



**Emergency Medicine Residents' Association
Representative Council**

Representatives' Handbook

**May 16, 2012
Atlanta, GA**

EMRA Council Welcome Letter
May 16, 2013
Atlanta, Georgia

Dear EMRA Program Representatives,

Welcome to the beautiful city of Atlanta and thank you for taking time out of your busy residencies to attend the EMRA Spring Meeting and SAEM Conference. Every single one of you is the reason that EMRA remains a strong, vibrant, organization that is swiftly responsive to its members needs.

Your Board of Directors has been hard at work for all EMRA members. Kindly take a look at the individual leader reports from each individual board member to get details of our activities since our fall meeting in Denver.

During our Representative Council meeting you will hear updates from our CORD, SAEM and ACEP liaisons. You will also be voting on several resolutions submitted to the Council by our members. Resolutions shape the future of our specialty and as your council officers we extend our gratitude to all the residents and medical students that authored these resolutions.

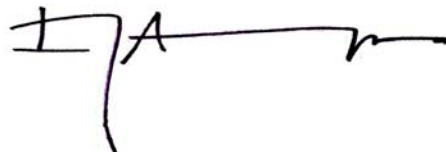
As our specialty goes through very challenging times, EMRA needs a deeply committed and engaged Representative Council. Each of you, by taking on the responsibility of serving as a Program Representative, is providing a leadership service that advances our advocacy efforts and challenges EMRA to continue to grow and strengthen our member benefits and the work we do on behalf of our specialty and our patients.

Throughout this conference make sure that you spend time interacting with your fellow Program Representatives and Regional Representatives. Many of EMRA's current initiatives started as casual conversation between passionate EMRA members, and then evolved into the scholarships, awards, and division work that are now at EMRA's core. Take time to enjoy challenging lectures, the sights of Atlanta and the legendary EMRA party!

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Rudy MD", with a long horizontal flourish extending to the right.

Matt Rudy, MD
Speaker of the Council

A handwritten signature in black ink, appearing to read "Ije Akunyili", with a long horizontal flourish extending to the right.

Ije Akunyili, MD, MPA
Vice-Speaker of the Council

Meeting Information



EMRA Representative Council Event Schedule

TIME	EVENT	LOCATION
Wednesday, May 15, 2013		
9:00am - 12:00pm	EMRA Board of Directors Meeting	Tower Room 1203
1:30pm - 2:30pm	EMRA Regional Representative Committee	Tower Room 1205
1:30pm - 2:30pm	EMRA Committee & Division Chair/Vice Chair Orientation	Tower Room 1204
1:30pm - 5:00pm	EMRA Medical Student Governing Council Meeting	Tower Room 1206
2:30pm - 3:00pm	EMRA Conference Committee Orientation	Augusta Room 3
3:00pm - 4:00pm	EMRA Reference Committee Public Hearing	Augusta Room 3
4:00pm - 5:00pm	EMRA Reference Committee Work Meeting	Augusta Room 3
4:00pm - 5:30pm	EMRA Quiz Show!	PT-200 Conference Room 5
Thursday, May 16, 2013		
8:00am - 8:30am	EMRA Rep Council Welcome Breakfast	Augusta Room 1&2
8:00am - 8:30am	EMRA Rep Council Registration	Augusta Room 1&2
8:30am - 12:00pm	EMRA Rep Council Meeting / Town Hall	Augusta Room 1&2
	<u>EMRA Committee / Division Meetings:</u>	<u>Rooms:</u>
	- International Division	Augusta Room 1
	- Health Policy Committee	Augusta Room 2
1:30pm - 3:30pm	- Research Committee	Tower Room 1201
	- Critical Care Division	Tower Room 1202
	- Informatics Committee	Tower Room 1203
3:30pm - 5:30pm	<u>EMRA Committee / Division Meetings:</u>	<u>Rooms:</u>
	- Education Committee	Augusta Room 1
	- Awards Committee	Tower Room 1201
	- EMS Division	Tower Room 1202
	- Wilderness Division	Tower Room 1203
	- <i>EM Resident</i> Editorial Committee	Tower Room 1204
	- Ultrasound Division	Tower Room 1207
10:00pm - 2:00am	EMRA Party!	Cosmo/Lava 45 13 th Street NE
Friday, May 17, 2013		
8:00am - 1:00pm	EMRA/SAEM Simulation Academy Resident Sim Wars Competition	Plaza Ballroom ABC
8:30am - 12:00pm	EMRA Board of Directors Meeting	Tower Room 1201
1:00pm - 3:00pm	EMRA Committee & Division Updates	Tower Room 1201
3:00pm - 4:00pm	EMRA Reference Committee Public Hearing	Superior Rooms A/B
5:00pm - 6:00pm	EMRA / AWAEM / AAWEP Mixer	PT-200 Conference Room 3
6:00pm - 7:00pm	EMRA Spring Awards Reception	PT-200 Conference Room 1&2



Emergency Medicine Residents' Association

**EMRA Representative Council
Business Meeting Agenda
May 16, 2013 – 8:30am-12:00pm
Westin Peachtree Plaza – Augusta Room 1&2
Atlanta, GA**

Call to Order – 8:30am

An Atlanta Welcome

Keith Haviland, MD
Program Representative
Emory University SOM

Opening Remarks

Matt Rudy, MD
Speaker of the Representative Council

Approval of Minutes from Fall Meeting

October 9th, 2012 Denver, CO

Liaison Reports

Cherri Hobgood, MD, FACEP
President
Society of Academic Emergency Medicine (SAEM)

Board of Directors

Cameron Decker, MD
President
Don Stader, MD
Immediate Past-President / Treasurer
Jordan Celeste, MD
President-Elect
Stephanie Krema, MD
Secretary/EM Resident Editor
John Anderson, MD
ACEP Representative
Chadd Kraus, DO, MPH
Academic Affairs Representative
Jonathan Heidt, MD
RRC-EM Representative
David Chiu, MD
Technology Coordinator
Sarah Hoper, MD, JD
Legislative Advisor
Kene Chukwuanu, MD
Membership Coordinator
Graham Ingalsbe
Medical Student Governing Council Chair
Matt Rudy, MD
Speaker of the Council
Ije Akunyili, MD
Vice-Speaker of the Council

Michael Gerardi, MD, FACEP
Vice-President
American College of Emergency Physicians (ACEP)
Saadia Akhtar, MD
Board of Directors
Council of Emergency Medicine Residency Directors (CORD)

Quorum Report

Chair of Tellers and Credentials Committee

Board of Directors' Leader Reports (See Rep Council Handbook)

New Business

Reports and Resolutions

Emergency/Late Resolutions
Reference Committee Report and Discussion of Resolutions

President's Address

Cameron Decker, MD
EMRA President

Announcements and Adjourn to Town Hall

Executive Director

Michele Packard-Milam, CAE

Business Meeting Minutes

Emergency Medicine Residents' Association
Representative Council Meeting Minutes
Tuesday, October 9th, 2012
Embassy Suites
Denver, Colorado

Board Members: Don Stader, MD; Nathan Deal, MD; Cameron Decker, MD; Stephanie Krema, MD; Jordan Celeste, MD; Chadd Kraus, DO, MPH; Jonathan Heidt, MD; David Chiu, MD; Alison Haddock, MD; Graham Ingalsbe, MS-IV

Council Officers: Hamad Husainy, DO; Matt Rudy, MD

Parliamentarian: Sarah Hoper, MD, JD

Staff: Michele Packard-Milam, CAE; Leah Stefanini; Chalyce Bland; Rachel Donihoo; Amy Wynn

Program Reps: Graham Ingalsbe, MSIV; Christine Hong, MD; Dominick Maggio, MD; Joseph Patrick Herres, DO; Samuel Kluger, MD; Adaira I Landry, MD; Sarah K Flaherty, MD; Eric Steinberg, DO; Alexander Sheng, MD; Steven Rougas, MD; Dazhe James Cao, MD; Kathryn Groner, MD; Alexis Pelletier-Bui, MD; Ann Arens, MD; John Scott Weston, MD; Lauren Sinclair Py, MD; James Andrew Cusser, MD; Lauren Elizabeth Arnold, MD; Ramnik S Dhaliwal, MD; Brian Byrne, MD; Michael Paddock, DO, MS; Anant Patel, DO; Daniel C Windels, MD; Melissa Isabel Lancaster, DO; Hilari Shae Sauncy, MD; Rachelle M Klammer, MD; Heather Kuntz, MD; Erik Scharrer, MD; Susana Santos, DO; Katie Jennings, MD; Benjamin Aho, MD; Trevor R Pour, MD; Diana M Macian, MD; Courtney Brown, MD; Anita Rohra, MD; Reid Orth, MD; Aimee Washington, DO; Joshua Russell, MD; Jarrod Mueggenborg, DO; Jessica Elizabeth Hilst, DO; Tiffany Ginger Heu, DO; Nathan Holbrook, DO; Amy Stoesz, MD; Justin J McNamee, DO; Kene A Chukwuanu, MD; David Diller, MD; Allison Harriott, MD; Andrew Michael McCoy, MD; Daniel Jones, DO; Jamie Kahn, MD; Scott Letbetter, MD; McKaila Daun Allcorn, DO; Rachel M Thomas, MD; Amar Vira, MD; Courtney Ann Clamp, MD; Alexander Bromfield, MD; Aaron Kornblith, MD; Meredith C Williams, MD; Heidi H Ashbaugh, MD; Robert D Kelly, MD; Maureen Suchenski, MD; Jeremy Todd Smith, DO; Melissa Beth Fleegler, MD; Heather Ann Heaton, MD; Brandon Brown, MD; Ryan Scott Gerrity, MD; Raymond Merritt, DO; Ijeoma E Akunyili, MD; Monika Maria Lusiak, MD; Jessica Ann Best, MD; Joshua Stanton, MD; Kyle Daniel English, MD; Mary Paden, MD; Kristi Lynn Maso, MD; Leisa M Rossello Deutsch, MD; Ronald Le Grand Rogers, MD; Ashley Monique Ryles, MD

Alternate Reps: Dennis Hsieh, MD; Elizabeth Arrington, MD; Keegan Tupchong, MD; Omeed Saghafi, MD; Lauren Bower, DO; Jeffrey A Stone, MD, MPH; Abdulla Kudrath, MD; Darren P Mareiniss, MD; Nicholas Jude Leonards, MD; Jessica Eygnor, MD; Kenn Adams, MD; James Hartline, MD; Nicholas Papacostas, MD; Tim Raissian, MD; Joe Thomas, MD; Keith Haviland, MD; Janice Jones, MD; Heidi Neal, MD; Eric Savory, MD; Suzanne Roosendall, MD; Mansour Jammal, MD; Marisa Homer, MD; Heather Angell, MD; Stephen MacDade, MD; Kami Michelle Hu, MD; J Thomas Kofoed, MD; Christopher Acker, MD; Joseph Andrew Bettendorf, MD; Jessica D Stewart, MD; Brian Douglas Eiche, MD;

Guests: Steve Warrington, MD; Brooke Donaldson, MD; Laura N Medford-Davis, MD; Elizabeth Mooke, MD

Dr. Husainy called the meeting to order at 8:15am.

Welcome – Omeed Saghafi, MD, Program Representative, Denver Health

Liaison Reports

ACEP Liaison to EMRA - Alex Rosenau, DO, FACEP, President-Elect ACEP

CORD Liaison to EMRA - Saadia Akhtar, MD, CORD Board of Directors

SAEM Liaison to EMRA – Cherri Hobgood, MD, FACEP, SAEM President

RRC-EM Liaison to EMRA – Michel Beeson, MD, FACEP, Milestones Committee Chair

Quorum Report – Courtney Clamp, MD – Tellers and Credentials Committee

93 program representatives were credentialed representing 4,009 votes, which is over fifty percent of EMRA members. A quorum was present.

Approval of Minutes from Spring Meeting - May 12, 2012, Chicago, IL

MOTION: To approve without amendment. SECONDED. MOTION APPROVED.

Board of Directors' Leader Report

Reports and Resolutions

Reference Committee Report

Consensus Agenda – All were approved unanimously

1. F-'12-3 – Bylaws Update 2.1.1 – Speaker Able to Run for Office
2. F-'12-5 – Bylaws Update 2.4.1 – Alumni Members
3. F-'12-7 – Life membership for Joseph F. Waeckerle, MD
4. F-'12-8 – Palliative Care in the Emergency Department Setting

F-'12-1 – Policy Compendium Update – Rep Council Procedures

Reference committee approves with addendum

ACTION TAKEN: ADOPTED AS AMENDED

F-'12-2 – Policy Compendium Update – EMRA Mission Statement

Reference committee supports

ACTION TAKEN: ADOPTED

F-'12-4 – Bylaws Update 2.3.2 – International Members Holding Office

Reference committee supports with addendum, *“International members are not eligible for election to the Board of Directors.”*

- a. Those for describe the difficulties that would come with election of an international member, including overwhelming travel costs and the potential value/cultural differences that would prohibit accurate representation of EMRA members.
- b. Those against had arguments including belief that the Rep Council is responsible enough to vote for/against that person themselves; that all members, should be able to represent themselves; of note, there are not international members present in the Representative Council meeting today.

ACTION TAKEN: ADOPTED AS AMENDED

F-'12-6 – Clarification of EMRA Membership for Fellows

Reference committee supports with deleted language

- Diana Macian, MD, of Naval Medical Center, on behalf of self, PROPOSING DELETION of “ACGME or AOA-accredited institution”; seconded; those in favor opined that the inclusion of that text is unnecessary; those opposed state not including “ACGME or AOA” may open the door for those without appropriate training to proliferate, offering a threat to patient care.

AMENDMENT FAILED.

- Motion to end discussion, seconded, MOTION PASSED.

ACTION TAKEN: ADOPTED

F-'12-9 – EM Residency Training in Both ACHME and AOA Residency Programs Should Satisfy ACGME Fellowship Entrance Requirements

Reference committee supports resolution with addition of amendment.

- The board supports resolution; those in favor share the sentiment that ACGME and AOA training is parallel and equally strong; the sole difference is label.

Move to table debate, MOTION PASSED.

ACTION TAKEN: ADOPTED AS AMENDED

Emergency/Late Resolutions – None

Report A – International Task Force, Courtney Clamp, MD

How to define “international resident” and if current bylaw language isn’t broad enough

Report B – Legacy Task Force, Don Stader, MD

Grant from the EMRA board was seed money to in turn find a director. Key names in EM, including the foremost EM historian, have been sought for interviews. EMRA members are charged with aiding word-of-mouth campaign to program directors, co-residents, and the general public. The goal is a one-hour documentary to be rolled out at SA 2013.

Elections

President-Elect

Jordan Celeste, MD, Brown University: new President-Elect

ACEP Representative

John Dietrich Anderson, MD, Denver Health Medical Center

Vice-Speaker

Ije Akunyili, MD, MPA, University of Texas, Houston

Legislative Advisor

Sarah Hoper, MD, JD, Washington University in St. Louis

Director at Large – Membership Coordinator

Kene A. Chukwuanu, MD, St. Louis University

President’s Address – Cameron Decker, MD

Installation of New Officers, Oath of Office – Delivered by Michele Packard-Milam, CAE

Meeting adjourned at 12:00pm

Informational Reports

1 **Report S-'12 – Speaker of the Council**
2 **Matt Rudy, MD**
3

4 Since assuming the position of EMRA Speaker at ACEP 2012 I have been working hard
5 with our talented Vice Speaker, Ije Akunyili, and the rest of the EMRA Board to improve
6 our member benefits and fulfill our member needs.
7

8 A Brief summary of some of the major meetings and work we have done since the fall:

- 9 - Attended ACEP Scientific Assembly in Denver, CO, October 2013
- 10 - Represented EMRA at the AMA Interim Meeting, November 2013
- 11 - Participated in ACEP Steering Committee Meeting in Dallas, TX, January 2013
- 12 - Attended EMRA Board Meeting, January 2013
- 13 - Participated in monthly EMRA Board conference calls
- 14 - Participated in EMRA Regional Rep Conference Calls
- 15 - Represented EMRA at the AMSA 2013 Convention, March 2013
- 16 - Worked with EMRA Staff to prepare EMRA Spring Meeting Program
17

18 As your Speaker, I have tried to focus my work on maximizing what EMRA does for its
19 members and have strived to be the voice of our membership to the Board. To that
20 end, we have been working as a Board to increase the scholarships and support EMRA is
21 able to offer to our membership serving as committee leaders, regional representatives,
22 and to our members selected by our Awards Committee for the increasing number of
23 EMRA awards and scholarships. My goal has been to be sure that the Board stays
24 member focused and that we remain engaged with our regional representatives and
25 program representatives.
26

27 It is hard to believe that my time as EMRA speaker is already halfway completed, and
28 that in just a few months I will be passing along the position to our very capable and
29 dedicated vice speaker, Ije Akunyili. It has been a true pleasure to work with Ije and I
30 know she will continue to be an asset to our organization leading us in the future.
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48

Report S-'12 – Vice Speaker of the Council
Ije Akunyili, MD, MPA

Welcome to the beautiful city of Atlanta!

For the past few months the highlight of my career has been my position as your Vice Speaker. I have had the extraordinary privilege of working with our regional representatives and the program representative to make EMRA an organization that is truly reflective of the diverse needs of Emergency Medicine residents. I have kept my promise of getting involved in individual programs and chapters especially through my work with the Texas ACEP chapter and involvement in the EMRA regionalization task force. My unique role has also afforded me the opportunity to represent EMRA at the AMA and build strategic alliances with several other organizations within the house of medicine. There has been tremendous excitement in the EMRA Board about the increased services that we are offering our members including new products, apps and member benefits. I am proud of our 12,000 resident, alumni and medical student members and the work we do each day to advance health care for all Americans. As you read the brief summary of my activities in the past few months please feel free to contact me with any thoughts, ideas or proposals on ways we can remain responsive to your needs as a board. Thank you for the opportunity to continue serving you.

October

- Elected as Vice-Speaker of the EMRA Council
- Served as Board liaison to the EMRA Wilderness medicine division
- Appointed new regional reps and re-aligned regional rep assignments
- Wrote the Representative Council updates for “What’s up in Emergency Medicine”

November

- Attended the RFS Section of the AMA interim conference in Honolulu HI as an EMRA delegate
- Led regional representative conference call setting the agenda for upcoming year.
- Participated in EMRA BOD conference call
- Joined the EMRA Legacy Task Force
- Wrote the Representative Council updates for “What’s up in Emergency Medicine”

December

- Wrote an AMA update article for EM Resident
- Participated in the EMRA Board conference call
- Wrote an EMRA update for the TCEP Emphasis magazine
- Wrote the Representative Council updates for “What’s up in Emergency Medicine”

1 January

- 2 ▪ Attended the EMRA BOD working retreat
- 3 ▪ Led the regional representative conference call
- 4 ▪ Attended the TCEP BOD conference giving updates on the EMRA Board
- 5 ▪ Wrote the Representative Council updates for “What’s up in Emergency
- 6 Medicine”

7
8 February

- 9 ▪ Wrote the Representative Council updates for “What’s up in Emergency
- 10 Medicine”
- 11 ▪ Participated in EMRA Board Conference call
- 12 ▪ Reviewed and updated the EMRA Policy Compendium with the Vice-Speaker and
- 13 the Board

14
15 March

- 16 ▪ Wrote an EMRA update for the TCEP Emphasis magazine
- 17 ▪ Participated in EMRA Board Conference call
- 18 ▪ Wrote the Representative Council updates for “What’s up in Emergency Medicine
- 19 ▪ Solicited resolutions for the SAEM EMRA conference

20
21 April

- 22 ▪ Attended the TCEP Regional Conference Medical School track co-sponsored by
- 23 EMRA
- 24 ▪ Participated in a General Emergency Medicine Panel at the TCEP conference on
- 25 behalf of EMRA
- 26 ▪ Presented the EMRA Legacy Initiative to the TCEP BOD
- 27 ▪ Led the regional representative conference call
- 28 ▪ Led the pre SAEM program rep conference all
- 29 ▪ Prepared welcome materials and resolutions for the SAEM Representative
- 30 Council Handbook
- 31 ▪ Selected members of the SAEM conference committee.

**Report S-'12 – President
Cameron Decker, MD**

It is with great pleasure that I welcome you to Atlanta. We hope that while you are here, you have an opportunity to enjoy the city and spend some time at the exhibits and presentations during the conference. The last six months have been a busy time for EMRA and our Board of Directors, and I would like to highlight some of our completed activities.

EMRA has a long-standing tradition of offering our members the best value and benefits in organized medicine. I invite you to view our website (www.EMRA.org) for the latest offerings, including the new Dr. Carol Rivers' board prep discount. Additionally, we have continued to expand our awards, with eleven new scholarships debuting this conference. Our Awards Committee is hard at work developing the selection criteria for the exciting new scholarships and grants to be introduced this fall.

The Board of Directors continues to promote member proposals, recently approving the creation of both an Ultrasound Division as well as a Pediatric/EM Division. Their first meetings will be held during this conference; I hope you will make time to attend and develop relationships with colleagues who share similar passions.

EMRA members have a strong history of advocating for their patients and specialty. Involvement in the governmental aspects of healthcare has continued to develop, evidenced by the expected turnout to this year's Leadership and Advocacy Conference in Washington DC. This year's conference coincides with the release of our 3rd edition of the Advocacy Handbook, which will be the definitive (and free!) resource for those interested in Emergency Medicine advocacy.

Further, EMRA recognizes the importance of supporting a group that is able to mobilize, fund, and act quickly in the fast changing world of health policy on both the state and federal issues. Therefore, the Board voted to donate \$50,000 to the Emergency Medicine Action Fund in support of protecting our specialty, the safety net, and the patients under our care.

Emergency medical education has remained one of EMRA's top priorities, as noted by the recent release of several valuable publications, including PressorDex, the accompanying Infusion Card, the PressorDex iOS application, Resident as Educator, and the upcoming International Emergency Medicine handbook. In the near future, expect to also see a revitalized EM Resident, our bimonthly publication, arriving at your door.

EMRA cherishes the value of fostering careers in emergency care research and the creation of scientifically rigorous, relevant publications that serve to advance patient care. This year, EMRA proudly supported the Emergency Medicine Foundation with a \$50,000 donation, which in conjunction with ACEP's pledge matching program, grows the new EMF endowment by \$100,000.

Lastly, the Legacy Initiative, the much-anticipated documentary that tells the story of the creation of our specialty through the words of our founding heroes, is on course to

1 premiere at ACEP Scientific Assembly in the fall (2013). The Legacy Task Force has
2 successfully raised the needed funds, interviewed numerous Emergency Medicine
3 legends, and is weaving the story of our specialty's history into an exciting cinematic
4 production.

5
6 A brief summary of my other activities since October of 2012:

- 7 • Chaired EMRA Board conference calls
- 8 • Authored articles for EM Resident
- 9 • Attended EMRA and ACEP Board retreats
- 10 • Attended EMF Board meetings and the strategic planning session; member of
- 11 Branding Task Force
- 12 • Co-authored a chapter in the Advocacy Handbook
- 13 • Attended media training
- 14 • Represented EMRA at regional and national EM conferences

15
16 It is your passion for excellence in emergency care and education that leads to the
17 development of superior emergency medicine residency trained physicians. Your
18 countless volunteer hours make all of these projects possible. It has been a great honor
19 to serve this organization, and I look forward to continue working with our extremely
20 talented members, Board, and staff as we further advance our specialty.

1 **Report S-'12 – President-Elect**
2 **Jordan Celeste, MD**

3
4 Welcome to Atlanta!

5
6 As you can see from my abbreviated activities list below, I've managed to stay quite
7 busy since Denver!

8
9 So far, my year as EMRA President-Elect has been filled with activities such as project
10 development and execution, as well as planning for the future. Fortunately, my term as
11 ACEP Representative provided a great foundation of knowledge about our organization,
12 and I've been able to build upon this even more over the past year. As liaison to
13 EMRA's committees and divisions, I've been able to gain deeper insight into the needs of
14 our members. Being on the Executive Committee has also allowed me to work even
15 closer with our tremendous staff (tremendous being the understatement of the
16 century!!!).

17
18 Outside of my role with EMRA, I'm finishing my third year of residency (out of four) at
19 Brown Emergency Medicine in Providence, RI, and I continue to serve as a Resident and
20 Fellow Representative to the Rhode Island Medical Society.

21
22 Since the Fall, my activities have included:

- 23 - Attended the ACEP Board Retreat in November
- 24 - Appointed to ACEP's Advisory Group, which is designed to ensure that all of ACEP's
- 25 activities related to the health care delivery system are monitored and coordinated
- 26 - Attended the EMRA Board Retreat in January
- 27 - Attended Media Training in DC in February
- 28 - Made congressional visits with ACEP staff and select board members while in DC
- 29 - Attended the ED Directors Academy Phase 1 in Dallas
- 30 - Attended RI ACEP Meeting
- 31 - Edited EMRA's monthly email newsletter - *What's Up in EM?*
- 32 - Continued to serve on the ACEP Reimbursement Committee
- 33 - Participated in EMRA Board of Directors conference calls
- 34 - Participated in ACEP Board of Directors conference calls

35
36 As always, I find my time with EMRA to be incredibly rewarding and inspiring. I am
37 inspired that you have all taken the time to step up and be leaders at your institutions.
38 In the words of Vince Lombardi, "Leaders aren't born, they are made. And they are
39 made just like anything else, through hard work." I want to thank you for your hard
40 work and commitment. You are EMRA. You are why this organization exists.

**Report S-'12 – Immediate Past President
Don Stader, MD**

Dear Representative Council – welcome to Atlanta! This year marks my 3rd and final SAEM serving as a part of the EMRA board. I have been with EMRA almost as long as I have been an emergency medicine resident. It has been a tremendous privilege serving you and our incredible organization.

To you, I present a brief list of my EMRA related activities since Scientific Assembly and look forward to my last few months with EMRA as I finish my term as Immediate Past President and prepare for a personal move across country to Oregon to start my job as a practicing Emergency Physician:

- Chair of the EMRA Legacy Initiative
 - o Oversaw successful fundraising campaign
 - o Provided direction and resources to EMRA's production team
 - o Participated in several podcasts, radio interviews to promote the video
- Board Liaison to the EMRA Awards Committee
 - o Authored The Steve Tantama Award for Military Service and Excellence in Emergency Medicine.
- Attended following meetings: ACEP Scientific Assembly, ACEP Board Retreat.
- Co-Author of External Specialty Pressures on Board Certification Chapter for new EMRA Advocacy Handbook
- Served as EMRA representative to Emergency Medicine Action Fund
- Served on the ACEP Finance Committee
- Served as Treasurer to the EMRA Board

1 **Report S-'12 – Secretary / Editor-in-Chief *EM Resident***
2 **Stephanie Krema, MD**

3
4 Friends and countrymen-

5
6 It's been another busy year for everyone, with boredom nowhere to be seen. As
7 Secretary of the EMRA Board of Directors, I've recorded the minutes at last year's SAEM
8 in Chicago, at ACEP in Denver, and at the Annual Board of Directors Meeting.

9
10 As Editor-in-Chief of *EM Resident Magazine*, I've had the privilege of being the first to
11 read the many resident- and student-authored articles submitted. Along with the
12 Editorial Advisory Committee, I get to help *you* – the EMRA membership – share your
13 thoughts and teaching points with future emergency physicians across the country.

14
15 In addition to the classic sections on Pediatrics, Critical Care, EKGs, and Infectious
16 Disease, there is the new Landmark Articles Series, which summarizes the most recent
17 EM literature to keep evidence-based medicine close at hand. We've welcomed another
18 two new exciting sections to the magazine as well – Wilderness Medicine and EMS.

19
20 As the world of EM grows, so does EMRA and *EM Resident*. Just because we haven't
21 created a special section for a topic doesn't mean there's not room for it! What do you
22 want to read about next? Let me know - emResidentEditor@EMRA.org.

23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39 **Report S-'12 – Technology Coordinator**
40 **David Chiu, MD**

- 41
42
43 - Attended Board of Director Retreat in January
44 - Participated in Board of Director conference calls
45 - Advised in the development of mobile apps and ebook suite
46 - Selected new Vice-Chair of Technology Committee
47 - Wrote articles for *EM Resident*

Report S-'12 – Academic Affairs Representative

Chadd Kraus, DO, MPH

Welcome to Atlanta and the 2013 SAEM Annual Meeting! As your Academic Affairs Representative, my job is to help promote the EMRA educational mission and to assist in continuing to provide members with an array of useful educational products and services. This year's SAEM meeting provides a number of exciting educational events that are in part sponsored and organized by EMRA. The annual EMRA Jeopardy Contest is renamed EMRA Quiz Show and promises to be a great competition and a chance to relax and have fun with your fellow residents. Please make it a priority to attend these important educational events.

EMRA continues to strive to provide a coordinated and comprehensive educational curriculum at all of the major national emergency medicine meetings. I invite your feedback and suggestions on programming that we can offer for residents at these meetings. I also encourage you to join the EMRA Education Committee where you can work directly on these programming as well as other exciting projects.

As the EMRA Board of Directors liaison to the Medical Student Council and the Medical Student Governing Council, I would like to provide a special welcome and congratulations to the recently selected MSGC and MSC leaders who will begin their terms during the SAEM meeting. If you know of a medical student interested in emergency medicine, please encourage them to participate in the activities of the Medical Student Council. I am amazed at the productivity and enthusiasm that EMRA student members continue to provide to our organization.

Lastly, as the EMRA Academic Affairs Representative, I serve as a liaison to the Board of Directors of the Council of Residency Directors (CORD) and work on the ACEP Academic Affairs Committee. I am truly humbled and honored to be your Academic Affairs Representative. If you have any ideas related to EMRA's educational mission, concerns about resident wellness, or other issues that I may be able to assist with do not hesitate to contact me at academicaffairsrep@emra.org or kraus.emra@gmail.com.

Update on Activities – October 2012-April 2013

- Wrote EMRA update for Fall 2012 and Spring 2013 CORD newsletter
- Wrote articles for Nov/Dec, Jan/Feb, Mar/April, and May/June EM Resident
- Chapter author, *Resident as Educator* Handbook
- Chapter author, *Emergency Medicine Advocacy* Handbook
- Task Force Member, EMRA Legacy Project
- Provide guidance to MSGC in accomplishing their agenda (on-going)
- Provide guidance to EMRA Education Committee in accomplishing their agenda (on-going)
- Attended all EMRA BoD meetings
- Attended all Medical Student Governing Council meetings
- Committee Member, ACEP Academic Affairs Committee
- Resident Representative to ACEP Cost-Effective Care Task Force, Delphi Panel for Cost-Effective Care/Choosing Wisely
- Facilitated 2013 EMRA "Quiz-Show" competition
- Co-Chair, Resident Track, 2013 CORD Academic Assembly

- 1 ▪ Attended 2013 CORD Academic Assembly
- 2 ▪ Co-Chair, Resident Track, 2014 CORD Academic Assembly
- 3 ▪ Member, Leadership Group for ACEP Quality Improvement and Patient Safety
- 4 (QIPS) Section
- 5 ▪ EMRA representative to 2013 Review of Model of Clinical Practice of Emergency
- 6 Medicine

Report S-'12 – ACEP Representative
John D Anderson, MD

Welcome to Atlanta, and I hope you find the time to eat at the Varsity, watch the Braves or just enjoy some southern hospitality.

The last several months have been busy, as I have been getting up to speed and moving forward in my new position. I have been actively involved in several ACEP meetings already, and advocating for our resident interests on issues such as the role of physician extenders (PA's, NP's, etc.) and delivery system reform, as well as others. Many existing projects have continued to gain momentum, and EMRA has several members involved in national ACEP initiatives, such as the Cost Effective Care Task Force and Choosing Wisely Campaign. I anticipate additional opportunities for our members in the future and will do my best to get those interested involved.

Another role that I serve is liaison to the EMRA EMS committee which has been doing fantastic work, and I helped facilitate the involvement of a few of our members in the SAEM task force addressing standardization of EMS curriculum for students and residents. These members have been working hard and representing EMRA well.

Since the fall, my activities have included:

- Attended ACEP Board of Directors meetings in November and in February
- Attended CO ACEP Annual Meeting
- Attended EMRA Board of Directors meeting in January
- Participated in EMRA Board of Directors conference calls
- Participated in ACEP Board of Directors conference calls
- Participated in ACEP Emergency Medicine Practice Committee conference calls
- Authored EM Resident articles on the Choosing Wisely Campaign and Transitions in care
- Authored "Section Connection" for the What's Up in EM? Newsletter, in order to educate EMRA members about opportunities through ACEP Sections.
- Sent prospective inquiries to ACEP Chapters in order to find further chapter level opportunities for EMRA members
- Served as liaison to the EMRA EMS Committee

It has already been an incredible experience in these last few months. I have learned a great deal about our specialty, our current challenges and victories, and the unparalleled dedication of our members. I will continue to dedicate my own energy to serving you well and please contact me if you want to get involved further.

1 **Report S-'12 – RRC-EM Representative**
2 **Jon Heidt, MD**

3
4 Welcome to Atlanta!

5
6 As your RRC-EM representative, this will be my final report to you as my term will
7 officially end on June 30th. Over the past couple of years, it has been my privilege to
8 represent you at the ACGME. I have been continually amazed at how talented
9 emergency medicine residents are, and I will always be thankful for the opportunity I
10 had to with all of you. Emergency medicine as a specialty is held in high esteem at the
11 ACGME, and I have no doubt this will continue to grow as we all advance in our careers.
12 During my tenure, I was able to witness the creation of a new sub specialty (EMS), a
13 complete remodeling of the accreditation process and the creation of emergency
14 medicine milestones in resident training. Thank you for entrusting me to serve you, our
15 patients and our specialty at the ACGME!

16 I respectfully submit my final report on my activities over the past year:

- 17 • Performed program reviews for the residency review committee
- 18 • Participated in finalizing milestones for implementation
- 19 • Co-authored EMRA response to inclusion of emergency medicine residents in
20 surgery sponsored critical care fellowships
- 21 • Represented emergency medicine to the Council of Review Committee Residents
- 22 • Authored RRC-EM update articles for EM Resident
- 23 • Represented EMRA to the CORD/ACEP Joint Milestones Taskforce
- 24 • Attended all RRC-EM meetings
- 25 • Participated in all EMRA board of director meetings and conference calls
- 26 • Served as board liaison to the EMRA critical care committee
- 27 • Logged over 104,000 miles over the past 2.5 years!

Report S-'12 – Legislative Advisor
Sarah Hoper, MD, JD

I am Sarah Hoper MD, JD. I am a 4th year resident at Washington University in St. Louis. Last October, I had the privilege of being elected EMRA's Legislative Advisor. Since my election, with the help of the Health Policy Chair and Co-Chair, I have accomplished the following for EMRA:

1. Started EMRA's Health Policy Facebook page open to all EMRA members and the public (please join!)
2. Improved EMRA's health policy web page
3. Organized EMRA's educational programing for Leadership and Advocacy Conference
4. Organized Health Policy Month May 2013– including authors for new PowerPoints to be downloaded and easily presented at weekly conferences
5. Gained a position on Urgent Matters Advisory Board. Urgent Matters is a health policy organization that is led by Dr. Jesse Pines. Most recently, Urgent Matters was heavily involved in the upcoming CMS quality measures that will be assessed to determine the quality of medicine provided at hospital as well as Medicare reimbursement rates. EMRA will be collaborating with Urgent Matters on an upcoming project that has yet to be determined. If you are interested in working on this project please contact me.
6. Participated in Emergency Medicine Action Fund Conferences (EMAF)
7. Authored Sponsorship letter to the EMAF expressing EMRA's concern about GME funding and desire to see EMAF support better funding of GME.
8. Recruited Health Policy authors for EM Resident
9. Maintained a Health Policy article in EM Resident
10. Provided monthly Health Policy Updates for What's Up EMRA's monthly e-mail
11. Authored letter to Arizona legislators in regards to allowing only physicians who have completed an ACGME accredited Emergency Medicine Residency advertise themselves as Specialists in Emergency Medicine.
12. Attended EMRA's Board of Directors Annual Meeting and Teleconferences
13. Gained a position on the Advisory Board of the Society of Emergency Medicine Physician Assistants
14. Co-author on white paper for ACEP's Medical Legal Committee about the Efficacy of Medical Liability Reform.
15. Co-author on white paper for ACEP's State Legislative Committee about Medicare Effort to limit payment to Emergency Departments based on Diagnosis.

1 **Report S-'12 – Membership Development Coordinator**
2 **Kene Chukwuanu, MD**
3

4 Welcome to Atlanta and the SAEM Annual Meeting! As Regional Representatives,
5 Program Representatives, Committee/Division chairs and members, we thank you for
6 your hard work and dedication in advocating for emergency medicine. You are the core
7 of this organization and the future leaders of our specialty. As you take part in the
8 conference and the EMRA events, make it your mission to go back to your programs and
9 spread the word of what is happening on the frontlines of emergency medicine. We
10 also hope that you make time to enjoy the attractions that the city of Atlanta has to
11 offer during your stay.

12 We value your participation and are always willing to hear any suggestions, comments,
13 and criticisms that you may have. Please feel free to contact me at
14 membershipcoord@emra.org or at kene.emra@gmail.com, for any questions or ideas
15 that come to mind. Following is a list of some of the activities that I have been involved
16 in as Membership Development Coordinator:

- 17
- 18 • Attended the EMRA Board of Directors' Retreat.
- 19 • Completed a review & analysis of the 2012 EMRA Membership Needs Assessment
- 20 Survey and submitted a report to the Board of Directors.
- 21 • Participated in ACEP "InnovatED" (a.k.a. "ED of the Future") conference calls.
- 22 • Working with the SAEM Academy of Diversity & Inclusion in Emergency Medicine
- 23 (AIDEM) to establish collaborative efforts.
- 24 • Submitted chapter entitled "Health Disparities the United States" for the 3rd
- 25 edition of the EMRA Advocacy Handbook.
- 26 • Preparing submissions to EM Resident regarding ED Physician Wellness &
- 27 Burnout and Updates in GME funding issues.
- 28 • Participated in EMRA Board of Director conference calls.

Report S-'12 – Medical Student Governing Council Chairs
Graham Ingalsbe, MD
Outgoing Chair

As Med Student Council Chair, I've been fortunate to work on numerous projects with the MSC and Board of Directors, including:

- Revised Medical Student Newsletters to improve communication with all of our members
- Website revamp of the medical student section of EMRA.org
- Established contact with every Allopathic and Osteopathic med school in the US, and growing numbers abroad
- Working with a CDEM Task Force to address improvements in Medical Student Advising
- Attended EMRA Board of Director meetings and conference calls
- Drafting annual Member Needs Assessment Survey of med student members
- Boosting Medical Student Membership to more than 2,000 members for the first time in EMRA's history!

Zach Jarou, MSIV
Incoming Chair

I'm extremely honored to be serving as this year's Chair of the EMRA Medical Student Governing Council. I'm very much looking forward to continuing our momentum in expanding the number of medical students that EMRA is able to serve on their path to becoming excellent Emergency Medicine trained physicians. In my previous role as the MSGC Web/Technology Coordinator, I am proud to report that over the past year, I was able to help transform the medical student regional newsletter program from a non-standardized plain text format that reached only 250 contacts into custom-themed communication campaigns that now reaches more than 2000 medical students (<http://www.emra.org/newsletter.aspx>). We are also busily in the process of making several changes to the medical student areas of the EMRA website to improve navigation and eliminate redundant information (<http://www.emra.org/students.aspx>). We've come a long way but there's still much work to be done on the website. Finally, I'm excited to be introducing a resolution at this year's SAEM meeting to remove the existing cap on the number of votes that are allotted to medical students on the EMRA Representative Council so that the all of our medical student members are fairly represented.

Resolution Reports

Spring 2013 EMRA Representative Council Summary of Resolutions

- Resolution S'13-1 Discount for International EMRA Members
 - Original Resolution F-'11-5
 - Task Force Report and Recommendations
- Resolution S'13-2 EMRA Medical Student Votes
- Resolution S'13-3 Ex Officio Board Members
- Resolution S'13-4 Paramedic Licensure
 - Physician Challenge Form
- Resolution S'13-5 GME Funding and the Match Process
- Resolution S'13-6 Use of the Title "Doctor" in the Clinical Setting
- Report A EMRA Policy Compendium Updates

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution S-'13-1 Discount for International EMRA Membership

Author: Task Force

Whereas, as of 2008, there were 42 countries with Emergency Medicine training programs.

Whereas, based on GDP, relative to the United States, in 2004 the income level of Mexico was 16%; Lebanon 10%; Argentina and South Africa, 9%; India, 1%.

Whereas, EMRA membership can be a cost burden to many international residents.

Whereas, EMRA offers many educational benefits to young training physicians.

Whereas, EMRA membership for international residents will foster collaboration

RESOLVED: That EMRA will offer membership to international resident members at a "reasonable price". **(New Policy)**

RESOLVED: That the fees for the International Membership will be based on a tiered World Bank System (reference below).

RESOLVED: That an International Membership will include online resources currently provided to EMRA members. Printed publications will be offered at current EMRA member rates and on an individual basis.

RESOLVED: That International Members will not be a part of quorum at the Representative Council but will be represented by the International Regional Representative

Relevant EMRA Policy: Bylaws Article VII Section II

Fiscal Note: TBD

References:

1. Emergency Medicine in Argentina: A Stepwise Process to Specialty Recognition; The Journal of Emergency Medicine, Vol 38, No 3, pp 395-400, 2010.
<http://www.emergencias.org.ar/upload/JEM8314.pdf>

2. Iserson KV. The REEME Project: a cooperative model for sharing international medical education materials. J Emerg Med 2008;35:95-9.

3. Index of the world countries by gross national product
www.scaruffi.com/politics/gnp.html Accessed March 17, 2007.

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution F-'11-5 Discount for International EMRA Membership

Sponsor: Courtney Whitehurst, MD

Whereas, as of 2008, there were 42 countries with Emergency Medicine training programs.

Whereas, based on GDP, relative to the United States, in 2004 the income level of Mexico was 16%; Lebanon 10%; Argentina and South Africa, 9%; India, 1%.

Whereas, EMRA membership can be a cost burden to many international residents.

Whereas, EMRA offers many educational benefits to young training physicians.

Whereas, EMRA membership for international residents will foster collaboration

Resolved, that EMRA will offer membership to international resident members at a "reasonable price", which is to be determined by the Board of Directors. **(New Policy)**

Relevant EMRA Policy: Bylaws Article VII Section II

Fiscal Note: TBD

References:

1. Emergency Medicine in Argentina: A Stepwise Process to Specialty Recognition; The Journal of Emergency Medicine, Vol 38, No 3, pp 395-400, 2010.
<http://www.emergencias.org.ar/upload/JEM8314.pdf>
2. Iserson KV. The REEME Project: a cooperative model for sharing international medical education materials. J Emerg Med 2008;35:95–9.
3. Index of the world countries by gross national product
www.scaruffi.com/politics/gnp.html Accessed March 17, 2007.

Task Force Report and Recommendations

Who would be eligible for the "reasonable rate" of international membership?

The task force discussed different fee structures for international members including a flat fee, tiered structure and a free membership. We decided to use the World Bank System for classification purposes of different countries.

The World Bank has categorized every economy of the world as low-income, lower-middle-income, upper-middle-income, or high-income.¹ Citizens living in low-income countries earn less than \$995 USD per annum. Those from lower-middle-income nations earn between \$996 USD and \$3,945 USD per year. Workers in upper-middle-income economies earn between \$3,946 USD and \$12,195 USD yearly. Lastly, residents of high-income nations (including the US) earn at least \$12,196 USD per annum.

With these ranges in mind, the average income for countries listed in the low-income, lower-middle-income, and upper-middle-income categories is about \$500 USD, \$2,500 USD, and \$8,000 USD per year, respectively.

We propose that membership fees be directly proportional to the ratio of the gross national income (GNI) of the prospective member's home country (i.e., where they live and work currently) to that of "rich" or high-income nations (i.e., \$12,196 USD per annum). Specifically, the tiered system would be as follows:

- Members from low-income economies would pay 1/12 the cost of an EMRA membership, or \$5
- Members from lower-middle-income economies would pay 1/6 the cost of an EMRA membership, or \$10
- Members from upper-middle-income economies would pay 1/3 the cost of an EMRA membership, or \$20

Given that current international membership is only \$25, we decided that this should stay the same for high-income countries so as not to increase the price on current international members or discourage future international EMRA membership.

How do we implement this membership?

Currently our online application already has a drop down menu for each country. We will need the website coordinators to link a specific fee with each country so that the correct amount appears.

Are international "members" a part of the representative council, and if so how do they get representation?

Given that most international members do not attend national meetings and the large financial burden associated with them, international associate members should not be included in quorum for the representative council. Instead, international associate members will be represented by the international regional representative, who is a part of rep council.

What benefits will be included for an international associate membership? What is the cost to EMRA?

The task force felt that this membership should include online resources as a start, which would be a minimal cost to EMRA. Some felt that our printed materials would likely be useful as well, and this is something we would like to expand on in the future. We would like the international committee to get involved and look at expanding EMRA resources to offer international residents (such as making print material available online given the cost of shipping).

What should we do about international medical students?

The task force felt overwhelmingly that membership should be free for international medical students. However, after discussing with medical student representatives, it was decided that this resolution only pertain to residents and not medical students.

1. The World Bank. 2011. 9 June 2011 <http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Low_income>.

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution S-'13-2

Adjusting the Voting Rights of EMRA Medical Student Members and Representatives at Meetings of the EMRA Representative Council

Author: Zach Jarou, MSIII

1
2 WHEREAS,
3 The EMRA Representative Council consists of both Resident and Student Representatives.¹
4

5 WHEREAS,
6 Student Representatives are currently only allowed one vote for every 25 Medical Student
7 Members of EMRA, with a maximum of 50 votes assigned to the Medical Student
8 Governing Council (MSGC) Chair or their appointed representative.²
9

10 WHEREAS,
11 As of February 2013, there were 1958 Medical Student Members of EMRA, a number which
12 at the current 25 students-per-vote ratio surpasses the number of medical students whose
13 votes are accounted for with the 50 vote maximum assigned to the MSGC Chair or their
14 appointed representative.³
15

16 BE IT RESOLVED,
17 That Article VI, Section 4.6.2 -- "Student Representatives" be modified to remove any
18 reference to a maximum number of votes assigned to the MSGC Chair or their appointed
19 representative.
20

21 REFERENCES:

- 22
23 1. Bylaws of the Emergency Medicine Residents' Association. Article VI. Section 1.
24 2. Bylaws of the Emergency Medicine Residents' Association. Article VI. Section 4.6.2.
25 3. 2013 EMRA Membership Activity Report.
26

27
28 **Fiscal Note: None**

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution S-'13-3 Ex-Officio Board Members in the EMRA Bylaws

Author: Jon Heidt, MD

Whereas, EMRA bylaws do not provide a clear role for specific liaisons to serve as ex officio members (MSGC chair, RRC liaison, ACEP board of directors representative) on the EMRA board of directors; and

Whereas, All appointments of liaisons are already made by the president of the association in consultation with the Board of Directors; and

Whereas, The MSGC chair and the RRC representative participate in all board of directors meetings without formal standing and are not recognized by formal bylaws; and

Whereas, EMRA has matured into a large and complex organization that warrants closer ties with other organizations; therefore be it

RESOLVED, That the EMRA Bylaws Article V Section 1 be amended to read:

Section 1 — Composition of the Board of Directors

The Board of Directors shall consist of the officers of the Association, ~~and~~ Five Members-At-Large and Ex Officio liaisons as appointed by the president of the association.

Section 1.1 — Members-At-Large

Section 1.1.1 — Qualifications

Five Members-At-Large ("Members-At-Large") shall be elected to the Board of Directors at the Annual meeting of the Association. Members At-Large shall be chosen from the active or international membership. No more than two officers or directors may be elected from the same residency program for the same or overlapping terms of office.

Section 1.1.2 — Duties

Members At-Large shall be voting members of the Board of Directors and shall share fully with the officers of the Board of Directors in the management of the Association.

Section 1.1.3 — Vacancy

Should the seat of a Member-At-Large become vacant, or a Member-At-Large be unable or unqualified to serve, the position shall be filled by an election held at the next Annual meeting of the Association. Should the position become vacant at a time greater than six months before the next Annual meeting of the Association, the President may appoint a person to fill the vacancy for the remaining term subject to majority approval of the Board of Directors. Should the position become vacant at a time less than six months before the next Annual meeting of the Association, the President may allocate the duties of the vacant position among the remaining directors until the office is filled by election at the next Annual meeting of the Association.

43 Section 1.1.4 — Recall

44 Any Member-At-Large may be recalled at any meeting of the Representative Council by a three-
45 quarters vote of the representatives present, as certified by the chair of the credentials and
46 tellers committee. A recall must be initiated by a petition signed by representatives present at
47 that meeting. The number of signatures on the recall petition shall represent at least one-third of
48 the number of eligible votes present at the meeting in which the Member-At-Large was elected,
49 as certified in the final report of the chair of the credentials and tellers committee in order to be
50 valid.

51
52 In the event of recall of a Member-At-Large of the Board of Directors, a replacement shall be
53 immediately installed in accordance with Article V, Section 1.1.3 and Article IX of these bylaws
54 from nominations from the floor of the Representative Council to fill the balance of the unexpired
55 term.

56
57 Section 1.2 – Ex Officio Board Members

58
59 Qualifications: Ex Officio Board members will be appointed by the President of the Association
60 with majority approval by the board of directors. Ex Officio members shall be chosen from the
61 active, international, fellow, alumni or student membership.

62
63 Duties: Ex Officio members will attend all board of director meetings, be allowed to make
64 motions and participate in debate. Ex Officio members will not count towards quorum and will
65 not be entitled to vote.

66
67 Term: The term of Ex Officio members will be determined by the President of the Association in
68 consultation with the board of directors.

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution S-'13-4

Establishing a Pathway to Paramedic Licensure for EMRA Members

Author: Tom Becker, MD

1
2 **WHEREAS** members of the Emergency Medicine Residents' Association (EMRA) may
3 find it beneficial to become certified as a National Registry Emergency Medical
4 Technician-Paramedic (NREMT-P) for purposes such as active provision of patient care
5 in the field, education and camaraderie with prehospital providers,
6

7 **WHEREAS** the National Registry of Emergency Medical Technicians established a
8 pathway for physicians to become certified as a NREMT-P,
9

10 **WHEREAS** EMRA members have encountered significant obstacles trying to obtain
11 such certification due to the nonspecific language used to describe the the training
12 requirements,
13

14 **WHEREAS** the NREMT's pathway offers little guidance on how to effectively establish
15 equivalency of a physician applicant's knowledge and skills pertaining to Emergency
16 Medical Services (EMS),
17

18 **WHEREAS** the NREMT's current pathway does not differentiate between physicians in
19 emergency medicine and those in other specialties,
20

21 **WHEREAS** emergency physicians have unique knowledge of EMS-related topics, as
22 opposed to many other medical specialties,
23

24 **RESOLVED** that EMRA will work with NREMT stakeholders to optimize the process of
25 NREMT-P certification for emergency medicine resident physicians and fellows.
26

27 **References:** 1. NREMT Entry Requirements for Licensed Physicians Challenging the
28 EMT-Paramedic Training Program - "Physician Challenge Checklist"

National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION

ROCCO V. MORANDO BUILDING
6610 BUSCH BLVD
P.O. BOX 29033
COLUMBUS, OHIO 43229

(614) 888-4484
www.nremt.org



NREMT Entry Requirements for Licensed Physicians Challenging the EMT-Paramedic Training Program “Physician Challenge Checklist”

1. Provide official evidence of a current and valid registered physician credential.
2. Provide a certificate of equivalency indicating successful completion of the behavioral objectives of an EMT-Paramedic education program. A state approved paramedic training program must issue the certificate of equivalency.
3. Submit a letter from the state EMS office where the applicant works or is to work. The letter should indicate the state's support of the applicant taking the examination.
4. Meet all other entry requirements outlined in the current EMT-Paramedic brochure published by the NREMT.

ROCCO V. MORANDO BUILDING
6610 BUSCH BLVD.
P.O. BOX 29233
COLUMBUS, OHIO 43229

(614) 888-4484
www.nremt.org



**NREMT Entry Requirements for Registered Nurses
Challenging the EMT-Paramedic Training Program
“Nurse Challenge Checklist”**

1. Provide official evidence of a current and valid registered nursing credential.
2. Provide official evidence of a current EMT-Basic certification issued by the state or the National Registry.
3. Provide a certificate of equivalency indicating successful completion of the behavioral objectives of an EMT-Paramedic education program. A state approved Paramedic-training program must issue the certificate of equivalency.
4. Submit a letter from the state EMS office where the applicant works or is to work. The letter should indicate the state's support of the applicant's taking the examination.
5. Meet all other entry requirements outlined in the current EMT-Paramedic brochure published by the NREMT.

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution S-'13-5 Graduate Medical Education Funding and the Match Process

Authors: Chadd Kraus, DO, MPH and Jonathan Heidt, MD

WHEREAS, The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment through an objective and standardized process to positions in graduate medical education (GME) in the United States,

WHEREAS, The creation or alignment of residency positions through special financial relationships and agreements with individuals, corporations, foreign governments or other entities would significantly alter the uniform and standard practice of the Match,

WHEREAS, GME is a core mission for over 1500 teaching hospitals and all of the medical schools in the United States,

WHEREAS, GME funding has become a significant component of the CMS budget and many teaching hospitals have come to rely upon such funding,

WHEREAS, Several residency programs have already begun to explore alternative funding arrangements for positions in response to reduced GME funding,

RESOLVED, that EMRA

1. Continue to support the traditional Match process as it currently exists
2. Oppose the hiring of emergency medicine residents through processes outside of the traditional Match that select or give preference to individuals for Emergency Medicine residency positions based on special financial relationships or agreements between individuals, hospitals, foreign governments, corporations, or other entities
3. Support efforts of sponsoring institutions to secure adequate Graduate Medical Education funding to train emergency medicine residents
4. Forward a similar resolution for consideration at the next American College of Emergency Physicians council meeting.

References

1. Roth AE. The Origins, History, and Design of the Resident Match. *JAMA*. 2003;289(7):909-912.
2. Purushottam A. Nagarkar, Jeffrey E. Janis (2012) Fixing the "Match": How to Play the Game. *Journal of Graduate Medical Education*: June 2012, Vol. 4, No. 2, pp. 142-147
3. Rich E, et al. "Medicare Financing of Graduate Medical Education." *J Gen Intern Med* 2002;17:283-292.
4. ACGME Letter to: American Board of Medical Specialties; American Hospital Association; American Medical Association; Association of American Medical Colleges;

42 Council of Medical Specialty Societies.
43 http://www.acgme.org/acWebsite/home/ACGME_Statement_on_Medicare_GME_Reimb
44 [ursement.pdf](http://www.acgme.org/acWebsite/home/ACGME_Statement_on_Medicare_GME_Reimb)

45 Relevant EMRA Policy <<GME Funding?>>

46

47 **Fiscal Note:** No budget impact

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Resolution S-'13-6 Use of the Title "Doctor" in the Clinical Setting

Author: Derrick Lowery, MD

1
2 **WHEREAS**, the healthcare team has evolved to include many important and varied roles to
3 provide care to patients and
4

5 **WHEREAS**, the composition of this team is often confusing to patients and
6

7 **WHEREAS**, many non-physician members of this team have achieved doctorate level degrees
8 and are serving in important roles in patient care and
9

10 **WHEREAS**, patients may confuse the title doctor with the role of physician, so be it
11

12 **RESOLVED**: that EMRA supports policies, regulations and legislation restricting the use of the
13 term "doctor" in the clinical setting to individuals who have completed a Doctor of Medicine (MD)
14 or a Doctor of Osteopathy (DO).
15

16 **RESOLVED**: that EMRA advance this proposal to the next meeting of the American Medical
17 Association for consideration by the Residents and Fellows Section, and if adopted, request
18 forwarding to the House of Delegates.
19

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Report A Policy Compendium Review

Author: Policy Review Committee

WHEREAS, The Emergency Medicine Residents' Association is required to review and update all resolutions and policies in the Policy Compendium on a five-year schedule commencing after the fall meeting the year in which the resolution is adopted.

WHEREAS, The Emergency Medicine Resident's Association Policy Review Committee is required to adhere to the following goals in updating their Policy Compendium:

1. Review the document for relevance to EMRA's mission.
2. Review the document for relevance to EMRA's interests and those of the specialty of emergency medicine. The core beliefs of the organization and specialty should be retained.
3. Policies that have been resolved should be recommended for sunset, ongoing issues reaffirmed, and those needing change amended.
4. If the outcome did not fulfill the intended goals of the policy then further action should be proposed.
5. Make sure no policy contradicts another policy.
6. Technical and grammatical changes.

WHEREAS, The Emergency Medicine Residents' Association has created a Policy Compendium Task Force to compose a report of recommendations for review and approval by EMRA's Representative Council. Note all deletions are strikethrough and all additions are underlined.

RESOLVED, Section III – VI Conference Calls be Reaffirmed

RESOLVED, Section III – VIII Lobbying be Reaffirmed

RESOLVED, Section III – IX Executive Director Performance Evaluation Policy be Reaffirmed

RESOLVED, Section IV – I Financial Compendium be Reaffirmed as Amended to read:

RESOLVED, Section IV – II Corporate Credit Cards be Reaffirmed

RESOLVED, Section IV – III Dues Structure be Reaffirmed

RESOLVED, Section IV – IV Leadership Travel be Reaffirmed as Amended to read:

Funding for travel will be provided for EMRA Board members and the MSGC members as specified in the budget. The RRC Liaison and MSGC chair will receive the same funding as a Board member.

RESOLVED, Section V – I Standing Committees be Reaffirmed as Amended to read:

I. Standing Committees

A. Purpose

Committees will assist the Board with its work. Annually, the Board will delegate work to committees in the form of objectives. The committee will then be responsible for accomplishing these objectives. Objectives will be assigned to the committee at ~~SAEM~~ the annual spring meeting. Committees will meet in person twice yearly at ACEP Scientific Assembly and ~~SAEM~~ the spring meeting. The Board can create or dissolve committees, which requires a majority vote.

43
44 B. Financial Considerations

45 No monies will be designated for committees except for budgeted conference calls. Monies
46 may be requested by a committee by submitting a formal request to the Board. All speakers or
47 activities requiring funding will need to be approved by the Board. Allotted staff time for each
48 committee will be at the discretion of the President based on the specific objectives assigned to
49 the committee.

50
51 C. Orientation

52 The Board will host an orientation session annually. Committee chairs, vice-chairs and Board
53 liaisons should attend.

54
55 D. Committee Membership

56 Committee members will be appointed by the President at his/her discretion. Applications will be
57 solicited from all members on an annual basis, but committee members may be assigned at any
58 time.

59
60 E. Chair Responsibilities

61 The chair will serve a one-year term that will begin and end at the spring annual meeting. The
62 chair will accomplish all objectives as set forth by the Board within an appropriate timeline. The
63 chair will also submit a bi-annual committee report to the Board. The chair will defer all extra-
64 association contact to the President, as the President is the primary spokesperson of the
65 organization.

66
67 F. Vice-Chair Responsibilities

68 The vice-chair will serve a one-year term, after which he/she shall become chair of the
69 committee, subject to approval by the President. The vice-chair will assist the committee chair
70 in accomplishing the committee objectives and to prepare for the role of chair.

71
72 G. Vice Chair Selection

73 Each spring, interested committee members will apply for the position of vice-chair via the
74 EMRA committee application process. Applicants must turn in a letter of intent, CV, and a letter
75 of support from their program director. The current chair, vice chair, and board liaison will select
76 the most qualified candidate and submit them for approval to the President-Elect. If there is a
77 conflict of interest with any member of the reviewing committee, an impartial committee member
78 will be appointed as an alternative reviewer. Upon approval, the new vice-chair will assume his
79 or her duties at the spring meeting.

80
81 H. Member Responsibilities

82 Committee members will serve a one-year term and assist the chair in accomplishing the
83 objectives assigned to the committee.

84
85 I. Board Liaison

86 The President will designate Board liaisons at the beginning of the committee year. The Board
87 liaison will facilitate communication between the Board and the committee by giving regular
88 committee updates during Board conference calls and meetings. They will also ensure that the
89 committee's objectives and actions do not conflict with the Board's assigned objectives. The
90 Board liaison will also facilitate a smooth transition from year-to-year as the committee
91 leadership changes.

92
93 **RESOLVED**, Section V – II Standing Divisions be Affirmed as Implemented to read:

Standing Divisions

A. Purpose

Divisions exist to provide a forum for members with a special interest to speak as a unified group to the leadership of EMRA, to provide a means for EMRA to utilize the expertise of an identifiable group of members on specific issues, and to provide a pathway for professional leadership development within the organization. Divisions will create and operate on their own set of objectives, with the approval of the EMRA Board, and the division will then be responsible for accomplishing these objectives. Objectives will be set by the division at the annual spring meeting. Divisions will meet in person twice yearly at ACEP Scientific Assembly and the spring meeting. The Board can create or dissolve divisions, which requires a majority vote.

B. Financial Considerations

No monies will be designated for divisions except for budgeted conference calls. Monies may be requested by a division by submitting a formal request to the Board. All speakers or activities requiring funding will need to be approved by the Board. Allotted staff time for each division will be at the discretion of the President based on the specific objectives set by the division.

C. Orientation

The Board will host an orientation session annually. Division chairs, vice-chairs and Board liaisons should attend.

D. Committee Membership

Division members will be appointed by the President at his/her discretion. Applications will be solicited from all members on an annual basis, but division members may be assigned at any time.

E. Chair Responsibilities

The chair will serve a one-year term that will begin and end at the spring meeting. The chair will accomplish all objectives as set forth by the division within an appropriate timeline. The chair will also submit a bi-annual report to the Board. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.

F. Vice-Chair Responsibilities

The vice-chair will serve a one-year term, after which he/she shall become chair of the division, subject to approval by the President. The vice-chair will assist the division chair in accomplishing the objectives and to prepare for the role of chair.

G. Vice Chair Selection

Each spring, interested division members will apply for the position of vice-chair via the EMRA division application process. Applicants must turn in a letter of intent, CV, and a letter of support from their program director. The division members will vote for the most qualified candidate and submit them for approval to the President-Elect. Upon approval, the new vice-chair will assume his or her duties at the spring meeting.

H. Member Responsibilities

Division members will serve a one-year term and assist the chair in accomplishing the objectives decided upon by the division.

I. Board Liaison

The President will designate Board liaisons at the beginning of the division year. The Board liaison will facilitate communication between the Board and the division by giving regular updates during Board conference calls and meetings. They will also ensure that the division's objectives and actions do not conflict with the Board's objectives. The Board liaison will also facilitate a smooth transition from year-to-year as the division leadership changes.

RESOLVED, Section V – III Task Force Guidelines be Reaffirmed

RESOLVED, Section V – V Medical Student Committees be Reaffirmed as Amended to read:

A. Structure

Members of the Medical Student Governing Council (MSGC) and the Medical Student Committee (MSC) will be appointed annually by the President-Elect and Academic Affairs Representative at their discretion to be made up of any medical student member deemed appropriate. The MSC will consist of ~~two~~three regions: a northeast, southeast, and west region. The MSC will consist of members whose geographic representations of medical schools are taken into consideration in their selection.

B. Medical Student Governing Council

The MSGC will be the executive sub-committee the MSC. The MSGC shall consist of eight members including chair, vice-chair, editor, technology coordinator, west region coordinator, northeast region coordinator, southeast region coordinator, and osteopathic coordinator. The chair and vice-chair of the MSGC will serve respectively as chair and vice-chair of the MSC.

RESOLVED, Section VI – I Advertising Guidelines be Reaffirmed as Amended to read:

I. Advertising Guidelines

The following policy is applicable to all EMRA advertising, including but not limited to, all published materials, newsletters and electronic ~~website~~ content.

Products or services eligible for advertising must be germane to and useful in the practice of medicine, medical education, or health care delivery.

EMRA is not responsible to verify or endorse the information contained in the advertisement.

EMRA does not allow advertising by pharmaceutical, tobacco, alcohol or firearm companies.

EMRA reserves the right to refuse any advertising request at its discretion.

RESOLVED, Section VII – II Awards and Scholarships Section be Reaffirmed as Amended to read: II. Selection

Award or scholarship winners will be determined by the EMRA Awards Committee. In the event of a tie, the President will cast a tie-breaking vote. Qualities that should bear on the selection include the candidate's status as an EMRA member, their service to EMRA and past positions held, and their service to the specialty and past positions held in state or national professional organizations.

Unless specified by the award or scholarship itself, it may be given to non-members of EMRA with selection deference given to EMRA members. Awards Committee Members who are enrolled or were enrolled in the previous 6 months in the same residency program as the nominee are to abstain from the vote, but may provide background information as requested by members of the ~~EMRA-Board~~ Committee. Board Committee members will disclose any conflicts of interest that would hinder their ability to cast an unbiased vote for award selection.

RESOLVED, Section VII – III Awards Presentation be Reaffirmed as Amended to read:

III. Presentation

Upon their selection, award or scholarship winners are invited to attend the Award Reception at the annual spring or fall EMRA meeting, dependent upon the award cycle. The nominee, or a representative from the program shall be asked to speak a few words before the EMRA spokesperson ~~president~~ and nominee present the award or scholarship to the recipient. If the award or scholarship is sponsored by an individual, foundation, or corporation other than EMRA, sufficient recognition will be provided in the awards program, and the EMRA spokesperson ~~president~~ will announce the sponsorship during the presentation. Although representatives of the sponsor are welcome to attend the event, they are not to address the audience during the presentation of the award or scholarship. Photographs are allowed throughout the award ceremony, and there is no restriction on the sponsor of the award obtaining a photo opportunity with the award or scholarship recipient.

RESOLVED, Section VIII – III External Policy Communication be Reaffirmed

RESOLVED, Section IX – I Access to Healthcare be Reaffirmed

RESOLVED, Section IX – VI Emergency Medicine and Physical Fitness in Children be Reaffirmed

RESOLVED, Section X – XVII – Emergency Medicine Physicians Workforce be Reaffirmed as Amended to read:

Emergency Medicine Physician Workforce

The emergency medicine workforce is defined as ABEM or AOBEM board certified/board prepared emergency medicine physicians. The only pathway to independent practice in emergency medicine in the 21st century is the completion of an ACGME/AOA accredited emergency medicine residency training program and board certification by ABEM or AOBEM. ~~Only physicians who have completed an ACGME or AOA accredited emergency residency program should be eligible for emergency medicine board certification. That certification can only be obtained through the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.~~

RESOLVED, Section X – XIX Family Leave Policy be Reaffirmed as Amended to read:

Family Leave Policy

EMRA believes that emergency medicine residency programs should have a clear policy on maternity/paternity leave, rights and responsibilities under the Family Medical Leave Act, and that programs provide this policy to residents and applicants. EMRA also believes that programs should address coverage expectations and remuneration in their residency employment contracts.

The Family Medical Leave Act provides a framework for extended time away from all forms of employment, including residency training. According to the ACGME guidelines, such leave may extend the length of training beyond the initial 36 month (or 48 month) requirement. Although most residents are aware that they can take maternity/paternity leave, most programs do not provide clear procedures on maternity/paternity leave, the FMLA, and the impact on residents. Other residents are often asked to cover clinical responsibilities beyond their assigned schedule. This extra clinical time may negatively impact the education of those residents. EMRA believes that programs should develop a comprehensive policy regarding coverage for a resident on leave. This policy should detail how a resident on leave makes up for missed clinical time in a non-punitive manner. It should also include specifics of how coverage will be provided. Options to provide this coverage should include the possibility of staffing sources other than

residents. If a resident provides coverage, such activity should be voluntary and not compromise their education. Residents providing coverage should be compensated in fair and equitable manner.

RESOLVED, Section X – XXII Medical Licensure be Reaffirmed

RESOLVED, Section X – XXIV Moonlighting be Reaffirmed

RESOLVED, Section X – XXVI Privacy of Emergency Department Physician Information be Reaffirmed

RESOLVED, Section X – XXXIX Securing GME Funding for Resident Education be Reaffirmed

RESOLVED, Section X – XLII Tactical Emergency Medicine be Reaffirmed

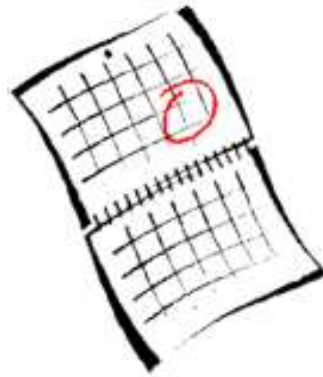
RESOLVED, Section XIII – Elections Policy – A.2. Candidate Receptions – Altered to allow Board candidates to campaign at the EMRA Medical Student Council Meeting

References and Current EMRA Policy:

1. Bylaws of the Emergency Medicine Residents' Association
2. Emergency Medicine Residents' Association Policy Compendium

Fiscal Note: None

Program Representative Resources



2013 Upcoming Events

EMRA/ACEP Health Policy Mini-Fellowship 2013-2014

July 15/ Scholarship Application Deadline

EMRA 2013 Fall Awards

July 15 / Award Application Deadline

AMA Annual Meeting 2013

June 13 - June 15 / Hyatt Regency Chicago, Chicago, IL

ACEP Scientific Assembly 2013

October 14 - October 17 / Seattle, WA

EMRA Medical Student Forum and Residency Fair

October 13 / Seattle, WA

EMRA Resident Forum and Job Fair

October 14 / Seattle, WA

EMRA Fall Representative Council Meeting 2013

October 15 / Seattle, WA

AMA Interim Meeting 2013

TBD

WANTED: INCREDIBLE LEADERS AND AMAZING VOLUNTEERS

Join the EMRA Regional Representative Network

A current program representative from each of the eleven regions of the country will be appointed by the Representative Council Speaker and Vice Speaker to serve as the Regional Representative for a one year term (June 2013-June 2014). Please contact EMRA staff at emra@emra.org or the EMRA Vice Speaker at vicespeaker@emra.org if you are interested in serving.

The purpose of the Regional Representative Network is to identify and empower new EMRA program representative leaders, utilize members to help enhance the Representative Council, and to facilitate communication between program representatives and the EMRA leadership.

If you are interested in applying, please send your curriculum vitae to the Vice Speaker at vicespeaker@emra.org.

Duties

- Participate in three conference calls per year with the Speaker, Vice Speaker, staff, and EMRA president
- Maintain up-to-date contact information of program representatives in Region including, but not limited to telephone, email, and mailing address (relay this information to Speaker, Vice Speaker and staff)
- Maintain knowledge of regional events pertinent to EM residents and place on EMRA website (after board approval via staff)
- Attend ACEP Scientific Assembly (fall) and SAEM annual meeting (spring) in order to meet with Representative Council Speaker and Vice Speaker for face-to-face discussions
- Give input on Representative Council proceedings and help improve the Council
- Conduct telephone or email communications, notifications, and surveys of Program Representatives in the region when requested by Speaker, by given deadlines
- Uphold EMRA ethical policies while acting as representative of EMRA

EMRA Regional Representative Roster 2012-2013

Open positions for 2013-2014 indicated with grey highlight

Region 1

Territory: CA

Courtney Clamp, MD

UC Davis

Region1@emra.org

Region 3

Territory: FL, GA, NC, SC, PR

Heather Heaton, MD

UNC Chapel Hill

Region3@emra.org

Region 5

Territory: KS, MO, OK, TX

Derrick Lowery, MD

Washington University in St. Louis

Region5@emra.org

Region 7

Territory: MI

Tom Becker, MD

University of Michigan

Region7@emra.org

Region 9

Territory: NY

Diana Macian, MD

Naval Medical Center Portsmouth

Region9@emra.org

Region 11

Territory: CT, MA, ME, NH, RI, VT

Daniel Stein, MD

Oregon Health Sciences University

Region11@emra.org

Region 2

Territory: IA, IL, IN, MN, ND, SD, NE, WI

Joe Thomas, MD

Mayo Clinic

Region2@emra.org

Region 4

Territory: AL, AR, LA, KY, MN, TN

Graves Fromang, DO

University of Mississippi

Region4@emra.org

Region 6

Territory: OH

Tiffany Heu, DO

OUCOM / Marietta Memorial Hospital

Region6@emra.org

Region 8

Territory: PA

Aimee Washington, DO

Ohio Valley Medical Center

Region8@emra.org

Region 10

Territory: AK, AZ, CO, HI, NV, NM, OR, UT, WA

Shae Sauncy, MD

LSU – New Orleans

Region10@emra.org

Region 12

Territory: DC, DE, MD, NJ, VA, WV

Joshua Stanton, MD

University of Virginia

Region12@emra.org

International Region

Jessica Best, MD

UT Southwestern – Austin

internationalrep@emra.org



Get Involved in EMRA... Boost Your Visibility and Your Career!

Run for Office:

- President-Elect
- Vice Speaker of the Representative Council
- Secretary/ *EM Resident* Editor (elected in odd years)
- Membership Coordinator (elected in even years)
- ACEP Representative (elected in even years)
- Academic Affairs Representative (elected in odd years)
- Technology Coordinator (elected in odd years)
- Legislative Advisor (elected in even years)

Serve on the Representative Council

- Be an EMRA Representative for your Program
- Become a Regional Representative and organize reps in your area

Join Conference Committees:

- Reference Committee
- Tellers and Credentials Committee
- Sergeant-at-Arms
- Parliamentarian

Join an EMRA Committee or Division

- Education Committee
- Critical Care Division
- Health Policy Committee
- International Division
- Research Committee
- Informatics Committee
- EMS Division
- Wilderness Medicine Division
- Ultrasound Division

Become an EMRA Representative to One of ACEP's Committees

Other Opportunities for Members to Become Involved:

- Present suggestions at a Representative Council Town Hall meeting
- Join the 911 Legislative Network
- Submit an Idea Worksheet
- Write a resolution for consideration by the Representative Council
- Write an article for *EM Resident* Magazine or *What's Up in Emergency Medicine*
- Propose a new project to the Board of Directors, or assist with current projects
- Join an ACEP Section

For more information, visit www.emra.org
or contact your EMRA program representative!



IDEA WORKSHEET

Got a great idea for EMRA or its dynamic and savvy members? Terrific! Use this form to tell us about it. When you've answered all the questions you can, please give the form to a Council Officer or email it to emra@emra.org.

- I. **Explain your idea, concept, or suggestion for EMRA. Be sure to explain the outcome that will be achieved if your idea is implemented.**

 - II. **Do EMRA members need or want this project? How are you gauging this value them?**
 - III. **Which segment of membership will find it most useful...Residents, Medical Students or Alumni?**
 - IV. **Does your idea fit into a known element of EMRA's Strategic Plan?**
 - V. **How would you like to see EMRA act on your idea?**
 - a. Examples of actions include creating a resolution, forming a task force, presenting a report to the Representative Council, developing a product or capability that can serve member needs, etc.
-

Please attach any background material, research you have gathered, and any information sources you have used in development of this idea.

Please tell us how to reach you:

Name: _____
Email: _____
Program: _____
Home phone: _____
Cell phone: _____

An EMRA staff member or volunteer will contact you within 2-3 weeks of receipt of this form.

Thank you for sharing your creativity with us!