decide what the key 3-5 “take home” points are and build your lesson plan around these. Ask yourself, “If I was sitting in the audience, would I care about hearing such and such”. If the answer is “no”, why inflict it on your peers? EM is a clinical specialty and practical in its approach. Any discussion about pathophysiopathology, epidemiology, etc. must be placed in a clinical context. If it can’t be, it’s extremely unlikely your audience will remember it months (2 minutes…) later. Paradoxically, it may actually lessen your overall effectiveness as members drift into daydreaming from disinterest and distraction. Caveat: since you’ve now become an “expert” there will be aspects about your subject that you now find really interesting; unfortunately your audience will not share your zeal. Be realistic and stick to the take home messages.

- Develop a delivery method: will you use PowerPoint, overhead, dry erase board or nothing? Will special AV resources be needed? If so, arrange months ahead of time. How will you make your presentation interactive and conversational? Seek guidance from a faculty mentor whose delivery style you respect.

- Practice: even before the “dry run” you should be able to do 80% of your presentation without reading extensively from your notes. Ask a friend, spouse or colleague to listen to 15 minutes of your presentation, tracking your use of “space-fillers” such as “uh,” “uhm,” or “OK.”

Delivery

- Arrive early and assure the AV program is ready (practice setting it up ahead of time on the same computer that you will use). Dress comfortably but business like. Speak loudly and slowly, projecting your voice to the back of the room. In larger venues or if you speak softly, ask for a volunteer (in the back of the room) to raise their hand if they cannot hear you (be sure to glance back there about once a minute).

- Introduce yourself and your topic. Do not apologize for your topic...find a “hook” to show them why paying attention will reap rewards for them (“statistically, in 5 of 6 you will be successfully sued within 5 years of graduation for failing to make this diagnosis”).
“Preparing a Didactic Presentation” Continued

Get out from behind the podium and mingle...speak with the audience, rather than carrying on a monologue. Ask leading questions, solicit perspectives, and use “real life” vignettes. After asking a question to the audience, use a pause to force interaction (17 second rule).

AV aids should enhance rather than detract from your message (be careful that they don’t “become” your message). Be very careful with buildings, clip art, or vacation or family photos (the latter 2 increase audience daydreaming as it sparks them to think of their own kids or last vacation). Humor is great if it ties into the presentation, is not used excessively and is tasteful (you’re there to inform, not entertain...think long term message). An offended audience will remember none of your take home messages...thus you have failed in your endeavor.

Repeat questions or solicited responses to the entire audience. Otherwise many will not hear what was said, and interest will drift.

Provide literature citations for more controversial or cutting edge recommendations, or to emphasize a point. “Landmark” articles should be listed in your hand-out.

Summarize! Go back over the 3-5 points that you wish the audience to remember.

Have fun. You’ve spent hours preparing for this, so why not enjoy the fruits of your labor?

Dealing with stage fright: public speaking remains one of the most feared tasks. A good controlled rush of adrenaline at the start of a presentation may enhance your skills, but too much can cause your presentation to unravel. Practice is the best preparation. Rehearse your opening 2-5 minutes so that it’s an unconscious process. Remember that it’s not a hostile crowd that you’re addressing...it’s your peers and friends and they wish you success. If you’ve prepared, you have become “the expert”...as such draw strength. Beta blockers have been effective for those who are paralyzed by public speaking, but be certain to trial these ahead of time if you choose to use them.

Speaking to an unknown audience: When speaking at national meetings, I always assess the composition of the audience prior to beginning my presentation. This will better allow me to tailor my comments (e.g. if 80% of the audience are RN’s versus 80% attending faculty physicians) to the interests and expertise of the audience. I also take a moment to find out what their expectations of the presentation are so that I can be certain to address those issues (or tell them right up front that I will be unable to do so).

Major Mistakes

- Reliance on text material (not becoming the “expert”)
- Attempting to cover too much information
- Podium hugging
- Speaking too softly or too rapidly
- Not repeating a question (or solicited answer) from 1 audience member to the entire group.
- Failure to keep eye contact with the audience
- Reading to the audience
- Lacking enthusiasm
- Excessive space fillers (“uhm,” etc.)
- Losing the message in the presentation (too many bells and whistles)
- Poor Power point slide colors/font detract from presentation (addressed in a future article)

There were 100 cases and photos submitted to the Program Committee for consideration of presentation at the Annual Meeting.

Winners in both medical student and resident categories were awarded a major Emergency Medicine textbook.

SAEM would like to thank the following individuals who contributed to this year’s Clinical Pearls and Visual Diagnosis Contest entries. It is a significant commitment of time and intellect to develop the ever-popular Photo Display, which was again presented at the SAEM Annual Meeting, along with the posters and Innovations in Emergency Medicine Education Exhibits.

Gallane Abraham, MD
Maya Arii, MD
Joshua G. Briscoe, MD
Steve C. Christos, DO, MS
David Conner, MD
Norma L. Cooney, MD
Jillian Corbett, MD
Rui Domingues, DC, MD
Suzanne Dooley-Hash, MD
Jamie Edelstein, MD
Jessica A Gedraitis, MD
Phil Goebel
Jennifer Jackson, MD
Rebecca Jeanmonod, MD
Starner Jones, MD
Brian Kloss, DO, JD, PA-C
Lanny F. Littlejohn, MD
Anyka McClain, MD
John Misiday, MD
Caroline Molins
Andrew Nyce, MD
Ali Osman, MD
Ananda Pandurangadu, MD
Nilesh Patel, MD
M.L. Ridderikhof
Dana Sajed, MD
Shellyann Sharpe, MD
Mark Silverberg, MD
Jessica L. Smith, MD
Edward Tham, MD
Henry Truong, MD
Jody Vogel, MD
Jessica Wang, MD
Andrew Wong, MD
Phil Wynn, MD

Photography Exhibit and Visual Diagnosis Contest
Semi-Final CPC Competition Results
2009 SAEM Annual Meeting

On May 13th, seventy-two Emergency Medicine Residency Programs competed in the nineteenth annual semi-final CPC (Clinical Pathological Cases) competition. A resident from each participating program submitted a challenging unknown case for discussion by an attending from another residency program. The faculty discussant had 20 minutes to develop a differential diagnosis and explain the thought process leading to the final diagnosis.

Winning presenters and discussants were selected from each of six tracks and these individuals will compete in the CPC finals that will be held at the ACEP Scientific Assembly in Boston. The CPC competition is sponsored by CORD, ACEP, EMRA and SAEM and is coordinated by Douglas L. McGee, DO and Saadia Akhtar, MD.

Congratulations to the 2009 semi-final winners!

DIVISION 1
Presenter: Catherine Tubridy, MD, SUNY Downstate/KCMC EM/IM
Discussant: Brian Lin, MD, Stanford/Kaiser

DIVISION 2
Presenter: Elizabeth Balazich, MD, Temple University
Discussant: Erin Lareau, MD, Northwestern University

DIVISION 3
Presenter: Anita Bangale, MD, George Washington University
Discussant: Preeti Jois, MD, University of Florida - Gainesville

DIVISION 4
Presenter: David Rankey, MD, University of Nevada
Discussant: J.D. McCourt, MD, University of Nevada

DIVISION 5
Presenter: Matt Schreiber, MD, Baystate Medical Center
Discussant: Ayim Darkeh, MD, SUNY Downstate/Kings County

DIVISION 6
Presenter: Brian Baker, MD, NYU/Bellevue
Discussant: Christopher Stromski, MD, St. Luke’s Hospital

David Rankey, MD; J.D. McCourt, MD; Ayim Darkeh, MD; Catherine Tubridy, MD; Preeti Jois, MD; Anita Bangale, MD; Matt Schreiber, MD; Christopher Stromski, MD; Brian Baker, MD; Erin Lareau, MD; Brian Lin, MD; Elizabeth Balazich, MD

CPC Reception

Sponsored by CORD, ACEP, EMRA, SAEM • Learn more about the CPC at www.cordem.org
Simulation Academy - Re-cap of Meeting

Chairperson Rose Fernandez, MD – Medical Center Emergency Services Physicians

RECAP FROM JIM GORDON / LEO KOBAYASHI:

"History" of Academy and SIG was provided by Jim. Update of AEMCC on Simulation was tabled until didactic session; however Jim mentioned the availability of November AEM issues containing the proceedings of the sim consensus conference through the SAEM office. They are very available (about 1000 in fact) and make a great resource, since every breakout session was charged with creating a complete bibliography!

Leo summarized the structure of the SIG and assured members that there would be continuity of the subgroups that exist within the SIG AND individuals would be able to continue their roles in the future if they do so desire.

REGARDING ACADEMY REGISTRATION:

Those who have paid $25 to join the SIG must register by phone with SAEM in order to have that payment credited toward the $100 for the Academy. Others may go through the SAEM website and register online to pay the full $100. WE NEED 100 MEMBERS TO KEEP OUR ACADEMY STATUS!!!

RESIDENT MEMBERS:

The Academy meeting attendees supported the notion of accepting resident members (non-voting) at a reduced rate as long as it was not financially burdensome to the Academy. Holly, the SAEM membership coordinator has been contacted regarding this option. Will keep you posted.

ACADEMY NAME:

Thus far, the Academy name is maintained as "Simulation Academy". Discussion was had regarding whether that title was too narrow. Alternate views that "Tech in Med Ed" was too vague were also discussed. The Executive Committee will make a decision on this point but welcome further input from the membership. A decision needs to be made soon so marketing material can be designed. Regardless of the title, the Academy members wish to maintain a broad perspective of simulation in healthcare and wish to seek out those with alternate and unique views on simulation.

PARTICIPANT RECOGNITION:

In an effort to increase recognition of scholarly activity, individuals leading a task force or contributing to a project in a significant way will receive a letter from the Executive Committee to their department or division chair outlining their contributions. Letters will be prepared next Spring to reflect work done over 2009-10. Accurate addresses will be requested when needed. This idea was stolen from the CDEM, but I think it is a great one.

ORGANIZATION:

The below organizational model was presented at the Academy meeting. Each task force (second row) has a liaison from the Executive committee, and leaders for each TF were solicited from the membership. At the end of this document is a chart of each TF with description, TF leader, and assigned liaison.

For continuation of this meeting recap, please visit www.saem.org/simulation

Jon C. Rittenberger, MD, MS, University of Pittsburgh

Young Investigator Award Winner

Dr. Rittenberger completed his medical degree and Emergency Medicine residency at the University of Pittsburgh. He was then selected to be the first Pittsburgh Resuscitation Outcomes Consortium research fellow in 2005. Dr. Rittenberger’s research interest regards the clinical care provided to patients resuscitated from cardiac arrest. He helped develop the post-cardiac arrest service at UPMC-Presbyterian Hospital, one of the first of its kind. He is funded by a KL2 award from the Clinical Research Scholars Program at the University of Pittsburgh. He is also the outgoing National Association of EMS Physicians/Zoll Medical EMS Resuscitation Research fellow. Dr. Rittenberger is developing a new method to phenotype the neurologic and organ system dysfunction present after cardiac arrest. This will permit new treatment strategies (including therapeutic hypothermia) to optimize patient outcomes. He has 23 peer-reviewed manuscripts and is the Assistant Residency Research Director for the University of Pittsburgh Affiliated Residency in Emergency Medicine.
Communication With the SAEM Membership For Your Group
To All SAEM Interest Group, Committee and TF Members

You have a web page on the main SAEM web site. At the very least, it will contain a list of all your members and information on a List Serve created for you that will allow everyone in your group to send a single e-mail and have everyone get that e-mail.

You will find a link to your web page from the appropriate Home Page:

From any page on the site at www.saem.org/saemdnn you will find a Navigation Module on the left side called Communities:

Listed here are links to the home page within major sections of the site:

Academies
Interest Groups
Committees/Task Forces
. . . Etc. . .

Click to get to the appropriate Home Page for the Specific Section of the site that applies to your group. Once there, look for a link to your group (usually in a Module on the left side of the page).

The web page is yours to use to communicate with the membership and let them know how you are doing with meeting your objectives. If it is not already shown, you should provide the official list of your Objectives every year to the IT / Communications people at SAEM. Keep in mind that as we prepare for the transition that occurs during Annual Meeting, we may have the new objectives on the web page but “hidden” and ready to go when the switch is needed. If you are a new group, it should be showing on the site previous to the Annual Meeting.

Your group’s web page is also a good place to inform others of upcoming meetings and notes from those meetings. Both yours and those of others that may be related to your group’s objectives and involve collaboration with other organizations. Keep in mind that this is available to everyone and in most cases, needs approval from your Board Liaison.

Be sure and send copies of content for the web site to your Board Liaison and to Techsupport@saem.org and your Staff Liaison if you have one assigned to you.

Your SAEM web page can also be used to provide a link to a section / series of web pages created by your group that can be made available to the general membership in meeting one of your goals.

Links to documents (and the document itself) can be provided as well. Typically, meeting notes are provided in the form of a Microsoft Word document for download rather than creation as a web page.

SAEM - General Instructions for regular Web Page Content Submissions

- Use MsWord or the more simple NotePad application to create your content.
- Best to use Arial type font at size 10 to 12. We will change it to an adaptable size type Arial font on the web site.
- Keep everything left justified.
- Use extra space between paragraphs rather than indentations.
- Bullet lists are acceptable as well as numbered lists.
- Bolding can be used for Titles.
- Send original images rather than just an image pasted into a document.
- If you have the most recent version of MsWord, please choose Save As and select the MsOffice 97 – XP version.
- PDF documents can not be used for web pages.
- The only thing we can do with these is create a link to the file.
- Please provide a link to the Web page on our site that this page needs to either appear on or be linked to.
- Be sure and indicate Your Name, Email Address, group that may apply, and photographer Name / Contact info of photos if not you.

The SAEM Newsletter articles are due on the First of even numbered months. (For example, April 1 was the due date for the May/June issue of the bi-monthly newsletter.) If you would like to provide information to the membership or acknowledge your groups accomplishments, be sure to include sending a copy to your Board Liaison at the same time as you send it to the Newsletter people for approval. Currently, you can send articles to TechSupport@saem.org

We also offer access to the SAEM eNews which is mailed out on odd numbered months and additional times as needed when multiple announcements or deadlines are approaching. Typically a one or two sentence lead-in is provided that can link to a longer article or announcement that is placed on your web page. The webpage may also contain links to files of type, PDF, Spreadsheets and MsWord Documents you provide.

(Continued on Page 27)
Learn more about providing CONTENT FOR THE WEB or newsletter by going to Publications >> SAEM Newsletter:


Communication with your group – List Serve System:

Committee Members can communicate with the entire group by addressing e-mail to: (GROUPNAME Shown on your WebPage)@lists.saem.org

We recommend you test out your new list serve to insure that your fellow members can communicate with the system. If we do not have their exact e-mail address (many can have what is called an “alias”) they may be able to receive but will not be able to send replies to the list serve system.

In the initial e-mail you should provide your group with a link to your SAEM group’s web page, and provide your personal e-mail address. You may also include something like the following:

Please reply to this e-mail so we will know that this communication has been received. If not, we may assume you did not get the e-mail and will spend time trying to contact you to establish a new e-mail for use.

Be sure to use the official e-mail account you have registered with membership in sending e-mail or while replying to others. List Serve system will reject e-mail sent from accounts not registered with the group list. If you have a problem, please send an e-mail from your preferred business account to techsupport@saem.org so that we can correct your e-mail account recorded on the list serve and with membership. Keep in mind that a reply to a list serve e-mail sends your message to everyone on the list.

To send e-mail to only an individual in the group, use the e-mail links provided in the membership list on the left side of the group’s web page. Click on the name to have it post your e-mail program with the address.

Special Services for Committee’s, Task Force’s and Academies

A Private Forum is available if you need a way to collect and compare multiple documents. Especially if one of your objectives is to create content leading to a final version and you want to monitor development of the drafts… or you need to put together multiple documents into one large one.

Members of your group will need to provide the User Name they use to renew membership or signup for the Annual Meeting online. This is how they are granted private access to the Forum. If they have not created a web account for this purpose, the can currently do so by going to http://apps.saem.org and clicking on (I am a New User). After creating the account, they should send an e-mail to Membership@saem.org so that we can connect their new web account to their membership account.

Our current system will also allow me to provide you with a fresh list of members in a spreadsheet at anytime. This can be used for tracking attendance or providing the list of User Names needed to create your Forum. It can also be used to track who is available for upcoming conference calls. It can not be provided to outside sources or used for any other purpose than to communicate with your group regarding your group’s purpose and objectives.

Committees and Task Forces have Tele-Conference Call services available for setting up phone meetings. You should use the list serve to send a message to your group and determine the best day and time for a call and the number of people likely to be involved. Contact your assigned SAEM Staff Liaison (listed on your web page) to have them make arrangements for the call at least a week in advance of need and tell them for how many people. They or you can then send an e-mail out on the list serve to inform others of the number to call and the code to use once set up. Time should be expressed as Eastern Daylight Savings time – keep in mind that we are located in Michigan. In the Fall we lose an hour and in the Spring we move forward one hour from EST.

2009 / 2010 SAEM Grant Information

SAEM is pleased to offer a variety of grants available for competitive application:

SAEM Research Training Grant ($75,000/yr for 2 years) – Application deadline: August 1, 2009

SAEM Institutional Research Training Grant ($75,000/yr for 2 years) – Application deadline: August 1, 2009

SAEM/EMPSF Patient Safety Research Fellowship ($75,000/yr for 1 year) – Application deadline: August 1, 2009

SAEM Emergency Medicine Student Interest Group Grants ($500/group) – Application deadline: August 1, 2009

SAEM Emergency Medical Services Research Fellowship ($60,000/yr for 1 year) – Application deadline: November 1, 2009

EMF/SAEM Medical Student Research Grant ($2,400 over three months) – Application Deadline: January 5, 2010

For more details on these grants as well as detailed application instructions, please go to the SAEM website (www.saem.org) and click on “Grants” under the “Grants & Awards” tab.
An 89 year-old woman, with moderate dementia, presents to the ED. She is sent from her nursing home for evaluation of fever and trouble breathing. On arrival, her temperature is 100.8, blood pressure 145/86, pulse 110, respiratory rate 24 and O2 saturation 93%. She is alert and talking in full sentences, but, as per her baseline, is not coherent. Her x-ray reveals a lobar pneumonia.

A review of the patient’s medical record shows that she was discharged from the hospital two weeks ago after treatment for a UTI. During this admission she was cared for by a private oncologist. When you call him to discuss the case, he is surprised to hear that the patient is still alive. She has terminal lung cancer, and when he discharged her the last time he did not expect her to survive more than a few days at her nursing home. He agrees to admit her to his service for antibiotics, but says that he feels intubation should be avoided, as it will do nothing but prolong the patient’s death by a few days. He also informs you that the patient has neither family, nor health care proxy, nor any evidence of her wishes regarding intubation and resuscitation.

For the moment, a decision on intubation can be deferred. But if the patient’s respiratory status does not improve, should she be intubated? In patients without capacity and without a surrogate, our primary obligation is to the patient’s best interests. Although reasonable people might differ as to what they would want for themselves in this situation, without clear knowledge, we generally assume that patients’ interests lie in prolonging their lives. On the other hand, given the primary MD’s assessment of the patient’s prognosis, one could argue that in this case, intubation is essentially futile. It would not result in prolonging her life so much as prolonging the process of respiratory failure that will inevitable kill her. Some states have laws governing doctors’ discretion in instituting care in circumstances like these, but in the absence of legislative guidance, these cases can present difficult dilemmas.

**SAEM Western Regional Research Forum and Medical Student Forum Meeting Announcement and Call for Abstracts**

Friday, March 19th - Saturday, March 20th, 2010
University of California, Davis | Sonoma, CA

SAEM is pleased to announce the 13th annual meeting of the Western Regional Research Forum. Abstracts must be submitted via the SAEM web site; the submission deadline coincides with national SAEM. When submitting an abstract for the national SAEM meeting, simply check the box indicating your interest in the Western Regional Research Forum and your abstract will be considered for both meetings.

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

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

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

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

For additional program information please visit our website http://wrrf.emergencyresidency.com
SPECIAL THANKS

to those who donated at this year’s Annual Meeting in New Orleans

John Marx  Chandra Aubin  John Younger
Roger Lewis  Niels Rathlev  Arthur Kellermann
David Wright  Donald Yealy  Mark Langdorf
Frank Zwemer  Kristen Nordenholz  Thomas Arnold
Matthew Sullivan  Joseph Tyndall  Carol Clark
Michelle Biros  James Hoekstra  Brian Zink

To join the Research Foundation Campaign log onto www.saem.org.
All levels of contribution are welcomed and appreciated.
Call for Submission

Innovations in Emergency Medicine Education Exhibits

Deadline: Wednesday, January 20, 2010

The Program Committee is accepting Innovations in Emergency Medicine Education (IEME) Exhibits for consideration of presentation at the 2010 SAEM Annual Meeting, June 3-6, 2010 in Phoenix, AZ. Submitters are invited to complete an application describing an innovative new educational methodology that they have designed, or an innovative educational application of an existing product. The exhibit should not be used to display a commercial product that is already available and being used in its intended application. Exhibits will be selected based on utility, originality, and applicability to the teaching setting. Commercial support of innovations is permitted but must be disclosed. The descriptions/abstracts of the selected IEME Exhibits will be published in the Abstract Supplement of the May 2010 issue of Academic Emergency Medicine, the official journal of the Society for Academic Emergency Medicine. However, if submitters have conducted a research project on or using the innovation, the project may be written up as a scientific abstract and submitted for scientific review in the appropriate subject category by the December 2 deadline.

The deadline for submission of IEME Exhibit applications is Wednesday, January 20, 2010 at 5:00 pm Eastern Time. Only online submissions using the form on the SAEM website at www.saem.org will be accepted. For further information or questions, contact SAEM at saem@saem.org or (517) 485-5484.

Call for Abstracts

Annual Meeting

June 3 - 6, 2010 | Phoenix, AZ

Deadline: Wednesday, December 2, 2009 5:00pm EST

The Program Committee is accepting abstracts for review for oral and poster presentation at the 2010 Society for Academic Emergency Medicine (SAEM) Annual Meeting. Authors are invited to submit original emergency medicine research in the following categories:

- abdominal/gastrointestinal/genitourinary pathology
- administrative/health care policy
- airway/anesthesia/analgesia
- CPR
- CV basic science
- cardiovascular (non-CPR)
- clinical decision guidelines
- computer technologies
- diagnostic technologies/radiology
- disaster medicine
- disease/injury prevention
- education/professional development
- EMS/out-of-hospital
- ethics
- geriatrics
- infectious disease
- ischemia/reperfusion
- neurology
- obstetrics/gynecology
- overcrowding
- pediatrics
- psychiatry/social issues
- research design/methodology
- statistics and meta-analysis
- respiratory/ENT disorders
- shock/critical care
- toxicology/environmental injury
- trauma
- wounds/burns/orthopedics

The deadline for submission of abstracts for the Annual Meeting is Wednesday, December 2, 2009 at 5:00 pm Eastern Time and will be strictly enforced. The online abstract submission form and instructions will be posted late September. Only electronic submissions via the Society for Academic Emergency Medicine (SAEM) online abstract submission form will be accepted, and will be available on the SAEM website at www.saem.org. For further information or questions, contact SAEM at saem@saem.org or 517-485-5484 or via fax at 517-485-0801. Only reports of original research may be submitted. The SAEM Annual Meeting is a forum for presentation of novel research findings. Abstracts submitted to the SAEM Annual meeting may be only presented at another national or international conference within one calendar month of the SAEM Annual Meeting. Presentations at regional meetings are allowed regardless of presentation date. Abstracts accepted for presentation will be published in the May issue of Academic Emergency Medicine (AEM), the official journal of SAEM. SAEM strongly encourages authors to submit their manuscripts to AEM. AEM will notify authors of a decision regarding publication within 60 days of receipt of a manuscript.
Call for Abstract Reviewers

The Program Committee is currently accepting applications to serve as expert reviewers of scientific abstracts submitted for consideration of presentation at the 2010 Annual Meeting, which will be held June 3 - 6 in Phoenix, AZ. The minimum requirement for new abstract reviewers is at least two first author peer-reviewed original research manuscripts in the topic area for which you are applying. Residents are invited to apply but must meet the same criteria. If you have been an abstract reviewer in the past five years, you do not need to reapply.

Interested individuals should electronically submit to saem@saem.org the following by October 21, 2009: an abbreviated CV (full CVs will not be considered) with a detailed listing of peer-reviewed original research publications, review articles, textbook chapters, and prior scientific abstract presentations published on the specific area(s) of expertise selected from the list below:

- abdominal/gastrointestinal/genitourinary
- administration/health care policy
- airway/analgesia
- cardiopulmonary resuscitation
- cardiovascular (non-CPR)
- clinical decision guidelines
- computer technologies
- diagnostic technologies/radiology
- disaster medicine
- disease/injury prevention
- education/professional development
- EMS/out-of-hospital
- ethics
- geriatrics
- infectious disease
- ischemia/reperfusion
- neurology
- obstetrics/gynecology
- overcrowding
- pediatrics
- psychiatry/social issues
- research design/methodology/statistics
- respiratory/ENT
- shock/critical care
- toxicology/environmental injury
- trauma
- wounds/burns/orthopedics

Each year, the Program Committee selects approximately six reviewers for each of the topic areas, including expert reviewers and members of the Program Committee. Therefore, not every approved reviewer will be invited to review each year. Individuals selected to review submitted abstracts will be expected to review up to 100 abstracts, must adhere to the SAEM abstract scoring system, and must submit their abstract scores by the deadline. The deadline for authors to submit abstracts is December 2, 2009. Abstracts will be available for review by December 9 and abstract scores will be due by noon on Monday, December 21. All scores will be submitted online.

19th Annual SAEM Midwest Regional Meeting Announcement & Call for Abstracts

Monday, September 21, 2009
Michigan League  Ann Arbor, Michigan

The Department of Emergency Medicine at University of Michigan is pleased to announce that abstracts are now being accepted for the 2009 SAEM Midwest Regional Meeting.

The meeting location is the Michigan League, 911 N. University Avenue, Ann Arbor, MI.

The deadline for abstract submission is FRIDAY, August 21, 2009 at 5:00 p.m. Eastern Standard Time. Only electronic submissions via the SAEM online abstract submission form at www.saem.org will be accepted. Acceptance notifications will be sent by email.

Questions concerning the meeting can be directed to the Program Chair, John G. Younger, MD, MS at jyounger@umich.edu.
Call for Photographs
Deadline: Wednesday, February 3, 2010

Original photographs of patients, pathology specimens, gram stains, EKGs and radiographic studies or other visual data are invited for presentation at the 2010 SAEM Annual Meeting, June 3-6, Phoenix, AZ. Submissions should depict findings that are pathognomonic for a particular diagnosis relevant to the practice of emergency medicine or findings of unusual interest that have educational value. Accepted submissions will be mounted by SAEM and presented in the “Clinical Pearls” session or the “Visual Diagnosis” medical student/resident contest.

No more than three different photos should be submitted for any one case. Submit one hard copy glossy photo (5 x7, 8 x 10, 11 x 14, or 16 x 20) and a digital copy in JPEG or TIF format on a disk or by email attachment (resolution of at least 640 x 48). Radiographs and EKGs should also be submitted in hard copy and digital format. Do not send X-rays. The back of each photo should contain the contributor’s name, address, hospital or program and an arrow indicating the top. Submissions should be shipped to SAEM, 901 N. Washington Avenue, Lansing, MI, 48906, in an envelope with cardboard, but should not be mounted.

Photo submissions must be accompanied by a brief case history written as an “unknown” in the following format: 1) chief complaint, 2) history of present illness, 3) pertinent physical exam (other than what is depicted in the photo), 4) pertinent laboratory data, 5) one or two questions asking the viewer to identify the diagnosis or pertinent finding, 6) answer(s) and brief discussion of the case, including an explanation of the findings in the photo and 7) one to three bulleted take home points or “pearls.”

The case history for the photograph(s) must be submitted on the template that is posted on the SAEM web site at www.saem.org, under the 2010 Annual Meeting page. The photographs must be submitted electronically to jennifer@saem.org. The case history is limited to no more than 250 words. If accepted for display, SAEM reserves the right to edit the submitted case history. Submissions will be selected based on their educational merit, relevance to emergency medicine, quality of the photograph, the case history and appropriateness for public display. Contributors will be acknowledged in the Annual Meeting onsite program and the 2010 July/August SAEM newsletter. Academic Emergency Medicine (AEM), the official SAEM journal, may invite a limited number of displayed photos to be submitted to AEM for consideration of publication. SAEM will retain the rights to use submitted photographs in future educational projects, with full credit given for the contribution.

Photographs must not appear in a refereed journal prior to the Annual Meeting. Patients should be appropriately masked. Submitters must attest that written consent and release of responsibility have been obtained for all photos except for isolated diagnostic studies such as EKGs, radiographs, gram stains, etc. The attestation statement is included in the submission template. If you have any questions or concerns, please contact SAEM at saem@saem.org or 517-485-5484.

Call for Didactic Proposals
2010 Annual Meeting • June 3-6, 2010 • Phoenix, AZ
Deadline: Wednesday, September 2, 2009, 5 PM Eastern Time

The Program Committee is inviting proposals for didactic sessions for the 2010 Annual Meeting. Didactic proposals may be aimed at medical students, residents, junior faculty and/or senior faculty. The format may be a lecture, panel discussion, or workshop. The Program Committee will also consider proposals for pre- or post-day workshops or multiple sessions during the Annual Meeting aimed at in-depth instruction in a specific discipline. Didactic proposals must support the mission of SAEM (to improve patient care by advancing research and education in emergency medicine) and should fall into one of the following categories:

- Education (educational research or teaching methodology, improving the quality of education, enhancing teaching skills, resident/medical student education)
- Research (research methodology, improving the quality of research)
- Career Development
- State-of-the-Art (presentation of cutting-edge basic science or clinical research topics that have important implications for further investigation or the future practice of emergency medicine; note that State-of-the-Art sessions are not a review of the literature or a summary of clinical practice)
- Health Care Policy and National Affairs affecting emergency medicine

Topics above in parentheses are suggestions only. Novel submissions and formats are encouraged. The deadline for submission is Wednesday, September 2, 2009 at 5:00 pm Eastern Time. Only online submissions will be accepted. To submit a proposal, complete the online Didactic Submission Form at www.saem.org. For additional questions or information, contact SAEM at saem@saem.org or call 517-485-5484.
Call for Papers

2010 Academic Emergency Medicine Consensus Conference

Topic: Beyond Regionalization: Integrated Networks of Emergency Care

The 2010 Academic Emergency Medicine Consensus Conference “Beyond Regionalization: Integrated Networks of Emergency Care” will be held on June 2, 2010, immediately preceding the SAEM Annual Meeting in Phoenix, Arizona. Original papers, if accepted, will be published together with the conference proceedings in the December 2010 issue of Academic Emergency Medicine.

The Institute of Medicine (IOM) has recommended that Congress establish a demonstration program to “promote regionalized, coordinated, and accountable emergency care systems.” While there is much literature documenting ED crowding, ED boarding, ambulance diversion, and the on-call specialty coverage crisis, relatively less focus has been placed on systematic and proactive change to plan a 21st century emergency care delivery system for the US.

While regional systems of care have been developed for certain diseases, there is a great need to develop coordinated systems among providers and hospitals to provide the best care possible given all circumstances. It has become increasingly clear that the traditional scenario of every hospital providing comprehensive subspecialty care is unrealistic. As hospitals struggle to provide comprehensive services in a competitive market, little attention has been focused on how to best distribute resources in short supply. To facilitate rapid delivery to appropriate resources, the IOM recommends an increasingly regionalized approach to managing complex emergency medical and surgical diseases, or in the IOM’s words, to “…improve[ing] patient outcomes by directing patients to facilities with optimal capabilities for any given type of illness or injury.”

Regionalization traditionally has been associated with the trauma system’s development of pre-hospital bypass mechanisms and inter-facility transfers within a tiered system. While it is true that transfers may be necessary after initial stabilization of patients requiring interventions outside of the scope of the receiving physician and the receiving hospital, additional solutions warrant investigation. New models of regionalization may use emerging technologies such as telemedicine to enable the focus of regionalization to move away from the traditional model of bringing the patient to the doctor in favor of bringing the doctor to the patient. There is room to explore the broadening of this method across facilities and across specialties.

The specific goals of this conference are:

1. To develop a research agenda to support the development of regionalized, coordinated, and accountable emergency care systems;
2. To describe the current emergency care system including gaps in knowledge and limitations of this system;
3. To describe the ideal emergency care delivery system including identification of best practices; and
4. To describe the challenges that will be encountered in developing a 21st Century emergency care system.

Regionalization research may pertain to any and all aspects of these kinds of endeavors. Examples of research topics that would qualify include:

- Developing a methodology to quantify the impact of regionalization on patient care processes and outcomes;
- Logistics and cost-effectiveness of regionalization;
- Approaches to improving and measuring patient safety through regionalization; and
- The impact of regionalization on healthcare policy (e.g., county or state-wide transfer agreements, modeling the allocation of scarce resources such as on-call specialists across areas).

Original contributions describing relevant research or concepts in this topic will be considered for publication in the December 2010 special topics issue of AEM if received by Monday, March 26, 2010. All submissions will undergo peer review, and publication cannot be guaranteed. For queries, please contact Brendan Carr, MD, (carrb@upenn.edu) or Ric Martinez, MD, (ricardo_martinez@schumachergroup.com), Consensus Conference Co-Chairs. Information and updates will also be posted in the SAEM newsletter and the AEM and SAEM websites.
Call for Papers

Academic Emergency Medicine
Consensus Conference Follow-Up Research
Special Issue

Since 2000, Academic Emergency Medicine has hosted an annual consensus conference, designed to generate a research agenda for a number of specific topics. The conference topics were:

2000 Errors in Emergency Medicine
2001 The Unraveling Safety Net
2002 Assuring Quality
2003 Disparities in Emergency Health Care
2004 Emergency Medicine Information Technology
2005 Ethical Conduct of Resuscitation Research
2006 The Science of Surge
2007 Knowledge Translation in Emergency Medicine: Establishing a Research Agenda and Guide Map for Evidence Uptake
2008 The Science of Simulation in Healthcare: Defining and Developing Clinical Expertise
2009 Public Health in the ED: Surveillance, Screening, and Intervention

On the tenth anniversary of this series, the journal launches an annual special issue, to be published in August, dedicated to research papers that address the consensus conference topics.

Other “special contributions” such as concept papers and state-of-the-art reviews on the consensus conference topics may be considered, but strong preference will be given to original research papers that result from the research agendas set forth in the proceedings of each consensus conference, as published in that year’s November issue of Academic Emergency Medicine.

We hope to develop a “documentation trail” of the impacts of the various consensus conferences, some of which have received external funding.

Special Instructions:

All papers should be submitted on the journal’s standard electronic platform at: mc.manuscriptcentral.com/aemj.

Please include a notation in your cover letter that your submission is intended for the special August consensus conference follow-up issue, and from which consensus conference the paper was developed.

The submission deadline is 5PM Eastern Time on Friday, March 5, 2010. Late submissions will be considered only on a space-available basis, and may need to be held for a subsequent issue.

Any questions should be directed to Gary Gaddis, MD, PhD, Guest Editor, at ggaddis@saint-lukes.org or David Cone, MD, Editor-in-Chief, at editor@saem.org.
Chair, Emergency Medicine
Phoenix, Arizona

Mayo Clinic is known nationally and internationally for outstanding achievements in patient care, research, and education. In Arizona, Mayo Clinic is a 380-physician integrated practice, focusing on high-quality, compassionate medical care delivered in a multi-specialty academic environment.

The Department of Emergency Medicine is seeking a board-certified Emergency Medicine physician to lead a 13-physician department at the Mayo Clinic Hospital in Phoenix, Arizona. The 24-bed emergency department complements a 244-bed, state-of-the-art inpatient facility. The Emergency Department is certified as a Stroke Center and as a Cardiac Arrest Center.

We are seeking an individual who strives for excellence in patient care, teaching, and education. An infrastructure is already in place to support educational and research interests. Five years of clinical practice is required. Three years of leadership and teaching experience in an academic medical center is preferred. This position includes an academic appointment with the Mayo Clinic College of Medicine.

Mayo Clinic offers competitive compensation and comprehensive benefits, including a relocation package. Our desirable location in the beautiful Sonoran Desert of Phoenix offers many opportunities for a rewarding lifestyle.

To learn more about Mayo Clinic, please visit www.mayoclinic.org/physician-jobs. For consideration, please send inquiries and curriculum vitae to:
Jeff T. Mueller, MD, Chair, Search Committee
Mayo Clinic Hospital, Department of Anesthesiology (02)
5777 East Mayo Boulevard, Phoenix, AZ 85054
Email: Mueller.Jeff@mayo.edu • Fax: 480-342-2828

The Johns Hopkins University
Emergency Medicine Fellowship Opportunities

The Johns Hopkins Department of Emergency Medicine in Baltimore, Maryland, offers specifically designed post-residency fellowship programs for those interested in future career development in emergency medicine. The Department of Emergency Medicine is a full academic department within the School of Medicine with a four-year residency program and diverse research interests. The fellowship positions are available for residency-trained emergency physicians. Other specialties will be considered on an individual basis. Compensation, facility, and additional is dependent on the specific fellowships, and is comparable to similar programs. Fellows may work clinically at any of our three hospitals.

Positions in the following fellowships are available:
- Administrative Fellowship
- Disaster Medicine Fellowship
- Emergency Medical Services
- International Emergency Medicine Fellowship
- Legal Medicine Fellowship
- Medical Education Fellowship
- Observation Medicine Fellowship
- Research Fellowship
- Ultrasound Fellowship

For further information, please contact:
Stephanie Morrow, Academic Program Manager
Phone: 410-955-5107
E-mail: smorrow@jhu.edu
Additionally, please visit our website at http://www.hopkinsmedicine.org/emergencymedicine/Fellowships, for further information on the Fellowship.

The Johns Hopkins University is an equal opportunity employer and strongly encourages applications from women and minorities.
ACADEMIC AND COMMUNITY EMERGENCY MEDICINE
SCOTT & WHITE AND TEXAS A&M COLLEGE OF MEDICINE

Scott & White Clinic and Texas A&M Health Science Center College of Medicine are currently seeking outstanding physicians BC/BE in Emergency Medicine to join its Department of Emergency Medicine. There are faculty opportunities at the main Temple campus teaching hospital, clinical community-based practices or a combination of both.

The state-of-the-art Emergency Department at the Temple main campus is part of a new Center for Advanced Medicine that includes a 44-bed ED. As the only Level I Trauma Center in Central Texas, the ED evaluates and treats over 78,000 patients annually. The Department presently consists of 21 full-time faculty physicians, committed to quality care delivery enhanced by resident and student education, as well as a fully accredited Emergency Medicine Residency Program with 31 residents. The Department will play a critical role in the vision of the institution to grow both its clinical services and academics.

Academic appointment and rank are commensurate with experience and qualifications. Scott & White is the largest, multi-specialty practice in Texas, with more than 700 physicians and research scientists who care for patients at Scott & White Memorial Hospital in Temple, Scott & White community hospitals and within the more than 20 regional clinic system networked throughout Central Texas. Led by physicians with a commitment to patient care, education and research, Scott & White is listed among the “Top 100 Hospitals” in America and serves as the clinical educational site for The Texas A&M Health Science Center College of Medicine. Additionally, the 250,000 plus members Scott & White health plan is the #1 rated health plan in Texas. For more information on Scott & White, please visit our web site at: www.swo.org.

Scott & White offers a competitive salary and comprehensive benefits package. For additional information, please call or send your CV to: C. Keith Stone, MD, Professor and Chairman, Department of Emergency Medicine; c/o Pat Balle, Physician Recruiter, Scott & White Clinic, 2401 S. 31st, Temple, TX 76508. (800) 725-3627; pballe@swmail.sw.org.

MEDICAL DIRECTOR, CENTRAL TEXAS POISON CENTER
Scott & White Health System
CENTRAL TEXAS

The Department of Emergency Medicine of Scott & White and The Texas A&M University System Health Science Center College of Medicine are currently seeking an outstanding physician, dual BC/BE in Emergency Medicine and Medical Toxicology, to serve as Medical Director of the Central Texas Poison Center. The Poison Center is an APCC certified center serving the over 2.5 million people of Central TX, and is one of six centers that comprise the Texas Poison Center Network. The Poison Center offers a collaborative practice environment with other Texas clinical toxicologists. In addition the Poison Center supports the Scott & White academic mission of research and education. A minimum of 50% protected time will be dedicated to the Poison Center and clinical toxicology services. As the only Level I Trauma department in Central Texas, the department of emergency medicine evaluates and treats over 78,000 patients annually. The department presently consists of 15 full-time faculty physicians, committed to quality care delivery enhanced by resident and student education. This includes a fully accredited Emergency Medicine Residency Program of 31 residents. A state-of-the-art Emergency Department was opened in 2007. The department will play a critical role in the vision of the institution to grow both its clinical services and academics.

Academic appointment and rank are commensurate with experience and qualifications. Research opportunities are available for interested candidates. Scott & White is the largest, multi-specialty academic medical center in Texas. With more than 750 physicians and research scientists caring for patients at Scott & White Memorial Hospital & Clinic in Temple and within the 28 regional clinics networked throughout Central Texas, Scott & White is the only designated Level I Trauma Center between Dallas and San Antonio. Led by physicians with a commitment to patient care, education and research, Scott & White has been listed among the “Top 100 Hospitals” in America for the past five years and serves as the clinical educational site for The Texas A&M Health Science Center College of Medicine. Additionally, the 250,000 plus members Scott & White Health Plan is the #1 health plan in Texas. For additional information on Scott & White, please visit www.sw.org.

Scott & White offers a competitive salary and comprehensive benefits package. For additional information, please call or send your CV to: C. Keith Stone, MD, Professor and Chairman, Department of Emergency Medicine; c/o Patricia Balle, Physician Recruiter, Scott & White Clinic, 2401 S. 31st, Temple, TX 76508. (800) 725-3627; pballe@swmail.sw.org.

Scott & White is an equal opportunity employer.

University of Alabama at Birmingham
Department of Emergency Medicine

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

University of Alabama at Birmingham (UAB) is a major academic research medical center with $430 million in NIH and other extramural funding. The Department of Emergency Medicine is a site for the NIH-funded Resuscitation Outcomes Consortium (ROC) and the Protocollized Care of Early Sepsis Shock trial (ProCESS). The Department also coordinates activities of the multidisciplinary Center for Emerging Infections and Emergency Preparedness. The Department has been highly successful in developing extramural research support in this warmly collaborative institution.

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

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

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

Vice Chair of Clinical Operations
Department of Emergency Medicine

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

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

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

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

For more information or to apply, please contact: lattha_g.stead@urmc.rochester.edu

6/22/09 12:14:15 PM
The University of California, Davis School of Medicine, Department of Emergency Medicine is conducting a faculty search for an emergency medicine physician in either a clinician/educator or clinician/researcher track. Candidates must be board certified in Emergency Medicine with the possibility of additional certification in a subspecialty. Candidates must be eligible for licensure in California. Fellowship training and at least one year of post-training clinical experience are desirable. Candidates are expected to enter the assistant/associate or professor level, commensurate with experience and credentials.

The University of California, Davis, Medical Center, one of the nation’s ‘Top 50 Hospitals,’ is a 576-bed academic medical center with approximately 55,000 emergency department visits annually. Our program provides comprehensive emergency services to a large local urban and referral population as a level 1 trauma center, paramedic base station and training center. The department also serves as the primary teaching site for a fully accredited Emergency Medicine residency program. Our residency training program in Emergency Medicine began more than a decade ago and currently has 36 residents. Next year we move to a new, state-of-the-art Emergency Department, with greatly expanded space and amenities.

Salary and benefits are competitive and commensurate with training and experience. Sacramento is located near the northern end of California’s Central Valley, with close proximity to Lake Tahoe, San Francisco, and the “wine country” of the Napa and Sonoma valleys. Sports enthusiasts will find Sacramento’s climate and opportunities ideal.

Interested candidates should submit a letter outlining interests and experience, and curriculum vitae to Deborah Diercks, MD, Search Committee Chair, UC Davis Dept. of Emergency Medicine, 2315 Stockton Blvd., PSSB, 2100, Sacramento, CA 95817. Applications must be received by 12/31/11 to be fully considered. The University of California is an affirmative action/equal opportunity employer.

SAEM Annual Meeting
June 3 – 6, 2010
Marriott Desert Ridge Resort and Spa
Phoenix, Arizona
Save the Date to come to an oasis in the middle of the desert
University of California, Irvine, Department of Emergency Medicine

is seeking a HS Clinical Instructor-Research Fellow for July, 2010. University of California, Irvine Medical Center is a Level I Trauma center with 2200 runs/year, 40,000 ED censuses. This two-year research fellowship will include formal public health education leading to an MPH degree coupled with training in injury prevention with a traffic safety focus. Completion of an ACGME accredited Emergency Medicine Residency is required prior to start. Salary is commensurate with the level of clinical work. Send CV, statement of interest, and three letters of recommendation to: Shahram Lotfipour, MD, MPH, FAAEM, FACEP, at Department of Emergency Medicine, UC Irvine Medical Center, Route 128-01, 101 The City Dr, Orange, CA 92868, or email to shl@uci.edu or 714-456-2326. http://www.uichs.uci.edu/ctipr/. The University of California, Irvine, is an equal opportunity employer committed to excellence through diversity.

University of California, Irvine, Department of Emergency Medicine

is seeking applicants for the fellowship in Emergency Medical Services and Disaster Medicine for July 1, 2010. The University of California, Irvine, Medical Center is a Level I Trauma center with 2200 runs/year and a 40,000 ED census. Fellows serve as HS Clinical Instructors. The program combines the disciplines of emergency management/disaster medicine and public health with traditional emphasis on EMS research. A key focus of the fellowship is health policy and health services systems research including mass casualty management and triage. Completion of American Council of Graduate Medical Education (ACGME) accredited Emergency Medicine Residency required prior to start. The two-year combined program, with an integrated Masters of Public Health, will be jointly administered by Director, Emergency Medical Services and Disaster Medicine. Salary commensurate with level of clinical work. Send CV, statement of interest and three letters of recommendation to: Carl Schultz, MD. Department of Emergency Medicine, Route 128, UC Irvine Medical Center, 101 City Drive South, Orange, CA 92868. The University of California, Irvine, is an equal opportunity employer committed to excellence through diversity.

The University of California, Irvine, Department of Emergency Medicine

seeks a Health Sciences Clinical Instructor. This is an ongoing recruitment. University of California, Irvine is a Level I Trauma center with 2200 runs/year, 40,000 ED census. Academic department with Division of Emergency Ultrasound since 2001. Director is fellowship trained and RDMS certified. Two other faculty are pursuing RDMS. Outside resident and med student emergency Ultrasound rotation established. Research, teaching and clinical environment. Clinical schedule of 8 10-hour shifts per month. Salary commensurate with level of clinical work. 1200 scans/year anticipated along with tape review of 4000 more. RDMS certification expected upon completion of the fellowship. Prior experience valuable but not required. Please send CV, statement of interest and three letters of recommendation to: J Christian Fox, MD RDMS, Department of Emergency Medicine, Route 128, UC Irvine Medical Center, 101 City Drive South, Orange, CA 92868.

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

The Department of Emergency Medicine

offers fellowships in the following areas:

- Toxicology
- Emergency Medical Services
- Research
- Education

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

Faculty Department of Emergency Medicine

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

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

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

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

Name: ___________________________ Title: ___________________________ Email: ___________________________

Institution address: ________________________________________________________________

City: ___________________________ State: __________ Zip: __________ Country: ______________

Home address: _________________________________________________________________

City: ___________________________ State: __________ Zip: __________ Country: ______________

Preferred mailing address:  □ Office  □ Home  Sex: □ M □ F  Birth date: ________________

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

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

## Membership Benefits Include:
- □ Subscription to SAEM’s monthly, peer-reviewed journal, *Academic Emergency Medicine*
- □ Subscription to the bi-monthly SAEM Newsletter
- □ Reduced registration fees to attend the SAEM Annual Meeting

### Check Membership Category

| □ Active - $510.00 Individuals with advanced degree university appointment actively involved in EM teaching or research. | □ Resident/Fellow - $145.00 Open to residents/fellows interested in EM. Graduation date: ________________ |
| □ Associate - $475.00 Open to those with interest in EM | □ International Affiliate - email membership for pricing Country: ________________ |
| □ Young Physician Year One - $300.00 First year following residency graduation. | □ Medical Student - $125.00 Open to medical students interested in EM. Graduation date: ________________ |
| □ Young Physician Year Two - $415.00 Second year following residency graduation. | □ Academy - $100.00 ea. MUST ALSO BE A MEMBER OF SAEM □ CDEM □ AWAEM □ Simulation □ AGEM |

### Interest Groups: Society members are invited to join any of the dedicated Interest Groups listed below.
- □ Academic Informatics
- □ Airway
- □ CPR/Ischemia/Reperfusion
- □ Clinical Directors
- □ Disaster Medicine
- □ Diversity
- □ ED Crowding
- □ Educational Research
- □ Ethics
- □ Evidence-Based Medicine
- □ Health Services & Outcomes
- □ International
- □ Neurologic Emergencies
- □ Palliative Medicine
- □ Patient Safety
- □ Pediatric EM
- □ Public Health
- □ Research Directors
- □ Sports Medicine
- □ Toxicology
- □ Trauma
- □ Triage
- □ Ultrasound
- □ Uniformed Services

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

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

Expiration Date: _________ Billing Zip Code: ___________________________ Signature: __________________________

SAEM, 901 N. Washington Ave., Lansing, MI 48906, USA. Email: membership@saem.org You may also join at www.saem.org  Rev. Date 06/10/2009
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The SAEM newsletter is published bimonthly by the Society for Academic Emergency Medicine. The opinions expressed in this publication are those of the authors and do not necessarily reflect those of SAEM.

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

FUTURE SAEM ANNUAL MEETINGS

2010 June 3 - 6  Marriott Desert Ridge Resort & Spa, Phoenix, AZ
2011 June 1 – 5  Boston, MA
2012 May 9 – 13  Chicago, IL

Midwest Regional Meeting
September 21, 2009
at Michigan League, Ann Arbor, Michigan.
Contact Program Chair, John G. Younger, MD,
MS at jyounger@umich.edu and see Meetings >>
Regional Meetings link on www.saem.org

Western Regional Meeting
March 19-20, 2010
at University of California, Davis Sonoma, CA.
Contact Kelsey Cearley cearleyk@ohsu.edu or
call (503) 494-1475. Please see Western Regional
Research Forum conference website for more

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