



when minutes count

# common SENSE

The Newsletter of the American Academy of Emergency Medicine — Volume 13, Issue 3— May/June 2006



## PRESIDENT'S MESSAGE

by Tom Scaletta, MD FAAEM

### *Mu-tu-al-ism*

*Noun. Definition: An association between organisms of two different species in which each member benefits and neither is harmed. (Mutualistic, Adjective; Mutualist, Noun)*

Successful groups have “can-do” attitudes, pay close attention to the CEO’s concerns, gracefully correct misperceptions and alleviate genuine problems. Cool heads with concern for bilateral fairness achieve win-win relationships. In addition to hospital administrators and emergency physicians, mutualism benefits emergency nurses, the medical staff and the community at large.

In mutualistic systems, when revenue exceeds expenses, profit is often rolled back to the emergency department in the form of increased staffing, enhanced benefits and educational opportunities. When expenses outstrip revenue, the involved parties jointly determine how to best reduce operating costs while maintaining patient safety. As it pertains to emergency physicians, stakeholders should understand that mutualism results in:

- Attracting and retaining the best and brightest clinicians as well as physician leaders who balance advocacy for their colleagues and for the hospital.
- Motivating group members to develop optimal relationships with the medical staff, administration and support staff and to spread the hospital’s reputation for excellence within community.

The antithesis of mutualism is parasitism. Unfair business relationships in emergency medicine generally involve a profiteer, whether a mega-contract owner or a single-hospital landlord, who often uses his/her charming personality in order to deceive others. An unwary CEO can be sold an inferior product by means of hollow promises, proprietary jargon, glossy brochures and slick presentations.

Tactics to inflate profit erode quality (e.g., understaffing physicians), increase risk (e.g., upcoding charts) and reduce security (e.g., insolvent liability insurance). Waivers of due process allow good physicians to be fired for expressing legitimate quality concerns or getting too chummy with hospital administrators. Restrictive covenants attempt to lock up deals by preventing employees from leaving for a better local job or from staying should the contract change hands.

*Mutualism describes those healthy, fair relationships between hospital administration and emergency physicians, whether a small or large independent group, or the hospital employs the physicians. It is where shared concern, trust and integrity thrive.*

Evolving hospital goals and market forces initiate negotiations of varying intensity between the emergency medicine group and hospital administration. When discussions either overheat or freeze up, consider the situation from the CEO’s standpoint before reacting. Examples include the following:

- Global organizational interests are utmost and require operational losses to be corrected and strategic goals met.
- Group performance is measured by satisfaction surveys, medical staff opinion, national quality benchmarks and complaint letters.
- Nurturing high-volume primary care admitters and procedural moneymakers prevents business drift.

Emergency physicians are wise to periodically realign their priorities with those of administration whenever possible. Since the emergency department intersects virtually every other hospital entity, emergency physicians can assist in solving a myriad of problems. We can play pivotal roles in reducing unnecessary utilization, smoothing out on-call issues and making the hospital a great place for nurses to work.

Occasionally a CEO may disregard vital emergency physician needs and concerns. The most egregious instance is when there is a unilateral decision to award the exclusive contract for emergency services. When the existing group reacts angrily, the CEO may stand firm to avoid repercussions from renegeing on a promised deal or, deplorably, in a demonstration of absolute power. After exhausting other means of resolution the emergency physicians can wield great influence by acting in a unified manner. Despite a strong preference for mutualism, at a certain point it becomes necessary to pool resources, acquire sound professional advice and collectively leave an unfair situation.

*AAEM is the go-to organization on emergency physician professional satisfaction. As a result, we are made aware of any injustices that occur across the country. I was inspired to write this message by several AAEM members who are bravely taking a united stand against their particular unfair situation. +*

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## EDITOR'S LETTER

## Common Sense

by Howard Blumstein, MD FAAEM

*Common Sense* is the title of the famous pamphlet written in 1775, by Thomas Paine, explaining the rationale for American independence from England. Forty-six pages long, it was perhaps the most influential of all the early revolutionary literature. It has been reported that 50 percent of the population had either read portions of it or had portions read to them. It was also reported that George Washington read it and was inspired by its contents, ordering that portions be read to his troops.

If you look at it, make sure you read the very first paragraph of the introduction. Here it is (there are several versions on the web, the text is the same but the typeface and punctuation differ):

*PERHAPS the sentiments contained in the following pages, are not yet sufficiently fashionable to procure them general favor; a long habit of not thinking a thing wrong, gives it a superficial appearance of being right, and raises at first a formidable outcry in defense [sic] of custom. But the tumult soon subsides. Time makes more converts than reason.*

This is an exciting time to be part of AAEM. Our membership grows while other organizations within the house of medicine struggle to maintain membership levels. The reason is simple: More and more emergency docs are rejecting those wrongs that inspired our formation.

When AAEM was first formed, there was a sense within the EM community that we were somehow rebels doing far more damage than good. Long discussions of our issues pulled in new members slowly. That early negative reputation hurt us.

But Paine was right. Time is our friend. Increasingly, AAEM is not seen as a disruptive and unnecessary force, but rather a professional organization with specific goals and an aggressive attitude. Increasingly, our colleagues are coming to see that the status quo is unfair and unacceptable. More emergency docs are learning about

the threats they face in their professional lives, some first hand. They are coming to realize just how important it is to have a professional society that can advocate for them.

If AAEM were to disappear today, we would have left behind this legacy: Emergency docs now understand that they need to protect their rights, and that they are entitled to work in fair conditions. It is no longer acceptable to allow contract holders, big and small alike, to put us in a position in which they can push us around and take big cuts of our income for very little service.

AAEM has entered a new phase. With a legal fund available, we have been able to pursue specific legal actions when appropriate. We can now get involved and offer our knowledge and experience to embattled docs.

Members have been inspired to take control of their professional lives, forming democratic groups or insisting that they be treated fairly at work. They have championed the cause of legitimate board certification.

I like to think that this newsletter has played a role in advancing these ideas and empowering our members to stand up for their rights, just as Thomas Paine's original pamphlet did so many years ago.

\*\*\*\*

Having become Secretary-Treasurer (thank you, everyone, for your support) and thus joining the executive committee, I have found myself overwhelmed. Accordingly, I have resigned as editor of this newsletter. David Kramer, MD FAAEM, at York Hospital in Pennsylvania, is taking over. I am sure that his leadership and ideas will overshadow my tenure in this position.

Keep those letters and articles coming, folks. It is through the exchange of ideas that we all become enriched. 🇺🇸



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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 patient.
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: \$345 (Must be ABEM or AOBEM certified in EM or Pediatric EM)  
 Emeritus Member: \$250 (Must be 65 years old and a full voting member in good standing for 3 years)  
 International Member: \$125

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

\* Associate Member: \$250 (Non-voting status)  
 AAEM/RSA Member: \$50 (Non-voting status)  
 Student Member: \$50 (Non-voting status)

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





## THE VIEW FROM THE PODIUM

by Kevin Rodgers, MD FAAEM

I am very happy to say that my prediction came true. The Academy's 12<sup>th</sup> Annual Scientific Assembly was a tremendous success!

Nearly 600 board certified emergency physicians attended our most recent session in San Antonio. I am confident that everyone went home as better practitioners because of the excellent presentations that covered everything from effective communication skills, to disaster planning and pediatric conscious sedation.

We were incredibly fortunate to have the Surgeon General, Vice Admiral Richard Carmona, deliver the keynote address, which was both informative and humorous. The pre and post conference courses were well received including two new presentations, the EMS Medical Director course and the Trauma Resuscitation for the Community Doc course. It is worth mentioning that one of the top rated speakers was Jonathan Davis, a "graduate" from our Open Mic presentations from the 2005 Assembly. Finally, congratulations to Mike Lambert for the Educator of the Year Award, Michelle Lin for the Young Educator Award and to Amal Mattu who was named the RSA Program Director of the Year.

It is apparent, based on evaluations, that each speaker put an incredible amount of energy into developing and presenting their individual sessions. Once again I believe we owe a tremendous debt of gratitude to Joe Lex and Ghazala Sharieff for their efforts. I would also like to thank the AAEM staff (Kay, Janet, Helen, Tom, Miko and Kate) for their tireless efforts in making our conference the premier educational event for board-certified emergency physicians.

I would like to take a moment to discuss a "hot topic." Many of you have closely followed the debate surrounding the use of pharmaceutical industry support to fund the Scientific Assembly (SCIASS). Three hundred eleven members (18% of our voting members) responded to the on-line survey that AAEM conducted. This is clearly a controversial topic that ultimately splits physicians into two camps, the pros and the cons. It is a difficult topic for me personally depending on which "hat" I am wearing. As a program director (and in my own personal viewpoint) I believe

that the pharmaceutical industry should not fund, nor provide speakers for any educational event involving physicians due to their undue influence on prescribing practices which affect our patients. As "draconian" as that may appear, the three major national organizations that govern medical education, the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC) and the Accreditation Council for Continuing Medical Education (ACCME) have all recently written policy statements that significantly restrict the involvement of the pharmaceutical industry in medical education.

However, when I put on my Board of Directors "hat," I hear many pro voices among my constituents. Indeed, looking at the results of the survey, a majority of our members (79%) were against *prohibiting* industry support but believed that pharmaceutical funding should be *restricted* (62%). Results were relatively split when members were asked if they would be willing to pay additional dues or a registration fee (\$100-400) to support the SCIASS if industry support was abolished. Impassioned individual comments voiced every imaginable pro and con argument and spanned six single-spaced pages. Controversial indeed!

There are many questions and no perfect solution. What does *restrict* mean? How can we maximize the use of AAEM's funds? Is there a difference between funding from the pharmaceutical industry versus medical equipment/administrative support companies? Are unrestricted education grants acceptable? In order to answer these questions, Tom Scaletta has appointed a task force to formulate a policy which governs industry support.

The Education Committee now focuses on making the 13<sup>th</sup> Annual Scientific Assembly even better, a difficult challenge considering the multitude of distractions that Las Vegas offers! We are considering several new presentations including the first iteration of the AAEM Resuscitation Course. Do not hesitate to share with me ([kr Rodgers@clarian.org](mailto:kr Rodgers@clarian.org)) any topics, speakers, or innovations that you feel would contribute to the excellent quality of our Scientific Assembly. +

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## PEARLS OF WISDOM ORAL BOARD REVIEW COURSE

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Designed to meet the educational needs of Emergency Medicine  
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AOBEM oral board examination

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## Upcoming AAEM-Endorsed or AAEM Sponsored Conferences for 2006

### May 24-26, 2006

- High Risk Emergency Medicine  
Hotel Nikko, San Francisco, CA  
Conference sponsored by San Francisco General Hospital and the Department of Emergency Medicine at the University of California, San Francisco  
<https://www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MDM06Q23>

### May 31, 2006

- The 3<sup>rd</sup> Annual New York Symposium on International Emergency Medicine  
Schwartz Auditorium, New York University School of Medicine, New York, NY.  
Co-Sponsored by North Shore-LIJ, NYU-Bellevue and ACEP International Section.  
<http://www.iems-2006.com>

### June 11-14, 2006

- 2<sup>nd</sup> World Congress on Ultrasound in Emergency and Critical Care Medicine  
Javits Center, New York City, NY  
Organized by New York Methodist Hospital in New York (New York Presbyterian Healthcare), Niguarda Ca'Granda Hospital in Milan, and Avicenne Hospital in Bobigny in Paris.  
<http://www.wcu2006.com/>

### September 9-10, 2006

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

### October 2006 (dates to be determined)

- AAEM Written Board Review Course  
Hilton Newark Airport Hotel, Newark, New Jersey  
Sponsored and organized by the American Academy of Emergency Medicine  
<http://www.aaem.org>

### November 17-19, 2006

- Second International Emergency Medicine and Disaster Preparedness Conference  
Ashok Hotel, New Delhi, India  
Co-sponsored by North Shore-Long Island Jewish Health System and the American College of Emergency Physicians  
Jointly Sponsored with the Society of Emergency Medicine, India and the American Academy for Emergency Medicine in India  
Hosted by Fortis Hospital  
[www.intem2006.com](http://www.intem2006.com)

### December 3-8, 2006

- Maui 2006: Current Concepts in Emergency Care  
Wailea Marriott, Wailea, Hawaii  
Sponsored by the Institute for Emergency Medical Education and the Washington Chapter of the American College of Emergency Physicians  
[www.ieme.com](http://www.ieme.com)

### March 12-14, 2007

- AAEM 13<sup>th</sup> Annual Scientific Assembly  
Caesar's Palace, Las Vegas, Nevada  
Sponsored by the American Academy of Emergency Medicine  
**FREE Registration for AAEM Members**  
<http://www.aaem.org>

Do you have an upcoming educational conference or activity you would like listed in *Common Sense* and on the AAEM website? Please contact Tom Derenne to learn more about the AAEM endorsement approval process: [tderenne@aaem.org](mailto:tderenne@aaem.org).

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

## Associate Editor Position Available for the Journal of Emergency Medicine

Applications are now being accepted for the position of Associate Editor for the *Journal of Emergency Medicine*. In conjunction with the Editor-in-Chief, the American Academy of Emergency Medicine announces a national search to appoint a new Associate Editor. Associate Editors for JEM have the responsibility for collating reviews of submitted manuscripts, recommending initial acceptance, revision, or rejection decisions, performing secondary reviews of revised manuscripts, as well as assisting the Editor-in-Chief in assigned journal operations. Interested individuals should have extensive experience in editing, research and critical appraisal, and manuscript review. Applicants must be board certified in emergency medicine, members of AAEM, and affiliation with an academic emergency medicine program is preferred. Please forward a cover letter and CV to the AAEM Education Committee at the address below. The deadline for receipt of applications is June 1, 2006.

AAEM Education Committee

Attn. Kay Whalen

555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823

Tel: (800) 884-2236 - Fax: (414) 276-3349

## Resident Recap: San Antonio and the 12<sup>th</sup> Annual AAEM Scientific Assembly

by **Brian Potts, MD MBA**  
President, AAEM/RSA

Residents and students in San Antonio on February 16-18, 2006, enjoyed many educational, political and social activities. The Scientific Assembly provided a perfect mix of high quality lectures and opportunities to meet some of the major players in emergency medicine. A recap of these events follows:

### Thursday (Day 1)

The opening of the Assembly at the Marriott Rivercenter featured keynote speaker, US Surgeon General Vice Admiral Richard Carmona. Dr. Carmona has worked in various positions in the medical field including paramedic, registered nurse and physician. He spoke about his upbringing, important events that led him into the medical field, his current role with the government and vital issues facing the U.S. and the health care field in 2005.

Following this talk, noted medical author Dr. Abraham Verghese gave the second keynote lecture. Dr. Verghese is the Director of the Center for Medical Humanities and Ethics at the University of Texas Health Science Center in San Antonio. Lectures throughout the rest of the day included talks by the always popular, Amal Mattu, Edward Panacek, Peter DeBlieux, Col. Lee Cancio, William Mallon and Larry Weiss.

On Thursday afternoon, Peter Rosen moderated the AAEM JEM Resident & Student Research Forum. Selected from a field of impressive resident and student presenters, first place was awarded to Gil Shlamovitz at UCLA for his original research, "Blind Urethral Catheterization in Trauma Patients Suffering from Lower Urinary Tract Injuries." Second and third places were awarded to Christopher Fischer and Johnny Dias, respectively, for their fine research presentations.

During the AAEM/RSA Board meeting in the late afternoon, the Board reviewed progress on many initiatives and projects. Our planned budget for next year and current financial standing was addressed after our first year with an independent budget. The Young Physician Section Taskforce presented their proposal for a new AAEM section, and the Board agreed to support further development of this new group. The chairs of the Communication, Education, Membership and Advocacy Committees updated the board on their progress to date.

Following the Awards Presentation and Opening Reception, the evening was filled with social events. The AAEM Foundation Dinner helped raise money for AAEM sponsored-initiatives. Many members supported the event and enjoyed cocktails and dinner at Sunset Station. Later that evening, AAEM/RSA held their annual resident party at Pat O'Briens. More than 150 people attended the function sponsored by California Emergency Physicians, enjoying good company, drinks and good music.

### Friday (Day 2)

Friday morning began with a keynote presentation by best-selling author Mark Victor Hansen. Best known for his publications focused on helping people and organizations reshape their personal vision of what is possible, his *"Chicken Soup for the Soul"* books sold more than 100 million copies around the world. Lectures throughout the rest of the day included talks by Peter Rosen, Bob McNamara, Joe Lex, Jeffrey Kline, Chris Fox, David Karras and Richard Harrigan. AAEM again featured the Open Mic Sessions which gave new speakers and residents the opportunity to lecture and present to a national audience.

On Friday evening, 100 conference attendees and guests enjoyed the 57th Annual San Antonio Stock Show & Rodeo at the SBC Center. Rodeo-goers delighted in a night of Barrel Racing, Steer Wrestling, Bareback Riding and Bull Riding; but the crowd favorite and my personal favorite entertainment was the Mutton Bustin' event. Children between the ages of 4-7 years-old were placed on sheep and instructed to hold on. Off they went out of the gate on surprisingly fast moving sheep. Hilarious! Overall, the rodeo was a unique event which highlighted the culture and diversity in the Assembly's host city.

### Saturday (Day 3)

The Resident Track, planned by the AAEM/RSA Education Committee, began on Saturday morning. Dr. Robert McNamara lectured on "Top Problems Facing AAEM Today." This lecture highlighted important themes demonstrating the value of AAEM's support of the individual EM physician and democratic physician groups. Dr. Robert Simon gave a talk on "Procedures: Tips and Tricks," which covered different kinds of laceration repairs using plastics techniques that an emergency physician can utilize. Following this presentation, Dr. Larry Weiss and Dr. Joe Wood reviewed medical malpractice lawsuits. They covered what every resident should know if you are involved in a lawsuit as a practicing EM physician. They went through the processes and gave tips on managing yourself successfully in this very stressful situation. The resident track closed with a fun game of "Jeopardy" pitting residents against a panel of attending faculty. The attendings pulled off the win in a resounding fashion, but I question whether the game was rigged in their favor. Our own Alex Trabek (aka Gerald Maloney) verified to me that the game was fair. Our resident panel will need to start training for next year's rematch to make up for this loss.

To close out the resident activities at the Assembly, Dr. Amal Mattu and Dr. Kevin Rodgers taught the highly regarded post-conference course, "Preparing for In-service: What to Expect on Your Test." This course served as a four-hour intense review of many of the high-yield topics that often appear on the yearly In-service Exam. They have successfully organized this course for years, and residents come away with a great insight into what they should expect when they take the exam. Many residents gave the course high marks for the quality of the lectures and topics covered. Furthermore, the timing of the course was perfect since the In-service Exam was administered four days later on February 22, 2006, for all residents in the country. Personally, I have attended the review course twice and feel that this is the best four hours you could possibly spend during final preparation for the exam.

Also on Saturday afternoon, AAEM sponsored the first-ever Student Section Track which featured Ken Iserson, author of the popular book, "Getting into a Residency: A Guide for Medical Students," and James Tysinger. They lectured to a packed room of medical students interested in learning steps to help them navigate the path through medical school, the application process and matching in emergency medicine. (For more on this course please see Warren Wiechmann's article on pg 8).

Well, that's all folks! Stay tuned for the 13<sup>th</sup> Annual Scientific Assembly at Caesars Palace in Las Vegas. Mark the dates March 12-14, 2007, in your calendar and plan to attend. Send an email to me at [bpotts@uci.edu](mailto:bpotts@uci.edu) if you would like to give AAEM/RSA suggestions or provide ideas for lectures, events, etc. for next year's Scientific Assembly. 🍷



## Zen and the Art of the Fourth Year Schedule

by Nicholas Genes, MD PhD

It's that time of year again — externships! All the planning, phone calls and emails... all the nail-biting, new experiences and opportunities... the endless forms and bureaucracy... When you think about it, it's a good warm-up for the match, and maybe life in general. So approach it with some smarts and some sage advice from those who've done it.

When my editor approached me to write about fourth-year curriculum planning, I was pleased. She probably figured that as an intern, I had the right perspective to be advising third-years — a veteran of the match process, but not so removed from the ambitions and fears of today's students. Perhaps she had heard of the arrangements I had made regarding externships, which gave me plenty of exposure to various programs of interest, while letting me take advantage of all the opportunities that fourth year provides.

"No," she explained. "It's just that everyone else already has their assignments."

Alas, it's fortunate I had a fourth year worth writing about. I learned a lot, had some great experiences, saw many EM programs, and enjoyed interviews spaced out in a not-too-hecktic schedule. By February, I was able to generate my rank list with confidence. Here is my advice:

**Have a plan, but be flexible.** Develop your concept of what your ideal fourth year looks like as you're preparing for your school's curriculum lottery. After you get your lottery results, keep this plan in mind as you start trading and making inquiries at other institutions. You might get stymied, but that's ok. Some bureaucracies are intractable; some requirements can't be avoided or put off. Also, you might change your mind about your plan later on in the year — that's ok, too. There's enough time and plasticity in fourth year to maneuver around obstacles, take advantage of new opportunities that present themselves, and still wind up with a convenient schedule and great education. Just keep your eyes open and take the initiative.

**Put your emergency months up front, with your home institution before an away rotation in EM.** Away rotations are tricky enough with new living accommodations, different hospitals and computer systems and faculty. It is a little easier handling it when you've already spent a month learning the basics of how an ED runs. "Oh," you say, in a high-pitched whiny voice that should never be heard by people who evaluate you, "but there are 15 students in my school who want to do EM in July and only eight spots!" It's ok. You can rotate at your home institution later in the year if you need to. Programs understand this, and are actually quite good at adjusting expectations. (You will not be expected to diagnose organophosphate poisoning and perform a retrograde intubation while simultaneously running a code in the next room on your first, or even your second, day.)

**Choose an away EM rotation in a program you think you'd like to match into, in a city you think you'd like to live.** Consult with your spouse and family about this. If they are allergic to the cold weather places for instance, now is the time to find out. Ask your school's EM advisors about this too. EM is still a relatively small, well-connected world, and your advisors can often tell you the strengths and weaknesses of programs and whether you would be a good fit.

Finally, have a heart-to-heart talk with yourself. Are you planning to rotate somewhere because you think that'll make you a more competitive candidate in their eyes? It may, but it also may backfire. Competitive programs tend to stay competitive, regardless of whether you rotated there. I knew too many fellow students who impressed a lot of attendings during their away month, but still got negged in the match. It is best to choose externships that offer a good educational experience, in a convenient geographical location, that fit your personality. (This advice also works well when match time comes around). It's ok if you don't yet know what programs will fit you — if you guess wrong, you can still apply that knowledge during the interview and ranking process.

**Two is enough.** One EM rotation at home (if your school has an EM program); one at another institution. That is usually enough to get your feet wet, collect letters of recommendation, verify that EM is really for you and demonstrate that you're a serious applicant. The only reason to do three EM rotations, in my opinion, is if your school's EM program is somehow deficient, or if your record is somehow deficient. The people who do three rotations because they're "hardcore" are not really impressing anyone and are wasting precious elective time. (There are plenty of chances to be hardcore when you're an intern — in fact, it's unavoidable.)

**But there are ways to explore more programs without doing three EM rotations.** When you're planning your fourth year, pick a month, December or January, to do the majority of your traveling for interviews. (It doesn't matter which — studies have shown that EM applicants aren't penalized for interviewing too early or too late in the season.) With the other month, choose a rotation that would make you a better doctor and a better EM applicant such as cardiology, SICU (procedures!), anesthesiology, radiology, even advanced physical diagnosis. Do this rotation in an away hospital that you'd like to match into, in a city with (or at least near) some of your other potential choices.

This approach gives you a feel for the place where you're thinking about spending the next three or four years. You'll get to see more of the hospital's ED and maybe sit in on some conferences — yet retain your outsider status. If you schedule your EM interview for hospital X while you're rotating in another department in the same hospital, it still manages to convey a strong interest in Hospital X's program, while making it easier to take a second look there (and also hospitals Y and Z, which may be a short drive away).

**Enjoy your fourth year.** It's a great chance to travel, learn and grow. If you have a general plan, but stay flexible, you'll get the most out of it, be well prepared for the match and residency, and have a fantastic and memorable year.

*Nicholas Genes, MD PhD*

*EM Intern, Mount Sinai, NY*

*Member, AAEM/RSA Communications Committee* 🇺🇸



## A Plain Talk Guide to AAEM's Legal Victories for Residents & Medical Students: Restrictive Covenants

by Joel Schofer, MD

LT MC USNR, Naval Medical Center San Diego

The fourth installment in a series designed to plainly discuss the many legal victories achieved by AAEM on behalf of individual emergency physicians (EPs) nationwide.

An AAEM member from Indiana, Dr. John Cronkhite, FAAEM, contacted AAEM requesting help in June 2005. He was having difficulty with a restrictive covenant imposed by his former multi-hospital group. Because AAEM's mission statement supports a practice environment "free of restrictive covenants," the executive board agreed to help him in the matter.

Restrictive covenants are an important concept in EM practice that are frequently misunderstood by residents and medical students. Simply, a restrictive covenant is any clause present in a contract that prevents you from continuing to practice at or within a certain distance of the site of your employment. These clauses are inserted into contracts by employers to prevent employees and independent contractors from later competing against them in the same community.

Enforcement of restrictive covenant clauses varies widely from state to state. Interestingly, these clauses are generally forbidden in the legal profession. In fact, in some states it may be considered a violation of professional ethics for an attorney to ask another lawyer to sign a restrictive covenant clause as a condition of employment.

The impact of restrictive covenant clauses should not be underestimated by emergency physicians. These clauses are one

of the most important tools used by contract management groups to make the physician dependent upon the contract manager, rather than the other way around. We need to continue to lobby for a shift back to the days when corporate managers worked for the physicians rather than the physicians working for and answering to managers.

In the case of Dr. Cronkhite, AAEM authorized him to inform his employer that AAEM would participate in any legal action initiated in this manner. Dr. Cronkhite also contacted ACEP, and with the pressure of the two organizations, he was freed from his restrictive covenant. He was supported financially by the AAEM Foundation, a fund used to provide financial assistance to emergency physicians whose rights are threatened by corporate influences violating the principles upon which AAEM is founded. Dr. Cronkhite stated he was "deeply indebted" to AAEM for the financial support and assistance provided.

This case demonstrates that the emergency physicians do not need to run and hide when corporate influences infringe upon their rights. It also demonstrates that AAEM and ACEP can work together for the benefit of emergency physicians.

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

## Medical Students and the Scientific Assembly

by Warren Wiechmann

Departing President, AAEM/RSA Student Section

AAEM's Scientific Assemblies are known for their world-renowned keynote speakers and top-caliber presenters, and the 2006 Assembly was no exception. In fact, this year's Assembly was an even greater success, because of the introduction of the first Student Track.

Dr. Kenneth Iserson, author of *"Iserson's Getting Into a Residency..."*, and Dr. James Tysinger, author of *"Resumes and Personal Statements for Health Professionals,"* put together an outstanding course entitled "Getting into the Residency You Want." Unlike most residency planning talks, this course started at the very beginning – how do I know what specialty is right for me? Building off of that foundation, Dr. Iserson walked the students through all of the important milestones that they must reach to be successful, both in medical school and in getting into their ideal residency program.

Dr. Tysinger then focused on the two most dreaded parts of the residency application process – putting together the CV and Personal Statement. In addition to giving the students a framework for how to write effectively, Dr. Tysinger put what they learned to the test by giving each student a CV and personal statement to analyze and critique.

The course concluded with a question and answer session, which gave the students a great opportunity to take advantage of both speakers' lengthy experiences as student advisors and residency application reviewers. Not only did the students walk away from the course with a great foundation of knowledge for navigating the residency application process, they also received a copy of Dr. Iserson's and Dr. Tysinger's amazing books.

Overall, this course was a phenomenal success and we sincerely thank Dr. Iserson and Dr. Tysinger for all of their hard work and dedication to medical student education and mentoring. We would also like to thank all of the students who attended and provided such great feedback.

Next year's Scientific Assembly will be held at Caesars Palace in Las Vegas from March 12-14, 2007! AAEM/RSA is always looking for ways to improve our courses, so send your ideas or suggestions to us at [info@aaemrsa.org](mailto:info@aaemrsa.org). Don't forget, Scientific Assembly registration is FREE for paid student members, so you have no reason not to go! We'll see you in Vegas! +

# Wanted: YOU!



The average emergency physician (EP) will change jobs five to six times during a career. With your help, AAEM/RSA and AAEM can help those EPs seeking new employment by building a nationwide network of AAEM physicians who are willing to discuss their local Emergency Medicine (EM) practice environment.

This new service will be free to AAEM members, available on the AAEM and AAEM/RSA websites, and available to AAEM members only. Please visit [www.aaem.org](http://www.aaem.org) or [www.aaemrsa.org](http://www.aaemrsa.org) for more information.

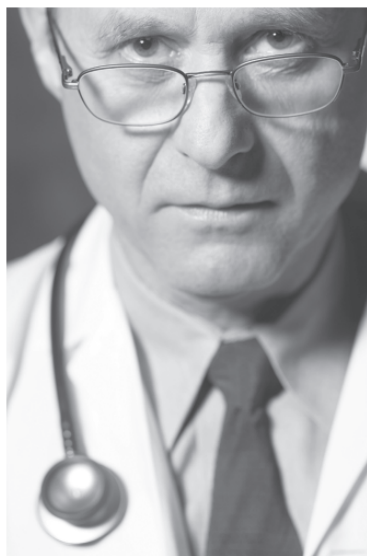
## AAEM CareerNet seeks the following information:

1. Full name
2. City, state in which you wish to discuss the local EM practice environment (maximum of 2 areas)
3. Preferred method of communication (pager, email, etc.)
4. Practice Setting (e.g., Independent Group, Kaiser, CEP, etc.) (Optional)
5. Military affiliation - past or present (e.g., Army, Navy Public Health Service, etc.) (Optional)

Please direct all responses or questions to Dr. Richard McCollum at [careernet@aaem.org](mailto:careernet@aaem.org).

Thank you for your help in developing this valuable resource for AAEM physician members!

## Participate in **AAEM CareerNet,** a New AAEM Member Benefit to Aid Emergency Physicians Seeking New Employment



AAEM/RSA and AAEM are seeking board certified or eligible EPs and senior EM residents to act as volunteers for the geographic regions in which they are familiar with the practice environment.

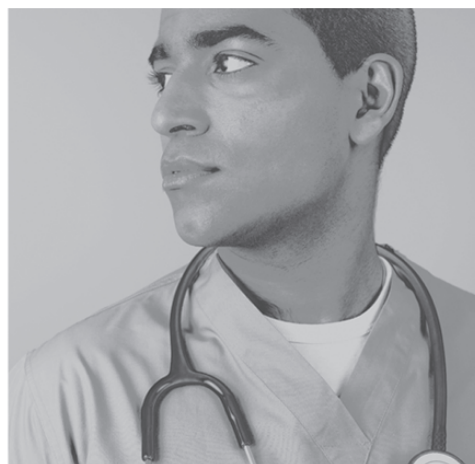
As a volunteer you will have access to update and edit your contact information and may remove yourself from the list at any time, for any reason.

Any AAEM member seeking new employment will be able to log on to a password protected portion of the website. After logging on they will see the list of AAEM member volunteers (organized by city and state) willing to discuss the local EM practice environment.

The displayed information for each volunteer will be their name and preferred method of contact (pager, email, etc.).

The AAEM member seeking new employment may then contact the volunteer in their area of interest and receive "inside" information from an EP practicing in the local community.

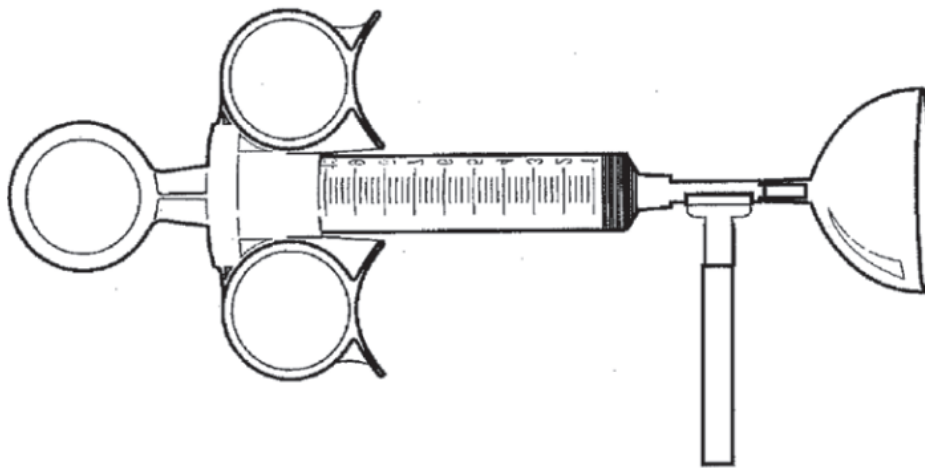
With this list, AAEM will be facilitating contact between the EP seeking employment and the local volunteers, but will not be censoring or monitoring the information they provide, and will not guarantee the veracity of this information. Thus, AAEM members will be using this information at their own risk.





# BRING IT ON!!!

**Nose to the Grindstone  
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Beating Your Head Against the Wall  
Shot in the Arm  
Bitten Hand That Feeds  
Nose Cut Off to Spite Your Face  
Head on the Chopping Block  
Cat Got Your Tongue  
Caught Between a Rock and a Hard Place**



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## EMTALA

## Pointers

FROM THE AAEM EMTALA COMMITTEE

Q:

*How can EMTALA violations affect the ED physician?*

A:

There are two potential legal fallout with EMTALA violations: Private civil suits against the hospital (but not the physician), or US Department of Health and Human Services, the enforcer of EMTALA, penalty fines levied against the hospital, the physician, or both.

For the latter, fines are \$50,000 for each EMTALA violation. Because single patient encounters can result in numerous violations, fines of more than \$100,000 are not unfathomable. For fines directed toward the physician, the physician is held personally liable, and furthermore is not covered by malpractice insurance. In addition, the physician and/or hospital may be suspended from participating in Medicare programs for repeated or "gross and flagrant" EMTALA violations. This termination would be reported to the National Practitioner Data Bank. Hospitals participating in the Medicare/Medicaid program will not extend privileges to physicians who have been terminated from the program. Therefore, termination from Medicare/Medicaid might effectively end a physician's medical career.

For these reasons, it is vital that the ED physician is familiar with EMTALA rules and regulations.

## References:

[www.ama-assn.org/go/erc](http://www.ama-assn.org/go/erc)

[www.emtala.com](http://www.emtala.com)

<http://jcaho.mc.duke.edu/emtala.asp?SN=1>

<http://www.aaem.org/emtala>

by Richard "Chip"  
McCollum, MD

State Chapter UpdateUniformed Services Chapter of  
AAEM (USAAEM)

A letter from LTC Ben Harrison, MD  
FAAEM, Chapter President

I'm pleased to announce that the inaugural USAAEM Board of Directors meeting took place at the AAEM Scientific Assembly in San Antonio on February 18, 2006. The following chapter members were appointed to the USAAEM Board of Directors: MAJ Mike Jones (Vice President), CDR Joel Roos (Navy Representative), LTC Mike Miller (Army Representative), MAJ Tom Kolkebeck (Air Force Representative), Dr. Manish Patel (Public Health Representative), COL Dan Dire (Reserve/Retired Representative) and LT Joel Schofer (Resident and Student Association Representative).

Discussions centered on member services for the increasing number of USAAEM members, including a mentorship program, a USAAEM website, an educational conference and other benefits.

I encourage all AAEM members to spread the word about the chapter and help recruit as many current/past military and public health emergency physicians as possible into USAAEM. We are excited about this chapter really taking off over the next several months, and I personally welcome any support and assistance from individual members.

If you have been meaning to join and haven't gotten around to it, now is the time!

You can join online at <https://ssl18.pair.com/aaemorg/membership/application.php>.

Please remember, you do not need to be an AAEM member to join USAAEM or any of the AAEM state chapters. Please contact staff person, Tom Derenne, with any questions at [tderenne@aaem.org](mailto:tderenne@aaem.org) or (800) 884-2236. ☒

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by Kathleen Ream

# Washington Watch

## Injury in Hospital Garage Does Not Equate to Patient Dumping

On February 17, 2006, the U.S. District Court for the Northern District of California ruled that California Pacific Medical Center (CPMC) did not violate the federal patient dumping law under EMTALA when the hospital did not immediately transport a woman, injured in the facility's public parking garage, to its emergency department.

The facts in the case – *Addiego v. City and County of San Francisco* (N.D. Cal., No. C 05 04819 CRB, 2/17/06) – involve Maria G. Addiego who went to CPMC for a follow up medical appointment. Addiego's daughter drove the plaintiff to CPMC, parking in the hospital's public parking garage. When Addiego got out of the car, she slipped on a portable sign, injuring herself. The daughter alerted the parking attendant. That employee, following workplace policy, contacted the hospital security; who responded twenty minutes later by phoning the San Francisco emergency medical services. The ambulance arrived and transported Addiego 30 yards away to the CPMC emergency department, where she was treated and later admitted to the hospital.

Addiego sued CPMC in state court for claims related to the incident and her injuries. She filed a second suit in federal court alleging that CPMC violated EMTALA; plus she added claims against the city and county of San Francisco.

The U.S. District Court ruled against Addiego stating that EMTALA imposes no obligations for a hospital prior to the time a person presents at a hospital's ED. Thus, CPMC did not violate the law absent a policy requiring its personnel to screen or treat Addiego in the parking garage. Furthermore, the court wrote that the plaintiff did not show cases that "suggest EMTALA requires a hospital to use its own personnel to transport people requesting services from the parking garage to the emergency room, or, in the alternative, to send emergency room personnel to a parking lot to 'screen' and 'stabilize' a person requesting emergency services."

Regarding the claim that CPMC and the government EMS denied her a speedy and efficient screening examination, the court determined that there is no precedent implicating a fundamental right to have hospital employees transfer Addiego to the ED from the parking garage, or to receive EMS in the garage.

### Contractual Rights Rule

Many ED physician groups have contracts with health care service plans (or their delegates) to provide medical services to patients of said plans. Sometimes circumstances arise when health care service plan subscribers in need of emergency medicine are not taken to facilities staffed by the contracted ED doctors, so the subscribers obtain the services of non contracted ED physicians, who under state law and federal EMTALA regulations are required to treat all patients in emergency situations without regard to ability to pay [42 U.S.C. 1395dd (a)]. After the services are rendered, the health care service plan (or its delegate) must reimburse the non-contracted doctors [42 U.S.C. 1371.4, subds. (b) & (c)]. Sometimes when the reimbursement is less than the total invoiced by the ED doctors, the doctors then bill the patients/subscribers directly for the difference. This is referred to as "balance billing."

On February 17, 2006, the Court of Appeal of California, Second Appellate District, Division Three ruled on a case concerned with balance billing – *Prospect Medical Group Inc. v. Northridge Emergency Medical Group*, Cal. Ct. App., No. B172737, 2/17/06. In this case, the court determined that:

- Section 1379 does not prohibit ED doctors who do not have a contractual relationship with a patient's health care service plan from balance billing of the fee not paid by the health plan or its delegates;


- ED physicians are not required to accept the Medicare rate as full reimbursement from a health care service plan; and
- The health care service plan has standing to litigate the reasonableness of the amount of reimbursement sought by ED doctors.

This ruling involves the plaintiffs and appellants, Prospect Medical Group, Inc., Prospect Health Source Medical Group, Primary Medical Group, Inc., doing business as Sierra Medical Group (collectively Prospect) who appealed a trial court judgment in favor of defendants and respondents Northridge Emergency Medical Group and Saint John's Emergency Medicine Specialist, Inc. (collectively Emergency Physicians). Initially Prospect filed two lawsuits, which became consolidated, seeking declaratory relief that Emergency Physicians were entitled only to "reasonable" compensation equivalent to 100 percent of the Medicare rate for medical services provided to their subscribers. Prospect argued that section 1379 prohibited the defendants from balance billing subscribers because Prospect alleged that it and Emergency Physicians had an implied contractual relationship, owing to EMTALA obligations, that would bar balance billing. The trial court entered judgment for Emergency Physicians. Prospect appealed.

The appeals court found that section 1379, subdivision (a), refers to and includes within its scope only traditional voluntarily negotiated contracts between providers of health care services (e.g., Emergency Physicians) and health care service plans (e.g., Prospect), not "implied contracts" as Prospect argued. It is within these [written] negotiated plans that algorithms exist for determining how much the plan will pay for a particular medical procedure. But absent a pre-existing contract, the court also determined that Emergency Physicians was not regulated under section 1379, subdivision (b), which prohibits contracting providers from attempting to collect "sums owed by the plan" from a patient/subscriber. "A contrary interpretation of section 1379, subdivision (b)," wrote the appellate court, "would be untenable because the parties would be forced to negotiate their contractual rights after the provision of medical services."

The California court noted that the state's Department of Managed Health Care "recognizes the practice of balance billing by providers of health care services which do not have a pre-existing voluntary contractual relationship with a health care service plan (or its delegate)." This finding provided further justification for the court that Emergency Physicians did not violate section 1379, subdivision (b), when it engaged in the practice of balance billing subscribers of health care plans in which Emergency Physicians did not have a pre-existing contractual relationship.

As to Prospect's argument that it can impose the Medicare rate for reimbursing the defendant for the emergency medical services provided to Prospect subscribers, the court disagreed on the grounds that no such authority, statutory or otherwise, exists employing any sort of across the board rate mechanism, such as the Medicare payment schedule. The standard that does exist is that of reimbursing health care providers for a "reasonable" amount for emergency services provided. Prospect failed to present any authority to determine that Medicare constitutes a "reasonable" rate for all emergency medical services provided. However, the appellate court determined that Prospect, which is statutorily obligated to pay for emergency services, must have a forum in which to contest whether the rates charged by the defendant were reasonable.

The full text of the decision is available at <http://www.courtinfo.ca.gov/cgi-bin/opinions.cgi?Courts=B,> and scroll to February 17. 



**To respond to a particular ad:** AAEM members should send their 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 register yourself in the Job Bank:** AAEM members should complete and return a Job Bank Registration Form with a current copy of their CV, which will allow them to stay current on all available positions within the bank. There is no charge for this service. Contact the AAEM office for a registration form or visit our website @www.aaem.org.

**To place an ad in the Job Bank:** Equitable positions consistent with the Mission Statement of the American Academy of Emergency Medicine and absent restrictive covenants will be published for a one time fee of \$300, to run for a term of 12 months or until canceled. Revisions to a current ad will be assessed a fee of \$50.

**Direct all inquiries to:** AAEM Job Bank, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823, Tel: (414) 276-7390 or (800) 884-2236, Fax: (414) 276-3349, E-mail: info@aaem.org.

#### ALABAMA

Independent, democratic group seeking BC/BE emergency medicine physicians. 24,000 annual visits with 8 hours of MD double coverage daily. Employee status with partnership offered after six months. Equitable scheduling, competitive salary based on productivity, and benefits included. Located on the eastern shore of Mobile Bay, Fairhope is a progressive and growing Gulf Coast community. Contact Don Williams, MD at baymds@aol.com. (PA 725)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

#### ALABAMA

Mobile, AL. Seeking full-time BE/BC emergency physician to join democratic 7 person group staffing community hospital with 35K visits per year. 16 bed ED, 6 bed chest pain center, 4 bed fast track. Fee-for-service, competitive salary, 401(k). Expanding patient population creating need for additional physician. MD double coverage daily, additional PA coverage weekends. Excellent backup all specialties, stable contract since 1987. (PA 741)

#### CALIFORNIA

Lake Tahoe-seeking full-time BC/BE emergency physician. Group staffs 2 ED's: Nevada (11K) and California (22K). Fee-for-service payment model. Independent contractor compensation in Nevada (no state income tax). Flexible scheduling and unparalleled recreational opportunities make for superb quality of life. Compensation and scheduling equal to partners. Partnership in one year. (PA 707)

#### CALIFORNIA

Chico: Golden opportunity at a single hospital, independent, democratic group seeking board certified emergency physician, three years experience, for level two trauma center with 39K visits/yr, high acuity, 20% admissions, double coverage 11am-2am, referral center, as well as community hospital. Close to unlimited recreation ski (water and snow) nearby, hunt, fish, hike, bike ride, all in a beautiful college town two hours from the SF Bay area. Good schools for those of us with kids. \$300,000. Must be able to move patients! Too good to be true! Maybe! Send CV to W. Voelker, Emergency Dept., Enloe Hospital, 1448 the Esplanade, Chico, CA 95926. (PA 727)

#### CALIFORNIA

At Kaiser Permanente, we believe in promoting a healthier lifestyle for both our patients and our physicians. And, our world-famous weather and natural attractions make Southern California an ideal place for those who love adventure and the outdoors. Opportunities throughout Southern California. Send CV to: Kaiser Permanente, Professional Recruitment, 393 East Walnut Street, Pasadena, CA 91188-8013. Phone: (800) 541-7946. Email: David.L.Lin@kp.org. We are an AAP/EEO employer. (PA 738)

#### CALIFORNIA

University of California, Irvine, Department of Emergency Medicine is seeking a one year Clinical Instructor for July 2006. UCI Medical Center located in Orange County is a Level I Trauma center. This position combines emergency management/disaster medicine and public health training with that of traditional EMS. Candidates must have completed an ACGME-accredited Emergency Medicine Residency. Salary based on level of clinical work. Send/email to Carl Schultz, MD, UCI Medical Center, 101 City drive, Route 128-01, Orange, CA 92868, schultzc@uci.edu. UCI is an equal opportunity employer committed to excellence through diversity. (PA 742)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

#### CALIFORNIA

Redding. Surrounded on 3 sides by mountains and lakes, located on the Sacramento River. Democratic group staffs a 46,000+ Level II trauma, referral center as well as a community hospital within 30 miles. We offer attractive compensation and benefits, ownership potential and a **balanced lifestyle opportunity. Unlimited recreational opportunities abound: water and snow** skiing close by, hunt, fish, bike, boat and hike in a growing far northern California community. Contact Shasta Emergency Medical Group, Inc. PO Box 993820, Redding, CA 96099-3820. Ph 530-225-7243, Fax 530-244-4708, email: bayless@hotmail.com. (PA 750)

#### FLORIDA

Full and part-time BC/BE Emergency Medicine physicians needed in order to expand our department at a community-based hospital in Orlando-Tampa area. Newly renovated, 24,000 square foot ED with 33 patient care bays, 7 bed minor areas, 3 x-ray suites, ample work space. Salary approximately \$120 per hour, plus excellent benefits package. Position available immediately. EOE/AA employer. (PA 646)

#### FLORIDA

Outstanding opportunity in Tampa Bay area for full-time BC/BE emergency medicine physician. 36K volume. Partnership track available. Competitive salary and benefits. Flexible scheduling. EOE/AA Employer. (PA 684)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

#### FLORIDA

The University of Florida/Jacksonville campus, Department of Emergency Medicine seeks full-time BC/BE emergency physician. The largest Level I Trauma Center in Northeast Florida and the region's leader in stroke treatment. Over 90K patient visits annually and modern diagnostic modalities and on call coverage for all offered specialty services. Benefits include health, life, disability insurance, vacation and sick leave, expense account, generous retirement plan and covering immunity occurrence medical liability insurance. Fax CV and letter of interest to Dr. Kelly Gray-Eurom at 904-244-5666. EOE/AA Employer (PA 717)

#### FLORIDA

Work with group of BC/BE Emergency Physicians in a 55K visit community hospital setting in Orlando suburbs. Enjoy employee status, benefits, retirement package and sovereign immunity. Excellent coverage with 42 hours physician coverage and 36 hours PA/NP coverage daily. Compensation \$120/hr plus benefits. (PA 724)

#### FLORIDA

Full-time BC/BE Emergency Medicine physician needed for military medical facility in Jacksonville, Florida. Level three ER with 18 patient beds, non-emergent to emergent acuity rate, and 67,000 patients/yr. Acute care clinic has 33% appointments and 67% non-emergent overflow. 160 hours per month with flexible scheduling. Competitive salary. Relocation assistance. No malpractice insurance required. Continuing Education reimbursement, 401k match, disability insurance and 26 days paid leave per year. For immediate consideration contact Nate, nparham@chesapeakectr.com. (PA 744)

#### GEORGIA

Emergency Medicine physician, board certified in Emergency Medicine. Military medical facility in Augusta, GA. Full-time long term contract position \$300K+. Enjoy the charm, beauty, and hospitality of the south! (PA 730)

#### KENTUCKY

Owensboro: 28-year, democratic, fee-for-service, 10 physicians group seeks residency trained and/or BC emergency physician for 65K visit regional hospital ED. 27,000 sq ft. 4 year old 33 bed facility with adjacent radiology dept. with 2 CT scanners. Double and triple physician coverage plus at least 12hr/day of PA coverage in fast track area. Total package in the \$150/hr range. Bonuses based on productivity. Owensboro is a great place for families, plenty of recreation, a performing arts center, symphony, nationally awarded school system, 3 colleges, and only 2 hours from Louisville or Nashville. Contact Emergency Physicians Group, PSC 270-685-0216. (PA 728)

#### KENTUCKY

Hospital based practice opportunity for a fast-paced EM physician to handle all aspects of the Emergency Department - Fast Track & Urgent Care. Our hospital has 34,500 visits to the ER per year. We are a growing, regional healthcare facility with 261 beds, 150 physicians & air/ground transport on site. We have an open heart program, hospitalist program, & a neurosurgery program. (PA 737)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

#### INDIANA

South Bend: Immediate partnership opportunity for outstanding BC/BE emergency physician to join our democratic, stable (30 years), fee-for-service 2 hospital group. Equal rights, weekends, holidays and compensation. University town, 90 minutes to Chicago. Email CV to info@aaem.org or fax to AAEM at (414) 276-3349. (PA 715)

#### INDIANA

South Bend: Very stable, Democratic, single hospital, 13 member group seeks additional BC/BE Emergency Physician. Newer facility with expansion planned. 55k visits, Level II Trauma Center, double, triple, and quad coverage. Equal pay, schedule and vote. Over 300K total package with qualified retirement plan, disability insurance, medical reimbursement, etc. University town, reasonable housing costs, good schools, 90 minutes from Chicago. (PA 720)

#### MARYLAND

Community hospital located just twelve (12) miles outside Washington, D.C., is seeking ABEM/AOBEM certified physicians. These F/T positions are needed to support our increasing volumes and high acuity. Our 35 bed, level II Emergency Department sees 55k patients per year with a separate fast track area. We offer competitive compensation and benefits, flexible scheduling and a fair practice environment. This is an outstanding opportunity for someone who is patient orientated, team focused and eager to participate in department (hospital) activities, to join our new Chairman. For immediate consideration candidates should contact Elicca Evans, ED Recruiter at eliccae@vaevans@southernmarylandhospital.com. Office 301-877-5536, Fax 301-877-7354. (PA 731)

#### MASSACHUSETTS

CAPE COD-Falmouth Hospital, stable group adding FT BC/BP EP. Community Hospital (36k annually) and satellite urgent care centers (12k annually). Fast Track. CDU. Double/triple/quad coverage indexed to seasonal volume. Quality, experienced nursing staff. Progressive leadership. Cape Cod is a great place to live and raise a family! (PA 718)

## AAEM JOB BANK

## MINNESOTA

Minnesota, Minneapolis: The Twin Cities largest democratic, physician owned emergency medicine group seeks highly motivated board trained or board-eligible physicians to join our 100 member group. Our group staffs six community hospitals with average volumes of 40K. Base salary, benefits, and productivity and performance incentives to exceed \$350K compensation. Come see what Minneapolis has to offer other than snow. Website: [www.eppanet.com](http://www.eppanet.com) (PA 747)

## MISSOURI

Missouri, Springfield: Independent Democratic Group with long term contract (>19 years) looking to hire BC/BE Emergency Physician for new position created to cover increased census. \$42,000 per year in pre-tax retirement funds starting with first paycheck. Currently hourly rate is around \$139 plus health/dental/malpractice. Current yearly hours are around 1700. Equitable – every member of the group works a fixed schedule, with new members treated the same as older members. Occurrence Based Malpractice Insurance. Contact Pam Rysted at [prysted@attglobal.net](mailto:prysted@attglobal.net). (PA 714)

## MISSOURI

Hannibal Regional Hospital is seeking a Medical Director for the Emergency Department. Qualifications include: Board certification in emergency medicine. In addition to a base salary, incentive bonus, relocation monies, tax sheltered annuities, and continuing education monies are available. Located near the Mississippi River and just 20 minutes from Mark Twain Lake that offers the appeal of a variety of recreational amenities (fishing, boating, and camping) with easy access to major metropolitan areas such as St. Louis, MO., & Springfield, IL. Contact Marcia Davis at [Marcia.davis@hrhonline.org](mailto:Marcia.davis@hrhonline.org). (PA 722)

## NEW JERSEY

EMERGENCY ROOM: Community hospital located in Hudson County, New Jersey has immediate FULLTIME opportunities for an EMERGENCY ROOM DIRECTOR & FULL/PART TIME & PER DIEM PHYSICIAN OPENINGS. Candidates must be Board Certified or Eligible in Emergency. EOE (PA 709)

## NEW MEXICO

Santa Fe – We are an independent, democratic group seeking residency trained 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 two year partnership track with management opportunities. Santa Fe is a recreational paradise with many cultural activities. Contact Cathy Rocke at [crocke@comcast.net](mailto:crocke@comcast.net). (PA 719)

## NEW YORK

Single-hospital, happy, collegial, democratic group seeking BC/BE emergency medicine physician for expanded coverage. State-of-the-art department opening in early 2006 with US, CT, and digital radiography in ED. Full departmental status; excellent remuneration; full benefit package. Area offers excellent schools; outdoor activities; and high standard of living. (PA 729)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## NEW YORK

Full or part-time

Beth Israel Medical Center's Kings Highway Division-Midwood, Flatlands and Marine Park communities in Brooklyn, NY. Team covers 40 staff hrs/day, NP team covers 15 staff hrs/day and Emergency Medicine Residents rotate in ED and ICU. Requires BC/BE in Emergency Medicine (ABEM or AOBEM). Competitive salary and benefits. Please fax CV to M. Ognibene at 718-677-5597. EOE. (PA 787)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## NORTH CAROLINA

Democratic group in the Raleigh/Durham area seeks a BC/BE emergency physician. Medium-sized community hospital with excellent back-up and minimal trauma. Our department sees 45K patients a year with a separate fast track area. 42.5 hours of physician coverage and 30 hours of PA coverage daily. We offer competitive compensation, equitable scheduling and good benefits in a fair practice environment. Our group is stable, vibrant, and seeking a strong team player. Send responses to [breggriffith@mindspring.com](mailto:breggriffith@mindspring.com). (PA 712)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## NORTH CAROLINA

Wilmington area-Stable (since 1986) and democratic emergency medicine group is seeking a full-time emergency medicine board certified/board eligible physician who is committed to providing the best emergency care in the southeastern North Carolina area. Current practice sites include a 72,000 patient/year Level II Trauma center, a 30,000 patient/year community hospital, and a 12,000 patient/year community hospital, the hospitals which we are currently recruiting for. This hospital has a new emergency department, complete with adjacent helipad, and enjoys the full support of a major regional medical center. We offer a competitive salary and comprehensive benefits. Live, practice, and enjoy a great quality of life in an exceptional coastal community with beaches, golf, and historic waterfront at your doorstep. For more information please contact J. Dale Key, [dkey@ecpepnet.com](mailto:dkey@ecpepnet.com), or at 910-202-3363. (PA 752)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## OHIO

Excellent Opportunity! Springfield Emergency Physicians; stable, democratic, FFS group seeks BC/BP physician. 1<sup>st</sup> year partnership. Compensation package over 300K. 44K volume ED. Pleasant work environment with competent nurses. Plans underway for new, state of the art Emergency Center to open 2010. Contact Rohn Kennington, Medical Director, 937-390-6102, email: [twatsonfan@acclaimhim.com](mailto:twatsonfan@acclaimhim.com) (PA 732)

## OHIO

Oxford, Ohio: Small, single-hospital, democratic group is looking for a full-time emergency physician. Expanding volume creating need for additional positions. Must be Board-Certified in Emergency Medicine. We have had a stable, amicable relationship with the hospital. This is a small (15,000 + students), safe college town, accessible to two metropolitan areas—many excellent cultural, academic and athletic events within 5 minutes. Practice has had excellent revenue and benefits. New billing arrangement promises even better total compensation in 2006 (>90th percentile). Partnership in one year. Come and see why we like it so much! Contact Greg Calkins, M.D. [gcalkins@woh.rr.com](mailto:gcalkins@woh.rr.com) (PA 740)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## OKLAHOMA

Immediate openings for BE/BC Emergency Medicine physicians. Level II E.D. 3000 visits per month. Salary/benefits competitive. Ample Emergency Room training/experience a must. General acute care 336 bed hospital located in university town – minutes from Tulsa. Enjoy life with access to one of the largest man-made lake in the world. (PA 713)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## PENNSYLVANIA

Faculty positions available for individual BC/BP in EM. Academic and clinical track positions available. Benefits highly competitive. Protected time for research/academic pursuits for academic track. Opportunity to work with EM residents on clinical track. Equitable scheduling. Temple University Hospital is a 600-bed tertiary care teaching hospital with a Level I Trauma Center. (PA 736)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## RHODE ISLAND

Seeking BE/BC EM MD for full-time position in beautiful Oceanside Newport, RI. Private, single-hospital, stable, democratic group. Department is 5 years new and very computerized with 32,000 census. Position offers very competitive salary and bonuses with full benefits package. Practice the full spectrum of community emergency medicine in coastal New England. (PA 746)

## SOUTH CAROLINA

Opportunity for a BC/BE emergency medicine physician to join a highly successful ED. Level I trauma center has a volume over 100,000 visits annually. ED includes hospital wide digital PACS, ED tracking, bedside registration and EMR. The 72 bed center includes Pediatrics, Women's, Behavioral Health, Chest Pain Center, Trauma Major/Minor Care. (PA 751)

*The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:*

## SOUTH CAROLINA

McLeod Regional Medical Center is seeking EM Physicians for full time employment. Competitive salary and benefits. Hospital Employee. 80+ hours of daily coverage in 8, 10, and 12 hour shifts, with additional NP hours. McLeod has 371 beds and is a Level II Trauma center. If interested, contact Tiffany Ellington: 843-777-7000 or [tellington@mcleodhealth.org](mailto:tellington@mcleodhealth.org). (PA 753)

## VIRGINIA

Eastern Virginia – Emergency Medicine physician is being recruited for a community hospital in the Northern Neck of Virginia on the Chesapeake Bay. 1.5 hours to Richmond, 40 minutes to Williamsburg. Hourly plus 30K in benefits. 12 hour shifts. Call or email for details to [SGSCHOEN@MDRSearch.com](mailto:SGSCHOEN@MDRSearch.com) or 800-327-1585. (PA 726)

## VIRGINIA

Lynchburg - Stable, Democratic Group. Level II Trauma, 75K visits, single hospital/ED. 18 member group. 8 hour shifts plus fast track. Competitive: Salary, retirement, CME, Mal-practice, medical. One or two FTE's if qualified. Flexible start date. (PA 734)

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## VIRGINIA

Newly formed democratic group in Blue Ridge Mountains of Southwest Virginia seeks BE/BC partner. Rare opportunity to join group staffing single hospital, 36K visits, no/rare trauma. Work only 3 eight hour nights every 2-3 months, 9-10 hour shifts during day, double coverage from 10am-1am, fast-track 3p-11p 7 days, high acuity, approx 25% admissions. Same group staffing this ED for over 20 years, our ED group split off to form democratic group when the multi-specialty group of which we were formerly a part sold out to hospital. 25% profit sharing bonus first year, 50% bonus second year, then full partner, (with no buy-in) after second year. Paid malpractice, health, and LTD insurance. 2 week PTO, \$5,000 CME. Great schools, wonderful family environment, good group with which to work. ED has 24/7 availability of Radiology/Hospitalists/Forensic Nurses/Psychiatric Eval by psych caseworkers. Every MD is a partner, and all but one have been here for at least 6 years. Contact Cheryl Haas, MD at 540-529-3580 or Robert Dowling, MD at 540-529-6448, or fax your CV and letter of interest to 540-387-2459. (PA 743)

# AAEM JOB BANK

## WASHINGTON

PEAM Group opportunity at the new Legacy Salmon Creek Hospital in Vancouver, WA for a BC/BE Peds/EM Physician. Beginning August 15<sup>th</sup> with partnership eligibility after 1-year. Provide PED coverage and help in the development of a pediatric emergency care system. Relocation assistance! (PA 705)

## WASHINGTON

WASHINGTON, Longview: Stable, democratic group seeking BC/BP emergency physician to join practice. Level III trauma center with census of 50,000+, and brand new ED scheduled for construction. Located on the Columbia River close to the myriad of recreational opportunities offered by the Pacific NW. Wonderful family-oriented community. Democratic scheduling and compensation. (PA 722)

## WASHINGTON

Clarkston. Democratic, small, single hospital group needs full timer for 14K visits/yr ED. Non-trauma emphasis. Some state of the art amenities. Hospitalist service starting now, and new ED soon. Beautiful rural region where grassland meets Rocky Mountain foothills. Close to skiing, water sports, fishing-many types of outdoor fun. Boarding required in EM or with ED experience, other fields. Partnership track. Contact Kurt Martyn MD [kurtm@moscow.com](mailto:kurtm@moscow.com) or 509-758-4665. (PA 745)

## WASHINGTON D.C.

Please see ad PA 731 under Maryland.

The following group has submitted the notarized AAEM Certificate of Compliance, attesting to its compliance with AAEM's Policy Statements on Fairness in the Workplace:

## WISCONSIN

Full democratic group looking for a BC/BE residency trained emergency physician to join our group in central Wisconsin. We are an independent, FFS group. Outstanding compensation, full benefits and retirement package. Located in outstanding recreational area. Submit CV or to request further information contact Scott Howells, MD. (PA 735)

## WISCONSIN

Located between Milwaukee and Madison, full-time opportunity with Watertown Emergency Medicine Physicians, SC, at Watertown Memorial Hospital ([www.watertownmemorialhospital.com](http://www.watertownmemorialhospital.com)). Watertown, WI. WEP has 4 full-time ABEM certified physicians, 1 part-time EM physician, 6 midlevel providers. 17,000 annual visits, 11-hour dayshifts, 13-hour night shifts, 11-hour day PA/NP coverage on weekends and holidays. (PA 747)

## SAUDI ARABIA

This JCI accredited hospital has an ED volume of 45,000 annually, 75% which are tertiary care. All shifts (8 hours) are triple coverage. Seeing a culture "from the inside" is a wonderful experience, and will change the way you see the world. Travel and accommodation will be provided for locums as well as permanent staff. If interested contact Hisham Alomran, MD, MPH, [halomran@kfshrc.edu.sa](mailto:halomran@kfshrc.edu.sa). (PA 739)

Sal Vicario, MD FAAEM, recently stepped down as Program Director at the University of Louisville.

Dr. Vicario started as Program Director in 1984 and held the position for more than 20 years. AAEM congratulates Dr. Vicario on his many years of fine leadership.



## Documentation Solutions

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AAEM would like to thank Louis Ling, MD, Chair of ABEM, for once again addressing our membership during the annual business meeting. AAEM members were also invited to submit nominations for the open board positions and to submit articles for the 2008 LLSA readings.





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American Academy of Emergency Medicine

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