

COMMENTARIES

SAEM—State of the Society, 2001*

THE calendar of the Society for Academic Emergency Medicine (SAEM) runs from May to May, and the annual meeting is also the annual time of transition. We have just announced the results of our elections, and in a few minutes I will welcome our new president. But first I would like, as my final official duty, to give you an assessment of the state of the Society, and to share with you some observations and insights that I have gained while serving as president.

Last year in my opening address I quoted poetry and received a lot of blank stares. So, this year I will present the state of the Society in a format that is more familiar to academic emergency physicians—an emergency department (ED) patient presentation. Here goes:

Chief Complaint(s). Not enough time. Not enough money.

Present History. SAEM is a 12-year-old academic medical organization whose members are emergency medicine (EM) faculty, residents, and medical students. Most members are experiencing levels of academic discomfort that have increased exponentially in the past five years. Most academic EDs have seen a 10% to 20% increase in patient volumes over a short period of time, along with hospital resource cutbacks and a national nursing shortage. Clinical demands have raised faculty and resident stress levels and threaten the quality of academic life. Academic EDs are experiencing a number of symptoms,

including congestion, obstipation, constipation, frequency, hesitancy, and urgency. The symptoms are made worse by something called HCFA, and there are no apparent relieving factors. Despite the maladies experienced in their clinical settings, some SAEM members are enjoying increased success as researchers and educators. Many are volunteering their time on SAEM committees, task forces, and interest groups. This has helped the Society to achieve a great deal in the past year in the areas of research, faculty development, and national affairs. SAEM is run out of an executive office where a strong tendency toward obsessive work behaviors has been noted. However, the members do not view this as a significant problem.

Past History. Since its formation by the merger of the University Association of Emergency Medicine (UAEM) and the Society for Teachers of Emergency Medicine (STEM) in 1989, SAEM has grown and changed tremendously. The consistent crowning achievement each year has been the annual meeting, which is the largest forum for presentation of EM research and educational programs in the world. The Society's journal, *Academic Emergency Medicine (AEM)*, has also grown considerably since its inception in 1995. About six years ago SAEM formally started interest groups, which are collections of members who have similar academic interests, and many of these have developed into active groups that have contributed significant scholarly work. SAEM has a slight inferiority complex that seems to be resolving, and its only other chronic condition is anemia in

the research-funding realm, which has been partially corrected in the past year.

Review of Systems. Unlike the average academic ED chart's review of systems, which often says: "all 10 reviewed and negative," the SAEM review of systems is a key component of the presentation. Our systems are the SAEM committees, task forces, and interest groups. I do not have the time to report on all of our "systems," but will comment on those that were central to our focus areas of research, faculty development, national affairs, and some others that did great work this year.

First, research: our message for the year was that good research requires training, a mentor, focus, resources, time, and stable funding. The SAEM Board of Directors and the Research Committee helped to spread the word, and the Grants Committee, headed by Art Sanders, debuted this year and did an outstanding job of consolidating our existing grants and improving the efficiency and quality of grant review. It also helped to form the new Neuroscience Research Fellowship that is supported by AstraZeneca. We patterned this grant after our long-standing, very successful EMS Research Fellowship Grant, which has been funded for over a decade by Medtronic Physio-Control. The Grants Committee and other committees also participated in our dialogue about research, and this eventually led to the Board's decision this winter to change the Resident Research Year Grant to the SAEM Research Training Grant, which is a two-year, \$150,000 research fellowship grant. We also added the \$150,000 Institutional Research Training Grant, which provides funding to an EM program to train a research fellow for two years. In making this decision,

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we essentially put our money where our mouths are—if we are to advocate for strong research training for our residents and junior faculty, then we must offer grants that allow for two years of training and a large amount of protected time. We also intentionally put a bit of pressure on the Society in forming these grants. A bit of math will demonstrate that given our current reserves, we cannot fund at this level for more than a few years. Since we plan to further expand the SAEM Research Funding Program, we will need to increase fund-raising dramatically to meet our goals.

Part of our push in the research area this year was to highlight those SAEM members who have followed a successful path in their research careers, and to encourage the exchange of ideas and information and informal mentoring that will help our more junior investigators. We have seen a great deal of this so far at the annual meeting. The maturation of our research programs could not have come at a more opportune time, as federal, corporate, and foundation support for research is at an all-time high. More and more EM investigators are developing to the point of being able to consistently compete for federal research grants. We are now sitting on study sections at the NIH, and forming the networks and collaborations that lead to sustainable research programs.

Our next focus area for the year was faculty development. The Faculty Development Committee under John Gallagher's direction has done a great job putting together a faculty development website with a new Faculty Development Guide that will soon be available through the SAEM website. As you have seen, this meeting is also full of faculty development discussions and presentations.

In the area of national affairs,

we have made significant progress in the past year. Jim Hoekstra chaired the National Affairs Task Force, and was responsible for coordinating SAEM's formal responses to a number of national issues, including a response to the Medicare Payment Advisory Commission on how regulatory burdens affect ED patients and physicians, and a comment on the Prospective Payment System for Hospital Outpatient Services final rule, which related to observation care reimbursement, and other responses. We have also examined the big picture of how we should advocate for our emergency patients and our trainees at a national level. Currently we do not have the infrastructure to do this effectively. Last fall, we visited the American College of Emergency Physicians (ACEP) Washington Office to discuss ways that we could collaborate on areas of mutual interest and importance. This has resulted in SAEM's being a bit more in the loop, and able to respond more quickly to situations that arise in Washington.

So, I think we did well in our focus areas in the past year. And for those committee chairs and members who were not in the "focus areas," I appreciate the fact that you did not whine about it, but did some incredibly good work. Just to cite a couple of these, Felix Ankel chaired the Undergraduate Education Committee, which has done a great job over the past few years. One of the innovative projects from this committee is a web-based Virtual Advisor program for medical students. You can check this out at the Innovations in Emergency Medicine Education Exhibit, along with the new Faculty Development Website. The Virtual Advisor program should be especially valuable to medical students who are at medical schools without strong EM programs. I encourage faculty members to sign up to be Virtual Advisors.

Another success story has been the Patient Safety Task Force, chaired by Bob Wears, which was formed last spring in response to the national attention directed at patient safety and medical error. The Task Force got off to a great start with the Consensus Conference that was sponsored by *AEM* and SAEM last spring. The proceedings from that conference were published in the November 2000 edition of *AEM*, and are being highly referenced and mentioned in national discussions on patient safety. Bob and his committee have been traveling extensively in the past year, representing SAEM at national patient safety meetings and forums.

I would also like to acknowledge the significant systems changes that occurred in our organization as a result of the C&B amendments that were developed by Sue Fish and the Constitution and Bylaws (C&B) Committee. As you know, the amendments were put to the members for vote in February, and we overwhelmingly voted to change our elections to a mail ballot, and to allow resident members to vote for the resident member of the Board of Directors. The results of our first mail ballot election have just been announced, and we are pleased that five times as many SAEM members voted in the election this year as compared with our previous method that limited voting to those present at the business meeting. As part of the C&B amendment changes, resident members were able to vote for the first time this year for the resident member of the Board of Directors.

Finally in our review, the most obvious evidence of our success is all around us these five days in the proceedings of a fantastic annual meeting that is the result of the tireless work of Ellen Weber and the Program Committee.

Well, that's a long review of systems, and if I were presenting this case to the average academic emergency attending physician, he or she would have that glazed-over look in the eyes, and be thinking about a ski trip to Vail last January. So, let's move on:

Family and Social History. In our case, this is far from "non-contributory." SAEM interacts with lots of other organizations that begin with "A." We attempt to foster productive, harmonious relationships with ACEP, AAEM, AACEM, ABEM, AAMC, and AMA. We also collaborate with CORD, EMRA, and the RRC in areas that relate to resident education and research.

Physical Exam. SAEM vital signs are not only stable; in fact, they are increasing. SAEM has 5,500 members, 2,150 who are active members, 2,751 resident and medical student members, and 360 associate members. Finances are in the black.

Head(quarters): The SAEM Headquarters are in Lansing, MI, in a beautiful old gray house that has wonderful woodwork, high ceilings, and boasts the oldest bathroom in Lansing. Many members are surprised to learn that the Executive Director, Assistant Director, and a full-time staff of three other people run, out of this old house—SAEM, the journal *AEM*, CORD, and AACEM. In all, this is an amazing enterprise—efficient, lean, but also innovative, responsive, and very attentive to members' needs.

Heart: The heart of the Society is its members, and while there are bouts of tachycardia, especially around abstract submission time, and an occasional murmur of discontent, the heartbeat is strong, and regular and not failing.

Neurological: The neurological circuitry of SAEM has be-

come its website. This site is one of the finest available for an academic organization, and has developed considerably in the past year. Almost all of the important SAEM functions are now web-based, including membership registration, abstract submission, and meeting registration. The site is also a major repository of information on EM research opportunities, career development, and medical student and resident information.

Assessment and Plan. In summary, this is a 12-year-old academic medical organization. In somewhat of a medical paradox, the basic elements of the Society, the members, are somewhat infirm, but the Society as a whole is healthy. This makes one a bit nervous that the problems that are endemic to academic medicine will eventually affect SAEM. The Society is ready to make a leap to becoming a significant source of funding for EM research training, but this will require a large increase in our research endowment and formal development efforts. We are ready to increase our presence in national affairs and advocacy, but this may require additional resources and time. We are determined to offer more support to EM faculty to develop their careers. We want to continue to lead in medical student and resident education. But to keep to this plan will require more, rather than fewer, of our members.

The pressures of clinical workload, departmental finances, and increased scrutiny of our medical practices are eroding some of things that we have regarded as fundamental. On the medical school side this is manifested as a decrease in the time and attention that faculty devote to medical student education. Presumably, the reason that we are in academic medicine, and employed by or affiliated with med-

ical schools, is that we value educating the next generation of physicians. But because medical student teaching activity is not usually rewarded monetarily, and because other crises may be treated as a higher priority, this fundamental part of our mission as academic physicians is threatened.

The same thing is happening in our EM residency programs. Burgeoning patient volumes, reduced clinical resources, and burdensome federal regulations create a black hole with a mighty gravitational field that pulls our educational and research missions out of our normal orbits. I'm pretty sure that our residents nowadays do not have the same depth of faculty interaction, even in the form of basic conversations, that I enjoyed as a resident. All of that discretionary time seems to be sucked up by the black hole. The thing that disturbs me most about this is that the way in which we use our voluntary or discretionary time indicates where our values lie, and this sends a message to our trainees. How can we impart the values and show the rewards of teaching and scientific inquiry to those people who will follow us if we seem to ignore or give poor effort in those areas? How will we attract bright and talented people to academic EM if the adjective used to describe EM faculty is "frenzied" rather than "fun"? It seems unconscionable to ask, but at this time, when the demands on us individually and as departments are greatest, we must rededicate ourselves to our central and fundamental values as academicians. We must find the time to teach and investigate, and feel and show the joy that comes from these endeavors. Churchill said, "I like a man who grins when he fights."¹ I hope that can be our approach.

What strategies can we use to fight what Kenneth Ludmerer calls "the second revolution" of

American health care?² This revolution places market strategies and cost containment in a higher plane than the training of our medical students and residents, and the care of the poor and underserved in society. Our initial response in academic medicine was a corporate one—to compete with each other for patients and health care markets—to improve our efficiency and bottom line. It can be argued that this approach has been unsuccessful, especially as it relates to medical education. We may now have a health care system that is leaner and doesn't spend at quite the rate as previously, but as we all have seen, discontent is rampant in our patients, medical personnel, faculty, medical students, and resident physicians. Seeing this, perhaps the best strategy at this moment, as we combat the industry and government forces that have wounded academic medicine, need not be too aggressive. As Napoleon Bonaparte noted, you should “never interrupt your enemy when he is making a mistake.”³

I have written in the past year on advocacy, and reiterate now, that our position in EM is very familiar to most of the American public. People pay attention when we speak. Our words can be simple: that high-quality emergency care must be available to all people, that the training of quality physicians to provide emergency care cannot be further compromised, and that the scientific exploration that will lead to improved care for future emergency patients must be supported. Note that our most effective and influential position is to advocate for our patients, our residents, and our students, and not for ourselves. Although we work hard and have lots of stressors, this hardly makes us unique in the American workforce, and with our generous incomes, we will not evoke much sympathy if our advocacy

is only for emergency physicians. Jordan Cohen, the President of AAMC, said in an address last June: “the key to valuing the profession is to profess its values.”⁴ We can feel secure that the basic values of teaching, scientific investigation, and providing care to all who need it, whenever they need it, are beyond reproach, and resonate with the American public. We do not all need to have a mastery of complex political and legislative processes to be effective advocates—we merely need to be able to illustrate and share our values.

I am very hopeful that a few years from now we may be translating the lessons we have learned from our hardships into improved, more efficient emergency patient care, and innovative teaching and research. Perhaps my middle name is Pollyanna, but I hope you will all be there with me, grinning, and fighting.

As would be expected, the problems that academic emergency physicians are encountering in their individual situations are transferred to some extent to our academic society. The erosion of discretionary time means that fewer people are able to commit to SAEM projects or work that takes significant effort. So, even though our membership numbers are going up, I believe the number of people who are doing the work of the Society is decreasing. There are a number of problems with this. First, as a national and international society, we want to represent ideas and activity from members of a diverse and varied background. If one or two people do all the work on a particular project, we risk having a product that is not representative of our Society as a whole. Another concern is that if SAEM work becomes the domain of a few energetic, well-meaning true believers, who will keep advancing our mission when these individuals (some

may call us zealots) grow old, or weary, or retire? I am concerned that many of our junior members are not able to find the time to have meaningful participation in the Society. This is our loss, and also their loss. And we have the same problem at the other end of the experience spectrum. It never seemed possible, but now we have senior members who have wisdom and insights to share with SAEM, but who find little time to do so. I would challenge these members to bring your skills and leadership back into SAEM so that we have some elders to mentor us and keep us on course.

Why give your precious time and effort to SAEM? That is a question that each of us has to answer individually. For me, it may sound corny, but it has always been the simplicity of the organization. I find myself refreshed and restored again and again by the basic beauty of our mission. And like many of you, I find a very nice fit between my values and the SAEM mission: *to improve patient care by advancing research and education in emergency medicine*. There are not a lot of things in professional life that remain pure, but the SAEM mission, and the way its members and staff have pursued that mission over the past 12 years, is as about as pure as it gets.

In closing, I would like to say thank you to the Society for the outstanding experience it has been for me to serve as your president in the past year. Many people ask me if I am tired, and ready for a break, and to some extent I am. But after spending a year traveling and interacting with SAEM faculty, residents, medical students, and our SAEM staff, I am left with such a positive feel for the future of academic EM, that I leave more rejuvenated than tired. And on that note, I would like to present to you our new SAEM Pres-

ident, Dr. Marcus Martin.—
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References

1. Churchill W. Website: www.quotationreference.com. Accessed April 2001.
2. Ludmerer KM. Time to Heal: American Medical Education from the Turn of

the Century to the Era of Managed Care. New York: Oxford University Press, 1999, p 370.

3. Bonaparte N. Website: www.quotationreference.com. Accessed April 2001.
4. Cohen J. Unpublished remarks, 2000.

SAEM RESEARCH GRANTS FOR 2002



The following is a summary of the research grants that will be funded by SAEM in academic year 2002. Further information and application materials can be obtained via the SAEM website at www.saem.org.

SAEM Research Training Grant (formerly known as the Resident Research Year Award)

This grant provides financial support of \$75,000 per year for two years of formal, full-time research training for emergency medicine fellows, resident physicians, or junior faculty. The trainee must have a concentrated, mentored program in specific research methods and concepts, and complete a research project. Deadline for applications is **November 1, 2001**.

SAEM Institutional Research Training Grant

This grant is currently under development, but SAEM expects to call for applications in the summer of 2001 for a start date of July 2002. The grant will provide financial support of \$75,000 per year for two years for an academic emergency medicine program to train a research fellow. The sponsoring program must demonstrate an excellent research training environment with a qualified mentor and specific area of research emphasis. The training for the fellow may include a formal research education program or advanced degree. It is expected that the fellow who is selected by the applying program will dedicate full time effort to research, and will complete a research project. The ultimate goal of this grant is to help establish a departmental culture in emergency medicine programs that will continue to support advanced research training for emergency medicine residency graduates. Tentative deadline is **November 1, 2001**.

SAEM Scholarly Sabbatical Grant

This grant provides funding of \$10,000 per month for a maximum of six months to help emergency medicine faculty at the level of assistant professor or higher obtain release time to develop skills that will advance their academic careers. The ultimate goal of the grant is to increase the number of independent career researchers who may further advance research and education in emergency medicine. The grant may be used to learn unique research or educational methods or procedures which require day-to-day, in-depth training under the direct supervision of a knowledgeable mentor, or to develop a knowledge base that can be shared with the faculty member's department to further research and education. Deadline for applications is **November 1, 2001**.

SAEM Emergency Medical Services Research Fellowship

This grant is sponsored by Medtronic Physio-Control. It provides \$60,000 for a one year fellowship for emergency medicine residency graduates in EMS at an approved fellowship training site. The fellow must have an in-depth training experience in EMS with an emphasis on research concepts and methods. The grant process involves a review and approval of emergency medicine training sites as well as individual applications from potential fellows. Deadline for applications is **November 1, 2001**.

SAEM Neuroscience Research Fellowship

This grant is sponsored by AstraZeneca. It provides one year of funding at \$50,000 for an emergency medicine resident, graduate, or junior faculty member to obtain a mentored research training experience in cerebrovascular emergencies. The research training may be in basic science research, clinical research, or a combination of both, and the mentor need not be an emergency medicine faculty member. Completion of a research project is required, but the emphasis of the fellowship is on the acquisition of research skills. Deadline for applications is **November 1, 2001**.

EMF/SAEM Medical Student Research Grants

This grant is co-sponsored by the Emergency Medicine Foundation and SAEM. It provides up to \$2400 over 3 months for a medical student or resident to encourage research in emergency medicine. More than one grant is awarded each year. The trainee must have a qualified research mentor and a specific research project proposal. The final deadline for the 2002 grants has not been announced, but will likely be in **January 2002**.

EMF/SAEM Innovations in Medical Education Grant

This grant is co-sponsored by the Emergency Medicine Foundation and SAEM. It provides up to \$5,000 to support projects that use novel techniques, programs, or products to improve emergency medicine education. The final deadline for the 2002 grants has not been announced, but will likely be in **January 2002**.

SAEM Medical Student Interest Group Grants

These grants provide funding of \$500 each to help support the educational or research activities of emergency medicine medical student organizations at U.S. medical schools. Established or developing interest groups, clubs, or other medical student organizations are eligible to apply. It is not necessary for the medical school to have an emergency medicine training program for the student group to apply. The application deadline is **September 1, 2001**.

The above descriptions may be subject to modification by the Board of Directors and Grants Committee. Please check the SAEM website, or call the SAEM office at (517) 485-5484 for grant instructions, application materials, and confirmation of deadlines.