

# CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS

MARCH 2008

*“How did we get here?”* — Leon Haley, MD Chief of EM Grady Hospital, Atlanta, speaking of ED crowding

## CCEP PROTESTS PROPOSED CHANGE IN CT TRAUMA REGS

*This letter to DPH Commissioner Galvin, written by CCEP’s new president Dave Charash and the CCEP board, is in response to a proposal that would change the way trauma care is delivered in Connecticut. The “Statewide Trauma System Plan” was submitted to the Commissioner last November by the Connecticut State Trauma Committee. We’re not sure what he thinks about it. Ed.*

Dear Commissioner Galvin:

I am writing to you regarding the current initiative presented to you by the State Committee on Trauma this past November. As an organization that represents over 400 Emergency Physicians in the State of Connecticut, the Connecticut College of Emergency Physicians cannot support this proposal.

Historically, under the Department of Health and Office of Emergency Medical Services, an inclusive body of experts, all stakeholders in the development and delivery of emergency medical services and trauma care, have developed the current EMS in the State of Connecticut. This body of experts has included Emergency Physicians, Emergency Medical Services, hospital administrators and surgeons. The Connecticut College of Emergency Physicians takes exception to the fact that this document that was authored by the chair of the Trauma Committee, part of the Connecticut EMS Advisory Board and strongly influenced by the Committee on Trauma which answers to the American College of Surgeons, was presented to the Department of Health without any input from our organization.

Emergency medicine as a specialty has expertise in emergency medical services, pre hospital trauma, and disaster management. This expertise extends well beyond the scope of just trauma care. The recommendation put forth in this document of having a system that is separate for trauma with an independent medical director and staff, and medical EMS with an independent medical director and staff is not only divisive but also not in the best interest of EMS as a whole. This proposed division of roles has the potential to fragment and decentralize EMS in the State of Connecticut. This would be a regressive step, undoing a general trend towards a unified system of care that has been developing the past decade in Connecticut.

Our College disagrees with the suggestion that the proposed Trauma Advisory Board should develop and recommend standards for trauma education to the Department of Health. The American Board of Emergency Medicine and the American Osteopathic Boards of Emergency Medicine have clearly defined what standards of continued education are required. It would be

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### CCEP SPRING SYMPOSIUM

APRIL 10  
HARTFORD  
CONVENTION  
CENTER

*(with Simulation  
Symposium  
April 9th Evening)*



Docs receive “Residents of the Year” award: Kelly Dodge (l) and Michael Tocci (r) receive plaques from their beaming directors Laura Bontempo (l) and Sue Dufel (r)

INSIDE:

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PICS FROM LAST ANNUAL MEETING

## JOBS IN CONNECTICUT NOW

### BRIDGEPORT HOSPITAL

Due to increased volume Bridgeport Hospital is recruiting two new emergency physicians. Join a practice of stable, long tenure hospital employed emergency physicians, at a community teaching hospital with 67,000 visits last year. Level two trauma designation, secondary teaching site for the Yale integrated Emergency Medicine residency, strong, supportive medical staff. Contact Michael Werdmann, Chairman of EM, 3923 or e-mail [pmwerd@bpthosp.org](mailto:pmwerd@bpthosp.org)

### BRISTOL HOSPITAL

Per diem opportunity for superior EM residency trained or EM board certified physicians in our 42,000 visit Emergency Care Center. Outstanding compensation for nights and weekends. Our Emergency Care Center includes the main E.D., the Express Care Unit, the Observation Unit and a separate behavioral health unit. We are in the process of renovation. We do not board admitted patients in the E.D., nor do we routinely treat patients in the hallway. The group includes six full time emergency physicians (All ABEM B/C), five emergency physician assistants and several wonderful per diem MDs and PAs. Stable group (13 years) dedicated to superior service quality and receives outstanding patient satisfaction surveys. To learn more about this opportunity, please contact: Larry Levine MD FACEP at [LPL@aol.com](mailto:LPL@aol.com) (mailto:LPL@aol.com)

### CHARLOTTE HUNGERFORD HOSPITAL

Live and work in the beautiful Litchfield hills of northwest CT. Charlotte Hungerford is a 100-bed community hospital with a busy ED that sees 31,000 visits/yr. and is staffed by a stable private group of board certified ED physicians. Experienced PA's provide coverage for Fast Track area 12 hrs per day as well as support in the main ED. Excellent, fully computerized order entry, data access and documentation system. Recently renovated facilities. Flexible shifts, 8 and 12hrs. Generous compensation, incentive bonus, pension contribution and full benefits. Contact: Eric Salk, MD FACEP, Medical Director, Emergency Department. [esalk@hungerford.org](mailto:esalk@hungerford.org)

### DANBURY HOSPITAL

Excellent career opportunity! Expanding the ED group by two FT BC/BE EM Physician positions. Join progressive ED in Level II Trauma Center. 70,000 annual visits. 24x7 coverage in all subspecialties. EMT/EMT-P program. Salary/benefit package most competitive in New England. Beautiful area with easy access to major cities. Benefits include 8-10 weeks time off, malpractice, incentive bonus, executive benefits, etc. EOE. CV to [Patrick.Broderick@danhosp.org](mailto:Patrick.Broderick@danhosp.org) or call 203-739-7405 for more information.

### DAY KIMBALL HOSPITAL

Exciting opportunity for a BE/BC emergency physician to be part of a small progressive group that is in the planning stage of a new ED. We are one of the few CT community EDs with ultrasound and have just implemented a state-of-the-art computer information system that makes our work fast, efficient and rewarding. We have 24,000 patient visits/year in a rural setting one hour from Boston and 45 min from Hartford and Providence. The housing is affordable and the schools excellent. The salary is one of the best in the region with an extraordinary hourly rate and incentive bonuses. This is a great job!. For more information, please contact Steven Wexler, MD, Director, Department of Emergency Medicine, 860 928-6545, E-mail: [drwex@comcast.net](mailto:drwex@comcast.net).

### EASTERN CONNECTICUT HEALTH NETWORK

Full-time positions are available for EM residency trained and BE/BC physicians to work in the recently built ED at Manchester Memorial Hospital and the new ED at Rockville General Hospital. We are also looking for PAs with ED experience to staff our EDs at both facilities. Please contact: Robert F. Carroll, MD, FACEP, MBA [RCarroll@echn.org](mailto:RCarroll@echn.org), 860-647-6475 (Office) 860-647-6412 (Fax)

### HARTFORD HOSPITAL

Per diem opportunity for EM residency trained or EM board certified physicians in our 80,000 visit, 60 bed, ED. Our Fast-Track, run by PA/NP's, sees 23,000 visits per year. We are the main clinical site for the UConn EM Residency, a three year program with 12 great residents per year. We are a Level I trauma center and the major toxicology program for CT with a fellowship. We have experienced PA/NP's, nurses, RT's, and ancillary help. Our call list includes most specialties. Competitive salary and benefits. Contact AJ Smally, MD FACEP at [asmally@harthosp.org](mailto:asmally@harthosp.org) or 860-545-3536.

### MEDICAL DIRECTOR, SHORELINE MEDICAL CENTER, A FREESTANDING ED ASSOCIATED WITH MIDDLESEX HOSPITAL

Well-established 27,000 visit freestanding Emergency Department in Essex, CT. Middlesex's Hospital's progressive and growing ED system sees 90,000 visits per year in three sites (one hospital-based ED and two freestanding ED's). The freestanding ED's are open 24/7, staffed by ABEM physicians and ED RN's, have full radiology (CT 24/7) and lab capabilities, backup in all specialties, receive ambulances, and have helipads. Compensation up to \$300K, PLUS 7.5 weeks/year vacation/CME, and generous hospital benefit package, for total package value up to \$360K. Progressive, very stable all-ABEM group enjoys excellent compensation, substantial performance incentives, and great benefits. Outstanding public schools, great golf, boating, theatres, dining. 30 minutes from New Haven, 45 minutes from Hartford, two

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## GOVERNMENT AFFAIRS

Emergency physicians play a vital role in communicating the issues of emergency medicine, advocating for the specialty and the patients†they serve and educating the public about health and safety topics. Each year the board of directors sets forth advocacy objectives for the organization. This year two topics top the list. Support the creation of a state-supported regionalized SANE program and continue to advocate for our patients in regards to emergency department overcrowding and boarding of admitted patients in the emergency departments.

On January 29<sup>th</sup> members from the CCEP Board of Directors, Dave Charash, Bryan Jordan, Michael Guttman, and Gregory Shangold, met with Representative Peggy Sayers, co-chair of the legislative public health committee. The discussion started with expressing CCEP's support of a regionalized SANE program. Although, Rep. Sayers initially thought a comprehensive forensic nursing service would be superior, she agreed a SANE service would be a good start if the emergency nursing association (ENA) and the International Association for Forensic Nursing (IAFN) would also support. Her desire to hear from the other nursing associations was expressed to the coalition.

A CCEP representative has been part of a coalition to create a state run regionalized Sexual Assault Nurse Examiner program over the past year. The goal is to create a system similar to Massachusetts where the state educates and staffs a pool of SANE nurses which then travel to SANE certified hospitals to perform sexual assaults. This coalition is composed of numerous stakeholders including CCEP, CHA, CONNSACS, ENA, IAFN, OVS, and other interested parties wishing for a comprehensive, statewide program.

The legislative public health committee has decided to hear testimony concerning the development of a statewide regionalized SANE / SAFE program. Members from the coalition will testify to the benefits of such a program. As with any other issue, legislators are more likely to support initiatives if they are contacted by their constituents. The creation of this program would enhance the care of sexual assault victims, increase conviction rates of offenders, while decreasing the burden placed on already overcrowded emergency departments to gather forensic evidence.

The second topic of discussion was broader and more comprehensive. CCEP members expressed their point of view that boarding of inpatients continues to occur throughout the state. We acknowledged the multifactorial nature of the

problem but in the end continued advocating for the thousands of emergency patients seen every day in Connecticut's Emergency Departments. We reflected on some of the progress made in the past two years such as DPH and CHA agreeing that the boarding of patients is a reflection of a hospital-wide process. We also conceded that a legislative solution mandating hospitals will not likely solve the problem. However, we did raise the possibility of changing legislation that would remove impediments from individual hospitals solving the problem at the local level. One such suggestion was changing the fire code so hospitals could utilize additional spaces outside of the emergency department. Rep Sayers agreed to meet with Fire Marshals to investigate the feasibility of such a solution.

Legislation would be brought forward to incorporate some of the recommendations of the governor's task force. Many of these initiatives concern finding alternative locations for the mental health population that currently seeks psychiatric care

in Connecticut's emergency departments. Rep. Sayers is a staunch supporter of decreasing the boarding of psychiatric patients, especially children, in emergency departments. She understands that many times the length of stay of these patients is in days rather than hours.

CCEP continued to voice our perspective so emergency departments throughout the state can adequately provide timely and compassionate emergency care. We expressed our desire to work alongside CHA and

DPH to improve the situation of healthcare within the state. CCEP supports the Governor's task force's recommendations since we were the only physician representation on the committee. CCEP's advocacy efforts will continue to explain to legislators how we are the safety net of Connecticut's health care system and explore solutions that will improve Connecticut's delivery of hospital-based emergency services.



L to R: Greg Shangold (Windham ED), Bryan Jordan (CCEP Pres-elect, Bridgeport), Rep. Peggy Sayers, David Charash (CCEP Pres, Danbury), and Michael Guttman, St. Francis)

### RANDOM HEALTH CARE STATS

#### U.S. Ranking among Industrialized Nations

- 26<sup>th</sup> in infant mortality rates
- 24<sup>th</sup> in disability-adjusted life expectancy
- 37<sup>th</sup> in health system overall performance
- 40<sup>th</sup> in the percentage of the population who is satisfied with their nation's health system

# FROM THE PRESIDENT

DAVID CHARASH, DO, FACEP

It is a great honor to have been elected to the Presidency of the Connecticut College of Emergency Physicians this past November. During my tenure as a board member of CCEP, I had the pleasure of working with many leaders in Emergency Medicine. It is quite amazing that for such a small chapter, we have so many leaders as the local level and also at the national level.



Examples of such leaders and CCEP alumni include Dr Michael Carius, CCEP Past President, and Past President of The American

College of Emergency Physicians. Dr. Carius is currently involved at the national level working on the issue of On Call Specialty Care. Our most recent Immediate Past President, Dr Larry Levine, recently participated on the Governors' Hospital care Task Force, assembled to deal with

issues that included Emergency Department Overcrowding. There are numerous other CCEP board members past and present that have, and continue to represent the many issues that are important to all who practice Emergency Medicine.

As important as it is to have leadership in CCEP that can articulate these important issues, it is most important that the members of the Connecticut College of Emergency Physicians see the value of our organization. At our January Board Meeting a four hour Strategic Planning session took place. The structure of the meeting was to take a look at where CCEP is today, and where our organization needs to be in the future.

## Education

Currently we have two educational forums:

- In November we have our Scientific Assembly/ Annual Meeting that offers free CME. At this meeting, we have our board

elections, awards, lectures, and scientific presentations typically from each of the residency programs. This year's program distinguished itself by having national speakers that spoke to the issues of ED overcrowding, and animal invenomation. The highlight I believe of the day was when the residents presented the oral presentations. CCEP offered two grants that help fund this research.

- In April CCEP hosts the Spring Symposium. This year it will be at the Connecticut Convention Center located in Hartford on April 10th. We have a stellar group of national speakers lined up. Each year we try and refine and improve the quality of the programs based on the feedback of the participants.

The goal is to have a program that will be the premiere CME program in the area. We have many talented local speakers and would like to also have the ability to attract national speakers each year.

## Membership

Currently we have over 409 members. We would like to continue to grow our organization by offering programs that have clinical relevance. The best way to effect this is to always ask the question "Are We Relevant?" Our membership includes Clinicians, Academicians, Fellows, and Residents. Many of the Emergency Physicians are employees of the hospital. There are growing numbers of fee for service based practices. Our membership needs to be inclusive.

## Legislation and Government Affairs

As we become more vocal we have to be able to articulate our issues and concerns to local, state and national politicians. At the National ACEP level, CCEP was well represented concerning the Access to Emergency Medicine Act. At the state level this past year, CCEP has worked tirelessly on the ED overcrowding issue, and on the sexual abuse nurse evaluation program. We need to increase the number of interested emergency physicians in Connecticut who can actively engage their representatives as well as be available to work on these issues. We will develop a metric regarding lobbyist performance that will help monitor the effectiveness of their performance. CCEP employs a lobbyist to help us navigate the many legislative issues that are before us. We will consider the need to enhance funding of our lobbyist for the purposes of better access to those relevant issues that affect each of us.

## Organizational Viability

CCEP is financially sound. We are able to provide our free CME meeting in November to all members, as well as provide our Spring Symposium each year. We have two exceptional executive directors. Both Tricia and Lisa are a great asset to our organization. Many state chapters send their executive directors to the ACEP Annual Scientific Assembly. We do not. There are significant opportunities for executive directors at this meeting to learn, network, and bring back to the local chapter important organizational insights. We believe that this is a very important opportunity for our organization to grow.

There is great value to our organization. Our greatest asset is, however, our members. CCEP is an inclusive organization that survives, and thrives because its members make a difference.

The Connecticut EPIC is published quarterly by the Connecticut College of Emergency Physicians. Opinions expressed within this newsletter do not necessarily reflect the College's nor ACEP's point of view.

### Editor

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# COMMISSIONER GAVIN

*(Continued from Page 1)*

unprecedented as well as professionally demeaning to have the American College of Surgeons as well as the Trauma Advisory Board dictate the type, level and frequency of trauma training to an Emergency Medicine trained, and Board Certified, Emergency Physician.

We are troubled by the notion that funding for this new venture will siphon off financial support to trauma-related problems from EMS and Emergency Departments across the state that care for all patients that call 911, or present to an Emergency Department that are uninsured or underinsured, and yet federally mandated to care for them. It should be kept in mind that though trauma is certainly a significant proportion EMS and Emergency Care, it makes up only a small fraction of the pathology the presents to our specialty.

One of the issues mentioned in the trauma initiative is the benefit of over triage: that it is safer to divert a patient in the prehospital environment, to a higher level of care facility. Though there is no denying that patients with higher level of acuity injuries are likely to receive more expeditious and comprehensive care in tertiary than smaller centers, it is not clear cut that the ones with lower acuity would best be served in the level one or two centers when presented by EMS as potentially more severe pathology. Firstly, the low acuity patient treated as a high acuity injury will be over-investigated and potentially over-treated. Secondly, the tertiary care centers may well become overwhelmed with the increased volume. Finally, the town or region whose medic would be required by this new regulation to transport to a tertiary center would be potentially be left unprotected, as the medic is offline far from his assigned region. The system would be strained and the financial stress on the municipalities and state increased.

An increasingly worrisome problem that concerns the

College is the availability of the on call specialists. It is not clear how this trauma initiative will solve this problem. Currently throughout the state, a patient comes to a non-tertiary care facility, they will not get the care they need or deserve because specialization for their particular problem is not available. For example, an Emergency Physician at a community hospital may call multiple hospitals in the state to only find out that no hand surgeon will care for an injured patient. Aside from the frustration of carrying out this onerous task, ultimately the patient's care is compromised. Thus, it would seem that if, a level one trauma center is given one million dollars as proposed, and then they must take all referral without question regarding specialty care. This would make financial sense and, most importantly, mandate appropriate care from the higher level trauma center.

In conclusion, despite the fact that the Connecticut College of Emergency Physicians has not been asked to preview or be any part of the Statewide Trauma System Plan 2007, there are many parts of the plan that we would endorse and fully support. There are, however, many levels of concern as outlined in this letter. CCEP, ED Directors who serve as EMS Medical directors, as well as EMS, hospital administrators and surgeons that manage trauma, are all stakeholders in a comprehensive statewide EMS plan that must be inclusive. The Connecticut College of Emergency Physicians can not endorse this proposal as stated. We would, however, like to be a part of further planning and discussion regarding optimizing not only Trauma EMS, but EMS as a whole.

Respectfully,

David Charash D.O., F.A.C.E.P.

President , Connecticut College of Emergency Physicians

## CCEP OFFICERS

PRESIDENT ..... David Charash, D.O.

PRESIDENT-ELECT ..... Bryan Jordan, D.O.

SECRETARY-TREASURER ... Gregory Shangold, M.D.

IMMEDIATE PAST PRESIDENT ... Larry Levine, M.D.

### BOARD OF DIRECTORS

Alberto Perez, M.D. (HSA 3) 2nd term 07-09

Steven Wexler, M.D. (HSA 3) 1<sup>st</sup> term 07-09

Gregory Boris, M.D. (HSA 2) 1<sup>st</sup> term 07-09

Morton Salomon M.D. (HSA 1) 2nd term 06-08

John Bankoff, M.D. (HSA 3) 1<sup>st</sup> term 07-09

Michael Gutman, M.D. (HSA 4) 2nd term 06-08

Mark Friedman, M.D. (HSA 1) 1<sup>st</sup> term 07-09

Thomas Brunell, M.D. (HSA 4) 1<sup>st</sup> term 07-09

Jeff Finkelstein, M.D. (HSA 4) 2nd term 07-09

Michael Zanker, M.D. (HSA 5) 1<sup>st</sup> term 06-08

Karen Jubanyik, M.D. (Yale) 1<sup>st</sup> term 06-08

Ken Robinson, M.D. (UConn) 1<sup>st</sup> term 06-08

### COUNCILLORS

Craig Mittleman, M.D. (2nd term 07-09)

Phil Brewer, M.D. (3rd term 06-08)

Larry Levine, M.D. (1<sup>st</sup> term 07-09)

Fred Tilden, M.D. (3rd term 06-08)

Gregory Shangold, M.D. (1<sup>st</sup> term 07-09)

### ALTERNATE COUNCILLORS

David Wilcox, M.D.

Alberto Perez, M.D.

David Charash, D.O.

# CCEP HOLDS 15<sup>TH</sup> SCIENTIFIC ASSEMBLY & ANNUAL MEETING

On November 14<sup>th</sup>, CCEP held its Annual Meeting and Scientific Assembly at the Rocky Hill Marriott. Over 100 ER docs, residents and key staff attended the meeting this year, where the format was a bit different. Dean Wilkerson, ACEP's Executive Director, kicked off the day with a ACEP's perspective on the Future of Emergency Medicine. Dr. Leon Haley, Chief of Emergency Medicine for Grady Health System, followed up with an in-depth look at Challenges in Safety. Dr. Angela Gardner, ACEP's newly elected Vice

President, wrapped up the speakers with a fascinating talk on Wilderness Medicine.

Following the speaking portion of the meeting, Dr. Levine convened the Annual Meeting where the membership approved the Slate of Nominees for the Board of Directors. The gavel was turned over to Dr. David Charash as the new president. Once the formal business was wrapped up, Dr. Alberto Perez honored Dr. AJ Smalley with this year's "Phil Stent Award," for his dedication and continued leadership in



Dinner with Dean (Wilkerson, ACEP Exec Director): from left, Larry Levine (Bristol); visiting speaker Leon Haley, Wilkerson, Phil Brewer (Quinnipiac U); Greg Shangold (Windham ED & CCEP's new Sec-Treas) Jeff Finkelstein (HCC) and Steve Wexler (Day Kimball)



Leon Haley, MD, Chief of EM, Grady Hospital (which makes CT's ED crowding problem seem like a walk in the park)



Angela Gardner (Vice President ACEP BOD)



Ken Robinson (Hartford Hospital ED/ Lifestar Director)



Ed Monaco (YNH)



Michael Guttman (SFH) and Alberto Perez (Windham)



Angela Gardner (Vice President ACEP BOD), Peter Jacoby (St. Mary's) and Dean Wilkerson (ACEP Executive Director)



Mike Drescher (Hartford)

Emergency Medicine. Dr. Greg Shangold then honored Rep. Denise Merrill with the "Legislator of the Year Award" for her work in the 2007 legislative session. (Rep. Merrill's aid Jillian accepted the award on her behalf.)

This year's Residents of the Year were also announced at the meeting. UCONN selected Mike Tocci, MD and Yale honored Kelly Dodge, MD. Next year will see the return of Jeopardy, where the residency programs face off for the honor of winning the challenge. UCONN holds the title

from the 2006 meeting, and Yale is anxiously awaiting a rematch.

The afternoon concluded with the oral presentations and the committee had great difficulty selecting a winner of both the oral and poster presentations. An announcement will be made at the Executive Committee meeting in December.

Many thanks go out to Drs. Levine and Alberto for planning such a successful Scientific Assembly and Annual Meeting.



*AJ Smally (Hartford) accepting the Phil Stent Award from Alberto Perez (Windham)*



*Mark Dziezic from UConn*



*Simon Kotlya from Yale*



*Tanya Shah, John Serra and Jessica Yearwood from Yale*



*Jim Souzzi from UConn*



*Jason Chang from Yale*

**BEST ORAL PRESENTATION: JASON CHANG, MD, YALE**  
**BEST POSTER PRESENTATION: JOSHUA MARKOWITZ, MD, YALE**

# FROM ACEP:

It is time to begin the 2008-09 committee cycle. The March issue of *ACEP News* will outline this process for members and information is also on the ACEP Web site. A copy of the Committee Interest Form is attached and also a cover letter for distribution to your members upon request. Please make additional copies if necessary or it can be downloaded from the ACEP Web site. Members can also submit their interest online from the Web site: <http://www2.acep.org/1,32336,0.htm>.

Member interest and qualifications will be matched with College needs. If you have personal knowledge of the level of commitment and talent exhibited by the interested member, please forward this information to me at the headquarters no later than May 15.

Individuals with the best chance of being appointed to a national committee will have submitted a complete application, a complete and current CV, letters of support from their chapter and will have clearly indicated on their application their experience and qualifications.

A list of the 2007-08 national committees is enclosed. Please note that the committee structure for 2008-09 will not be finalized until May and some committees may change or disband. Task forces may be created throughout the year to address specific issues and whose scope of work is expected to be completed within 12-18 months. Therefore, it is best to indicate on the Committee Interest Form

areas of interest rather than names of specific committees.

## AMERICAN COLLEGE OF EMERGENCY PHYSICIANS SECTION OF CAREERS IN EMERGENCY MEDICINE

### Call for Essays for Longevity and Tenure Awards

We want to recognize longevity in the practice of emergency medicine!

The ACEP Section of Careers in Emergency Medicine is soliciting nominations for an award for emergency physicians in the following two categories:

1. A Longevity Award for the physician with the longest active career in emergency medicine.
2. A Tenure Award for the physician with the longest active career in the same emergency department.

Recognition is also given to those physicians who are still actively practicing emergency medicine after 20, 25, 30, and 35 years.

#### Eligibility Criteria

To be eligible, you must have worked an average of 1,000 or more hours per year in emergency medicine practice or teaching; hours for residency training and administration are not included. You must be a current ACEP member.

Previous recipients are eligible again after five years.

#### Nomination Information

Please submit a full historical sketch (eg, Attending Emergency Physician, June 1974 to December 1979) accounting for your career, and a brief essay (300 words or less) about why you have made emergency medicine your career.

Award recipients will be recognized during the Section meeting at the 2008 ACEP *Scientific Assembly* in Chicago, Illinois (October 27-30). Additional recognition will be given in the Section newsletter.

To be considered for the awards, nominations must be received by **Monday, July 7, 2008**. Submit your application for nomination to Tracy Napper, Section of Careers in Emergency Medicine, ACEP, PO Box 619911, Dallas, TX 75261-9911; fax 972-580-2816; e-mail to [careers.section@acep.org](mailto:careers.section@acep.org).

## SAVE THE DATE

CCEP'S 16TH ANNUAL SCIENTIFIC ASSEMBLY & ANNUAL MEETING

7:30 AM – OCTOBER 22, 2008 — Rocky Hill Marriott Hotel, Rocky Hill, CT

## JOBS IN CONNECTICUT NOW

(Continued from Page 2)

hours to Boston or NYC, three hours to skiing in Vermont or beaches of Cape Cod. A great place to practice EM and raise a family. Candidates should be EM residency-trained, minimum of two years experience, and proven interest in ED clinical leadership. Contact Michael Saxe, MD, FACEP, Chair, Department of Emergency Medicine, Middlesex Hospital [msaxe@midhosp.org](mailto:msaxe@midhosp.org) or 860-344-6693.

### MILFORD HOSPITAL

Milford hospital, a 106-bed community hospital located on the desirable Connecticut coastline, is seeking a full-time BC/BE ABEM / AOBEM emergency physician or BC primary care physician with significant ED experience for our modern 30,000 plus visit E.D. We offer 8 and 12 hour shifts with a 1,800 clinical hour commitment, along with a very competitive salary and benefits package including medical/dental/vision, paid medical malpractice insurance, paid time off including vacation and a CME stipend. We are also seeking a full-time BC/BE family practice physician or BC/BE emergency physician for our recently opened off-site urgent care center. We offer a very competitive salary and benefits package including medical/dental/vision, paid medical malpractice insurance, paid time off including vacation and a CME stipend. For both positions please contact Jay Walshon, MD 203-876-4105, [jay.walshon@milfordhospital.org](mailto:jay.walshon@milfordhospital.org) or Jeffrey Komornik, Director HR, 203-876-4098, Milford Hospital, 300 Seaside Avenue, Milford, CT 06460. [HR@milfordhospital.org](mailto:HR@milfordhospital.org) , fax 203-876-4224.

### NORWALK HOSPITAL

We have per diem positions available for an EM residency trained, ABEM/AOBEM certified/prepared EP with EM experience to work per diem in a modern 47,000 visit ED. Norwalk Hospital is a progressive, teaching, 270-bed Level II Trauma Community Hospital located in Fairfield County on Long Island Sound, not far from New York City. We offer a unique 'virtual private practice plan,' which includes all the advantages of being a hospital employee with many of the advantages of fee-for-service. PLEASE CONTACT: Michael Carius, MD, FACEP, Chairman, Department of Emergency Medicine, Norwalk Hospital, at [mcarius@acep.org](mailto:mcarius@acep.org) or 203-852-2281.

### JOHN DEMPSEY HOSPITAL

Emergency Medicine Attending/Assistant Professor. Full-time position at the UCONN School of Medicine, Department of Traumatology & Emergency Medicine, Division of Emergency Medicine. Provide clinical care in the John Dempsey Hospital Emergency Department. Participate in clinical, academic, education and research activities in the department. Certified by ABEM, AOBEM or graduate of ACGME, AOA/ACOEP-approved emergency medicine residency. UCHC is an equal opportunity employer M/F/V/PwD. Contact: Robert Fuller, MD at [RFULLER@NSO.UCHC.EDU](mailto:RFULLER@NSO.UCHC.EDU) or at 860-679-4432.

### ST. FRANCIS HOSPITAL AND MEDICAL CENTER

Due to a retirement, St. Francis Hospital and Medical Center has an opportunity for a BC/BE Emergency Medicine physician. In 2006, Saint Francis Hospital and Medical Center was named a "Top 50" acute care hospital for quality and safety by the Leapfrog Group and a "Top 45" CareScience Select Practice National Quality Leader by excelling in overall hospital quality and efficiency, is a Level 2 trauma center with 65,000 visits per year. The successful candidate may be eligible to hold an academic appointment at the University of Connecticut School of Medicine. Contact Steven Wolf, MD @ 860-714-6107 or [swolf@stfranciscare.org](mailto:swolf@stfranciscare.org).

### VA CONNECTICUT HEALTH CARE SYSTEM – WEST HAVEN DIVISION

IMMEDIATE FULL TIME (or 2 part-time) OPPORTUNITY available for a BC/BE EP or BC/BE IM with ED experience in our Level III ED at the West Haven VA Medical Center. Join a dedicated staff in providing acute care to an adult, predominantly male population of service veterans. Case load in this moderate volume ED is mostly medical, with some minor trauma, but NO Peds, OB, or Major Trauma. The West Haven VAMC is a fully staffed tertiary referral center and a major teaching affiliate of the Yale University School of Medicine. Current hours for the position are Mon-Fri noon-8pm, RARE overnights and no weekends, but may be flexible depending on candidate preference and ED staffing. Will also consider 2 part-time positions (0.5 x 2). Typing and some computer skills are essential as we rely exclusively on an excellent electronic medical record system (CPRS). Competitive salary commensurate with experience, full federal benefits, paid holidays, and 4 weeks paid vacation. Contact: Craig Zalis, MD, Director, Emergency Services, (203) 932-5711 x 4483, [Craig.Zalis@Va.Gov](mailto:Craig.Zalis@Va.Gov)

We are also looking for a part-time physician, BE/BC in Internal Medicine or Emergency Medicine with acute care experience for an immediate opening in the Urgent Care Section at the Newington Campus. The Urgent Care Section handles acute and chronic medical problems for the veterans served by the Newington Outpatient Clinic population. The caseload is heavily weighted towards acute care medicine of primarily an older adult male population with only minor trauma and no pediatrics, obstetrics or major trauma. Ambulances are NOT received at the facility. Patient's requiring admission are transferred to the West Haven Campus, where full inpatient services are available. Current hours for this position are 8a-4:30 pm Monday - Friday (no call or weekends). VA Connecticut utilizes an excellent computerized patient record system. Typing and basic computer skills are essential. Salary is competitive and commensurate with experience. Please call Jane Schroeder, (203) 937- 4921; Fax (203) 937 4718; E-mail [jane.schroeder@va.gov](mailto:jane.schroeder@va.gov)

(continued on page 12 )



Connecticut  
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## 2008 SIMULATION SYMPOSIUM APRIL 9, 2008 6:00-9:00 P.M. CT CONVENTION CENTER, HARTFORD

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### 2008 SIMULATION MEDICINE SYMPOSIUM SCHEDULE

CHAIR: THOMAS NOWICKI, MD FACEP

6:00 Registration/Vendor Exhibits

6:30 Lectures

Airway Management - Thomas Nowicki, MD  
ACLS/Code Training - Stephen Donahue  
Nursing Education - John Kelly, RN  
EMS/Prehospital Training - Ralph Miro  
Pediatric Education - Phil Spinella

8:00 Panel Discussion

8:30 Appetizers/Vendor Exhibits

**ACCREDITATION:** THIS ACTIVITY HAS BEEN PLANNED AND IMPLEMENTED IN ACCORDANCE WITH THE ESSENTIAL AREAS AND POLICIES OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION THROUGH THE JOINT SPONSORSHIP OF THE ACEP AND THE CT COLLEGE OF EMERGENCY PHYSICIANS. THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO PROVIDE CONTINUING MEDICAL EDUCATION FOR PHYSICIANS. THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS DESIGNATES THIS EDUCATIONAL ACTIVITY FOR A MAXIMUM OF 2.5 AMA PRA CATEGORY I CREDIT(S)<sup>TM</sup>. PHYSICIANS SHOULD ONLY CLAIM CREDIT COMMENSURATE WITH THE EXTENT OF THEIR PARTICIPATION IN THE ACTIVITY. APPROVED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS FOR 2.5 HOUR(S) OF ACEP CATEGORY I CREDIT.

**FEE:** THE SIMULATION SYMPOSIUM IS FREE OF CHARGE FOR APRIL 10, 2008 CCEP SPRING SYMPOSIUM REGISTERED ATTENDEES.

**FOR INDIVIDUALS INTERESTED IN ONLY ATTENDING THE APRIL 9, 2008 SIMULATION SYMPOSIUM, THE FOLLOWING FEE WILL APPLY WITH YOUR REGISTRATION:**

\$50.00 FOR ATTENDEES

INSTITUTIONS CAN SEND 4 ATTENDEES AT \$50 EACH AND THE 5<sup>TH</sup> ATTENDEE IS FREE.

EM RESIDENT/STUDENTS - NO CHARGE

**REGISTRATION DEADLINE IS MARCH 28, 2008.** SPACE IS LIMITED. COMPLETE THIS FORM AND FAX TO 203.234.2852 TO RESERVE YOUR SLOT AND MAIL TOGETHER WITH YOUR REGISTRATION FEE MADE PAYABLE TO CCEP TO: THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS, 60 KINGS HIGHWAY, NORTH HAVEN, CT 06473.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOSPITAL AFFILIATION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

ALREADY REGISTERED FOR APRIL 10<sup>TH</sup> CCEP SPRING SYMPOSIUM



Connecticut  
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CT CONVENTION CENTER

# 13<sup>TH</sup> ANNUAL SPRING SYMPOSIUM

PRESENTED IN CONJUNCTION WITH THE  
CT EMERGENCY NURSES'

**APRIL 9, 2008** 2008 SIMULATION MEDICINE SYMPOSIUM, CHAIR: THOMAS NOWICKI, MD  
FACEP

6:00PM REGISTRATION/RECEPTION  
6:30PM- SIMULATION MEDICINE SYMPOSIUM  
9:00PM

**APRIL 10, 2008 MEETING SCHEDULE**

7:30AM REGISTRATION/BREAKFAST/WELCOME/VISIT VENDORS  
DAVID CHARASH, DO, PRESIDENT

8:30AM JUDD HOLLANDER, MD, CARDIAC CT IN THE EVAL. OF THE PATIENT WITH  
CHEST PAIN.

9:30AM CHRISTOPHER FORE, MD, FACEP, CARDIAC BIOMARKERS IN THE ED

10:30AM BREAK/VISIT VENDORS

10:45AM AARON HEXDALL, MD, OPTIMAL MANAGEMENT OF THE CHF PATIENT

11:45AM LUNCH

12:45PM CHRISTOPHER LEWANDOWSKI, MD, TPA AND STROKE

1:45PM BREAK/VISIT VENDORS

2:00PM EMANUEL RIVERS, MD, MPH, FCCP, SEVERE SEPSIS AND SEPTIC SHOCK: THE  
CURRENT PATHOGENIC AND THERAPEUTIC LANDSCAPE FROM THE ED TO THE ICU.

**ACCREDITATION:** THIS ACTIVITY HAS BEEN PLANNED AND IMPLEMENTED IN ACCORDANCE WITH THE ESSENTIAL AREAS AND POLICIES OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION THROUGH THE JOINT SPONSORSHIP OF THE ACEP AND THE CT COLLEGE OF EMERGENCY PHYSICIANS. THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO PROVIDE CONTINUING MEDICAL EDUCATION FOR PHYSICIANS. THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS DESIGNATES THIS EDUCATIONAL ACTIVITY FOR A MAXIMUM OF 5.5 AMA PRA CATEGORY I CREDIT(S)™. PHYSICIANS SHOULD ONLY CLAIM CREDIT COMMENSURATE WITH THE EXTENT OF THEIR PARTICIPATION IN THE ACTIVITY. APPROVED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS FOR 5.5 HOUR(S) OF ACEP CATEGORY I CREDIT.

**HOTEL INFORMATION-** MARRIOTT HARTFORD DOWNTOWN

A SPECIAL ROOM RATE OF \$185.00 PLUS TAX (\$205 PLUS TAX FOR A TRIPLE OR QUAD) HAS BEEN SECURED FOR THIS MEETING. PLEASE CALL THE CCEP OFFICE AT 203-234-8055 TO RESERVE A ROOM FOR THE CONFERENCE.

**REGISTRATION DEADLINE IS MARCH 28, 2008.** COMPLETE THIS FORM AND FAX TO 203.234.2852 TO RESERVE YOUR SLOT AND MAIL TOGETHER WITH YOUR REGISTRATION FEE MADE PAYABLE TO CCEP TO: THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS, 60 KINGS HIGHWAY, NORTH HAVEN, CT 06473.

**CONFERENCE FEE**

FEE INCLUDES: CONTINENTAL BREAKFAST, LUNCH, REFRESHMENT BREAKS, \_\_\_\_\_ PHYSICIAN \$200/ACEP MEMBER \$175  
EDUCATIONAL MATERIALS AND ATTENDANCE/CME CERTIFICATE. \_\_\_\_\_ PHYSICIAN ASSISTANT \$125  
\_\_\_\_\_ EMT \$75  
\_\_\_\_\_ EMERGENCY NURSE \$75  
\_\_\_\_\_ PARAMEDIC \$75  
\_\_\_\_\_ EM RESIDENTS/STUDENTS FREE

\_\_\_\_\_**YES, I WILL ALSO ATTEND THE SIMULATION MEDICINE SYMPOSIUM**

(PLEASE PRINT)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOSPITAL AFFILIATION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**WATERBURY HOSPITAL**

Full Time and Per Diem positions available for ABEM Board Certified/Board Eligible emergency physicians to work in a Level 2 Trauma Center with 58,000 visits per year. Double and triple coverage with in-house medical and surgical house staff. Hospitalist service and pediatric and orthopedic physician assistants in-house. Prompt Care area staffed by experienced Physician Assistants 16 hours daily. Cardiac care center with 24/7 cath capability. Radiology available 24/7. Ultrasound available in the E.D. Dedicated nursing and helpful technician staff. Attractive clinical requirement with templated schedule and overnight shifts virtually eliminated with 2 dedicated overnight physicians. Competitive salary, full benefit package offered. Generous moonlighting rate offered. Contact Chris Michos, MD @ (203) 573-6215 or CMichos@wtbyhosp.org

**WINDHAM HOSPITAL**

We are searching for fulltime and per diem BC/BE emergency physicians to join our growing, democratic team in our newly expanded state-of-the-art emergency department (digital radiology, CPOE, bedside ultrasound, complete electronic medical record) that currently sees 26,500 annual visits. The successful candidates will work with a supportive medical staff, and a first rate patient care team. Currently there is 38 hours of physician coverage daily. Full time position is for 1736 annual hours and benefits include but are not limited to malpractice and health insurance. Windham Hospital is an acute care community hospital located in Willimantic and serves 19 towns in eastern Connecticut, one-half hour from our state capitol. Enjoy a competitive compensation package, excellent schools, affordable real estate, a wide variety of recreational (hiking,

biking, ocean beaches, skiing and resort towns) and cultural activities, close proximity of the University of Connecticut and Eastern Connecticut State University and easy access to Boston, Providence and New York City.

For confidential inquires, contact: Gregory Shangold, M.D., Director, Emergency Services, Windham Hospital, 112 Mansfield Avenue, Willimantic, CT 06226 (860) 456.6745, [lchasse@wcmh.org](mailto:lchasse@wcmh.org), [www.windhamhospital.org](http://www.windhamhospital.org).

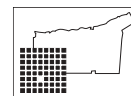
**OUT OF STATE JOBS**

**Section Chief, Pediatric Emergency Medicine, A.I. duPont Hospital for Children, Wilmington, Delaware.**

Level II Pediatric Trauma Center/17 B.C. Emergency Medicine Physicians/multidisciplinary team/24 hour coverage/38,500 annual visits and growing. 23 pt treatment Rooms include 2 trauma bays and 6 observation/overflow rooms. Lead all clinical, administrative, educational and research activities. Academic appointment at Thomas Jefferson University; teach in the Pediatric Residency Program and the Pediatric Emergency Fellowship. Qualifications: Board certified in Pediatric Emergency Medicine with 5+ years of upper-level management experience in an academic/children's hospital setting. Strong clinical and teaching experience. We offer an excellent compensation, benefit and relocation package. To submit a curriculum vitae please contact: Jane Fischer, Consultant Healthcare Resource Solutions, 2005 Market Street, 23rd Floor, Philadelphia, PA 19103, Phone: 215-965-2814

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