

I SPECIAL CONTRIBUTIONS

1997 SAEM Presidential Address

Steven C. Dronen, MD

■ As my term as SAEM President comes to a close, I would like to thank everyone who contributed their time and talent to help make this a successful year. I will begin with the Committee and Task Force chairs who do most of the work of the Society, without much fanfare or recognition. I have been privileged to work with a superb Board of Directors, including Lew Goldfrank, Marcus Martin, John Marx, Ed Bernstein, Michelle Biros, Sandy Schneider, Steve Stapczynski, Scott Syverud, and Brian Zink. My thanks to all of you, and especially to Lew Goldfrank and John Marx, the immediate past and future presidents of the organization who worked closely with me during the course of the year and contributed to smooth transitions at the beginning and end of my term. Lew will be stepping off the Board this year, and I can tell you that his contributions will be missed tremendously. Whatever issue the Board was confronting, Lew always kept us on track, reminding us to be compassionate, altruistic, and principled in our deliberation and activities. Lew, thanks for being there and making my job much easier.

I also want to thank the residents and faculty at the University of Michigan for their support and for putting

up with my preoccupation with the Society and with a fax machine that was always busy with SAEM correspondence. Finally, thanks to Mary Ann Schropp and her staff. I am not sure how many of you realize the extent to which we are all dependent upon Mary Ann to keep this organization running smoothly. It simply would not be the same organization without her.

Before I turn over the reigns of the presidency, I would like to make a few remarks about a topic upon which I have tried to focus the organizations energies and resources this past year, namely, the academic development of our residents and faculty. As I look to the future, I believe that academic development will continue to be one of the biggest challenges that emergency medicine (EM) faces. There is no doubt that at the present time we have our hands full with other important issues such as graduate medical education funding cutbacks, managed care, and an increasing competitive clinical environment. I am not suggesting that any of these are unimportant, but even as we face these issues, academic development remains a premiere challenge for one simple reason. We are all academicians and we are all involved in the growth and maturation of an ac-

ademic discipline. If we do not perpetuate the species, nurture it, and prepare it for the challenges of the future, it may become extinct.

For 2 decades we have been on an upward path toward our goal of reaching academic parity with other disciplines. The growth of this meeting is but one example of the progress that we have made. However, we are not quite there. We still need more laboratories doing cutting-edge research, more faculty with NIH funding, more representation on NIH study sections, and more faculty promoted to the associate and full professor levels. Achieving these goals is likely to be more difficult in the future as we confront the challenges related to the shrinking health care dollar. These challenges may make us more inclined than ever to search for shortcuts to academic development. There is no reason to believe that we will find any. In order for EM to advance to a level of parity with other academic disciplines, we must confront the fact that academic development requires a significant investment of time and money.

To the residents in the audience who seek to become productive researchers, do not believe anyone who tells you that you can develop the necessary skills for research during residency amid all the other demands that will be placed upon you. It doesn't matter whether your program is 3 or 4 years in length, residency training is not designed to develop academicians and your circumstances are unlikely to represent an exception to this rule. To the young faculty in the audience, do not believe anyone

From the University of Michigan Medical Center, Ann Arbor, MI, Section of Emergency Medicine (SCD).

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Address for correspondence and reprints: Steven C. Dronen, MD, Section of Emergency Medicine, The University of Michigan Medical Center, B1C354 University Hospital, Ann Arbor, MI 48109-0303. Fax: 313-936-9414; e-mail: sdronen@umich.edu

who tells you that you will develop significant academic expertise during your first few years as a faculty member amid all the pressures of working 30 clinical hours per week, studying for boards, and carrying out your administrative and teaching responsibilities. Most other disciplines develop faculty through dedicated research training during or after residency or through clinical fellowships that involve a significant amount of research. EM has not followed this path, in part because of a tremendous shortage of faculty created by the rapid expansion in the number of residency programs. However, the growth in the number of new programs has slowed, and in the future it is likely that employers will have higher expectations for the skills new faculty bring to the job. This will be a positive development, but only if the same academic departments that demand higher standards also participate in developing new academic training mechanisms, in providing financial support for such training, and in promoting an ethic of commitment to that training.

SAEM recognizes the importance

of academic development to the specialty and this past year formed a task force under the leadership of Michelle Biros with the charge of proposing mechanisms by which the Society can support the academic development of our members. The task force submitted 2 proposals, both of which we believe are innovative and likely to be productive. One is for a Scholarly Sabbatical program, a period of time during which a junior faculty member will be relieved of clinical responsibilities in order to devote several months to the development of a specific skill that will lead to career advancement. The second proposal is a Resident Research Year, a 12-month break in clinical activities during which a resident will devote full-time energies to research under the guidance of a senior-level faculty. Both of these proposals emphasize training, both involve relief from clinical activities so that there is sufficient time for training to occur, and both are directed at the groups most in need of training, our residents and junior faculty. This week the Board approved both of these proposals and, reflecting the importance the board attaches to

academic development, committed a minimum of \$250,000 over the next 5 years. Although this is a large amount of money as a percentage of SAEM's revenues, we recognize that it is only a small fraction of the amount that is needed. The Board hopes, however, that by our example we will stimulate our academic departments to maintain and perhaps even increase the resources they commit to the development of their faculty. We hope that we will encourage residents and faculty to think seriously and realistically about the need for additional training. And finally, we hope that we can contribute to a spirit of commitment to the value that training plays in the long-term pursuit of excellence, both for the individual academician and for the specialty of EM.

I thank you all for your support over the past year. It has been a great pleasure and honor to serve as your president.

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Presentations at the 7th Midwest Regional Emergency Medicine Research Symposium—1st SAEM Midwest Regional Meeting

Michelle Blanda, MD, was the abstract editor.

Affiliation: Summa Health System, Department of Emergency Medicine, Northeastern Ohio Universities College of Medicine, Akron, OH.

**Abstracts presented at the SAEM annual meeting, Washington, DC, May 1997, and published in the May 1997 issue of Academic Emergency Medicine are listed with title, authors, institution of presenter (in italics), and abstract number in the May 1997 issue [in square brackets].*

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Address for correspondence: Michelle Blanda, MD, 41 Arch Street, Room 502, Akron, OH 44304. Fax: 330-375-7564; e-mail: mpb@neoucom.edu

001 PREDICTORS OF UNSUCCESSFUL TREATMENT FOR CONGESTIVE HEART FAILURE IN THE ED OBSERVATION UNIT *W. Frank Peacock IV, Joseph H. Aponte, Mary T. Craig, Erica E. Remer, Charles L. Emerman, Dawne Zacharias, Cleveland Clinic. [465]* (see footnote at left)*

002 HEMATOCRIT VARIATIONS AND OTHER METABOLIC DERANGEMENTS IN ACUTE HEMORRHAGIC SHOCK *Yitzhak Glick, Lance Wilson, Mt. Sinai Medical Center, Cleveland. [057]*