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SENSE

THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



PRESIDENT'S MESSAGE

Discrimination Against ABEM Diplomats

Larry D. Weiss, MD JD FAAEM

The article by Tony Scialdone, MD FAAEM, in this issue of *Common Sense*, "About Going Quietly into the Night," describes repeated job discrimination experienced by a diplomat of the American Board of Emergency Medicine (ABEM). Dr. Scialdone became board certified through the ABEM practice track. He chronicled a long career during which he experienced discrimination by prospective employers who limited their job offers to residency trained emergency physicians.

Similar to other medical specialties in their early years, the "grandfather track" allowed physicians to take the board examinations after practicing a certain number of hours or years. In the case of emergency medicine, ABEM offered a seat at the written board examination to emergency physicians who practiced 8,000 hours in emergency departments by the end of 1988. Even though AAEM always believed in strong advocacy for residency training in emergency medicine, we consistently honored the founders of our specialty and always recognized the equal value of ABEM board eligibility, whether by residency training or the initial practice track.

Indeed, in 2001 our board of directors issued a position statement titled "AAEM Non-Discrimination Position Statement on Practice Track vs. Residency Trained EM Physicians." In this statement, our board unequivocally stated "that board certification through ABEM or AOBEM is recognized as the standard that establishes competence in . . . emergency medicine." Furthermore, the statement continues, "restriction of employment . . . based upon a requirement of prior emergency medicine residency training is improper." The statement concludes by adding "currently and for the future, residency training is the only acceptable pathway to ABEM/AOBEM certification." You may easily locate the entire text of this position statement on our website.

This position statement serves as a foundation for our job bank policies. We do not publish advertisements that limit physician opportunities to residency trained emergency physicians. We prefer to only list job opportunities for ABEM certified or eligible physicians. Please inform our home office if you notice an improper offer in our job bank. I imagine our screening procedures are not perfect.

Of course, there are at least two sides to any issue. I recently spoke with leaders of some emergency medicine contract groups and hospital administrators who prefer residency trained emergency physicians. These individuals feel they have a more academically sound position than AAEM. One CEO of a large group mentioned the BCEM physicians who aggressively assert their "board certification." Of course, this has caused some confusion of terms. Therefore, some people in our specialty

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EDITOR'S LETTER

by David Kramer, MD FAAEM

Numbers Count. I know this seems self-evident, but I'm not talking literally here. I'm referring to the number of members in our organization. Take a look at the common themes in many of the recent articles in *Common Sense*. In one form or another, many are basically membership drives. You might be asking, "Why do we do this?" After all, isn't this a bit like preaching to the choir? Sure it is. *Common Sense* is sent to those who are already members. But when you sit back and think about it, you realize that you, our members, are our

mouthpiece. We need you to talk with those who are not yet members, those who have not yet seen the light. You are our best advertising venue. Many of the articles in *Common Sense* tout our diverse accomplishments both for our members and for emergency medicine in general. Look upon this as prime fodder for your own persuasive oratory. Use this information to spread the word to those who have yet to be enlightened. Size does matter when it comes to an organization, and there is strength in numbers. So get out there and get the word out. Numbers 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)

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

AAEM/RSA Member: \$50 (voting in AAEM/RSA elections only)

Student Member: \$50 (voting in AAEM/RSA elections only)

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

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



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About Going Quietly into the Night

Tony Scialdone, MD FAAEM

I just finished reading Mr. Caleb Trent's article entitled "Career Opportunities in Emergency Medicine" in the January/February edition of *Common Sense*. His article begins with the words "So you want to be an emergency physician?" Well, Mr. Trent, yes! I want to be an emergency physician.

I began practice in 1981. At that time, residency programs in emergency medicine were quite rare, and many medical students and residents were not aware that these programs existed. The first EM resident began a training program in 1970, and the first academic departments in EM were established the following year. In 1973, a provisional sectional council was established in the AMA House of Delegates and became permanent in 1975. The American Board of Emergency Medicine (ABEM) was established in 1976, and emergency medicine was recognized by the American Board of Medical Specialties (ABMS) in 1979, although it was given only conjoint status at that time. The first board exam was administered by ABEM in 1980. In 1988, the practice track for certification was closed. Emergency medicine would not exist as a primary board recognized by the ABMS until 1989.

After having graduated from the University of Maryland School of Medicine in 1979 and then completing 2+ years of a general surgery residency in Pittsburgh, PA, I was still unaware there were institutions offering postgraduate training in emergency medicine. I performed 10,000 hours of emergency medicine practice between 1982 and 1987, loving every moment (well, a great majority of the moments anyway). I sat for my written and oral boards in 1988, the last year access to board certification was allowed via the practice track. I have been ABEM certified for twenty years. This year marks my twenty-sixth year of practice, and I have fifteen years experience as an ED director and department chair. I was cofounder of an AOA approved emergency medicine residency in 1991 and was integrally involved with the day to day education of residents for close to ten years. I found those years to be the richest and most gratifying of my career.

And herein lies the rub. As residency programs have proliferated and practice based board certified physi-

cians leave our specialty, opportunities for practice track physicians are rapidly dwindling. Despite my qualifications, experience, ABEM certification and the fact that I am nine months away from a Masters degree in Medical Management from Carnegie Mellon University, I cannot compete for employment commensurate with my skills, experience and board certification.

Check the classified ads. Many employers are requiring residency training as a condition of employment. EM residency graduates without certification or experience are eligible for employment, but ABEM and AOBEM certified physicians with over twenty years of experience are not. This position is taken by academic institutions down to low volume community hospitals. Thousands of residents trained by practice track physicians can obtain employment in places where their mentors are not considered.

I am fifty-four years of age. I am not ready to go quietly into the night. I am a highly skilled, motivated, literature-current EM physician with excellent teaching skills. I still have many goals I would like to accomplish, including contributions to patient care and medical education. Am I, and those with whom I share this bond, to be disenfranchised because, by accident of birth, our careers predate the recognition of emergency medicine as a primary specialty? Do I and my kindred EM physicians really have nothing of value to contribute to our chosen specialty?

An entire generation of EM physicians is being driven to the sidelines. ABEM has not tracked which boarded physicians are residency trained versus practice track prior to 1995. AOBEM has never tracked this information. Conversations with the executive director of ABEM indicate that a "significant" number of ABEM boarded physicians achieved their status via the practice track. I urge the Academy and this specialty to support these physicians. The Academy did take a stance with the AAEM Non-Discrimination Position Statement of 2001. More is needed. Do not allow the skill, wisdom and passion of these physicians to pass away prematurely.

President's Message - continued from page 1

place a higher value on residency training than the now vague designation of "board certification in emergency medicine." We cannot expect hospital administrators to understand the nuances of our professional issues. Often, hospitals feel they take the high road when they insist on residency trained emergency physicians.

Unfortunately, the laws of our country only prohibit certain types of discrimination. Hospitals and physician groups do not break any laws when they advertise for residency trained emergency physicians. This issue will disappear over the next 10-15 years as the original

practice track physicians retire. In the meantime, AAEM will continue its current policies and advocate for all ABEM and AOBEM eligible and certified emergency physicians. I believe that those who prefer to hire only residency trained emergency physicians have good intentions and believe they are doing the right thing. However, they should have the ability to recognize the equivalent credentials of ABEM practice track diplomats and find a place for them in their emergency departments.

My Cleaning Lady and the Practice of Medicine



Howard Blumstein, MD FAAEM
Vice President, AAEM

(Note: essays about the convoluted relationship between some contract groups and physicians are dull and seldomly read. I offer this alternative contrast for those who still ask, "What's this all about?")

I contracted to purchase my house when it was only framed up. I was able to change the floor layout, add details and choose all the interior design features. When it was built, my mother sat me down for one of her famous talks. "Now Howard," she began, telling me that it was a beautiful house, but I really needed to hire a cleaning service to attend to the cleaning needs of the house to which I am not generally attentive. She was right.

So I called a cleaning service. The manager came to my house. We discussed what they would do and settled on a price. The manager encouraged me to call if I am not satisfied with the work performed. I have the right to cancel the contract if I am not satisfied. Nobody would debate that the relationship between home owner and cleaning service should be any different. The home owner is purchasing a service and ultimately has control over the continuation of that contract.

In a variety of forums, representatives of certain contract management groups (CMGs) have expressed the position that many doctors don't want to be bothered with the mundane details of running a practice. The CMGs, therefore, are simply providing a service for which those doctors (not just emergency physicians) are willing to pay. Just like I am willing to pay for cleaning services. It sounds so benign.

But the comparison does not hold up to closer scrutiny. Many of the CMGs that do not adhere to AAEM's principles (see the AAEM Vision Statement) control who works in the emergency departments. They do the hiring and firing. That would be akin to my cleaning lady choosing who gets to live in my house. Physicians do not

have the right to change managerial service providers if they are unhappy. Imagine me being unable to change cleaning services, even if I am unhappy with the work they are doing. Many CMGs siphon off a portion of the emergency doctor's professional fees, they determine what part of those fees to take without consulting the physician, and at times have gone to great lengths to hide those figures. Who would hire a cleaning service that took your paycheck, removed a secret portion and then gave you the rest?

OK, so the relationship between a medical group and a service provider is necessarily more complex, but the same basic principles apply. The group, not the provider, should determine who is and is not part of the medical group. Within the limits of their contracts, the group should have the right to change service providers, negotiate service fees, request competitive bids and determine what services they want. That seems simple enough.

One of the basic principles of AAEM is that physicians should be in control of their practices. If they choose to hire outside help for some or all of the mundane tasks of running the business side of medicine, then so be it. But obtaining such assistance shouldn't mean ceding control of their practice. Yet this is exactly what happens when an unscrupulous CMG is in control of an ED.

This essay is intended, primarily, for young physicians who seem to be most vulnerable to the platitudes of those CMGs which do not adhere to AAEM's principles. To those who would be lulled by the Siren call of such groups, beware. Ask the hard questions; find out who is really in charge. Will you make the major practice decisions? When a conflict occurs, who will decide who stays and who goes? Who is steering the boat, you or the cleaning lady? Odysseus tied himself to the mast of the Odyssey to resist the Sirens. What will you do to insure that you control your career?

Since 2001, the CDC has played an increasing role in terrorism response and planning efforts with regard to radiological or nuclear events. We have identified, through audience research, significant gaps in knowledge and skills among clinicians regarding their ability to respond to a radiological emergency, particularly one related to terrorism and involving mass casualties. This is a critical need since clinicians in hospital emergency departments would serve as the first receivers of casualties, and other clinicians would present to the emergency department in order to assist. There are numerous issues related to disaster and mass casualty management that are unique to dealing with radiation exposure and contamination, and the CDC understands the need to provide education and information to help clinicians better manage such an event.

The tool kit includes several items that may be useful for emergency services clinicians. To order the Radiological Terrorism: A Tool Kit for Emergency Services Clinicians, just send an e-mail to: cdcinfo@cdc.gov

Upcoming AAEM–Endorsed or AAEM–Sponsored Conferences for 2008 & 2009

AAEM is featuring the following upcoming endorsed, sponsored and recommended conferences and activities for your consideration. For a complete listing of upcoming endorsed conferences and other meetings, please log on to <http://www.aaem.org/education/conferences.php>

May 21-23, 2008

- High Risk Emergency Medicine: May 2008
San Francisco, CA
<http://www.HighRiskEM.com>

June 6-8, 2008

- The Difficult Airway Course-Emergency™
Seattle, WA
www.theairwaysite.com

July 16-19, 2008

- Giant Steps in Emergency Medicine 2008: The Sun, the Sea...and CME
San Diego, CA
www.GiantSteps-EM.com

July 31-August 3, 2008

- High Altitude Medicine Course (Mt. Rainier, Washington)
Ashford, Washington
www.mmmedicine.com

September 18-19, 2008

- New York BEEM (The Best Evidence in Emergency Medicine)
Beth Israel Hospital, Department of Emergency Medicine
New York, NY
www.beemcourse.com (general information about BEEM courses)
NYAAEM@aaem.org (For specific information about New York BEEM)

September 20-21, 2008

- AAEM Pearls of Wisdom Oral Board Review Course
Chicago, Dallas, Los Angeles, Orlando, Philadelphia
www.aaem.org

September 25-28, 2008

- AAEM Written Board Review Course
Newark, New Jersey
www.aaem.org

October 10-12, 2008

- The Difficult Airway Course-Emergency™
Las Vegas, NV
www.theairwaysite.com

October 13-15, 2008

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

November 10-12, 2008

- SunBEEM (The Best Evidence in Emergency Medicine)
Mayan Riviera, Mexico
www.beemcourse.com

November 14-16, 2008

- The Difficult Airway Course-Emergency™
Atlanta, GA
www.theairwaysite.com

January 26-28, 2009

- SkiBEEM (The Best Evidence in Emergency Medicine)
Silver Star Ski Resort, BC, Canada
www.beemcourse.com

Do you have an upcoming educational conference or activity you would like listed in *Common Sense* and on the AAEM website? Please contact Kate Filipiak to learn more about the AAEM endorsement approval process: kfilipiak@aaem.org.

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

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HCAHPS: The Patient's Perspective on Hospital Care

Kathleen Ream, Director of Government Affairs

The first national, standardized survey of patients' perspectives of hospital care, the CAHPS® Hospital Survey (better known as HCAHPS), has now been in the field for over a year, and results for over 2,500 participating hospitals were publicly reported for the first time in late March 2008.

HCAHPS has already caught the attention of many healthcare organizations and hospital administrators and it is quite possible that, armed with survey results for one or more hospitals, patients will soon be soliciting your advice.

The survey asks a random sample of discharged, adult patients across medical conditions about their experience of care (including communication with doctors) and rating of hospital. It was developed by researchers at the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services, who also oversee survey administration and public reporting.

Participating hospitals (and by 2009 nearly all acute care hospitals will participate, or risk losing significant government payments) must adhere to standardized survey administration protocols and submit to government review. Hospital-level scores will be publicly reported on the Hospital Compare website www.hospitalcompare.hhs.gov, alongside the current clinical and mortality measures. Results are adjusted for survey mode (mail, telephone, etc.) and certain patient characteristics (self-reported health status, age, ER admission, etc.) to eliminate sources of potential bias.

The 27 items on the HCAHPS survey can be viewed at <http://www.hcahponline.org/surveyinstrument.aspx>. The official HCAHPS website, www.hcahponline.org, houses a wealth of information about survey content, development and administration.

Transfer for Appropriate Medical Treatment

On February 22, 2008, the Kentucky Court of Appeals found that Billie C. Shreve's estate (Appellees) failed to prove that Appellant, Ohio County Hospital Corp. (OCHC), violated EMTALA requirements of appropriate screening and transfer. The appeals court held that the "trial court erred by not granting directed verdicts and dismissing the appellees' EMTALA requirements" (Ohio County Hospital Corp. v. Martin, Ky. Ct. App., No. 2006-CA-002248-MR, 2/22/08).

The Facts

In June 2002, Billie C. Shreve was injured in an automobile accident. Shreve was transported to OCHC where she was evaluated by an RN and an ED physician. Shreve stated she was uncomfortable, but she did not complain specifically of pain. The nursing staff continued to monitor Shreve, whose condition deteriorated to the point that she lost consciousness.

Determining that Shreve was in shock and likely hemorrhaging, the physician ordered a CT scan to identify the site of hemorrhaging. Shreve received blood transfusions in the interim. When the results of the CT scan were received, the ED physician concluded that Shreve required surgery for internal bleeding from abdominal trauma.

With no surgeons available at OCHC, the doctor arranged for Shreve's transfer to another hospital for surgery. By the time Shreve was delivered to the other facility, she had bled to death. Shreve's estate filed complaints alleging medical negligence and seeking damages for EMTALA violations and for Shreve's husband's alleged loss of consortium. The case was tried in the Ohio Circuit Court where the jury returned a verdict finding OCHC and the doctor liable under EMTALA and for medical negligence. The hospital appealed.

The Ruling

Regarding appellees' claim of EMTALA screening violations, the Kentucky Court of Appeals noted that hospitals with EDs must provide an appropriate medical screening for any individual who presents requesting examination or treatment for a medical condition. However, the court found that Shreve's estate provided neither evidence of disparate treatment nor of improper motive, and thus the trial court "should have directed a verdict in the hospital's favor on that portion of the appellees' claim."

Turning to the appellees' claim relating to the stabilization requirement, the court found that appellees' argument and the court's instruction to the jury that the patient must be stabilized prior to transfer "were not an accurate statement of the law." Rather, the statute reads that patients with an emergency medical condition "must either be treated or transferred in accordance with EMTALA." Whether OCHC violated EMTALA thus turned on whether the transfer complied with the requirements. The appeals court determined that the ED physician appropriately completed a certification "that based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweighed the increased risks to the individual." "There is no question," wrote the court, "that the hospital complied with the statute. Therefore, the [trial] court erred in not granting a directed verdict on this portion of the appellees' EMTALA claim as well."

Failing to make a *prima facie* case under EMTALA, the appellate court found that the trial court improperly submitted the case to the jury, when it should have been dismissed by directed verdict. However, the Kentucky Court of Appeals determined that the medical negligence claim should be affirmed, but that

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since the verdict did not segregate the damages from the alleged EMTALA claims, the court "must vacate the damages award and remand for a new trial on . . . the estate's medical negligence claim."

For more details, go to:
<http://op.bna.com/hl.nsf/r?Open=psts-7c9n9z>.

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 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:

1. 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>.

2. Legislative Action Center

The Legislative Action Center located on AAEM's Web site 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.

3. 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, and 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."

4. 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.

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Certificate of Excellence in Emergency Department Workplace Fairness

The American Academy of Emergency Medicine strongly supports fair working practices for emergency physicians. Consequently, it will certify excellence in the ED workplace if ED physician employees are guaranteed the following five workplace conditions:

- A reasonable due process policy.
- A reasonable policy of financial transparency that protects physicians against financial exploitation.
- A reasonable policy of financial equity that allows physicians to share in the department's profits.
- A reasonable policy of political equity that allows physicians to improve their own working conditions.
- Employment arrangements that do not impose post-contractual restrictions.



The Academy recognizes the existence of many different emergency department business models. The following examples are provided as guidelines that comply with the principles outlined above. These guidelines are not absolute, but reflect the spirit of fairness encouraged by the Academy. Thus, any group that believes it meets conditions for fairness is encouraged to submit an application for a certificate of excellence. Applications will be reviewed by the Academy. Departments that are deemed to fall outside fairness criteria will be provided direct feedback and given ample opportunity to reapply. 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.

| Principle | Examples of fair employment practices |
|----------------------------------|--|
| Due process | Unilateral termination without cause and without rights defined in the medical staff bylaws is acceptable only during a provisional period of employment, not to exceed one year. Termination with cause requires a fair hearing upon request of the terminated physician. |
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| Political equity | Governance procedures are published, with processes for election of leadership and partners, appointment of medical directors and administrators, and bylaws amendments. |
| Political equity | Practicing physicians must make all practice decisions (including those involving hiring, firing, staffing levels, and clinical processes) and have a primary fiduciary responsibility to their patients, not to a corporate entity or shareholders. No layperson (defined as a non-physician or non-practicing physician) can have a commercial interest in the practice or the right to control the professional judgment of any practicing physician. No layperson may be a corporate officer or director or occupy a position of similar control. Physician employment by hospitals or non-profit entities is permissible when in accordance with state law. |
| No post-contractual restrictions | Non-compete or similar clauses that affect where a physician may work upon leaving the group or upon group turnover are not conditions of employment. |

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Resident & Student Association



RESIDENT PRESIDENT'S MESSAGE

*Andrew T. Pickens, IV, MD JD MBA
President, AAEM/RSA*

First, I want to say it has been a pleasure and an honor serving as RSA President over the last year. As I have made clear in most of my previous President's Messages, I believe that advocacy on behalf of those in our profession is vital to the health of our profession. AAEM/RSA has provided me with education and insight into many of the critical issues facing our profession. With this last message, I want to give thanks to many of the people who make this possible.

I have been the beneficiary over the last year of a very active, vibrant board. Fortunately for AAEM/RSA, many of these same individuals will be serving again next year. To each of you, I say thanks, and I look forward to continuing our relationship on the board in my new role as Immediate Past President. To those that are leaving service on the board, thank you for all your help, and I hope you stay involved.

One person I wanted to give a special thanks to is Janet Wilson, Executive Director of AAEM/RSA.

Everyone on the board knows that without Janet, AAEM/RSA would not run as well as it does. She is the organizer, the motivator and the communicator for all of us. I have heard it said that trying to manage physicians is like attempting to herd cats. If this is true, Janet is a great cat herder. Seriously though, Janet is a true professional: level headed, compassionate and reliable with clarity of sight. I think I can speak for the entire board when I say thank you for all that you do.

It has been a great year. Membership is at the highest it has ever been, with significant growth over the past year. We are reaching more residents and students than we ever have before. I know this will continue in the year to come. To the new board, make this year yours. Set goals. Formulate plans to achieve and execute them. But most of all, enjoy the experience, take ownership of your role, and educate yourself. You are the voice of those who elected you. Good luck.

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Adversity

*Sarah Todd, MD MPH
Vice President, AAEM/RSA*

I expected there would be plenty of challenges in residency. I spent my first year of marriage as the wife of an intern when my husband began his residency in emergency medicine. I had lived with someone who survived residency, and in fact, had survived as the spouse of a resident. I had seen the exhaustion, the lack of energy for the things you love, the sheer frustration that frequently accompanies residency and the neglect of one's body through poor eating habits and lack of exercise. I thought I had a good idea of what I was getting into. What has surprised me are the hard times that I have survived in residency.

I expected the demands of residency to be harder for myself than they were for my husband. The simple explanation for this is named Natalie. She was two and a half when we picked up and moved 11 hours away for my residency. I predicted the normal hardships of residency such as staying awake on the drive home when I was exhausted, the fear of being the one responsible for a very sick patient for the first time, being the recipient of someone else's misplaced frustration, the toll of having to give bad news to a patient or family and the stress of the in-training exam. I anticipated childcare conflicts and the need for backup babysitters when my daughter was sick. I expected that my daughter would beg me to stay home, and this would tug at my heartstrings. She would say "Can't you call your attendings today, and tell them that you need a home day with your daughter?" This had the effect that I was expecting (guilt), but it did not produce the effect that my daughter desired - me staying home. The struggles I anticipated were the easy parts to survive.

October of my intern year, I found myself sitting in the ED on the wrong side of the patient/physician interaction. I called my mom and asked her to come and help, because my husband was sick. I held my daughter as she cried and grabbed for her dad as he was wheeled away for treatment. I had not even contemplated the thought that my husband, at 33 years old, would get sick. As I tried to get in touch with his parents for the next few hours, I sat alone with my two year old, waiting to hear how my husband was doing. I called the chief residents and a few friends and waited until my mom made the four hour drive from her house. My husband did well, but he received a big blow to his psyche. Physically, we all survived this ordeal. My husband is doing great and is back to baseline. The emotional toll it took on our family has taken a lot longer to heal.

Following these events, I took a few days off to stay home and help get things settled. We had family that stayed to help us. This was good as it allowed me to return to my rotation, but I think it slowed the process of dealing with a lot of the emotional fallout from this event. I like to call it my husband's ALTE.

I like to learn from each experience I have, whether it is a patient encounter or a painful experience in life. What I learned from my husband's ALTE is that life continues. It doesn't just stop while I am in residency. If something unexpected happens, be sure to take the time to deal with it. If it is something major and you cannot deal with it and do residency at the same time, then consider taking some time off to deal with the situation. My goal is not just to finish residency, but to finish residency with a healthy and intact self and family.

I was able to put this to the test when my mom fell and hurt herself. She had central cord syndrome and spent a few days in the hospital. This situation was complicated by the fact that my parents run a retail business, and this happened in early December. I was able to spend a week at home and help my mom get settled, and this allowed my dad to keep running the business. I did all of the usual non-medical helper things: I drove her to PT/OT, and I helped set up the house so that she could function better. I had to have friends pick up some of my shifts and rely on my colleagues for help - hard to do in the world of emergency medicine where we don't call in sick for a shift. But, it was the best thing I could have done. I got to stay home and help. Not only did I help while she was in the hospital, interpreting the doctor speak for both of my parents, but I had the time to set things up so she could function well at home. And when I left, I felt comfortable that she would be ok. This would not have happened if I were not able to spend time at home with her.

Life continues to happen; it does not stop for residency. One makes many sacrifices to be a doctor. There are weddings, births, family reunions, breakfasts, dinners with family and birthday parties that are missed due to clinical responsibility. There are unexpected joys, challenges, calamities and disasters that occur in residency. It is important to remember not to stop living while training! You don't want to find three or four years removed from your life at the end of your residency. If time is needed to deal with a disaster, take it. You will be in a better place when you finish your training if you have taken care of yourself and your loved ones.

I am close to finishing residency; I can see the light at the end of the tunnel. I am excited to be finishing, but I am also thrilled that I am finishing and still very connected to my family. I am happy to report that all of my family is doing quite well. I am proud of my accomplishments both personally and professionally. I look forward to getting to spend a little more time being a wife and a mother in my new job.



RSA Education Committee Update

Michael Pulia, MD

Education Chief Resident, University of Illinois at Chicago

AAEM/RSA Board of Directors and AAEM/RSA Education Committee Chair

Sitting at the French Quarter's famous Café du Monde enjoying café au lait and beignets, I started to reflect on the recent activities and successes of the AAEM/RSA Education Committee. The month of February was particularly productive for the committee. On Leap Day 2008 it was my honor to represent RSA in New Orleans at the Council of EM Residency Directors Academic Assembly (CORD-AA). During the presentation entitled "Leadership in Residency," Dr. Schmitz (Immediate Past EMRA Academic Affairs Rep.) invited me to discuss the various leadership opportunities within RSA and my experiences as the Education Committee Chair. Afterwards, several residents approached me to express an interest in taking active roles within AAEM/RSA. This will certainly strengthen the organization as the residents in attendance are an accomplished and motivated group who will undoubtedly be future leaders in EM education and research.

For those of you not in attendance and considering a career in academics, I would strongly encourage you to attend the CORD-AA next year. This meeting brings together accomplished educators in EM, and each lecturer provides invaluable advice. The resident track covered a variety of interesting topics including building a CV, EM burnout, fellowships and transitioning to junior faculty. The quality of speakers was second to none, and I congratulate Dr. Schmitz for organizing such an impressive event. The overarching themes that emerged from the track can be summarized in two words: passion and balance. By finding an area of passion within EM, you can effectively carve out a niche and turn personal satisfaction into professional success. Then, by maintaining a balance between professional responsibility and personal life, you can avoid burnout and ensure longevity in EM.

After the didactic sessions, conference attendees took to the streets of the Big Easy to enjoy one of America's most unique cities. Networking opportunities abounded as residents dined and enjoyed live music alongside the leaders of EM. Life in the French Quarter certainly seems to have returned to pre-Katrina status. However, my ride from the airport turned into an impromptu "Katrina" tour and was a harsh reminder that many parts of the city remain in ruins and much work remains to be done. As usual, the people of New Orleans were amazing hosts. EM should continue to support them by holding future national meetings there and continuing to advocate for the rebuilding process.

In addition to the CORD-AA, this February also marked AAEM's 14th Annual Scientific Assembly (SA). The Amelia Island Plantation was a beautiful setting for the conference, and it provided a very intimate feel for the event. The resident track at SA is the Education Committee's premier event and was the focus of a tremendous planning effort by its members. The content of the resident track was geared towards members of both RSA and the Young Physicians Section (YPS).

Dr. Sean Trivedi, an accomplished fund manager prior to pursuing a career in EM, opened the track with a step by step guide to developing a personal financial plan. His well attended talk contained information about the importance of asset protection and the power of compound interest. The talk definitely piqued interest as numerous attendees followed him into the hallway afterwards with further questions.

Next up to the podium was Dr. Mark Reiter, former RSA President and AAEM board of directors member, who discussed how to effectively locate and evaluate EM jobs. Throughout the presentation he applied the AAEM principles of workplace fairness and transparent billing to real life scenarios encountered when considering various employment settings. Also, his list of 'job red flags' will certainly help some of our members avoid signing a contract they will later regret. Graduating residents in attendance found the information to be especially timely and helpful with the job finding season at its peak.

Dr. Carey Chisholm, University of Indiana EM Residency Director, wrapped things up with a talk on transitioning to life after residency. The talk covered everything from finishing strong in residency to blending in at your new job. Speaking from years of experience, he provided words of wisdom and reflections on how to shape a rewarding career. Again, the importance of developing a niche and finding balance in life were echoed by a leader in EM. On behalf of the Education Committee, I would like to extend our deepest gratitude to these speakers for volunteering their time in the name of educating the RSA membership.

After a long day of lectures, it was time to unwind, and the RSA social event that night was the perfect venue. The poolside Hawaiian luau themed party sponsored by Pepid provided a chance to catch up with old friends and to meet fellow EM residents from around

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The First Year as a Community Emergency Physician: Reflections and Advice

Brian Potts, MD MBA
Immediate Past President, AAEM/RSA

After eight months, I've had some time to reflect on my transition from residency to practice as an attending. For some background, I accepted a job with a private, democratic group staffing two community emergency departments. The majority of residents that graduate from an emergency medicine program will work in the community following residency. Although I can't speak for all recent graduates, most will share some common experiences regardless of where we take our first job. Here are some personal reflections and advice, in no particular order, that I have for those residents about to start their first job.....

- **Your Training....** You've just graduated from a great residency training program, and you are definitely ready to practice on your own. Be confident in your skills and knowledge, but also don't hesitate to ask for help when you need it. Smile when you find yourself sometimes thinking, "What would Dr. (insert your faculty member here) have done with this patient?"
- **The Transition....** Being an attending is much better than being a resident. Enjoy the transition. In the beginning, you might feel that you are a bit slower than others and occasionally confused about who to call, protocols to follow, where supplies are located, etc., but keep in mind that all these bits of operational knowledge will come with time. With a month or two under your belt, you'll hit your stride.
- **Education....** You will continue to learn something new every day from your emergency colleagues and consultants in the community, but it's different than residency. Your "life-long learning" will be more self-directed going forward.
- **Work and Pay....** The patient care process in the community moves faster and more efficiently than most academic centers. There are fewer frustrating delays and roadblocks, which is quite nice. On the other hand, when comparing the average hour of work in residency to the average hour of work in the community, you will probably find yourself working harder during your community shifts. Remember though, you aren't getting paid like you were in residency. When you hold that first paycheck in your hand, you'll understand how good it feels.
- **Teamwork....** Remember that the ED functions as a team. When you enjoy working with your staff, they enjoy working with you. Be especially nice and respectful to your nurses. They will make or break you, so you want them on your side. Bring some food such as coffee and bagels for the staff during some of your shifts. Just a little something extra to thank them for helping you each day.
- **Don't be Late...** Arrive ten minutes early for each shift. Your colleagues will appreciate it, and you can start off your shift relaxed and not stressed from rushing through traffic. I'll admit it - I wasn't the best resident when it came to arriving on time. In the real world, you can't be late.
- **Consultants...** From day one, make an attempt to get to know your consultants and medical staff at your hospital. It will help in the future when you are in a bind at 3:00AM and need help for that patient you have in the ED.
- **Patient Satisfaction...** Although we know it's important, we probably didn't think about it as much during residency. You will find yourself hearing about patient satisfaction and Press Ganey scores more than you can believe. Hospital administration focuses on this every day, so it will be very important to every emergency department medical director, to the emergency group's contract stability and to you. Be nice to your patients even if they aren't nice to you. Apologize for their long wait in the waiting room or delays in care. It takes two seconds but makes a big difference.
- **Documentation...** Listen to your faculty whenever you have lectures or discussions about documentation and billing during residency. You will have a head-start compared to most new graduates learning the complexities of documenting to maximize the quality of your charts for reimbursement/billing and from a medico-legal standpoint. You can only bill for what you on chart, and you can only defend what you document.
- **Balance...** Life is good. You will have much more outside free time than you were accustomed to over the last 7-8 years during medical school and residency. Take advantage of this, and spend time on other pursuits/hobbies and with your friends and family. Plan that trip you've wanted to take for the last two years.
- **Before you graduate, make sure to thank all the faculty, nurses and staff in your residency program. Their work helped you get through residency just as much as your personal efforts did.**



Resident Journal Review: May - June 2008

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

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 two month period, February through March 2008.

Bobrow BJ, Clark LL, Ewy GA, et al. Minimally interrupted cardiac resuscitation by emergency medical services for out-of-hospital cardiac arrest. JAMA 2008; 299 (10):1158-1165.

This prospective study based in Arizona evaluated Minimally Interrupted Cardiac Resuscitation (MICR) done by EMS personnel in the pre-hospital setting versus standard care. The main outcome measure was survival to hospital discharge.

MICR consisted of an initial series of 200 uninterrupted chest compressions, rhythm analysis with a single shock, 200 immediate post-shock chest compressions before pulse check or rhythm reanalysis, early administration of epinephrine and delayed endotracheal intubation.

The first analysis the authors looked at was the difference before and after MICR training. Survival to hospital discharge increased from 1.8% (4/218 patients) before MICR training to 5.4% (36/668 patients) after MICR training with an odds ratio of 3.0 (95% CI 1.1-8.9). In the second analysis, authors evaluated MICR protocol compliance looking at patients that received MICR and those who did not. Survival to hospital discharge was significantly better among patients who received MICR (9.1%, 60/661 patients) than those who did not (3.8%, 69/1799 patients), with an odds ratio of 2.7 (95% CI 1.9-4.1). Results were even more impressive in the subgroup of patients with witnessed ventricular fibrillation in both analyses.

Authors concluded that survival to hospital discharge of patients with out-of-hospital cardiac arrest increased after implementation of MICR as an alternative to standard EMS protocol. This is a well-done and impressive study on a subject that is traditionally difficult to study. It reinforces the importance of uninterrupted chest compressions in cardiac arrest.

Russell JA, Walley KR, Singer J, Gordon AC, Hebert PC, Cooper DJ, et al. Vasopressin versus norepinephrine infusion in patients with septic shock. N Engl J Med. 2008 Feb 28;358(9):877-87.

This multicenter, randomized, double-blind trial looked at the use of the addition of low-dose vasopressin (0.01

to 0.03 U per minute) or norepinephrine (5 – 15 mcg per minute) in patients with septic shock already receiving open-label vasopressor agents. A total of 396 patients received vasopressin and 382 patients received norepinephrine. Patient characteristics were well matched.

The results of the primary outcome measure of 28-day mortality rates showed no significant difference between the vasopressin and norepinephrine group (35.4% and 39.3% respectively; p=0.26). There were also no significant differences in the overall rates of serious adverse events between the two groups (10.3% and 10.5%).

This study concluded that low-dose vasopressin did not reduce mortality rates as compared with norepinephrine in patients with septic shock who were already being treated with catecholamine vasopressors. It should be noted that the mean time of study entry to infusion of the drug was 12 hours, which may have placed patients outside the window of beneficial effects.

Walsh P, Caldwell J, McQuillan KK, et al. Comparison of nebulized epinephrine to albuterol in bronchiolitis. Acad Emerg Med 2008; 15:305-313.

In this two site, double-blind RCT, authors looked at children up to 18 months old with the clinical diagnosis of bronchiolitis who required treatment. Patients received either three doses of racemic albuterol or one dose of racemic epinephrine plus two saline nebulizers. The main outcome measure study was "successful discharge" defined as not requiring additional bronchodilators in the ED and not resulting in admission within 72 hours.

A total of 352 patients were given albuterol and 351 patients epinephrine. A total of 173 patients in the albuterol group and 160 patients in the epinephrine group were successfully discharged (RR = 1.0, 95% CI = 0.92 to 1.26). When authors adjusted for severity, they found a lower risk of admission with the use of nebulized racemic albuterol than with racemic epinephrine.

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The Importance of Membership

Michael Ybarra

President, AAEM/RSA Medical Student Council

Every time I write a check to pay a bill or swipe my credit card to buy groceries, I am reminded of the fact that I am not really paying for anything; instead, I'm leveraging my future potential and putting off the real due date to a yet-to-be determined time. We all spend money every day, and at this tenuous financial juncture that medical students face, we are forced to make tough decisions. Spending \$20 or \$50 in order to be student members of AAEM/RSA is an investment, but one that pays off in direct and indirect ways. In the end, AAEM is committed to seven core principles. As I grow in my career from an interested medical student to a future resident, the principles become more and more pertinent, and I am glad that before I was aware of the issues our field faces, AAEM was fighting for them.

Over the course of the year, the AAEM/RSA Board and Medical Student Council have thought long and hard to come up with ways to increase the return on your investment. We have expanded EMSelect.org, the best residency application tool on the web, enhanced member communications with the Journal Club Mailer, Advocacy Quick Hits and *Rules of the Road* summaries, increased the size of the EMIG Workshop Starter Kits and brought students together with program directors at meetings across the country to answer your important questions.

The investment pays dividends to you in these direct forms, but your membership dollars play an important role you may not be aware of. Just recently, the AAEM's government affairs worked in a coordinated effort with other medical organizations to ensure that medical students could still qualify for economic hardship deferments of student loans. "College Cost Reduction and Access Act of 2007" went in to effect in October of last year and would have jeopardized our ability to defer student loan repayments during residency. Our advocates on Capitol Hill lobbied for and won an important reversal.

Each year, the Federal Government passes budgets that would decrease physician reimbursement for Medicare services. According to the AMA, 2008 Medicare physician payment rates are about the same as they were in 2001 – and that is better than Congress and the President would have it, despite the fact that they received five pay raises during this same time period. In July, without legislation to stave off a cut, Medicare reimbursements will decrease by approximately 10% and another 5% in January of 2009. Membership alone strengthens our voice to ensure these cuts are not enacted.

AAEM and its Foundation have committed substantial time and resources in what may be pivotal cases in Texas related to the professional control of the practice of emergency medicine. Important legal topics and business practices like restrictive covenants, due process in contract negotiations, patient boarding, tort reform and credentialing (to name a few) are issues that seem far beyond the practice of emergency medicine, particularly to medical students. But avoiding these issues until we are out in practice will allow lawyers, legislators and business executives to make the important decisions that will shape the future of medicine. While we study, our membership and our membership dollars are doing important work.

As new threats and challenges to the field emerge, AAEM will take up the mantle as it has over the last 15 years. So, while spending any amount of money makes light bulbs go off in the back of our heads as medical students, rest assured that your investment means a stronger future for emergency medicine. These are the reasons I know my membership money is an essential investment, and I hope you feel the same. I would also like to encourage you to invite your classmates interested in emergency medicine to join. The more members we have, the stronger the organization's voice. In 2008, we will recognize those schools with an exceptional commitment to AAEM by listing them on our webpage as "Regional Leaders." We want this recognition to underscore the importance of involvement as a medical student and encourage continued growth of our organization.

I appreciate the opportunity to work with such a great team of individuals this year as President of the Medical Student Council. The elected residents and medical students are an impressive group to work with, but I also owe a great debt of gratitude to the assiduous staff of AAEM. The Medical Student Council would particularly like to thank Janet Wilson, Shauna Barnes and Jody Bath for all they have done to help us develop our section. I have yet to meet an individual involved in the organization who is not passionate about emergency medicine and the principles of AAEM. All the best for the next challenge that awaits!



Resident Journal Review - continued from page 17

Authors concluded that in children up to 18 months, ED treatment of bronchiolitis with nebulized albuterol led to more ED discharges than nebulized racemic epinephrine. One potential bias against epinephrine was that patients received albuterol closer to disposition decision. While this is the largest study evaluating these medications for bronchiolitis, it does contradict some other studies, so more RCTs need to be done to further evaluate the optimal ED treatment for bronchiolitis.

Brown L, Christian-Kopp S, Sherwin TS, et al. Adjunctive Atropine is Unnecessary During Ketamine Sedation in Children. Acad Emerg Med 2008; 15:314-318.

The use of adjunctive atropine is often recommended to mitigate hypersalivation caused by ketamine use in sedation. This prospective observational study evaluated ED pediatric patients receiving sedation with ketamine without adjunctive atropine and studied rates of excessive salivation and the frequency of airway complications.

A total of 947 (86.9%) sedations were performed without adjunctive atropine. 92% of these patients had no salivation, and only 1.3% (12 patients) had salivation scores > 50 mm. There were a total of three episodes of laryngospasm.

This study shows that excessive salivation is relatively uncommon, and the majority of pediatric sedations with ketamine do not require adjunctive atropine. However, this study was not blinded and there exists the possibility that adjunctive atropine may have beneficial effects to decrease hypersalivation. Furthermore, since the study was not blinded, patients with oropharyngeal procedures would be more likely to be excluded as physicians would have been more likely to use adjunctive atropine for these cases.

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Education Committee Update - continued from page 14

the country. While dressed in full Hawaiian garb and drinking margaritas, those in attendance braved chilly weather and spent most of their time huddled in tight groups under the heat lamps. Prizes went to the best outfit, and an excellent time was had by everyone. I would like to extend a special thanks to John Wagner, Pepid President, for sponsoring the event and Janet Wilson, AAEM/RSA Executive Director, for all her help in the planning process. Overall, the 2008 SA was a successful event for the Education Committee, and we look forward to seeing everyone next year in Phoenix.

With the RSA elections decided, I plan on working with the incoming Education Committee Chair to ensure that the momentum we have generated this year continues. The top priorities for the remainder of my term are to begin planning an expanded second Annual AAEM/RSA Midwest Student Symposium and to start formulating ideas for the 2009 SA resident track. To help with this endeavor, those residents and students interested in planning educational and social activities are encouraged to join the committee and take an active role in shaping future events.

AAEM Young Physicians Section

YPS PRESIDENT'S MESSAGE

Marc Haber, MD FAAEM

President, AAEM Young Physicians Section

It is my honor and privilege to serve as president of the AAEM Young Physician Section (YPS). I truly appreciate your support and will work hard to accomplish the goals we have set forward. Having returned (and recovered) from a tour of duty in Afghanistan, I am now well rested and quite motivated to hit the ground running. That said, we have our work cut out for us and much to accomplish this year. Thankfully, the current board is full of likewise motivated and hardworking individuals. This team will work hard to promote and improve YPS. Our primary goal is to improve the value of YPS membership. Here are a few of the current and upcoming projects that are planned for this year.

THE (UPDATED) RULES OF THE ROAD

YPS Immediate Past President, Dr. David Vega, will continue to lead in this worthy endeavor. This valuable manual will cover subjects from the obvious (getting a job) to the nitty gritty (identifying healthy and unhealthy business practices). Most residencies will only tackle a fraction of these issues, if any. While the majority of the sections for the text have already been assigned, opportunities still exist for YPS members to write a chapter. This is a rare opportunity for national exposure! Feel free to email info@ypsaaem.org if this interests you.

COMMON SENSE

Perhaps you are interested in creative writing. There are also publication opportunities for YPS members in *Common Sense*, which is published bimonthly. Topics are limited only by your imagination and input. There is great opportunity for our members here. Where else could you develop your own bimonthly column with a wide readership?

MENTORING PROGRAM

This is a program strongly requested by our members. The concept of having a personal career counselor is intriguing and invaluable. This project is currently run by our new Vice President, Michael Epter, and will be tweaked, refined and available to all members of YPS.

ANNUAL SOCIAL EVENT

Each year during the Scientific Assembly, YPS and RSA host an annual get together. This is free of charge to all members of either RSA or YPS and is a lot of fun. Next year the event will be held in Phoenix and is certain to be a blast.

LECTURE OPPORTUNITIES

This is an exciting idea at the early stages of development that will need your support. YPS would like to create a lecture tract designed by and for members of YPS. We would like members of YPS to be involved in all stages of the development of this tract. We would also like members of YPS to have the opportunity to provide lectures as well. We foresee this as a possible bully pulpit into the national stage of lecturing.

CURRICULUM VITAE (CV) ASSISTANCE

This is another value-added idea for YPS members. Residencies typically do not assist in creating a CV for the job hunt. A quality CV and cover letter is a very valuable tool in marketing yourself to your future employer. Professional CV assistance can cost anywhere from \$150 to \$3000 dollars depending on the company and product. We would like to offer this service either free of charge or for a significantly reduced price to all members of YPS and paying members of RSA.

YOUR IDEAS HERE

The future of YPS is in our hands. It is only limited by our imagination and effort. If you have an idea of what YPS should be or do, let your voice be heard. Don't be shy. Let me know your thoughts.

As you can see, the Young Physician Section is starting off the year running. We have much work to continue from the previous year and some fantastic new projects to introduce. I believe that we must first continue to create and improve the tangible benefits of YPS membership. I truly believe that as we reach this first goal, the success of YPS will be a natural progression. Success begets success.

That said, our membership will increase as we continue to add value, but your colleagues, residents and medical students need to know about our section. So please talk up the section; let people know our benefits and goals. The building of the section is a grass root effort, and we need your recruiting skills.

We have some ambitious goals for YPS. With your continued support and input we will make them happen. Please email info@ypsaaem.org with your feedback, both positive and negative. Your input will have a direct effect on the success of our section. Have a wonderful springtime!

AAEM Young Physicians Section

Ask the Expert

Joel Schofer, MD FAAEM
 LCDR MC USN, Naval Hospital Okinawa

“Ask the Expert” is a *Common Sense* feature where subject matter experts provide answers to questions provided by AAEM & YPS members. This edition features Dr. Robert McNamara, a Past President of AAEM and the Chairman of the Temple University Department of Emergency Medicine.

Question: What advice would you give to a young emergency physician?

- Answer:**
1. Always try to see and speak to each member of your family once per day.
 2. Never tell your significant other that they don't know how hard you work. They do.
 3. Bring healthy food to work. Routine ordering out for food wastes time and money, kills your waistline and kills you.
 4. Try to tell each patient, “I am sorry you had to wait so long.” You will win them over.
 5. Think about asking your patient, “what do you think might be wrong?” Or, “what are you worried about?” You will be amazed at what they are fearful of and may be able to help allay those fears.
 6. Appreciate that someday your child might be a “gomer.” How would you want them treated by their ED physician?
 7. Realize that every “punk” you see was just like you when they were two years old - happy and carefree, but they didn't have your parents.
 8. Remember that an EM career is not a cakewalk; the vast majority of adults would be happy and proud to have your job making the kind of money you do while helping people.
 9. Invest in your practice by getting involved in the greater affairs of the hospital and medical staff.

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

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

Elections for the AAEM/RSA Board of Directors, Medical Student Council and Young Physicians Section were held in March 2008.

RSA Board of Directors

President:

Megan Boysen, MD

Vice President:

Kalpana Narayan, MD MSc

Secretary-Treasurer:

Cyrus Shahpar, MD MPH MBA

At-Large Board Members:

Heather Jimenez, MD

Jennifer Kanapicki, MD

Brian Ostick, MD

Alicia Pilarski, MD

Michael Ybarra, MD

Student Representative:

Greg Casey

Medical Student Council

President:

Greg Casey

Vice President:

Jennifer Monroe

Regional Representatives:

Midwest: Daniel J. Bartgen

Melissa Hudson

Northeast: Mary Chopard

Kenneth Marshall

South: Sara Kirby

Ellana N. Stinson

West: Malia Bender

Rachelle Callenback

Young Physicians Section

President:

Marc Haber, MD FAAEM

Vice President:

Michael Epter, DO FAAEM

Secretary/Treasurer:

Damon Dietrich, MD FAAEM

At-Large Board Members:

Kevin Noreika, DO FAAEM

Brian Potts, MD MBA

Michael Pulia, MD

Membership Application

First Name Miss Mr Mrs Ms _____ MI _____ Last Name _____ Birthdate _____
 Institution/Hospital Name _____ Degree (MD/DO) _____
 Preferred Mailing Address _____ Please check which address this is: Work Home
 City _____ State _____ Zip _____
 Phone Number—Work _____ Phone Number—Home _____
 Fax _____ E-mail _____

- Have you completed or are you enrolled in an accredited residency program in Emergency Medicine? Yes No
 If yes, which program? _____ If completed, what year? _____
- Are you certified by the American Board of Emergency Medicine? Yes No
 If yes, date: _____ Type of certification EM Pediatric EM
- Are you certified by the American Osteopathic Board of Emergency Medicine? Yes No
 If yes, date: _____
- Are you a member of any other EM organization? Please select all that apply.
 AACEM AAEM/RSA ACEP ACOEP AMA
 CORD EMRA NAEMSP SAEM Other _____
- If you are a practicing emergency physician, please provide your primary practice location and address:

Hospital Name _____ Address _____
 City _____ State _____ Zip _____

Full Voting and Associate Membership dues are for the period January 1 to December 31 of the year they are received. Resident/Fellow and Student Memberships are for the period July 1 of the year they are received to June 30 of the following year (unless a multi-year membership is chosen). Full Voting, Associate, Resident/Fellow and Student with *JEM* memberships include a subscription to *The Journal of Emergency Medicine*.

MEMBERSHIP FEES

- Full Voting Member \$365.00
 Associate Membership (Associate-voting status) \$250.00
** Limited to graduates (not yet board certified) of an ACGME or AOA approved Emergency Medicine Training Program.*
 Affiliate Membership (non-voting status) \$365.00
** Must have been, but are no longer board certified in Emergency Medicine [by ABEM or AOBEM] or in Pediatric Emergency Medicine [by ABEM or ABP].*
 Emeritus \$250.00
 International \$125.00
 Resident/Fellow Member 1 Year—\$50 2 Years—\$80 3 Years—\$120 4 Years—\$160
 Student with *JEM* Member 1 Year—\$50 2 Years—\$80 3 Years—\$120 4 Years—\$160
 Student without *JEM* Member 1 Year—\$20 2 Years—\$40 3 Years—\$60 4 Years—\$80
 Student Free Member 1 Trial Year—Free
 I would like to be a member of the following state chapter(s) (FV=Full Voting dues/A= Associate dues. Resident/Student dues are free for all chapters but NV):
 CA (FV/A-\$120) FL (FV-\$100/A-\$50) NV (FV-\$75/A-\$50/R-\$25/S-\$15) TX (FV-\$50/A-\$25) WI (FV-\$20/A-\$10)
 DV (FV-\$50/A-\$25) IA (FV-\$25/A-\$20) NY (FV-\$80/A-\$50) TN (FV-\$50/A-\$25)
 I would like to be a member of the Uniformed Services Chapter (USAAEM) Full Voting—\$50.00 Assoc.—\$30.00
 I would like to be a member of the Young Physicians Section (YPS) (AAEM FV and A members only) Full Voting—\$25.00 Assoc.—\$25.00
 I would like more information on the Critical Care Section

- AAEM Foundation: Please consider making a voluntary contribution to the AAEM Foundation. With your assistance, AAEM can fight to protect the rights of physicians and patients against corporations that violate CPOM laws. Your donation is tax deductible. Federal TIN: 20-2080841 (\$100 suggested) \$ _____
 AAEM Political Action Committee: Please consider making a voluntary contribution to the AAEM PAC. With your donation, AAEM PAC will be better able to support legislation and effect change on behalf of AAEM members with consideration to their unique concerns. (\$50 suggested) \$ _____

PAYMENT INFORMATION

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

Card Number _____ Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

AAEM JOB BANK

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

To place an ad in the Job Bank: Positions that comply with the American Academy of Emergency Medicine's Certificate of Compliance will be published (upon approval) 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, Attn: Shauna Barnes, 555 East Wells Street, Milwaukee, WI 53202, Tel: (414) 276-7390 or (800) 884-2236, Fax: (414) 276-3349, E-mail: info@aaem.org.

• ALABAMA

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

Email: mahoney_ermd@hotmail.com

• ALABAMA

ALABAMA- Join Pegasus Emergency Group in establishing a new and exciting ED group in Alabama! Contract to start 4/1/08. Four year track to truly democratic partnership. Open books. 33k ED census, north of Birmingham. New ED planned for summer '08. \$145/hr to start, plus benefits. This is a unique and lucrative contract - a life changing opportunity! Call Jeffrey Ruzich, MD @ 518-268-5240 (PA 871) Email: jruzich@setonhealth.org Website: 718-614-3141

• ARIZONA

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

• ARIZONA

Arizona-Phoenix: Our well-established, independent, democratic group is looking for new partners. We currently staff 2 state-of-the-art hospitals with full subspecialty coverage, 24-hour real-time radiology reads and hospitalist services with a third facility under construction. We offer full benefits including a very competitive salary, paid occurrence malpractice, short partnership track, health insurance, disability insurance, CME allowances, license fees and dues and much more. Successful applicants must be ABEM or ABOEM certified or eligible, excellent clinicians, team players and interested in a fantastic job. Look forward to hearing from you. (PA 860) Email: drbhow@hotmail.com Website: epspc.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

ER Physicians for Ft. Carson, Colorado Springs, CO. Come to this beautiful state and enjoy all the outdoors has to offer when not enjoying the great work environment at Evans Army Community Hospital. American Hospital Service Group has a long-standing contract at this growing facility nestled in this gorgeous region. Colorado Springs has a welcoming standard of living and activities for all life styles. Board certified physicians, part-time or full-time. Any state license accepted at Federal work places, and malpractice immunity provided. Contact Megan at mjh@americanhospital.us or 301-960-4115. (PA 857) Email: mjh@americanhospital.us Website: www.americanhospital.us

• COLORADO

Southern Colorado Emergency Medicine Associates (SCEMA), a stable, democratic group with twenty years experience at Parkview Medical Center in Pueblo, Colorado, is expanding with a free-standing ED in Pueblo West, as well as level IV ED in Trinidad, Colorado, "The Victorian Jewel of the West." Pay is competitive with full benefits package, including 401k, family health, HSA and outstanding professional liability coverage through COPIC. No corporate overhead; great local control. Directorship available for additional stipend. Fantastic opportunity (for considerations of both practice and lifestyle) for northern NM or southern CO. Please contact Anna Olson, SCEMA.Recruiting@gmail.com. (PA 861) Email: SCEMA.Recruiting@gmail.com

• FLORIDA

Tallahassee - Join a well established, democratic and transparent emergency medicine group. We are a private partnership of EM specialists with stable contracts. We have been in business for almost 20 years. Our compensation is excellent and our benefits are truly unmatched. Check us out. Ron Koury, DO FAAEM FACEP, Southeast Emergency Consultants, rmkoury@comcast.net, www.southeastemergency.com (PA 868) Email: rmkoury@comcast.net Website: www.southeastemergency.com

• GEORGIA

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

• IDAHO

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

• ILLINOIS

Urgent Care opportunity available for BC/BE emergency medicine physician with a well established, stable, truly democratic group in the western and southwestern suburbs of Chicago. Part-time positions also available. Competitive salary. Comprehensive benefit package. Opportunity for profit sharing available. Send cover letter/C.V. to Lemont Walk-In Care Facility, 15900 W. 127th St. Suite 100, Lemont, IL 60439, Attn: S. Mininni, MD Medical Director, DuPage Convenient Care, LLC (PA 876) Email: smmvalentine@yahoo.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) Email: mrpolyester1@comcast.net

• INDIANA

Valley Emergency Physicians is seeking an exceptional BC/BE emergency physician to join our 14-member, democratic, physician-owned, fee-for service group. Partnership is immediate upon hire! Total first-year compensation package is at the 95th percentile (based on the most recent MGMA data). Nights, weekends and holidays are divided equally. We staff St. Joseph Regional Medical Center (South Bend and Mishawaka) where we have provided outstanding emergency care for over 30 years. A new state-of-the-art ED is under construction and will be complete in the Fall of 2009. SJRMC is affiliated with Indiana University School of Medicine - South Bend; opportunities are available for partners to teach medical students and residents in the ED. Indiana was recently selected as "America's most physician-friendly state" (favorable malpractice environment). South Bend offers strong school systems, affordable housing, all of the cultural amenities associated with a Top 20 university and easy access to Chicago (90 minutes) and Lake Michigan (35 minutes). Contact Kurt DeJong, MD at 574-276-1286 or send CV to dejongkurt@comcast.net (PA 837) Email: dejongkurt@comcast.net

• INDIANA

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

• IOWA

Dubuque, Mercy Hospital, full service, 12 + beds, modern electronic ED, ED boarded providers, best partnership opportunity, democratic group with equal hospital department status since 1985. Scenic Mississippi valley area ideal size for raising family with opening Jan 2009 or sooner. Equal treatment for 1 year employee. Expanding from 6.5 to 7 doctors, age ranging from 32 to 55, 20K patients, 25% acuity, no NeuroSurg. Stable nursing and admin, with minimal waiting room time. 95% of patients seen in 30 minutes. Salary, benefits, 401 K for partner ~\$300K, malpractice included but not tail. Stock and receipts buy-in extended over years. (PA 865) Email: mksqsk1@mac.com Website: www.DbqER.com

• KENTUCKY

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

• KENTUCKY

Trover Health System is seeking an outstanding EM physician to join our team. ABEM/AOBEM or eligible physician(s) may earn \$170/hr, plus benefits. Practice 12/12 shifts with double coverage during peak. 18 beds + 2 trauma rooms and 6 fast track beds. 30,000 visits annually. Electronic T-System, PACS & real time Radiology reads. Madisonville is 90 minutes from Nashville, TN and relocation is not required, but you will want to once you sample the charm of western Kentucky. From Bluegrass to blues, experience the outdoor adventures and good old fashioned southern hospitality. For more information please call 270-875-5538 or 800-272-3497. (PA 875) Email: cbaugh@trover.org Website: www.troverhealth.org

• MAINE

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

• MASSACHUSETTS

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

• MASSACHUSETTS

Stable democratic group seeking BC/BE emergency medicine physicians for full time position opening 1/2008. Competitive benefit and reimbursement package. Partnership tract available with future profit sharing. 29,000 visits with 13 hours of MD double coverage daily. ED Fast Track now in development. Mixed to high acuity with limited trauma. Hospital is located in coastal community with outstanding schools. Located in southeastern Massachusetts, minutes from Cape Cod. One hour from Boston and Providence. (PA 841) Email: redman5@aol.com

• MASSACHUSETTS

Charter Professional Services Corporation and North Shore Medical Center (NSMC) want you to join their dynamic team of emergency medicine physicians. Excellent democratic physician-friendly work environment. Block coverage at two prominent NSMC hospitals - Salem Hospital in Salem and Union Hospital in Lynn - within 15 minutes of each other. Flexible shifts. Excellent medical staff back-up. Competitive compensation and comprehensive benefits. Beautiful harbor town, located just 15 miles north of Boston. ID#28730C35. Contact Lin Fong at 800-678-7858 x63475; e-mail lfong@cejkasearch.com; or visit www.cejkasearch.com. (PA 851) Email: lfong@cejkasearch.com Website: www.cejkasearch.com

• MASSACHUSETTS

Northeast Health System (Beverly Hospital and Addison-Gilbert Hospital): Fully Democratic group seeks BC/BE emergency medicine physician for full-time or part-time employment. Also seeking physician with emergency department experience for Fast Track expansion. 60,000 visits combined at top-ranked hospitals. Level III Trauma Center. New emergency department. Hospitalist program. Collegian environment, coastal location, close to Boston. Competitive salary. Please email CV to Saul Cohen, MD at sauljenai@gmail.com. (PA 856) Email: sauljenai@gmail.com

• MASSACHUSETTS

Established, multi hospital, democratic, physician managed group seeking a full time/part time Board Certified or Board Eligible emergency medicine physician. Group provides staffing for two sites, in the suburban Boston area, with a combined annual volume of approximately 75,000. Flexible schedule, comfortable work environment an excellent salary/benefits package. Please contact Linda Deverix at 508-383-1104. (PA 870) Email: Linda.Deverix@mwwmc.com

• MICHIGAN

BAY CITY, MICHIGAN: Opportunity for a BC/BE emergency physician at a growing, profitable hospital in Bay City that just opened a brand new ED September 07. The hospital has a friendly cooperative medical staff and coverage of all the major specialties including 24-hour catheterization lab availability. Our group offers a stable contract, extremely competitive compensation, flexible, fair scheduling, pension and profit sharing plans. In addition, there is the potential for partnership after two years. If you are interested in hearing more about this opportunity, please contact Kenneth Whiteside MD, FACEP @ 989-894-3145. (PA 855) Email: Kenneth.Whiteside@bhsnet.org Website: baymed.org

• **MISSISSIPPI**

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

• **MISSOURI**

Salem Memorial District Hospital (SMDH) is a 25-bed Critical Access Hospital that has served Salem and the Dent County surrounding area for over 35 years. Our emergency department averages 8500 visits per year. A great schedule with twenty-four hour shifts and only seven shifts during a twenty-eight day period. A competitive salary and complete benefit package includes: Malpractice Insurance Coverage, Medical, Prescription and Dental Insurance and Reimbursement for Continuing Education Programs. Located in the “Heart of the Ozarks” our community has great schools, low crime and beautiful scenic areas to experience fishing, camping, canoeing and hiking. (PA 869)
Email: adminsecretary@smdh.net
Website: smdh.net

• **NEVADA**

ER Physicians: Multiple openings at the prestigious Mike O’Callaghan Federal Hospital, Nellis AFB, Las Vegas, NV. Full or part-time openings. Serve those who serve our country while enjoying your time off in one of the most exciting cities in the USA. American Hospital Service Group has a long-standing contract at this facility placed in a city that has something to offer everyone. Board certified physicians, part-time or full-time. Any state license accepted at Federal work places, and malpractice immunity provided. Contact Jill at 410-451-2415 or JJT@americanhospital.us. (PA 858)
Email: JJT@americanhospital.us
Website: www.americanhospital.us

• **NEVADA**

Employed opportunity with Banner Health in Fallon, NV. BC/BE Emergency Medicine with fully-paid malpractice with tail on departure. 24/7 Hospitalists for admissions. Competitive salary & recruitment incentives, rich benefits package & 401k retirement w/4% match after one year, CME days plus allowance and more! Fallon offers comfortable lifestyle and moderate cost of living, No State Income Tax. Close to Tahoe - snow ski in the winter, water sports in the summer! Join the BANNER HEALTH team in Fallon, NV. Send us your CV today, we’ll call you for an interview tomorrow! (PA 863)
Email: doctors@bannerhealth.com
Website: www.bannerdocs.com

• **NEW MEXICO**

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

• **NEW MEXICO**

NEW MEXICO, Las Cruces: 35,000+ volume ED. Stable democratic 9-member group, W-2 income based on your share of production, full profit-sharing partner at 6 months, fully funded pension at 1 year; beautiful high desert university town; full-time position for board certified/prepared emergency physician available now. William Einig, MD, (575)649-4220, wweinig@mac.com. Radosveta Wells, MD, (915)833-4546, rmitova@yahoo.com (PA 874)
Email: rmitova@yahoo.com

• **NEW YORK**

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

• **NEW YORK**

Buffalo NY – University @ Buffalo, Department of Emergency Medicine is seeking full-time faculty for an established, accredited EM Residency Program. Applicants should be EM board certified/eligible. Responsibilities may include clinical care, teaching/supervision of students and residents, EMS, research, or administration. Compensation package includes a competitive salary, 12% retirement, health, dental, disability and 36 paid days off. Candidates should contact: G. Richard Braen, MD, Professor and Chairman, Department of Emergency Medicine, Buffalo General Hospital, 100 High Street, Buffalo, New York 14203 or email ckolek@kaleidahealth.org with CV. The University at Buffalo is an Equal Opportunity Employer/ Recruiter. (PA 867)
Email: jpokerwinski@kaleidahealth.org

• **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, flysgi@yahoo.com (PA 827)
Email: flysgi@yahoo.com

• NORTH CAROLINA

Democratic group seeks FT BC/BE physician: Shelby Emergency Associates staffs a level III trauma center/50K and a community hospital 10 miles away seeing 25K. Our group is 16 years old and offers \$165/H plus malpractice (Pre-partnership \$145/H for 12 months), 401K, pretax business account, \$180/H for nights. 24H hospitalist coverage for admissions in both hospitals. Topnotch nurses, medical staff and supportive administration confers super comfortable work environment. \$22M 26 bed ER +12 bed FT completed 2007 at CRMC. Beautiful area of NC between Asheville and Charlotte. Broad pathology never boring during 10 & 12 hour shifts. Midlevels at both hospitals. 704-472-7777 Please email CV. (PA 850) Email: volumizer@yahoo.com Website: <http://www.clevelandregional.org/history.cfm>

• 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

• OHIO

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

• OREGON

Sunny Southern Oregon - Klamath Falls: Unique Oregon Opportunity in Top 100 places to live location. Full-time position for BC/BE ER Physician in brand new department. BC/BE colleagues and excellent specialty backup. Equitable, flexible scheduling of 9 hour shifts. 36 hours coverage per day on an 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

• OREGON

Portland, Oregon metropolitan area opportunity for emergency medicine BC/BE physician. 25,000 annual visits. Good hourly pay with built-in adjustment for increased volume, full benefits plan. Small hospital with responsive administration. 64 slice scanner, 24 hour US, bedside US, EMR with tracking board, hospitalist program. Looking for physician proficient with computers and EMR's, skilled with procedures, and good people skills. Excellent nursing staff. ED techs. Good balance of peds, trauma, medical and surgical patients. Contact Elizabeth Bohnstedt at 503.873.1589 or email ebohnstedt@silvhosp.org. (PA 877)Email: ebohnstedt@silvhosp.org Website: www.silvertonhospital.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 inquires to Thomas Terndrup, MD (Chair), DEM (H043), PO Box 850, Hershey, PA 17033, Phone 717-531-8955 or email tterndrup@hmc.psu.edu. EOE. (PA 812) Email: cdeflitch@hmc.psu.edu Website: www.hmc.psu.edu

• PENNSYLVANIA

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

• RHODE ISLAND

Seeking BC/BP emergency physician at 294-bed community teaching hospital affiliated with Brown University. Eleven emergency physicians care for 35,000 patients/year. Coverage/37 hours/week, plus 12 hours/PA coverage urgent care. Hospital-based residency program provides numerous opportunities, including clinical teaching appointment. Competitive salary and benefits package: paid health/dental, life/long-term disability, malpractice coverage, four weeks vacation, CME, 403B tax shelter annuity plans, paid professional memberships, board certification/paid license costs. Incentive for 50% or greater commitment to night shifts. Contact Ludi Jagminas, M.D., Chief, Emergency Medicine, Memorial Hospital of Rhode Island, 111 Brewster Street, Pawtucket, RI 02860, Fax: 401-729-3112 or call 401-729-2419. EOE. (PA 872) Email: ljagminas@mhri.org Website: www.MHRI.org

• 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

Carl R. Darnall Army Medical Center at Fort Hood, Texas, is seeking a board certified emergency medicine physician. Full time position working 8 hour shifts with a mixture of clinical and administrative duties. Serve as core faculty for the CRDAMC Emergency Medicine Residency Program. Our brand new level III Trauma designated Emergency Department has an annual volume of 70,000 patients, low to moderate acuity. Compensation package includes competitive salary, malpractice coverage, comprehensive benefits, paid sick and vacation time, relocation allowance and annual retention bonus. For further information, please contact LTC Steve Tanksley, MD at (254)288-8302. (PA 859) Email: Steven.J.Tanksley@amedd.army.mil

• TEXAS

Covenant Medical Group, located in Lubbock, Texas, is seeking experienced BE/BC physicians to join a growing physician emergency medicine program. Our physicians enjoy all the benefits of metropolitan living, entertainment and recreation, an international airport and a major Big 12 University, Texas Tech University. Covenant Medical Group is a multi-specialty group with more than 200 physicians across West Texas and Eastern New Mexico. We offer a competitive salary and an excellent benefit package that includes medical/dental insurance, life insurance, vacation/holidays, retirement plans and reimbursement for CME and other benefits. CV can be forwarded to kreeves@covhs.org. For telephone inquiries call 806/725-7875. (PA 862)Email:kreeves@covhs.org Website: www.covmedgroup.org

• UTAH

Democratic, happy stable group, gets along with administration seeking 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 weeks vacation per year. Call Ken Armstrong (801) 362-4119 or email CV. (PA 818) Email: ken.uvep@hotmail.com

• VERMONT

Seeking BC/BE Emergency Medicine physician in Southern Vermont. 99-bed hospital with Magnet nursing designation. Flexible scheduling with competitive pay and benefits. Advanced airway equipment available including fiber optic intubation. Within 3 hours of Boston and New York City and skiing opportunities within 40 minutes. For more information, please contact Nicole Goswami, Physician Recruiter at gosn@phin.org or by phone at (802) 447-5236. (PA 878) Email: gosn@phin.org Website: www.greenmtsgreatdocs.org

• 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**

We are seeking an outstanding ED physician and Director to join our superb group of physicians and PA's. ED volume of approximately 30,000/yr seeing complex and critical adult medical cases, and small volume of trauma, peds, GYN. Double coverage during most of the day. Large multi-specialty downtown clinic/hospital provides 24/7 specialty back-up in all areas. Teach residents rotating through the ED. Successful candidate to be EM BE/BC with 2 years experience. VMMC will start construction in 2008 for a new hospital wing with a new state-of-the-art ED. (PA 852)
Email: christi.lenz@vmmc.org
Website: www.vmmc.org

• **WASHINGTON**

Well established, democratic group 30 min. north of Seattle is looking for EM BC/BP physicians. Multi-site with over 120,000 visits annually, stable contracts, excellent compensation with generous benefits. Consideration to full partner after one year. Two of our largest sites are consolidating into a brand new, state-of-the-art 79 bed ED to be completed in 2011. Our beautiful Pacific Northwest locale is ideally situated, providing abundant recreational activities to satisfy the outdoor enthusiasts while also appealing to those who appreciate the cosmopolitan city life. To submit your CV or to request further information, please send an email to contact@northsoundem.com (PA 864)

• **WASHINGTON**

Democratic group of 13 EM board certified physicians seeking a BC/BP physician to join our single hospital group. We have enjoyed 27 years with our partner hospital, St. John Medical Center, a 193 bed, level III trauma center with an ED census of 50,000 pts/year. Consideration for full partnership after one year. In the shadow of Mt. St. Helen, our location offers a variety of outdoor opportunities. Longview is a charming and affordable city along the banks of the Columbia River. Send CV to: Holly Liberatore MD, Liberatoreh@comcast.net or Cascade Emergency Assoc. PO Box 2404, Longview, WA 98632. (PA 873)
Email: liberatoreh@comcast.net

• **WEST VIRGINIA**

Emergency Medicine Opportunity - Join 10 other practicing emergency physicians. Excellent salary commensurate with experience. 56K ER visits per year. Level II Trauma Center with 24-hour hospitalist coverage. Comprehensive benefits, malpractice included. 8-9-10 hour shifts available. Work with Medical School residents. A stunning area with excellent schools and low cost of living. "Top 100" private Liberal Arts college. Largest man-made lake in the state. State record fishing, hunting, boating and biking. Short distance to 4 major metro areas. Festivals, snow skiing, canoeing and kayaking. Historic downtown, concert halls and theater. Contact: Rob Rector at (800) 492-7771 or e-mail rector1@phg.com (PA 866) Email: rector1@phg.com
Website: www.phg.com

• **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@wahs.com
Website: www.wahs.com

• **WISCONSIN**

Would you enjoy living near Madison, WI? If so, please consider this outstanding Emergency Medicine opportunity in a scenic community, just minutes from the picturesque Wisconsin River. This democratic group divides nights, weekends and holidays equally. The ideal candidate will have strong interpersonal skills and the ability to work well with support staff and colleagues. This progressive community hospital possesses state of the art technology including electronic medical records and a newly installed CT Scanner. (PA 853)
Email: akind@strelcheck.com
Website: www.strelcheck.com

• **ANTARCTICA**

Discover Antarctica! Opportunities for Lead Physician, Staff Physician, Physician Assistant/Nurse Practitioner. Raytheon is the primary contractor to the National Science Foundation, providing support to three US stations in Antarctica: McMurdo Station, South Pole and Palmer Station. Medical operations are typical of family practice, emergency medicine and occupational health. Each station is a tight knit community providing dining hall services, organized recreation, laundry facilities, post office and phone & internet access. Staff are assigned during the Summer (October - February) or Winter Season (February - November). Apply Now! (PA 879) Email: kimberly.jones@usap.gov
Website: www.rpsc.raytheon.com.

• **CANADA**

Our Region: The RQHR offers opportunities for medical professionals to be part of a dynamic health team providing superior patient care. Emergency physician positions provide full-time coverage for shifts in an established rotation. Physicians are contracted to work within the RQHR. The ideal candidate will hold certification in emergency medicine. A license to practice in Saskatchewan, ACLS and ATLS are required. In accordance with immigration requirements, preference will be given to Canadian citizens and permanent residents of Canada. For information please contact: Erin Roesch, Coordinator, Physician Recruitment and Retention. Phone: (306) 766-2182. Fax: (306) 766-2842. Email: erin.roesch@rqhealth.ca (PA 854)
Email: erin.roesch@rqhealth.ca
Website: www.rqhealth.ca

• **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 American University of Beirut is an affirmative action, equal opportunity employer. To apply please send a cover letter, CV and names of three references to the contact information below: Amin Antoine N. Kazzi, MD, FAAEM Chief of Service & Medical Director, Emergency Department AUB Faculty of Medicine and Medical Center American University of Beirut P.O.Box 11-0236 / Medical Dean's Office Riad El-Solh / Beirut 1107 2020, Lebanon (PA 814)
Email: ak63@aub.edu.lb

• **NEW ZEALAND**

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

• **NEW ZEALAND**

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



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of Emergency Medicine at 800/884-2236.
For additional information see www.aaem.org
or contact info@aaem.org.