**WELCOME FROM THE PRESIDENT**

**Health Care Reform, Reimbursement, and More on ACEP’s Agenda**

by JAY A. KAPLAN, MD, FACEP

WELCOME TO BOSTON AND ACEP15! This annual meeting is a great opportunity to spend time networking with our colleagues from all over the United States and around the world. It is a time for outstanding CME, and perhaps even more important, it is a time to be reenergized to bring our passion for excellence to our practice.

As your new President, I personally want to invite you to try to attend as many Section and Committee meetings as possible so that you can appreciate the breadth and depth of the interests of our members and colleagues from other disciplines. Please also note that I am gratefully accepting the baton of leadership from Immediate Past President Michael J. Gerardi, MD, FAAP, FACEP, in a continuous, sustained, multyear effort on our specialty’s behalf to attain our goals. Michael has done an outstanding job representing us, and I look forward to his continued contributions.

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**HOT SESSION**

**Critical Knowledge for Clinical Care**

by RICHARD QUINN

PETER DEBLIEUX, MD, regularly teaches updates on critical care medicine for emergency medicine physicians. An emergency physician and intensivist, he practices both and teaches both at Louisiana State University School of Medicine in New Orleans. And at ACEP 2015, he wants to be a resource for emergency physicians who don’t have that luxury.

His session, “New Trends in Clinical Care for the Busy Emergency Physician,” will focus on new and updated strategies for stabilizing patients with rapidly dropping saturation, undifferentiated shock, coagulopathy, and sepsis, among other issues. It’s up to attendees to decide which topics may change their practice most.

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**TECHNOLOGY**

**See the Latest at innovatED**

BACK FOR A THIRD YEAR, innovatED will be featured the Exhibit Hall Monday through Wednesday. Presented by Actavis, athenahealth, and Janssen Pharmaceuticals, this space features more than 55 companies in a self-guided tour of the latest emergency medicine technology and services. To make this experience even more enjoyable, download the ACEP mobile app, available in the App Store or via Google Play. The Exhibit Hall opens at 9:30 a.m. and closes at 3:30 p.m.

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**MONDAY ISSUE**

**BE IMMORTAL! DONATE A BRICK AND HELP EMF “PAVE THE WAY” FOR THE FUTURE OF EM**

Donate a brick at ACEP’s new headquarters, and “Pave the Way” for the future of emergency medicine. Ensure that emergency medicine research always has a home in ACEP’s new building—and leave your mark on the specialty forever—by donating to the EMF Plaza, a beautiful collection of personalized brick pavers. Pricing and benefits are available from 7:30 a.m. to 5:30 p.m. Monday through Wednesday near the EMF Silent Auction in the North Lobby of the Boston Convention and Exhibition Center (BCEC).

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**GET YOUR NEW TINTINALLI’S SIGNED TODAY!**

Stop by the ACEP Bookstore in the Exhibit Hall to pick up the brand-new Tintinalli’s Emergency Medicine, 8th Edition. Author Judith Tintinalli, MD, MS, FACEP, will be signing books today from 10-11 a.m.

emCareers.org LIVE DEBUTS AT ACEP15

Calling all job seekers! New for Boston, the emCareers.org LIVE booth is located in the Northeast Lobby, Level 1 of the Boston Convention and Exhibition Center. It is open Monday from 8 a.m. to 7 p.m. and Tuesday and Wednesday from 8 a.m. to 4 p.m.—be sure to stop by! Sign up for a free CV consultation, receive personalized expert advice on how to make your CV shine, learn what employers are looking for, and craft a CV that highlights all of your skills and expertise.

The official job bank of ACEP and EMRA, emCareers.org has a fresh look and feel for ACEP15:
- Find nearly 1,000 EM openings.
- Register for job alerts to take control of your job search. Be sure to register on-site for a chance to win one of three $100 American Express gift cards!
- Search career-development resources.
- **express gift cards!**
- **change their practice most.**
- **for a guide to the emergency medicine cutting-edge innovators and thought leaders making innovated the place to be in Boston.**

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**LENID LOCALS**

**Improve Quality With ACEP’s Clinical Emergency Data Registry**

As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the Clinical Emergency Data Registry, or CEDR. This is the first emergency medicine specialty-wide registry to support emergency physicians’ efforts to improve quality and practice in all types of EDs, even as practice and payment policies change over the coming years.

The ACEP CEDR has been approved by CMS as a qualified clinical data registry. The CEDR will provide a unified method for ACEP members to collect and submit Physician Quality Reporting System data, Maintenance of Certification, Ongoing Professional Practice Evaluation, and other local and national quality initiatives.

Get more information, watch demonstrations, and sign up on site 8 a.m.–4 p.m., Monday through Wednesday, in the North Lobby of Level 1 of the BCEC.
Let me take this opportunity to share with you some of the major initiatives that our College—supported by Committee members, staff, the Board of Directors, and perhaps your assistance—will be working on this year.

• In accordance with the ACEP strategic plan, we want our members to receive great benefits and services that are personalized for their interests and where they are in their careers. We also want to find ways to enhance emergency department operations to ensure long, fulfilling careers. This includes ways to support emergency physicians moving to and working in relatively underserved areas, such as rural and inner-city sites.

• Our members have been decriing the lack of access to mental health resources for psychiatric and drug-dependent patients. We have already begun to convene a coalition of specialists and medical societies to investigate programs that have been successful in parts of the country. We will then build upon those models and attempt to promulgate them nationally.

• In the Affordable Care Act era, it is paramount that ACEP delineates and promotes the incredible value we provide in caring for patients 24/7/365. We need to help drive health care reform in our role as incredibly adept practitioners who execute efficient workflows and timely initiation of critical care. On the other hand, we also have to be stewards of resources and recognize when care would be considered ineffective and extraordinary, such as at the end of life.

• Toward that end, we are proud to announce that ACEP was just awarded a $3 million grant from the Center for Medicare & Medicaid Services regarding the three-day-stay rule, and the two-midnight rule, the Medicare & Medicaid Services rates. ACEP has also been working with our Government Affairs Office and the Reimbursement Committee experts to have a reasonable and logical resolution to the confusing and inconsistent regulations created by the Centers for Medicare & Medicaid Services regarding the two-midnight rule, the three-day-stay rule, and observation versus admission status.

This is an exciting time in medicine and a time with great challenges. Because of the critical and central roles our specialty plays in the acute and unscheduled care of 160 million patients every year, we have incredible opportunities to advance emergency medicine and health care in general.

We will fight against balance-billing prohibitions for out-of-network care and work relentlessly for adequate compensation for our physicians negotiating in-network participation rates.

—Dr. Kaplan

**HOT SESSION**

“The goal of the session is to let practitioners walk away with at least three points that may change their care delivery, which may result in improved results for their patients,” said Dr. DeBlieux. “At least three practice changes, and hopefully more.”

Dr. DeBlieux hopes attendees get valuable information from his session, but he doesn’t want their approach to learning to stop there.

“There are different tools that you can use,” he said, “everything from podcasts that focus on critical care to newsletters than focus on critical care to scouring the literature...we’re going to need to come up with some way to stay current. Critical care medicine in the ED is moving very quickly, and it is tough to remain current in our practice.”

**RICHARD QUINN** is a freelance writer in New Jersey.
READY TO DOUBLE YOUR FUN AT THE ACEP15 KICKOFF PARTY? This year, we’re taking over two exciting venues in the heart of Boston, right behind historic Fenway Park.

Emergency Consultants, Inc., presents the ACEP15 Kickoff Party, 7:30 p.m.–midnight, on Monday and promises it will be twice as fun as other parties.

At the House of Blues, ACEP15 registrants are invited to dance the night away to a live band. Just up the street, every door of Jillian’s/ Lucky Strike is open to ACEP15 registrants to enjoy bowling, foosball, pool tables, a DJ, and more. Drink tickets and hors d’oeuvres are available at both locations; shuttles will run between the locations and most hotels in the official ACEP block.

All registrants, guests, and exhibitors are invited to attend. Badge is required for admittance. Attire is casual.

NICE GURNEY?

Make personal connections when time is short and stress is high

by RICHARD QUINN

The phrase “nice bike” became an inspiration, a company, and a career for motivational speaker Mark Scharenbroich, who will give the ACEP15 Opening Session. He heard the phrase when passing through Milwaukee as Harley Davidson’s 100th anniversary celebration went on around him. He kept hearing motorcyclists who were otherwise unconnected bond instantly as they repeated two words over and over. “Nice Bike is a metaphor of how we connect with others, both in our personal and professional lives,” he said. “The bottom line is [connecting with] the people you work with and the people you serve.”

Building a quick but earnest rapport is particularly important in emergency departments, said Mr. Scharenbroich. His wife Sue, who is president of the couple’s motivational speaking business, Scharenbroich and Associates, said the speech will urge physicians and others to “take time to acknowledge, honor, and create a personal connection.” His goal is for physicians and others in attendance to realize the impact that a personal connection can have.
EMF ADVANCES EM RESEARCH

THE EMERGENCY MEDICINE FOUNDATION (EMF) invests its funds to further emergency medicine research and education. To date, EMF has awarded more than $12 million in research grants to advance emergency medicine, science, and health policy. EMF’s mission is to promote education and research that develops career emergency medicine researchers, improves patient care, and provides the basis for effective health policy. Because of its generous donors, EMF awards more than $600,000 in emergency medicine grants each year.

EMF VIP Reception
Monday, 6:30–8:00 p.m.
Isabella Stewart Gardner Museum, 25 Evans Way, Boston
Join EMF for a unique evening where art comes to life. Get exclusive access to the world-renowned Isabella Stewart Gardner Museum and help support emergency medicine research at the EMF VIP Reception during ACEP15. This “pre-party” event features lavish hors d’oeuvres and wine, and shuttle services will be provided from most ACEP housing block hotels. Visit the EMF Major Donor Lounge or the ACEP Bookstore to purchase tickets for $150 per person.

EMF Major Donor Lounge
(by invitation only)
EMF donors who have given $500 or more since Jan. 1, 2015, and Wiegenstein Legacy Society members are invited to this relaxed setting offering breakfast, lunch, and snacks; a computer; a printer; and charging stations. Stop by Room 256 in the BCEC from 7:30 a.m. to 4 p.m. Monday through Wednesday.

EMF Silent Auction
The popular favorite souvenir shop returns to ACEP15. Stop by the EMF Silent Auction for a chance to bid on hundreds of items, with proceeds benefitting EMF. Items include sports, music, and celebrity memorabilia; jewelry; artwork; vacation getaway packages donated by members; and more! Managed by All Star Enterprises, the EMF Silent Auction is open from 7:30 a.m. to 5:30 p.m. Monday through Wednesday.

HOTEL SHUTTLE SCHEDULE: MONDAY, OCT. 26

DIRECTION HOURS FREQUENCY
To BCEC 7–11 a.m. Every 15–20 minutes
From BCEC 4–7 p.m. Every 20 minutes

ACEP15 Kickoff Party Shuttle Service
Includes hotels within walking distance of BCEC

DIRECTION HOURS FREQUENCY
To party 7:30–8:30 p.m. Every 15–20 minutes
From party 9 p.m.–midnight Every 30 minutes

HOTELS WITH NO ACEP SHUTTLE SERVICE
Silver Line Train Service Only (no shuttle)
• Embassy Suites Boston at Logan Airport
• Hilton Boston Logan Airport
Walking Distance of BCEC (no shuttle)
• The Westin Boston Waterfront
• Seaport Boston Hotel
• Residence Inn Boston Downtown Seaport
• Renaissance Boston Waterfront Hotel
Hotel-Provided Shuttle Service
• Hampton Inn & Suites Boston Crosstown Center
• The Liberty Hotel

DON’T MISS THE RESOURCE CENTER
THE ACEPT RESOURCE CENTER IS BACK AT ACEP15 AND BETTER THAN EVER. THIS ONE-STOP SHOP FOR EVERYTHING ACEP IS LOCATED INSIDE THE EXHIBIT HALL.

Annals of Emergency Medicine
Confused by social media? Unsure how to integrate social media in your practice or training program?
Annals presents two mini training sessions at the ACEPT Resource Center in the Exhibit Hall to get you the information you need. At 3 p.m. Monday.
At 10:30 a.m. Wednesday, Cindy H. Hsu, MD, PhD, coauthor “Integration of Social Media in Emergency Medicine Residency Curriculum,” will give a presentation.
An iPad Mini will be given away at each tutorial to help you get connected with social media today.

ACEP Bookstore
Check out the variety of emergency medicine titles available for purchase on-site, and don’t miss our Booth Visitor Program for a chance to win valuable prizes. Remember, ACEP members receive special pricing on all titles.

Enhance Your Wellness
The ACEP Wellness Center will be open 9:30 a.m.–3:30 p.m. Monday through Wednesday. Screening services for ACEP members include a comprehensive hematology and chemistry panel, plus the option of one of six other tests (prostate-specific antigen, thyroid-stimulating hormone, high-sensitivity C-reactive protein, hepatitis C antibody, vitamin D, vitamin B12), blood pressure check, body composition check, flu vaccine, and a Maslach Burnout Inventory with personalized feedback, as well as wellness-related resource materials. Member cost for this service is $40, which is a great bargain since the total value is around $160. Tickets may be purchased at ACEP Registration or at the nearby ACEP Bookstore.

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• The Westin Boston Waterfront
• Seaport Boston Hotel
• Residence Inn Boston Downtown Seaport
• Renaissance Boston Waterfront Hotel
Hotel-Provided Shuttle Service
• Hampton Inn & Suites Boston Crosstown Center
• The Liberty Hotel

*NOT ACTUAL SHUTTLE
PRODUCT AND SERVICE SHOWCASES KEEP YOU UP TO SPEED

These educational and product-oriented sessions provide you with an in-depth presentation on a product or service you may have seen on the exhibit floor. Show up early! Seating is limited to 150, and a boxed meal will be served at each event. Attendees will be entered into a drawing to win registration to ACEP16 in Las Vegas.

MONDAY
10:30–11:15 a.m.
Janssen Pharmaceuticals Showcase
Improving Clinical Practice in Patients With Deep Vein Thrombosis and Pulmonary Embolism
Product Showcase I, Exhibit Hall, BCEC

10:30–11:15 a.m.
Mylan Specialty Showcase
Product Showcase II, Exhibit Hall, BCEC

2:30–3:15 p.m.
Daichi Sankyo Showcase
A Compelling Once-Daily Anticoagulant for Patients With NVAF and VTE
Product Showcase I, Exhibit Hall, BCEC

2:30–3:15 p.m.
Shire Showcase
A Case of Unexplained Asphyxia
Product Showcase II, Exhibit Hall, BCEC

DON’T BE CAMERA SHY—COME ON BY!
STUDIO ACEP OPENS MONDAY AT 9:30 A.M. JUST OUTSIDE THE REGISTRATION AREA AT THE BOSTON CONVENTION AND EXHIBITION CENTER AND DOESN’T SHUT DOWN UNTIL THE CAMERA CALLS IT QUIT AT 5 P.M.

Get your picture taken by a professional photographer, and we’ll send you the finished digital headshot after the convention, absolutely free. Use it for your LinkedIn page, Facebook profile, or however you would like. While you’re there, please help ACEP with some promotional images. If you’ve seen some of your colleagues in our advertisements or conference promotions throughout the year, it’s because they stopped by the studio and spent a couple of minutes with our marketing team.

While you’re there, please give us a video testimonial as well. What’s on your mind? What’s your favorite ACEP member benefit? What do you love about emergency medicine? Say it for the camera. We very much appreciate the help!

PLEASE JOIN US FOR A PRODUCT SHOWCASE LUNCH PRESENTATION AT THE ACEP15 Scientific Assembly

Improving Clinical Practice in Patients with Deep Vein Thrombosis and Pulmonary Embolism

Monday, October 26, 2015
10:30 AM – 11:15 AM
Seating available on a first-come, first-served basis.

Boston Convention & Exhibition Center
Exhibit Hall - Product Showcase 1
Boston, Massachusetts

Adam J. Singer, MD
Professor and Vice Chairman for Research
Department of Emergency Medicine
State University of New York at Stony Brook
Stony Brook, New York

PROGRAM DESCRIPTION
This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism, and how they can reduce the risk of recurrent thrombotic events.

In adherence with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs. For all attendees, please be advised that information such as your name and the value and purpose of any educational item, meal, or other items of value you receive may be publicly disclosed. If you are licensed in any state or other jurisdiction, or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements.

This symposium is not a part of the official Scientific Assembly educational program as planned by ACEP’s Educational Meetings Committee.

Supported by Janssen Pharmaceuticals, Inc.
S
omebody has to take charge, lead, come up with something new. Where is that person? You can find several of the trailblazers in the Exhibit Hall at innovatED. This space features
tools and services vetted by a team of emergency physicians and showcased working
together in a true-to-life environment. Engage in dialogue with the companies and experi-
ence the current thinking, departmental design solutions, cutting-edge products and services, and
best practices driving change in the ED. This experience is particularly valuable for those looking to
rebuild their emergency medicine services or bring their facility up to speed on new technologies.

Who’s driving change in EM? The people and companies listed here.

PRESENTING SUPPORTERS

**Actavis**

Actavis (NYSE: ACT) is a global pharmaceut-
tical leader focused on developing, manu-
factoring, and commercializing high-quality
affordable generic and innovative branded
pharmaceutical products for patients around
the world. The company has nearly 25,000
employees worldwide and maintains global
headquarters in Dublin, Ireland.

**Janssen Pharmaceuticals, Inc.**

As a member of the Janssen Pharmaceutical
Companies, Janssen Pharmaceuticals, Inc. is
dedicated to addressing and resolving the ma-
jor unmet medical needs of our time. Driven by
our commitment to patients, health care pro-
fessionals, and caregivers, we strive to develop sustainable and integrated health care solu-
tions by working in partnership with all stake-
holders on the basis of trust and transparency.
Our daily work is guided by meeting goals of excellence in quality, innovation, safety, and
efficacy in order to advance patient care.

**B-Line Medical**

B-Line Medical® provides the most trusted,
easy-to-use web-based platforms for video
capture, debriefing, operations management, and analysis to help health care providers and
educators enhance patient safety and improve
the delivery of care. Our platforms, SimCap-
ture® and LiveCapture®, have helped more than 400 top hospitals, medical schools, and
nursing programs in 19 countries operate and
manage their training and QI programs.

**Boehringer Ingelheim Pharmaceuticals, Inc.**

Boehringer Ingelheim Pharmaceuticals, Inc.
welcomes you to ACEP and is pleased to dis-
cuss with you the latest clinical information
on our products.

**3D Systems—Simbionix**

Simbionix is an innovator in personalized
medical technologies. Our daily work is guided by meeting goals of excellence in quality, innova-
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**DDxRx**

DDxRx is a digital physician assistant. It is
run by the triage nurse to help find a diag-
nosis and recommend appropriate tests and
treatments. It also initiates encounter notes
before the physician seeing the patient.

**DuPont Building Innovations**

In designing for today’s demanding health care
facilities, every surface needs to deliver
both beautiful design and high performance.
DuPont Corian® and Corian® High Performance
are widely used in medical facilities for their
sustainable and integrated health care solu-
tions.

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ture® and LiveCapture®, have helped more than 400 top hospitals, medical schools, and
nursing programs in 19 countries operate and
manage their training and QI programs.
HKS delivers impactful solutions for the world’s most esteemed health care institutions. Our plans and designs maximize the value of our clients’ facility assets by integrating guest-focused care strategies with operations, finance, and research. We design with empathy, informed by evidence, and work in concert with each client’s vision and strategic plan to craft environments that contribute to the improvement of patient care and clinical outcomes. The practice includes several health care–based specialty design groups, such as HKS Team ED, which are highly respected leaders in the health care design industry.

**Vertical Patient Treatment Area:** “The patient who uses this space will say, ‘Somebody thought about me.’”

—Jim Lennon, AIA, Senior Vice-President

**Design with Exit Room:** “HKS Team ED is a dedicated planning and design group focused on improving emergency department operations and design through the inclusion of industry best practiceresearch, and innovation.”

—David R. Vincent, AIA, Principal and Senior Vice-President

Huddy ED Design
www.huddyhealthcare.com
www.huddyhealthcare.com/ED-Vision-2080
www.huddyhealthcare.com/ED-Sizing-App

Jon Huddy, author of ACEP’s Emergency Department Design: A Practical Guide to Planning for the Future, has designed more than 300 EDs by working closely with emergency physicians to shape high-performance environments.

Innovacyn, Inc. (Puracyn® Plus)
www.puracynpluspro.com

Puracyn® Plus is a next-generation wound irrigation and management solution, providing clinicians a new alternative to commercial cleansers and solutions that may slow wound closure.

IOA Healthcare Furniture
www.ioa-hcf.com

IOA Healthcare Furniture has more than 25 years of experience developing solutions for health care furniture needs.

Karl Storz Endoscopy-America, Inc.

C-MAC® offers video intubation designs for first-pass success with traditional Mac and Miller blades, hyperangulated D-blade, and a new suction/oxygen tube for video laryngoscopes. The platform includes the pocket monitor, flexible intubation video endoscopes, and optical styli, as well as video rhinolaryngoscopes and otoscopes for diagnostics in the ED.

Konica Minolta Medical Imaging
www.konicaminolta.com/medicalusa

Konica Minolta Medical Imaging is a leading manufacturer of primary imaging products for diagnostic use by doctors, hospitals, imaging centers, and clinics.

Max Life
www.maxxlifecom

Max Life Ambulatory Telemedicine: Mobile telemedicine/telehealth providing live audio/video communications utilizing a variety of diagnostic peripheral devices. Max Life Clinic Case: Self-contained lightweight and portable telemedicine/telehealth system: AC/DC powered, including modem. This system provides live/audio/video communications utilizing a variety of diagnostic peripheral devices.

McKesson Corporation
www.mckesson.com

McKesson Corporation is a health care services and information technology company dedicated to making the business of health care run better. McKesson helps its customers improve their financial, operational, and clinical performance with solutions that include pharmaceutical and medical-surgical supply management, health care information technology, and business and clinical services.

Medical Education & Research Institute (MERI)
www.meri.org

Medical Education & Research Institute is a nonprofit, hands-on training and research school that supports education for all medical specialties and first responders using unblemished anatomic donors and human patient electronic simulators.

MEDITECH
www.meditech.com

You deserve a partner who gets it—MEDITECH’s comprehensive approach to patient records is bringing vision and clinical sophistication to today’s value-based health care model.

MedStar Health
www.medstarhealth.org

MedStar Health is a not-for-profit health system in the Maryland–Washington, D.C. region and includes 30,000 associates, 6,000 affiliated physicians, 10 hospitals, multiple ambulatory care and urgent care centers, MedStar Health Research Institute, and MedStar Institute for Innovation. MedStar Health is also the medical education and clinical partner of Georgetown University.

Medtronic Neurovascular
www.medtronic.com

Medtronic is a global leader in medical technology, and we’re stepping forward to help solve the world’s health care challenges. We deliver life-improving innovations focused on the management of chronic conditions, including heart and vascular diseases, diabetes, neurological disorders, and spinal conditions. Our technological excellence and unmatched commitment to collaboration across the industry enable us to change the lives of more than 10 million patients worldwide each year.

“State-of-the-art headwalls.”

—Gary M. Schindele, President of Paladin Healthcare, LLC

Phillips Healthcare
www.usa.philips.com/healthcare

Philips is a diversified health and well-being company focused on improving people’s lives through meaningful innovation in the areas of health care, consumer lifestyle, and lighting.

Physio-Control, Inc.
www.physiocontrol.com

LIFEPAK® defibrillator/monitors from Physio-Control set the standard for quality and reliability and are used by more physicians, hospitals, and emergency medical services than any other brand.

pingmd, Inc.
www.pingmd.com

pingMD® is a safe-harbor communication platform for care networks to two-way message, call, and video-chat with their referring networks and engage with their patient population.

Pryor Medical—The REBOA Company™
www.pryormedical.com

Pryor Medical Devices, Inc. (The REBOA Company™) is an innovative medical device company that designs, develops, and commercializes minimally invasive solutions for vascular trauma.

Red Thread
www.red-thread.com

Red Thread partners with organizations to create innovative environments that inspire people to excel. Through the integration of furniture, architectural systems, and audiovisual technology, we create holistic spaces that address key workplace issues and aspirations.

RevMedx, Inc.
www.revmedx.com

RevMedx™ develops lifesaving products to treat traumatic bleeding, including XSTAT®, a first-in-kind device to treat junctional

CONTINUED on page 8
hemorrhage in prehospital and emergency settings.

ScribeAmerica offers professional scribe training and management services. Our newest service, LiveCode Point of Service Coding, links medical coder and scribe in a real-time environment.

Seamless Medical Systems®
www.seamlesssystems.com
The Seamless Patient Engagement Platform offers innovative solutions that enhance practice profitability by streamlining the relationship between providers and patients across the care continuum.

Stryker
www.stryker.com
Stryker is one of the world’s leading medical technology companies, providing state-of-the-art medical and surgical equipment. At every point of care, from the ambulance to the emergency department to the patient room, Stryker Medical provides support and service to help simplify health care delivery with safety and efficiency. Just as caregivers are committed to the well-being of their patients, Stryker is committed to their health and safety. Stryker products empower caregivers to do more with less.

Teleflex
www.teleflex.com
Teleflex is a leading global provider of specialty medical devices for a range of procedures in critical care and surgery. Our mission is to provide solutions that enable health care providers to improve outcomes and enhance patient and provider safety. Headquartered in Wayne, Pennsylvania, Teleflex employs approximately 11,500 people worldwide and serves health care providers in more than 150 countries.

Teracon
www.teracon.com
Teracon continues to revolutionize ultrasound with high-performance, portable systems providing exceptional imaging and advanced features. The new uSmart 3200T and uSmart 3300 ultrasound systems optimize workflow, enhance clinical efficacy, and increase productivity.

TransMotion Medical, Inc.
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Meet Subtle Neurological Symptoms and Signs Head On
by VANESSA CACERES

When a patient comes to the ED with vague neurological complaints, what’s your usual reaction? If you’re cringing right now, you’re not alone, said Matthew Siket, MD, MS, FACEP assistant professor in the department of emergency medicine at The Warren Alpert Medical School of Brown University in Providence, Rhode Island, and director of emergency stroke services at Rhode Island and The Miriam hospitals. “For many of us in the ED, those vague neurological complaints are among our least favor- ite,” he said. However, Dr. Siket believes that his Monday session, “Case Studies of Subtle Presentations of Devastating Neurological Conditions,” should ease some of the discomfort felt about neurological issues.

“If you feel uncomfortable with neurological conditions, that is all the more reason to come to this session.”
—Dr. Siket

Using a case-based approach, Dr. Siket will address less common conditions that often have a subtle presentation, including cerebral venous thrombosis, posterior reversible encephalopathy syndrome, and complex regional pain syndrome. Some of the conditions will be more obvious, such as subarachnoid hemorrhage and brain abscess, but others will be less obvious, such as spinal cord infarction, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencepha- lopathy.

“It’ll try to go fairly rapid fire through obscure cases. The intention is to help physicians gain confidence in the realm of subtle but potentially devastating neurologic emergencies,” he said. If you feel uncomfortable with neurological conditions, that is all the more reason to come to this session, Dr. Siket said.

Last year, Dr. Siket took part in ACEP’s New Speakers Forum and won the Rising Star Speaker Award.

VANESSA CACERES is a freelance medical writer based in Florida.

A Soup-to-Nuts Guide to Better Pediatric Resuscitations
by VANESSA CACERES

Pediatric resuscitation can be a stressful experience. This session will review the basics of pediatric resuscitation using evidence-based approaches and seasoned clinical experience.

Marianne Gausche-Hill, MD, FACEP, medical director of the Los Angeles County EMS Agency, professor of clinical medicine and pediatrics at the David Geffen School of Medicine at UCLA, and EMS fellowship director at Harbor-UCLA Medical Center, will discuss the department of emergency medicine in Torrance, California, will lead “Back to Basics: Pediatric Resuscitation in 2015.”

Dr. Gausche-Hill will touch on a variety of topics relevant to pediatric resuscitation, including chest compressions,uffed tubes, hyperoxemia, making medicine administration easier, and drugs for cardiac arrest.

One area that Dr. Gausche-Hill will cover is misconceptions about chest compression and ventilation. Many believe that a higher ventilation rate is always better, but she said that’s not necessarily the case. “One thing that will happen is poor return of blood back to the heart, which results in poor perfu- sion,” she said. “You don’t want to ventilate excessively, but I think people tend to do it because children have a higher metabolic rate, yet that’s with normal physiology.” She will talk about slowing down ventilation during resuscitation and focusing on appropriate coordina- tion of ventilation and compressions.

Another area where Dr. Gausche- Hill sees confusion is with the use of oxygen. “Once there’s return of spontaneous circulation, we use 100 percent initially and then dial back aggressively. You have to dial back just like you do in adults,” she said. The goal should actually be around 94 percent to avoid hyperoxemia and secondary injuries to the brain.

Because time is always of the essence during pediatric resuscitation, Dr. Gausche-Hill will present recently published evidence on how the use of prefilled syringes stored on a resuscita- tion cart decreased both how long it took to administer medicine and medicine dosing errors.

VANESSA CACERES is a freelance medical writer based in Florida.

Master the First Five Minutes of Treating Heart Failure
by RICHARD QUINN

Until about 10 years ago, Matthew Strehlow, MD, FACEP, clinical associate professor of emergency medicine at Stanford University School of Medicine in Stanford, California, didn’t hear much about congestive heart failure (CHF).

Now there’s much more for emergency physicians to know, and his session at ACEP 2015, “Acute Decompensated Heart Failure: Time-Critical Interventions,” will serve as a primer.

“If you’re going to work in the emergency department, you’re going to manage these patients on a daily basis,” said Dr. Strehlow, who also serves as codirector of Stanford Emergency Medicine International.

“What you do in the first few minutes is either going to make them better or they’re going to end up in the critical care unit. Any time you get them in the critical care unit or they end up get- ting intubated … most of the time that means we failed in our job,” he said.

Using case studies and discussions of aggressive therapies including nesiritide, high-dose nitroglycerin, and noninvasive ventilation, Dr. Strehlow hopes to make attendees more comfort- able when dealing with this cohort of patients.

“Any time you get them in the critical care unit or they end up getting intubated … most of the time that means we failed in our job.”
—Dr. Strehlow

For CHF patients, the best treat- ment starts at the diagnosis. “How can you stand at the bedside and within five minutes have the best chance of getting to the correct diagnosis?” he said. “Because if you don’t have the correct diagnosis, you’re not giving the correct therapy, right?” Attend this session to learn how to make the first few minutes count.

RICHARD QUINN is a freelance writer in New Jersey.

Dr. Siket
CASE STUDIES OF SUBTLE PRESENTATIONS OF DEVASTATING NEUROLOGICAL CONDITIONS
Mon., Oct. 26
12:30–1:20 p.m.
Room 253 ABC

Dr. Gausche-Hill
BACK TO BASICS: PEDIATRIC RESUSCITATION IN 2015
Monday, Oct. 26
3:30–3:55 p.m.
Room 107 ABC

Dr. Strehlow
ACUTE DECOMPENSATED HEART FAILURE, TIME-CRITICAL INTERVENTIONS
Monday, Oct. 26
3:30–4:20 p.m.
Room 210 ABC

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Is Simple Best in Cardiac Arrest Management?
by RICHARD QUINN

Emergency physician and professor William Brady, MD, wants attendees of his ACEP 2019 session on cardiac arrest management to leave with three takeaways.

First, support community efforts that teach CPR or provide automated external defibrillators (AEDs), since well-prepared and well-equipped lay providers save lives. Second, basic interventions are typically more appropriate than more complex ones in most situations. Third, always remember to note the difference between cardiogenic and noncardiogenic cardiac arrest.

Emergency physicians “manage cardiac arrest, if not every day, then every week,” said Dr. Brady, a David A. Harrison Distinguished Educator at the University of Virginia School of Medicine in Charlottesville. “Considering the frequent poor outcomes in patients with cardiac arrest, it’s really important for us to remain totally up to speed with what the most recent recommendations are where the science is guiding us.”

The session, “Code Talkers: A Point-Counterpoint Dialogue of Cardiac Arrest Management and What They Don’t Teach in ACLS,” will be moderated by Jeffrey Tabas, MD, FACEP, and will also include speaker Sean Kivlehan, MD. The discussion will focus on the importance of chest compressions, choosing which CPR technique to use, early defibrillation, airway management, the use of cardiovascular medications, and early postresuscitative care, among other topics.

“It’s important to get the message out that the more complex interventions are not wrong or bad in many cases if not most cases,” Dr. Brady said. “But they can be wrong or they can be bad if they actually interrupt or interfere with the more basic interventions.”

RICHARD QUINN is a freelance writer in New Jersey.

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Headling Off Trouble With Abdominal Pain in High-Risk Patients
by VANESSA CACERES

Abdominal pain is an all-too-common presenting complaint in the emergency department. Which patients are safe to discharge—and which could present medical-legal problems down the line?

That’s just what Diane M. Birnbaumer, MD, FACEP, emeritus professor of medicine at David Geffen School of Medicine at UCLA and senior clinical educator in the department of emergency medicine at Harbor-UCLA Medical Center in Torrance, California, will discuss in her Monday session “The High-Risk Abdomen: Common Complaints and Crashing Patients.”

Dr. Birnbaumer will present specific cases to highlight common errors made when evaluating abdominal pain and how to prevent such problems through the right evaluation and documentation.

One area that Dr. Birnbaumer will focus on is missed diagnoses, especially in higher-risk patients, such as the elderly, children, and pregnant women. Missed diagnoses often include but are not limited to appendicitis, atopic pregnancy, sep- sis, stroke, and meningitis. “Always keep [commonly missed diagnoses] in mind when evaluating patients with abdominal pain,” Dr. Birnbaumer advised. A failure to diagnose a problem with abdominal-related symptoms is often associated with malpractice lawsuits, she said.

Dr. Birnbaumer also will address the importance of ordering tests to help make a differential diagnosis, particularly in higher-risk patients. Failure to order certain tests is yet another area cited in lawsuits, she said. “Be judicious, but order the tests necessary to evaluate your patients,” she advised. It’s also important to document your physical examination so there is written evidence that you have been thorough, she said.

Other highlights of Dr. Birnbaumer’s presentation will include:

- A review of testing strategies that can help detect high-risk abdominal complaints.
- A demonstration of documentation strategies to help reduce medical-legal risk and improve patient care.

VANESSA CACERES is a freelance medical writer based in Florida.

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Recognize That Rash! by VANESSA CACERES

How do you typically diagnose and treat an unknown rash?

In her session “Approach to the Unknown Rash,” Heather M. Murphy-Lavoie, MD, associate professor in the section of emergency medicine at Louisiana State University in New Orleans, will discuss why identifying and classifying a skin lesion is essential for better treatment.

“There are more than 3,000 recognized dermatologic diagnoses. Taking a systematic approach to the unknown rash can help an emergency physician narrow the diagnosis down to a few likely possibilities,” she said.

Dr. Murphy-Lavoie will discuss the role of rashes in viral exanthems, Henoch-Schönlein purpura, meningococcemia, Rocky Mountain spotted fever, varicella, toxic shock syndrome, Kawasaki disease, Staphylococcal scalded skin syndrome, toxic epidermal necrolysis, and erythema.

The presentation also will cover why initial impression is a key part of rash diagnosis and treatment because it can help the emergency physician spot the presence or absence of hypotension, tachycardia, fever, or mental status change. When these signs are present, they can signal that the rash is part of a higher-risk condition, Dr. Murphy-Lavoie said.

The session will cover critical steps necessary for rash management to reduce morbidity and mortality, she said.

Dr. Murphy-Lavoie will lead another session today titled “Dermatology Update 2015: New Treatments, Classic Conditions,” which will present new therapies for classic rashes and the evidence that supports the therapies, highlighting new publications from the 2014-2015 literature. Topics that Dr. Murphy-Lavoie will discuss include methicillin-sensitive Staphylococcus aureus and methicillin-resistant S. aureus antibiotics, drug reactions, pemphigus vulgaris, black tar heroin, Lyme disease, syphilis, and the measles outbreak earlier this year that originated at Disneyland.

VANESSA CACERES is a freelance medical writer based in Florida.

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CODE TALKERS: A POINT-COUNTERPOINT DIALOGUE OF CARDIAC ARREST MANAGEMENT AND WHAT THEY DON’T TEACH IN ACLS

Monday, Oct. 26
3:30–4:20 p.m.
Room 205 ABC

THE HIGH-RISK ABDOMEN: COMMON COMPLAINTS AND CRASHING PATIENTS

Monday, Oct. 26
4–4:25 pm
Room 107 ABC

APPROACH TO THE UNKNOWN RASH

Monday, Oct. 26
4:30–5:30 p.m.
Room 205 ABC
MACEP and SEMPA Reception Set for Monday at Cask ‘n Flagon

Join the Massachusetts College of Emergency Physicians (MACEP) and Society of Emergency Medicine Physician Assistants (SEMPA) on Monday, 6–7:30 p.m., at Cask ‘n Flagon, 62 Brookline Ave., for their reception. Past, present, and prospective MACEP and SEMPA members are welcome. Network with colleagues and leaders from each organization to learn more about what they have to offer you. ACEP leaders are also encouraged to join this must-attend event. Come by and spend some time with MACEP and SEMPA before the ACEP Kickoff Party.

SATELLITE SYMPOSIA OFFER EVEN MORE EDUCATION OPTIONS

Industry-sponsored Satellite Symposia are educational, and some offer CME credit. These programs are not a part of the official ACEP15 education program as planned by ACEP’s educational meetings committee.

MONDAY, OCT. 26, 6–8 A.M.
Agitation and Psychiatric Disease: Best Practices for Emergency Care
The Westin Copley Place, Essex Ballroom South
Grantor: Teva Pharmaceutical Industries Ltd.

TUESDAY, OCT. 27, 6–8 A.M.
Acute Ischemic Stroke: Overcoming Barriers by Improving Systems of Care
The Westin Copley Place, Essex Ballroom South
Grantor: Genentech, Inc.

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MONDAY, OCT. 26
EMRA Resident Lunch and Resident Forum
11:30 a.m.–4 p.m.
BCEC, Room 162AB
Learn board prep strategies with a free lunch (first 200 preregistered EMRA members only). Then learn about hot topics in quick high-information sessions. Conclude with sessions on how to navigate the EMRA Job and Fellowship Fair and the Job Market.

EMRA Job and Fellowship Fair
5–7 p.m.
BCEC, Exhibit Hall B2
Find your ideal job at the largest recruiting event in emergency medicine. More than 150 companies showcase career opportunities.

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Lehigh Valley Health Network
North Shore University Hospital
Oakland University William Beaumont School of Medicine
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SCHEDULE
MONDAY, OCT. 26
8–9:30 a.m.
Opening Session

9:30–10:30 a.m.
Electronic Abstract Session I

10:30–11:30 a.m.
Oral Presentation I—Emergency Department–Based Clinical Trials

11:30–noon
State-of-the-Art: Resuscitation Goals or Chaos?
Jay L. Falk, MD, FACEP, and Emanuel Rivers, MD

Noon–1 p.m.
*Awards Luncheon featuring ACEP Research Award recipient

1–2 p.m.
Electronic Abstract Session II

2–3 p.m.
Oral Presentation II—Evidence-Based Practice in Emergency Medicine

3–4 p.m.
Electronic Abstract Session III (viewable until 5 p.m.)

4–5 p.m.
Keynote Session: Getting Your Research Published in the Age of Open Access: Coping With the Evolution of Medicine’s Traditional Mode of Scientific Communication featuring Michael Callaham, MD, Editor-in-Chief, Annals of Emergency Medicine

5–6 p.m.: Wine and Cheese Network Social
*By invitation only

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PLANNING TO VISIT THE ACEP RESEARCH FORUM? If so, be sure to stop by the ACEP ICU! Sponsored by The Medicines Company, this new feature offers Research Forum attendees a unique simulated patient experience, along with the opportunity to participate in a cutting-edge study of normative practice patterns. Always looking forward, the ACEP Research Forum is your portal to what’s next in emergency medicine.
Ms. Bromley was director of ACEP’s Emergency Medicine Research, for more than two decades she has studied brain resuscitation after cardiac arrest, including basic laboratory work, clinical studies, and clinical trials on the mechanisms of damage during sudden cardiac arrest. He helps write national and international resuscitation guidelines and is active in disseminating best evidence into practice through education. In the last decade, Dr. Callaway and colleagues at UPMC Presbyterian have developed a post–cardiac arrest clinical service that has coordinated care for hundreds of patients. Drawing on multiple medical disciplines, the service conducts studies and trials to optimize recovery.

Daniel W. Spaite, MD, FACEP
Dr. Spaite is professor, Virginia Piper Distinguished Chair of Emergency Medicine, and co-director of the Arizona Emergency Medicine Research Center at The University of Arizona in Tucson. He has published more than 100 scientific articles and has presented his research on EMS, cardiac arrest, trauma systems, EMS outcomes analysis, and EMS cost analysis at scores of conferences internationally. In 2010, the National Association of EMS Physicians presented him with its highest honor: the Ronald D. Stewart Award. Dr. Spaite has been the principal investigator or co-investigator for many key efforts related to the evaluation of EMS systems, including the Ontario Prehospital Advanced Life Support Study (OPALS), the RAMPArt prehospital treatment of status epilepticus trial, and the EMS Outcomes Project (EMSO), among others.

HONORARY MEMBERSHIP AWARDS

Marilyn Bromley, RN
Ms. Bromley was director of ACEP’s Emergency Medicine Practice Department for 22 years. She came to the College in 1992 from Aetna, where she was a medical

management consultant, and retired in 2014. During her tenure, Ms. Bromley was a mentor and friend to countless emergency physicians. Among her accomplishments at ACEP, she helped form and support key sections, including Geriatrics, Palliative Medicine, Wellness, Ultrasound, and Observations.

Ms. Bromley contributed significantly to the growth of ultrasound in emergency medicine, the development of geriatric emergency department guidelines, and physician wellness. She also served as ACEP’s staff representative to the American Medical Association’s Quality Measures Program for seven years and edited the Health Care Quality Newsletter.

Virginia Kennedy Polys, JD
Ms. Polys has served as executive director of the Illinois College of Emergency Physicians (ICEP) for more than three decades. Her leadership of ICEP’s advocacy, practice management, EMS and continuing education efforts has strengthened the chapter and helped it grow to more than 1,300 members. She also serves as executive director for International Trauma Life Support (ITLS), the only prehospital trauma education program endorsed by ACEP. Each year, she travels with physician leaders to launch and encourage ITLS training initiatives. Some of the program’s newest international sites include Dubai, Portugal, England, and Malta.

W. Calvin Chaney, JD, CAE
Mr. Chaney was ACEP’s general counsel and associate executive director for policy and administration for nearly 22 years. Mr. Chaney developed policies and procedures that have provided key protections for the College and other medical societies with whom he shared them. He created ACEP’s state legislative office, working closely with state chapters to form political action committees, hire lobbyists, hold legislative days in their state capitols, and transform members into advocates. Mr. Chaney also managed the College’s ethics complaint process and spearheaded 18 successful Leadership and Advocacy Conferences. He also oversaw ACEP’s interaction with the American Medical Association. In 2008, Mr. Chaney was elected president of the American Association of Medical Society Executives.

OUTSTANDING CONTRIBUTION IN EMS AWARD

James V. Dunford Jr., MD, FACEP
Dr. Dunford is an emeritus professor at the University of California San Diego School of Medicine and the EMS medical director for the city of San Diego—a post he has held since 1997. From 1980 to 1986, he flew aboard the San Diego Life Flight helicopter. He founded the UCSD emergency medicine residency. Dr. Dunford led the development of San Diego’s regional systems of care for sudden cardiac arrest, heart attack, and stroke and helped create the San Diego Serial Inebriate Program. In 2008, he harnessed health information technology and care management to create the San Diego Resource Access Program to better serve frequent 911 callers. He has served as coinvestigator on numerous National Institutes of Health studies. He currently serves as principal investigator for a community paramedic pilot project in collaboration with the California EMS Authority.

JOHN G. Wiegenstein LEADERSHIP AWARD

Angelo F. Gardner, MD, FACEP
Dr. Gardner is associate professor and chief of operations and quality for the department of emergency medicine at the University of Texas Southwestern in Dallas. She has served as associate professor of emergency physicians in every leadership position. As president in 2003, he led the chapter’s successful fight for professional liability reform in Texas. In recognition, she received its highest honor: the James E. Hayes Award for Outstanding Contributions to the Field of Emergency Medicine. Dr. Gardner has been equally effective for national ACEP. She worked to develop the ACEP Report Card, the Emergency Medicine Action Fund, and the “Give-A-Shift” campaign supporting NEMPAC.

OUTSTANDING CONTRIBUTION IN EDUCATION AWARD

Mel Herbert, MD, FACEP
Dr. Herbert is an internationally recognized and award-winning educator in emergency medicine. He currently serves as an attending physician and associate professor of emergency medicine at the Keck School of Medicine of USC at the LAC-USC Medical Center in Los Angeles. Dr. Herbert is the owner and editor of EMRAP, a monthly emergency medicine–focused audio-education series with more than 20,000 subscribers worldwide. He’s also the owner and conference chair of Essentials of Emergency Medicine, the largest privately run emergency medicine conference in the world. Dr. Herbert has received honors throughout his career, including the ACEP Honorable Mention Outstanding Speaker of the Year Award and ACEP National Faculty Teaching Award. Dr. Herbert is a co-founder of Hippo Education, a website that combines learning theory, multimedia, and expert teachers to make the study of emergency medicine fun.

COUNCIL MERITORIOUS SERVICE AWARD

Andrew I. Bern, MD, FACEP
Dr. Bern is a full-time emergency physician and independent health care consultant in South Florida. A former member of ACEP’s Board of Directors, Dr. Bern served with the EMS, Critical Care, Air Medical Transport, Wilderness, and Disaster Sections. He was also a founding member of the Disaster, Geriatric, Tactical, Telemedicine, and Disaster Medicine Sections. On the ACEP Council, he served on the Steering Committee, numerous Council sub-committees, and the Reference Committee. Dr. Bern was instrumental in creating ACEP’s Grant Program. He was an active participant in the creation of the Health Policy Grant Program and serves as a Councillor from Florida. Dr. Bern participated in the joint subcommittees of Reimbursement Committee and the State Legislative/Regulatory Committee on the issue of fair reimbursement and model legislation.

COLIN C. RORRIE JR., PHD, AWARD FOR EXCELLENCE IN HEALTH POLICY

James C. Mitchiner, MD, MPH, FACEP
Dr. Mitchiner is an attending emergency physician at St. Joseph Mercy Hospital in Ann Arbor, Michigan, and clinical assistant professor of emergency medicine.
at the University of Michigan Medical School. As medical director at MPRO—Michigan’s federally designated health care quality-improvement organization—he oversees Medicare quality-of-care reviews, quality-improvement activities, and EMTALA-sanctioned reviews. Throughout his career, he has called for single-payer national health insurance—a controversial idea that gains more support every year. Since 2002, Dr. Mitchiner has been a dynamic member of the ACEP Federal Government Affairs Committee and other task forces and work groups. He joins the College’s lobbying effort on Capitol Hill every spring. As a Michigan State Medical Society board member, Dr. Mitchiner supported smoke-free air legislation and continues to fight repeal of the state’s mandatory motorcycle helmet law.

JAMES D. MILLS OUTSTANDING CONTRIBUTION TO EMERGENCY MEDICINE AWARD

Robert W. Strauss, MD, FACEP

Dr. Strauss is a practicing emergency physician at The Christ Hospital in Cincinnati and Good Samaritan Hospital in Dayton. He’s also TeamHealth’s vice president for program development. Dr. Strauss has served ACEP and the specialty in key leadership positions, including Chair of the Educational Meetings Committee and Director of the Emergency Department Directors Academy. He has led more than 75 national conferences. Dr. Strauss is the recipient of ACEP’s Outstanding Speaker and Outstanding Contribution to Education in Emergency Medicine awards. As an author, his seminal works on ED management have inspired readers to excellence. Dr. Strauss has served with distinction as the chair of the ACGME Residency Review Committee for Emergency Medicine and on the American Board of Emergency Medicine. He’s a residency program director and medical staff leader.

JOHN A. RUPKE LEGACY AWARD

Stephen V. Cantrill, MD, FACEP

Dr. Cantrill is an emergency physician and consultant at Denver Health Medical Center, where he served as the associate director of the department of emergency medicine for nearly two decades. Though “retired,” he’s at Denver Health every day. In the early 1980s, Dr. Cantrill pioneered the use of computers in emergency medicine. He implemented early systems at Denver General and lectured widely. Dr. Cantrill was an early leader in bringing the principles of quality and safety to emergency medicine. Founder of the Denver Health–based Weapons of Mass Destruction Training Center, he is also a nationally recognized expert and leader in the field of disaster preparedness and mass casualty events. Dr. Cantrill has served on the ACEP Council and on countless committees, task forces, and working groups. From his breakthrough 1983 work, “Guidelines for Cost Containment in Emergency Medicine” with Dr. Stephen Karas, to his service as chair of ACEP’s Quality and Performance Committee, Dr. Cantrill’s contributions have advanced the College and the specialty.

DISASTER MEDICAL SCIENCES AWARD

Carl H. Schultz, MD, FACEP

Dr. Schultz is an internationally recognized expert in the field of disaster medicine. He is a professor of emergency medicine at the University of California (UC), Irvine School of Medicine, director of the EMS and disaster medical sciences fellowship, director of research at the Center for Disaster Medical Sciences, and director of disaster medical services for the department of emergency medicine at UC Irvine Medical Center. He has over 80 publications in the field of disaster medicine. His research has been funded by multiple agencies, including the National Science Foundation. He is the only emergency physician in the United States to serve on the terrorism task forces for both the Society for Academic Emergency Medicine and ACEP, and he chaired ACEP’s Disaster Committee for two years. He served as a consultant to the Department of Defense and other national and international groups, and a grant reviewer for the Agency for Healthcare Research and Quality (AHRQ) on the topic of bioterrorism. He is also co-editor for Koenig and Schultz’s Disaster Medicine: Comprehensive Principles and Practices and first author of two disaster medicine chapters in Rosen’s Emergency Medicine.

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Karen Kriza, M.D., FACEP — Charleston, SC

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