S A E M

Society for Academic Emergency Medicine Newsletter

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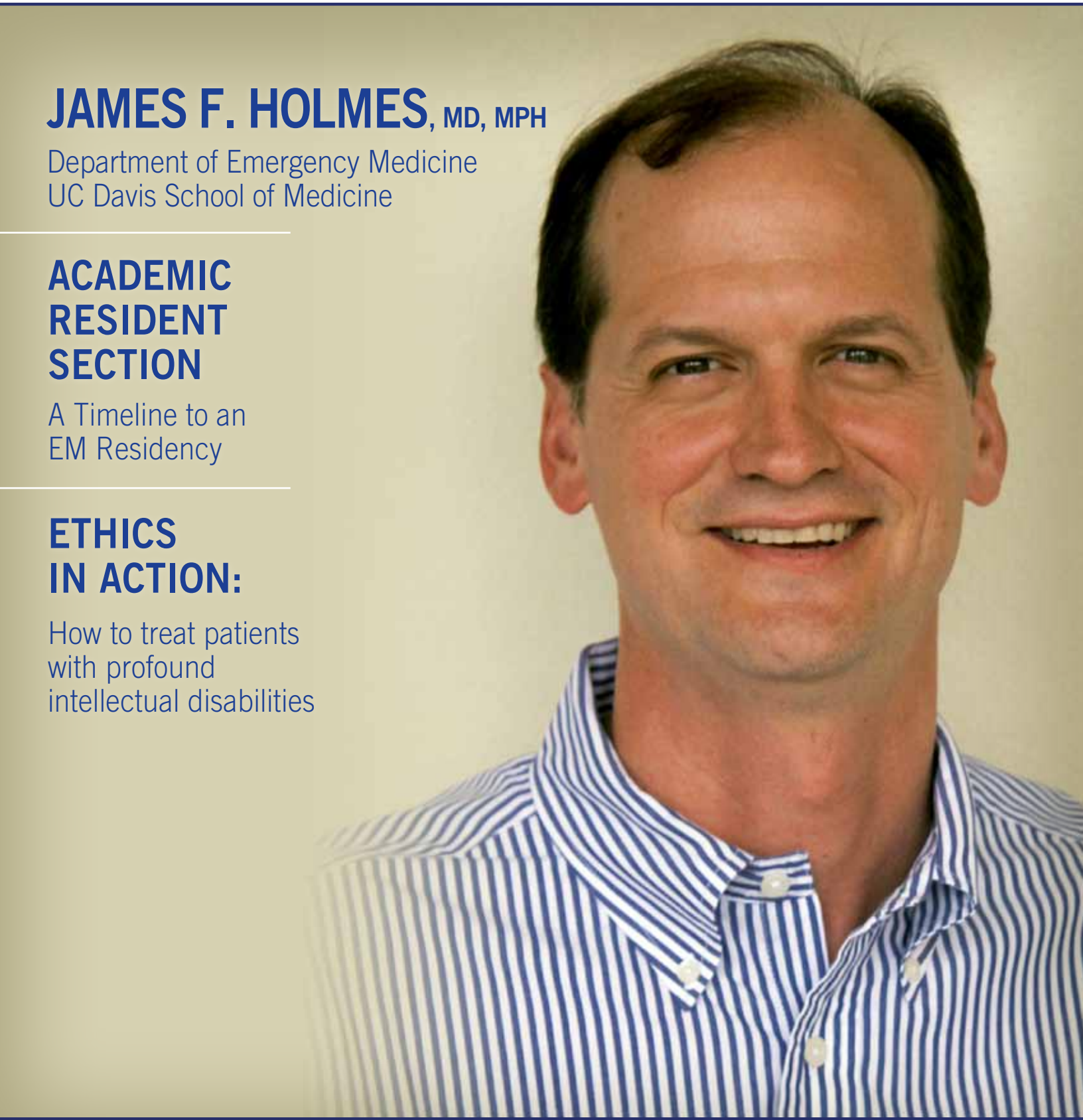

JAMES F. HOLMES, MD, MPH

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ACADEMIC RESIDENT SECTION

A Timeline to an EM Residency

ETHICS IN ACTION:

How to treat patients with profound intellectual disabilities

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

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SAEM MEMBERSHIP

Membership Count as of August 28, 2012

2443	Active	8	International Affiliates
44	Associate	32	Emeritus
1778	Resident/Fellow	9	Honorary
134	Medical Students	**4448**	**Total**

2012 SAEM DUES

$560	Active	**$165**	Fellow
$250	Associate	**$140**	Resident Group
$495	Faculty Group	**$140**	Medical Student
$460	2nd yr. Graduate	**$120**	Emeritus
$335	1st yr. Graduate	**$100**	Academies
$165	Resident	**$25**	Interest Group

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

ADVERTISEMENT RATES

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

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

- **A full-page ad costs $1250 (7.5” wide x 9.75” high)**
- **A half-page ad costs $675 (7.5” wide x 4.75” high)**
- **A quarter-page ad costs $350 (3.5” wide x 4.75” high)**
- **A classified ad (100 words or less) costs $120**

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

We appreciate your proactive commitment to education, as well as to personal and professional advancement, and strive to work with you in any way we can to enhance your goals. Contact us today to reserve your ad in an upcoming SAEM Newsletter. The due dates for 2012 and 2013 are:

October 1, 2012 for the November/December issue
December 1, 2012 for the January/February 2013 issue
February 1, 2013 for the March/April 2013 issue
April 1, 2013 for the May/June 2013 issue
June 1, 2013 for the July/August 2013 issue
August 1, 2013 for the September/October 2013 issue

HEY NEWSLETTER READERS

Are you looking for more from SAEM? More news, reminders, updates, and insight? Then become a fan of SAEM's Facebook page, or follow us on Twitter! Just follow the links on the SAEM homepage to join.

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

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

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

JOIN TODAY.

SAVE THE DATE

2013 SAEM Annual Meeting
May 15-18, 2013 at
The Westin Peachtree Plaza in Atlanta, GA

Program Committee Chair
Christopher Ross, MD

Watch for meeting updates and submission deadlines on the website!
www.saem.org

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PRESIDENT-ELECT'S MESSAGE

A TIME OF CHANGE AND ADAPTATION

Alan E. Jones, MD
University of Mississippi Medical Center

Alan E. Jones, MD

Sometimes in life we find ourselves in positions, situations and circumstances that were unexpected, unknown and even sometimes unwelcome. Part of our biology as emergency physicians is to adapt, overcome, and persevere even in the midst of these life moments. This summer has been a time of change and adaptation for SAEM.

One of the most exciting changes was the hiring of a permanent Executive Director, Ronald S. Moen. Ron served as our Interim Executive Director for 6 months prior to being unanimously supported for a more permanent role within our society. Ron brings a wealth of experience to the organization and has been impressive in his attention to the needs of our society during his short tenure. Ron will focus initially on a web redesign, bolstering member services and creating a more robust office infrastructure. We know that there will be great things to come for the society through Ron's effort.

There have also been exciting changes in the SAEM office this summer. First, the physical location of the office moved down the hall to provide more space and functionality as the society grows. Additionally, plans are well underway for a complete redesign of the SAEM web site. The office staff, several consultants, and a task force of SAEM members are working hard to develop and deploy a new and improved electronic face and platform of the society. I am confident that this technological improvement will move us into a more contemporary position among medical societies. Also, Chris Ross and the SAEM Program Committee are working hard planning the 2013 Annual Meeting in Atlanta, having recently completed a site visit of the venue, planning new and exciting events and anxiously awaiting the end of the didactic session submissions.

This summer held the landmark decision of the Supreme Court of the United States to uphold most provisions of the Affordable Care Act. This decision will have important implications for Emergency Medicine as we will most certainly see the number of ED visits continue to rise as both the demand for care and the pressure on primary care physician's increase. Academic emergency departments will play a critical role in this storm both as large urban clinical care facilities that support the clinical mission of many hospital and university systems and as the training ground for future EM physicians, particularly as the future of GME training and supplementation is being scrutinized.

Our specialty endured a significant loss over the summer with the untimely death of John A. Marx, MD. John was a leader and steadfast supporter of SAEM serving on the board of directors for many years, as the president of the society and more recently on the board of trustees of the SAEM foundation. In honor of John, SAEM contributed to a scholarship fund in his name supporting resident and fellow research at Carolinas Medical Center, where John spent the majority of his professional career. Additionally, the SAEM Leadership Award will be renamed this year the John A. Marx Leadership in Emergency Medicine Award in his honor. John was truly an inspiration to us all and will be missed deeply.

Finally, as reported to SAEM members in a special email the NIH has made official the creation of the OECR (Office for Emergency Care Research). This is a major step forward for emergency medicine and really highlights the efforts of the joint efforts of SAEM and ACEP to affect the agenda of federal funding agencies to recognize and support emergency care research. While many of our members are to thank for having a part in this effort, I would like to extend special thanks to Roger Lewis, Jill Baren, and Chuck Cairns for their tireless efforts on this objective.

As the summer comes to an end and we welcome new faculty, fellows and residents and bid farewell to those that leave us, either temporarily or permanently, let us wish them Godspeed as we look forward to the next set of positions, situations and circumstances that await us all. ◗

EARLY VIEW FOR ACADEMIC EMERGENCY MEDICINE

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

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

EXECUTIVE DIRECTOR'S MESSAGE

THANK YOU FOR A SUCCESSFUL SAEM ANNUAL MEETING

Ronald S. Moen

Summer is usually a time for vacations, for taking life a little easier and perhaps finding a new hobby or activity. But this summer at the SAEM offices in Des Plaines (a Chicago suburb) has been unusually hectic, but all for the good of SAEM. We have just completed a move of the central office. We didn't move very far, just from Suite 200 to Suite 208 at 2340 South River Road, but it is still a move, and I am sure you can all relate to what happens when you move an office or your home. Our phone number remains the same, but we now have a bit more space that meets our need in providing services to you, our SAEM members.

Plans are well underway for a complete redesign of the SAEM web site. Our consultants have conducted extensive interviews with member leaders, did surveys of the membership, engaged in "card sorting" exercises with members, sought input from members during the Annual Meeting in May and sought input from our Web Redesign Advisory Committee. All of these efforts are designed to give direction and codify recommendations to make sure that the design and features of the new site reflect the needs and desires of the membership and our various communities within SAEM. Recently we have asked each of the Academies of SAEM to select a moderator for their Academy who will work with SAEM staff and our vendors to assist in evaluating existing content and in developing the future content for their area of the site. Similar work will be done with committees and other groups to make sure that content from the existing site, as well as relevant information from the previous web site. One of the exciting features of the new site is that it will be of a responsive design. That is, it will work with your desk top, your lap top, your iPod, your iPhone, your Android phone and other portable devices. Stay tuned for more information about the new features that will be incorporated into the site. Thanks to all of you who provided responses to these requests and for the information you gave us.

This summer we have also welcomed a new Director of Information Systems and Administration, Mr. James Pearson. He has an extensive background in project management, web design, AMS system implementation and almost all things IT related. Jim will also begin to work with some of our committees, interest groups and academies as we move forward with the redesign of the SAEM web site.

We are sorry to lose the services of our long time Systems Coordinator, Mr. Neal Hardin. Neal began with SAEM while it was located in Michigan. He later moved to Dayton, Ohio, but continued to work remotely on our IT systems and worked with a number of our groups. You usually saw Neal behind registration at the SAEM Annual Meeting where he enjoyed face to face interaction with so many of the members he has worked with over the years. Neal is moving on to become a Network Engineer with a major company in the Dayton area and we wish him well in his new endeavor and thank him for his many years of service to SAEM.

We are equally sorry to lose the services of another long time employee, Ms. Sandy Rummel. Sandy began work as an Executive Assistant to the Executive Director and over the years transitioned to become our Education Coordinator. In this role she was critical to the implementation of the OASIS system which is utilized to process the didactic and abstract submissions for the Annual Meeting. Working with the program committee, she interacted with hundreds of our members every year in the review process and made sure that all was in order for publication of those sessions in both the Program Brochure and in Academic Emergency Medicine. Sandy is taking a position with the Department of Child Welfare for the State of Michigan and will be working from their office in Lansing, Michigan. We wish Sandy well and thank her as well for many years of dedicated service to SAEM.

As reported to the members in a special email, "the creation of the OECR (Office for Emergency Care Research) is a major step forward for emergency patients whose illnesses and injuries cross the whole spectrum of medicine, from neurology to trauma to pediatrics," said Debra Houry, MD, MPH, immediate past-president of SAEM and current chair of the SAEM Foundation. For more detailed information on the OECR, please turn to page 16.

ACADEMIC EMERGENCY MEDICINE ON THE WILEY ONLINE LIBRARY PLATFORM

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

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

MEMBER HIGHLIGHT

JAMES F. HOLMES, MD, MPH

Dr. James (Jim) F. Holmes is a Professor of Emergency Medicine and the Research Fellowship Director in the Department of Emergency Medicine at the University of California, Davis in Sacramento. His research is primarily focused on the care of trauma patients in the Emergency Department. He is also involved in teaching Emergency Medicine research skills to young researchers.

Shortly after his birth in Northern California, his parents moved to a suburb of New Orleans where he spent the remainder of his childhood years. He received his medical doctorate from the University of Alabama, School of Medicine. He completed his clinical training at the UC Davis Emergency Medicine residency program and served as Chief Resident in 1996-1997. Although he had an interest in research and was exposed to clinical research during medical school, his commitment to a research career was not solidified until he conducted clinical research during his last two years of residency. At the completion of his residency, he joined the faculty at UC Davis where he currently practices.

His research career has focused on the initial evaluation and care of injured patients. Outstanding mentorship, primarily from Nathan Kuppermann, MD, MPH, has been instrumental in Dr. Holmes' research career. His research success can also be attributed to receiving the SAEM Research Training Grant. This award provided two years of protected time, and with the combination of an additional year provided by the Department, he was able to build his research foundation. Furthermore, data obtained during his SAEM Research Training Grant was instrumental in obtaining grant awards from both the Centers for Disease Control and the Emergency Medical Services for Children. His research has focused on appropriate resource utilization in trauma patients, including the development of clinical prediction rules for computed tomography use in a variety of traumatic conditions. In addition, Dr. Holmes is one of the two co-Principal Investigators on a National Heart, Lung, and Blood Institute funded K12 Emergency Medicine Research Training Program. This five year award is geared to training the next generation of Emergency Medicine researchers and is currently training its first year of scholars. He is looking forward to the future research success of the scholars from the six K12 programs.

Dr. Holmes has been active in SAEM since attending his first national SAEM conference in 1996. He has been a member of both the SAEM Research and Grants Committees and is currently serving in the second year as the Grants Committee Chairman. In addition, he has been a member of the Academic Emergency Medicine Editorial Board since 2004.

Dr. Holmes has recently developed an interest and commitment to International Emergency Medicine. He has been involved in the development of Emergency Medicine in several countries, most recently spending several months working in the Colonial War Memorial Hospital in Suva, Fiji. During this time, he helped the Fiji School of Medicine in its development of an Emergency Medicine training program. He considers International Emergency Medicine to be the next great challenge for Emergency Medicine as developing countries with limited resources try to advance their emergency and disaster care capabilities.

Dr. Holmes and his wife, Cindy (an Emergency Medicine physician as well), have been married for seven years and have two children, Kaitlyn, age 4 years and Audrey, age 3 years. ◗

SAEM WEB SITE REDESIGN

James Pearson

Part 1: Strategy and Techniques

This is the first of three articles discussing the SAEM website redesign.

The first article will discuss the strategy and techniques used to redesign the site.
The second article will review the data that as collected and how it was applied to the new site design.
The third article will review the completed site and highlight key features.

Earlier this year SAEM began a project to reinvigorate the current association website, SAEM.org. The project included member-based SAEM Website Advisory Committee (WAC), SAEM staff and .orgSource, a local, Chicago-based company that specializes in association websites and online media strategies. The team created a plan to update the site based on SAEM member input which would drive the site design, navigation, content, and functionality. This site would then serve as the platform for future SAEM online endeavors.

In conjunction with the site development, the team is also working on a separate, but related project to create an online member community that will provide members with discussion forums that are combined with email LISTSRV functionality, directories, wiki's, event calendars, and document repertories– think of it as a mashup between SharePoint and Facebook/LinkedIn. The community platform will engage members in areas of profession, personal and society interests. Like many social media products, the community will provide tools for all members to create unique content areas and generate grassroots movements to better the profession, the association and their own interests.

Data Collection Techniques

To determine member insights, a number of data collection methods were used to determine members opinions, usage, feedback and experience on the SAEM website and related technology. These instruments included: interviews and focus groups, a survey to all members, a card sort exercise, usability testing, and website analytics

Interviews and Focus Groups

.orgsource conducted interviews of current SAEM members regarding their opinions of the SAEM web site, and suggestions for improvement. The interviews were all done over the phone to 12 members and the focus group session was held at SAEM 2012 Annual Meeting. The members all had varying levels of involvement with the association and familiarity with SAEM's online presence. The questions focused on attitudes regarding the members' general impressions and experiences using saem.org, as well as their future expectations for the website.

The interviews and focus groups began with general questions regarding the type of devices that individual members used to access the SAEM websites. Interviewees also were asked the frequency with which they access a variety of services on the website. Interviewees had experience with features such as learning about, or registering for events, and educational opportunities; finding information about an organization, colleagues, or residency and fellowship programs; viewing job listings; accessing publications; participating in committees or interest groups; or checking their membership profile/status; or, accessing SAEM services.

Survey

Following a pretest of the survey instrument, a link to the online survey was sent to the entire SAEM membership in April 2012. A follow-up email was also sent to remind members of the opportunity to provide their input. The email was successfully delivered to 4,577 members, 217 of whom responded comprising 4.7% of the individuals to whom the email invitation was successfully sent. However, there was a considerable drop-off in respondents following the first two questions regarding length of time in practice and frequency of using the SAEM website. Approximately 45 to 50 individuals failed to respond to each of the subsequent questions in the survey. Given the low response rate, results were interpreted cautiously

Card Sort Exercise

The goal of the card sort exercise is to provide an understanding of how the website users expect information to be organized. It is a reliable method for learning patterns in how users expect to locate content or functions on a website. Results provide valuable data for designing the site's top-level navigation and overall information architecture–the method of organizing and labeling content within websites.

Respondents to the card sort were asked to sort 71 terms describing content contained on the SAEM website into groupings that made sense to them. They also were asked to provide a label for each group of terms that they constructed.

The card sort was administered in April 2012 using WebSort, an online card sorting tool. An invitation to participate in the exercise was sent via e-mail. A total of nine staff and 11 members participated in the card sort.

Usability Testing

.orgSource conducted usability testing with twenty-six SAEM members at the SAEM Annual Meeting in Chicago. The usability testing followed a script focusing on attitudes regarding the members' general impressions about two different layout mockups. All interviewees were existing members of SAEM with varying levels of engagement and familiarity with SAEM's online presence.

The usability testing began with general questions regarding impressions of two homepage design mockups. The pattern of responses suggested that both of the designs resonated with the membership and there are components of each design that should be incorporated into the site redesign. Following the review of the design mockups, participants were asked to review navigation and terminology and share their opinions about what they would expect to find in each of the site sections. Members were also asked to share their additional feedback about the SAEM Web site.

Website Analytics

Google analytics was used to analyze SAEM.org website traffic for a five month period from, October 1, 2011 through February 29, 2012. The data was used to determine popular content sections on the site.

General results of data collection methods will be summarized in a future article. ◗

ACADEMIC RESIDENT SECTION

A TIMELINE TO AN EM RESIDENCY

Joel Brooks, MSIII
Chicago College of Osteopathic Medicine at Midwestern University

Life is about choices and decisions. For a 1st and 2nd year student interested in emergency medicine, there are a number of opportunities available to become involved in the field. Spending some time in your school's or a local emergency department allows you to gain firsthand experience. Volunteering for a research project could develop connections in the field. Many medical schools have EM interest groups and clubs to promote awareness of the field. These groups often offer clinical skills laboratories in different procedures to enhance your knowledge in the skills you will need. I recently attended an ultrasound clinic sponsored by my school's EM interest group and gained skills that would have been helpful to have on several of my 3rd year rotations.

There is a wealth of free online resources available for students including the Society for Academic Emergency Medicine (www.saem.org), American Academy of Emergency Medicine (www.aaemrsa.org), Emergency Medicine Residents Association (www.emra.org), and American College of Emergency Medicine (www.acep.org). These are national organizations students can join and network with leaders in the EM community and fellow students. Each organization has a website that offers useful information on the application process, but a membership fee may be charged to become an official member. The AAEM offers a free 1-year trial membership and I would recommend it to any student considering EM. Individual programs also provide useful information; one I especially liked was the Vanderbilt EM Interest Group's website which offers useful tips and a timeline for those interested in EM (www.mc.vanderbilt.edu/root/vumc.php?site=emig&doc=10623).

Many schools offer a mentor program allowing you to pursue a more one on one relationship in EM. Finding a mentor is an important aspect of your training and they will be able to help you in the future. Your mentor should be someone familiar with the process of applying to an EM residency and someone you can trust, whether he/she is a faculty member at your school or a community physician. Students can also sign up for SAEM's free virtual mentorship program (www.saem.org/e-advising). A mentor can provide an honest assessment and feedback in addition to keeping you on track.

As a 3rd year, it's important to keep an open mind and maximize all your rotation experiences. At this stage, some students have decided on a specialty while others (like me) are faced with a serious decision requiring us to weigh the pros and cons of each field. As you successfully complete a rotation, request a letter of recommendation. Students should discuss their options with their advisors and keep in touch with them as they can provide advice and give feedback.

EM has become a very competitive specialty and if you are contemplating applying for the residency, you need to become more committed to the process. Whether you are considering or have chosen EM, take advantage of your 3rd year schedule and spend some time following an EM physician when you have time off.

If you're considering EM, it's important to start planning your 4th year schedule in early February/March as these spots fill up fast. Many sites will not allow 3rd year students to rotate in the ED so students may not get experience before their 4th year. If your school has a required 4th year EM rotation, schedule it as early as possible. If you are unable to do that, try to schedule an

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elective rotation in EM at the start of 4th year. Strong letters of recommendation from EM faculty are extremely important factors in your application. Ask for a letter of recommendation upfront and inform them that this is your audition. While on your EM rotation, ask yourself, "is this right for me?" and strive to showcase your abilities. It can change the way they evaluate you and it will put you in a good mindset.

Students, whether MS1 or MS4, should consider attending local, regional and national conferences presented by various organizations. Review the events and presentations prior to registering for a conference to determine if the curriculum will benefit you. Some conferences offer a free or reduced fee day for students. Consider joining an organization as members receive a reduced admission which may be more cost effective than paying the nonmember rate. This past May, I attended my first national conference for the SAEM and had an amazing experience networking with other students, residents, and program directors from around the country. SAEM dedicated a day especially for medical students to discuss the entire process from application to admission in EM. Two important upcoming conferences this year will be sponsored by ACEP and AAEM. The ACEP conference will be located in Denver from Oct. 8-11. It will feature a residency fair on the 8th. Having just experienced my first residency fair in May, I can honestly say it's a great opportunity to meet residents and program directors.

When you enter 4th year it is time to make all the decisions that you might have been putting off. If you are like me, you might feel under pressure to take step 2 boards, write your personal statement, complete the ERAS application, and prepare for the residency interview.

The timing of when to take your step 2 boards is a subjective decision, but there are a few factors to consider. For example, do you feel you need your step 2 score to supplement a lower step 1 score or vice versa, did you perform well enough on step 1 that you feel you can apply without step 2 scores? Further considerations include: are you a DO candidate who wants to take the COMLEX and USMLE? Do you have time off or a lighter rotation that will allow you to study for boards over the summer or do you need to devote more of your time to an audition rotation(s)?

Many students are familiar with the USMLEWorld website because of their board preparation question banks, but the website also contains useful information for writing your personal statement (www.usmleworld.com/Residency/personal_statement.aspx). The American Medical Association also offers tips on writing personal statements under the medical student section (www.ama-assn.org). Some additional advice I have received at symposiums for EM was to keep the personal statement short and focused. Keep it down to 1 page and remember that individual facts about yourself are already included in the rest of your ERAS application. Another important aspect is to ensure that there are no grammatical errors. While this may seem obvious, enough physicians have commented on it to suggest that it is a common grievous mistake made by many applicants.

The Electronic Residency Application Service (ERAS) can be found at http://www.aamc.org/students/medstudents/eras/ and students can begin to fill them out on July 1st. This website is fairly easy to navigate and provides stepwise instructions for applicants. It also offers a general timeline that medical students

can follow (http://www.aamc.org/students/medustudents/cim/cim_timeline/). To begin, a student must obtain a token from their dean's office to create an account and begin filling out their ERAS form. Once completed, the form can be submitted on September 15th. Some residencies will begin to review applications before the Medical Student Performance Evaluation (MSPE, formerly the Dean's letter) while others will prefer to wait for its release on October 1st. The general consensus amongst attending physicians and residents is to finish your applications quickly and thoroughly. Begin working on a CV throughout medical school to facilitate filling out the ERAS application. Remember to pace yourself during this process; it's a marathon, not a sprint.

The application is submitted and now it's time for the interview. This can be daunting as we are told it is the most important aspect of a programs' evaluation of our application. I have heard that all the other factors are just used as a minimum criterion while the interview decides whether a program will rank a student or not. It is easy to get nervous and try to portray ourselves as the type of candidate we think the program wants instead of being ourselves. To this end, I believe Shakespeare said it best, "To thine own self be true". The interviewers are very experienced and can easily spot insincerity, but more importantly, you're evaluating them just as they are evaluating you. If you can't be yourself or can't see yourself fitting in, then it is possible this is not the right training program for you. Enter an interview with confidence, own your strengths and weaknesses because they are part of who you are and make you unique. In the end, you are trying to show them what makes you special and what you can bring to the team. Then, it is their turn to show you the kind of physician they can help mold you to be. Interviewing can be an expensive process so remember to save money for travel and try to group interviews in the same region together.

Whatever decision you make, embrace it. From one medical student to another, I wish you all the best of luck on whichever path you choose and in your future career. ◗

ETHICS IN ACTION

Arvind Venkat, MD
Director of Research, Department of Emergency Medicine, & Ethics Consultant, Allegheny General Hospital, Pittsburgh, Pennsylvania
Associate Professor of Emergency Medicine, Drexel University College of Medicine and Temple University School of Medicine

CASE PRESENTATION

A 45 year old male with profound intellectual disability (IQ<25) presented to the emergency department following a respiratory and cardiac arrest at his long-term intermediate care facility. Per staff at the facility, the patient was in his usual state of health when he suddenly became cyanotic and experienced respiratory distress and arrest. On arrival to the ED, the patient had a return of spontaneous circulation, but was hypotensive and hypoxic. After airway suctioning and intravenous fluid provision, the patient's vital signs improved. Due to a high inpatient census, the patient remained in the ED for an additional five hours following admission to the ICU service during which time he was noted to have abdominal distention. Repeat radiographic imaging was ordered that showed evidence for bowel perforation and free abdominal air. General surgery was immediately consulted. Their consult suggested that operative treatment was the only likely option for curative management but that the odds of success were low given the patient's previous cardiopulmonary arrest and poor nutritional and functional status.

The patient's closest living relative was his sister. When informed of the clinical situation, she requested that surgery not be performed and that palliative care measures be instituted. She and other family members had noticed a marked deterioration in the patient's overall condition over the last year, with repeated hospitalizations and worsening functional status. The patient's family, prior to this event, had planned to discuss with his facility the initiation of hospice measures for the patient.

The intermediate care facility was also informed of the patient's condition. The patient had been resident at this facility for nearly 40 years, and the facility had the authority to consent to emergency treatment measures. The facility's management took the position that given that the patient had never had the ability to express his wishes in these circumstances, the presumption should be that the patient would want attempts at curative treatment through surgery. In addition, the facility cited regulation, court precedent and other legal authorities that they interpreted as preventing the sister from refusing consent to surgery.

To resolve this impasse, emergency ethical and legal consultation was requested.

DISCUSSION

This case presents a number of ethical and legal issues of interest to emergency physicians. The first issue surrounds who should serve as the surrogate decision maker for the patient. The patient himself never had the capacity to make medical decisions on his behalf or the ability to designate a surrogate decision maker. For patients such as this who are residents of a long-term care facility, it is common that, with improved longevity, the facility serves as de facto guardian of the patient. Yet as a practical matter, the family would ultimately be responsible for the patient, both in terms of having the ability to remove the patient from the intermediate care facility and the requirement to care for the individual if after surgical intervention, the requirements for rehabilitation were beyond the capacities of the intermediate care facility.

The second issue raised is how to judge the appropriate course of action for a patient who never had the ability to express for himself what he would want with regard to medical care in this situation. In ethical parlance, what is required is a judgment of the patient's best interests. In this case, those best interests may lie in the preservation of life or in a broader understanding of how surgical intervention would likely subject the patient to suffering with a low probability of success and thus place the patient's dignity at risk.[1,2]

The final issue is whether legal mandates might require attempts to preserve the life of the patient through surgical intervention. In this jurisdiction, provisions in state law and a state supreme court case seem to indicate that in the profoundly intellectually disabled, a presumption should be made to initiate life-sustaining treatment.[3,4] Whether that would extend to surgical intervention or just apply to those treatments that maintain critical bodily functions, such as ventilators or temporary pacemakers, is unclear. No provision of state law mandates invasive procedures such as surgery without informed consent in these circumstances.

CASE OUTCOME AND LESSONS LEARNED

The opinion of the ethics committee and the legal department at this institution was that the family was appropriately the surrogate decision maker for this patient and that it fell within the best interests standard to not subject the patient to a surgical intervention with a high likelihood of complications and a limited likelihood of success. The patient was admitted under palliative care measures and died shortly after.

Among the lessons learned in this case are that the particulars of the case matter in performing an ethics consultation. In this case, an easy position would be to assume that preservation of life should be preferred in a patient who had never had the ability to express his wishes regarding end-of-life care. However, to ignore the particulars of the patient's recent functional deterioration and the low likelihood of surgical success would be to violate the axiom that "good facts make good ethics". Another lesson learned is that emergency physicians and ethicists need to consider how improved longevity in patient populations who previously were short-lived may change the moral calculus of how medical decisions are made on their behalf. Finally, this case indicates that ethics committees and consultants need to be prepared for emergency cases where quick recommendations must be given. Without timely responsiveness, ethics consultation may be deemed irrelevant in the most exigent circumstances.

ACKNOWLEDGEMENT

This discussion is based on: Arvind Venkat, "Surrogate Medical Decision Making on Behalf of the Never Competent, Profoundly Intellectually Disabled Patient Who Is Acutely Ill," Journal of Clinical Ethics, Volume 23, Number 1, Spring 2012, 71-78. ◗

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JOHN A. MARX M.D. – *March 11, 1950 to July 1, 2012*

Ron M. Walls, MD

John A. Marx, MD

I thought it would go on forever. John Marx, charismatic leader, humanist and humorist, compassionate and brilliant clinician, dedicated scientist, nurturing mentor, selfless and loving father, tenacious athlete, dexterous juggler, hysterical jokester, sartorial trend setter, courageous warrior, and unflinchingly loyal friend, departed with uncharacteristically bad timing in the late afternoon of July 1, 2012. Effortlessly compared to the great leaders and founders of our specialty, John, unquestionably, was the giant of his academic generation. Just as Peter Rosen and the dauntless pioneers of emergency medicine had clawed their way to the threshold of a new clinical specialty, John's generation was charged with transforming this nascent discipline into a legitimate and credible academic enterprise. As members of the establishment of academic medicine sniffed skeptically from the sidelines, John inspired an enthusiastic but unsophisticated generation of accidental academics to the highest form of intellectual alchemy. With an unwavering commitment to rigor, accuracy, and quality, driven by a truly incomparable work ethic, John molded the new breed of academic emergency physician now taken for granted by trainees and young faculty members.

John Marx was born and raised in White Plains, New York, one of three boys who shared life, sports, and an apparently unending series of shenanigans. His older brother, Geoffrey, and his twin brother, Gerald, by all accounts relentlessly prepared John for the trench warfare that would characterize his early days in emergency medicine. A New York Regents' Scholar, John headed west in 1968 to attend the University of California, Berkeley where he was selected Phi Beta Kappa and a California Regents' Scholar. He attended medical school at Stanford as a California State Graduate Scholar and was recruited in 1979 to Peter Rosen's new residency training program in emergency medicine at Denver General Hospital. Selected as Chief Resident in his senior year, John remained on faculty at Denver General for 11 years, rising to Associate Director of Emergency Medical Services. In Denver, he collaborated on groundbreaking research in trauma and critical care. With E.E. (Gene) Moore and others, John elucidated the role for diagnostic peritoneal lavage, particularly in the context of newly emerging computed tomography studies. He studied critical aspects of resuscitation, shock, and trauma care, becoming one of the first emergency physicians to translate new scientific knowledge from the bench to the bedside, now the hallmark of effective clinical research. His insatiable intellectual curiosity and brilliant creativity drove research innovations spanning the broad spectrum of emergency medicine but remarkably, his greatest talent was as a clinician, mentor, and leader. He inspired his students and residents to the highest levels of clinical performance, scholarly knowledge, and compassion. As an attending emergency medicine specialist, John's encyclopedic knowledge of physiology and patho-physiology defied comparison. Many budding emergency physicians entered John's universe with plans for a community career, only to be drawn inexorably into his academic orbit; the gravitational grip of his intellect so large as to influence trajectory over a lifetime and at distances of thousands of miles.

As his academic and personal prowess accelerated exponentially, it was inevitable that he would be on the short list of every academic chair search and Carolinas Medical Center in Charlotte, North Carolina, recruited him as Chief and Chair of the Department of Emergency Medicine in 1991. At CMC, he inherited an established, but unknown, clinical emergency medicine department and training program. Within a few short years, through recruitment and development of brilliant young academic emergency physicians, and establishment of the highest standards of clinical care, teaching, and scholarly work, he raised the profile and reputation of his department to among the highest in the country. Throughout, John's love and passion for clinical emergency medicine and his deeply held compassion for those without privilege in our society continued to inspire increasing numbers of medical students, residents, and faculty as he set a seemingly unattainable standard as a person, a clinician, and scholar.

Nationally, John received virtually every award and honor the specialty has to offer. He was honored twice by the Society for Academic Emergency Medicine, receiving the Hal Jayne Award in 1991 and the Society's Leadership Award in 2006. The American College of Emergency Physicians awarded John the Outstanding Contribution in Education Award in 2000 and the American Academy of Emergency Medicine followed with the David K. Wagner Award in 2004. He received innumerable teaching awards and the Denver Affiliated Emergency Medicine Residency created the John A. Marx Master Teacher Award in 1991. He was a highly sought after keynote speaker at national and international scientific symposia and an invited visiting professor at over 35 institutions. He served as Associate Editor then Editor-In-Chief for Rosen's Emergency Medicine. In the latter role, he guided the book through four successive editions, the same number edited by Peter Rosen himself, and was instrumental in reshaping its content, format, and impact. John was Editor-In-Chief for emergency medicine for UpToDate, and Associate Editor for Journal Watch Emergency Medicine. He was a tireless peer reviewer and received awards as outstanding reviewer from multiple journals on multiple occasions. He continued to produce first class research and publications, all the while serving in the consuming role of department chair and carrying a substantial clinical load.

Despite the richness and enormous scope of his academic and clinical life, John's heart always was with his children, Shelby and Connor, whom he adored endlessly and his beloved wife, Karin, with whom he found extraordinary peace and happiness. He treated residents, faculty, and colleagues as an extension of this family, seeming to have unending time and energy to listen, advise, cajole, help, protect, counsel, and share. John truly had an engaging wit, a mischievous love of pranks and practical jokes, and an unbridled sense of adventure. He was a collector, reader, movie buff, and sports fan. There was no better or more engaging person with whom to share a conversation, a project, a worry, a triumph, or a single malt scotch. I thought it would go on forever. ◗

SAEM SEEKS AWARD NOMINATIONS FOR 2013

The Awards Committee would like to consider as many exceptional candidates as possible. For submission information, please see our web site (www.saem.org) – select Education & Careers and then Awards

Young Investigator Awards
Deadline: December 12, 2012

SAEM chooses as many as three (3) awardees for the Young Investigator Award each year. This award recognizes those SAEM members who have demonstrated commitment to and achievement in research during the early stage of their academic careers. The Society's core mission includes the creation of knowledge, and this award recognizes those who have achieved early success in this sphere.

Master Clinician Bedside Teaching Award
Deadline: December 12, 2012

SAEM introduces the inaugural Master Clinician Bedside Teaching Award. This award recognizes emergency physicians whose primary responsibility is clinical teaching in an emergency medicine residency program setting, and who are regarded by current residents and residency graduates as master clinician educators who have profoundly influenced their clinical practice.

Excellence in Research Award
Deadline: January 9, 2013

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

Hal Jayne Educational Excellence Award
Deadline: January 9, 2013

SAEM seeks nominations for the Hal Jayne Educational Excellence Award. Complimentary to the Research Award, this award is presented to a member of SAEM who has made outstanding contributions to emergency medicine through the teaching of others and by improving our knowledge base regarding the teaching of learners.

Advancement of Women in Academic Emergency Medicine Award
Deadline: January 9, 2013

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

The John Marx Leadership Award
Deadline: January 9, 2013

SAEM seeks nominations for the John Marx Leadership Award, renamed in honor of one of the great leaders of our specialty. This award honors a SAEM member who has made exceptional contributions to emergency medicine through leadership – locally, regionally, nationally or internationally.

MASTER CLINICIAN BEDSIDE TEACHING AWARD

DEADLINE: DECEMBER 12, 2012

In the wake of the 2012 SAEM Consensus Conference on Education Research, the Society has introduced a new award, the "Master Clinician Bedside Teaching Award". The award was developed by the GME Committee to recognize emergency physicians with exceptional bedside teaching skills who are regarded by their current and prior residents as master clinician educators who have profoundly influenced clinical practice. The nominees should be affiliated with an EM residency program, have a minimum of 10 years experience as teaching clinicians, and be active SAEM members.

SAEM wishes to set the highest standard for clinical education by highlighting outstanding clinical educators with this prestigious award. The application requires (1) a nominating letter from the nominee's Chair or Residency Program Director that includes testimonials from at least five recent graduates of the program, including at least two graduates who are five or more years post training; (2) a letter of support from the current residents, and (3) bedside teaching ratings and evaluations. Although the award focuses on residency education, evidence of excellent teaching of other groups, including medical students, nurses and nursing students, non-EM residents, EMTs, and members of the community is strongly encouraged.

Please see the SAEM webpage for more details (http://www.saem.org/awards-nominations).

Academy for Women in Academic Emergency Medicine

AWAEM - Who we are, what we do, and why we exist.

Beginning

- Created in 2009 as a result of recommendations of a task force created by then SAEM President Glenn Hamilton to examine the status of women in academic emergency medicine

Why We Became an Academy:

- Promote a forum for exchange of information and networking among women in academic EM
- To exist as a group with expertise on matters relating to women in academics which can be called upon by organizations seeking advice or recommendations
- To speak as a unified voice on matters pertaining to women in academic emergency medicine

Mission:

- To promote the recruitment, retention, advancement and leadership of women in academic emergency medicine throughout their careers

Accomplishments:

- Formation of committees/task forces active in Education, Research, Mentoring, Wellness, Medical Student Outreach, Emergency Medicine Resident Support, and Global EM
- Promote education and research on women's health and careers, and gender-specific medicine
- Recognition of outstanding women with awards celebrating their accomplishments
- A newsletter (AWAEM Awareness) published bi-monthly
- Establishment of a member communication forum on PBworks

Membership: Open to any member of SAEM

"Bring a Friend"

AWAEM members:

If you find value in your membership, tell a friend and ask her to join!

"There is a rich environment of networking and mentoring as committee members plan activities, discuss issues pertinent to women in academic emergency medicine, and tackle problems relevant to achieving a fulfilling career while attaining personal goals. Perhaps the most valuable accomplishment of AWAEM is the provision of a forum for communication and networking, a forum that AWAEM is working hard to provide to all its members."

Gloria Kuhn, DO, PhD
AWAEM President, 2012-2013
gkuhn@med.wayne.edu

Mark your calendars!

15th Academic Emergency Medicine Consensus Conference on Gender-Specific Research in Emergency Medicine: Investigate, Understand & Translate How Gender Affects Patient Outcomes

Sponsored by AWAEM, Wednesday May 14, 2014 in Dallas, TX

- **Purpose**: to increase our specialty's ability to recognize and methodically study how gender affects patient presentation, management and outcomes for diseases common to EM
- **Format**: keynote speaker, lectures led by an interdisciplinary, nationally recognized group of content experts, interactive facilitated workshops and an audience that will vote on consensus issues
- **Focus:** clinical domains that form the core of EM clinical and research practice such as Cardiovascular, Cerebrovascular, Trauma, Mental Health, Substance Abuse, Pain management and Resuscitation/Sepsis.
- **Funding:** If you know of a foundation or industry that might be supportive of this project please contact conference co-chairs:
- Marna Greenberg, DO, MPH Marna.Greenberg@lvh.com or
- Basmah Safdar,MD basmah.safdar@yale.edu

Regional Advisory Committee

- **Launching a new leadership program** with a goal to bring together strong women leaders in EM from around the country who can serve as mentors to developing residents and medical students
- Senior mentors in each region will be coordinating an annual event at each of the 8 SAEM Regional Meetings to bring together women leaders in EM to network and learn from one another
- We are still looking for more senior and junior faculty to serve as mentors to help create a database of women faculty mentors and resident and medical student mentees
- **Interested**? Contact Christa Brink, BCM EM Administrative Intern at danielle.christa.brink@gmail.com

CDEM ACADEMY:

Advancing Medical Student Education And Supporting Em Educators

The Clerkship Directors in Emergency Medicine (CDEM) Academy, formed in 2008, was the inaugural Academy within the membership of the Society for Academic Emergency Medicine (SAEM). CDEM is comprised of medical student educators both nationally and internationally who are committed to enhancing EM undergraduate education. Through the support of SAEM, and the dedication of countless EM clinicians and educators, CDEM has grown into an organization internationally respected for attention to and leadership in undergraduate medical education.

CDEM's broader mission includes:

- Advancing the education of medical students as it pertains to the specialty of emergency and acute care medicine;
- Serving as a unified voice for EM clerkship directors and medical student educators;
- Providing a forum for EM clerkship directors and medical student educators to communicate, share ideas, and generate solutions to common problems;
- Fostering undergraduate medical education research;
- Fostering the professional development and career satisfaction of EM clerkship directors and medical student educators;
- Fostering relationships with other organizations to promote medical education.

To date, some of CDEM's many accomplishments include:

CDEMcurriculum.org and Online Resources. CDEMcurriculum.org is an online treasure trove of EM student curricular offerings, and was designed and implemented by a nationally representative group of CDEM members. Multiple online self-study modules were created based on published guidelines developed by the national curriculum task force (another CDEM project). Used widely in clerkships, these modules provide a framework for students and educators alike in their study of EM. This site also includes links to EM-based social media offerings, as well as an academic EM blog and interactive cases developed by Michelle Lin, a founding CDEM member. Additionally, several open-access simulation cases designed for use with medical students can be found on the CDEM website (through saem.org). As an academy, CDEM also has an online home on the saem.org website, and our members have been actively involved in working with SAEM to improve the website's overall functionality for ease of use to its many members.

The National EM4 Exam. Developed by key CDEM members, the National EM M4 Exam was first made available in August of 2011 as a 50-question multiple choice exam that covers curricular topics from the suggested EM clerkship curriculum, with material found at www.cdemcurriculum.org. To date, the exam has been administered to nearly 2,000 students from 54 EM clerkships nationally, with a mean score of approximately 80% (SD 3.9). The first version was made up of the highest quality questions from SAEMTests.org and underwent review and revisions to assure curriculum coverage and importance of topics. Due to the success of this exam, a second version is now available as well. Email Corey Heitz, Emily Senecal, or Mike Beeson for more information.

Clerkship Primers and Handbooks. Through extensive collaboration, CDEM members have published informational guidebooks for students starting an EM rotation; the educators who direct EM clerkships; and the coordinators who keep them running smoothly. These primers are invaluable aids, and serve as the definitive resources for anyone involved in EM student education. They are extensively used and available in both online and print form.

Innovative Programs at National EM Meetings. Each year, CDEM puts on a series of educational programs at national EM meetings (CORD, SAEM, and ACEP). Offerings have included presentations on curricular innovations; nationally recognized educator keynote speakers; and practical panel discussions on topics important to clerkship directors. Presentations from these conferences have been published in several academic journals, furthering the advancement of EM educational research.

Collaboration with Educational Organizations. CDEM is one of eight member organizations of the Alliance for Clinical Education (ACE), a group that represents clerkship directors in the core fields of undergraduate medical education. CDEM is the first and only non-founding member group to apply to become a member. ACE provides CDEM and its members with opportunities for collaborative research, education, and advocacy together with our clerkship director counterparts in IM, FM, Surgery, Pediatrics, OB/Gyn, Neurology, and Psychiatry.

CDEM is also partnering with an innovative online university to provide materials for use by EM students and educators all over the world. Through this collaboration, we hope to set the global standards for EM undergraduate education, applicable to a variety of settings and learners.

Through partnership with the Academy of Women in Emergency Medicine (AWAEM), CDEM participated in a video project that seeks to increase the awareness of EM as a specialty to female medical students. This, along with our national and international efforts, further enhances our mission of advancing the education of all medical students who are interested in or exposed to EM.

Membership Benefits. CDEM counts 85 EM clerkships, 165 educators, and 40 EM clerkship coordinators among its membership. Some of the many benefits of joining include the ability to network with like-minded academic EM educators; participate in multi-institutional projects; participate in development of a national EM student curriculum and exam.

CDEM provides an opportunity for EM clerkship directors and medical student educators to join forces, collaborate, and become a unified voice at the national level. We welcome any EM undergraduate educator to become a member and see all that CDEM has to offer to further careers, knowledge, and our specialty as a whole. ◗

RESEARCH CAREER DEVELOPMENT K12 TRAINING PROGRAMS OFF TO A STRONG START

By Chadwick D Miller, MD, MS; Daniel Nishijima, MD, MAS; D. Mark Courtney, MD

In July 2011, the National Heart, Lung, and Blood Institute funded six training programs to train and develop the next generation of emergency care researchers over a five year period. These programs have completed their first year with the first cohort of trainees beginning in July 2012. The programs offer two years of mentored, structured research training, with each program having specific areas of focus. The SAEM Research Committee recently conducted a survey of each program to inform SAEM members of program successes and progress over the first year. All programs responded to the survey.

Each program was asked to identify their content areas of focus and current K12 Scholars.

Mount Sinai Hospital: Improving outcomes for ED patients with acute chest pain, cardiac arrest, acute lung injury and shock; decreasing mortality & morbidity in ED patients with sickle cell disease; and eliminating disparities in ED cardiovascular care, particularly ED management of ischemic chest pain and hypertension.

The 2012 K12 Scholars are Jeffrey A. Glassberg, MD, MA; and Ka Ming Gordon Ngai, MD, MPH.

Oregon Health and Science University: Translational research, from pre-clinical work on animal models or cells through clinical trials and health services research. The OHSU Center for Policy and Research in Emergency Medicine (CPR-EM) has particular expertise in health services research, and the K12 program includes potential mentors from 18 schools, departments, divisions, centers and institutes – providing the capability to support trainees with a broad range of interests.

The 2012 K12 Scholars are Anna Marie Chang, MD, MSCE and Susan Rowell, MD, MCR.

University of California Davis: Adult and pediatric trauma, congestive heart failure, acute coronary syndromes, venous thromboembolism, women and heart disease, sickle cell disease, acute respiratory distress syndrome, chronic obstructive pulmonary disease, asthma, burn care, quality of care, and comparative effectiveness research

The 2012 K12 Scholars are Bryn Mumma, MD, MAS and Paul Walsh, MD.

University of Pennsylvania: Cardiovascular emergencies, including the emergency management of acute coronary syndromes, immediate and short-term acute myocardial infarction therapies, reversal of sudden death, cardiac arrest techniques, advanced resuscitation methods, and acute resuscitation from life threatening shock

The 2012 K12 Scholar is Fran Balamuth, MD, PhD.

University of Pittsburgh: Resuscitation (initial site through hospital) and post cardiac arrest care; regionalization; acute pneumonia, sepsis/shock, pulmonary embolism, and heart failure; medical decision making and risk assessment; and patient factors related to ED visits, testing and outcomes for adults and children.

The 2012 K12 Scholars are Jennifer Marin, MD, MSc and David J Wallace, MD, MPH.

Vanderbilt: All aspects of translational and clinical research necessary for scholars to address the challenges in advancing emergency care science, with a focus on acute lung injury, asthma, arrhythmias, acute coronary syndrome, and heart failure.

The 2012 K12 Scholars are Candace McNaughton, MD, MPH and Brian Wasserman, MD.

Programs were asked to describe difficulties they encountered when going from the grant application to training program implementation. Most responses related to the recruitment and selection of candidates. In general, program responses reflected the emphasis in this first year on recruitment of applicants. While responses reflected success in recruiting top-quality scholars, some commented on the difficulty in selecting trainees among the various applicants.

Recruitment efforts nationally relied on a foundation of collaborative journal ads and presentations at national meetings by all six programs in the fall of 2011. Locally, training programs used various approaches to recruitment, including personal referrals and electronic media, generally by mentorship team or advisory committee members.

All programs indicated outstanding institutional support during the implementation phase of the training programs. Many programs commented on rewarding collaborations with other specialties during this implementation. Examples of these collaborations covered a tremendously broad spectrum, including Epidemiology, Trauma Surgery, Cardiology, Pediatrics, and Radiology.

After the first year, it appears these K12 training programs have launched successfully. Training the next generation of researchers, partly through these programs, is critically important to the success of the specialty. SAEM members can assist these training programs by referring interested potential applicants.

For a list of Program Directors and corresponding program overviews please visit http://www.nhlbi.nih.gov/funding/training/redbook/k12-emmed.htm ◗

LANDMARK EVENT FOR EMERGENCY CARE RESEARCH

Emergency Medicine Organizations Herald New Office Of Emergency Care Research At NIH As An Investment In The Future

Julie Lloyd, ACEP | Holly Gouin, SAEM

WASHINGTON – The American College of Emergency Physicians (ACEP) and the Society for Academic Emergency Medicine (SAEM) lauded the announcement by the National Institutes of Health (NIH) about the creation of a new Office of Emergency Care Research (OECR) as a gift to emergency patients everywhere. The NIH is the largest federal agency dedicated to medical research. The formation of the OECR has been heralded as a significant advance for emergency medicine investigators and emergency patients.

"This is a landmark event for emergency care research," said David Seaberg, MD, FACEP, president of the American College of Emergency Physicians. "It would not have been possible without longstanding leadership by and collaboration among ACEP, SAEM and many individual emergency physicians dedicated to advancing emergency care through research."

"The creation of the OECR is a major step forward for emergency patients whose illnesses and injuries cross the whole spectrum of medicine, from neurology to trauma to pediatrics," said Debra Houry, MD, MPH, immediate past-president of SAEM and current chair of the SAEM Foundation. "The unique challenges of emergency medicine finally have one home at the national level committed to studying key issues affecting the 136 million patients who visit emergency departments every year."

A dedicated centralized office for emergency care research was called for in previous research reports issued by ACEP and SAEM and was a key recommendation of the IOM Report on Emergency Care issued in 2006. In addition, a past president of SAEM, Jill Baren, MD, MBE, FACEP, FAAP, professor and chair of the Department of Emergency Medicine at the University of Pennsylvania in Philadelphia, Pa. hailed the announcement as a great step forward for the emergency medical research community, and by extension, the patients who benefit from that research.

Since the release of the IOM Report in 2006, members of an ACEP/SAEM Task Force have been collaborating with the NIH to advance emergency care research. This collaboration has resulted in a number of recent developments, including: the NIH Emergency Medicine Research Roundtable reports released in 2010; the awarding of the first national K12 grant program by the National Heart, Lung and Blood Institute specifically for the career development of emergency medicine researchers in 2011; and the newly established OECR.

"Emergency medicine has been shown to directly affect the quality and duration of patients' lives and this investment by the NIH in emergency care research provides a formal structure to advance the field," said Charles B. Cairns, MD, FACEP, professor and chair at the University of North Carolina School of Medicine in Chapel Hill, N.C. and co-chair of the ACEP/SAEM joint task force.

"The establishment of a dedicated NIH office reflects the sincerity of the NIH's commitment to support emergency care research," said Roger J. Lewis, MD, PhD, FACEP, professor of medicine at Harbor-UCLA Medical Center in Los Angeles, Calif. and ACEP/SAEM Task Force co-chair.

Robert W. Neumar, MD, PhD, FACEP, associate professor of emergency medicine at the University of Pennsylvania in Philadelphia, Pa. and ACEP/SAEM Task Force member, agreed:

Continued on Page 17

Continued from Page 16

"The creation of the OECR offers lasting evidence that the efforts that we've engaged in over the past six years are paying off."

ACEP/SAEM Task Force members have met with the NIH Director Dr. Francis S. Collins to address concerns raised in the NIH Emergency Research Roundtable Reports. The development of the OECR is a direct result of these discussions.

Dr. Walter Koroshetz, the Deputy Director of the National Institute of Neurological and Stroke Disorders, has been named the Acting Director of OECR. Dr. Koroshetz has been actively engaged in the Roundtable reports and in discussions with Director Collins regarding emergency care research. The establishment of the OECR is groundbreaking precisely because until now there has been disagreement about which institute or center emergency care research falls under at the NIH. The NIH's structure hasn't enabled research into the evaluation and treatment of emergency patients because it doesn't naturally fall into any specific institute or center within the NIH.

"This announcement is a boon to emergency care researchers in academia across the country," said Craig Newgard, MD, FACEP, PhD, associate professor of emergency medicine at Oregon Health & Science University in Portland Ore. and an ACEP/SAEM Task Force member. "The leaders of residency programs and academic departments of emergency medicine will need to identify potential researchers and intensify research efforts."

"The NIH investment in emergency care research will require that emergency physicians identify key research areas, including those that aim at improving efficiency and resource utilization in our increasingly overburdened emergency care system," said David Sklar, MD, FACEP, professor of emergency medicine at the University of New Mexico in Albuquerque, N.M., and a past member of the ACEP/SAEM Task Force.

The immediate past president of ACEP, Sandra Schneider, MD, FACEP, saluted the announcement as the fulfillment of longstanding goal of ACEP.

"Although the number of institutes has been frozen, preventing emergency medicine from having its own institute, the OECR will be the dedicated advocate for funding within NIH," said ACEP's immediate past president and a past president of SAEM, Sandra Schneider, MD, FACEP, of the Department of Emergency Medicine at the University of Rochester in Rochester, N.Y. "The establishment of the OECR at NIH required input from many outside groups but also internal support from NIH staff. This would not have happened without those scientists who were willing to champion the effort. The NIH is one of the world's largest research organizations with over $30 billion a year in annual funding, so for emergency medicine to have a dedicated office within the NIH is a remarkable accomplishment for our field."

Drs. Seaberg and Schneider further commended the work of other ACEP/SAEM Task Force members in supporting the creation of the OECR , specifically Drs. James Hoekstra, Judd Hollander, Arthur Kellermann, Edward Sloan and John Younger. Drs. Seaberg and Schneider further acknowledge financial contributions by emergency physicians to the Emergency Medicine Fund and the SAEM Fund as instrumental in the successful effort to create the OECR.

ACEP is a national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

SAEM leads the advancement of emergency care through education and research, advocacy, and professional development in academic emergency medicine. Headquartered in Chicago, IL, SAEM is the academic voice of emergency medicine and has nearly 6,000 members from medical schools and teaching institutions in the United States and throughout the world. The Society brings together diverse individuals who are interested in the pursuit of knowledge and the promotion of academic emergency medicine and research in this field. ◗

AACEM/SAEM Joint Session at AAMC

The Society for Academic Emergency Medicine and the Association of Academic Chairs of Emergency Medicine cordially invite all members to attend our jointly sponsored session at the annual meeting of the American Association of Medical Colleges (AAMC). SAEM is a member of the AAMC Council of Academic Societies. For the past decade, in concert with the academic chairs' group, SAEM has sponsored an open session at the AAMC. Typically, these half day sessions focus on cutting edge academic and/or academic medical center topics. This year, 3 days shy of the presidential election, with healthcare reform front and center; prominent national speakers will discuss Reimbursement Models and Payment Systems for our specialty. Please join us in San Francisco for this session.

AAMC Annual Meeting, AACEM-SAEM joint session
Saturday, November 3, 2012 8am to 12pm - San Francisco, CA
Title: Models of Reimbursement for Emergency Medicine in the Era of Health Reform

David Sklar MD, SAEM CAS Representative and Editor-in-Chief, Academic Medicine -- Payment systems in the new world of healthcare -- the national perspective for emergency medicine

Brent King MD, Professor and Chair, Department of Emergency Medicine, UT Houston -- Payment systems in emergency and acute care -- a local view

Michael Ross MD, Chief of Observation Medicine, Emory University Department of Emergency Medicine -- Observation Medicine and Emergency Medicine -- payment models, value and efficiency

Gordon Wheeler, Government Liaison, ACEP and James Adams MD, Professor and Chair, Department of Emergency Medicine, Feinberg School of Medicine -- The Emergency Medicine Action Fund (EMAF) -- vision, strategy, and opportunities

Atul Grover MD, Chief Advocacy Officer, AAMC -- The impact of health reform and the Affordable Care Act

Q and A
[Brian Zink MD, President AACEM, Moderator]

Respectfully,
Katherine Heilpern MD, SAEM CAS Representative --

COMMUNITY BASED ACADEMIC PHYSICIANS

Michael Hochberg, MD

The 2012 Annual Meeting is over, I say that with both a twinge of blissful joy and nostalgic sadness. By all measures, it was our most successful Annual Meeting yet, and as the Program Committee Chair, I had the pleasure of being the shepherd; and in that exists my melancholiness. Working with so many talented individuals within SAEM and on the Program Committee inspired me on a daily basis, and that stimulation was a muse in my brain. Without the Annual Meeting, I would actually have to focus on my "real" job. Thankfully even as I was closing out the 2012 Annual Meeting, I was asked by the Board of Directors to spearhead an effort to determine how SAEM can best serve the community based academic physician. This includes, but is certainly not limited to, designing content for the Annual Meeting, creating outreach liaisons culled from the various SAEM committees/task-forces, and establishing a remote access/podcast/CME SAEM educational forum. Simple is as simple does.

Of course no matter how much we as individual EM physicians like to go with our gut, no matter how much we move and act as if our undies are on fire, ultimately we as a collective society of emergency medicine physicians rely on data. Hence, the first and most important step for the Community Based Academic Physician Task Force was/is to obtain data. Over the next few months, we will be sending out a survey to the chiefs/chairs at every community hospital secondary residency site. Within this survey, we hope to obtain information not only about what SAEM is doing well, but more importantly what SAEM can be better at; and how our expertise in research/education can aid in building an infrastructure for physicians who may not have that necessary foundation. For example, most research being conducted at community sites is clinical in nature. Is there a way to create a uniform approach to performing clinical bedside research? Not necessarily from an IRB standpoint but from a dollar standpoint or data collection one. How does one perform research on the proverbial shoe-string budget?

Even though we don't have any results yet from the survey, it is clear when talking to community based academic physicians, one of their biggest challenges lies in the business of emergency medicine. It is here, perhaps, in this particular area that the community and university based institutions meet more so than any; for the business of emergency medicine can be defined in the context of productivity, C-suite (CNO/CMO/CEO/COO) navigation, and medical staff relations. Without a successful EM business plan, there is no research, no residency program, and no growth of a department. Characterizing productivity is a challenge for any chair, chief, or medical director. There is the relatively simple coding-based RVU as a measure of clinical productivity. With the emphasis on budgets and the bottom line, how does one truly calculate protected time anymore? And it is impossible to forget that any productivity measure must also factor in the triple threat of juggling bedside teaching, documenting care correctly to maximize coding levels and maintaining a proper pts/hr ratio.

Understanding productivity, and how to quantify it, ties directly into fulfilling the expectations of hospital administration. Your CFO wants a better bottom line; your CMO wants good quality outcomes; your COO wants to maximize operational efficiency so you can see more patients quickly and thus be able to produce a greater amount of money for the organization; and your CEO wants to build business through medical staff relations, development of service lines, and a steady stream of happy patients. There isn't an emergency medicine physician who isn't affected by one or all of those individuals.

The mission of SAEM is "to lead the advancement of emergency care through education and research, advocacy, and professional development in academic emergency medicine". This applies to everyone who is involved in one form or another in the teaching of emergency medicine---regardless of which type of institution they serve. For many years, SAEM has had the "stigma" of strictly being a group of hard-core researchers to the exclusion of all others. It may take time to wash this stigma away because SAEM will always be a home to our field's top researchers. However even as our legacy as a medical specialty continues to grow, SAEM is adapting as well. The servant leader paradigm exists throughout SAEM and this is never more so prevalent than in the Community Based Academic Physician Task Force. What can SAEM do for you? ◗

ACADEMIC ANNOUNCEMENTS

Murtaza Akhter, MD, PGY-2 resident, Emory Department of Emergency Medicine, earned a departmental Global Health Scholarship to spend the month of May working as a health correspondent intern at ABC's headquarters in New York City. Akhter was selected from hundreds of applicants to work on assignments for ABC News, researching ideas and recruiting comments from experts from around the country for medical producers and writers at ABC News.

Douglas S. Ander, MD, Professor, Department of Emergency Medicine, was selected by the medical students of Morehouse School of Medicine to receive the 2012 Alpha Omega Alpha Honor Medical Society - Volunteer Clinical Faculty Award. This award is given annually to a clinician who generously and effectively donates time, skill and experience to teach clinical skills to medical students of the Morehouse School of Medicine.

Nicole M. Franks, MD, and Daniel Wu, MD were both promoted to Associate Professor, Medical Educator and Service Track at Emory University. Dr. Franks was also just selected as the Chief Quality Officer for Emory University Midtown Hospital.

Deb Houry, MD, MPH, Associate Professor, Department of Emergency Medicine, was elected Emory University Senate President-Elect and Faculty Council Chair-Elect and was accepted into the Leadership Atlanta Class of 2013.

Jeffrey A. Kline, MD, former Interim Chair of the Department of Emergency Medicine and Medical Director of Research at the Carolinas Healthcare System in Charlotte, NC, has taken a position as Vice Chair of Research in the Department of Emergency Medicine and Professor of Cellular and Integrative Physiology at the Indiana University School of Medicine effective August 1, 2012. Dr. Kline is known internationally for his clinical and translational research on pulmonary embolism, and for entrepreneurial work creating start-up companies developing medical diagnostic devices. Kline will direct emergency care research conducted at Indiana University affiliated hospitals, and will develop a multidisciplinary thrombosis research and treatment center in Indianapolis, and will direct an emergency care research fellowship. He is a past president of the Society for Academic Emergency Medicine.

Jeffrey Linzer MD, Associate Professor, Pediatric Emergency Medicine and Emergency Medicine, was the recipient of the Dr. Zeb L. Burrell, Jr. Distinguished Service Award for Emergency Medical Service. Dr. Burrell is considered the father of EMS in Georgia. The award is presented to an individual or organization, "…for outstanding contribution to the development and/or enhancement of the delivery of pre-hospital emergency medical care. Named in honor of Dr. Zeb Burrell, Jr. of Elberton/Athens, the recipient should typify the high ideals, irreproachable character, and extreme unselfish dedication to EMS which is so typical of Dr. Burrell and which makes him one of Georgia's most outstanding EMS pioneers and leaders." Only 2 other physicians have received this award since it was first presented in 1992.

Robert W. Neumar, MD, PhD has been appointed Chair of the University of Michigan Medical School's Department of Emergency Medicine.

Terry Kowalenko, MD was promoted to Clinical Professor of Emergency Medicine at the University of Michigan.

CLASSIFIEDS

NEW YORK, Manhattan
Mount Sinai Medical Center, an 1,100 bed tertiary care center with state of the art ED is expanding its faculty. Academic rank dependent on experience; fellowship training, particularly in critical care or observation medicine, desirable. Annual census of 70,000 adults and 30,000 children; PGY 1-4 residency with 60 residents; fellowships in ultrasound, simulation, pediatrics, informatics, and research. Strong research division ranked in the top 5 EM programs with federal funding. Department is fully integrated into medical school and hospital leadership. Excellent faculty development program and support staff infrastructure. For more information contact Andy Jagoda, MD, Professor and Chair at 212-824-8050 or andy.jagoda@mssm.edu. Mount Sinai is an Affirmative Action, Equal Opportunity Employer.

OHIO, The Ohio State University: Academic Position.
Residency Program. Level 1 trauma center. Nationally recognized research program. Clinical opportunities at OSU Medical Center and affiliated hospitals. Responsibilities include medical student and resident education; research in laboratory, translation and/or clinical settings. Competitive salary with full university benefits including tuition assistance. Contact Mark Angelos, MD, Professor and Interim Chairman, Department of Emergency Medicine, The Ohio State University or mary-jayne.fortney@osumc.edu; 614-366-8693. AAEOE

ACADEMIC EMERGENCY MEDICINE NEWS ON FACEBOOK

Please be sure to regularly visit and follow many activities of the journal on SAEM's Facebook page. Comments on articles are featured there, as well as journal announcements. Another way to keep up to date with the latest information relevant to Academic Emergency Medicine, as well as other emergency medicine topics, happenings, etc!

2013 PEDIATRIC EMERGENCY MEDICINE SUBSPECIALTY CERTIFICATION EXAMINATION

The American Board of Emergency Medicine (ABEM) and the American Board of Pediatrics (ABP) will administer the certifying examination in Pediatric Emergency Medicine on Tuesday, April 9, 2013.

Physicians who are certified in Emergency Medicine by ABEM must submit an application to ABEM. Physicians who are certified in General Pediatrics by ABP must submit an application to ABP. Physicians who are certified by both boards may apply through either ABEM or ABP. Upon successful completion of the examination, certification is awarded by the board through which the physician applied.

Applicants must complete an Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship program in Pediatric Emergency Medicine to be eligible to take the examination in 2013. The complete eligibility criteria are available from each board office or at www.abem.org and www.abp.org.

Application materials will be available for physicians applying through ABEM starting August 1, 2012. Completed applications must be submitted to ABEM on or before January 10, 2013. ABP diplomates should contact ABP for application information.

AMERICAN BOARD OF EMERGENCY MEDICINE
3000 Coolidge Road
East Lansing, MI 48823-6319
Telephone: 517.332.4800
Fax: 517.332.4853

AMERICAN BOARD OF PEDIATRICS
111 Silver Cedar Court
Chapel Hill, NC 27514-1651
Telephone: 919.929.0461
Fax: 919.929.9255

During the 2012 Annual Meeting, many presenters at the annual meeting recorded brief presentations of their research with Scott Joing, MD, Academic Emergency Medicine's section editor for Dynamic Emergency Medicine. Many of these presentations were posted on Facebook and Twitter during the meeting, allowing a new way to disseminate research presentations and foster communication during our meeting. This project now contains 80 recordings of presenters covering a wide variety of the research presentations from the meeting, and represents a unique approach to creating an archive of the research presentations from the meeting. We hope in future years to create recordings of all of the meetings presentations, and would appreciate advice from SAEM members on the best ways to complete this task and the formats of these recordings. Links to these presentations are on Academic Emergency Medicine's website, and can be found at Academic Emergency Medicines Vimeo.com account, http://vimeo.com/aem. The qr code for the vimeo portfolio is included below.

James R Miner MD
Senior Associate Editor for Electronic Publications
Academic Emergency Medicine
miner015@umn.edu

ACADEMIC EMERGENCY MEDICINE NOW OFFERS CME CREDIT

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

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

Stay tuned for updates!

PEER-REVIEWED LECTURES (PERLS) ARE HERE!

Academic Emergency Medicine (AEM) is now publishing a series of videos of lectures on topics in emergency medicine. These are intended to represent the state of the art in emergency medicine education. Residents, practicing physicians, and medical students may use them for didactic education. The videos will contain both the presented audiovisual material for the lectures (such as Power Point slides) and live video of the presenter. The PeRLs lectures themselves will be "open access" right away. Look for the first one, "The Millennial Generation and 'The Lecture,' " by Danielle Hart and Scott Joing in the November issue on the journal's web page.

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

CALLS AND MEETING ANNOUNCEMENTS

For details and submission information on the items below, see www.saem.org and look for the Newsletter links on the home page or links within the Events section of the web site.

CALL FOR PAPERS

2013 Academic Emergency Medicine Consensus Conference "Global Health and Emergency Care: A Research Agenda"

The 2013 Academic Emergency Medicine consensus conference, "Global Health and Emergency Care: A Research Agenda" will be held on Wednesday, May 15, 2013, immediately preceding the SAEM Annual Meeting in Atlanta, Georgia. Original papers on the conference topic, if accepted, will be published together with the conference proceedings in the December 2013 issue of Academic Emergency Medicine.

Global health includes clinical care, education, and research. It places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, causes, and solutions; involves many disciplines; and is a synthesis of population-based prevention and patient care.

This consensus conference proposes to build a solid foundation upon which international researchers can build interdisciplinary scholarship, networks of expertise, discussion forums, multicenter collaborations, evidence-based publications, and improved education.

Consensus Goal:

Identify the principles, opportunities, and challenges for acute and emergency care research in the global environment; establish the research agenda that will advance the science of global emergency medicine.

Consensus Objectives:

1. Define the need for research in acute and emergency care within the framework of health as a human right
2. Describe the principles and components needed to build capacity and sustain global acute and emergency care research
3. Identify global trends in funding priorities in emergency care research
4. Develop and propose a consensus strategy to strengthen emergency care research globally and enhance sustainable funding

Accepted manuscripts will describe relevant research concepts in areas such as medical education, data collection, and ethics. They may include work in clinical/translational, health systems, or basic sciences research. Descriptions of specific research, projects, or collaborations may be used for illustrative purposes but should not comprise the core of the submission. Original contributions describing relevant research or concepts on these or similar topics will be considered, and original high-quality research may also be submitted alone or in conjunction with concept papers. Papers will be considered for publication in the December 2013 issue of Academic Emergency Medicine if received by Monday, March 11, 2013. All submissions will undergo peer review and publication cannot be guaranteed.

For queries, please contact Stephen Hargarten, MD , MPH (hargart@mcw.edu), Mark Hauswald, MS, MD (markhauswald@gmail.com), Rebecca Cunningham MD (stroh@med.umich.edu), Jon Mark Hirshon, MD, MPH, PhD (jhirs001@umaryland.edu), or Ian B K Martin, MD (ian_martin@med.unc.edu), the 2013 consensus conference co-chairs. Information and updates will be regularly posted in Academic Emergency Medicine, the SAEM Newsletter, and the journal and SAEM websites.

CALL FOR PAPERS

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

ABSTRACTS EN ESPAÑOL!

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

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

CALL FOR DIDACTIC PROPOSALS - SAEM ANNUAL MEETING 2013

Deadline Approaching SOON …

We are seeking proposals for didactic sessions at the Annual Meeting in 2013. The proposals can be aimed at medical students, residents, junior faculty or senior faculty. Formats accepted include lecture, panel discussion, or workshop. The didactic must be in keeping with SAEM's mission and fall into one of these categories: State-of-the-Art, Research, Education, or Career Development.

Submissions are only being taken online now until the deadline of September 7th at 5:00 pm CST. Access the submission platform and get more details from the SAEM website, www.saem.org. The submission template can be accessed here: http://www.saem.org/didactic-submissions.

For questions, please contact Drs. Megan Ranney, megan_ranney@brown.edu, Sarah Ronan-Bentle, ronanse@uc.edu or Chris Ross, cross@cookcountyhhs.org.

Call For Papers

2014 Academic Emergency Medicine Consensus Conference - Specific Research in Emergency Medicine: Investigate, Understand and Translate How Gender Affects Patient Outcomes

The 2014 *Academic Emergency Medicine* (AEM) Consensus Conference, **Gender-Specific Research in Emergency Medicine** will be held on Wednesday, May 14, 2014, immediately preceding the SAEM Annual Meeting in Dallas, TX. Original papers on this topic, if accepted, will be published together with the conference proceedings in the December 2014 issue of AEM.
Gender-specific medicine is the "science of how normal human biology differs between men and women and how the manifestations, mechanisms and treatment of disease vary as a function of gender." While gender-specific medicine incorporates advances in reproductive health issues, the AEM Consensus Conference will focus on broad disease-specific EM issues that are relevant to both women and men. The key domains of the conference are cardiovascular/resuscitation, cerebrovascular, pain, trauma/injury/violence, diagnostic imaging, mental health and substance abuse.

Consensus Goal:
The goal of the 2014 AEM Consensus Conference is to stimulate EM researchers to methodically recognize, investigate and translate the impact of gender on their clinical research outcomes. The conference proposes to build a foundation upon which researchers can build interdisciplinary scholarship, networks of expertise, discussion forums, multicenter collaborations, evidence-based publications, and improved education. The overarching themes of the conference have been guided and informed by NIH research priorities on gender medicine and include study of the lifespan, sex/gender distinctions, health disparities/differences and diversity and interdisciplinary research.

Consensus Objectives:
1) Summarize and consolidate existing data and create a blueprint that furthers gender-specific research in the prevention, diagnosis and management of acute diseases.
2) Discuss the conceptual models for designing studies and analysis that incorporate gender as an independent variable.
3) Build a multinational interdisciplinary consortium to study gender medicine for acute conditions.

Accepted manuscripts will describe relevant research concepts in gender-specific areas with priority placed on differential disease risk, vulnerability, progression and outcomes. They may include work in clinical/translational, health systems, policy or basic sciences research. Descriptions of specific research, projects, or collaborations may be used for illustrative purposes but should not comprise the core of the submission. Original contributions describing relevant research or concepts on these or similar topics will be considered, and original high-quality research may also be submitted alone or in conjunction with concept papers. Papers will be considered for publication in the December 2014 issue of AEM if received by Monday, March 11, 2014. All submissions will undergo peer review and publication cannot be guaranteed.
For queries, please contact Marna Rayl Greenberg, DO, MPH (Marna.Greenberg@lvh.com) or Basmah Safdar, MD (basmah.safdar@yale.edu) the 2014 Consensus Conference co-chairs.
Information and updates will be regularly posted in AEM, the SAEM Newsletter, and the journal and SAEM websites.

CALL FOR EXPERT ABSTRACT REVIEWERS

The Program Committee is currently accepting applications from SAEM members wishing to serve as expert reviewers of scientific abstracts submitted for presentation at the 2013 Annual Meeting, which will be held May 15-18 in Atlanta, GA. The minimum requirement for new abstract reviewers is at least two first author peer-reviewed original research manuscripts in the topic area for which you are applying. Residents are invited to apply but must meet the same criteria. If you have been an abstract reviewer in the past five years, you do not need to reapply.

Interested members should electronically submit the following to saem@saem.org *by September 28, 2012: an abbreviated CV (full CVs will not be considered) with a detailed listing of peer-reviewed original research publications, review articles, textbook chapters, and prior scientific abstract presentations published in the specific area(s) of expertise selected from the list below:*

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

Each year, the Program Committee selects approximately six reviewers for each topic area, including both expert reviewers and members of the Program Committee. Therefore, not every appropriate reviewer will be invited to review each year. Reviewers should expect to review up to 75 abstracts, must adhere to the SAEM abstract scoring system, and must submit their abstract scores by the deadline.

The deadline for authors to submit abstracts is November 21, 2012. Abstracts will be available for review by November 28th and abstract scores will be due by 5:00 pm CST on December 17, 2012. All scores will be submitted using the online system.

CALL FOR PROPOSALS

2015 AEM CONSENSUS CONFERENCE

SUBMISSION DEADLINE: APRIL 15, 2013

The editors of *Academic Emergency Medicine* are now accepting proposals for the 16th annual AEM Consensus Conference to be held on May 13, 2015, the day before the SAEM Annual Meeting in San Diego, CA.

Proposals must advance a topic relevant to emergency medicine that is conducive to the development of a research agenda, and be spearheaded by thought leaders from within the specialty. Consensus conference goals are to heighten awareness related to the topic, discuss the current state of knowledge about the topic, identify knowledge gaps, propose needed research, and issue a call to action to allow future progress. Importantly, the consensus conference is not a "state of the art" session, but is intended primarily to create the research agenda that is needed to advance our knowledge of the topic area.

Previous topics have included and will include (2013 and 2014):

- 2000: Errors in emergency medicine
- 2001: The unraveling safety net
- 2002: Quality and best practices in emergency care
- 2003: Disparities in emergency care
- 2004: Information technology in emergency medicine
- 2005: Emergency research without informed consent
- 2006: The science of surge
- 2007: Knowledge translation
- 2008: Simulation in emergency medicine
- 2009: Public health in the emergency department: surveillance, screening, and intervention
- 2010: Beyond regionalization: integrated networks of emergency care
- 2011: Interventions to assure quality in the crowded emergency department
- 2012: Education Research in Emergency Medicine
- 2013: Global Health and Emergency Care: A Research Agenda
- 2014: Gender-specific Research in Emergency Medicine: Investigate, Understand, and Translate How Gender Affects Patient Outcomes

Well-developed proposals will be reviewed on a competitive basis by a sub-committee of the AEM editorial board. Proceedings of the meeting and original contributions related to the topic will be published exclusively by AEM in its special topic issue in December, 2015.

Submitters are strongly advised to review proceedings of previous consensus conferences, which can be found in the past November and December issues of AEM, to guide the development of their proposals. These can be found open-access on the journal's home page on Wiley Online Library - http://onlinelibrary.wiley.com/doi/10.1111/acem.2011.18.issue-10/issuetoc

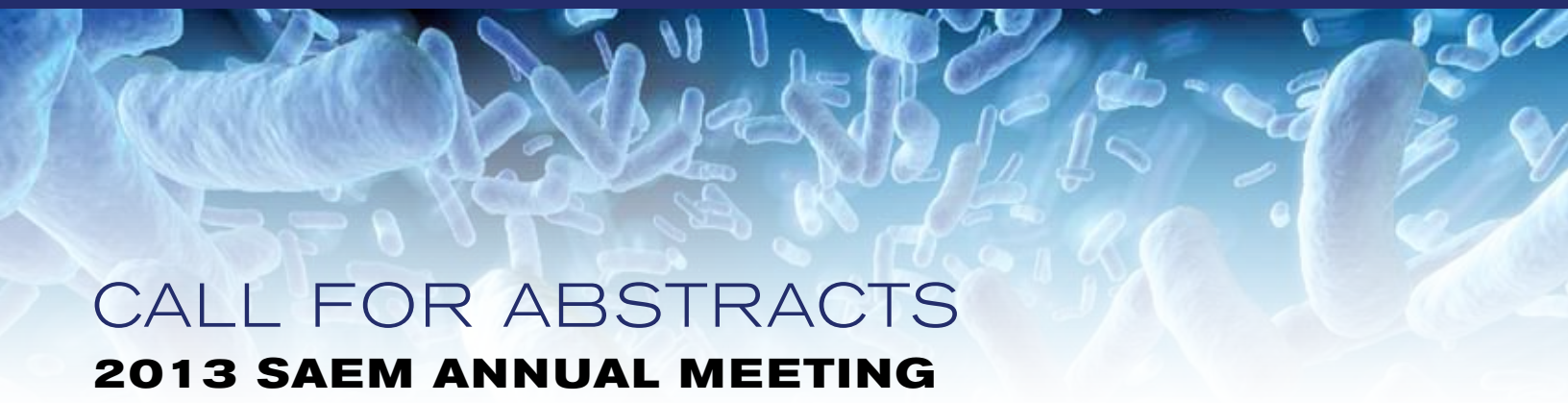
Submitters are also welcome to contact the journal's editors or leaders of prior consensus conferences with any questions, or for copies of submissions from prior years.

Proposals must include the following:

1. Introduction of the topic
   - brief statement of relevance
   - justification for this topic choice
2. Proposed conference chairs, and sponsoring SAEM interest groups or committees (if any)
3. Proposed conference agenda and proposed presenters
   - plenary lectures
   - panels
   - breakout topics and questions for discussion and consensus-building
4. Anticipated audience
   - stakeholder groups/organizations
   - federal regulators
   - national researchers and educators
   - others
5. Anticipated budget, to include such items as:
   - travel costs
   - audiovisual equipment and other materials
   - publishing costs (brochures, syllabus, journal)
   - meals
6. Potential funding sources and strategies for securing conference funding.

How to submit your proposal.

Proposals must be submitted electronically to aem@saem.org no later than 5PM Eastern Daylight Time on April 15, 2013. Late submissions will not be considered. The review sub-committee may query submitters for additional information prior to making the final selection. Questions may be directed to aem@saem.org or to the editor-in-chief at editor@saem.org.



CALL FOR ABSTRACTS

2013 SAEM ANNUAL MEETING

MAY 15TH – 18TH
ATLANTA, GEORGIA

The Program Committee is accepting abstracts for review for presentation at the 2013 SAEM Annual Meeting. Authors are invited to submit original emergency medicine research in the following categories:

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

The abstract submission site and instructions will be available on the SAEM website at www.saem.org in October, 2012. For further information or questions, contact SAEM at saem@saem.org or 847-813-9823. Deadline for submissions is Wednesday, November 21, 2012.

As the reach of emergency medicine expands, SAEM recognizes that many abstracts traditionally submitted to the Annual Meeting are also pertinent to other national societies, and may be presented at their respective conferences. In an effort to provide a forum for SAEM Annual Meeting attendees to hear and experience the vast breadth of emergency medicine research, abstracts submitted to or presented at other, non-emergency medicine, national meetings within the preceding calendar year (June, 2012 to May, 2013) will be considered for presentation at the SAEM Annual Meeting. Original abstracts presented at SAEM 2012-2013 Regional Meetings or the 2013 CORD Academic Assembly will be considered.

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

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

Proposals for Innovations (formerly Innovations in Emergency Medicine Education - IEME) will be solicited with a submission deadline of November 21, 2012. Submission information will appear online on the SAEM Annual Meeting webpage www.saem.org in October, 2012.

CALL FOR "INNOVATIONS" – 2013 ANNUAL MEETING

(Formerly Ieme - Innovations In Emergency Medical Education)

Dear SAEM Membership,

This year the SAEM Program Committee is proud to offer educators a new venue to present their educational advances. In past Annual Meetings, we presented Innovations in Emergency Medical Education (IEME) via table-top booths and occasionally a moderated session. For the 2013 Annual Meeting in Atlanta, the fertile ground laid by the initial offerings of IEME has helped us create a new dynamic and interactive environment as we present every Innovation in either a moderated poster (with hands-on tabletop demonstrations as needed) or oral power-point session; thus bringing diverse thoughts together in the same room in order to cultivate new ideas and approaches to undergraduate, graduate and continuing medical education.

In addition, we will have three theme-based sessions on technology, didactics, and medical student education. We invite educators to submit their state-of-the-art innovation, not just for these themes, but for any new teaching strategy or tool.

The SAEM Innovations submission platform opens on October 15, and closes November 21, 2012. Please contact us directly with any questions.

Sincerely,

JoAnna Leuck, MD (JoAnna.Leuck@carolinashealthcare.org) and
Laurie Thibodeau, MD (thibodl@mail.amc.edu)
Co-Chairs – Innovations, Program Committee
Christopher Ross, MD (cross@cookcountyhhs.org)
Chair, Program Committee

JEAN T. ABBOTT, MD AWARD WINNER

On Receiving The SAEM Advancement of Women in Emergency Medicine Award

May 10, 2012

Jean T. Abbott, MD

An honor like this one from my peers and colleagues is precious. Thank you for this recognition.

Whatever successes I have had in my professional life are in large part the result of colleagues, teamwork, and gifts that I have been given:

- From a family or origin who expected me to contribute and provided me with support and stability that are lacking for so many of our patients.
- To a supportive world of friends and family at home,
- To colleagues who encouraged me in so many ways:
- A chair who took a flyer on me even when I didn't have any of the "right" qualifications.
- Colleagues who taught me how to ask good, tight research questions and gave me writing opportunities and tore up manuscripts with red ink, making them better than I ever could have.
- And the craziest mentee ever – who is sitting right next to me as the president of SAEM – and who, through her residency, kept making all my file boxes of half-finished projects turn into publishable work – as if she didn't have enough to do.

What do women contribute to Emergency Medicine?

I do believe that we women have encouraged conversation about important issues and values that have shaped – and will continue to shape – Emergency Medicine:

1. How to model compassion and curiosity as we teach a new generation – not just for the patients that are easy to like, but for the ones who are frustrating too.
2. How to keep balance – between work and play, family, friends and colleagues.
3. How to say "no" to some things, so you will have space to say "yes" to things you are passionate about."
4. And finally – how important it is to speak out on behalf of the patients that we care for – the vulnerable, the ones that are falling through the cracks. It is hard to imagine being able to practice Emergency Medicine without witnessing to the injustices of our health care system.

None of these values are unique to women, but I do hope that our voices help remind everybody that these conversations are an important part of the leadership we provide through SAEM. Thanks to all the women and men here in Chicago and to our colleagues at home too – taking our shifts so that we can be here!

The inner circle.

We're wondering if

you have what it takes

to be part of our group…

Do you have

a servant's heart

and an owner's mind?

Do you want to be part

of a team that enjoys

working together–

and getting together?

You'd love our culture.

Every EMP physician

is an equal.

With an equal voice

from day one.

Join our inner circle.

It's the only circle we have.

EMP

Emergency Medicine Physicians

CELEBRATING 1992-2012 20 YEARS

Call Ann Benson at 800-828-0898 or visit emp.com.
Opportunities in 60 locations across the USA. AZ, CA, CT, HI, IL, MI, NV, NY, NC, OH, OK, PA, WV

National Institutes of Health, DHHS

Research Career Development Programs in Emergency Medicine Research (K12s)

In May 2011, the National Heart, Lung, and Blood Institute (NHLBI) funded six institutional research career development (K12) awards to promote multidisciplinary clinical research training programs in Emergency Medicine (EM). These programs will prepare clinician-scientists for independent research careers and academic leadership roles in EM. Each program will provide comprehensive research training to evaluate innovative approaches in the diagnosis and clinical management of patients with acute, life-threatening manifestations of cardiovascular, pulmonary, hematologic and trauma-related diseases in emergency department settings. The goal of this program is to promote the growth of strong, competitive clinical EM and Pediatric EM investigators. The six programs are now recruiting their second class of scholars (to begin on July 1, 2013).

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

For program specific information, please contact the program directors, identified below:
Programs are now recruiting K12 Scholarships for July 1, 2013.

Emergency Medicine K12 Programs

Mount Sinai School of Medicine
Lynne D. Richardson, MD, FACEP lynne.richardson@mssm.edu

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

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

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

University of Pittsburgh
Donald M. Yealy, MD yealydm@upmc.edu
Clifton W. Callaway, MD, PhD callawaycw@upmc.edu

Vanderbilt University
Alan B. Storrow, MD alan.storrow@vanderbilt.edu
Douglas Sawyer, MD, PhD Douglas.b.sawyer@vanderbilt.edu

Department of Emergency Medicine

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Seeking Academic Emergency Physicians

The Department of Emergency Medicine at the University of Colorado School of Medicine is currently recruiting full-time emergency physicians who will serve as active physician-scientists. In addition to research and scholarly responsibilities, duties will include patient care and teaching of emergency medicine residents and medical students.

Significant research support and infrastructure are available including participation in a formal faculty career development program for early stage emergency physician-scientists; seed funding; protected research time commensurate with the candidate's experience and potential; and additional research-related resources at the University of Colorado (e.g., Colorado Clinical and Translational Sciences Institute).

Candidates must have completed a residency in emergency medicine and be board certified or prepared by the American Board of Emergency Medicine. **Prior completion of a research-oriented fellowship or equivalent is strongly preferred.**

Interested candidates must apply online by submitting a cover letter, curriculum vitae and reference list at: www.jobsatcu.com/applicants/Central?quickFind=69485

Please direct all inquiries to:
Richard Zane, MD
Professor and Chair
Department of Emergency Medicine
Richard.Zane@ucdenver.edu
Phone: 720-848-6777

The University of Colorado is dedicated to ensuring a safe and secure environment for our faculty, staff, students and visitors. To assist in achieving that goal, we conduct background investigations for all prospective employees prior to their employment.

The University of Colorado is committed to diversity and equality in education and employment.

University of Wisconsin - Madison

Emergency Physician

Exceptional opportunity for motivated Emergency Physician (BP/BC) to join **Emergency Medicine** faculty. Specific opportunities exist in **medical education, administration/ quality**, and **research**.

EM faculty provide clinical services in the Emergency Department (ED) of the University of Wisconsin Hospital & Clinics (UWHC). UWHC is a busy, university-based, referral hospital; one of only two academic medical centers in the state, and a Level I Trauma and Burn center for both adult and pediatric patients.

UNIVERSITY OF WISCONSIN-MADISON
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Pediatric Emergency Physician

Exceptional opportunity for motivated Pediatric Emergency Physician (BP/BC) to join our **Emergency Medicine team**.

American Family Children's Hospital offers comprehensive care for the children of Wisconsin with all pediatric medical and surgical subspecialties represented. We are a Level I pediatric trauma and burn center with active flight and ground transport programs. Our new ED is well staffed and well resourced, including dedicated pediatric nurses, child life, social work, case management, as well as pharmacy and radiologic services located within the department. We have experienced tremendous growth in the last four years, with an 80% increase in pediatric volume.

Pediatric Emergency Medicine is a section of four board-certified Pediatric Emergency Medicine physicians within Emergency Medicine. Academic opportunities exist in **clinical and educational research, simulation, EMS,** and more.

UW Health
American Family Children's Hospital

Successful candidates will join a faculty of 26+ emergency physicians & pediatric emergency physicians in our **Division of Emergency Medicine**. Enjoy the benefits of living in the nation's most livable city (CNN/Money Magazine/Forbes 2011). Compensation and benefits are competitive. Send your CV and cover letter to: **agh@medicine.wisc.edu, Azita G. Hamedani, MD MPH Chief, Emergency Medicine, F2/217 CSC, MC 3280, 600 Highland Ave., Madison, WI 53792**.

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

Department of Emergency Medicine
Harbor-UCLA Medical Center

David Geffen School of Medicine

The Department of Emergency Medicine (DEM) at Harbor-UCLA Medical Center is expanding its faculty to help staff a new 40,000 sq ft, 84-bed state-of-the-art ED that will open in the fall of 2013. The 72-acre Harbor campus includes a 550-bed public teaching hospital and Level-1 trauma center, and the Los Angeles Biomedical Research Institute with an annual budget of over $50 million. The Medical Center sponsors 39 ACGME-accredited residency and fellowship programs and serves as a major training site for medical students from the David Geffen School of Medicine at UCLA where faculty hold academic appointments.

The DEM sponsors a fully-accredited residency program with 15 residents/year in a PGY1-3 format and fellowship programs in pediatric emergency medicine (PEM), emergency medical services (EMS), clinical research, medical education, emergency ultrasound and global health. The majority of the Department's faculty are full professors with track records of achievement in the areas of education, research, service and mentorship. We are looking for highly-motivated individuals at all levels of experience to join our professional family in its mission of providing care to the working poor of our community while collaborating with each other to contribute to the growth of Emergency Medicine as an academic discipline.

Applicants must be residency trained in Emergency Medicine and ideal applicants will be fellowship trained, particularly in the areas of research, PEM, EMS, sports medicine or critical care. The LA County Department of Health Services offers a competitive compensation and benefits package, and is an affirmative action and equal opportunity employer. Harbor is located in the South Bay area of LA, which has a year-round temperate climate and provides faculty the option of living in beautiful beach cities with outstanding school districts.

Applicants should email a letter of interest and CV to:
Robert S. Hockberger, M.D. at hock@emedharbor.edu.

EMORY UNIVERSITY

ATLANTA, GA
DEPARTMENT OF EMERGENCY MEDICINE

Bring your skills in diagnosis, healing, teaching and inquiry to one of Emergency Medicine's largest and best programs.

Faculty: Emory University seeks exceptional **clinician-educators and clinician-scholars** to advance our broad teaching and research missions. We provide clinical care, teaching and research support for 5 academic metro Atlanta emergency departments encompassing 250,000 patient visits. These include 3 Emory Healthcare sites, the Atlanta VA Medical Center, and Grady Memorial Hospital with its new state of the art Marcus Trauma Center.

Director for Ultrasound: Emory seeks an excellent candidate for the Director of Emergency Ultrasound. The Department has extensive ultrasound privileges, multiple machines in each ED, a high functioning Section with three fellowship trained faculty, a well-trained general faculty, a dedicated resident ultrasound experience, ultrasound fellowship program, and resources and infrastructure for research. Candidates should be fellowship trained, or have equivalent credentials, and leadership experience.

Fellowships: Emory offers an exceptional environment for post-residency training. We will be considering applicants for 2013 for the following fellowships: Emory/CDC Medical Toxicology, Pre-Hospital and Disaster Medicine, Clinical Research, Injury Control & Prevention, Neuro-injury, Administration/Quality, Ultrasound, Biomedical Informatics and Observation Medicine. Candidates must be EM residency trained or Board certified.

For further information, visit our web site at www.emory.edu/em, then contact:

Katherine Heilpern, MD, Professor and Chair
Department of Emergency Medicine
531 Asbury Circle , N-340, Atlanta, GA 30322
Phone: (404)778-5975 / Fax: (404)778-2630 / Email: ida.jones-render@emory.edu

Emory is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply

Henry Ford Health System

DIVISION HEAD – EMERGENCY MEDICINE

Henry Ford Health System has an outstanding opportunity for a Division Head at the Henry Ford Fairlane Medical Center in Dearborn, Michigan. Last year, the Henry Ford Fairlane Emergency Department had over 60,000 ED visits. This site offers CT and ultrasound as well as staff radiologist interpretation 24x7. The Emergency Department is staffed by board certified Emergency Physicians. The 74 hours of daily physician coverage is supplemented by 18 hours of mid-level coverage. A distinct pediatric ED is open 20 hours and had over 17,000 visits last year. The Clinical Decision Unit has 6 beds and ***will be expanded to 12 beds in 1-2 years***. Full subspecialty back up is available 24/7, either on-site or at Henry Ford Hospital. The Henry Ford Health System services Southeastern Michigan and the Emergency Medicine service line provided treatment for over 215,000 patients in our 5 locations last year.

This emergency department has an academic affiliation with Wayne State University and serves as a training site for the Henry Ford Hospital Emergency Medicine Residency Program. The qualified candidate must be board certified/prepared, have demonstrated abilities in the areas of leadership, clinical operations, service excellence, quality improvement, mentorship, academics and community outreach.

Henry Ford Health System offers an excellent compensation and benefit package including fully paid malpractice insurance.
Please forward CV to: Scott Johnson, Physician Recruiter
Email:sjohns10@hfhs.org or fax (313)874-4677

HENRY FORD HEALTH SYSTEM IS AN AA/EEO EMPLOYER

Malcolm Baldrige National Quality Award
2011 Award Recipient

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

The Department of Emergency Medicine at the Alpert Medical School (AMS) of Brown University and the University Emergency Medicine Foundation (UEMF) has openings for 2 full-time Academic Track Assistant or Associate Professors and 1 Clinician Educator position. This is an outstanding opportunity to join a well-established 86-member academic emergency medicine group with a highly competitive 4-year emergency medicine residency program, 9 Divisions, and 8 Fellowships. Candidates should have a defined scholarly interest and previous productivity in an area of emergency medicine research, education or clinical operations.

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

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

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

UEMF provides ED staffing to:

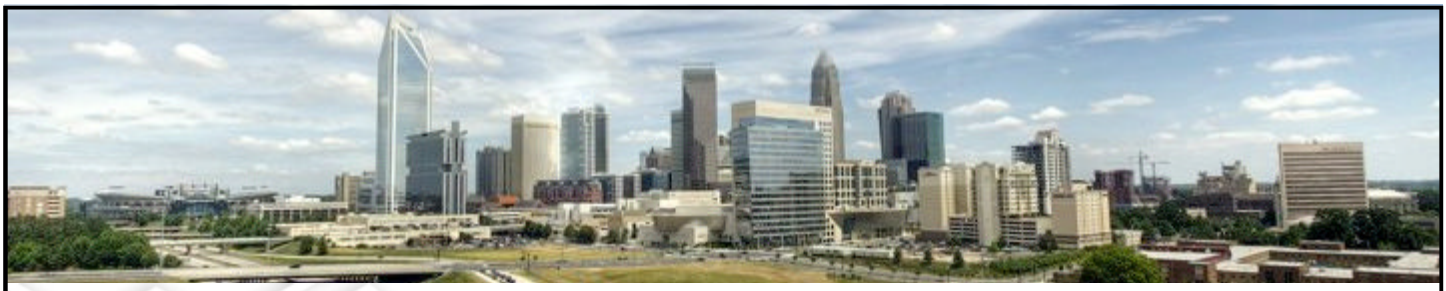
- **Rhode Island Hospital** (101,000 adult visits yearly), Southeastern New England's only Level I trauma center.
- **Hasbro Children's Hospital** (52,000 visits yearly), the region's only Pediatric ED.
- **The Miriam Hospital** (58,000 visits yearly) a Solucient Top 100 hospital for cardiovascular care.

BROWN
Alpert Medical School

CV's should be sent to:
Brian J. Zink, MD
Frances Weeden Gibson - Edward A. Iannuccilli, MD
Professor & Chair, Department of Emergency Medicine
Rhode Island Hospital/The Miriam Hospital
593 Eddy Street, Claverick Building, 2nd Floor
Providence, RI 02903 email: bbordieri@lifespan.org

UEMF university EMERGENCY MEDICINE foundation

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



Research Director Opportunity at Carolinas Medical Center, Charlotte, NC

Carolinas Medical Center (CMC) seeks a qualified MD or DO clinician-researcher to direct the Division of Research in the Department of Emergency Medicine . The Department of Emergency Medicine includes 38 full-time faculty, 42 residents, five fellowship programs, a basic science laboratory and a clinical population of 80,000 adults and 30,000 pediatric visits per year on the CMC Main campus. CMC is owned and operated by Carolinas HealthCare System (CHS), one of the leading healthcare organizations in the Southeast and one of the largest public, not-for-profit systems in the nation. The research opportunity includes access to patients and data from over 1.5 million Emergency Department (ED) visits at 33 hospitals owned and operated by CHS.

The Division of Research currently provides substantial resources including:

- A highly experienced four-member, SoCRA-certified research team.
- A dedicated 800 square foot fully equipped preclinical, translational science laboratory.
- A PhD Director of prehospital research and a PhD Director of preclinical research.

The most important role of the research director will be to lead by example. As such, the director will write grants and conduct research pursuant to his or her expertise. The research director will also oversee the following:

- A team of four expert clinical trialists who have extensive experience with preparing and managing clinical protocols through all aspects of institutional and federal regulatory agencies, including the IRB and FDA.
- Preclinical research; Prehospital research; Resident research; Pediatric emergency medicine fellow research; Research fellowship.
- Faculty mentoring.

We offer a competitive compensation & benefits package. For more information or to submit a CV for consideration, please contact:

Geri Deutschman, Physician Recruiter at geri.deutschman@carolinashealthcare.org or call 800-847-5084

CAROLINAS HEALTHCARE SYSTEM IS AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

East Carolina University
Brody School of Medicine

◇ Clinician Educator ◇ Clinical Researcher ◇
◇ Pediatric Emergency Medicine ◇ Ultrasound ◇

The Department of Emergency Medicine at East Carolina University, Brody School of Medicine seeks BC/BP emergency physicians and pediatric emergency physicians for tenure or clinical track positions at the rank of assistant professor or above, depending on qualifications. Through this expansion we will increase our cadre of clinician-educators and further develop programs in pediatric EM, ultrasound, and clinical research. Our current faculty possesses 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 105,000 patients per year in a state-of-the-art ED at Pitt County Memorial Hospital. PCMH is a rapidly growing level I trauma, cardiac, and regional stroke center. The ED will expand into a new pediatric ED in spring 2012, and a new children's hospital is also under construction. Our tertiary care catchment area includes more than 1.5 million people in eastern North Carolina, many of whom arrive via our integrated mobile critical care and air medical service. Greenville, NC is a 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 possess outstanding clinical and teaching skills and qualify for appropriate privileges from ECU Physicians and PCMH.

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

OSF Saint Francis Medical Center

Peoria, Illinois - OSF Saint Francis Medical Center, the major teaching affiliate of Emergency Medicine - University of Illinois College of Medicine -Peoria is seeking clinical and core faculty physicians for full and part-time opportunities. Exceptional opportunity with an experienced and progressive hospital that opened a new ED in 2010. EM residency, Level 1 Trauma Center, flight program, base station, and 88,000 emergency department visits annually. Greater Peoria has a metro population of 350,000, offers a vibrant, energetic community, active riverfront, civic center, with cultural activities and sporting events.

Please contact:
Stacey E. Morin
OSF Healthcare System
1420 West Pioneer Parkway | Peoria, IL | 61615
p (309) 683-8354
stacey.e.morin@osfhealthcare.org

UMDNJ
Robert Wood Johnson Medical School
University of Medicine & Dentistry of New Jersey

Emergency Medicine Faculty

The Department of Emergency Medicine at UMDNJ-Robert Wood Johnson Medical School is seeking outstanding ABEM/ABOEM board certified or prepared emergency physicians for our growing department.

Our residency program is in its third year, we have an EMS/Disaster Medicine Fellowship and our Division of Emergency and Critical Care Ultrasound has just started recruiting for our new Emergency Ultrasound Fellowship. The department has a growing toxicology service and an active clinical research program. We are currently planning for new initiatives including an observation unit and an urgent care center.

The department is active at all levels of medical student education including a mandatory 4th year medical student clerkship and an active Emergency Medicine Interest group. Opportunities exist for involvement in research, EMS, Ultrasound, Toxicology, new ventures and all levels of medical student, resident and fellow education.

Our major teaching affiliate is Robert Wood Johnson University Hospital, a 580-bed tertiary care facility and Level One Trauma Center. The Emergency Department sees nearly 70,000 adult and 25,000 pediatric patients (in a separate pediatric emergency department) annually.

Qualified candidates should send a letter of intent and curriculum vitae to: **Robert Eisenstein, MD, FACEP, Interim Chairman, Department of Emergency Medicine, Robert Wood Johnson Medical School, 1 Robert Wood Johnson Place, MEB 104, New Brunswick, New Jersey, 08903; E-mail: eisensrm@umdnj.edu; Call: 732-235-8717; Fax: 732-235-7379**. Academic appointment is commensurate with experience. UMDNJ is an Affirmative Action/Equal Opportunity Employer.

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

UCI Department of Emergency Medicine (EM) is seeking a HS Clinical Instructor- Faculty Development and Education Fellow for July, 2013. UCIMC is a Level I Trauma center with 2800 runs/year, 40,000 ED census with a nationally recognized three-year residency program since 1989. Fellowship concentrations could include residency and /or medical school curriculum design and education, use of instructional technology, *Western Journal of EM* editing and publishing. This two-year fellowship requires completion of a Masters degree in Education, Translational Science or Public Health. One-year fellowship is available for those with a Master degree or starting one during the fellowship. Completion of an ACGME accredited EM Residency required. Salary is commensurate with qualifications and proportion of clinical effort.

Send CV and statement of interest to Fellowship co-Directors:
Shahram Lotfipour, MD, MPH at shahram.lotfipour@uci.edu,
Bharath Chakravarthy, MD, MPH at bchakrav@uci.edu,
University of California, Irvine Medical Center
Department of Emergency Medicine
101 The City Drive, Route 128-01
Orange, CA 92868

See the Department of Emergency Medicine's website available at http://www.emergencymed.uci.edu/fellowships.asp for more details. The University of California, Irvine is an equal opportunity employer committed to excellence through diversity.

THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF MEDICINE AND HEALTH SCIENCES

DISTRICT OF COLUMBIA-The Department of Emergency Medicine of the George Washington University is seeking physicians for our academic practice. Physicians are employed by Medical Faculty Associates, an independent, University-affiliated, not-for-profit multispecialty physician group. The Department provides staffing for the Emergency Units of George Washington University Hospital, the Walter Reed National Military Medical Center and the DC Veterans' Administration Medical Center. The Department sponsors an Emergency Medicine Residency, 8 Emergency Medicine Fellowships and a variety of student programs.

We are seeking physicians who will participate in our clinical and educational programs and contribute to the Department's research and consulting agenda. Rank and salary are commensurate with experience.

Basic Qualifications: Physicians should be residency trained in Emergency Medicine. University faculty rank will be commensurate with experience.

Application Procedure: A CV is considered a completed application. Review of applications will begin on October 10, 2012 and continue until all positions are filled. Please submit CV by mail to Robert Shesser MD, Chair, Department of Emergency Medicine, George Washington University, 2150 Pennsylvania Avenue NW, Suite 2B-417, Washington DC 20037 or by email at: rshesser@mfa.gwu.edu.

The George Washington University is an Equal Opportunity/Affirmative Action employer.

www.gwemed.edu

SCHOOL OF MEDICINE
UNIVERSITY of CALIFORNIA • IRVINE
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EMS and Disaster Medicine Fellowships

University of California Irvine, Department of Emergency Medicine is seeking applicants for fellowships in EMS and Disaster Medical Sciences for July 1, 2013. UCI Medical Center is a Level I Trauma center with 2800 runs/year and a 40,000 ED census. Fellows serve as HS Clinical Instructors. The programs emphasize: 1) EMS systems practice and research including regionalization of stroke/cardiac care and 2) emergency management/disaster medicine and international response. Completion of American Council of Graduate Medical Education (ACGME) accredited Emergency Medicine Residency required prior to start. One and two year programs are available and will be jointly administered by Director, Emergency Medical Services and Disaster Medicine. The two-year programs require a Masters degree. Salary commensurate with level of clinical work. Send CV, statement of interest and three letters of recommendation to: Carl Schultz, MD.

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

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

VIRTUAL ISSUES

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

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

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

Stay tuned for updates!

THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF MEDICINE AND HEALTH SCIENCES

THE GEORGE WASHINGTON UNIVERSITY DEPARTMENT OF EMERGENCY MEDICINE FELLOWSHIP PROGRAMS

WASHINGTON DC-The Department of Emergency Medicine at the George Washington University is offering ***Fellowship*** positions beginning in July 2013:

Disaster/EMS
ED Operations & Leadership
Ultrasound
Health Policy
Research
Extreme Environmental
International Emergency Medicine
Travel & Transport
Toxicology
Operations Research
Telemedicine

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

Complete descriptions of all programs, application instructions and Fellowship Director contacts can be found at: http://www.gwemed.edu/fellowships/

Oregon Health and Science University Emergency Medicine Fellowships

Administration • Education • Global Health
Pediatric EM • Research • Toxicology • Ultrasound

Get more out of your fellowship at OHSU. Experience the healing, teaching, and discovery of a renowned academic medical center. OHSU has well recognized EM research and educational programs. We serve the Portland Metropolitan area as a Level I trauma center, Pediatric ED, and Chest Pain Center. The Oregon Poison Center also resides at OHSU.

Be captivated by the outdoor adventures, art, and culture of the Pacific Northwest. See why Portland has been named as the #1 most livable city by Forbes magazine.

For more information please visit our website:
http://www.ohsu.edu/emergency/

Contact:
O. John Ma, MD—Professor and Chair
Department of Emergency Medicine
Email: davisgl@ohsu.edu (Glenna Davis, EM HR Manager)

OHSU is an Affirmative Action, Equal Opportunity Employer

OREGON HEALTH & SCIENCE UNIVERSITY

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UNIVERSITY of CALIFORNIA • IRVINE
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EMERGENCY MEDICINE SIMULATION FELLOWSHIP
UNIVERSITY OF CALIFORNIA, IRVINE SCHOOL OF MEDICINE

Department of Emergency Medicine (EM) is seeking a HS Clinical Instructor-Medical Simulation Fellow for July, 2013. UCIMC is a Level I Trauma center with 2800 runs/year, 40,000 ED census with a nationally recognized three-year residency program since 1989. The UCIMC Education Simulation Center is a new $40 million, 65,000-square-foot facility that provides telemedicine and simulation-based educational programs and CME courses for thousands of healthcare providers each year. The four-story simulation center includes a full-scale operating room, emergency room, trauma bay, obstetrics suite and critical care unit. The Simulation Fellowship is a one year mentored fellowship that offers advanced training in simulation teaching, curriculum design, educational program implementation, study design, and research for a graduate of an accredited Emergency Medicine residency program. Salary is commensurate with qualifications and proportion of clinical effort.

Send CV and statement of interest to Fellowship Director:
C. Eric McCoy, MD, MPH at cmccoy@uci.edu
University of California, Irvine Medical Center
Department of Emergency Medicine
101 The City Drive, Route 128-01
Orange, CA 92868

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

UAB MEDICINE
EMERGENCY MEDICINE

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

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

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

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

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

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

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

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12-36708

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http://aem.mwap.at

WILEY-BLACKWELL

Name: _____ Title: _____ Email: _____

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

Home address: _____

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

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

Office phone: (___) _____ Home phone: (___) _____ Fax: (___) _____

Check Membership Category

□ Active - $560.00 Individuals with advanced degree university appointment actively involved in EM teaching or research.

□ Associate - $250.00 Open to those with interest in EM

□ Young Physician Year One - $335.00 First year following residency graduation.

□ Young Physician Year Two - $460.00 Second year following residency graduation.

□ Resident/Fellow - $165.00 Open to residents/fellows interested in EM. Graduation date:

□ Medical Student - $140.00 Open to medical students interested in EM. Graduation date:

□ International - email membership for pricing

□ *Active/Associate/YP1 or YP2 Academy - $100.00 ea.
□ AEUS □ AWAEM □ CDEM □ ADIEM
□ Simulation □ GEMA □ Geriatrics

□ *Medical Student/Resident/Fellow Academy - $50.00 ea.
□ CDEM □ Simulation □ Geriatrics

□ *GEMA Medical Student □ AEUS/ADIEM Resident - $25.00 ea.

□ *AWAEM Resident/Fellow/Medical Student - FREE

□ *GEMA Resident/Fellow □ AEUS Med. Student - FREE
*must be a current SAEM member to join an academy

Interest Groups: Society members are invited to join any of the dedicated Interest Groups listed below.
Each membership category includes **ONE** Interest Group free of charge. Additional Interest Groups can be added for $25.00

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

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

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

Expiration Date: _____ Billing Zip Code: _____ Signature: _____

SAEM, 2340 S. River Rd, Suite 200 Des Plaines, IL 60018. email: membership@saem.org You may also join at member.saem.org Rev. Date 6/14/2012

Society for Academic Emergency Medicine

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FUTURE SAEM ANNUAL MEETINGS

2013
May 15-18
The Westin Peachtree Plaza, Atlanta, GA

2014
May 14-17
Sheraton Hotel, Dallas, TX

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

AEM Consensus Conference

May 15, 2013
Topic: "Global Health in Emergency Medicine: A Research Agenda"
Co-Chairs: Stephen Hargarten, MD, MPH
Mark Hauswald, MD
Jon Mark Hirshon, MD, MPH
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