STEVEN J. STACK, MD
The Value of Professional Organizations

ETHICS IN ACTION
Patient Accommodation

SAEM SOCIAL MEDIA
Fact, Fiction, or Fad

RESIDENT & STUDENT ADVISORY COMMITTEE
General Advice for Student Loan Debt
SAEM STAFF

Chief Executive Officer
Ronald S. Moen
Ext. 212, rmoen@saem.org

Director of Information Services & Administration
James Pearson
Ext. 225, jpearson@saem.org

Accounting Manager
Mai Luu, MSA
Ext. 208, mluu@saem.org

Accountant
Dipesh Patel, CFE, MSA
Ext. 207, dpatel@saem.org

Communications Manager/Newsletter Editor
Karen Freund
Ext. 202, kfreund@saem.org

Education Manager
LaTanya Morris
Ext. 214, lmorris@saem.org

Executive Assistant to the CEO
Monica White
Ext. 206, mwhite@saem.org

Grants & Foundation Manager
Melissa McMillian, CNP
Ext. 203, mmcmillian@saem.org

Marketing & Membership Manager
Holly Byrd-Duncan, MBA
Ext. 210, hbyrdduncan@saem.org

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

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

Systems Administrator/Database Analyst
Michael Reed
Ext. 205, mreed@saem.org

SAEM & Foundation Administrative Assistant
Sarah Buchanan
Ext. 201, sbuchanan@saem.org

Education Administrative Assistant
Elizabeth Oshinson
Ext. 204, eoshinson@saem.org

AEM STAFF

Editor in Chief
David C. Cone, MD
david.cone@yale.edu

Journal Editor
Kathleen Seal
kseal@saem.org

Journal Manager
Sandi Arjona
sandarajona@gmail.com

2014-2015 BOARD OF DIRECTORS

Robert S. Hockberger, MD
President
Harbor-UCLA Medical Center

Deborah B. Diercks, MD, MSc
President-Elect
University of Texas Southwestern

Andra L. Blomkalns, MD
Secretary-Treasurer
University of Cincinnati College of Medicine

Alan E. Jones, MD
Past President
University of Mississippi Medical Center

Steven B. Bird, MD
University of Massachusetts Medical School

James F. Holmes, Jr., MD, MPH
University of California, Davis, Health System

D. Mark Courtney, MD
Northwestern University Feinberg School of Medicine

Lauren Hudak, MD
Resident Board Member
Emory University School of Med

Amy H. Kaji, MD, PhD
Harbor-UCLA Medical Center

Ian B.K. Martin, MD
University of North Carolina School of Medicine

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 visit
http://www.saem.org/publications/newsletters

© 2015 Society for Academic Emergency Medicine. All rights reserved. No part of this publication may be reproduced, stored, or transmitted in any form or by any means without prior permission in writing from the copyright holder.
NEWSLETTER GUIDELINES

SAEM invites its members to submit materials to be considered for publication in the Newsletter, which is published bimonthly six times a year in identical online and paper editions, pertaining to academic emergency medicine in areas including:

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

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

COMMERCIAL ADVERTISING

- Full-page advertisement: $2,100.00
  (camera-ready, 7.5" wide x 9.75" high)
- Half-page advertisement: $1,250.00
  (camera-ready, 7.5" wide x 4.75" high)
- Quarter-page advertisement: $830
  (camera-ready, 3.5" wide x 4.75" high)

ACADEMIC ADVERTISING

- Full-page advertisement: $1,450.00
  (camera-ready, 7.5" wide x 9.75" high)
- Half-page advertisement: $850.00
  (camera-ready, 7.5" wide x 4.75" high)
- Quarter-page advertisement: $575
  (camera-ready, 3.5" wide x 4.75" high)
- Classified advertisement (100 words or fewer): $155

⇒ No extra charge for full four-color.
⇒ No bleeds.
⇒ An additional one-time fee of $50 will be charged if ad requires formatting.

SUBMISSION DEADLINES

<table>
<thead>
<tr>
<th>Issue</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>January/February issue</td>
<td>December 1</td>
</tr>
<tr>
<td>March/April issue</td>
<td>February 1</td>
</tr>
<tr>
<td>May/June issue</td>
<td>April 1</td>
</tr>
<tr>
<td>July/August issue</td>
<td>June 1</td>
</tr>
<tr>
<td>September/October issue</td>
<td>August 1</td>
</tr>
<tr>
<td>November/December issue</td>
<td>October 1</td>
</tr>
</tbody>
</table>
Roughly a year ago, I was asked to develop a lecture on time management for the AACEM course for new emergency medicine department chairs. The session is now less than a month away and I’m finally finding time to work on the project. That’s pretty ironic, particularly given the fact that I retired from my primary job last year to have more time to engage in the scholarship and service activities I find most rewarding at this point in my career. It shows, I think, how quickly and easily our lives fill up with things (some big, some small, some important, some just fun), even when you aren’t collecting a paycheck and control your time. Merging my own experiences over the years with the perspectives I gained by reading books on time management by Stephen Covey, David Allen, Atul Gawande, John Maxwell, Peter Bregman and others, I’ve learned three overarching themes I’d like to share.

FAMILY - It isn't possible to separate the topics of time management, career planning and work-life balance, as they all overlap and have immense impacts on each other. This doesn’t come as a surprise to many millennials, but it is often a hard-learned lesson for aspiring young faculty. One of our senior faculty gives a lecture on time management to our fellows that opens with a slide showing an academic physician juggling a number of balls labelled clinical work, teaching, scholarship, service, family, personal health, community involvement, and several others. All of the balls are made of rubber except one, family, which is made of glass. Her teaching point is that when life becomes overwhelming, the ball you really don’t want to drop is the one made of glass, the one most difficult to pick up again and repair.

Patty and I met and married later in life, and there is nothing more important to me than her happiness, and yet my time with her always seemed to be the most flexible thing in my schedule. It shows, I think, how quickly and easily our lives fill up with things (some big, some small, some important, some just fun), even when you aren’t collecting a paycheck and control your time. Merging my own experiences over the years with the perspectives I gained by reading books on time management by Stephen Covey, David Allen, Atul Gawande, John Maxwell, Peter Bregman and others, I’ve learned three overarching themes I’d like to share.

FAMILY - It isn't possible to separate the topics of time management, career planning and work-life balance, as they all overlap and have immense impacts on each other. This doesn’t come as a surprise to many millennials, but it is often a hard-learned lesson for aspiring young faculty. One of our senior faculty gives a lecture on time management to our fellows that opens with a slide showing an academic physician juggling a number of balls labelled clinical work, teaching, scholarship, service, family, personal health, community involvement, and several others. All of the balls are made of rubber except one, family, which is made of glass. Her teaching point is that when life becomes overwhelming, the ball you really don’t want to drop is the one made of glass, the one most difficult to pick up again and repair.

Patty and I met and married later in life, and there is nothing more important to me than her happiness, and yet my time with her always seemed to be the most flexible thing in my schedule. It shows, I think, how quickly and easily our lives fill up with things (some big, some small, some important, some just fun), even when you aren’t collecting a paycheck and control your time. Merging my own experiences over the years with the perspectives I gained by reading books on time management by Stephen Covey, David Allen, Atul Gawande, John Maxwell, Peter Bregman and others, I’ve learned three overarching themes I’d like to share.

FAMILY - It isn't possible to separate the topics of time management, career planning and work-life balance, as they all overlap and have immense impacts on each other. This doesn’t come as a surprise to many millennials, but it is often a hard-learned lesson for aspiring young faculty. One of our senior faculty gives a lecture on time management to our fellows that opens with a slide showing an academic physician juggling a number of balls labelled clinical work, teaching, scholarship, service, family, personal health, community involvement, and several others. All of the balls are made of rubber except one, family, which is made of glass. Her teaching point is that when life becomes overwhelming, the ball you really don’t want to drop is the one made of glass, the one most difficult to pick up again and repair.

Patty and I met and married later in life, and there is nothing more important to me than her happiness, and yet my time with her always seemed to be the most flexible thing in my schedule. It shows, I think, how quickly and easily our lives fill up with things (some big, some small, some important, some just fun), even when you aren’t collecting a paycheck and control your time. Merging my own experiences over the years with the perspectives I gained by reading books on time management by Stephen Covey, David Allen, Atul Gawande, John Maxwell, Peter Bregman and others, I’ve learned three overarching themes I’d like to share.

FAMILY - It isn't possible to separate the topics of time management, career planning and work-life balance, as they all overlap and have immense impacts on each other. This doesn’t come as a surprise to many millennials, but it is often a hard-learned lesson for aspiring young faculty. One of our senior faculty gives a lecture on time management to our fellows that opens with a slide showing an academic physician juggling a number of
There is much to be happy and thankful for as we start a new calendar year at SAEM, even though our new program year does not begin until the end of the Annual Meeting on May 15, 2015. We ended our 25th anniversary year with an all-time record attendance at the 2014 Annual Meeting in Dallas, and many members said that it was the “best ever,” in spite of the thunderstorms that closed DFW and had members in various airports across the country wondering when they would make it to the meeting. Almost all eventually made it, so we have new stories to remember from our 2014 meeting. Never let it be said that our members do not persevere in their determination to accomplish what they set out to do.

Now, as we look forward to 2015 and beyond, there are several new milestones that will mark our path. The Board of Directors, with the assistance of Paul Meyer of Tecker International Consulting, LLC, has been working hard on a new strategic plan and a long-term strategic planning process. This effort will be finished by the time of the 2015 Annual Meeting and will help move SAEM forward into new emphasis areas, while continuing to expand and improve areas for which SAEM has become well known. A continued emphasis on education at all levels of emergency medicine, continued emphasis on research of all kinds to improve patient care, and improvements in emergency care delivery will continue to be hallmarks of SAEM. The mission of SAEM will continue to recognize the shrinking of the globe and respond to the requests for greater involvement in emergency medicine education and research throughout the world. The Board is looking forward to additional input as the draft of the Strategic Plan begins to roll out, as the new process means that progress will be measured each year, and changes can and will be made each year, while keeping true to SAEM’s unique role in emergency medicine.

2015 will also bring a new chief executive officer to SAEM. When I started as the interim executive director in January of 2012, the plan was for me to stay for several months until a new executive director could be hired. However, after several months, the Board asked me to stay longer in order to implement some of the changes that they felt were needed to improve programs and services to the members. It has been a wonderful experience to work with members of the SAEM Board of Directors, the Trustees of the SAEM Foundation, so many dedicated SAEM members who provide leadership to SAEM committees, the eight academies, and several task forces. It has also been a privilege to work with the leadership of AACEM, especially as they have grown and developed their retreats in conjunction with AAAEM over these past years. But it is time for me to once again retire, and I look forward to working with the new CEO to make the transition smooth and seamless. It has also been very rewarding to work with the dedicated staff who work on behalf of SAEM. A lot has changed in these past years, but the mission of staff always remains to support the mission of SAEM and its members.

As we look forward in anticipation of new beginnings for SAEM in 2015 and beyond, I am reminded of several of my favorite sayings. One that has always stayed with me since high school is “Nothing great is ever achieved without enthusiasm.” That is certainly an apt description of SAEM members! Seldom have I ever met a more dedicated and enthusiastic bunch of interesting and stimulating individuals. Sometimes it seems that your enthusiasm is boundless and that your expectations never diminish, regardless of what obstacles might appear on the horizon. Perhaps that is the nature of emergency physicians, as you must be ready at all times to meet the needs of individuals who are desperate for your care, compassion and understanding. And that certainly must be even more true for the faculty and residents in an academic setting, where care, research and education all must come together in ways that often cannot be predicted in advance. Staying always on the cutting edge of medicine demands a certain personality, inquisitiveness and confidence that most individuals do not possess.

The second saying that has stayed with me from my college years is “To whom much is given, much will be expected.” I do think that many of us do not always stop to realize how much we have been given in our lives. Whether it is from our parents, our teachers, our friends or our colleagues, we have benefited from their wisdom, counsel and willingness to share with us. It is no surprise that SAEM members tell us that one of the greatest benefits of the SAEM Annual Meeting, regional meetings, academy membership and service on committees is the opportunity to network with and get to know fellow members, with both similar as well as dissimilar interests. That is one reason why we are pursuing new ways to facilitate mentorship within SAEM. We have all gained from our mentors, in formal and informal situations. So one thing I have tried to do my entire life is to be available to others who seek guidance, support, feedback and, yes, even comfort when appropriate. That is one way each of us can “give back,” recognize what we have been given and share it with others.

Another way to give back is to support the SAEM Foundation. It is your Foundation, and it will only grow and prosper as each and every SAEM member contributes what he or she is able, each and every year. It is through support from funders like the SAEM Foundation that future educators and researchers will be able to survive and thrive and make the necessary discoveries that will advance the specialty you have all chosen and grown to love.

So HAPPY NEW YEAR, SAEM and all SAEM members!
The Value of Professional Organizations

When I was invited to share some of my thoughts on the value of professional organizations, the President Wilson quotation above came to mind. I consider myself fortunate to have the privilege to care for individual patients, to be entrusted by them with their well-being, and to sometimes have an indelible impact in their lives. I enjoy these privileges within the context of a larger profession, itself a small element of our larger society. In a deeply meaningful way, my involvement within professional physician associations has been a bridge from the individual patient’s bedside to a rich and larger engagement with our profession and society at large.

I started medical school in 1994 and joined the American Medical Association (AMA) during my first week. By 1995, I held my first leadership role at the medical-school level and attended my very first AMA meeting in Washington, D.C. Even today, I can clearly recall how much I enjoyed meeting medical students and physicians from all over the United States and across so many differing specialties. I quickly realized that, while curiosity and interest in leadership first drew me to the AMA, it was the personal relationships and subsequent friendships with remarkable colleagues that brought me back, again and again. Often, these brought many extra hours of work and difficulty with juggling schedules, but I always felt I received so much more in return – more professional development, more opportunity for impact, more friendships – than I ever gave.

To demonstrate the last point, consider that, from its founding in 1847, the AMA has been central to the establishment of professional standards for both medical education and medical ethics. Its mission, “to promote the art and science of medicine and the betterment of public health,” has been its guiding purpose for the past 168 years. Today, one may see the AMA as an organization that continues great work helping doctors help patients. For example, through its current strategic initiatives, the AMA is aggressively working to shape a healthier future by fundamentally reforming undergraduate medical education,
profundely improving health outcomes related to hypertension and prediabetes, and substantially improving physician professional satisfaction and practice sustainability. Each of these initiatives is big, bold, and deeply impactful, and is tied to the AMA's enduring mission. And, though these initiatives will take great and sustained effort, each requires the sort of ennobling errands President Wilson inspires with his words above.

In June 2015, I'll have the honor of serving as 170th president of the American Medical Association and the first emergency physician in that position. For our specialty, this occasion is additionally meaningful, as the struggle for formal professional recognition of emergency medicine as a recognized specialty began at the AMA House of Delegates in the 1970s. Now, after nearly 45 years, having an emergency physician at the helm of our profession's largest association marks a distinct milestone for our specialty.

From the privilege of caring for individual patients to the fulfillment derived from engagement with fellow physicians, to the profound impact of collective professional action on society – these are among the most deeply valued rewards of my engagement with the AMA and other professional associations. Alone, we can do much. Together, we can do more!

Thank you for all you do for our profession and for our patients. I hope to see many of you when I join you at the SAEM Annual Meeting this May in San Diego.

Continued from Page 4

CREATIVITY - No matter how busy your schedule seems to be, budget time for creativity. Daniel Levitin, an expert on cognition at McGill University, describes two dominant modes of attention of our conscious minds. The task-positive network is active when we are engaged in a task, focused and undistracted. The task-negative network is active when our minds are unfocused and wandering. It is during this second period that the free flow and mingling of disparate information and ideas can result in connections that create insight and creativity. When one network is active, the other is not, and both are necessary for creative achievement.

Our careers can be viewed as a series of tasks planned to take us toward one or more desired goals. It doesn’t matter if those goals are positions of power and influence, particular career-defining achievements, or simply the pleasure obtained from activities like teaching or research. While we rely on our task-positive networks to accomplish the work, we need our task-negative networks to supply the sparks of creativity necessary to make our tasks worthy of the effort, and not just work products designed to get us through the week, or the next stage in our careers.

Most time management authors suggest budgeting time blocks to accommodate both phases of the process, commonly 30-45 minutes of focused work alternating with 10-15 minutes of mind-wandering (taking a walk, listening to music, or almost any activity that doesn’t require sustained attention) to free up our minds to allow those eureka moments to occur. To accomplish that, we need to prospectively budget enough time blocks into our schedules to accomplish each creative task; otherwise, the hustle and bustle of daily work life may consume us and force us into lives composed of short-term deadlines that result in added stress and average work products unworthy of our time and energy. The best time to schedule these periods will differ for individuals depending on their diurnal energy levels and work-life circumstances. For some, it’s the early morning hours before the workday begins, for others it’s after the children go to bed at night, and many (including myself) find time on weekends. The best approach, if you can do it, is to build time for this activity into your regular workweek (e.g., Friday afternoons, when administrative life tends to slow down).

WORKWEEK - Levitin describes a third component of the attention system, the attention filter, which helps us determine the relative importance of incoming stimuli and controls the switch between the task-positive and task-negative networks. While this component probably evolved to alert us to threats from predators and other dangerous situations, it can become overwhelmed by the constant inflow of information and distractions of modern life, and inhibit our ability to focus on the projects or conversations at hand. To minimize distractions, do your best to partition your days into periods for necessary (but not necessarily creative) activities such as reviewing and answering emails, returning phone calls and participating in meetings of all types, with flexible time purposely scheduled in between. Then use the flexible time to develop and maintain important professional relationships.

When I first became a department chair, I read a book entitled Management By Wandering Around, which suggested that managers spend regular periods visiting those for whom they are responsible at the location where those people work. I tried to stop by the office of each of my faculty members at least once or twice a month to see what they were working on and ask if I could be of help, and I did the same with key department chairs and our hospital’s CEO, CMO and CNO. Those meetings showed I cared, kept me abreast of important issues, helped me identify problems while they were in the early stages of development, and gave me the opportunity to provide input. However, the time it took me to do it (and the additional work it created) meant that I often needed to relegate some of my personally important creative tasks (like developing lectures, writing textbook chapters and working on projects for national organizations) to weekends.

There is no limit to the opportunities available to smart, hard-working, committed faculty in academic emergency medicine. That is what is both wonderful, and potentially stressful, about an academic career. Despite the claims of some authors, I’ve yet to see a person who was able to “have it all.” Career success requires both hard work and personal sacrifice. However, attempting to create a reasonable balance between your personal and professional lives by thinking ahead of time about the sacrifices you are willing (and importantly, not willing) to make; working with your department chair or mentor to set professional goals for yourself; carefully choosing the creative tasks that will help you achieve those goals, and budgeting time for those tasks; creating a schedule for yourself that minimizes distractions and builds in structure, but maintains some flexibility; and being proactive in establishing a network of colleagues to provide support during your journey, is a pretty good start….and can most definitely result in a happy ending.
It is a busy day in the emergency department. As the physician in charge of the pediatric area in the ED, you scan the board to ensure that sick patients are not missed, and that those patients with straightforward complaints are appropriately fast-tracked. A 15-year-old boy is waiting in the waiting room with a chief complaint of foot/ankle trauma. The patient, who is dressed in the garb of a Hasidic Orthodox Jew, is sitting in a wheelchair. He is accompanied by his mother. You step out into the waiting room to assess the patient, hoping to rapidly determine whether he needs pain medication and an x-ray. After introducing yourself, you begin to move the wheelchair to a more private location for a focused physical exam. The patient becomes noticeably upset, and begins speaking to his mother in Yiddish. It seems that he is not comfortable with you, a female, as his doctor, and is even uncomfortable with you moving the wheelchair. You are in a bit of a quandary, yet this type of situation is not an unusual one for ED providers. Within the diversity of the ED, there are times when, for example, an elderly patient may express concern that the doctor is a woman or of a minority ethnic group. Although this type of reaction is surprising, it is something ED providers must be prepared to deal with.

As a female physician in the United States, I have become accustomed to being treated as an equal of my male colleagues; however, in much of the developing world, women cannot necessarily expect such treatment. The melting-pot environment in many large cities in the US brings great cultural diversity into our EDs. With this diversity, different culturally based expectations and needs come into play. Those of us that have grown up in the US pride ourselves on our ability to overcome prejudice and eliminate ethnic and gender bias, allowing us to make every attempt to treat all our patients as equals. Is it acceptable to acquiesce to requests based on bias?

As physicians, we have a duty first and foremost to the patient. We aim to treat patients, and to make them as comfortable as possible. In medical school, we are taught that being a patient is challenging. The patient must put herself into the care of another individual who is often a stranger. Personal and private information must be shared, bodies touched in an unhindered way, and permission given to run tests that may cause discomfort. It is the responsibility of the treating physician to empathize with her patient. Helping a person acclimate to her role as patient will ultimately expedite and help assure her appropriate care. Should physicians therefore accede to a patient’s personal preferences and in certain instances her prejudices to assure comfort?

The ED is the gateway of the hospital. By nature, it is a hectic environment that attracts a culturally diverse patient population. New immigrants often frequent the ED: without other access to medical care, they arrive in the ED, adding to the chaotic patient mix. These patients are often not familiar with the expectations of the general American culture. It becomes the ED provider’s responsibility to behave in a culturally sensitive fashion.

The fourth principal of medical ethics is justice. When discussing justice, an ethicist generally refers to fairness with regard to distribution of goods, with a specific focus on those goods that may be in short supply. It can also be defined as equality in the treatment of individuals. Could accommodating a patient’s bias be viewed as treating her in a just way?

A doctor’s increased tolerance of seemingly minor cultural attitudes that she does not share may allow a patient to feel comfortable in an already frightening environment such as the ED. Our patient interactions are often rapid and without time for niceties. Small gestures that may violate our own cultural beliefs, such as finding a male staff member to push our Hasidic patient’s wheelchair, can make the patient feel at ease. These small changes and accommodations increase a patient’s trust and enhance communication. In turn, the patient receives better care.
RESIDENT AND STUDENT ADVISORY COMMITTEE

WHAT TO DO ABOUT MY LOANS?

MUDASSIR KHAN, MD
Chief Resident, Emergency Medicine
The Brooklyn Hospital Center

So you’ve graduated medical school and landed the residency of your choice. The question now is, What am I going to do with all those student loans? Typically the average medical student has over $100,000 in student loan debt. This article will focus on government loans. Now, if you took out government loans, you have a six-month window before you have to decide how you will approach them.

One aspect of loan repayment is consolidation. Typically many people who do take out loans have a combination of subsidized and unsubsidized loans: each of them has a different repayment date. Instead of having to make multiple payments every month, it may be more practical to combine your loans into one lump sum, giving you one payment requirement per month. There may be some drawbacks as well as benefits to this process: visit the studentaid.gov website for more details.

Deferring is an option that is rarely available now to medical residents. To qualify, you must make less than 150% of the poverty line based on your family size, which current residency salaries still exceed. The other ways to defer are to go back to school or to serve in the military.

Forbearance is another option, albeit an expensive one, by means of which you do not pay anything during residency. The problem with this is that interest will continue to accrue and capitalize.

When paying back your loans, you are automatically entered into the standard repayment plan. This plan pays back your loans in a matter of ten years. Overall, this will incur the least amount of accumulated interest on your repayment, but the monthly payments, depending on your loan amount, may be too high to pay. There is also a graduated repayment plan, through which you pay somewhat less for the first few years, but then it too increases. I found that this option for monthly payment also ends up being too much.

Income-based repayment (IBR) is a fairly new option that was started a few years ago. This option allows you to have a more manageable monthly payment. What it does is take the difference between your gross pay and 150% of the poverty line, which is then multiplied by 15%; this is your monthly payment. With this plan, after 25 years of payment, the remainder of your loans is forgiven; however, any forgiven amount is then considered taxable income. In the first three years of IBR, the government will pay whatever interest accrued that your monthly payment does not cover. After that, interest will accure, but will not be compounded.

In addition, there is a public service loan forgiveness program (PSLF), under which, if you work at a qualifying public health organization for 10 years and make 120 qualifying payments, the remainder of your loan will be forgiven. This forgiven amount will not be considered taxable. Income-based repayments, as well as several other repayment plans, are considered qualifying payments.

Personally, I find consolidating my loans and then doing IBR to be a great option, as it saves money on your monthly payment, which would likely be minimal, and acts as a deferment on interest. If the hospital where you are doing your residency qualifies under the PSLF program, this serves as extra incentive.

All the repayment programs are listed on the studentaid.gov website. Some residents find it beneficial to seek the advice of a financial advisor for loan repayments. Whatever you decide to do, I suggest addressing the repayment of your loans as soon as possible: not doing so may be costly mistake.

Note: The material provided in this article is general advice only. For options and advice specific to your individual needs, please seek guidance from a financial professional.

Mudassir Khan is a chief resident at Brooklyn Hospital Center in NYC and an avid gamer.
Twitter and blogs buzz with the “flipped classroom.” Social media has propelled medical education discussions of the subject. In this model, students are exposed to fundamental knowledge outside the “classroom,” through assigned readings or pre-recorded lectures. The traditional class or lecture time is then used for higher-level skills such as application, analysis, and synthesis. For example, a resident may be assigned a podcast on anticoagulation reversal, and the class time may be used to figure out the institutional protocol and details on administering various products. The goal of this “flipped” teaching model is to shift learning from passive to active [1,2]. As a relatively new method with variable implementation, there are misunderstandings about this fad in medical education.

The flipped classroom requires technology. Fiction. The flipped classroom is completely possible without social media. It’s possible without technology. Alternatively, some literature suggests that residents prefer flipped models that utilize podcasts or blogs, as it may make the task appear less dull [3,4]. Free open access medical education (FOAM) has a cornucopia of resources for this, from EMCrit to Dr. Stella Yiu’s website, Flipped EM Classroom, with a repository of short videos. On the Resus Review blog, Dr. Charles Bruen has examples of flipping the classroom, including an innovative take on using FOAM: having learners identify errors in popular podcasts or blogs.

Implementing the flipped classroom is easy. Fiction. A flipped classroom is not a substitute for quality educational activities. Replacing bad lectures with mediocre reading, boring recorded lectures, and uncoordinated conversations is not an improvement. The FOAM community, however, is brimming with resources for successful “flipping.” In the blog post How We Are Flipping EM Education, on iTeachEM, Dr. Robert Cooney offers a realistic view of flipping resident didactics, including factors such as choosing appropriate resources, coherent content delivery, and technology failures.

Learners don’t like the flipped classroom. Fiction. Limited data in emergency medicine education on flipped classroom experiments demonstrate that while residents find the flipped model more time-consuming, they find it more useful [3]. Learners may not like the time required for the assignments, but they tend to find the experience beneficial.

Learners won’t do the assigned reading/listening. Fact and fiction. The flipped classroom is not magic and alters neither personalities nor time. Some learners won’t complete the objectives. A survey of residents after implementation of the flipped model for resident conference demonstrated that most
completed the assignment [3]. This likely varies with the selection of resources and the individuals involved.

Implementation of the flipped classroom is tricky, and data on concrete advantages is pending. Yet many emergency medicine residencies are employing the “flipped” model for resident didactics and utilizing social media as part of the classroom and implementation. With incomplete data and extraordinary effort, the flipped classroom is likely an imperfect model. Is it worth it?

As a resident in a program that has “flipped” conference, I find the benefits of this model are clear, if not yet vetted. For example, we were assigned pearls from University of Maryland and EMcrit resources on ventilator management. I hastily completed the short questions on our online system. In conference, I was rewarded by staving off embarrassment in front of peers when we were called upon to set up and manage real ventilators in patient scenarios. I quickly discovered, however, that I could confidently and appropriately address ventilator issues when confronted with this cacophony alone at night in the PICU weeks after. I doubt a lecture would have endured and given me the same confidence.

See, the flipped classroom has the potential to increase the residents’ ownership in learning and challenges us to use knowledge. Next, whether in an upside-down or in a right-side-up classroom, we will hopefully move towards having learners asking the questions, finding the answers, and creating solutions.

REFERENCES:
CAREER PATHS IN EMERGENCY MEDICINE

DAVID J. AMIN, MD, FACEP, FAAP  
President-Elect  
South Carolina College of Emergency Physicians

ADAM KELLOGG, MD  
Associate Residency Director  
Baystate Medical Center & Tufts University

LUAN LAWSON, MD  
Assistant Dean, Curriculum, Assessment, and Clinical Academic Affairs  
Assistant Professor of Emergency Medicine  
Brody School of Medicine at East Carolina University

LUCIENNE LUTFY-CLAYTON, MD, FACEP  
Assistant Professor of Emergency Medicine  
Tufts University School of Medicine  
Associate Program Director, Emergency Medicine  
Baystate Medical Center

KATHERINE NUGENT, MD, PGY-3  
Emory University School of Medicine

ERIN PAULSEN, MD, PGY-2  
Cooper University Hospital

Have you thought of what you will do after residency? What are your personal and career goals? In this article, four successful emergency medicine attending physicians discuss different career paths in emergency medicine, including academic emergency medicine, community practice, a hybrid between the two, and fellowship opportunities. A general description of these environments, based on the opinions of the four contributing attendings, is followed by these physicians’ personal experiences in choosing a career path and what their positions now entail.

Academic Emergency Medicine

Emergency medicine attendings who work in an academic center typically interact with residents and medical students. Responsibilities in addition to patient care may include teaching, research, and administrative opportunities. A wide range of specialty services (anesthesia, obstetrics and gynecology, otolaryngology, gastroenterology, etc.) are often available 24 hours a day at an academic center. Residents who enjoy teaching, have a strong interest in research, or have a desire to join residency leadership are encouraged to pursue a career in academic emergency medicine.

Although there are many advantages to working in an academic environment, some potential drawbacks exist. Physicians who work in academia may feel they practice according to the way the residency program or department dictates and do not have as much independence to develop their own practice style as the freedom of a community practice might provide. While financial compensation is generally less for academic emergency physicians, careful consideration should be taken when comparing salaries, as benefits and malpractice insurance provided by large academic institutions may help balance the overall numbers.

Community Emergency Medicine

While the focus in academic emergency medicine tends to be not only on patient care but also on teaching and research, community hospital emergency departments place a greater emphasis on efficiency in conjunction with quality care. Also, consulting service coverage varies with both specialties offered as well as their availability.

Emergency medicine physicians who have worked in a community setting often feel that such an environment allowed them to develop their own independent way of practicing, as well as to identify areas of weakness, as they have more control over patient care without subspecialty services in-house for procedures and other recommendations.

Hybrid Positions (a combination of community and academic settings)

A hybrid position is one in which an emergency medicine physician works in both a community environment and an academic setting. These positions allow physicians who feel strongly about not only teaching residents or students, but also keeping up their personal skill sets by working shifts independent of residents, to experience both settings. Occasionally, these opportunities may not require as many administrative or research responsibilities.

Fellowships in Emergency Medicine

Fellowships allow a physician to achieve specialty training in a subspecialty of emergency medicine, allowing an individual to develop a niche in the broad field of EM while building a portfolio in a specific area of interest. Fellowship opportunities are almost exclusively found in academic centers and are of varying length. SAEM has a comprehensive directory of fellowship listings on its website - http://www.saem.org/membership/services/fellowship-directory. Those who have chosen to pursue a fellowship, as well as those who have not, both note the financial downside of fellowship training, with anywhere from one to three additional years without an attending salary.

Is it possible switch career paths once you have already started working as an attending?

Yes, but it can be challenging. Recommendations by our contributors for those working in a community emergency department and wishing to switch into academia include joining an academic center’s medical staff and picking up shifts as needed; becoming involved in teaching; or applying for a clinical appointment at a local medical school. Transitioning into a hybrid position prior to full academics often allows for a foot in the door, while staying up to date on the latest advances in emergency medicine and literature.

For those considering making the transition from academics to community emergency medicine, our contributors stress the importance of staying sharp on not only medical knowledge but also procedural skills.

AND NOW A WORD FROM THE ATTENDINGS...

What career path did you choose and why?

David J. Amin, MD, FACEP, FAAP

My career has been a hybrid. I spent eight years in the United States Air Force prior to medical school, completed residency in emergency medicine and a fellowship in pediatric emergency medicine. I work clinical hours, give lectures, and precept physician assistants and nurse practitioners. I am an ABEM examiner and previously the vice chair of a department of emergency medicine. I have been a medical director, helped found and run a health clinic,
and worked on a mobile pediatric van. I am now going back to school to earn an MBA.

The answer to the question “clinical practice versus academics” is that there is NO answer! We are ALL academics AND clinicians. We won’t all do bench research or be a chairman, but we will all continue to learn, teach and grow. Defining yourself as an ER doctor is not enough. We are academic self-educators, teachers, community leaders, and public health officials all at once.

The question should be: What is important to you and how do you structure a life in medicine that is rewarding? The answer will evolve as you mature. Figure out what is important to you now and realize that it will change. How do you plan for a change that you don’t even know about? Never turn down an opportunity. Seek out new challenges. I never said “no” to a new opportunity, even when I didn’t know where it would lead. My experiences created a framework and a network of fresh perspectives and opportunities. Break out of the purely clinical or the purely academic world, if those two even exist! You don’t have to know where you will end up. It’s a journey and not a destination. Keep close contacts, stay involved, give a lecture, give your time to a free clinic, travel with a medical mission, provide commentary to news reporters, read voraciously, get involved in local or state politics, do a career day at a local school, take a grant writing class, or attend lectures.

Define what is important to you and then make that world happen out of the endless opportunities available. Change brings growth, growth brings depth, and depth brings understanding. I believe understanding brings fulfillment.

Adam Kellogg, MD

I chose an academic path right out of residency, choosing to stay at the residency program at which I trained (Baystate Medical Center). I realized fairly early in residency that my favorite part of the job was teaching. I had some great teachers and mentors and wanted to emulate what they did for me. Once I figured out that I wanted to stay in a place where I could teach, I focused my efforts on doing the things needed to convince someone to give me the job. An academic career comes with a variety of commitments: clinical and extra-clinical education, local and national service, and contribution to the knowledge base of medicine. Early in your career you are unlikely to be equally strong in all three areas, but you should make efforts in those directions. To make sure I got the opportunity to teach, I became involved in an ongoing research project, joined a committee that needed an ED representative, and started to help administer the student clerkship. For me, it all came back to the opportunity to do the most teaching.

Luan Lawson, MD

After residency I pursued a community emergency medicine career. My husband and I were both working to establish our careers and we were expecting our first child, so proximity to family was very important to us. After four years of community emergency medicine practice, I reevaluated my career goals and transitioned to an academic position. The time spent in a community setting was valuable in allowing me to develop increased confidence as well as understand the resource limitations of a community hospital. The time spent in community medicine does delay the advancement timeline when compared with peers who transitioned immediately to academic medicine.

As I transitioned to academic medicine, I was given the advice to avoid overextending myself. It is important to avoid overcommitting, but I encourage faculty to volunteer for activities they may not consider a primary career goal. Interests in clinical teaching drove my return to academic medicine, but a faculty member’s untimely illness led to me stepping into the role of clerkship director. This chance sparked an interest in curriculum development and undergraduate medical education that I would not have encountered if I had not embraced the opportunity. I then pursued a graduate degree in adult education, which provided the additional knowledge and skills essential for success. Emergency medicine offers multiple career paths. Remember that no setting is mutually exclusive of your career interests. As an academic physician, it is important to be an efficient clinician, and community physicians have the opportunity to teach.

Lucienne Lutfy-Clayton, MD, FACEP

I chose a sequential career path, initially choosing a community position, and then returning to academics. While I knew in residency that I wanted to teach at an academic center, I worried that going directly into a faculty position could lead to my practicing in a singular way forever. I felt strongly that I would be a better educator if I spent time practicing independently, without the extensive resources of an academic center. During my time in community, I developed my educational portfolio by designing a curriculum for our resident rotators, giving lectures and workshops for them and the medical school. I gained administrative experience by overseeing the residents’ rotation, helping to negotiate my group’s contract, and serving on hospital committees.

The time in community practice allowed me to develop my own practice, teaching, and lecturing style, based on evidence and experience rather than what I was shown or taught. Practicing without the safety net of an academic center was a powerful motivator to continue to grow and learn each day. When the uncomfortable moments became less frequent and my adrenaline ebbed, I knew it was time to return to academics. My transition was successful because I had a product to deliver to academics on day one: lectures, workshops, and a seasoned independent clinician with administrative experience. It is important to think ahead and set explicit goals to move forward, but remember to keep yourself open to change, and shift your path when doors open or close.

In Conclusion…

Now that our contributors have provided insight into different job opportunities following residency training, what should residents be doing now to help find and secure their ideal career? The most important step is to adequately explore all options in order to make an informed decision, and to do so throughout residency. Enlist the help of role models, network with other emergency medicine physicians, and use elective opportunities and research endeavors to better define the area of emergency medicine in which you are interested. If considering a job in academics, prioritize meeting with the chair of a department early in your last clinical year to inquire about what the department looks for in a candidate. If considering a community job, research community hospitals in your geographic area of interest and contact recruiters if applicable. If interested in fellowship training, reviewing application requirements and deadlines starting in the middle of your second year of residency becomes imperative, as dates vary with different specialties. And finally, paraphrasing Dr. Amin, be sure to find out what is truly important to you and never turn down an opportunity to grow and develop.
EMERGENCY MEDICAL SERVICES

2015 Application Period
The American Board of Emergency Medicine (ABEM) will accept applications for the 2015 EMS Certification examination from January 15 through July 15, 2015. The 2015 EMS application form will be available to download from the ABEM website beginning January 15, 2015. The form must be completed and mailed to ABEM.

To be eligible to take the examination, physicians must hold current primary board certification issued by an American Board of Medical Specialties (ABMS) Member Board and fulfill the ABEM Policy on Medical Licensure. There are three application pathways for certification in EMS: a practice pathway, a practice-plus-training pathway, and an accredited training pathway. Physicians must have fulfilled the eligibility requirements of the pathway through which they apply at the time they submit their application. Activity that occurs after the application is submitted will not be considered.

Physicians who plan to submit a 2015 EMS application are encouraged to do so as early in the application period as possible. It takes time to process each application and independently verify the information that is provided. Physicians' applications that are approved later in the application period will have more limited choices of examination locations.

2015 Certification
The EMS certification examination is offered every other year in odd-numbered years. The 2015 examination will take place on November 9, 2015, at Pearson VUE testing centers across the country. ABEM encourages physicians whose applications are approved as meeting the eligibility criteria to register for the examination early to assure being seated for the examination.

EMS Maintenance of Certification
Physicians who achieve EMS certification are automatically enrolled in the ABEM EMS MOC Program. Physicians who are currently EMS certified can now take the 2014 EMS LLSA test. Those who opt for the associated CME activity will earn 13 AMA PRA Category 1™ credits. The EMS LLSA and associated CME activity can be accessed via EMS MOC Online.

Other Subspecialties
The application, registration, scheduling, and examinations dates for subspecialties available to ABEM diplomates being administered in 2015 are included in the following table. As always, if you have any questions, please email subspecialties@abem.org, or call 517.332.4800 extension 387.

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

ABEM MISSION
The ABEM mission is to ensure the highest standards in the specialty of Emergency Medicine.
# 2015 Subspecialty Examinations With Cycles

<table>
<thead>
<tr>
<th>Examination Type</th>
<th>Examination Date(S)</th>
<th>Application Dates</th>
<th>Registration Dates</th>
<th>Scheduling Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine – Critical Care Medicine</td>
<td>October 19, 2015</td>
<td>February 17, – June 19, 2015</td>
<td>March 1 – June 30, 2015 (data submission deadline for ABIM is 7/1/15)</td>
<td>March 1 – October 17, 2015 (deadline for cancellation two days prior to the exam date)</td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine – Recertification</td>
<td>February 26, 2015</td>
<td>January 5 – 15 days pre-exam</td>
<td>At least 14 days pre-exam</td>
<td>N/A</td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine – Recertification</td>
<td>May 3, 2015</td>
<td>May 2015, TBD</td>
<td>Lake Buena Vista, FL</td>
<td></td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine – Recertification</td>
<td>June 17, 2015</td>
<td>June 17, 2015</td>
<td>Montreal, Quebec, Canada</td>
<td></td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine – Recertification</td>
<td>August 27, 2015</td>
<td>August 27, 2015</td>
<td>Baltimore, MD</td>
<td></td>
</tr>
</tbody>
</table>
A MEDICAL STUDENT’S GAP YEAR IN TELEHEALTH

ALEXANDRA PRINTZ
Telehealth Project Manager, Thomas Jefferson University

After my third year of medical school, I took a gap year to explore the quickly expanding role of telehealth. After witnessing the impact of technology during my training, I was excited to learn how telehealth could improve quality, reduce cost and improve the patient experience. While searching for an exciting telehealth opportunity, I discovered that under the leadership of Dr. Stephen Klasko, Thomas Jefferson University was implementing a bold, enterprise-wide telehealth initiative to change the way patients interact with providers, bringing care to patients wherever they are. The more I learned, the more I knew this is where I wanted to spend my gap year. I reached out to the university and was thrilled when they invited me to join their team for a year.

The team moving the initiative forward includes more than 100 physicians and administrative leaders convened to build a telehealth program from the ground up. The majority of the physician leaders are emergency-trained, with a unique understanding of the wide-ranging consequences of inaccessible health care. Their goal isn’t simply to have FaceTime-like chats with patients, but instead to reinvent health care delivery, measure telehealth’s impact on care, and inform legislative action.

Workgroups gather around individual telehealth use cases, spanning the patient experience from virtual rounding and post-discharge to virtual follow-up appointments and sick visits. In addition to use cases, we are developing the first National Academic Center for Telehealth, building the evidence base of telehealth practice, training and evaluation. My first task upon joining the team was to develop a Telehealth Leadership Fellowship, one component of the National Academic Center for Telehealth. The need for telehealth leadership and expertise is expected to steadily increase, alongside the utilization of telehealth. Developing the knowledge and skills graduates will need to successfully implement a new telehealth program, the fellowship is the best of an administrative, research and educational fellowship experience. The first Thomas Jefferson Telehealth Leadership Fellow will be accepted in July 2015.

During my time with the team, I have witnessed incredible optimism, imagination, and willingness to collaborate. All of these attributes are needed to lead change in the complex world of health care. Working within this supportive environment enriches my education and shows me that change is possible. I am extremely grateful to all those who have given me guidance and the opportunity to learn, with a special thanks to the emergency physicians coordinating the telehealth initiative: Dr. Judd Hollander, Dr. Brendan Carr, Dr. Kristin Rising, Dr. Olan Soremekun, Dr. Roger Band, and Dr. Dimitrios Papanagnou.

SAEM14 PRESENTATION AWARDS

SAEM is proud to announce, with apologies for the late publication, the 2014 SAEM Annual Meeting presentation award winners.

Best Basic Science Presentation Award
Vikhyat S. Bebarta, MD, San Antonio Military Health System: “A Randomized Trial of Intravenous Hydroxocobalamin Compared to Whole Blood for Hemorrhagic Shock Resuscitation in a Prehospital Swine Model”

Best Faculty Presentation Award
Jill M. Baren, MD, MBE, University of Pennsylvania Perelman School of Medicine: “Lorazepam Versus Diazepam For Pediatric Status Epilepticus: Results Of A Randomized Clinical Trial”

Best Fellow Presentation Award
Francesca L. Beaudoin, MD, MS, Rhode Island Hospital/Brown University: “Low Dose Ketamine Improves Pain Relief in Patients Receiving Intravenous Opioids for Acute Pain in the Emergency Department: Results of a Randomized, Double-Blind, Clinical Trial”

Best Medical Student Presentation Award
Sumitro Harjanto, BSc (Honours), MD (candidate), Duke-NUS Graduate Medical School Singapore: “Duration of Resuscitation and Medical Futility in Out-of-Hospital Cardiac Arrest”

Best Resident Presentation Award
Justin Yan, MD, MSc, The University of Western Ontario, “Ketamine-propofol vs Propofol Alone for Procedural Sedation in the Emergency Department: A Systematic Review and Meta-analysis”

Best Young Investigator Presentation Award
David C. MacKenzie, MD, CM, Maine Medical Center: “Ultrasound Measurement of Carotid Flow Time Changes With Volume Status”
Maria Aini, MD, has accepted the position of associate medical director for the Department of Emergency Medicine at Sidney Kimmel College of Medicine of Thomas Jefferson University. She was previously the associate director of the ED Observation Unit and director of the Mid-Level Provider Program at the University of Pennsylvania.

The University of Texas Southwestern (UTSW) Medical Center is pleased to announce the opening of its state-of-the-art William P. Clements Jr. University Hospital on December 6, 2014. The emergency department, with 40 examination rooms and designed for efficient flow, will operate under the direction of Deborah Diercks, MD, MSc, founding chair of the newly created UTSW Department of Emergency Medicine. Prior to joining UTSW, Dr. Diercks spent 16 years in service at the University of California, Davis, where she was most recently professor and vice chair of research. At UTSW, she holds the endowed title of Audre and Bernard Rapoport Distinguished Chair in Clinical Care and Research. Dr. Diercks is also the president-elect of the SAEM.

Dr. Peter Sokolove, chair of the University of California, San Francisco Department of Emergency Medicine, is proud to announce the appointment of Dr. David Jaffe as the first chief of the Division of Pediatric Emergency Medicine (PEM) at UCSF effective February 1, 2015. Dr. Jaffe will also serve as the department’s vice chair for pediatric emergency medicine. Dr. Jaffe is currently the Dana Brown Professor of Pediatrics and director of the Division of Emergency Medicine at Washington University School of Medicine in St. Louis and St. Louis Children’s Hospital.

Dr. Eric Katz has been appointed chairman of the Departments of Emergency Medicine at Maricopa Medical Center and the University of Arizona College of Medicine – Phoenix Campus.

Thomas D. Kirsch, MD, MPH, associate professor of emergency medicine and director of the Johns Hopkins University Bloomberg School of Public Health Center for Refugee and Disaster Response, was recognized along with three Johns Hopkins colleagues by President Barack Obama at a news conference in the East Room of the White House on October 29, 2014, for efforts in fighting Ebola in West Africa. President Obama called them “American heroes” and a “shining example of what America means to the world, of what is possible when America leads.”

Dr. Frank Lovecchio has been appointed vice-chairman of the Department of Emergency Medicine at Maricopa Medical Center.

Michael Puskarich, MD, assistant professor of emergency medicine at the University of Mississippi Medical Center in Jackson, MS, has been awarded a four-year K23 from the National Institute of General Medical Sciences entitled “Platelet activation in septic shock.”

Federico E. Vaca, MD, MPH, FACEP, RDMS, professor of emergency medicine at Yale University, was recently inducted as Fellow of the Association for the Advancement of Automotive Medicine (AAAM) in Munich, Germany. Founded in 1957 by the Medical Advisory Committee to the Sports Car Club of America, the AAAM is a professional multidisciplinary organization largely made up of physicians and engineers dedicated to preventing and controlling injuries from motor vehicle crashes in the US and throughout the world. The AAAM is the original developer of the Abbreviated Injury Scale (AIS), which incorporates current medical terminology, providing a nationally and internationally accepted tool for the ranking of injury severity.

Ron Walls, MD, has been named executive vice president and chief operating officer of Brigham and Women’s Hospital, effective Jan. 1, 2015. Dr. Walls has held faculty positions at George Washington University Medical Center in Washington, DC; Vancouver General Hospital; and the University of British Columbia, where he was chair prior to assuming the position of chair of emergency medicine at Brigham and Women’s Hospital in 1993. He was the first emergency-medicine-trained physician at Harvard Medical School to have been promoted to the rank of full professor and is the inaugural chair of the newly formed academic Department of Emergency Medicine at Harvard Medical School.

Michael VanRooyen, MD, MPH, vice chair of the BWH Department of Emergency Medicine and professor of emergency medicine at Harvard Medical School, will serve as interim chair until a successor is named.

SAEM IS YOU!

Visit the SAEM website to renew your dues, or join us as a new member and see what you’ve been missing!
INTERACTIVE CME TRAINING: ABDOMINAL PAIN IN THE OLDER ADULT

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

Learn how to interact, diagnose, and treat older adults more effectively through this interactive online training tool titled “Abdominal Pain in the Older Adult” (http://www.saem.org/education/continuing-education/saem-online-cme)

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

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

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

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

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

Disclosure Policy
It is the policy of the University of California, Irvine School of Medicine and the University of California CME Consortium to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Full disclosure of conflicts and conflict resolutions will be made prior to the activity.

SAEM is looking for 25 energetic, self-starting, responsible and enthusiastic medical students to work with the SAEM Program Committee at the Annual Meeting in San Diego, May 12-15, 2015. The Program Committee, comprised of nearly 40 faculty members selected by the president of SAEM from emergency medicine programs all over the country, is responsible for the planning, coordination, and execution of the Annual Meeting.

Benefits for medical student volunteers:
• Waiver of your registration fee to the SAEM Annual Meeting and to the Medical Student Symposium*
• Be paired with a member of the Program Committee to serve in an advisory capacity for future EM pursuits
• Learn about current research and educational activities taking place in the field of emergency medicine
• Have the opportunity to form relationships with faculty members from EM programs around the country
• A personal letter from the Committee chair will be sent to your dean of student affairs, acknowledging your contributions to the Program Committee

Requirements and expectations of medical student volunteers:
• Arrive in time to attend orientation and property tour on Monday, May 11 at 3:00 pm and stay through 6:00 pm on Friday, May 15.
• Attend daily Program Committee meetings
• See to assigned tasks and responsibilities, which include, but are not limited to:
  o Approximately six hours of responsibilities per day
  o Attend research and didactic sessions
  o Solicit evaluations from meeting participants and enter results into an online database
  o Assist with AV needs
  o Facilitate transitions between lectures
  o Be responsive and flexible to the needs of the Program Committee

Interested medical students should submit their name and contact information to Elizabeth Oshinson at eoshinson@saem.org. Please write “Medical Student Ambassadors” in the subject line and attach a CV and a statement of interest indicating your motivations for volunteering with the Program Committee (<150 words);**

Deadline is February 1, 2015. Recipients will be notified by February 20, 2015.

* Travel and hotel will be the responsibility of the individual student; however, SAEM will provide the emails of other selected students to facilitate consolidating lodging expenses.

** PDF format preferred. Please combine your CV and statement of interest into a single document.
Call for Papers
2015 Academic Emergency Medicine Consensus Conference

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

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

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

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

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

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

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

The SAEM Research Committee Announces a Call for Applications for our 2015 RESEARCH SHARK TANK

Megan L. Ranney, MD, MPH, FACEP
Co-Chair, SAEM Research Committee
Assistant Professor, Dept. of Emergency Medicine, Rhode Island Hospital/Brown University

WANTED!: Fellows and faculty are invited to “pitch” their research ideas to experienced investigators who, in the spirit of the Friday evening television show, Shark Tank, will consider “investing” in you and your research idea (through project mentorship, editorial expertise, or more!).

We are looking for volunteers to sign up and commit to pitching their ideas at our 2nd annual Research Shark Tank at the SAEM Annual Meeting, Thursday, May 14, 2015, from 10:30 am - 12:30 pm.

Our Shark Tank panel, made up of five of our most esteemed emergency medicine research mentors, will critically discuss your project and may even bid money or specific mentorship opportunities to support your project.

If your project is selected, your goal will be to convince the Shark Tank that your topic is worthwhile, your approach is good, and that you are worth mentoring.

The 2014 inaugural Shark Tank was a “swimming” success, with 5 great “bites” on projects. With the new addition of real money for our sharks – up to $600 per Shark – this year’s panel promises to be even more enthralling.

You will be asked to give a five-minute presentation with a maximum of eight (8) slides detailing the concept (unmet need being solved/”background”); the plan (how you will solve the unmet need/”methods”); the outcome (metric of success), and your credentials (why we should invest in you). After your five-minute pitch, the mentors will have 7-10 minutes to critique, mentor, and counteroffer each other’s proposals to support your projects.

If you are interested in participating, please fill out the form at http://tinyurl.com/SAEMSharkTank2015 or email megan_ranney@brown.edu. Presenters will be notified by late March.
Call for Photographs for Clinical Images Exhibit 
2015 SAEM Annual Meeting

Deadline: February 7, 2015

SAEM is now accepting original high-quality clinical images relevant to the practice of emergency medicine for presentation at the 2015 SAEM Annual Meeting in San Diego, CA. Accepted submissions will be displayed at the Clinical Images Exhibit and may be featured in the “Clinical Pearls” session or the “Visual Diagnosis” medical student/resident contest.

GUIDELINES:
1. No more than 3 different images should be submitted for any one case.
2. Submit digital copies only in JPEG or TIF format (resolution of at least 2000x1600 pixels required, higher-resolution images preferred).
3. EKGs, radiographic studies and other visual data are also considered, but photographs are preferred.
4. Photographs must not appear in a refereed journal prior to the Annual Meeting.
5. Photo submissions must be accompanied by a brief case history (250-word limit) written as an “unknown” in the following format:
   a. 2-page Word document, 14pt font
   b. Page 1: chief complaint, history of present illness, pertinent physical exam (other than what is depicted in the photo), pertinent laboratory data, one or two questions asking the viewer to identify the diagnosis or pertinent finding(s)
   c. Page 2: answer(s) and brief discussion of the case, including an explanation of the finding(s) in the photo and 1-3 bulleted take-home points or “pearls”
6. If a patient can be identified in the image, written consent from the patient must be obtained for the image to be displayed, or the patient must be appropriately masked to insure anonymity. An attestation statement to confirm that written consent has been obtained must be included with the photo submission.

Submissions will be selected based on their educational merit, relevance to emergency medicine, image quality, the case history, and appropriateness for public display. Contributors will be acknowledged in the Annual Meeting on-site program, the exhibit itself, and the July/August 2015 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 for publication. If the photos are accepted for display, SAEM reserves the right to edit the submitted case history. SAEM will retain the rights to use submitted photographs in future educational projects, with full credit given for the contribution. If you have any questions, please contact Elizabeth Oshinson at eoshinson@saem.org or visit our website: www.SAEM.org.

SAEM OPENS SEARCH FOR NEW CEO

Ronald S. Moen has announced that he will retire from his position as CEO of the Society for Academic Emergency Medicine. The SAEM Board of Directors has engaged Ms. Pamela Kaul, president of Association Strategies, Inc., of Alexandria, VA, to assist in conducting a search for the organization’s next CEO. For information on the position, a position description, and additional information, please visit http://www.assnstrategies.com/current_searches.php and contact Ms. Kaul at Pamela@assnstrategies.com, or Tricia Bork Canavan, director of recruiting and development at tricia@assnstrategies.com. They can also be reached by phone at (703) 683-0580 or via fax at (703) 683-1006. The deadline for submission of applications is February 16, 2015. The position description is also available on the SAEM website at http://saem.org/about-saem/leadership/new-saem-ceo. Do not contact the SAEM office, as all questions will be referred to Ms. Kaul. The Board of Directors has selected a search committee made up of members of SAEM who will assist in the evaluation of candidates and the Board of Directors will meet for interviews with selected candidates and make the final decision in late April or early May. It is anticipated that the new CEO will begin sometime in late May or early June with some overlap with Mr. Moen to facilitate the transition.

SAEM ePosters are Back and Better Than Ever!

Last year, SAEM trialed the use of electronic posters at the Annual Meeting. The test run was a success, and we are happy to announce that the 2015 poster session will be completely electronic!

Electronic posters, or ePosters, offer users a “green” alternative to printing, carrying and pinning up posters. They provide viewers high-quality resolution of images and text. Posters will be uploaded to a secure website, and projected onto a large high-definition format (55” LED monitors) in the poster hall.

Features:
ePosters allow presenters to:
• Use “green technology”
• Save money on printing and/or shipping costs
• Save time at the meeting because your poster will already be there
• Be unencumbered by printed materials
• If you can use an ATM, you’ll be able to figure out how to use these ePoster monitors!
Honor Your Mentor

Mentors are very important people in our lives and in our careers. I have enjoyed my career in academic emergency medicine immensely; I owe much to Dr. Peter Rosen for the encouragement he provided early on, and the support he has provided throughout my career. We each have people like Peter in our lives, and we often struggle to find the right words to thank them for the impact they have made on our careers – quite frankly, there are no words to describe how valuable these people are to us, to our families, and to our specialty.

Please join me today in thanking a mentor who has changed your life in a positive way by making a gift to the SAEM Foundation in their honor. The SAEM Foundation will send a letter to your mentor informing them that a gift was made in their name, a gift that will pay forward the mentorship you received from them to future academic emergency physicians-in-training.

I just donated $1,000 in honor of Peter. Please visit the SAEM Foundation website at https://saem.org/saem-foundation to make your gift and show your mentor how much their support has meant to you.

DONATE NOW
https://donatenow.networkforgood.org/saemfoundation?code=12%2E9%2E14%20Email

With warm regards,

Bob
Robert S. Hockberger, MD
President
SAEM

---

CLASSIFIEDS

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, DEPARTMENT OF EMERGENCY MEDICINE is currently recruiting for faculty openings for 2015-2016. Specific areas of interest include Toxicology, Ultrasound, EMS and Medical Direction. Rank/salary commensurate with experience. Successful fixed-term candidates will be Board Certified/Board Prepared in Emergency Medicine. UNC Hospitals is a 750-bed Level I Trauma Center. Interested candidates are encouraged to apply online at: http://unc.peopleadmin.com/postings/50819. Questions, please contact Gail Holzmacher, gholzmac@med.unc.edu. The University of North Carolina at Chapel Hill is an equal opportunity employer that welcomes all to apply, including protected veterans and individuals with disabilities.
Simulation Academy Meeting
SAEM15 in San Diego
Friday, May 15 at 8:00 am - 12:00 pm

Schedule

8:00 - 9:00 am  Business Meeting

9:00 - 10:30 am  Simulation Fellow Forum

The Simulation Academy would like to set aside a significant portion of our business meeting to allow current simulation fellows an opportunity to present at the SAEM Annual Meeting. The format will include time for a brief oral presentation (≤5 slides, timing TBD), followed by time for Q&A, then an overall debrief of the process. Presentation topics can vary, but can include educational innovations, curricular or research works in progress, completed educational research or pilot stage work, or other items that would be of interest to the simulation community. It should reflect work you are/were involved in as a fellow. Your audience will be members of the Sim Academy; all Annual Meeting attendees will also be invited to attend. We hope to make this a recurring event at the Sim Academy meetings.

*Submission: A brief one-page proposal (≤ 500 words) of your topic

*Submit To: SimFellows@saem.org

*Deadline: By January 21, 2015

*Acceptance Notices: February 4, 2015

10:30 - 10:45 am  Debrief of Fellow Forum

11:00 am - 12:00 pm  Can SIM be Social?

Outline: to discuss how to utilize social media tools including Google Hangout, Google Hangout on Air, Twitter, Blogging, Podcasting to augment your simulation program and educational goals.

Topics of discussion include:
* The role of a producer vs consumer
* How to easily share content
* How to Curate online content
* How to make small group sessions work best (Debriefing, Journal club)

Presenters:
Nikita Joshi MD, Stanford University
Ian M Julie MD, University of California, Davis

Don’t Forget...
SimWars
May 14, 2015
8:00 am - 12:00 pm
2015 SAEM
Residency and Fellowship Fair

Your program is invited to participate in the SAEM Residency & Fellowship Fair. Come and showcase your residency and fellowship programs!

Early registration (by March 13, 2015) - $175/table
After March 13, 2015 - $200/table
On-site registration - $275/table

To register, please contact Elizabeth Oshinson at eoshinson@saem.org or 847.257.7224

Where: Sheraton San Diego Hotel and Marina
When: Friday, May 15, 2015 from 3:00 to 5:00 pm

2015 SAEM ANNUAL MEETING
MAY 12 – 15, 2015
SAVE THE DATES
The Department of Emergency Medicine at the Beth Israel Deaconess Medical Center is recruiting young physician researchers with an interest in public health and operations related to the practice of emergency medicine, particularly in terms of improving patient safety and the delivery of high quality cost effective care.

The successful candidate will be mentored in, and expected to pursue, an academic career as evidenced by publication of scholarly work in professional journals and application for grant funding in their specific area of expertise. Candidates will be considered for faculty appointments at Harvard Medical School. Clinical sites of practice will include Beth Israel Deaconess Medical Center (a tertiary, Level 1 trauma center with an annual volume of 55,000 patients) as well as at one of our community emergency departments and urgent care centers.

Salaries are competitive; incentive based with generous benefits and funded CME. Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (HMFP) is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Veterans, women and minority applicants are strongly encouraged to apply.

Send a cover letter and CV to:
Richard E. Wolfe, M.D., Chief of Emergency Medicine
c/o mblicker@bidmc.harvard.edu
For more information go to www.bidmc.org/emergency

ACADEMIC EMERGENCY MEDICINE PHYSICIANS

In preparation for our ACGME Emergency Medicine Residency Program (expected to begin July 2015), the Department of Emergency Medicine at Jackson Memorial Hospital in Miami Florida is recruiting for the following positions:

Ultrasound Director
Ideal candidate will be Ultrasound Fellowship trained, with experience in academic and management/operations of an emergency department ultrasound program

Research Director
Ideal candidate will be Fellowship trained with advanced degree (Msc, MPH, MHA, PhD) and proven record of research productivity and funding

International Emergency Medicine Director
Ideal candidate will be Fellowship trained in International EM and advanced degree (MSc, MPH, PhD) and experience in program development and international/global health funding procurement

Basic Qualifications: Physicians should be graduates of ACGME approved Emergency Medicine residency programs.
These opportunities include:
• Clinical practice in a busy (>110,000 total annual visits), high acuity academic ED with a world renowned Level I Trauma Center
• Involvement in a strong developing academic Emergency Medicine program
• Voluntary faculty appointment (commensurate with experience) at the University of Miami Miller School of Medicine
• World-Class multidisciplinary simulation and patient safety centers
• Colleagues with strong commitment to quality, evidence-based patient care, education, and research

To apply, please send your CV and cover letter to Isabelle St Cyr
Jackson Memorial Hospital ED / 1611 N.W. 12th Avenue, Miami, FL 33136-1096
Phone: 305-585-6910 /Fax: 305-585-0000 /istcyr@jhmiami.org
For further information, please contact: Lilly Lee M.D., SM, FACEP - Chief, Emergency Services lle2@jhumiami.org

Jackson Memorial Hospital is an Affirmative Action/Equal Opportunity Employer.

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

DONATE TODAY AT HTTP://WWW.SAEM.ORG/SAEM-FOUNDATION

SAEM


Be apart of an Excellent Academic Program!
Seeking a full-time Core Faculty Physician: BC EM

Grandview and Southview Medical Center
Dayton, OH

• Grandview: 29,000 annual volume
• Southview: 17,000 annual volume
• 24 hrs of physician coverage daily
• 12 hr shifts (7a –7p, 7p–7a )
• 10 hrs APP coverage Sun, Mon, Fri, Sat
• 20 hrs of APP coverage Tues, Wed, Thurs
• $288,000-$295,000 annual salary
• Sign-on and Relocation bonuses available!

Becker’s Hospital Review/Becker’s ASC Review
150 Great Places to Work in Healthcare

Harvard Medical Faculty Physicians
At Beth Israel Deaconess Medical Center, Inc.
The Department of Emergency Medicine
Is seeking qualified physicians to join its faculty

The Department of Emergency Medicine at the Beth Israel Deaconess Medical Center is recruiting young physician researchers with an interest in public health and operations related to the practice of emergency medicine, particularly in terms of improving patient safety and the delivery of high quality cost effective care.

The successful candidate will be mentored in, and expected to pursue, an academic career as evidenced by publication of scholarly work in professional journals and application for grant funding in their specific area of expertise. Candidates will be considered for faculty appointments at Harvard Medical School. Clinical sites of practice will include Beth Israel Deaconess Medical Center (a tertiary, Level 1 trauma center with an annual volume of 55,000 patients) as well as at one of our community emergency departments and urgent care centers.

Salaries are competitive; incentive based with generous benefits and funded CME. Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (HIMFP) is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Veterans, women and minority applicants are strongly encouraged to apply.

Send a cover letter and CV to:
Richard E. Wolfe, M.D., Chief of Emergency Medicine
c/o mblicker@bidmc.harvard.edu
For more information go to www.bidmc.org/emergency

Grandview and Southview Medical Center
Dayton, OH
• Grandview: 29,000 annual volume
• Southview: 17,000 annual volume
• 24 hrs of physician coverage daily
• 12 hr shifts (7a –7p, 7p–7a )
• 10 hrs APP coverage Sun, Mon, Fri, Sat
• 20 hrs of APP coverage Tues, Wed, Thurs
• $288,000-$295,000 annual salary
• Sign-on and Relocation bonuses available!

Becker’s Hospital Review/Becker’s ASC Review
150 Great Places to Work in Healthcare

Harvard Medical Faculty Physicians
At Beth Israel Deaconess Medical Center, Inc.
The Department of Emergency Medicine
Is seeking qualified physicians to join its faculty

The Department of Emergency Medicine at the Beth Israel Deaconess Medical Center is recruiting young physician researchers with an interest in public health and operations related to the practice of emergency medicine, particularly in terms of improving patient safety and the delivery of high quality cost effective care.

The successful candidate will be mentored in, and expected to pursue, an academic career as evidenced by publication of scholarly work in professional journals and application for grant funding in their specific area of expertise. Candidates will be considered for faculty appointments at Harvard Medical School. Clinical sites of practice will include Beth Israel Deaconess Medical Center (a tertiary, Level 1 trauma center with an annual volume of 55,000 patients) as well as at one of our community emergency departments and urgent care centers.

Salaries are competitive; incentive based with generous benefits and funded CME. Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (HIMFP) is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Veterans, women and minority applicants are strongly encouraged to apply.

Send a cover letter and CV to:
Richard E. Wolfe, M.D., Chief of Emergency Medicine
c/o mblicker@bidmc.harvard.edu
For more information go to www.bidmc.org/emergency
EMPLOYMENT OPPORTUNITIES

FACULTY - SCHOOL OF MEDICINE, DEPARTMENT OF EMERGENCY MEDICINE

CLINICIAN EDUCATOR

MEDICAL TOXICOLOGIST

CLINICAL RESEARCHER

PEDIATRIC EMERGENCY CLINICIAN EDUCATOR

The Department of Emergency Medicine at the University of Mississippi Medical Center (UMMC) is seeking full-time candidates at the Assistant Professor, Associate Professor or Professor Level. Candidates will be considered if they are well equipped and eager to support the tripartite mission of the Medical Center (education, research, healthcare). Applicants must have a MD/DO degree and have graduated or are nearing completion of an accredited Emergency Medicine Residency and will be eligible for unrestricted licensure in the state of Mississippi.

UMMC is located in the capital city of Jackson and is the state’s only academic medical center. The Department of Emergency Medicine employs 25 faculty members and is the training setting for 40 Emergency Medicine residents and core rotating medical students and other learners. The department is well-regarded across the nation for its research and involvement in professional organizations. The region boasts the most competitive salaries in the nation, low cost of living, and access to many recreational and cultural activities. As the state’s only Level 1 trauma center and with approximately 72,000 adult and 40,000 pediatric patient visits annually, the department is one of the busiest, highest-acuity health-care settings in the region.

Interested candidates should submit their CV by email to AEJones@umc.edu or mail to Dr. Alan Jones, UMMC Dept. of Emergency Medicine, Suite 4E, 2500 North State St., Jackson, MS 39216

Rank and salary commensurate with qualifications. The University of Mississippi Medical Center is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, religion, sex, age, disability, marital status, national origin, or veteran’s status.

For more information, visit our website at: http://www.emergencymed.uc.edu/education/simulation

Submit CV and statement of interest at: https://recruit.ap.uc.edu/apply/JPF02317

The University of California, Irvine is an Equal Opportunity/Affirmative Action Employer committed to excellence through diversity. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy.
The Department of Emergency Medicine at Albany Medical College seeks a highly motivated, dynamic individual to play a key role in leading the research and scholarly missions of the department. Candidates should have strong mentorship and teaching skills, as well as a track record of success in obtaining extramural funding. The successful candidate will enter at the tenure-track associate or professor level based on experience and qualifications.

Highlights of the position include:

- Endowed chair
- Substantial protected time
- Highly competitive compensation and sign-on bonus
- Start-up funds for five years
- Three years of salary support for PhD recruit
- Departmental basic science laboratory space (if desired)

Albany Medical Center – comprised of the medical college and hospital – is northeastern New York’s only academic health sciences center. Albany Medical College is one of the nation’s oldest medical schools, founded in 1837. The 714-bed Albany Medical Center Hospital is the only Level I Trauma Center in the region and is the busiest trauma center in the state. As the primary referral center for the region, the hospital received over 10,000 transfers last year.

The Department of Emergency Medicine has a well-established residency program that began over 25 years ago and has faculty who are fellowship trained in ultrasound, clinical research, toxicology, sports medicine, emergency medical services, critical care medicine and pediatric emergency medicine. We have a busy, high-acuity emergency department with an annual census of over 70,000 patients.

Albany Medical Center is located in the capital of New York State, with easy access to the metropolitan areas of New York City, Boston and Montreal. The Capital Region offers safe communities and excellent schools. There is also close proximity to numerous outdoor activities (skiing, hiking, climbing, camping, etc.) in the Adirondack and Catskill mountains.

Candidates should send a current curriculum vitae and letter of interest to:

Christopher King, MD, FACEP
Chair, Department of Emergency Medicine
Albany Medical College
47 New Scotland Ave.
Albany, New York 12208
518.262.3443
kingc1@mail.amc.edu
The Department of Emergency Medicine of the University of Rochester (URMC) is expanding our faculty group. We are seeking Emergency Medicine and Pediatric Emergency Medicine BC/BE Faculty for positions at our primary academic site, as well as our community affiliates and off-campus emergency department.

Seeking faculty for:
- Academic EM positions
- Academic Pediatric EM positions
- Community EM positions

The Department of Emergency Medicine includes a highly regarded EM Residency, an active research program, and fellowship programs including Pediatric EM, International Medicine, Research, and Ultrasound. Strong Memorial Hospital (SMH) is the academic medical center and is the regional referral and Level 1 trauma center. It has a full complement of specialist consultant services, as well as ED-based social workers, pharmacists, and child-life specialists. SMH sees over 100,000 patients per year, including 28,000 pediatric patients. The new Golisano Children’s Hospital at Strong is set to open in the summer of 2015. Our multiple community EDs and off-campus ED offer physicians the opportunity to practice in varied settings, experiencing a mix of acuity and patients in both adult and pediatric age groups.

Successful candidates will be dynamic individuals, interested in a diverse Emergency Medicine experience with great potential for career development, promotion, and longevity within our department. Ample opportunity exists to be actively involved in education, administration, and research.

Rochester, New York, located in Upstate New York, offers excellent schools, a low cost of living, and many opportunities both professionally and personally. We have easy access to Canada, including metropolitan Toronto, the Great Lakes, the Finger Lakes and the northeastern United States.

Interested applicants please contact:
Michael Kamali, MD, FACEP
Chair, Department of Emergency Medicine
Michael_Kamali@URMC.Rochester.edu
585-463-2970

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

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

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

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

A highly competitive salary is offered. Applicants must be EM board eligible or certified. UAB is an Equal Opportunity/Affirmative Action Employer committed to excellence through diversity. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

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

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

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

The School of Medicine of the University of North Carolina at Chapel Hill is initiating a national search to identify a Chair for our Department of Emergency Medicine. The selected individual will provide academic and administrative leadership for the clinical and research programs. This position will oversee all aspects of emergency medicine, including: clinical practice, educational activities, contracts and research programs. Under the leadership of Dr. Charles Cairns, Emergency Medicine here at UNC has grown to become a vigorous, well-recognized, academically-oriented Department with a 52% academic and 48% clinical revenue split. The resources available include: more than 29 faculty members; 7 fellows and 30 residents, 71 full and part staff; 30,000 square feet of state-of-the-art clinical space; over 12,000 square feet of offices and laboratory space. The Department has active programs in both Emergency Medical Services and Informatics, and at the time of its last RRC evaluation the Residency Program received approval for eight years.

The qualifications expected of each applicant would include the following: an MD or DO degree, Board Certified in Emergency Medicine, and be eligible for a North Carolina Medical License; a distinguished record of clinical excellence; a commitment to medical education of the highest quality; administrative skills; and documented evidence of research and scholarly productivity.

The Search Committee will begin reviewing candidates immediately and continue until the position is filled. Interested applicants should submit an online application at http://unc.peopleadmin.com/postings/62117 to include their detailed curriculum vitae, description of administrative experience, clinical and research goals and teaching interests. Women and individuals identifying as underrepresented in medicine are strongly encouraged to apply.

Questions related to this search may be emailed to the search administrator, Carol Edenton, <carol.edenton@med.unc.edu>.
Disaster Medicine Fellowship

University of California Irvine, Department of Emergency Medicine is seeking applicants for the fellowship in Disaster Medical Sciences for July 1, 2015. UCI Medical Center is a Level I Trauma center with 3500 runs/year and a 48,000 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 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.

Submit CV, statement of interest and three letters of recommendation at: https://recruit.ap.uci.edu/apply/JPF02315

The University of California, Irvine is an Equal Opportunity/Affirmative Action Employer committed to excellence through diversity. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy.

---

Department of Emergency Medicine
Yale University School of Medicine

Advancing the Science and Practice of Emergency Medicine

The Department of Emergency Medicine at the Yale University School of Medicine has expanded to a total of 4 clinical sites: Adult Emergency Services at York Street Campus; Shoreline Medical Center; Saint Raphael’s Campus; and the West Haven VA Emergency Department with a combined ED volume of 195,000 visits per year. We are seeking faculty at all levels with interests in clinical care, education or research to enhance our existing strengths. The successful candidate may be a full time clinician committed to excellence in patient care and emergency medicine education or one that would want to join the academic faculty promoting scholarship to enhance the field of emergency medicine. We offer an extensive faculty development program for junior and more senior faculty. We have a well-established track record of interdisciplinary collaboration with other renowned faculty, obtaining federal and private foundation funding, and a mature research infrastructure supported by a faculty Research Director, a staff of research associates and administrative assistants.

Eligible candidates must be residency-trained and board-certified/-prepared in emergency medicine. Rank, protected time and salary will be commensurate with education, training and experience.

Yale University is a world-class institution providing a wide array of benefits and research opportunities.

To apply, please forward your CV and cover letter to Gail D’Onofrio, MD, MS Chair, via email: jamie.petrone@yale.edu, or mail: Yale University School of Medicine, Department of Emergency Medicine, 464 Congress Ave, P.O. Box 208062, New Haven, CT 06519-1315.

Yale University is an affirmative action, equal opportunity employer. Women and members of minority groups are encouraged to apply.
The Department of Emergency Medicine at the University of Alabama School of Medicine is seeking a Medical Toxicologist to join our faculty. The selected candidate will be BC/BE in Emergency Medicine, will have successfully completed an ACGME accredited fellowship in Medical Toxicology, and will be BC/BE for subspecialty Certification in Medical Toxicology from the American Board of Emergency Medicine. This position will include service with the Regional Poison Control Center (RPCC), which handles over 60,000 calls each year from the entire state of Alabama. The successful candidate will function as an integral member of the RPCC team. In this capacity, the medical toxicologist will provide telephone medical consultation to health care providers, and will help to facilitate transfers to UAB Medical Center as clinically necessary. This individual will also participate in the planning and provision of educational programs for a wide variety of medical professionals, not only at the UAB campus and the RPCC, but also throughout the region.

Academic rank will be commensurate with experience. The University offers both tenure and non-tenure earning positions. The University of Alabama Hospital is a 1046 bed teaching hospital, with a “state of the art” 44,000 sq. ft. emergency department. The Department of Emergency Medicine provides care to over 90,000 patients annually at its two clinical sites. UAB provides Alabama’s only ACS designated Level I trauma center. The Department of Emergency Medicine hosts the State of Alabama’s sole emergency medicine residency training program, which is now among the most competitive in the Southeast. The Regional Poison Control Center serves the entire state of Alabama (which has a population of over 4.5 million), and participates in numerous public health initiatives.

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

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

Compensation is highly competitive. UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of, race, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

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

Please send your curriculum vitae to: Janyce Sanford, M.D., Chair of Emergency Medicine, University of Alabama at Birmingham; Department of Emergency Medicine; 619 South 19th Street; OHB 251; Birmingham, AL 35249-7013
Patients rarely present with endocrine diseases in isolation. This is especially true in the emergency setting when acute and chronic diseases can perturb the endocrine system, having important implications for testing, diagnosis, and treatment. Manage complex endocrine emergencies with this comprehensive and timely clinician’s guide.

GAIN NEW INSIGHT INTO TREATING COMPLEX ENDOCRINE EMERGENCIES

Editor, Glenn Matfin, MSc (Oxon)

NEW!

Patients rarely present with endocrine diseases in isolation. This is especially true in the emergency setting when acute and chronic diseases can perturb the endocrine system, having important implications for testing, diagnosis, and treatment. Manage complex endocrine emergencies with this comprehensive and timely clinician’s guide.

Purchase online endocrine.org/emme

AVAILABLE IN PRINT (SOFTCOVER) OR AS AN eBOOK

PRINT PRICE: $69  SALE PRICE: $62.10

eBOOK PRICE: $49  SALE PRICE: $44.10

ORDER NOW AND SAVE 10%.

To receive a 10% discount enter Promo Code: PEMME2014 (Print) or PEMME2014D (eBook) at your shopping cart.

© 2014 Endocrine Society
The Department of Emergency Medicine at East Carolina University Brody School of Medicine seeks BC/BE emergency physicians and pediatric emergency physicians for tenure or clinical track positions at the rank of assistant professor or above, depending on qualifications. We are expanding our faculty to increase our cadre of clinician-educators and further develop programs in pediatric EM, ultrasound, and clinical research. Our current faculty members possess diverse interests and expertise leading to extensive state and national-level involvement. The emergency medicine residency is well-established and includes 12 EM and 2 EM/IM residents per year. We treat more than 120,000 patients per year in a state-of-the-art ED at Vidant Medical Center. VMC is a 960+ bed level 1 trauma center and regional stroke center. Our tertiary care catchment area includes more than 1.5 million people in eastern North Carolina, many of whom arrive via our integrated mobile critical care and air medical service. Our new children’s ED opened in July 2012, and a new children’s hospital opened in June 2013. Greenville, NC is a fast-growing university community located near beautiful North Carolina beaches. Cultural and recreational opportunities are abundant. Compensation is competitive and commensurate with qualifications; excellent fringe benefits are provided. Successful applicants will be board certified or prepared in Emergency Medicine or Pediatric Emergency Medicine. They will possess outstanding clinical and teaching skills and qualify for appropriate privileges from ECU Physicians and VMC.

Confidential inquiry may be made to:

Theodore Delbridge, MD, MPH
Chair, Department of Emergency Medicine
delbridget@ecu.edu

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

www.ecu.edu/ecuem/ • 252-744-1418

Harvard Medical Faculty Physicians
At Beth Israel Deaconess Medical Center
Is seeking qualified physicians to join its faculty

We are recruiting an experienced emergency physician to direct our international emergency medicine administrative and educational efforts. The successful candidate will create, recruit for and direct an administrative emergency medicine fellowship with a primary focus on physicians from outside the USA. In addition, the candidate should have experience in organizing and implementing Continuing Medical Education programs. Candidates should have extensive experience outside the USA and have a proven track record of training young physicians.

Metrics of success will include creation of the fellowship and recruitment of appropriate candidates, who will become future leaders in emergency medicine in their home countries and the development of high-quality post-graduate physician educational programs in both clinical and research aspects of emergency medicine.

Salaries are competitive; incentive based with generous benefits and funded CME. Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (HMFP) is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Veterans, women and minority applicants are strongly encouraged to apply.

Send a cover letter and CV to:

Richard E. Wolfe, M.D., Chief of Emergency Medicine
c/o mblicker@bidmc.harvard.edu
For more information go to www.bidmc.org/emergency

Assistant, Associate, or Full Professor, Clinical Informatics and Health Information Technology (IT) (10-881)

School of Medicine - Emergency Medicine
(School of Medicine)

Description: The Department of Emergency Medicine (http://emergencymed.ucsd.edu/Pages/default.aspx) at University of California, San Diego (UCSD) invites applications from outstanding candidates for positions at the Assistant, Associate or Full Professor level with the UCSD School of Medicine in the Department of Emergency Medicine with a specific focus on Clinical Informatics and Health Information Technology (IT). The Department currently operates two Emergency Departments with a combined census of 61,000 patients annually (level 1 trauma center and academic medical center), with a four-year EM residency program (9 residents/year), teaching programs for 1st through 4th year medical students, and robust fellowship programs in Toxicology, Hyperbarics, Pediatric EM, EMS, Ultrasound, and Research.

The UCSD Department of Emergency Medicine has had a long track-record of success as a leader in Health IT with extramural funding from the NIH, Robert Wood Johnson Foundation, and recent $15.3m Beacon Community award from the National Coordinator for Health IT. In these efforts, the Department has collaborated with the UCSD Jacobs School of Engineering, one of the nation’s top ranked Engineering Schools, and the California Institute for Telecommunications and Information Technology (Calit2). The successful candidate will be able to build on this success with the potential for greater collaboration and possible joint appointment as faculty at the UCSD School of Medicine and School of Engineering.

The Department provides excellent opportunities for clinical service, teaching, and research at one of the nation’s top-ranked Medical Schools and one of the most academically productive Departments of Emergency Medicine in the country.

Candidates with a background in engineering, informatics, or computer science are strongly encouraged to apply.

The University is committed to academic excellence and diversity within the faculty, staff, and student body and the Department is interested in candidates who have demonstrated commitment to excellence by providing leadership in teaching, research or service towards building an equitable and diverse scholarly environment. Qualifications include: M.D. or M.D./Ph.D., current California medicine license/eligibility and board certification/eligibility in Emergency Medicine required.

Salary: Salary is commensurate with qualifications and based on University of California pay scales

Closing Date: Review of applications will begin January 15, 2015, and continue until the position is filled.

To Apply: Interested applicants are asked to submit a CV and the names and contact information of three references. All applicants are also asked to summarize in a personal statement any past experience and leadership in equity and diversity; especially activities that include women and historically underrepresented students and faculty, or their potential to make contributions in this area (see http://facultyequity.ucsd.edu/Faculty-Applicant-C2D-Info.asp for further information).

All materials should be submitted via UCSD AP Online RECRUIT (http://apptrkr.com/555681), an electronic job application system.

The University of California is an Equal Opportunity/ Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age or protected veteran status.
The Department of Emergency Medicine at Albany Medical College is recruiting pediatric emergency physicians to join our academic faculty. Candidates must be fellowship trained and board-certified eligible in pediatric emergency medicine and will enter at the assistant or associate professor level based on experience and qualifications.

Albany Medical Center – comprised of the medical college and hospital – is northeastern New York’s only academic health sciences center. Albany Medical College is one of the nation’s oldest medical schools, founded in 1837. The 714-bed Albany Medical Center Hospital is the only Level 1 Trauma Center in the region and is the busiest trauma center in the state. As the primary referral center for the region, the hospital received over 10,000 transfers last year.

The Department of Emergency Medicine has a well-established residency program that began over 25 years ago and has faculty who are fellowship trained in ultrasound, clinical research, toxicology, sports medicine, emergency medical services, critical care medicine and pediatric emergency medicine. We have a busy, high-acuity emergency department with an annual census of over 70,000 patients.

Albany Medical Center is located in the capital of New York State, with easy access to the metropolitan areas of New York City, Boston and Montreal. The Capital Region offers safe communities and excellent schools. There is also close proximity to numerous outdoor activities (skiing, hiking, climbing, camping, etc.) in the Adirondack and Catskill mountains.

Candidates should send a current curriculum vitae and letter of interest to:

Christopher King, MD, FACEP
Chair, Department of Emergency Medicine
Albany Medical College
47 New Scotland Ave.
Albany, New York 12208
518.262.3443
kingc1@mail.amc.edu
Advocate Christ Medical Center

Department of Emergency Medicine

The Department of Emergency Medicine at Advocate Christ Medical Center is expanding and seeks outstanding physicians to join our faculty. Our institution is a tertiary care center with emphasis on advanced cardiac and stroke care, and is the only Level I Trauma Center serving the south side of Chicago. Our high acuity emergency department cares for more than 100,000 patients annually, including 33,000 pediatric visits to our dedicated pediatric emergency department.

Advocate is committed to growth. Along with a new outpatient pavilion that opened in 2014, an additional inpatient tower will be completed in 2016, and construction of a new 84 bed emergency department will begin in early 2015.

Applicants must be board eligible or board certified in Emergency medicine or Pediatric Emergency Medicine, and dedicated to education and clinical excellence. Additional interests in research, ultrasound, simulation and administration are highly valued. Our three-year emergency medicine program matches 12 residents annually, and fosters a friendly environment of camaraderie, support, and service. Many faculty members and residents live in downtown Chicago and enjoy all that this world-class city has to offer.

Compensation and benefits are highly competitive. Academic appointments are available for qualified applicants through the University of Illinois. Advocate Christ Medical Center was ranked one of Truven’s “100 top hospitals” in 2014, one of only 15 major teaching and academic centers so designated nationally.

Interested applicants should electronically submit a letter of interest along with their curriculum vitae to: Brian.Sayger@Advocatehealth.com

Advocate is an Equal Opportunity/Affirmative Action Employer.

Department of Emergency Medicine
Yale University School of Medicine

Advancing the Science and Practice of Emergency Medicine

The Department of Emergency Medicine at the Yale University School of Medicine seeks a full time Associate Research Scientist. The successful candidate must demonstrate extensive and highly specialized mHealth and HIT knowledge to develop the scholarly and clinical research in the department and collaborate with other faculty on a variety of research projects and grants. Develop theories and algorithms for automated addition of fault-tolerance in distributed computing with a special focus on synthesis of distributed programs with multicore computing. Responsible for the creation of algorithms and design large-scale HIT solutions to improve patient health outcomes. Utilize mHealth, human-computer interaction, and computer system architecture to create mobile tools to enhance patient safety and education. Generate and employ algorithms to analyze and develop patient-centered mobile applications of automated bilingual computerized screening and intervention computerized screening and intervention audiographical HIT mobile tool. Construct and employ algorithms to analyze and develop patient-centered Clinical Decision Support mobile tools.

Eligible candidates must be an expert in HIT, mHealth, Automated Model Revision, Fault-Tolerance, Formal Methods, Software Engineering, Background Check Systems and Distributed Computing, and should provide evidence of well-established record of funded research from federal and local sources.

To apply, please forward your CV and cover letter to Gail D’Onofrio, MD, MS Chair, via mail: Yale University School of Medicine, Department of Emergency Medicine, 464 Congress Ave, P.O. Box 208062, New Haven, CT 06519-1315.

Yale University is an affirmative action, equal opportunity employer. Women and members of minority groups are encouraged to apply.
Membership Application

SAEM
Society for Academic Emergency Medicine

Full Name: [ ] Title: [ ] Date: [ ]

Office Address
Address Line 1: [ ]
Address Line 2: [ ]
City, State: [ ] Zip: [ ]
E-mail: [ ] Phone: [ ]

Home Address
Address Line 1: [ ]
Address Line 2: [ ]
City, State: [ ] Zip: [ ]
E-mail: [ ] Phone: [ ]

Preferred Contact Method: [ ] Mail [ ] Email [ ]

Gender: [ ] Male [ ] Female
Date of Birth: [ ]

Are you a Current Member? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Membership Selection*</th>
<th>Academy Selection**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty...$610.00</td>
<td>AEUS...$100/$50/$25</td>
</tr>
<tr>
<td>Associate...$275.00</td>
<td>ADIEM...$100/$50/$25</td>
</tr>
<tr>
<td>AAAEM...$495.00</td>
<td>CDEM...$100/$50/$25</td>
</tr>
<tr>
<td>Resident and Fellow...$170.00</td>
<td>AGEM...$100/$50/$25</td>
</tr>
<tr>
<td>Medical Student...$100.00</td>
<td>GEMA...$100/$50/$25</td>
</tr>
<tr>
<td>Young Physician Year 1...$250.00</td>
<td>SIM...$100/$50/$25</td>
</tr>
<tr>
<td>Young Physician Year 2...$425.00</td>
<td>AWAEM...$100/$50/$25</td>
</tr>
<tr>
<td>International...varies</td>
<td></td>
</tr>
<tr>
<td>Emeritus...$100.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interest Group Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Informatics</td>
</tr>
<tr>
<td>Airway</td>
</tr>
<tr>
<td>CPR/Ischemia/Reperfusion</td>
</tr>
<tr>
<td>Disaster Medicine</td>
</tr>
<tr>
<td>Educational Research</td>
</tr>
<tr>
<td>EMS</td>
</tr>
<tr>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Health Services &amp; Outcomes</td>
</tr>
<tr>
<td>Medical Quality Mgt</td>
</tr>
<tr>
<td>Neurologic Emergencies</td>
</tr>
<tr>
<td>Operations</td>
</tr>
<tr>
<td>Palliative Medicine</td>
</tr>
</tbody>
</table>

*If you are a current member and are just registering for additional academies or interest groups, please select your member type and circle Yes above.

** You may join as many academies as you wish. Prices are as follows: Active/Faculty...$100 Associate/Fellow/YP1/YP2/Emeritus...$50 Resident/Medical Student...$25

Interest Group Selection:

*The first interest group selection is free. Each selection thereafter is $25 per interest group.

Method of Payment: [ ] Check [ ] Credit Card (VS, MC, DC, AX)

Name as it appears on Card: [ ]

Credit Card Number: [ ] Expiration Date: [ ] Security Code: [ ]

Billing Address:
Address Line 1: [ ] Address Line 2: [ ]
City, State: [ ] Zip: [ ]

grand Total: [ ]

Please submit membership application to SAEM • By mail: SAEM 2340 S. River Road, Suite 208, Des Plaines, IL 60018 • By e-mail: membership@saem.org • By fax: 847-813-5450.
FUTURE SAEM ANNUAL MEETINGS

2015
SAEM Annual Meeting
May 12-15
Sheraton Hotel and Marina, San Diego, CA

2016
SAEM Annual Meeting
May 10-14
Sheraton New Orleans Hotel, New Orleans, LA

2017
SAEM Annual Meeting
May 16-20
Hyatt Regency Orlando, Orlando, FL