

common SENSE



when minutes count

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THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



INSIDE THIS ISSUE

1

President's Message

2

Editor's Letter

5

Washington Watch

15

Resident and Student
Association

19

Young Physicians
Section

22

Job Bank

PRESIDENT'S MESSAGE

What's in an Acronym?

by Tom Scaletta, MD FAAEM
AAEM President

Well, if we're referring to FAAEM, then plenty!

Certification in emergency medicine is a non-negotiable pre-requisite for achieving fellowship status or FAAEM. That a physician be board certified in his or her field of practice has become a public expectation. AAEM assigns 'FAAEM' only to those members certified by the American Board of Emergency Medicine (ABEM), the American Osteopathic Board of Emergency Medicine (AOBEM) or the Royal College of Physicians and Surgeons of Canada.

Acceptance into an emergency medicine residency is now the only path to becoming FAAEM. This privilege is reserved for those at the top of their medical school class and suited to the psychological and physical rigors of our profession. Accredited emergency medicine training programs carefully select candidates and provide direct training over the course of several years to assure each is ready for independent practice upon graduation. This process is highly effective. If one happens to develop a passion for emergency medicine after completing another program, the solution is to reapply and retrain.

AAEM is deeply indebted to the founders of emergency medicine, those who essentially "created" our specialty. Through their intelligence, finesse and perseverance, emergency medicine training programs thrive in most academic centers. Still, the emergency medicine practice track closed two decades ago for a very good reason. On-the-job, unsupervised learning in a field where lives are at risk is dangerous. Several published articles conclude formal emergency medicine training improves safety. In fact, liability insurance providers demonstrate a significant risk reduction with ABEM/AOBEM certified emergency physicians.

Even though the fifteen-year-long Daniels suit, filed on behalf of those adversely affected by ABEM's decision to close the practice track, was dismissed last year, efforts challenging legitimate board certification continue. After failures in Florida (2005) and North Carolina (2006), this year the AAPS is taking on New York because their alternative board is not acknowledged on a Department of Health website.

The AAPS argues there is an undersupply of emergency physicians because rural emergency rooms cannot generally attract a full complement of ABEM/AOBEM certified physicians. While AAEM recognizes geographic shortages of specialists in all fields, raising the quality bar is a public expectation in high risk professions. For instance, the notion that someone who has mastered Microsoft Flight Simulator be able to supplant an FAA-certified commercial pilot on an underserved route is inconceivable.

I am proud to serve a professional organization that says what it means and means what it says, especially regarding FAAEM.



EDITOR'S LETTER

Investing in the Future

by David Kramer, MD FAAEM

Wow, time sure flies! By the time you read this, the 14th Annual Scientific Assembly will be almost upon us. Have you checked out the Amelia Island Plantation website? If not, go to www.aipfl.com and take a look. The average daytime temperature is 68°, perfect for golf, tennis, fishing or a beautiful hike. The beach, pool and bike riding paths are just steps away. Sounds to me like a wonderful spot for all of us trying to make it through another cold winter. Bring your family, and extend your trip into a vacation. Keep in mind that the resort is not the only reason to make the trip. You will see and hear another superb lineup of great speakers bringing you the latest and greatest in emergency medicine. This will be a great opportunity to relax, have fun and earn some CME. And remember, you have already paid for the meeting with your membership dues! Amelia Island looks like a great winter retreat, and you know that the Scientific Assembly can't be beat. I hope to see you there!



Amelia Island Plantation



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AAEM Mission Statement

The American Academy of Emergency Medicine (AAEM) is the specialty society of emergency medicine. AAEM is a democratic organization committed to the following principles:

1. Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
2. The practice of emergency medicine is best conducted by a specialist in emergency medicine.
3. A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
4. The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
5. The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
6. The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patients.
7. The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.

Membership Information

Fellow and Full Voting Member: \$365 (Must be ABEM or AOBEM certified in EM or Pediatric EM)

*Associate Member: \$250 (Associate-voting status)

Emeritus Member: \$250 (Must be 65 years old and a full voting member in good standing for 3 years)

Affiliate Member: \$365 (Non-voting status); must have been, but is no longer ABEM or AOBEM certified in EM.

International Member: \$125 (Non-voting status)

AAEM/RSA Member: \$50 (Non-voting status)

Student Member: \$50 (Non-voting status)

*Associate membership is limited to graduates of an ACGME or AOA approved Emergency Medicine Program.

Send check or money order to : AAEM, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202, Tel: (800) 884-2236, Fax (414) 276-3349, Email: info@aaem.org. AAEM is a non-profit, professional organization. Our mailing list is private.

The AAEM Foundation would like to thank the following individuals for their contributions to help fight the Corporate Practice of Medicine.

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Florida Chapter Goes Online!

by Kenneth Scheppeke, MD FAAEM

The Florida State Chapter of the American Academy of Emergency Medicine (FLAAEM) announces its new website www.FLAAEM.org.

Following on the heels of a successful election, the board of directors of FLAAEM approved the chapter's move online. The new site is expected to greatly increase the chapter's presence and ability to communicate with members, and post news and events important to the specialist in emergency medicine practicing in Florida. As the chapter grows, the online presence will allow greater services and resources to be made available to FLAAEM members.

The site currently lists the FLAAEM leadership, current news, a comprehensive list of the hospitals in the state of Florida and all the current residency programs in emergency medicine in the state with links to detailed information on these programs. It also links to several popular areas on AAEM's website including the job bank and the AAEM discussion forum.

The www.FLAAEM.org site will also allow greater advocacy campaigns by FLAAEM's board of directors and members. As issues arise, the website can post action

alert information along with links to sites such as the FMA and AMA grassroots directory of legislators to facilitate successful email letter writing campaigns. This new online presence, along with FLAAEM's newly revamped email listserv, will greatly enhance the ability of Florida's specialists in emergency medicine to be kept abreast of issues important to their field and their patients, and allow them to voice their concerns directly to each other, their board and their legislators.

As the organization grows, future plans are in place to add several new services for FLAAEM members on the website. Florida Board of Medicine mandated online CME courses are being planned, as is an enhanced reference area for both the public and physicians. The FLAAEM board of directors is currently interested in hearing from members that have expertise in either writing CME articles or in website design and programming to assist with future expansion of this program.

For more information or to join in the effort to improve the website, please email the FLAAEM board of directors at flaembod@list.aaem.org.

Greetings to all FLAAEM members from your board of directors!

If you are a member of AAEM and live in Florida, we hope that you are also a member of your Florida state chapter, FLAAEM. However, joining AAEM does not automatically make you a state chapter member. There is a separate application for our organization. You can find it on the AAEM website under state chapters at www.aaem.org/statechapters/flaaem_app_2007.pdf. If you haven't joined yet, we urge you to do so. There are many things we can achieve at the state level, but we need your support. There is strength in numbers, and the greater our membership, the more we can accomplish for you, the Florida ED doc! This is an update on what we have been working on so far this year. We will be providing regular reports in *Common Sense* and on the website, as well as through our list serv.

Item #1 - List serv

We established a list serv for all FLAAEM members. This is a vehicle to distribute information to our members, as well as a potential forum for conversations and dialogue. The address is flaaem@lists.aaem.org

Item #2 - Elections

We held special elections this year, utilizing online balloting. Results were as follows:

President: Dr. Mark Foppe

Vice President: Dr. Ken Schepke

Treasurer/Secretary: Dr. Aryeh Pessah

Directors: Dr. Douglas Lee, Dr. Victor Andres Sasson

Associate Director: Dr. Tobey Williams

The executive committee had previously voted to amend the bylaws to increase the number of directors and to create an associate director position to represent the associate members as well as a resident position (currently vacant) on the board. Dr. Joel Stern remains on the board as Immediate Past President.

Item #3 - Donation to AAEM Foundation

The board voted to donate \$1000 to the AAEM Foundation to support their important legal battles in the state of Texas. We encourage all FLAAEM members to make individual donations as well.

Item #4 - Dr. McNamara Visited Mount Sinai Residents

On October 24th, Dr. Robert McNamara visited the emergency medicine residency program at Mount Sinai Medical Center in Miami Beach to give his lecture on the state of emergency medicine. This is part of our ongoing effort to make our residents aware of the realities of the corporate practices in our state. Many thanks to Dr. Beth Longenecker, the Residency Director at Mount Sinai, for her assistance in organizing this important meeting.

Item #5 - BOD Meetings

In March 2007, a FLAAEM meeting was held at the 13th Scientific Assembly of AAEM in Las Vegas. A FLAAEM meeting will be held during the next AAEM SA in Amelia Island, Florida, February 7 - 9. All are welcome to attend; exact time and location to be announced.

Item #6 - Board Certification Issues

In July 2007, the BOD of FLAAEM worked with Rep. Homan on the EM questionnaire for the Physicians

Workforce Bill before the Florida Legislature to ensure that board certification was included. On July 17, 2007, Mark Foppe, DO FAAEM, spoke at the FENA state meeting regarding EM physician certification. FENA has agreed to support attempts at legislatively addressing this issue.

Item #7 - Other Legislative Issues

Dr. Mark Foppe, FLAAEM President, and Dr. Joel Stern, FLAAEM Immediate Past President, attended the FMA's Council on Legislation Meeting regarding the On-Call crisis in Florida and joint efforts of FMA, FOMA and FLAAEM to get sovereign immunity for EM physicians and specialists who take calls for the ED. This took place during the FMA Board of Governors Meeting in Tampa on October 26th.

As you can see, there are a lot of exciting things happening with our organization. We are looking forward to seeing everyone at the Scientific Assembly in Amelia Island this coming February.

We would also like to extend our best wishes for a speedy recovery to Tom Derenne, AAEM's Program Manager, who was recently injured in a serious car accident. Tom has been working very closely with us this year, and his assistance has been invaluable. Tom, our thoughts and prayers are with you.

Joel Stern, MD FAAEM

Immediate Past President, FLAAEM

drj1000@msn.com

Applicants for Certificate of Excellence in Emergency Department Workplace Fairness

Emergency physicians are encouraged to contact AAEM (anonymously, if desired) to report a listed group that they believe is not in compliance along with an explanation.

Organization	State
Baptist Hospital, Nashville	TN
Emergency Physicians at Sumner, PLLC	TN
Middle Tennessee Medical Center	TN
Southwestern Michigan Emergency Services, P.C.	MI

Recognized as being in compliance with Certificate of Workplace Fairness Standards & Conditions

Organization	State
Baltimore Washington Medical Center	MD
Clear Lake Regional Medical Center	TX
Kern Medical Center	CA
Madison Emergency Physicians-St. Mary's Hospital	WI
Mount Sinai Hospital	IL
Newport Emergency Physicians	RI
Southern Colorado Emergency Medical Associates	CO
St. Joseph Regional Medical Center	IN
St. Luke's Hospital	IA
UCI Medical Center	CA
University of Oklahoma COM-Tulsa	OK
Watsonville Community Hospital	CA

Specialty Hospitals' Use of 911 Services Questioned by Senator

by Kathleen Ream, Director of Government Affairs

In response to a local Phoenix news report that found physician-owned specialty hospitals had called 911 emergency responders to transport a total of 150 patients to full-service community hospitals when they experienced complications following surgeries, Senate Finance Committee leaders are questioning six Arizona surgical and orthopedic hospitals about their frequent use of 911 to handle emergency cases at their facilities. On August 23, Chairman Max Baucus (D-MT) and ranking minority member Chuck Grassley (R-IA) sent letters to the following hospitals: Surgery Center of Scottsdale in Scottsdale; Biltmore Surgical Center in Phoenix; Arizona Surgical Specialists Center in Tempe; Arizona Spine and Joint Hospital in Mesa; The Orthopedic Surgery Center of Arizona in Phoenix; and Arizona Orthopedic Surgical Hospital in Chandler Heights.

Requesting a response from the hospitals by August 31, the senators wrote that they were "deeply disturbed" to hear that specialty hospital staffs seemingly had relied on 911 to handle emergency cases in their facilities. They asked hospital executives to provide information about staff capabilities in emergency care and other areas and specifics about the hospitals' financial situation. They also requested details about the status and medical history of patients for whom specialty hospitals called 911 and the outcomes for patients transferred from the facilities to community hospitals. Finally, Baucus and Grassley asked whether Medicare or Medicaid covered any portion of patient care at the specialty hospitals and whether they were accredited by The Joint Commission.

Widespread concerns about specialty hospitals using 911 services to handle emergency care cases first surfaced in January as a result of the death of a patient transported from a surgical hospital in Abilene, Texas, to a community hospital for emergency complications that arose during routine surgery. CMS ultimately ended its Medicare contract with the facility, citing failures to maintain conditions of participation. Those conditions, which were clarified by CMS in April, require most Medicare-participating hospitals, including specialty hospitals, to be able to evaluate and provide initial treatment for any emergency situation.

Grassley and Baucus have spoken out against specialty hospitals several times in the past and are particularly critical of those in which referring physicians have an ownership interest. They said evidence that specialty hospitals were unable to handle emergency complications following surgeries was especially troublesome.

Medicare No Longer Covers Hospital Errors

In a significant policy change that Administration officials say could save lives and millions of dollars, Medicare will no longer pay the extra costs of treating preventable errors, injuries and infections that occur in hospitals. Private insurers are considering similar changes, which they say could increase the savings and benefits for patients.

Under the new rules, Medicare will not pay hospitals for the costs of treating certain "conditions that could reasonably have been prevented." Those conditions include: bedsores or pressure ulcers; injuries caused by falls; and infections resulting from the prolonged use of catheters in blood vessels or the bladder. Some of the complications for which Medicare will not pay, under the new policy, are caused by common strains of staphylococcus bacteria. Other life-threatening staphylococcal infections may be added to the list in the future. In addition, Medicare will not pay for the treatment of "serious preventable events" such as: leaving a sponge or other object in a patient during surgery; giving a patient incompatible blood or blood products. The Bush Administration estimates the new policy will save Medicare \$20 million a year, but other experts say the savings could be substantially greater.

When the new rules were first proposed in May, consumer advocates feared that some hospitals might charge patients for costs that Medicare refused to pay. However, the final rules state, "The hospital cannot bill the beneficiary for any charges associated with the hospital-acquired complication." With that clarification, consumer groups welcomed the change. Lisa A. McGiffert, a health policy analyst at Consumers Union, had nothing but praise for the rules. "Hundreds of thousands of people suffer needlessly from preventable hospital infections and medical errors every year," McGiffert said. "Medicare is using its clout to improve care and keep patients safe. It's forcing hospitals to face this problem in a way they never have before."

On the other hand, while hospital executives endorsed the goal of patient safety, they also said the policy would require them to collect large amounts of data they did not now have. That raises the possibility of changes in medical practice as doctors hew to clinical guidelines and hospitals perform more tests to assess the condition of patients at the time of admission.

Hospital executives also worry that they will have to absorb the costs of these extra tests. And, while Nancy E. Foster, a vice president of the American Hospital Association (AHA), agreed that doctors and hospitals know how to prevent the transfusion of incompatible blood products and should not be paid more if they accidentally leave objects in patients during surgery, she also voiced concern that some of the conditions cited by Medicare were not entirely preventable. For example, in their comments on the proposed rules in June, the AHA said, "Certain patients, including those at the end of life, may be exceptionally prone to developing pressure ulcers, despite receiving appropriate care." Foster added that, since hospital records in most states do not show whether a particular condition developed before or after a patient entered the hospital, many hospitals will have to perform more laboratory tests to determine, for example, if patients have urinary tract infections at the time of admission.

continued on page 7

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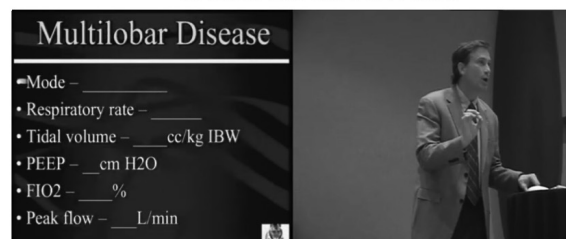
"Love the lectures with presenter on one side and the slides on the other. Feels like I am actually there."

Featured Content!

UCSF High Risk EM
Resuscitation Cedars-Sinai Symposium
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Airway and Sedation Office Based Emergencies
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Dr. Tammy Lundstrom, chief medical officer at Providence Hospital in Southfield, Michigan, voiced the same concerns. She said, "The rules could encourage unnecessary testing by hospitals eager to show that infections were already present at the time of admission and did not develop in the hospital." Moreover, she said, "Serious, costly infections can occur even when doctors and nurses take all the recommended precautions."

Yet, Michigan is one state that has had great success in reducing infections related to the use of catheters. The hospitals did not use expensive new technology, but systematically followed well-established infection-control practices. These techniques, hospital executives said, had saved 1,700 lives and \$246 million by reducing infection rates in intensive care units since 2004.

Dr. Kenneth W. Kizer, an expert on patient safety who was the top health official at the Department of Veterans Affairs from 1994 to 1999, said, "I applaud the intent of the new Medicare rules, but I worry that hospitals will figure out ways to get around them. The new policy should be part of a larger initiative to require the reporting of healthcare events that everyone agrees should never happen. Any such effort must include a mechanism to make sure hospitals comply."

EMTALA Screening Claim Moves Forward on "Grave Scenario" Grounds

On August 16, 2007, the U.S. District Court for the Southern District of Indiana denied a defendant hospital's summary judgment motion to stop a plaintiffs' EMTALA claim that screening requirements were violated. Despite plaintiff's failure to provide evidence that the screen performed on him differed from any other patient's screen, the court ruled that the "scenario is so grave that a jury could conclude that rather than a negligent deviation from normal practice, the screening requirement was simply not met." (Lewellen v. Schneck Medical Center, S.D. Ind., No. 05-83, 8/16/07) On plaintiff's second EMTALA claim, the federal court granted the defendant hospital's partial summary judgment motion, thereby limiting defendant's liability to \$250,000 as set by Indiana's Medical Malpractice Act.

The Facts

While driving drunk through Indiana, plaintiff Kevin Lewellen ran off the interstate and suffered a burst fracture in his lower back. He was taken to defendant Schneck Memorial Hospital ("Schneck") where Lewellen was then taken to the x-ray room. Several x-rays were taken of Lewellen with no trouble while he was flat on his back. But when the technicians tried to turn Lewellen on his side for a lateral view of his lumbar spine, Lewellen remembers being in significant pain. Before the last of Lewellen's x-rays had printed, Lewellen's blood alcohol test results were received, revealing a blood alcohol level of .297.

Soon thereafter, and in less than one hour after admission into Schneck, Lewellen was informed that he was being discharged, and that a state trooper would take him to the county jail for operating a vehicle while intoxicated. Lewellen refused to sign the consent to discharge, pleading that he was in tremendous pain, insisting that the hospital

had not examined him sufficiently. Three minutes after attempting to get Lewellen to sign his discharge papers, Lewellen was discharged from the hospital. At exactly the same time, according to hospital records, the last of Lewellen's x-rays came off the printer. The Schneck ED physician wrote on the ED chart that the x-rays revealed no fracture and that lack of cooperation by the patient caused the films to be of poor quality.

Two hours after being discharged from the hospital, a Schneck radiologist looked at Lewellen's x-rays as part of a second read quality control process. His report states that Lewellen's spine had an ossific density, but a fracture "cannot be completely excluded" because the lateral view of the lumbar spine was not diagnostic, meaning that it was not clear enough to be useful." According to protocol, if the radiologist notices something that the ED doctor missed, the radiologist needs to communicate with the ED physician. From the record, it appears that no contact was made.

Lewellen had been transported to the jail. Over the night he started to notice neurological symptoms, such as numbness in his lower body. Also, one of the state troopers noticed that Lewellen still had a bleeding gash in his arm with grass and dirt in it when he arrived at the jail. With his condition worsening, Lewellen was allowed to return to the Schneck ED. A CT scan of his spine performed at Schneck revealed that during the night Lewellen spent in jail, a "fragment of bone from the burst fracture had displaced and was impinging on his spinal column." Lewellen was later transported to another hospital where he underwent an operation. As a result of his injury, Lewellen sustained permanent neurological defects. Plaintiff sued defendant healthcare providers for violating EMTALA's screening and stabilization requirements.

The Ruling

EMTALA requires that if a medical condition is detected through screening, the patient may not be discharged until "he or she has received a stabilizing treatment or transferred when certain criteria are met." The court agreed with the defendant that under the law, a hospital is only required to stabilize an emergency medical condition of which they are aware. Defendant Schneck claimed that it performed an appropriate medical screen, and finding Lewellen with a normal neurological exam, was not liable for triggering the stabilization requirement.

"EMTALA is not a national medical malpractice statute imposing a standard of care on hospital emergency rooms," the court wrote. "A hospital that conducts an appropriate medical screen," continued the court, "yet fails to detect, or misdiagnoses, an emergency medical condition – even if negligent and liable under medical malpractice – is not liable under EMTALA." Moreover, the court agreed that EMTALA aims at disparate treatment, and plaintiff offered no evidence that the screen performed on him differed from any other patient's screen. But in a surprising reasoning, the district court determined that in the evidence plaintiff presented, "a

continued on page 10



MEMC IV Scientific Committee Chair Joe Lex, MD FAAEM, speaks at the Opening Ceremony and welcomes delegates to the Fourth Mediterranean Emergency Medicine Congress (MEMC IV).

Photos from the Fourth Mediterranean Emergency Medicine Congress in Sorrento, Italy



MEMC IV received nearly 1,100 abstract submissions. Top-scoring abstracts were printed in the *Journal of Emergency Medicine* and the *European Journal of Emergency Medicine*.



Pre-Congress courses and workshops were held on September 15 and 16. The Ultrasound Workshop, led by Mike Lambert, MD FAAEM, featured both didactic and interactive hands-on sessions with faculty.



Judith Tintinalli, MD MS FAAEM, and Peter Cameron, MD, presented the plenary session on Wednesday, September 19 titled "CME: Millstone or Milestone?"



Amal Mattu, MD FAAEM, led the Advanced ECG Interpretation workshop on September 16.



More than 1,500 delegates from 72 countries attended MEMC IV, making this Congress the best-attended MEMC yet.

MEMC IV Recognizes...

The Scientific Committee of the Fourth Mediterranean Emergency Medicine Congress (MEMC IV) wishes to recognize and congratulate the following delegates:

CPC Competition Winners

First Place—Jeffrey Freeman, MD FAAEM

Dr. Freeman correctly diagnosed serotonin syndrome due to drug interaction with an over the counter cough remedy.

Second Place—Brian Walsh, MD FAAEM

Dr. Walsh correctly diagnosed hypotension due to air embolism in a dialysis patient.

Third Place—Amal Yousif, MD

Dr. Yousif correctly diagnosed a sick infant with infantile botulism.

High-Scoring Oral Abstract Presentations

The following are the highest scoring oral abstracts from each of the six oral abstract sessions at MEMC IV:

- Monday, September 17th, Morning:
OR.34- Minimal illumination criterion for direct laryngoscopy in the pre-hospital setting.
Cheung K, Kovacs G, Leblanc D, Sandeski R, Leslie R, and Gao J. Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia, Canada.
- Monday, September 17th, Afternoon:
OR.67- The utility of shock index in differentiating major from minor injury.
Sinert R, Paladino L, Nabors SG. SUNY-Downstate Medical Center, Brooklyn, New York, USA.
- Tuesday, September 18th, Morning:
OR.108- Histopathologic effect of endotracheal drug administration on porcine lung tissue.
Menci F, Weigand J, Teerman G, Iturregui J, Rajjappannai L, Barhorst B, Evancho-Chapman M, and McGuire K. Summa Health Systems, Akron, Ohio, USA.
- Tuesday, September 18th, Afternoon:
OR.161- Comparison of prediction rules for nursing home-acquired pneumonia and community acquired pneumonia.
Graham CA, Rainer TH. Chinese University of Hong Kong, Hong Kong SAR, China.
- Wednesday, September 19th, Morning (Tie):
OR.181- Delayed defibrillation by emergency physicians using an automated external defibrillator.
Calle P. Ghent University Hospital, Ghent, Belgium
OR.205- Calculation of the relative contributions of population aging and inpatient bed access block on overcrowding.
Richardson DB. Australian National University, Garran, ACT, Australia.
- Wednesday, September 19th, Afternoon:
OR.190- Compliance with the new resuscitation guidelines in v-fib cardiac arrest at an international EMS competition.
Tat M, Menci F, Pokorna M, Kratochvil J, and Reich J. Summa Health Systems, Akron OH, USA; OLVG Hospital, Amsterdam, the Netherlands; Motol Hospital, Prague, Czech Republic; New York Medical School, Valhalla, NY, USA.

High-Scoring Poster Abstract Presentations

The following poster presentations received the highest scores. They are listed in chronological order of presentation:

- M1.119- Program director survey of ultrasound usage in medical school and residency.
Bahner D, Bowen J, Ewing J. The Ohio State University, Columbus, USA.
- M2.2- Ultrastructural changes in rat thyroid tissue after acute organophosphate poisoning.
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The Fourth Mediterranean Emergency Medicine Congress (MEMC IV) was held 15-19 September 2007 in Sorrento, Italy. MEMC is a biennial collaboration of AAEM and the European Society for Emergency Medicine (EuSEM). The full text of all abstracts presented at MEMC is online now at www.emcongress.org/2007/abstracts.php.

reasonable jury could conclude that the screen performed was so cursory that it was not designed to identify acute and severe symptoms and thus [the hospital's screen] did not meet the requirements of EMTALA." For this reason, Schneck's motion for summary judgment was denied.

Regarding plaintiff's medical malpractice claim, the court recognized that EMTALA authorizes suit for personal harm, but limits the damages recoverable to "those damages available for personal injury under the law of the state in which the hospital is located." The court suggested that precedent-setting cases decided in the Southern District of Indiana have held that this "language commands that limits on damages under the Indiana Medical Malpractice Act apply to EMTALA claims that fall within Indiana's definition of malpractice." Congress, the court determined, concerned with the weight of excessive judgments on rural institutions, such as Schneck, "incorporated the state's limitations on claims to limit EMTALA claims that would have been limited under state law." The State of Indiana's damage caps limit liability to \$250,000 on a malpractice claim, and the district court ruled that EMTALA damages must fit within the limits of that system. Thus, defendant Schneck's motion for partial summary judgment was granted.

The decision's full text is available at <http://op.bna.com/hl.nsf/r?Open=psts-769mq7>.

EMTALA Claim Proceeds to Trial for Determination of Stabilization

On August 17, 2007, the U.S. District Court of the Northern District of Iowa found that an emergency physician's certification that a patient was stabilized prior to transfer did not eliminate, as a matter of law, EMTALA liability. The court held that whether the patient actually was stabilized prior to transfer, and whether the doctor adequately deliberated and weighed medical risks and benefits of transfer, were questions to be determined by a jury. Thus, this case is to proceed to trial on the plaintiffs' claim for damages against the defendant hospital.

The Facts

The plaintiffs, Laura A. Heimlicher and Lawrence W. Heimlicher, on behalf of their deceased infant son, Cole C. Heimlicher, brought an EMTALA claim against defendants Dickinson County Memorial Hospital (the "Hospital") and James O. Steele, MD, a specialist in emergency medicine employed by the Hospital, alleging that the Hospital violated EMTALA by recognizing an emergency condition and failing to adequately stabilize the patient before transferring the patient to another facility. According to the complaint, Laura Heimlicher, at eight months pregnant, started to bleed, and her water broke. She was taken by ambulance to the Hospital, where she was admitted.

Dr. Steele attended to Heimlicher in the ED, and, after hearing a description of her conditions, performed an examination and ordered a fetal heart monitor. Steele consulted a doctor in Sioux Falls, South Dakota, who recommended administration of a medication. After administering the medication, an ultrasound was completed by a technician, who assured Heimlicher and Steele that there was no abruption, although an

abnormality in the placenta was identified. After a second consultation with the South Dakota physician, Steele decided it was safe to transfer Heimlicher to a Sioux Falls hospital.

An ambulance delivered Heimlicher to the Sioux Falls hospital, but, during the trip, her vaginal bleeding continued and her pain increased. The Sioux Falls hospital doctor noted at Heimlicher's arrival that she was in "severe pain and clearly abructing her placenta or rupturing the uterus." She was taken to the operating room, where the baby was stillborn.

Heimlicher sued the Hospital seeking damages pursuant to EMTALA. The Hospital argued it is entitled to summary judgment on plaintiffs' complaint. The plaintiffs responded by arguing that their EMTALA claim against the Hospital presents genuine issues of material fact for trial.

The Ruling

EMTALA mandates that a hospital provide necessary stabilizing treatment for an individual who comes to the hospital if the hospital determines the individual has an emergency medical condition. There was no dispute in this case that the Hospital was presented with an "emergency medical condition" when Heimlicher came to the Hospital. Nor was there dispute that Heimlicher did not "in writing request transfer to another medical facility." She did, however, sign a "Consent For Transfer" form, which Steele also signed certifying that "[t]his patient with an emergency medical condition has been stabilized."

Defendant contended that the undisputed facts establish that Heimlicher was stabilized prior to transfer and, therefore, the Hospital cannot be held liable under EMTALA. Plaintiffs argue that although Steele signed the form, it was not true that Heimlicher's emergency medical condition was stabilized before transfer.

The court found present issues of material fact for jury determination on the question of whether Heimlicher was stabilized prior to transfer. The court noted that "[l]iability under EMTALA is not determined based on the patient's condition after the release, but rather on whether the patient received the medical attention that any other patient in her position would have received." However, the court determined that the question of whether the patient had been stabilized at the time of the transfer was in serious dispute, since it appeared that Steele's certification that Heimlicher's condition was stabilized may have been based on an incomplete understanding of the definition of "stabilized" in EMTALA. Substantial evidence in the record that Heimlicher was having contractions while at the Hospital, suggested in the court's ruling that she could not have been "stabilized" for purposes of EMTALA.

A pregnant woman having contractions and who has not been stabilized can be transferred under EMTALA "if a physician signs a certification that, based upon the available information, the medical benefits reasonably expected from the transfer outweigh the increased risks to the mother and the unborn child." The plaintiff argued, however, that the certification was deficient because the

continued on page 14

Upcoming AAEM-Endorsed or AAEM-Sponsored Conferences for 2007-2008

December 2-7, 2007

- Maui 2007: Current Concepts in Emergency Care
Wailea Marriott, Wailea, Hawaii
Sponsored by The Institute for Emergency Medical Education (IAEM) and The Washington Chapter of the American College of Emergency Physicians.
<http://www.ieme.com>

January 26-30, 2008

- Rocky Mountain Winter Conference on Emergency Medicine
Copper Mountain, Colorado
Sponsored by Beth Israel Deaconess Medical Center, Boston, MA, Brigham and Woman's Hospital, Boston, MA, Denver Health Medical Center, Denver, CO and others.
www.coppercme.com

January 28-31, 2008

- Ski BEEM
Best Evidence in Emergency Medicine Course (BEEM)
Silver Star Mountain Resort, British Columbia, Canada
Sponsored and organized by McMaster University, Continuing Health Sciences Education
<http://www.beemcourse.com/index.html>

February 7-9, 2008

- 14th Annual AAEM Scientific Assembly
Amelia Island Plantation, Amelia Island, FL
Sponsored and organized by the American Academy of Emergency Medicine.
www.aaem.org

February 29-March 2, 2008

- The Difficult Airway Course-Emergency™
Hyatt Regency, Huntington Beach, CA
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theairwaysite.com/wordpress/home/emergency-medicine/>

March 10-11, 2008

- 13th Annual Scientific Assembly for Emergency Medicine in Israel
Hilton Tel Aviv, Israel
The Israeli Association for emergency medicine invites health care professionals from all fields of emergency medicine to attend the 2008 annual scientific assembly.
www.iaem.org.il/e

March 14-16, 2008

- The Difficult Airway Course-Emergency™
Hyatt Regency Miami, Miami, FL
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theairwaysite.com/wordpress/home/emergency-medicine/>

April 2-3, 2008

- AAEM Pearls of Wisdom Oral Board Review Course
Las Vegas
Course sponsored and organized by the American Academy of Emergency Medicine
<http://www.aaem.org>

April 4-6, 2008

- The Difficult Airway Course-Emergency™
Hyatt Regency Chicago, Chicago, IL
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theairwaysite.com/wordpress/home/emergency-medicine/>

April 19-20, 2008

- AAEM Pearls of Wisdom Oral Board Review Course
Chicago, Dallas, Los Angeles, Orlando, Philadelphia
Course sponsored and organized by the American Academy of Emergency Medicine
<http://www.aaem.org>

May 2-4, 2008

- The Difficult Airway Course-Emergency™
Hyatt Regency Cambridge, Boston, MA
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theairwaysite.com/wordpress/home/emergency-medicine/>

May 4-7, 2008

- The Heart Course-Emergency™
Hyatt Regency Cambridge, Boston, MA
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theheartcourse.com/>

May 21-23, 2008

- High Risk Emergency Medicine
Hotel Nikko, San Francisco, CA
Presented by the Division of Emergency Services San Francisco General Hospital and Department of Medicine at the University of California, San Francisco
www.highriskem.com

June 6-8, 2008

- The Difficult Airway Course-Emergency™
Westin Seattle, Seattle, WA
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theairwaysite.com/wordpress/home/emergency-medicine/>

October 10-12, 2008

- The Difficult Airway Course-Emergency™
Bally's Las Vegas, Las Vegas, NV
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theairwaysite.com/wordpress/home/emergency-medicine/>

October 13-15, 2008

- The Heart Course-Emergency™
Bally's Las Vegas, Las Vegas, NV
Sponsored by the Airway Management Education Center (AMEC)
<http://www.theheartcourse.com/>

November 14-16, 2008

- The Difficult Airway Course-Emergency™
Westin Buckhead, Atlanta, GA
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Do you have an upcoming educational conference or activity you would like listed in *Common Sense* and on the AAEM website? Please contact Tom Derenne to learn more about the AAEM endorsement approval process: tderenne@aaem.org. All endorsed, supported and sponsored conferences and activities must be approved by AAEM's ACCME Subcommittee.

Free At Last from Restrictive Covenants

Vincit omnia veritas (Truth conquers all) --Latin proverb.

by Andy Walker, MD FAAEM; Vice President of TNAAEM

Emergency physicians appear to have won final victory in the fight against restrictive covenants in Tennessee. In case you haven't been following the story, the TN Supreme Court ruled in Udom in 2005 that restrictive covenants in physician employment contracts violate the public interest and are unenforceable, and thus void. Since there was little or no statute law on the subject in TN, the court based its ruling on a combination of things. These included the traditions of medical ethics, which require physicians to put the welfare of patients above their own financial interests, and a policy statement from the American Medical Association (AMA) that says "Covenants-not-to-compete restrict competition, disrupt continuity of care and potentially deprive the public of medical services." The court also drew an analogy between the duty of a lawyer to a client and that of a physician to a patient (restrictive covenants are forbidden in the legal profession).

The court hinted in its decision that, if the legislature passed a law explicitly legalizing restrictive covenants, it might rule differently when the issue came before it again in the future. Thus a bill appeared in the very next legislative session in 2006 that would have again legalized restrictive covenants. The TN chapter of the American Academy of Emergency Medicine (TNAAEM) immediately mobilized to fight the bill. Even though the bill had already cleared all subcommittees and committees before we learned of its existence, we were successful. At first, the TN chapter of the American College of Emergency Physicians (TCEP) joined us in the effort, and many of its members called or emailed their legislators to stop the bill. Many told us that they too were unaware of the bill's existence until days before it was scheduled for a floor vote. Emergency physicians from both groups worked together and the floor vote was delayed while the bill was amended to exclude emergency medicine. In fact, it was TCEP's lobbyist who carried that amendment to the bill's sponsors. Then TCEP's board of directors held a meeting by conference call and voted to withdraw TCEP's support for the amendment exempting emergency physicians. Fortunately, we were still able to stop passage of the bill, and it was moved to a study committee for the summer.

Over the summer, the Tennessee Medical Association, which was neutral on the bill, acted as moderator in talks between TNAAEM's president, Dr. Kevin Beier, and representatives from TCEP and the Tennessee Group Practice Coalition for Advocacy (TGPCA). TGPCA represents some of the large medical groups in TN that want restrictive covenants legal again. At the time, we thought we had no chance of defeating the bill completely, so TNAAEM agreed not to oppose the entire bill and TGPCA agreed to have the bill's sponsor amend it to exempt emergency physicians.

When the bill reappeared in 2007, we were shocked to see that there was no exclusion for emergency physicians. Apparently, TGPCA had less influence than it thought with the bill's main sponsor and backer, Rep. Doug Overbey.

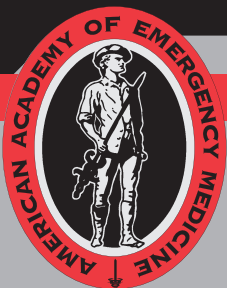
TNAAEM then went back to war. While willing to settle for an amendment exempting emergency medicine, our goal was to defeat the bill outright. This would not only protect emergency physicians from the evils of restrictive covenants, it would also protect patients. TCEP was on our side again, in that it supported an amendment excluding emergency physicians from the bill. TCEP did not oppose the bill overall, but this time around it was consistent in its support for an amendment exempting emergency medicine.

Powerful forces were arrayed to oppose us, and the odds were definitely against us. Not only were we fighting the money and professional lobbyists of TGPCA and the Jackson Clinic, a large multi-specialty group in West TN, some non-medical professionals that were covered by the bill also supported it. The most important of these were optometrists, since the current House majority leader was executive director of the TN Optometric Association for over 20 years. What's more, these were just the groups that openly supported restrictive covenants. We also had to consider those that were pushing the bill only in private, away from the public eye. Namely, the contract management group (CMG) industry. As all emergency physicians know, CMGs rely on restrictive covenants to protect their contracts. Although it was rumored on Capitol Hill that both the corporate officers of a CMG and their lobbyist were in frequent contact with the bill's sponsor, hoping to make sure that emergency physicians were included in the bill, I cannot personally confirm that.

Our cause was gaining momentum, and it looked like we actually had a chance to defeat the bill completely when the time came for the bill's first hearing. This was in the House Subcommittee on Professional Occupations. Leaders of TNAAEM met with the subcommittee chair, a registered nurse, before the meeting and she became a staunch ally. Dr. David Lawhorn and I testified before the subcommittee and argued first for defeating the bill, and if that was not possible for amending it to exempt emergency physicians. We explained that the whole point of a restrictive covenant was to protect established doctors from competition by limiting the supply of physicians in their area. We also pointed out that competition among doctors is good for patients in several ways and that anything that limits competition among doctors is, thus, bad for patients. We mentioned policy statements against restrictive covenants from the AMA and ACEP, and AAEM's absolute prohibition of restrictive covenants. In fact, we had emailed copies of these documents to every subcommittee member in advance. Finally, we explained why restrictive covenants were particularly destructive in emergency medicine and how CMGs use them as leverage.

We were not able to defeat the bill, and it was passed out of the subcommittee, but it was also amended to exclude emergency medicine! At that point we accepted our partial victory with gratitude and dropped our opposition to the bill once again. It passed through its next House committee without incident and went to the floor of the

continued on page 14



when minutes count

AMERICAN ACADEMY OF EMERGENCY MEDICINE

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Register for the 14th Annual Scientific Assembly at the following link:

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Presentation Skills and PowerPoint® for Emergency Physicians

Course Director: Joseph Lex, MD FAAEM

Faculty: Indrani Sheridan, MD FAAEM

Resuscitation for Emergency Physicians (2-day course)

Course Directors: William Brady, MD FAAEM
Douglas Migden, DO JD FAAEM

Faculty: Peter DeBlieux, MD FAAEM
Chris Holstege, MD FAAEM
Michael Levy, MD FAAEM
Amal Mattu, MD FAAEM
Robert O'Connor, MD FAAEM
Andy Perron, MD
Rob Reardon, MD FAAEM
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Wednesday, February 6, 2008

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Resuscitation for Emergency Physicians (2-day course)

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F L O R I D A



The American Academy of Emergency Medicine (AAEM) is the specialty society of Emergency Medicine. A democratic organization with more than 5,000 members, AAEM is committed to establishing board certification as the standard for specialists in EM and to securing fair and equitable work environments throughout the EM community.

Washington Watch - continued from page 10

"certifying doctor failed to include an accurate summary of the benefits and risks."

The court agreed with plaintiff, holding that "absence of summary of risk and benefits on transfer certificate does not create EMTALA liability as a matter of law, but creates a jury question as to whether risk/benefit analysis was properly made by physician."

The Hospital's motion for summary judgment was denied, moving this case to trial on the plaintiffs' claim for damages against the Hospital.

For the complete decision, go to [http://www.iand.uscourts.gov/iand/decisions.nsf/0/8B6AB34E325E02E58625733E0059A3EC/\\$File/Heimlicher+v.+Steele.pdf](http://www.iand.uscourts.gov/iand/decisions.nsf/0/8B6AB34E325E02E58625733E0059A3EC/$File/Heimlicher+v.+Steele.pdf)

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Restrictive Covenants - continued from page 12

House with our amendment intact. There, after heated debate, our amendment was stripped from the bill and it was passed without an exclusion for emergency physicians! An amendment exempting radiologists was also removed before passage. It seemed that the only time we could get the bill amended to protect emergency physicians was when we were attempting to defeat it entirely.

We then turned our attention to the Senate. My own state senator, as well as others, agreed to amend the bill in committee to once again exclude emergency medicine. By this time, senators were being deluged with email and phone calls from emergency physicians mobilized by TNAEM. The bill was amended in committee and sent to the Senate floor. Senators received one last wave of email and phone calls from TNAEM the day before the vote, and it showed. The bill, with our amendment, passed unanimously. The House then accepted and passed the Senate version, with amendments protecting both emergency physicians and radiologists. I believe that the unanimity of the Senate, as opposed to the contentious debate in the House, convinced the House to give in rather than take the bill to a conference committee. The governor has now signed the bill into law, and it will take effect next year.

Finally, after over a year of struggle, this issue appears to be dead. I do not believe that CMGs will be willing to come out in the open and argue that emergency physicians, in particular, should be subject to restrictive covenants, which is what they would have to do now that restrictive covenants are legal in other specialties. I am proud of the fact that it was emergency physicians from TNAEM who stood up and argued on behalf of patients. Everyone else was talking about their economic interests and their financial need for restrictive covenants, no matter what it cost patients. TNAEM's first goal was to defeat this bill for the sake of the public (patients). Only after we failed at that did we seek to protect just ourselves.

Emergency physicians in TN are free at last of the restrictive covenants that have been used for years by CMGs and dictatorial individual contract-holders, both to keep us in jobs where we are unfairly exploited and to make it harder for us to establish our own democratic groups. TNAEM, a small organization with few resources, defeated opposition armed with professional lobbyists and lots of money. All we had on our side was a few dedicated and ethical physicians and a valid argument. As it was put in Ecclesiastes, "...I saw that under the sun the race is not to the swift, nor the battle to the strong..."



RESIDENT PRESIDENT'S MESSAGE

Andrew T. Pickens, IV, MD JD MBA

As a third year resident in emergency medicine, it is now time for me to start looking for a job. It is apparently also time for me to be inundated with unsolicited mail, e-mails and phone calls from people who are trying to "place" me in a job or recruit me for some "great" opportunity. Honestly, I do not read all of the mail that I get from these individuals or organizations; however, I did receive one last week that caught my eye. It was a specific paragraph in this letter that drew my attention. The paragraph read as follows:

"Family Practice or Internal Medicine trained physicians have the breadth of training necessary to function in an emergency department, along with the people skills necessary to "get along" with patients, hospital staff and attending physicians."

Protective as I am of our specialty, I was at first upset that a group who staffs a very large number of emergency departments in the United States would send out this letter. This letter was, purportedly, soliciting residents to help fill emergency departments because, by their report, the number of residents graduating from emergency medicine programs is "not adequate to staff all of the nation's emergency departments."

Besides the fact that it offended me that this corporation sent this letter to me, a current emergency medicine resident, the letter worried me (and should worry you) for other reasons. The idea that a graduate of a non-emergency medicine residency program is as well prepared or trained as a graduate of an emergency medicine residency program is contradictory to the very existence of our specialty. Additionally, this idea has dangerous implications for the future.

One would assume that specialty trained physicians, in general, make more than their non-specialized counter-parts. If non-specialty trained physicians are allowed to practice en masse in emergency departments, it is not a stretch to say that they would be paid less. This would be, and is, very attractive to many management groups. It is also not a stretch that many management groups would be ecstatic to be able to hire, on the cheap, doctors to staff their emergency departments. If this is allowed to take place, the specialty becomes secondary to the bottom line, and most importantly, patient care suffers.

We are the ones trained to work in a fast paced and pressure-filled environment. Once we have graduated from an emergency medicine residency, we have earned the right to work in these environments. We have proven our ability to provide the highest level of patient care under some of the most physically and mentally rigorous circumstances in the practice of medicine. This is what emergency physicians do. To allow others to fill this role severely jeopardizes patient care.

It is for precisely this reason that we must act united as a specialty through joining and becoming active in groups such as AAEM or AAEM/RSA. I do not know about you, but I certainly would not want a podiatrist to take out my appendix...unless I was on a desert island...and even then I am not sure. Luckily, I live in North Carolina, and not on a desert island, and I should have the choice to have the appropriate specialist take care of me.

CHANGE OF E-MAIL ADDRESS

If you have changed your e-mail address or are planning to change it, please contact the AAEM office at (800) 884-2236 or info@aaem.org to update your information.



Estate Planning 101

Adrienne McFadden, MD JD
Resident Editor, *Common Sense*
University of Maryland Medical Center

Disclaimer: The information contained hereafter is not intended to serve as legal advice and should not be used as such.

Time is always moving forward. If time stops, it means one of two things, either you landed a starring role in the next Matrix sequel, or you are dead. Thus, "time is precious." As I prepare to embark on another month dedicated solely to trauma, where unexpected mortality and morbidity is a prominent theme, my mind cannot help but ponder my lack of a plan should disaster strike in my life. With hopes that I am not the only delinquent one, I pose a question. How much thought have you given to the inevitability of death? Do you know the basics of estate planning? Do you even know where to begin? Hopefully I can get you to start thinking about these things by introducing you to the basics of estate planning. Be warned, however, that this will not be an exhaustive review.

What is an estate plan? An estate plan is a written arrangement detailing how and who an individual wishes to manage his or her wealth during life and after death. Estate plans are not just limited to a will. The plan may also address your needs in case you are unable to care for yourself while living. Estate planning cannot and should not be done in a day, as it can be a lengthy process and all aspects should be considered carefully.

A well-written estate plan includes a will, a financial plan, medical planning and tax planning. From the plan, one should easily be able to discern (1) how and who will manage your assets during your lifetime if you ever become unable to manage them yourself, (2) when and under what circumstances to distribute your assets during your lifetime, (3) how and to whom your assets will be distributed after your death, and (4) how and who will manage your personal care and/or healthcare decisions if you become unable to care for yourself during your lifetime.

Do I even have an estate? An estate includes all of your assets such as bank accounts, property or other real estate, stocks and bonds, cars and jewelry. Other included assets are life insurance proceeds, retirement accounts, tax refunds and outstanding inheritances. These assets are then valued through "fair market value" analysis. Voila! You have an estate after all.

Why do I need an estate plan now? I, like all the other adult women in America, am only (cough) (cough) twenty-one (cough) years of age. Therefore, I can wait on all this, right? Wrong! Estate planning is not meant to be solely for the aged and rich. In fact, those that begin making provisions earlier in life are all the wiser.

In many states, if you own property valued at over \$30,000 your family could be subject to probate. Probate is the court-supervised process of transferring a decedent's assets to the beneficiaries listed in his or her will. This can be a costly and time consuming process and is not ideal if your estate is small. With appropriate planning and advisement from a lawyer or other estate planning professional, this process may be avoidable.

If your estate is small, it is recommended that you focus on the distribution of your assets after death. Additionally, you should designate a responsible individual who will manage your estate, pay your last debts and handle the distribution of your assets. You may also want to consider designating someone to manage your assets and make surrogate healthcare decisions for you if you ever become unable to do so for yourself. If your estate is large, congratulations! May I suggest finding a really good attorney? If your attorney's fees are well spent, your heirs will be forever grateful.

Failure to plan ahead will not result in automatic forfeiture of your assets. However, a judge will appoint someone to handle your assets and personal care. Your assets will be distributed to your heirs by intestate succession (a pre-determined pecking order for distribution of assets). In other words, your pertinent end-of-life decisions will be made at the mercy of the courts, and autonomy plays no role.

Wills and Trusts. Other than being a very interesting and informative course during my life as a law student, there are many intricacies and details that I cannot pretend to be an expert on. Nevertheless, wills and living trusts are the primary vehicles of distributing assets after death. Thus, I will attempt to explain the very basics of both.

A will is a legal document that designates specific individuals (or charitable organizations) who will receive your assets after your death. The distribution of your assets is either in the form of a gift or a trust. Your will should also designate an executor of your estate. An executor is the person appointed and supervised by the probate court to manage your estate. This executor is responsible for paying your debts, expenses and taxes and distributing your estate according to your wishes (as expressed in your will). Lastly, assignment of a guardian(s) for any minor children should also be contained within your will.

continued on page 18



Buzzwords in Emergency Medicine!

Michael Ybarra, President, AAEM/RSA Medical Student Council

We learn early on in medical school that buzzwords can be a helpful and effective way to learn the information we are required to know. When a patient says “tearing chest pain,” I think aortic dissection. When I see a potentially septic patient, I make sure to reference early goal-directed therapy.

Buzzwords are important to know in clinical practice and are just as prevalent in the business and policy of medicine. Here is an introduction to some of the “buzzwords” in emergency medicine advocacy. For more information, visit aaem.org for an in-depth look at the major issues that shape the way we practice emergency medicine.

EMTALA – a popular acronym for the important and influential Congressional bill Emergency Medical Treatment and Active Labor Act of 1986. The legislation was intended to remove economic interests from decision-making regarding patient transfer or discharge. A concern existed that hospitals and physicians would feel pressure to transfer a patient from their emergency department if they were found to be uninsured or have coverage that would not pay for treatment at their facility. In other words, Congress wanted to eliminate patient “dumping.”

The EMTALA law applies to all hospitals that participate in Medicare and protects anyone who seeks emergency medical services (not just Medicare beneficiaries). A hospital has three primary requirements in order to comply with EMTALA:

1. Patients must receive an appropriate medical screening exam;
2. The hospital must stabilize and treat emergency medical conditions;
3. A patient cannot be transferred unless the emergency medical condition is stabilized (unless the patient is being transferred for a higher level of care that cannot be provided at the transferring institution).

Even though twenty years have passed since the introduction of the legislation, the topic is still pertinent. As recently as last year, “patient dumping” made national headlines. The Los Angeles Times broke the story of an LA hospital accused of putting a homeless woman in a cab and paying the driver to drop the patient on skid row.

HIPAA – the Health Insurance Portability and Accountability Act of 1996 is Congressional legislation that was enacted to improve the efficiency and effectiveness of the healthcare system. The bill had provisions under the heading of “Administrative Simplification,” and in a decade of incredible technologic advances, it established national standards for electronic healthcare transactions.

Congress also addressed public concern regarding privacy of health information and internet security. The bill allows patients to have greater access to their personal medical records and more control over the privacy of their health information. The legislation is divided into two parts: Title I protects health insurance coverage for individuals when they change or lose jobs. Title II standardized electronic healthcare transactions, creating national identifiers for providers, health insurance plans and employers. Title II also contains “The Privacy Rule,” which took effect in April of 2003, and is the basis for all of the privacy forms that patients must now sign before they see their physician.

Privacy has always been an important part of the ethical and professional aspects of medicine, but the new legislation has a tremendous impact on the way that we practice. Concerns have been raised that HIPAA has created a larger paperwork burden, is an expensive unfunded mandate (the impetus is on the clinician to ensure compliance) and has limited the ability to conduct retrospective research.

JCAHO – The Joint Commission on Accreditation of Healthcare Organizations (that is now known simply as “The Joint Commission”) is a non-profit organization founded in 1951 with the stated mission, “To continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation and related services that support performance improvement in healthcare organizations.”

The Joint Commission makes unannounced visits to hospitals and healthcare providers. If you have spent time in a hospital, you probably know that little gets doctors, nurses and administrators more nervous than rumors of a JCAHO visit. The Commission evaluates hospitals based on a set of known goals (this year, there are 15 patient safety goals that can be found at www.jointcommission.org.) Hospitals are then deemed “accredited.”

Though the organization is non-profit and non-governmental, the Centers for Medicare and Medicaid Services require Joint Commission accreditation in order for hospitals to be reimbursed for patient care.

Whether you are a second year medical student newly interested in emergency medicine or a fourth year student preparing for the interview trail, EMTALA, HIPAA and JCAHO are three buzzwords that are important to know. For more information, visit the advocacy section of the AAEM website and look for more information on EM advocacy in the revamped EMIG Workshop Starter Kits at aaemrsa.org.



Resident & Student Association

Estate Planning 101-continued from page 16

A revocable living trust ("living trust") is also a legal document. A living trust can, in some instances, serve as a surrogate for a will. With a living trust your assets are contained in a trust, administered for your benefit during your lifetime by a trustee, and then transferred to your beneficiaries when you die without court involvement. If you name yourself as trustee, you can remain in control of your assets during your lifetime, and you can revoke or change any terms of the trust at any time so long as you are competent to do so. However, a "revocable" living trust becomes irrevocable upon death. Despite a living trust, you may still need a will to distribute any assets not contained in the trust.

Finally, I would be remiss if I did not state that wills and living trusts are not the end all and be all for transferring assets. However, again, I will defer to the hired gun estate planning professionals for further details.

Can estate planning be done on a resident's salary? This is a great question that is impossible for me to answer with a simple "yes" or "no." Ultimately, affordability will be highly dependant on how complex your estate plan will be. Assuming you do not try this on your own and

seek the assistance of a professional, affordability may be improbable but not implausible. Lawyers generally charge by the hour for their services, and the hourly rate rises with experience. Nevertheless, some professionals may choose to charge an all inclusive flat rate for estate planning services. Alas, it never hurts to ask, "How much will this cost?"

Where can I find out more? Local libraries and bookstores have plenty of resources to help you gather more information about estate planning. You can also contact your state bar association for referrals to a knowledgeable estate planning specialist. If all else fails, you can always Google it.

Even if you decide you cannot afford it today or if you just need to gather more information before creating an estate plan, I applaud you for at least thinking about it. I can now sleep soundly at night since I have achieved my goal.

References

(1) The State Bar of California. "Get the Legal Facts of Life" Pamphlets: Do I Need Estate Planning? http://www.calbar.ca.gov/state/calbar/calbar_generic. (accessed 10 September 2007).

Education Committee Update

The 1st Annual Midwest Medical Student Symposium, presented by AAEM/RSA and hosted by the Loyola University Stritch School of Medicine (SSOM) Emergency Medicine Interest Group (EMIG), took place on Saturday, November 3, 2007. More than 70 medical students gathered to receive information and insight about EM from distinguished educators and current residents/fellows.

Following a brief "meet-and-greet" breakfast, students from around the country (including one from Manila, Philippines) were presented an informative lecture on the history of emergency medicine and AAEM by Benjamin Feinzimer. This was followed by an invaluable presentation outlining the ten essential steps for matching in EM by Dr. Kevin Rodgers (AAEM board of directors and Indiana University's Co-Program Director). Dr. Rodgers also kept the crowd involved with intermittent, challenging visual diagnosis cases. As a perfect compliment to the prior talk, Dr. Joseph Mueller (Loyola EM physician and EMIG advisor) provided the students with a candid view into a senior faculty member's perspective on EM's past and future. He kept the crowd laughing with his witty observations and quotes that are known around Loyola as 'Muellerisms'.

The afternoon session featured the main event: a panel of Chicago-area EM residency program leaders. The

distinguished panel included Dr. Steve Bowman (Program Director, Cook County Hospital), Dr. Brad Bunney (Program Director, University of Illinois at Chicago), Dr. Robert Harwood (Program Director, Advocate Christ Hospital), Dr. Michael Takacs (Director, EM Clerkship; University of Iowa) and Dr. Robert Satonik (Assistant Program Director, Synergy Medical Education Alliance). The panel successfully fielded questions ranging from "What do you really look for in a residency candidate?" to "What is your opinion on the current political climate and its impact on the field as a whole?" Dr. Bowman wished the panel had more time because of unanswered audience questions from the many "hungry minds" in the audience.

This wish was granted as the panel members had a chance to address any lingering questions during the mentor lunch. After the panel, students transitioned directly to lunch where groups of about ten were paired up to eat with one of the event speakers and discuss EM in a less formal setting. From all accounts, the conversations were lively, and it was an excellent networking opportunity.

The remainder of the afternoon included a potpourri of mini-presentations from various experts in EM. The topics covered were fellowships (Toxicology,

continued on page 20



AAEM Young Physicians Section

How Time Flies

YPS President's Message
by David D. Vega, MD FAAEM

Congratulations to all of our colleagues who recently completed the oral and qualifying exams! The board certification process is essential to maintaining the high standard of excellence in our specialty. AAEM fully recognizes the importance of board certification and is the only true specialty society in emergency medicine today because of its board certification requirement for membership.

It seems like this year has just flown by, and it's hard to believe that we are already planning for Scientific Assembly. Keep an eye out for announcements of the opening of the nomination process for the YPS board of directors, which will be here shortly. Any member of YPS may be nominated as an officer or member of the board of directors, so consider whether you might be able to serve in one of these positions. If you are not yet a member of YPS, consider joining if you are within your first seven years of practice after residency or fellowship training.

With the holidays quickly approaching, personal and work demands can conflict, and effective time management becomes critical. Although I am not in any way an expert on time management, I thought I would use this month's article to provide a few time management tips that I have found helpful. There are only 24 hours in a day, so time management is about making better use of the time that you have by modifying your behaviors. Start by taking a good look at what you do each day, and find ways of eliminating things that aren't important to you. Then think about these tips, and see if they can help:

Make plans and set priorities. To-do lists can be helpful, especially in prioritizing your tasks for each day. Take care of the most important things first, and then move on to less important tasks. Start out your day by planning your projects, and then spend a period of uninterrupted time working on your top project. Remember that prioritizing is not procrastinating. Set goals for what you want to accomplish for the day, but be realistic about what you can get done.

Learn to say "No." As a corollary to prioritizing your tasks, you must realize when you cannot accept a new task. The person asking you to do that one small project is not likely aware of all the other things you need to get done. You are the only one who truly knows how busy you are and whether or not you can properly handle an additional task. Most of the time, people would rather have you say no than do a job poorly or delay it significantly because you don't have time for it. Give the requestor your reasons, and explain that you might be able to help out at a later time.

Delegate. Don't try to do it all yourself. There are times when you need to delegate tasks to someone else. This applies to projects at work and at home. Sometimes spending a few extra bucks to have someone cut your grass or help with cleaning pays off with big-time savings.

Little things add up. Look for little things in your daily routine that can be made more efficient. Many of us spend a lot of time on our computers, and small things like reducing keystrokes through form-filling software and password managers can add up to a good bit of saved time.

You sleep in the bed you (don't) make. While you're thinking about little things to make more efficient, also look for things that may not need to be done at all. I don't make my bed every single day, and despite my parents' warnings while growing up, I still function just fine. Don't waste time on things that really don't make a difference; or at least don't do them so frequently.

Stay organized. Whether it's personal finances or files for work, find a system that keeps you from wasting time looking for the things you need. Start by looking at your inbox and sorting your email into folders. Then look for other ways to organize your life. Spending a little extra time up front with organization will make a lot more time down the road.

Get stuff that works. Say your old computer takes two minutes longer to log on and check your email than a new one. If you check your email just two times a day, that's over 24 hours a year wasted. In a similar vein, a high-speed internet connection pays off very quickly. Do you have an older car that eats up a lot of time with maintenance? Are there any other areas this may apply?

Take advantage of waiting time. Take something to do with you when you anticipate having to wait for something. PDAs and laptops can keep you connected and productive during times that might otherwise be wasted by waiting. Keeping a review article or other reading material with you is also good for those unexpected wait times.

Break big jobs down into smaller ones. You'll be less likely to procrastinate doing a big project if you break it down into smaller, easier steps. If you really dread doing something, try to commit just a few minutes every day toward that project.

Take enough time to do it right the first time. While you should look for ways to do things more efficiently, you should not sacrifice quality in your work. Doing things right may take a little longer initially, but you'll save time by not needing to fix mistakes.

Take care of yourself. Getting enough sleep and exercising regularly can improve your efficiency by improving concentration and reducing mistakes. Also, take a break once in a while. While working on a big project, let it go for a few minutes. When you come back, you may see solutions you didn't think about before.

Do you have your own time management tips that you would like to share with your colleagues in YPS? Send them to info@ypsaaem.org, and we may post them in a future edition of *Common Sense*.

AAEM Young Physicians Section

Ask the Expert

by Joel M. Schofer, MD
LCDR MC USN, Naval Hospital Okinawa

"Ask The Expert" is a *Common Sense* feature where subject matter experts provide answers to questions provided by YPS members. This edition features a leading authority on emergency cardiology, Dr. Amal Mattu, from the University of Maryland.

Question: Should you use enoxaparin (Lovenox) in a patient with renal insufficiency in the setting of acute myocardial infarction (AMI) or chest pain concerning for acute coronary syndrome (ACS)? If so, how does the dosing change?

Answer: If patients have renal insufficiency (estimated glomerular filtration rate < 30 mL/minute), the recommended dose of enoxaparin should be reduced from 1 mg/kg BID to 1 mg/kg QD instead. However, be aware that there is actually little safety data on use of enoxaparin in patients with renal insufficiency and ACS, so many cardiologists prefer using unfractionated heparin in these patients instead. I'm not certain if there are DEFINITE guidelines/standards for this.

Amal Mattu, MD FAAEM
Program Director, Emergency Medicine Residency
Associate Professor, Department of Emergency Medicine
University of Maryland School of Medicine
Baltimore, Maryland

If you have a question that you would like to have answered by an expert in a future issue of *Common Sense*, please send it to jschofer@gmail.com.

The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.



Resident & Student Association

Education Committee Update-continued from page 18

International EM, EM Ultrasound), combined residency (EM/IM), chief residency, choosing a residency, community EM, finding your niche and navigating the match. A complete list of these speakers and topics can be found online: http://www.aaemrsa.org/resources/mss_symposium.php

As the AAEM/RSA Education Committee Chair, it was my honor to plan this event and to have so many leaders in EM volunteer their time in the name of educating students. I would like to thank the administration at my alma mater, Loyola University SSOM, for providing logistical support and allowing AAEM/RSA to use their facilities. The RSA Education Committee would also like to recognize the following for helping make this event a success: AAEM administrative staffers Janet Wilson and Shauna Barnes, Loyola's EMIG leadership Derrick Lowery and Allison Zielinski, Education Committee

standouts Matt Pirotte and Brian Sharp, Medical Student Council (MSC) Midwest representative Thomas Masters and the RSA board of directors. It is my hope that this event will lay the foundation for a series of yearly assemblies dedicated to providing quality educational material to students in the Midwest who are considering a career in EM. The RSA and MSC look forward to seeing everyone in Amelia Island this coming February!

Respectfully submitted,

Michael Pulia, MD
AAEM/RSA Board of Directors
Education Committee Chair

Benjamin Feinzimer
MS4 CCOM
AAEM-MSC VP

AAEM Membership Application

First Name ☐ Miss ☐ Mr ☐ Mrs ☐ Ms MI Last Name Birthdate

Institution/Hospital Degree (MD/DO)

Preferred Mailing Address

City State Zip

Please check which address this is: ☐ Work ☐ Home

Phone Number—Work Phone Number—Home

Fax E-mail

- 1) Have you completed or are you enrolled in an accredited residency program in emergency medicine? ☐ Yes ☐ No
If yes, which program & date of completion: _____
- 2) Are you a medical student with an interest in emergency medicine? ☐ Yes ☐ No
If yes, program & expected date of completion: _____
- 3) Are you certified by the American Board of Emergency Medicine? ☐ Yes ☐ No
If yes, date: _____ Type of certification ☐ EM ☐ Pediatric EM
- 4) Are you certified by the American Osteopathic Board of Emergency Medicine? ☐ Yes ☐ No
If yes, date: _____
- 5) Are you a member of any other EM organization? Please select all that apply.
☐ AACEM ☐ ACEP ☐ ACOEP ☐ AMA ☐ CORD ☐ EMRA ☐ NAEMSP ☐ SAEM ☐ Other _____

Full Voting and Associate Membership dues are for the period January 1st through December 31st of the year the dues are received. Applicants who are board certified by ABEM or AOBEM in EM or Pediatric EM are only eligible for Full Voting Affiliate, Membership. Full Voting and Associate memberships include a subscription to *The Journal of Emergency Medicine* (JEM). Resident and Student membership dues are for the period July 1st thru June 30th of the period the dues are received. All memberships, except student without JEM and free student membership, include a subscription to *The Journal of Emergency Medicine* (JEM).

MEMBERSHIP FEES

- ☐ Full Voting Member \$365.00
- ☐ Affiliate Member (non-voting status; must have been, but is no longer ABEM or AOBEM certified in EM)..... \$365.00
- ☐ Associate Member (Associate-voting status)..... \$250.00
* Limited to graduates of an ACGME or AOA approved Emergency Medicine Training Program.
- ☐ Emeritus Member \$250.00
- ☐ International Member (non-voting status) \$125.00
- ☐ Resident/Fellow ☐ 1 Year \$50.00 ☐ 2 Years \$80.00 ☐ 3 Years \$120.00 ☐ 4 Years \$160.00
- ☐ Student with JEM ☐ 1 Year \$50.00 ☐ 2 Years \$80.00 ☐ 3 Years \$120.00 ☐ 4 Years \$160.00
- ☐ Student without JEM ☐ 1 Year \$20.00 ☐ 2 Years \$40.00 ☐ 3 Years \$60.00 ☐ 4 Years \$80.00
- ☐ Free Student—does not include subscription to the JEM (first trial year free)
- ☐ I would like more information on the Critical Care Section
- ☐ I would like to be a member of the Uniformed Services Chapter (USAAEM) ... ☐ Full Voting—\$50.00 ☐ Assoc.—\$30.00 ☐ Res./Student Free
- ☐ I would like to be a member of the Young Physicians Section (YPS) (free at this time) (not available to Resident & Student Members)
-
- ☐ AAEM Foundation: Please consider making a voluntary contribution to the AAEM Foundation. With your donation, the AAEM Foundation will be able to fight against corporations that violate CPOM Laws. Your donation is tax-deductible. Federal TIN: 20-2080841 \$100.00
- ☐ Political Action Committee: Please consider making a voluntary contribution to the AAEM PAC, the political action committee of the AAEM. With your donation, AAEM PAC will be better able to support legislation and effect change on behalf of the AAEM members and with consideration to their unique concerns..... \$50.00

PAYMENT INFORMATION

Method of Payment: ☐ check enclosed, made payable to AAEM ☐ VISA ☐ MasterCard

Card Number Expiration Date

Cardholder's Name Cardholder's Signature

Return this form with payment to: American Academy of Emergency Medicine, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823
All applications for membership are subject to review and approval by the AAEM Board of Directors. The American Academy of Emergency Medicine is a non-profit professional organization. Our mailing list is private. Full Voting Member (Tax deductible only up to \$348.00) / Associate Membership (Associate-voting status) (Tax deductible only up to \$230.00)

AAEM JOB BANK

To respond to a particular ad: AAEM members should send their CV directly to the position's contact information contained in the ad. If there is no direct submission information, then you may submit your CV to the AAEM office noting the response code listed at the end of the position description in a cover letter. AAEM will then forward your CV to the appropriate professional.

To place an ad in the Job Bank: Positions that comply with the American Academy of Emergency Medicine's Certificate of Compliance will be published for a one-time fee of \$300, to run for a term of 12 months or until cancelled. A completed copy of the Job Bank registration form, a signed copy of the Certificate of Compliance and payment must be submitted in order to place an ad in the Job Bank.

Direct all inquiries to: AAEM Job Bank, 555 East Wells Street, Milwaukee, WI 53202, Tel: (414) 276-7390 or (800) 884-2236, Fax: (414) 276-3349, E-mail: info@aaem.org.

• ALABAMA

Stable, democratic group of 100% EM residency trained, BC physicians seeking BC/BE applicants for full time position opening 7/2008. New/soon-to-be-grads welcome. Group emphasizes lifestyle and income. Competitive compensation based on hours/productivity. Full benefit package and partnership tract available. Hospital is for profit, privately owned, 250 beds with volume @35K. ED ultrasound and state of the art computer system/CPOE utilized. Mixed to high acuity with limited trauma. Excellent medical staff and healthcare environment. Mobile offers city living in a coastal environment, with booming industry and commerce. For further inquiries, please contact: mahoney_ermd@hotmail.com. (PA 820) Email: mahoney_ermd@hotmail.com

• ARIZONA

Looking for new partners. Must be BC/BE. Come join our democratic group with a short partnership track and excellent salary. Enjoy the great outdoors and year-round activities. Prescott is located about 100 miles NW of Phoenix and at 5500 ft of elevation the weather is 15-20 degrees cooler than Phoenix. No call. Fantastic smaller community with no traffic and no smog. We are now covering 2 hospitals, Prescott and Prescott Valley. Our current combined volume is about 60k. Please email or call for more information. (PA 849) Email: robertmkec@mac.com

• CALIFORNIA

California-Bakersfield: Pinnacle Emergency Physicians is seeking full or part time emergency physician to join a democratic group staffing a large private community hospital/referral center with 40K visit/year. All specialties covered with good back up. Employee status at \$150/h with partnership track beginning after 6 months with matching 401K. Ninety miles north of LA., low cost of living, easy non-stop access to Phoenix, Denver, Salt Lake, San Francisco, Sacramento and San Diego. Abundant recreational activities locally with nearby world class white water and wind surfing, off road biking, hiking in the Sequoias, skiing 3-4 hours north and south, beaches 2 hours south and west. CV's may be faxed to 661-589-2151 or e-mailed to phogku@aol.com. For more information call 661-332-1064. (PA 788) Email: phogku@aol.com

• CALIFORNIA

California central coast-Monterey Bay: Rare Opportunity. Stable, democratic, single hospital group (30+ yrs) looking for a new partner near Santa Cruz, CA. Watsonville Community Hospital ER sees 30,000 pts. in a small community setting that is a fantastic place to work and play. Short track to full partnership for the right ABEM physician. Competitive remuneration and excellent PAs for double coverage. Preference given to candidates willing to do nights. Prefer 2+ years experience. You won't find a better group to work with. Send CV via email to Bernie Clum at bernieclum@yahoo.com or call 831-247-4714. (PA 830) Email: bernieclum@yahoo.com

• CALIFORNIA

CENTRAL CALIFORNIA: Stable, democratic group with recently renewed contract seeks full-time BC/BE emergency physicians to start Partnership Track. Part-time spots also available. Competitive salary. Paid malpractice. Two hospitals, 24k annual visits at each site, with 10 hours of Fast Track staffing daily at one of the sites. Affordable real estate. Two hours from beach, mountains, or Los Angeles. Four semi-professional sports teams, plus Division I NCAA college. Excellent city for raising kids, with top-ranked schools and lots of parks. Call April Smith at CCEMP (661)477-9283 or fax CV to (661)326-8022. (PA 833) Email: asmith14@earthlink.net

• COLORADO

Durango, Colorado: Opening for Board Certified/Board Eligible ED physician in Level III, 18,000 annual volume department. New, state-of-the-art facility with excellent subspecialty coverage. Democratic, stable group with partnership track available. Durango is located in southwestern Colorado with abundant recreational opportunities. (PA 844) Email: jlmcmd@smallcircles.com

• COLORADO

Southwest Health System, Cortez. Great opportunity in beautiful SW Colorado. Excellent recreation opportunities. Seeking a physician to provide coverage in a Level IV emergency room full time. BC/BP in emergency medicine preferred. Annual Volume: 12,000/yr. Compensation: Independent contractors; current hourly rate \$115.00/hr. Professional Liability Insurance Coverage. \$10,000 hiring bonus/moving allowance. Position qualifies for a \$10,000/year x three years student loan repayment. Option for 24/hr; 12/hr; or a mixture of 24/hr and 12/hr shifts. (PA 846) Email: dbond@swhealth.org Website: sw.health.org

• FLORIDA

As part of an extensive faculty expansion project, we are actively recruiting for 2 full time BC/BE emergency medicine physicians at a community-based hospital in the greater Orlando-Tampa area. Recently renovated 24,000 square foot emergency department, 33 patient care bays including a 7 bed minor care area, 3 x-ray shifts, a radiology viewing area, ample work space, and a large waiting area, that services a growing volume of over 50,000 patients visits per year. Competitive salary, plus a full range of UF state benefits including sovereign immunity occurrence-type medical malpractice, health, life and disability insurance, sick leave, a generous retirement plan and a competitive compensation package. Rank - Assistant or Associate Professor. Interested? E-mail your letter of interest and CV to Kelly Gray-Eurom, MD at Kelly.grayeurom@jax.ufl.edu or fax (904-244-5666). These positions are currently open and will remain open until filled. For full consideration applications should be submitted as soon as possible. EOE/AA Employer. (PA 793) Email: Kelly.grayeurom@jax.ufl.edu

• FLORIDA

Pensacola Emerald Coast. Fishing, sailing, hunting, colleges, symphony, water-front living. Partnership available to BC/BP Emergency Physicians in democratic group. \$220 to 350K plus malpractice paid. Level II Trauma Center with 32,000 visits/year. Contact Marguerite at marguerite.dittrick@hcahealthcare.com (PA 806) Email: marguerite.dittrick@hcahealthcare.com

• GEORGIA

Athens, Georgia: Private, democratic group of 20 physicians; all BE/BC EM. Recruiting additional physician to expand coverage. 315-bed regional referral center; all major specialties on staff; dedicated hospitalists. ED volume 60,000; admissions rate 20%. New 46-bed, state-of-the-art department currently under construction. Excellent package of clinical hours, salary and benefits. Well-established group in its 20th year at a single hospital. Large university community with abundance of sports, recreational and cultural activities; one hour from Atlanta. Contact Carolann Eisenhart, MD at 706-475-3359. (PA 823) Email: carolanneisen@charter.net

Website: www.wmhcc.org

• IDAHO

NORTHWESTERN IDAHO - Emergency Medicine Partnership, join 4 other emergency medicine physicians, 12 hour shifts, 12 shifts per month, Heli port, 25,000 visits/year. Compensation: Equal partners, exceptional income and benefits, college town, abundant outdoor recreation, year-round golf, 19 mile paved walking path along 2 rivers, 2 other state universities within 1/2 hour drive (one Pac 10 College), commercial airport, reasonable real estate prices, highly rated public and private schools, financially sound Regional Medical Center. Contact: Eva Page, 800-833-3449, eva.page@comcast.net (PA 835) Email: eva.page@comcast.net

• ILLINOIS

Outstanding opportunity for emergency physician to join a democratic group of emergency physicians in a stable practice situation at Memorial Medical Center in Springfield. Partnership track with future profit sharing. Volume 54K with excellent ED physician coverage. State of the art 30-bed facility is entirely new in 2000, with an additional 14 beds added in 2006. A CT is also available in the ED. Excellent specialty backup. Salary is very competitive with full benefit package. Memorial is a major teaching institution of Southern Illinois School of Medicine, and emergency physicians are clinical faculty members. Springfield is the capital of Illinois with a population of over 110,000 and a very stable economy. This is an excellent opportunity for an emergency physician with superior clinical and interpersonal skills desiring a democratic, small group and a long-term practice situation. Contact David Griffen, MD, PhD, FACEP, Medical Director and Chair, 217-788-3156, fax CV in confidence to 217-788-6459, or Email griffen.david@mhsil.com. (PA 790)

• INDIANA

South Bend: Very stable, Democratic, single hospital, 15 member group seeks an additional BC/BP emergency physician. Newer facility. 52K visits, Level II Trauma Center, double, triple and quad physician coverage. Equal pay, schedule and vote. Over 300K total package with qualified retirement plan, disability insurance, medical and CME reimbursement, etc. Very favorable Indiana malpractice environment. University town, low cost of living, good schools, 90 minutes to Chicago, 40 minutes to Lake Michigan. Contact Steven Spilger MD at 574.272.1310 or send CV to mrpolyester1@comcast.net (PA 817) Email: mrpolyester1@comcast.net

• INDIANA

South Bend: Immediate partnership opportunity for BC/BE Emergency Physician to join our democratic, stable (30 year), fee-for-service 2 hospital group. Equal nights, weekends and holidays and compensation. University town, 90 minutes to Chicago. Email CV to JR Reid, MD at jreiddoc@comcast.net or call 574-850-3664. (PA 837) Email: jreiddoc@comcast.net

• INDIANA

Indiana, Greater Indianapolis Area: EQUAL PAY, EQUAL SAY, FIRST DAY. Immediate financial equity with single hospital group of exclusively ABEM certified physicians. Low cost of living and competitive compensation allow a seventh partner for greater flexibility where quality of life is valued. State-of-the-art facility and outstanding support staff provide opportunity to continue 21 year tradition of exceptional service. Stable 30,000/yr census with 16 hours double coverage by MD/PA. Located in Anderson, an easy commute from northern Indianapolis suburbs. Visit our hospital and ED at www.communityanderson.com. EM BC/BE only please, reply at epchajob@gmail.com. (PA 848) Email: epchajob@gmail.com

• KENTUCKY

Trover Health System is seeking outstanding Board Certified/Eligible emergency medicine physician(s) to join an exciting emergency department team. Our emergency department includes 18 ED beds, 2 trauma rooms, and 6 Fast Track beds. We offer an excellent compensation/benefit package, and offer a 12 hour shift rotation with double coverage during peak hours. Inquires can be sent to Ceil Baugh: cbaugh@trover.org, or call (800) 272-3497. CV's can be faxed to (270) 326-4523. Please visit our web site at: www.troverhealth.org (PA 805) Email: cbaugh@trover.org Website: www.troverhealth.org

• KENTUCKY

Outstanding Opportunity for EM BC/BE physicians interested in providing services for the military and their dependents at the Ireland Community Hospital, Emergency Room, Ft Knox, Kentucky. 11 Bed ED, 1 Trauma Room. Full and part-time physicians desired. Locums available. Please direct inquiries/CVs to krystle@centralcareinc.com, or call 1-888-643-9700; Fax 1-866-248-7722. (PA 831) Email: krystle@centralcareinc.com

• MAINE

Stephens Memorial Hospital in Norway, Maine, a member of MaineHealth, the premier healthcare system in Maine, has an opportunity for a BC/BP ED physician to join their state-of-the-art, Level II ED. Volume is 18,000, shared coverage with 8 ED physicians and have in-house access to advanced imaging technology, 24/7 lab, and Lifeflight capability for major trauma transports. Director potential. Excellent compensation package including paid malpractice, med. loan assistance, CME allowance, family paid Health/Dental, 403b retirement, and more. 2 1/2 hours from Boston and one hour from Portland/ocean. Enjoy arts, skiing, hiking, boating and other recreation. Four season resort community. (PA 821)

Email: fryet@wmhcc.org

• MAINE

Northern Maine is calling you!! The Aroostook Medical Center, the regional referral center for Northern Maine, has an opening for Department Director. The annual volume at our Level II ED is 16K. Single physician coverage with 10 hours double coverage with a physician assistant and a 24/7 in-house Hospitalist team. This is an employed position with excellent starting salary and generous benefits package. All in lovely, safe, family-friendly Maine. Town features 2 colleges, and Olympic skiing facility. Full-time position, with expected 5-8 hours per week of Directorship duties. (PA 838)

Email: kmoreau@tamc.org

Website: www.tamc.org

• MARYLAND

ED Physician Director - Southern Maryland Hospital Center, located outside of Washington D.C., seeks an experienced physician to lead their emergency department. Within this leadership role, you will screen, hire and manage a quality staff of ED physicians with a focus on prompt, and outstanding patient care. The majority of your shift will consist of seeing patients, as well as some administrative duties. You must possess Board Certification in Emergency Medicine and recent experience within an upper-level management position working at a 45,000+ patient visit emergency department. A competitive salary and benefits package is available. E-mail your resume to: PaulZeller@Southernmarylandhospital.com. EOE, M/F/D/V. (PA 816)

Email: PaulZeller@southernmarylandhospital.com

Website: www.smhchealth.org

• MASSACHUSETTS

Seeking compatible F/T emergency physicians to join our experienced emergency physician group. We see 40,000 patients a year. Our hospital is a busy 125-bed community hospital affiliated with a major teaching hospital. Applicants need to be board-certified or eligible. Our reimbursement is regionally competitive with a 2400 hour track to partnership. Located in Western Massachusetts, the community is vibrant and diverse and offers good educational opportunities for all ages as well as fine cultural events. Boston, New York City, New Hampshire and Vermont are all within 1-3 hours by car. (PA 834)

Email: josh_maybar@cooley-dickinson.org

Website: www.cooley-dickinson.org

• MASSACHUSETTS

Stable democratic group seeking BC/BE emergency medicine physicians for full time position opening 1/2008. Competitive benefit and reimbursement package. Partnership tract available with future profit sharing. 29,000 visits with 13 hours of MD double coverage daily. ED Fast Track now in development. Mixed to high acuity with limited trauma. Hospital is located in coastal community with outstanding schools. Located in southeastern Massachusetts, minutes from Cape Cod. One hour from Boston and Providence. (PA 841)

Email: redman5@aol.com

• **MISSISSIPPI**

Lucrative EM opportunity serving 172-bed regional hospital with 22-bed heart hospital offering excellent salary, comprehensive benefits, \$40,000 sign-on bonus and full school loan repayment. Opportunity for full partnership, maximum profit sharing contribution. Warm college town offers great outdoor recreation, shopping & restaurants, exceptional housing options and schools. International airport one hour away. (PA 804) Email: nwaters@phg.com

• **MISSISSIPPI**

Southeast Coastal University City with Southern Charm and Hospitality - Emergency Medicine Opportunity. Join a group of six emergency medicine physicians. Employment of \$150 per hour (Potential to make over \$300k). Benefits include: Paid malpractice, 32K ER visits per year, hospital is NOT a trauma center, occurrence-based malpractice - No Tail Coverage. Twelve public and private courses within a 30-mile radius, intact historic neighborhood district encompassing 115 acres, outdoor sculpture garden and Children's Literature Museum. Biking, hiking, hunting, canoeing, camping, and fishing. More outdoor activities than a carnival - Attend a play, concert or college football game, canoe down a river, or hit the links at one of the nationally ranked golf courses! (PA 809)

Email: rrector@phg.com

Website: www.phg.com

• **NEW MEXICO**

New Mexico: Santa Fe - We are an independent, democratic group seeking board certified (or Board Eligible) prepared emergency physicians for expanding opportunities. We enjoy a busy EM practice, a challenging case mix and an excellent relationship with our hospital. We offer a highly competitive productivity-based salary, benefit package and a partnership track with management opportunities. Santa Fe is a recreational paradise with many cultural activities. Contact: Karen Tiegler, Practice Manager at 505-992-0233 or by email at administrator@sfep.org (PA 829)

Email: administrator@sfep.org

Website: www.sfep.org

• **NEW YORK**

Faculty candidates interested in academic Emergency Medicine. The Division of Emergency Medicine of University Hospital UMDNJ is in an academic tertiary Level 1 trauma center with EMS medical control providing care to approximately 93,000 patients per year. We have a four year residency program currently in its third year with a mandatory four week medical student elective. Just 20 minutes from NYC. We offer a competitive salary and benefits package. Equal Opportunity Employer. Please forward your Curriculum Vitae to, Hosseinali Shahidi, M.D., MPH, University Hospital, 150 Bergen Street, M-219, Department of Emergency Administration, Newark, NJ 07101. shahidho@umdnj.edu Telephone 973-972-6224. Fax: 973-972-6646 (PA 845)

Email: shahidho@umdnj.edu

Website: www.njemr.com

• **NORTH CAROLINA**

Durham - Established, democratic emergency medicine group is seeking a full-time BC/BE EM physician. 50,000 patients are treated annually. We offer a competitive salary and comprehensive benefits. We are located in one of the most desirable living areas on the east coast, close to beaches and mountains with an international airport. We have great weather all year round, excellent schools and 3 major universities. For more information please fax or email CV to 919-477-5474, durhamemergency@ams-nc.com. (PA 808) Email: durhamemergency@ams-nc.com

• **NORTH CAROLINA**

ECEP II, P.A., a very stable (since 1984) emergency medicine group, is seeking a full-time (approx. 34 hours/week) emergency medicine physician to practice at Pender Memorial Hospital. Part of the New Hanover Health Network, Pender Memorial Hospital is located in the town of Burgaw, North Carolina, approximately 25 miles north of historic, beautiful, Wilmington. Pender County is a perfect choice for anyone who enjoys camping, fishing, boating, dining on fresh seafood, or spending a casual afternoon shopping for antiques. Whether you are looking for beautiful beaches, a relaxed family oriented lifestyle, or friendly communities, Pender County has it all for you. (PA 819)

Email: dkey@ecepnet.com

Website: ecepnet.com

• **NORTH CAROLINA**

Instructor/Assistant Professor appointment, Department of EM, WFUSM, subject to approval, governing boards of Wake Forest University Health Sciences. Seeking faculty with interests in cardiovascular clinical research. Have active clinical research program, industry/federally-funded investigators, staff providing patient enrollment, full departmental/university support. Salary/benefits, competitive. Start-up funding negotiable. Must be EM trained or board eligible/certified. Research fellowship/research experience preferred. Contact: James Hoekstra, MD, Chairman, Department of Emergency Medicine, Medical Center Boulevard, Winston-Salem, NC 27157-1089. Phone (336)716-4626, FAX: (336)716-5438 or email dswaim@wfubmc.edu. Equal Opportunity Affirmative Action Employer. (PA 824)

Email: jhoekstr@wfubmc.edu

Website: www.wfubmc.edu/em/

• **NORTH CAROLINA**

NC: Wake Forest University Dept. of EM seeking candidates for new clinical site, Wilkes Regional Medical Center, WRMC located 45 minutes West of Winston-Salem, 32,000 annual visits with specialty backup, state-of-the-art ED. Hired as Clinical Instructor/Clinical Assistant Professor in Dept. of EM at WFUSM, compensation competitive, subject to approval of the governing boards of WFUHS. Full WFUSM benefits. Must be either residency trained in EM or board certified/board eligible. Contact: James Hoekstra, MD, Chairman, Department of Emergency Medicine, Medical Center Boulevard, Winston-Salem, NC 27157-1089. Phone: 336-716-4626, email: jhoekstr@wfubmc.edu. Equal Opportunity Affirmative Action Employer. (PA 825) Email: jhoekstr@wfubmc.edu

Website: www.wfubmc.edu/em/

• **NORTH CAROLINA**

Elkin, beautiful town in the foothills of North Central NC, close to Charlotte and Winston-Salem. ED with 24000 visits, with a "Quick Care" staffed by mid-levels. This is a very rare opportunity to join a new small private group. We are only looking for someone willing to make a long term commitment. Contact Steve Isaacs, MD 704-876-3981, flysg@yaho.com (PA 827) Email: flysg@yaho.com

• **NORTH CAROLINA**

Asheville, North Carolina. Rare opportunity to join stable, democratic group at Mission Hospital, located in beautiful North Carolina Mountains. We are seeking a board certified emergency physician for an immediate full time opening on partnership track. Mission Hospital is the Regional Medical Center for Western North Carolina, Level 2 Trauma Center with full complement of specialty back up and outstanding medical community. Annual volume of 95,000 visits. Asheville is a vibrant city in which arts, entertainment and outdoor activity abound. Further inquiries please contact Jason Hunt at jasonhuntmd@mac.com. (PA 840) Email: jasonhuntmd@mac.com

• **OHIO**

Oxford, Ohio: Small, single hospital, democratic group is looking for a full or part-time emergency physician. Volume continues to increase, creating need for additional coverage. Must be Board Certified in Emergency Medicine (grandfathered ok). Continue to have excellent relationship with hospital. Located in small, safe college town, accessible to two metropolitan areas. We have many excellent academic, athletic and cultural events within 5 minutes. New billing has made a good financial picture excellent - total compensation >90th percentile. Partnership in one year. Come see us and see why we like it so much! Contact Joe Sanchez, MD at jchez7@fuse.net (PA 792) Email: jchez7@fuse.net

• **OHIO**

Qualified Emergency Specialists, Inc., physician-owned, fee-for service, democratic group dedicated to emergency medicine in one city, Cincinnati, OH. Visits range from 40,000-60,000 at six hospitals. Our own Journal Club, active in EMS education, marathon and stadium medicine. Full vesting, Medical and Malpractice insurance. Flexible, equitable scheduling. Cincinnati offers superb cultural and artistic programs. Excellent schools and colleges. Cincinnati Reds and Bengals. Please Contact: Gary Gries, M.D., Phone: 513-231-1521 or email: gries9@hotmail.com (PA 828) Email: LIndseys@msn.com

Website: www.qualifiedemergency.com

• OHIO

Springfield, Ohio: Because we will assume responsibility for two additional ED facilities in January, we are looking for full and part-time EM board certified physicians. We are a democratic, fee-for-service group that has an excellent working relationship with the hospital. We are located between Dayton and Columbus and offer an attractive compensation package. Please contact Annette Nathan, MD at: skidocim@aol.com or call the Administrative Assistant at 937-328-9301. (PA 839) Email: skidocim@aol.com

• OREGON

Sunny Southern Oregon - Klamath Falls: Unique Oregon Opportunity in Top 100 places to live location. Full-time position for BC/BE ER Physician in brand new department. BC/BE colleagues and excellent specialty backup. Equitable, flexible scheduling of 9 hour shifts. 36 hours coverage per day on a annual volume of approximately 25,000. Compensation in excess of \$160/hr with full benefits and retirement. 300 days of sunshine per year. Visit our website: www.skylakes.org. Contact Mike Poe at 541-274-6258 or MPoe@skylakes.org (PA 811) Email: MPoe@skylakes.org Website: www.skylakes.org

• PENNSYLVANIA

The DEM at Penn State Hershey Medical Center is seeking board-certified or prepared, academic minded emergency physicians to join our faculty. Located in beautiful Hershey, PA, the state-of-the-art ED cares for >50,000 with 56 hours of attending coverage daily, with additional MLP support. Research, service and educational missions provide opportunities for integrated faculty development. Outstanding schools, low crime rate and a small town atmosphere allow a pleasant lifestyle next to a world class academic medical center. Confidential inquiries to Thomas Terndrup, MD (Chair), DEM (H043), PO Box 850, Hershey, PA 17033, Phone 717-531-8955 or email tterndrup@hmc.psu.edu. EOE. (PA 812) Email: cdeflitch@hmc.psu.edu Website: www.hmc.psu.edu

• PENNSYLVANIA

Outstanding ED Physician Needed in State College, PA; home of Penn State University. Featuring: Independent democratic group, Fee / service, Stable, amicable relationship with administration, Volume: 44,000+, 42.5 physician hours/day, 20-22 PA hours/day, In-house dictation/transcription, Excellent nursing/ techs/ IV team, superb admitting / consulting staff, CT/ultrasound 24/7, University community: great schools, sports and culture, without crime. E-mail Tziff@Mountnittany.org or call Sally Arnold at 814-234-6110 ext. 7850. Or mail: Theodore L. Ziff, MD FACEP, 1800 East Park Ave., State College, PA 16803. 814-234-6110. (PA 847) Email: Tziff@Mountnittany.org

• SOUTH CAROLINA

Growing/stable South Carolina Emergency Medicine group needs additional BP/BC emergency physicians for 80,000 patient ED. Join a democratic group which is physician owned and led. The group is committed to quality care and patient satisfaction utilizing Press Ganey measures. Our group has no financial or staffing differential for partnership. Growing area within the midlands of South Carolina with healthy economy, great climate, low cost of living and abundant recreational opportunities. Send CVs to Carolina Care, PA, 215 Redbay Rd., Elgin, SC 29045, 803-622-3081, or email gconde@carolinacare.com. (PA 789) Email: gconde@carolinacare.com

• TENNESSEE

NASHVILLE-stable democratic group with two hospital contracts, held over 25 years, 100k visits/yr. Outstanding remuneration with 2 year full-partnership track, square and flexible schedule. The Nashville area is an outstanding growing & dynamic community that offers the benefits of a big city and the esthetics of a small town. It is a great place to raise a family without state income tax. This is an outstanding opportunity both professionally and financially. Please contact Russ Galloway, gal1958@comcast.net, 615-895-1637 or Kevin Beier, khbeier@hotmail.com 615-661-0825. (PA 813) Email: Gal1958@comcast.net

• TEXAS

Texas, Central: FT opportunity in 45,000 volume ED. Competitive RVU pay, paid malpractice/tail coverage, and partnership track with a stable, democratic, doctor-owned group. Within an hour of Austin and Lake Travis, this area also offers rock climbing, natural caverns, parks and lakes. Contact Lisa Morgan, Emergency Service Partners, 888/800-8237 or lisa@eddocs.com. (PA 794) Email: lisa@eddocs.com

• TEXAS

Texas, Kerrville: Live and work where others vacation! Seeking EM physicians for 24,000 volume ED located in the beautiful Texas Hill Country. RVU based compensation, plus benefit package that includes health insurance, pension, paid malpractice and partnership opportunity. For details, contact Lisa Morgan, Emergency Service Partners, 888/800-8237 or lisa@eddocs.com. (PA 795) Email: lisa@eddocs.com

• TEXAS

Texas, Bryan/College Station: 56K volume Level 3 Trauma Center. Democratic group with partnership track, wholly physician owned and operated. Bryan/College Station is home to Texas A&M. Appreciate the arts, outdoor recreation, and easy commute to professional sporting events, fine dining, shopping and the coast. Contact Gretchen Moen at gretchen@eddocs.com or 800-888-8237. (PA 796) Email: gretchen@eddocs.com

• TEXAS

Texas, Palestine: 26K annual volume in beautiful east Texas needs full time emergency trained doctors. BC/BP in emergency medicine preferred. Partnership track and paid malpractice/tail coverage. Contact Gretchen Moen at gretchen@eddocs.com or 800-888-8237. (PA 797) Email: gretchen@eddocs.com

• TEXAS

Texas, Palestine Medical Director: Great administrative opportunity in East Texas/Tyler area! Sign on bonus, monthly stipend, partnership, generous employer contribution to 401(k), health, dental and life insurance, and paid malpractice/tail. Close to Tyler and within 2 hours of DFW and Houston. For more information, contact Gretchen Moen at gretchen@eddocs.com or 800-888-8237. (PA 798) Email: gretchen@eddocs.com

• TEXAS

Texas, Houston: Large downtown hospital needs full time emergency or urgent care specialized doctors. 32K volume with state of the art technology. Competitive hourly plus RVU, paid malpractice/tail and partnership track! Houston is a large city offering culture, affordable housing and a great standard of living. Contact Gretchen Moen at gretchen@eddocs.com or 800-888-8237. (PA 799) Email: gretchen@eddocs.com

• TEXAS

Texas, Houston Medical Director: Great administrative opportunity in vibrant downtown Houston! Sign on bonus, monthly stipend, partnership buy-in, and great benefits including 401(k) with generous employer contribution, health, dental and life insurance, paid malpractice/tail coverage and productivity based compensation. Contact Gretchen Moen at gretchen@eddocs.com or 800-888-8237. (PA 800) Email: gretchen@eddocs.com

• TEXAS

Texas, San Antonio Area: Medical Director needed for 25,000 volume ED only 20 minutes from San Antonio. Great administrative opportunity right on the Guadalupe River. Sign on bonus, monthly stipend, partnership buy-in and great benefits including 401(k) with generous employer contribution, health, dental and life insurance, paid malpractice/tail coverage and productivity based compensation. Have the best of both worlds: peaceful riverside living with a quick commute to urban areas! Contact Gretchen Moen at gretchen@eddocs.com or 888-800-8237. (PA 801) Email: gretchen@eddocs.com

• TEXAS

Texas, Seguin: Seeking BC/BP EM physician. Annual patient volume of 25,000. Paid malpractice and tail coverage, licensure/CME reimbursement, equitable scheduling and partnership! This growing community is located on the banks of the Guadalupe River. Gorgeous homes and picturesque views. Contact Gretchen Moen at gretchen@eddocs.com or 800-888-8237. (PA 802) Email: gretchen@eddocs.com

• UTAH

Democratic, happy stable group, gets along with administration seeking residency trained/BC EP for our Level 2, 56,000+ facility in Provo, UT, just 20 minutes from Snowbird. FT averages 23 hours per week with 8 week vacation per year. Call Ken Armstrong (801) 362-4119 or email CV. (PA 818) Email: ken.uvep@hotmail.com

• **VIRGINIA**

We are a democratic group located near Charlottesville, Virginia, in the Central Shenandoah Valley. The Shenandoah National Park is visible from our ambulance entrance! Charlottesville is home to the University of Virginia and is a growing thriving city. Outdoor activities abound. The group has a contract with a single hospital and we care for 58,000 patients yearly. The acuity is high and we see a full range of emergencies, including trauma. A fast track is staffed by two excellent nurse practitioners. Our group is fully democratic; partnership is expected at one year. Reimbursement is tied to productivity and there is complete equity between partners. ABEM certification or eligibility is required. Contact: asher.brand@gmail.com or phone: 540-241-0938. (PA 787) Email: asher.brand@gmail.com

• **VIRGINIA**

Seeking BC/BE candidate who wants to be a long-term participant in the continued growth of emergency medicine in our community. We are located in the southeastern corner of Virginia with a great climate and rapidly growing economy. We are a single-hospital, fully democratic group providing care at our hospital since it opened in 1976. We are fifteen physicians and eight PAs providing 54 hours of physician coverage and 50 hours of PA coverage daily. 63,000 ED visits this year with relatively high complexity patients with minimal to no major trauma. Recently renovated 28-bed ED with a 9-bed fast track and separate 24-hour cardiac catheterization and angioplasty. Real-time transcription and computerized medical records. Excellent remuneration, benefits and full partnership. Email inquiries with CV to neilvabeach@yahoo.com. (PA 791) Email: neilvabeach@yahoo.com

• **VIRGINIA**

Unparalleled career opportunity in Virginia with Fredericksburg Emergency Medical Alliance, Inc. TRULY democratic, progressive and stable group 50 miles south of Washington, DC. State-of-the-art computerized ED with 95K volume. Highly competitive FFS compensation, great schedule, and stable malpractice coverage. Contact Linda Dempsey 540-741-1167, linda.dempsey@medicorp.org (PA 832) Email: linda.dempsey@medicorp.org

• **VIRGINIA**

Charlottesville VA: Live and work in this beautiful college town minutes from the Blue Ridge Mountains. We are an established, single hospital, democratic group looking for a FT or PT physician. 33k census, 8-hr shifts, 40 hr/day Physician coverage with Minor Care Area open 3 days a week. We offer medical coverage, CME stipend, fully funded retirement, and partnership track for FT physician. Must be EM BE/BC. (PA 836) Email: daniel.ricciardi@mjh.org

• **WASHINGTON**

Full-time opportunity for BC/BE emergency physician. Established, independent, fee-for-service democratic group. Annual volume 65,000. Financial equality at one year, partnership at two years. State-of-the-art department located in the scenic Puget Sound area. Mountain and water recreation readily available. Send CV to Paul Fleming, MD, Medical Director, 413 Lilly Rd. NE, Olympia, WA 98506 or paul.fleming@providence.org. (PA 815) Email: paul.fleming@providence.org

• **WISCONSIN**

Watertown Emergency Physicians, S.C., in Watertown, WI, is looking for a board certified emergency medicine physician (ABEM or AOBE) to work one weekend shift a month plus two to three regular shifts a month for an average of six shifts a month. Last year we had over 17,000 annual visits. We have 11-hour day shifts from 7am-6pm and 13-hour night shifts from 6pm-7am. We also have 11-hour/day PA/ NP coverage on weekends and holidays. Watertown is located equidistant between Milwaukee and Madison, WI, 45 minutes away. (PA 822) Email: rlynch@wahs.com Website: www.wahs.com

• **WYOMING**

Located in northeast Wyoming between the Big Horn Mountains and Black Hills, Campbell County Memorial Hospital is the healthcare leader in northeast Wyoming. The medical campus consists of a 90 bed JCAHO accredited community and area trauma hospital and a 150 bed long term care facility. Campbell County Memorial Hospital is seeking a board eligible/board certified emergency medicine physician. Hospital employed position; 23,000 patient visits; physician double coverage; eight hour shifts; democratic group of physicians; excellent compensation package; several annual bonus opportunities; sign-on bonus; student loan repayment; relocation; full employee benefit package including health and dental insurance, retirement, premium executive disability, and CME allowances. For more information, contact Tami Beckham at Campbell County Memorial Hospital at (307) 688-1554 or email tami.beckham@ccmh.net. (PA 785) Email: tami.beckham@ccmh.net

• **WYOMING**

90 minutes from Denver, CO, and 30 minutes from the mountains. Immediate and outstanding opportunity for one full-time, ABEM certified (eligible), ER physician to be employed at Level II Trauma Center, in Cheyenne, Wyoming. Guaranteed first year income, plus incentive. Relocation & Sign-on Bonus. Eligible to be Licensed in Wyoming. (PA 803) Email: selina.irby@crmcwy.org

• **GUAM (USA)**

Seeking Full Time BE/BC Emergency Room Physicians at Guam Memorial Hospital Authority. Guam is located 1,596 miles from the Philippines. It offers a beautiful climate, and abundance of recreational activities. Compensation is compatible with AAEM fair employment guidelines and includes vacation, sickleave and holiday pay. (PA 786) Email: liz.claros@gmha.org

• **LEBANON**

The Faculty of Medicine and Medical Center of the American University of Beirut, Beirut, Lebanon, is establishing a high quality Academic Department of Emergency Medicine. We are actively seeking experienced emergency medicine physicians for this development. Candidates must be board-certified or -eligible in emergency medicine by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine and must have at least three years successful experience in emergency medicine. Excellent opportunities exist for faculty development, research and teaching. The compensation is competitive and the position offers excellent benefits. The deadline for submitting applications is July 15th, 2007. The American University of Beirut is an affirmative action, equal opportunity employer. To apply please send a cover letter, CV and names of three references to the contact information below: Amin Antoine N. Kazzi, MD, FAAEM Chief of Service & Medical Director, Emergency Department AUB Faculty of Medicine and Medical Center American University of Beirut P.O.Box 11-0236 / Medical Dean's Office Riad El-Solh / Beirut 1107 2020, Lebanon (PA 814) Email: ak63@aub.edu.lb

• **NEW ZEALAND**

CONSULTANT - EMERGENCY SERVICES Taranaki District Health Board, New Plymouth, New Zealand - Vacancy No. 4492 We are seeking a person with emergency/trauma care experience for a permanent/long term position, who must be eligible for registration with the Medical Council of New Zealand. For a copy of the job description and application form, please visit our website or contact Charles Hunt, Medical Recruitment & Development Manager on 06-753 6139 Ext 8464 or email: charles.hunt@tdhb.org.nz. For more information on the role itself, please email Dr Sampsa Kiuru, Consultant, e-mail sampsa.kiuru@tdhb.org.nz or Dr Kelly Pettit, Consultant, e-mail: kelly.pettit@tdhb.org.nz (PA 810) Email: charles.hunt@tdhb.org.nz Website: http://www.tdhb.org.nz

• **NEW ZEALAND**

Emergency Physician (1.0FTE). Come live and work in Whangarei, New Zealand! White sandy beaches, green hills, blue sea and subtropical climate with some of the best fishing/diving in the world. Whangarei has a population of 70k, just 2 hours north of Auckland. We need an energetic, quality Emergency Physician to join our team. We have a modern ED, and a progressive practice with good patient mix. Vacancy No: MD07-009. Close Date: Open. Interested? Contact: Shelley Mackey, Northland District Health Board, PO Box 742, Whangarei, New Zealand phone: +64 9 4304101 or email: medical.coord@nhl.co.nz (PA 843) Email: medical.coord@nhl.co.nz Website: http://www.northlanddhb.org.nz

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