

# common SENSE



when minutes count

VOLUME 14, ISSUE 5  
SEPTEMBER/OCTOBER 2007

THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



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## PRESIDENT'S MESSAGE

### Just Go To An ER

by Tom Scaletta, MD FAAEM  
AAEM President

*"The only fear we have is fear itself."*

*Franklin D. Roosevelt*

*"Mr. Gorbachev, tear down this wall."*

*Ronald W. Reagan*

*"Just go to an emergency room."*

*George W. Bush*

When George Bush spoke recently about access to healthcare, especially for the underprivileged, he said, "The immediate goal is to make sure there are more people on private insurance plans. I mean, people have access to healthcare in America. After all, you just go to an emergency room."

This is like shaking a package clearly marked fragile. Who does that? Had Mr. Bush appreciated the following facts, he surely would have had a more intelligent response.

- There are over 110 million ED visits annually and the increase outpaces the census due to an aging population and waning access to primary care.
- Federal EMTALA law mandates emergency medical care for all yet without a provision for fair reimbursement, emergency physician salaries are dropping and specialists are reluctant to take calls.
- Failure to enforce prohibitions of the corporate practice of medicine and fee-splitting laws allows profiteers to degrade patient care quality.
- The IOM attests, and AAEM concurs, that emergency medicine is overburdened, under-funded and unprepared for natural or terrorist disasters.



## EDITOR'S LETTER

# Investing in the Future

by David Kramer, MD FAAEM

While thinking about my column for this issue of *Common Sense*, I was struck by the diverse meaning that the phrase "invest in the future" can have. This is especially relevant to us as physicians and members of this organization. As physicians, I am certain that all of you have thought about this and its application to your retirement planning. But I wonder how many of us have thought about how this idea applies to our careers (including continuing education) and our specialty (including organizations within it).

Dr. Vega talks about "giving back" in his YPS president's column. This is an important concept that I highly endorse. One of the ways you can do this is by increasing your participation in your specialty societies (like AAEM). This is one way to help ensure the quality and future of emergency medicine for us and for those who come after us. I'm not limiting this discussion to financial aspects (although supporting the AAEM Foundation is certainly an important

mechanism for investing in the future of our specialty). So yes, dollars count and we certainly couldn't do our work without them.

But there are a myriad of other ways to invest in the future. One is to attend the AAEM Scientific Assembly in Amelia Island this coming February. This investment in your career will pay dividends for both you and your patients. While you are there, consider joining and participating in an AAEM committee, or even running for office. Your voice is important. So, fund that 401k or 403b and 529 to the max. Then do the same for your career and specialty. The dividends these investments pay may be bigger than you imagine. I hope to see all of you in Amelia Island. It's a great location for winter "investing" and having fun.



when minutes count

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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

International Member: \$125

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 or AOBEM certified in EM

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.



## VIEW FROM THE PODIUM

## AAEM Education Update

by Kevin Rodgers, MD FAAEM

I often marvel at the energy, dedication and time that my fellow AAEM members devote to their organization and its educational endeavors. Certainly within the Education Committee, the spirit of volunteerism is alive and well. Over the summer we've spent numerous hours and conference calls preparing for a myriad of upcoming educational presentations, all aimed at enhancing the care of our patients. There are no salaries, no special benefits, no perks other than the occasional non-pharmaceutical sponsored dinner. I believe it is sheer altruism and a desire to provide our patients and our communities with the best care possible that drives our members' commitment to excellence. For everyone's contributions.....Thank You!

**In teaching others we teach ourselves.**

As I pen this entry, the final touches to MEMC IV are being put into place. Over 1300 EM practitioners will be converging on Sorrento to share ideas and camaraderie on the beautiful Italian seacoast. An excellent slate of speakers from around the world, including many AAEM members, will present 15 pre-conference courses and over 180 hours of educational programming during the three day conference. AAEM members Philip Anderson, Antoine Kazzi, Joe Lex, Amal Mattu, Ghazala Sharieff, Indrani Sheridan and Gary Gaddis spearheaded this tremendous effort from the American side in developing this conference. Over 1000 abstracts were submitted with the best 210 being presented as oral papers and the remainder presented as posters.

**A professor is one who talks in someone else's sleep.**

At the end of September, AAEM will once again present its four day Written Board Review Course directed by Richard Shih and Jim Colletti that provides over 60 hours of CME. This is followed in October by the award-winning Oral Board Review Course directed by Mitch Goldman. Despite adding Dallas as its fifth semi-annual site, this course is consistently sold out (over 60 people on the waiting list for the October course). The Education Committee is now considering adding an additional midweek course in Las Vegas this spring. The primary road block to course expansion as always is the availability of qualified examiners. Please contact Tom Derenne, [tderenne@aaem.org](mailto:tderenne@aaem.org), or fill out the application form on the website under

Oral Boards if you are interested in contributing your time and expertise to this incredibly valuable experience.

If you think in terms of a year, plant a seed; if in terms of ten years, plant trees; if in terms of 100 years, teach the people.

Also in October, AAEM will undergo their re-accreditation review by the Accreditation Council for Continuing Medical Education (ACCME). As you may or may not know, AAEM is accredited by ACCME as an independent CME provider. This allows AAEM to not only provide CME for its own educational venues but also for other organizations as well. This requires that AAEM's ACCME subcommittee, chaired by Indrani Sheridan, review each application for CME to insure compliance with a relatively rigid set of guidelines which focus on providing independently developed, bias free, goal-directed and peer-reviewed education. In order to maintain our certification, the AAEM staff has spent untold hours preparing the documentation for this review. Many thanks to Janet Wilson, Tom Derenne, Kate Filipiak, and Kay Whalen for their tremendous efforts in this area.

**He who dares to teach must never cease to learn.**

Of course the crowning achievement of this year's educational calendar will be the Scientific Assembly on Amelia Island from February 7-9 with pre-conference courses held on the 5th and 6th. This year's Resuscitation for Emergency Physicians course will be expanded to cover two pre-conference days. We've invited back the top 10 speakers from last year's Scientific Assembly plus a new cadre of talented educators. Point-counterpoint debates, simulation lab and several evening courses including LLSA Review are also planned. We're setting up inexpensive, easy-to-use transportation to and from the airport to the conference hotel and have several social outings planned. Be sure to "save the date" and attend the best EM conference in the US!

**The man who can make hard things easy is the educator.**

*Kevin Rodgers, MD FAAEM  
Chair, AAEM Education Committee*

## AAEM would like to Congratulate

Rita Kay Cydulka, MD MS FACEP, on assuming the presidency of the American Board of Emergency Medicine (ABEM). Dr. Cydulka has been a member of the ABEM Board of Directors since 2002.



## 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
Emergency Medicine Physicians	OH
Emergency Physicians at Sumner, PLLC	TN

### 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
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# Award Nominations Sought for AAEM Awards

**Deadline: November 30, 2007**

AAEM is pleased to announce it is currently accepting nominations for its annual awards. Individuals can be nominated for the following awards:

## DAVID K. WAGNER AWARD

As an organization, AAEM recognizes Dr. Wagner's contributions to the specialty by offering an award named in his honor to individuals who have had a meaningful impact on the field of emergency medicine and who have contributed significantly to the promotion of AAEM's goals and objectives. Dr. Wagner himself was given the first such award in 1995.

## YOUNG EDUCATOR AWARD

Nominees must be out of residency less than five years and must be AAEM members. This award recognizes an individual who has made an outstanding contribution to AAEM through work on educational programs.

## RESIDENT OF THE YEAR AWARD

Nominees for this award must be AAEM resident members and must be enrolled in an EM residency training program. This award recognizes a resident member who has made an outstanding contribution to AAEM.

## JAMES KEANEY AWARD

Nominees for this award must have 10 or more years of experience in EM clinical practice and must be AAEM members. Named after the founder of AAEM, this award recognizes an individual who has made an outstanding contribution to our organization.

## PETER ROSEN AWARD

Nominees for this award must have 10 or more years of experience in an EM academic leadership position and must be AAEM members. This award recognizes an individual who has made an outstanding contribution to AAEM in the area of academic leadership.

## JOE LEX EDUCATOR OF THE YEAR AWARD

This award recognizes an individual who has made an outstanding contribution to AAEM through work on educational programs. Nominees must be AAEM members who have been out of their residency for more than 5 years.

Nominations will be accepted for all awards until November 30, 2007. The Executive Committee will review the nominees and select recipients for all awards except the EM Program Director of the Year Award, which will be selected by the AAEM Resident and Student Association.

All nominations should be submitted in writing and should include:

1. Name of the nominee.
2. Name of the person submitting the nomination.
3. Reasons why the person submitting the nomination believes the nominee should receive the award.

Award presentations will be made to the recipients at the 14th Annual Scientific Assembly to be held in Amelia Island, Florida, February 7 – 9, 2008.

### Please submit all nominations to:

AAEM  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202  
800-884-2236  
Fax: 414-276-3349  
info@aaem.org



The AAEM Foundation would like to thank the New York Chapter of the American Academy of Emergency Medicine (NYAAEM) for their donation of \$300.00. NYAAEM donated the funds to support the legal efforts of AAEM in Texas. To learn more about the Corporate Practice of Medicine and the case in Texas, please go to [www.aaem.org/corporatepractice](http://www.aaem.org/corporatepractice).



## 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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## Elections

### Board Nomination Period Begins

**Nomination Deadline: November 9, 2007**

President, Vice-President, Secretary-Treasurer and three At-Large positions on the AAEM Board of Directors are open as well as the Associate Member Director Position. All current, full voting and associate members of AAEM are eligible to run. Self-nominations are allowed and encouraged. You must be an associate member to be eligible to run for the Associate Member Position.

Elections for these positions will be held at AAEM's 14th Annual Scientific Assembly, February 7-9, 2008, at Amelia Island Plantation in Amelia Island, FL. Although balloting arrangements will be made for those unable to attend the Assembly, all members will be encouraged to hold their votes until the time of the meeting.

The Scientific Assembly will feature a Candidate's Forum, in which members will be able to directly question the candidates before casting their ballots. Winners will be announced during the conference, and those elected will begin their terms at the conclusion of the Assembly.

In order to nominate yourself or another full voting member for a Board position, please send the following information to the AAEM office before November 9, 2007:

1. Name of nominee. Each nominee may have only three individuals as nominators/endorsers.
2. Name of nominee's medical school and year graduated.
3. Board certification status of nominee, including Board and year completed.
4. Number of ED clinical hours worked each week by the nominee.
5. A candidate statement (written by the nominee, 500 word max.) listing recent AAEM contributions, accomplishments, activities or any other information detailing why the nominee should be elected to the Board.
6. Any emergency medicine related business activity in which the nominee has a financial interest.

The candidate statements from all those running for the Board will be featured in an upcoming issue of *Common Sense* and will be sent to each full voting and associate member with their membership renewal packets.

These nomination and election procedures are what set AAEM apart from other professional medical associations. We believe the democratic principles that guide them are one of AAEM's greatest strengths and are an integral part of what makes us the organization of specialists in emergency medicine. In AAEM, any full voting member can be nominated and elected to the Board of Directors. Any associate member can be nominated and elected to the Associate Member Director Position.

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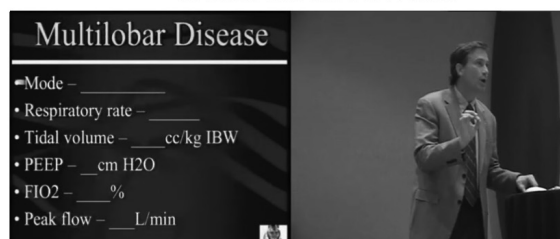
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September 11, 2007

David L. Crane  
President and CEO, Adventist Midwest Health  
12 Salt Creek Ln., Ste. 400  
Hinsdale, IL 60521

Dear Mr. Crane,

I am writing on behalf of the American Academy of Emergency Medicine (AAEM), a national professional society representing over 5,000 specialists in emergency medicine, which I now serve as President.

I understand that Adventist Midwest may be considering a corporate contract group to manage its emergency departments (EDs). Please be aware that, in hiring a lay corporation to run its EDs, a hospital system may be complicit in violating prohibitions regarding the corporate practice of medicine and fee-splitting. AAEM's concern in this regard stems from our firm belief that when emergency physicians' practice rights are violated, this negatively affects the quality of care that the community depends upon.

For me, this situation is particularly meaningful as I reside in La Grange. In fact, I volunteered in the emergency department at La Grange Memorial Hospital nearly twenty years ago, when I was attending Lyons Township High School. And, this experience encouraged me to attend medical school and then train in the field of emergency medicine.

AAEM's interest in this matter is to ensure that our members are not risking their licensure by participating in an unlawful arrangement and that the hospitals that they work for stay in good legal stead. The following Illinois code and case law forbid lay corporations from practicing medicine:

- ILCS ch. 225 60/22 (11 and 32), 60/49, and 60/50
- Dentists, Inc. v. Allison (1935) 360 Ill. 638, N.E. 799
- Winberry v. Hallihan (1935) 361 Ill. 121, 197 N.E. 552
- People by Kerner v. United Medical Serv. (1936) 362 Ill. 442, 200 N.E. 157
- People ex rel. Watson v. House of Vision (1974) 59 Ill. 2d 508, 322 N.E.2d 15, cert. denied, 422 U.S. 1008 (1975)
- People ex rel. Ill. Soc'y of Orthodontists v. United States Dental Inst., Inc. (1978) 57 Ill. App. 3d 1029, 373 N.E. 2d 635

You can find much more information regarding AAEM's concerns with the Corporate Practice of Medicine at [www.aaem.org/corporatepractice](http://www.aaem.org/corporatepractice). As well, splitting professional fees is also restricted by federal law {SEC. 1128B. [42 U.S.C. 1320a-7b]}.

I trust that you will conduct due diligence in any ED contract decisions regarding the restrictions on the corporate practice of medicine and fee-splitting. If I can personally assist or further explain our position in any way, please do not hesitate to contact me at [tscaletta@AAEM.org](mailto:tscaletta@AAEM.org).

Sincerely,

Tom Scaletta, MD FAAEM  
President, AAEM

cc: Tim Cook, CEO, Adventist LaGrange Hospital  
Joe Reda, MD, Medical Staff President and Foundation Board Member, Adventist LaGrange Hospital

**The Organization of Specialists in Emergency Medicine**

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# Emergency Care System Still at the Breaking Point

by Kathleen Ream, Director of Government Affairs

One year after a report issued by the Institute of Medicine (IOM) concluded the nation's emergency care system was "at the breaking point," the House of Representatives Oversight and Government Reform Committee heard testimony on June 22, 2007, regarding emergency care in the United States. With America's emergency departments operating at or over capacity, the nation's healthcare safety net, the quality of patient care and the ability of ED personnel to respond to a public health disaster are in severe peril.

Three emergency physicians from rural, suburban and urban areas testified that some hospitals do not have enough beds to admit patients, forcing an ED backup or diverting ambulances to other EDs. Additionally, the shortage of healthcare professionals – particularly surgeons to provide emergency and trauma care – was highlighted as one aspect of the overall problem.

Reimbursement for emergency care services was also noted as an issue within the current crisis. Dr. William Schwab from the University of Pennsylvania recommended that Congress direct the Centers for Medicare and Medicaid (CMS) and third-party payers to reexamine the funding for emergency care. Dr. Robert O'Connor from the University of Virginia testified about the lack of funding support for emergency care at the federal level. He noted that the majority of funding for emergency care comes from CMS in the form of low reimbursement rates for emergency care and stated that the lack of federal support prevents emergency departments from preparing for a public health disaster.

Officials from the Department of Health and Human Services (HHS) testified that the Department was undertaking changes, including looking into creating a lead agency on emergency care, using assistance from the Health Resources and Services Administration, from CMS to promote regionalized approaches, and using the Food and Drug Administration, National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to promote emergency care research. All of the emergency physicians at the hearing complained that the lack of a lead agency exacerbates the current situation. Dr. Walter Koroshetz, Deputy Director of the National Institute of Neurological Diseases and Stroke at NIH, testified that future emergency care research is at risk.

Representative Elijah Cummings (D-MD), who chaired the hearing, said that HHS "appears to be ignoring the mounting emergency care crisis," despite the billions of dollars spent on biodefense and flu pandemic preparedness. Cummings added that HHS has "not made a serious effort to identify the scope of the problem and which communities are most affected." The emergency physicians stated they had seen no

money come their way as the billions of dollars in additional funding went to other first responder related needs. Dr. William Schwab and Dr. Johnson from Mission Hospital Regional Medical Center stated that raising salaries for emergency physicians, along with malpractice relief for emergency practitioners, would boost ED staffs. While adopting crisis measures to increase emergency department capacity may provide a short-term solution to a surge of patients, all of the witnesses testified that ultimately the country needs long-term answers.

For more information on the IOM's 2006 report *The Future of Emergency Care*, go to the IOM's website at <http://www.iom.edu/CMS/3809/16107.aspx>. For electronic copies of the testimony from the June 22nd hearing, please visit <http://oversight.house.gov/story.asp?ID=1363>.

## Infection Tracking System Available to U.S. Hospitals

The CDC recently announced that a secure, web-based reporting network that enables the tracking of infections is now available to all healthcare facilities in the United States. The National Healthcare Safety Network (NHSN) provides multiple options for data analysis and more flexibility for sharing information both within and outside a facility – including the general public, if the facility so chooses.

"Opening this system to all hospitals is a milestone for health protection," said Denise Cardo, director of CDC's Division of Health Care and Quality Promotion. "Information is power, and the information tools that NHSN provides help healthcare facilities prevent healthcare-associated infections, including methicillin-resistant staph infections (MRSA)."

The NHSN system builds upon the CDC's National Nosocomial Infection Surveillance system, which, for more than 30 years, was the gold standard for tracking healthcare-associated infections. Cardo said, "We expect nearly 1,000 facilities will take advantage, in coming months, of NHSN's many capabilities."

To date NHSN has more than 600 participants and is used in 45 states. The CDC is already partnering with dozens of healthcare facilities, including the Department of Veterans Affairs hospitals, to use NHSN as a tool to track the prevention of MRSA infections. In addition, NHSN now meets the needs of states with mandatory public reporting of healthcare-associated infections.

For more information on NHSN, go to <http://www.cdc.gov/ncidod/dhqp/nhsn.html>.

continued on page 11

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

### November 16-18, 2007

- EMCON 2007  
9th International Conference on Emergency Medicine  
Chennai, India  
Jointly sponsored by North Shore-Long Island Jewish Health System, the Society of Emergency Medicine in India and the American Academy of Emergency Medicine for India  
<http://www.emcon2007-india.com/>

### November 27-30, 2007

- Sun BEEM  
Best Evidence in Emergency Medicine Course (BEEM)  
Occidental Grand Resort, Cozumel, Mexico  
Sponsored and organized by McMaster University, Continuing Health Sciences Education  
<http://www.beemcourse.com/index.html>

### 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. For more information, please call Gary Shillin at (617) 754-2006.

### January 28-31, 2008

- Ski BEEM  
Best Evidence in Emergency Medicine Course (BEEM)  
Silver Star Mountain, 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](http://www.aaem.org)

### February 29-March 2, 2008

- The Difficult Airway Course-Emergency™  
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### March 14-16, 2008

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### October 13-15, 2008

- The Heart Course-Emergency™  
Bally's Las Vegas, Las Vegas, NV  
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<http://www.theheartcourse.com/>

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](mailto:tderenne@aaem.org).

All endorsed, supported and sponsored conferences and activities must be approved by AAEM's ACCME Subcommittee.

## Another EMTALA Case Swings on "Appropriate" MSE

On April 4, 2007, the U.S. District Court for the Western District of Louisiana decided that the Emergency Medical Treatment and Labor Act (EMTALA) was not violated by a Louisiana hospital that had discharged a minor complaining of severe abdominal pain, and who later was returned to the hospital for emergency surgery of a ruptured appendix (*Spillman v. Southwest Louisiana Hospital Association*, W.D. La., No. 2:05 CV 450, 4/4/07).

### The Facts

Joyce Spillman brought her son Brandon Dicks, who was suffering from right lower quadrant abdominal pain, to the ED at Lake Charles Memorial Hospital (LCMH). Absent running tests on Dicks, the ED physician diagnosed "acute gastritis," prescribed medication for nausea, and discharged the young man.

Dicks continued to experience pain, so upon advice of Dicks' pediatrician, Spillman took her son to the ED of a second hospital. At this hospital the ED physician ordered a CT, but it is unclear as to whether the ED doctor was notified of the results. Dicks again was prescribed medicine for the pain and sent home.

The pain never ceased, so Spillman had the family physician assess the earlier CT scan report, only to determine that Dicks' appendix had ruptured. Dicks then was admitted to LCMH for emergency surgery. Shortly thereafter, Spillman filed an EMTALA suit on behalf of Dicks against LCMH. The defendant sought summary judgment.

### The Ruling

A defendant is entitled to summary judgment when the defendant can establish that there are no genuine issues of material fact for trial. A "material" fact is one that might affect the outcome of the suit under the applicable substantive law; and in order for a dispute to be "genuine" the evidence before the court must be such that a reasonable jury could return a verdict for the nonmoving party.

Plaintiff Spillman contended that because CSPH's examination of Dicks fell below the applicable standard of care, CSPH failed to provide an EMTALA appropriate medical screening examination. The court reasoned that EMTALA was enacted to prevent patient-dumping, not to be used as a federal malpractice statute. "A hospital's liability under EMTALA," wrote the court, "is not based on whether the physician misdiagnosed the medical condition or failed to adhere to the appropriate standard of care. Instead, the plaintiff must show that the hospital treated him differently from other patients with similar symptoms."

The court found that there was no evidence that the defendant normally treated patients with abdominal pain any differently than it treated Dicks. And, too, the court was unable to find any precedent to support the theory that a presumptive diagnosis [of appendicitis] triggers a hospital's duty to stabilize or transport under EMTALA.

The court concluded that "[a]lthough the plaintiff may have a cognizable and possibly successful claim for medical malpractice, there is insufficient evidence to create an issue of material fact regarding the EMTALA claim." The hospital was granted summary judgment.

The decision can be read in full at <http://op.bna.com/hl.nsf/r?Open=sfak-724rzy>.

## AAEM's Government Relations Resources

Advocacy is more than just understanding the issues. To make a difference, you have to make your voice heard. The involvement of individual emergency medicine physicians is vital to the success of AAEM's grassroots efforts. To assist you in your government relations activities, AAEM provides the following services and information:

### AAEM E-Mail Alerts

AAEM E-Mail Alerts provide strategic information to affect key policy issues of concern to emergency medicine. To receive future alerts, sign onto the Action E-List on the homepage of the Legislative Action Center, <http://capwiz.com/aaem/home>.

### Legislative Action Center

The Legislative Action Center, located on AAEM's website, [www.aaem.org](http://www.aaem.org), is "one-stop" shopping for federal legislative and regulatory information. It contains the important issues that AAEM is tracking for you, recent votes, current bills and other relevant items. You can search the congressional database by name, state, committee or leadership, and send messages to your congressional delegation directly from the site.

### Additional features include:

- "Sponsor Track" which attaches information on relevant bill sponsorship on Members' bio pages;
- A "Vote Scorecard" listing every Member of Congress and how they voted on bills of interest to AAEM;
- "Megavote" provides you with a weekly e-mail on the voting patterns of your Representative and Senators;
- A searchable "Guide on National and Local Media" including newspapers, magazines, TV networks and stations; users can send e-mails, faxes or printed letters to newspaper journalists, radio talk show hosts and television commentators; and
- Detailed "Campaign Contribution Data."

### Washington Sentinel

The *Washington Sentinel* is AAEM's e-newsletter on legislative and regulatory issues of concern to emergency medicine. You can receive the Washington Sentinel as a downloadable PDF document by sending an e-mail note to [aaemgov@aol.com](mailto:aaemgov@aol.com).

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## AAEM Young Physicians Section

## PRESIDENT'S MESSAGE

## Balance

*by David D. Vega, MD FAAEM*

Finding the right balance between my personal life and my professional life has always been tough. Like many younger physicians, I continually want to develop my career by getting more involved with a variety of projects at work and with EM organizations. However, this has to be carefully balanced with my personal interests, family needs and other activities outside of the hospital. Trying to maintain this balance can be very difficult and stressful at times. This article contains a few tips on finding a balance in your life.

When deciding on a good balance, the easy answer might seem to be to just do the bare minimum in your professional life and focus most of your energy on your personal life. This may be right for some people. However, your total enjoyment of life includes your fulfillment with your employment. Being personally involved with non-clinical activities at work is associated with job satisfaction and career longevity. On the other hand, continually burying yourself in work comes at the cost of fully enjoying your personal life. Finding the right balance will not only improve personal well-being, but will also be beneficial to the well-being of others in both your personal and professional lives.

It is important to remember that there is no one balance that is right for everyone. Even your own priorities will vary throughout your lifetime. At any point in time, each of us has our own idea of what a successful career and life entails. One of the first goals in finding a balance in your life should be to examine your definition of success. Don't just focus on achievements in defining success. What level of enjoyment and satisfaction of your life with family and friends are you shooting for? Do you have time for those people and activities in life that are important to you? In deciding what your balance should be, you need to first define your personal and career goals so that they reflect your true life priorities.

Here are a few tips that I have compiled to help you make the most of planning a good balance in your life:

- **Plan and manage your time more efficiently.**

No matter how you look at it, you only have 24 hours in a day, so don't over extend yourself. But, the more efficient you are in performing the less enjoyable tasks in life, the more time you have for the enjoyable things. Don't be afraid to say "No" if your plate is already full. Plan ahead as much as possible, and prioritize your responsibilities so that important deadlines are not neglected. Don't forget to use your time management skills at home as well as in the hospital. With families, it is very helpful to have a

master calendar of important dates. By including deadlines and meetings from work, conflicts with family activities can sometimes be avoided. Time management is such an important concept that we will be devoting an entire article to it in an upcoming issue of *Common Sense*.

- **Avoid procrastination.**

If you attack a project head-on and get it done, you won't spend as much of your time and energy worrying about getting it done. Procrastination also leads to accumulation of unfinished projects which can increase your stress. Just get it done and then you can better enjoy the things you really want to do. If you truly don't have time to get it done, you may have to delegate projects or parts of projects to other people. The same applies in your personal life. Maybe you find it therapeutic to paint your house. If not, hiring someone else to do the work may be worth the cost in terms of your freedom to spend time doing something else.

- **Relax.**

Find time to relax doing something you enjoy every day, whether it's just hanging out in the backyard watching the kids, reading a book or listening to music. Keep it simple. Taking some time out for yourself will refresh you and can entirely change the tone of a day that began with a tough shift in the ED.

- **Take care of yourself.**

Eat right, get adequate rest and exercise regularly. You're a physician -- you know you need to, so just do it. You'll enjoy life more if you're not worn out and dragging yourself through each day. Caffeine is not a substitute for adequate sleep. Enough said.

- **Invest in duct tape.**

What helps to hold it all together for you in life? Is it a spouse, friend or family member? Maybe it's your faith or being involved with a special interest group. Devote an adequate amount of time and energy to supporting relationships and activities in your life that serve as your support system. When the unexpected arises, duct tape can usually help out; but make sure you have some on hand.

- **Limit your "stuff."**

That new boat can help you relax on the lake, but it also will take some effort to take care of it. Remember that the more toys you collect, the more time and money they will take in upkeep.

*continued on page 15*

# 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 insurance and financial planning, Shayne Ruffing, CLU ChFC AEP, is a Chartered Financial Consultant, Chartered Life Underwriter and Accredited Estate Planner with the Potter Financial Group.

**Question:** What are some legal and financial maneuvers to protect my financial assets?

**Answer:**

Protecting Your Assets – The early years.

by M. Shayne Ruffing, CLU ChFC AEP

Among physicians within the first eight years of practice, it is not uncommon for me to hear the question: "What do I need to do to protect my assets?"

It is a valid question. Malpractice litigation is not slowing down for most specialists, particularly those of you on the "front line" of medicine.

This article is designed to give you a practical understanding of the key factors involved in protecting what you own, plan to own or plan to pay off.

To evaluate asset protection, you have to ask yourself the honest question: "What do I have that someone would want to take?" In the early years of a practice, the reality is that the answer is often: "Not much!"

In my experience it takes between six and nine years of practice to really begin to get a handle on paying down student loans, accumulating retirement funds, building savings and maintaining a stable cash flow. Recognizing this, I, and the legal and tax professionals that I partner with, take the following approach in evaluating appropriate protection strategies:

Understand where you are actually vulnerable:

There are some things we just can't control. The most personally catastrophic of these are, typically, serious illness, disability and death. To eliminate these variables from your financial plan, there are a few easy things you can do:

- Establish a systematic monthly savings program – this will self-insure against short-term expenses associated with injury and illness.
- Maintain adequate medical insurance for you and your family.
- Try to design a disability income plan that will replace 100% of your net income.
- Maintain adequate life insurance to protect your family's financial security should you have a "short week."
- Purchase a comprehensive umbrella insurance contract for your property. The cost is negligible for the extra layer of protection it provides.

Understand what does and does not need protection:

There are two assets that have historically always had preferential treatment. They are:

- Qualified retirement plans (401(k), 403(b), IRA, Roth IRA, other)
- Cash values inside personally owned life insurance

In the early years of a practice, most individuals accumulate their most significant asset inside their retirement plans. This is inherently protected from creditors, so fund your retirement at the maximum amount that your budget and the IRS will allow! This provides the dual benefit of preparing for your own financial independence and naturally protecting your accumulation. If you find yourself without additional places to put long-term money, look at permanent life insurance as an asset accumulation vehicle. Permanent insurance can be designed to have low internal insurance expenses and can generate competitive returns by investing in professionally managed equity and fixed income accounts. In addition, the assets are protected from creditors in most states because they are considered part of your basic life insurance protection.

**Understand the significance of ownership:**

In most cases, if you don't own it, it is difficult for me to sue you for it. At some point, you will begin to accumulate assets outside of your retirement plans, life insurance, etc. You will have loans paid down or eliminated, and you will have your standard of living protected through adequate insurance. At this point, you should understand the

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## AAEM Young Physicians Section

Ask the Expert - continued from page 14

legal techniques for sheltering assets which involve the transfer of ownership either now or at your death or disability. An estate attorney can advise you regarding the best ownership techniques within your particular state of residence.

Before transferring ownership of something, consider a few possible side effects:

- If you transfer assets to your spouse (home, autos and cash accounts) and that relationship ends, it could get messy.
- If you transfer assets to something that can never be taxed or attacked in your estate (Irrevocable Trusts), you will likely lose control and use of them.
- If you establish alternate entities to own your business or other assets (LLC, PLLC, S-Corporation), you pick up an additional layer of legal and tax complexity to maintain those relationships.

This is not to say that these are not valid techniques. All of them are appropriate in many situations, and I recommend them frequently. For purposes of this article, however, it is uncommon to find this necessary before hitting the ten year mark in your practice. With malpractice coverage protecting the first \$2,000,000 or \$3,000,000 of vulnerable assets, I find it very rare for starting physicians to have concerns beyond that.

In the majority of situations, adequate asset protection can be established through the appropriate use of common legal documents such as wills, powers of attorney and coordinated beneficiary designations (these should be reviewed for all life insurance and retirement programs). In many states, titling your home, and perhaps other eligible assets to be owned as Tenants by the Entirety, provides the protection to the only significant asset (your

residence) that is otherwise unprotected. In short, this means that a creditor has to have claim against both owners (husband and wife), as opposed to just one to attack this asset.

As always, I recommend that you establish a team of trustworthy advisors who work well together and will serve in your best interest. This team should include someone who serves as the coordinator and should have professional representation in the areas of investments, insurance, estate law and accounting.

I wish you every success in your career, and thank you for your ongoing contributions to our society.

### Shayne

*Shayne Ruffing, CLU ChFC AEP is the creator of the Confident Transition Plan™ for medical residents and the Physician Disability Income Analysis™. Shayne specializes in executive benefit planning for physicians and medical practices. He can be reached at 800.225.7174 or on the web at [www.mybpgincp.com](http://www.mybpgincp.com).*

*Shayne is a Financial Advisor offering Securities and Advisory Services through NFP Securities, Inc., a Broker/Dealer, Member NASD/SIPC and Federally Registered Investment Advisor. NFP Securities, Inc. is not affiliated with the Benefit Planning Group.*

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](mailto: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.

Balance - continued from page 13

### • Recognize your limitations.

Trying to be a perfectionist in either your personal or your professional life is only setting yourself up for eventual failure. You can have high expectations for yourself, but remember that nobody is perfect. Realize that there will always be areas where you are stronger and others where you are weaker. You may need help from other people from time to time in your weaker areas. You may also gain some enjoyment from helping others in the areas of your strengths.

- **Give back.** Your enjoyment of life and your personal and career satisfaction will be much better if you

commit some time to your community, teach or give back to society in some way. Yes, society is already better just having you as a doctor, but you know what I mean.

The right balance between career and personal life can be difficult to achieve and your definition of that balance will likely change many times throughout your life. However, by examining your life goals and prioritizing your enjoyment of life as highly as achievements in your career, you can reduce stress and improve your quality of life.



## RESIDENT PRESIDENT'S MESSAGE

*by Andrew Pickens, MD JD MBA*

Now that we are a few months into the new residency year, I wanted to give some advice to new emergency medicine residents. This is "free advice" from a not-so-wise guy who has only been a doctor for two years, so please research what I say in this article and formulate your own opinions.

At this point, new residents should have started to settle into the flow of the emergency department. The initial freak-out over the patient with chest pain and a hemoglobin of six has subsided and you are becoming more comfortable with how to treat many of the more common ailments that present to the emergency department. You have adjusted to the speed with which things happen. You are probably starting to challenge yourself to see more patients per shift. Likewise, new fourth year medical students are now in the midst of their searches for the "perfect" residency. Many are learning about what off-service rotations each program requires and probably making a list of how many weeks of vacation each program allows (come on, admit that you are doing this).

In the midst of your learning curve, at whatever point in the process you may be, it is important to begin, or continue, another learning curve. Emergency medicine is a life long choice. Emergency medicine is a important specialty, but one of the newer specialties. As such, as with any other specialty, there are global

issues that affect how each and every one of us is able to practice emergency medicine. From the corporate practice of medicine to pay-for-performance standards to issues regarding who can become board certified as emergency medicine physicians, many issues will effect how the residents and students of today eventually practice medicine.

I was fortunate that early in my residency (like the first week) Mark Reiter, a past president of the AAEM/RSA, enlightened me as to many of the current issues in emergency medicine. We had a few discussions and I began to do my own research on the issues. I formulated my own opinions (not always the same as Mark's, but close) and have chosen to pursue action by becoming involved in AAEM.

My "free advice," is simple: motivate yourself to learn about the global/national practice of emergency medicine. Learn about the issues that are outside of what happens in the emergency department itself. Take a look at the position statements listed on AAEM's website as a starting point. You don't have to agree with everything exactly as written, but educate yourself regarding the issues that are out there, research and formulate your own opinions, become involved and keep learning for the rest of your career.

### 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](mailto:info@aaem.org) to update your information.



# Resident & Student Association



AAEM/RSA

Activities

## Déjà vu – Applying again

Adrienne McFadden, MD JD

University of Maryland Medical Center, Resident Editor, Common Sense

Is it just me or does it seem as if every three to five years we, as the medically inclined, are going through yet another application process? First, there were the college applications, then medical school applications, then residency applications. Now it is time to apply for a “real job.”

My mentors, friends and family all constantly ask what I am going to do with my life when I finish residency. Unfortunately, my typical response of “I don’t know yet,” is not going to cut it anymore. As an intern, the whole concept of being called doctor was more than enough for me to think about at the time. I thought, perhaps foolishly, that I had plenty of time to ponder my career abstractly, but somehow I blinked and it is two years later.

**“The early bird gets the worm.”** For those of you who are not in your final year of training, I implore you to start thinking, really thinking, about where you want to begin your career in emergency medicine. The choices are endless. You can choose further training such as fellowship or chief residency, academic emergency medicine, community emergency medicine, locum tenens or a hybrid of sorts (e.g., community emergency medicine with an academic appointment). Once you have made that choice, the decision becomes where do you want to practice. Many choose to practice in the same general area that they train but, again, the whole country and even international locales are available to you. For some, the circumstances of life make this decision for you. For others, the availability of too many choices can be a double-edged sword. My own pearl for those experiencing the latter circumstance; sometimes

it is easier to know what you do not want and start from there. Okay, now that we have those things settled...

**“Don’t put off for tomorrow what you can do today.”** I have heard from several knowledgeable people that it is better to commence your job hunt sooner rather than later. Wouldn’t it be great to be gainfully employed before the New Year? I find that a time line can be helpful for this endeavor. Set a date for finalizing your CV and cover letter, give yourself a time frame to send inquiries, make cold calls, attend job fairs, etc. Most importantly, give yourself time to interview and take a good, thorough look at your potential employers.

**“Utilize your resources.”** Generally speaking, emergency medicine is a young specialty within the house of medicine and therefore is a relatively small community. That said, explore and utilize your resources. Contact alumni from your residency program. Talk to the EM faculty at your program. Talk to residents from other programs. Make inquiries at regional or national conferences. Any information is helpful information, so do not be afraid to ask.

**“Just Do It.”** You know what setting you want to practice in and the general location(s) that you are targeting. You have talked to faculty members, alumni, other residents. You even got several people to look over your CV and cover letter. So now what? Call potential employers to see what openings they may have available. Send out your CV and cover letter; do not forget to have copies available to distribute at the various conferences. Finally, get that old interview suit dry cleaned and make sure it still fits. You are going to need it sooner than you think.

## Award Nominations Sought for AAEM/RSA Award

**Deadline: November 30, 2007**

AAEM/RSA is pleased to announce it is currently accepting nominations for its annual award for the EM Program Director of the Year Award.

Nominees for this award must have five or more year’s involvement in running a program as an Assistant, Associate or Program Director. Nominees must be AAEM members and can only be nominated by AAEM resident members. This award recognizes an EM program director who has made an outstanding contribution to AAEM. The winner of this award will be chosen by the AAEM Resident and Student Association.

Nominations will be accepted for this award until November 30, 2007. All nominations should be submitted in writing and should include:

1. Name of the nominee.
2. Name of the person submitting the nomination.
3. Reasons why the person submitting the nomination believes the nominee should receive the award.

The award presentation will be made to the recipient at the 14th Annual Scientific Assembly to be held in Amelia Island, Florida, February 7-9, 2008.

**Please submit all nominations to:**

AAEM/RSA  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202  
800-884-2236  
Fax: 414-276-3349  
info@aaemrsa.org



# Resident & Student Association

## Resident Journal Review

This is a continuing column providing a brief look at journal articles pertinent to EM residents. It is not meant to be an extensive review of the articles nor is it wholly comprehensive of all the literature published. Rather, it is a short list of potentially useful literature that the busy EM resident may have missed. Residents should read the articles themselves to draw their own conclusions. This edition will include articles published over a three month period, May through July 2007.

*David Wallace, MD MPH; Daniel Nishijima, MD; Christopher Doty, MD and Amal Mattu, MD*

**Chalfin, D.B., et al., *Impact of delayed transfer of critically ill patients from the emergency department to the intensive care unit. Crit Care Med, 2007. 35(6): p.1477-83.***

This was a retrospective multi-center cross-sectional study using a largely voluntary database maintained by the Society of Critical Care Medicine. 120 ICUs contributed to ongoing data collection, yielding 50,322 patients admitted to ICU from the ED during the study period. Using three full years of reporting, the researchers compared several clinical variables between patients who had more than six hours of "boarding" in the emergency department and those with non-delayed transfers.

The data was analyzed using a stepwise logistic regression model to parse out the interrelationships of multiple factors on survival. There was no difference in the APACHE II scores of patients who had non-delayed versus delayed transfer to the ICU (15.7 vs. 16.3). Do-not-resuscitate orders were issued with equal frequency between the two groups.

Hospital survival was higher in patients who were transferred to the ICU from the ED in less than six hours (17.2% vs. 13.7%). The ICU mortality rate was 10.7% for delayed transfers compared to 8.4% for non-delayed. This study underscores the importance of early dedicated care of critically ill patients. As emergency departments continue to experience over-crowding and higher volumes of critically ill patients, it will become increasingly important to establish mechanisms to expeditiously move admitted patients out of the ED – especially the most sick.

**Khot, U.N., et al., *Emergency department physician activation of the catheterization laboratory and immediate transfer to an immediately available catheterization laboratory reduce door-to-balloon time in ST-elevation myocardial infarction. Circulation, 2007. 116(1): p.67-76.***

Door-to-balloon time in less than ninety minutes is both a core quality-of-care indicator and predictor of mortality in ST-elevation myocardial infarction. This bench mark is achieved by a minority of hospitals, despite ongoing efforts to improve efficiency. One strategy for improving this indicator is emergency department based activation of the cardiac catheterization laboratory. This study sought to prospectively evaluate this practice and another novel strategy to reduce the door-to-balloon time.

Compared to prior cardiologist activation of the cardiac catheterization laboratory, emergency department

activation resulted in a significantly lower median door-to-balloon time (113.5 vs. 75.5 minutes,  $p < 0.0001$ ). This reduction was seen during regular hours, off-hours, and for PCIs requiring transfer to another facility. In this study, the proportion of patients treated within ninety minutes increased from 28% to 71% ( $p < 0.0001$ ). During the ten month study, in 97 emergency department activations of the catheterization laboratory, there was only one "false-positive."

In addition to emergency department activation, this study investigated the role of immediate physical transfer of STEMI patients to the catheterization laboratory by a trained nurse team, while the cardiac catheterization team was being assembled. Each case was evaluated by a cardiologist, either while the patient was in transport, or when the patient was physically in the catheterization laboratory. The final decision to perform PCI was made by the attending interventional cardiologist.

This study draws attention to an important distinction between activation of the cardiac catheterization laboratory and the decision to perform a cardiac catheterization, highlighting an area where substantial improvements in door-to-balloon time can be achieved.

**Paciaroni, M., et al., *Efficacy and safety of anticoagulant treatment in acute cardioembolic stroke: a meta-analysis of randomized controlled trials. Stroke, 2007. 38(2): p.423-30.***

The role of immediate anticoagulation with heparin after presumed cardioembolic ischemic stroke from nonvalvular atrial fibrillation has been controversial. The intended benefit of anticoagulation is to reduce the rate of recurrent ischemic stroke in the high-risk subgroup with atrial fibrillation. This meta-analysis included all randomized trials comparing the role of anticoagulation with various heparins. Of 766 potentially eligible citations, seven randomized controlled trials were included in the meta-analysis. Anticoagulants were not associated with a significant difference in death or disability at the final follow up period. They were not associated with a significant reduction in recurrent stroke at 7 to 14 days ( $p = 0.09$ ), but were associated with a significant increase in symptomatic intracranial bleeding (2.5% vs. 0.7%,  $p = 0.02$ ).

This meta-analysis differs from other analyses in that it specifically targeted studies with presumed cardioembolic stroke. These patients were felt to benefit the most from anticoagulation, yet these results do not support the practice of anticoagulation using unfractionated or low-

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molecular weight heparin. Rather, their analysis endorses early aspirin followed later by vitamin K antagonists for long-term secondary prevention.

**Kharbanda, A.B., G.A. Taylor, and R.G. Bachur, Suspected appendicitis in children: rectal and intravenous contrast-enhanced versus intravenous contrast-enhanced CT. *Radiology*, 2007. 243(2): p.520-6.**

This study was a retrospective analysis of the diagnostic performance of intravenous contrast enhanced computed tomography compared to intravenous and rectal contrast enhanced computed tomography in the evaluation of children suspected of having appendicitis. Other authors have suggested that the colon and cecum are readily identifiable in children, and that enteric contrast is not necessary. In this study of 416 patients, the two groups had similar rates of appendicitis, equivocal CT findings, sensitivity, and specificity for the final diagnosis of appendicitis.

This is the largest pediatric cohort study to evaluate the additional administration of rectal contrast to intravenous contrast in the setting of suspected appendicitis. This simplified protocol is less invasive, more efficient, and appears to have the same accuracy as double-contrast studies. Larger multi-center studies will be necessary to validate these results, but the single institution findings of this report raise questions about the current protocolized use of double contrast in many institutions.

**Corneli HM, Zorc JJ, Mahajan P, et al. A multicenter, randomized, controlled trial of dexamethasone for bronchiolitis. *N Engl J Med* 2007; 357:331-339.**

This is a double-blind, multi-center, randomized, ED based study that compared a single dose of oral dexamethasone (1 mg/kg) versus placebo in 600 pediatric patients (2-12 months) with a first episode of wheezing diagnosed as moderate-to-severe bronchiolitis. The primary outcome measured was hospital admission after four hours of ED observation while secondary outcomes looked at clinic improvement, length of hospital stay, later medical visits or admission, and adverse events. The study showed that there was no difference between a single dose of dexamethasone and placebo in both primary and secondary outcomes. Moreover, there was no difference between steroids and placebo in the subgroup analysis of patients with family history of asthma or eczema.

The use of steroids in the ED in pediatric patients presenting with bronchiolitis has long been a controversial topic with a definite need for a large, randomized, multicenter study. This negative study essentially shows that there is likely no difference in the use of steroids for these patients.

**Kline JA, Hernandez-Nino J, Jones AE, et al. Prospective study of the clinical features and outcomes of emergency department patients with delayed diagnosis of pulmonary embolism. *Acad Emerg Med* 2007; 14:592-598.**

This single-center study essentially looked at patients diagnosed with pulmonary embolism on CT scan and

then divided patients into ED diagnosis (testing ordered from the ED) versus delayed diagnosis (less than 48 hours post-admission). Patients were then followed looking for adverse events and had several parameters measured.

A total of 161 patients were diagnosed with PE on CT scan, 141 (88%) were diagnosed in the ED while 20 (12%) had a delayed diagnosis. Patients that had a delayed diagnosis were older than ED-diagnosed patients (61 vs. 51 years;  $p = 0.001$ ), had a longer median time to heparin administration (33 vs. 8 hours;  $p < 0.001$ ), and had a higher frequency of altered mental status (30% vs. 8%;  $p = 0.01$ ). Patients with a delayed diagnosis had a higher rate (9% vs. 30%;  $p = 0.01$ ) of in-hospital adverse events (death, circulatory shock or endotracheal intubation).

It cannot be inferred from this study that there is a causative effect of delayed diagnosis of PE and adverse clinical outcome. What can be suggested from this study is that it is likely that patients with a delayed diagnosis of PE have a more confusing clinical presentation (i.e., older and with altered mental status).

**Kanwar M, Brar N, Khatib R, et al. Misdiagnosis of community-acquired pneumonia and inappropriate utilization of antibiotics: side effects of the 4-h antibiotic administration rule. *Chest* 2007; 131:1865-1869.**

The 2003 IDSA guidelines for CAP recommended the initiation of antibiotic therapy within four hours of hospitalization. This quality indicator has been linked to incentive compensation to hospitals. Authors compared patients with a hospital admission diagnosis of CAP before and after publication of the 2003 IDSA guidelines looking at a number of factors including chest radiograph findings, antibiotic administration, and final diagnosis.

Authors found that post-publication of the guidelines, patients with a hospital admission diagnosis of CAP were more likely to have no radiographic abnormalities (28.5% vs. 20.6%;  $p = 0.04$ ), more likely to receive antibiotics within four hours (65.8% vs. 53.8%;  $p = 0.007$ ), and were less likely to have a discharge diagnosis of CAP (58.9% vs. 75.9%) compared to patients pre-publication of the guidelines. Meanwhile, there were no significant differences in clinical outcome.

This study points out that linking antibiotic administration within four hours of hospital admission of CAP as a quality indicator as it may result in inaccurate diagnosis of CAP and inappropriate utilization of antibiotics.

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## Emergency Medicine – Just the Facts

by Michael Ybarra, President, AAEM Student Section

It seems as though you cannot turn on the TV, open the newspaper or even shop for magazines at the supermarket checkout line without hearing or reading a large headline with an opinionated report about the state of US healthcare. Perhaps due in part to the release of Michael Moore's new movie "SICKO," the new topic du jour seems to be what to do about our "broken system."

Though it is tempting to join the chorus and craft a partisan treatise, sometimes it is easier and more powerful to let the facts speak for themselves. Here is a selection of information from the American Hospital Association's (AHA) recent publications on emergency care. The AHA is a national advocacy organization that represents and serves hospitals, healthcare professionals, health service networks, patients and communities. Although no source is perfect, I found their information, at the very least, thought provoking.

Emergency medicine was first recognized as a specialty in 1979 when the American Board of Medical Specialties accepted it as the nation's 23rd medical specialty. In 2003, there were approximately 25,000 board certified emergency physicians. This population of practitioners is supplemented each year by roughly 1,400 EM residency graduates from 142 programs (144 in 2008!). The American Board of Emergency Medicine estimates that the US has enough certified emergency physicians to staff every emergency department twenty four hours a day seven days a week. This board certified workforce (in addition to alternative providers) serves roughly 110 million patients every year, a slow and steady increase since 1980 from slightly less than 90 million visits, according to the CDC. They are practicing in a system that has lost 700 hospitals (to 5,756) and 425 emergency departments (to 4,600) during the same period.

Despite the current adequacy of the number of emergency physicians, the AHA predicts hospitals face a severe workforce shortage. There are approximately 120,000 vacancies for Registered Nurses across the country, and they expect that number to increase. Hospitals cite the greatest impact that this shortage has on patient care is emergency department overcrowding. In the 2007 State of America's Hospitals, 40% of hospitals reported workforce shortage as the number one reason for ED overcrowding; 23% cite it as the reason for ED diversions.

They go on to report that the majority of hospital emergency departments are either "at" or "over" capacity – with the most capacity issues at urban centers (64%) and teaching hospitals (77%). Across the country, 46% of all departments reported being on diversion (meaning, patients are sent from one "full" ED to one that is not yet at capacity) at some point during 2007. Again, the highest rates of diversion were seen in urban (69%) and teaching hospitals (68%). The AHA noted that diversion is "not an option for most rural hospitals which are their communities' only provider." The reasons for diversion are multifactorial, including lack of critical care beds (39%), lack of general acute care beds (20%), ED overcrowding (19%), staff shortage (9%) and lack of specialty physician coverage (5%).

In their 2005 report, "Overview of the U.S. Health Care System," the AHA wrote that government regulation of hospitals is confusing and burdensome. There are at least 42 separate government entities that create regulations for hospitals. This creates a "paperwork burden" that affects patient wait times. In the ED, the ratio of patient care to paperwork is 1:1 – in other words, one hour of patient care requires one hour of paperwork. Of the 110.2 million visits to emergency departments, the average wait time is 3.3 hours – 25% of patients are seen in 15 minutes or less and 13.3% of visits result in a hospital admission.

Despite the causes for concern, the American Board of Emergency Medicine reports 85% of respondents to a survey conducted in 2003 reported being either "satisfied" or "very satisfied" with their EM career. That is the only disclaimer for this broad summary of information about the pulse of emergency medicine. Despite the problems that exist, we all can achieve a fulfilling and productive career, even if we are working in a broken system.

If you are interested in learning more, visit the American Hospital Association website ([www.aha.org](http://www.aha.org)) or read the groundbreaking study published by the Institute of Medicine in 2006 ([www.iom.edu](http://www.iom.edu)). And, if you are ready to do more, visit the AAEM Legislative Action Center (<http://capwiz.com/aaem/home/>) to take an active role in the policy issues that we face.



# AAEM Membership Application

First Name <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	MI	Last Name	Birthdate
Institution/Hospital			Degree (MD/DO)
Preferred Mailing Address			
City		State	Zip
Please check which address this is: <input type="checkbox"/> Work <input type="checkbox"/> 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 1<sup>st</sup> through December 31<sup>st</sup> 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 1<sup>st</sup> thru June 30<sup>th</sup> 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

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- 
- ☐ 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

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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:** Equitable positions consistent with the Mission Statement of the American Academy of Emergency Medicine and absent of restrictive covenants, will be published for a one time fee of \$300, to run for a term of 12 months or until canceled. 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.

The following group (entries listed with an \*) has submitted the AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:

## \* 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\_erm@hotmai.com. (PA 820)

**Email:** mahoney\_erm@hotmai.com

## \* CALIFORNIA

Bakersfield, Ca. Seeking full or part time BE/BC emergency physicians to join newly formed democratic group staffing a large private community hospital/referral center with 40k visits per year. All specialties covered with good backup. Employee status @ \$150/h with partnership track beginning after 6 months. Ninety miles north of LA, low cost of living, easy non stop access to Phoenix, Houston, Salt Lake and San Francisco. 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 or west. Junior and Senior Residents welcome to apply for back-up double covered shifts. Submit CVs to Pinnacle Emergency Physicians at phogku@aol.com, 661-332-1064 or fax 661-589-2151. (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

Thriving and stable Southern Colorado emergency medicine group needs additional BP/BC emergency physicians for 50,000 patient ED. Work in a fast-paced, state-of-the-art Level II Trauma Center with a large referral base and great pathology. Join a democratic group which is physician owned and led and has over 25 years of experience. The group is committed to quality care and patient satisfaction. Benefits include equitable and flexible scheduling, relocation package, medical/dental/vision/short term disability, excellent pay and benefits. Full time, part time, locums available. Ask about our 18 month partnership track. Growing area on the front range of Colorado with healthy economy, great climate, low cost of living, and abundant recreational opportunities. A short drive for fishing, sailing, x-country and downhill skiing, climbing and more. Short two-hour interstate drive to Denver where you can enjoy "big city" amenities like professional sports teams and theater. Email inquiries with CV to rmiv@msn.com. (PA 778)

**Email:** rmiv@msn.com

## \* 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

## \* FLORIDA

St. Petersburg - Surrounded by the waters of Tampa Bay and the Gulf of Mexico, a stable democratic group seeks a full-time board certified/board prepared emergency physician to work in a Level II Trauma Center with 45,000 visits annually. Competitive RVU compensation and comprehensive benefits package including a partnership track. Excellent relationship with staff members, hospital attendings and hospital administration who are committed to quality care. Submit your CV and/or inquiries to Connie Gratzner at Congratpeps@aol.com or call 1-727-553-7300. (PA 807)

**Email:** Congratpeps@aol.com

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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

**\* IDAHO**

NORTHWESTERN IDAHO - Emergency Medicine Partnership, join 4 other emergency medicine physicians, 12 hour shifts, 12 shifts per month, Hell 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**

Mount Sinai Hospital, primary teaching affiliate of Chicago Medical School, has full and part-time positions for EM board certified or prepared. Level I Peds and Adult Trauma Center and Fast Track with 48,000 visits. Competitive salary and benefits. Contact Leslie Zun, MD, Chairman, Department of Emergency Medicine, Mount Sinai Hospital, 15th and California, Chicago, IL 60608. Phone 773-257-6957, fax 773-257-6447 or email zunl@sina.org (PA 773)  
**Email:** zunl@sina.org

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Outstanding opportunity in Rockford, IL for ABEM (or AOBEM) certified physicians to join a well-established, top quality group in an exciting practice setting. Excellent compensation and comprehensive benefit package including the exceptional benefit of distributed ownership/equity. The practice is 58K patients/annum & growing. Level II Trauma Center & Paramedic Training Center, newly constructed state of the art ED, within department, dedicated to X-ray/CT, Fast Track, Holding and Observation Beds having a high quality nursing and support staff. Please direct inquiries and CVs to Hector Aguilera, MD FACEP, c/o Mary Schwei, Infinity HealthCare, 1035 West Glen Oak Lane, Suite 101, Mequon, WI 53092-3363. Or call 1-888-442-3883 or email mschwei@infinityhealthcare.com, (PA 779)  
**Email:** mschwei@infinityhealthcare.com

**\* 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 e-mail griffen.david@mhsil.com. (PA 790)  
**Email:** griffen.david@mhsil.com

**\* 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)  
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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  
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**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 Lifelight 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  
**Website:** www.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)

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**\* 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)

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**\* MISSOURI**

Kenneth Hall Regional Hospital (KRRH) located in the St. Louis, MO, Metropolitan area is currently seeking a Medical Director for its emergency department. KRRH is a Level II Trauma Center with a Fast Track area for urgent care and a volume of about 20,000 visits annually. Candidates should be Board Eligible/Certified in emergency medicine and preferably have previous Medical Director experience. Confidential consideration, contact Mike McManus at (618) 482-7045. Email CVs to mmcmanus@krrh.org or fax to (618) 482-7014. Website address is www.KRRH.org. (PA 775)

**Email:** mmcmanus@krrh.org

**Website:** www.KRRH.org

**\* 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@sfeop.org (PA 829)

**Email:** administrator@sfeop.org

**Website:** www.sfeop.org

**\* 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@yahoo.com (PA 827)

**Email:** flysg@yahoo.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: gries9hotmail.com (PA 828)

**Email:** LLindseys@msn.com

**Website:** www.qualifiedemergency.com

**\* OKLAHOMA**

The University of Oklahoma College of Medicine-Tulsa is seeks faculty member with EMS and disaster expertise to direct training and research programs in EMS/ disaster medicine in Oklahoma Institute of Disaster and Emergency Medicine and new EM residency program. Fellowship training is preferred. Appointment commensurate with experience. Competitive salary and protected time. Oklahoma license and ABEM/AOBEM required. The University of Oklahoma is an EEO/AEE institution. Please send a letter of interest and CV to Mark A. Brandenburg, MD, Vice Chair, Department of Emergency Medicine, University of Oklahoma College of Medicine-Tulsa, 4502 E. 41st Street, Suite 2B09, Tulsa, OK 74135. mark-brandenburg@ouhsc.edu. (PA 774)

**Email:** mark-brandenburg@ouhsc.edu

**\* 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**

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 776)

**Email:** Tziff@Mountnittany.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

**\* 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, but BC/BP in Primary Care accepted with ATLS, ACLS and PALS. 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 AOBEM) 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@wvhs.com  
**Website:** www.wvhs.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

**\* AUSTRALIA**

SPECIALIST EMERGENCY MEDICINE PHYSICIANS NEEDED-We have positions available immediately for Emergency Medicine Physicians in Australia's National Capital of Canberra offering a role with professional variety and a great lifestyle. For more information, please submit CVs, or direct questions to Darryl at darryl@nyheadhunter.com or visit our website at www.healthprofessionalsinternational.com. (PA 777)  
**Email:** darryl@nyheadhunter.com  
**Website:** www.healthprofessionalsinternational.com

**\* GUAM (USA)**

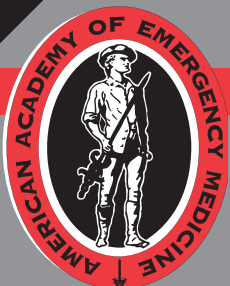
Seeking Full Time BE/BC Emergency Room Physicians at Guam Memorial Hospital Authority. Guam is located 1,596 miles from the Philippines. It offers a beautiful climate, and abundance of recreational activities. Compensation is compatible with AAEM fair employment guidelines and includes vacation, sick leave 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. Kozzi, 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



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AMERICAN ACADEMY OF EMERGENCY MEDICINE

# CALL FOR PAPERS/PHOTOS

## 14TH Annual Scientific Assembly

Abstract Submission Form and Instructions — Submission Deadline: **November 14, 2007**

Photo Submission Form and Instructions — Submission Deadline: **December 5, 2007**



February 7-9, 2008

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**AMELIA ISLAND**

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.



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