



## RESIDENT PRESIDENT'S MESSAGE

*Megan Boysen, MD  
President, AAEM/RSA*

Our presence in AAEM dates back to the formation of the resident section in 1999. Since then, we have become an independent AAEM Resident and Student Association, increased our membership three-fold (last year we had 2300 members) and accomplished feats of advocacy and education. The coming year marks the tenth year of the resident section in AAEM and is a tremendous opportunity to shape the future of emergency medicine by becoming involved in AAEM/RSA. The most obvious way to accomplish this is to become a committee member. The four AAEM/RSA committees are chaired by the at-large board members and include advocacy, communications, education and membership.

Our advocacy committee focuses on the issues facing emergency medicine such as overcrowding, insurance and government programs, the election and fair contracts. The communications committee supports our website [www.aaemrsa.org](http://www.aaemrsa.org) and arranges email communication between the board and RSA members. The education committee's major responsibility is to plan the educational track at the Scientific Assembly in March 2009 in Phoenix, Arizona. Finally, our membership committee encourages the growth of our organization.

By choosing emergency medicine, you have declared yourself a leader. I hope you will take a step further to become a leader of leaders.

I am excited about the newly elected board which includes five returning members and five new additions.

Andrew Pickens, MD JD MBA, who recently finished his residency at the University of North Carolina, will be contributing on the board as the immediate past president. Our vice president, Kalpana Narayan, MD MSc, is from Brigham and Women's Hospital in Boston, MA. Dr. Narayan was the 2007-2008 advocacy committee chair. The secretary-treasurer, Cyrus Shahpar, MD MPH MBA, is from Johns Hopkins University and served as last year's membership committee chair; he will also operate as the liaison to AAEM's Young Physicians Section (YPS). Dr. Shahpar helped increase AAEM/RSA membership by 12% last year. Mike Ybarra, MD, will join our board as an at-large board member and was the 2007-2008 president of the AAEM Medical Student Council. Dr. Ybarra will also act as the resident board liaison to the Medical Student Council. The remaining at-large board members include: Heather Jimenez, MD, Indiana University; Jennifer Kanapicki, MD, Stanford/Kaiser; Brian Ostick, MD, Christiana Care; and Alicia Pilarski, MD, University of Nevada, Las Vegas. Greg Casey, from Philadelphia College of Osteopathic Medicine, will be the Medical Student Council president and will also be the medical student liaison to the board.

Opportunities to become involved will be emailed, but I encourage you to email me or any of the board members with your interest and questions: [www.aaemrsa.org/leadership/](http://www.aaemrsa.org/leadership/). In addition, please mark your calendar for the Scientific Assembly, March 2-4, 2009. I look forward to the opportunity to serve you in the coming year.

## Thanks to All: A Year in Review

### Student President

*Michael Ybarra, MD  
Immediate Past President, Medical Student Council*

I want to take the opportunity to thank everyone I have met and worked with over the 2007-2008 membership year and review our progress and growth as an organization. At our initial conference call nearly a year ago, we set four goals: increase communication, develop EM Select, expand the EMIG Workshop Starter Kit Series and grow our membership base. The Medical Student Council of the Academy finished the year with over a thousand members for the first time ever!

Our success in achieving these goals is due in part to the work of those that came before me – a group of very dedicated students, who are now successful residents and attending physicians. They were instrumental in bringing us to our starting point, and the medical student council in 2007-2008 worked hard to take the organization to the next level.

Ben Feinzimer, the vice president, and incoming PGY-1 in Chicago oversaw the further development of EMSelect.org, our residency program selection tool. It has become the most user-friendly and up-to-date program available, and we are proud to offer it as a free service to our paying members.

The group of regional representatives (Michael Habicht from the west, Adrian Elliott from the east, Tom Masters from the midwest and Caleb Trent from the south) created an extensive network of Emergency Medicine Interest Groups. They connected these clubs with the resources of our organization and were instrumental in expanding our membership base.

We worked as a team to increase communication, put on workshops and information sessions across the country  
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## Dreaming the Impossible Dream: Becoming Involved in Clinical Research as a Medical Student and Resident

*Veronica Tucci, JD MSIV USF COM*

If someone would have told me five years ago when I was a post-bac pre-medical student at City College of New York that I would be telling other medical students and residents that research is not only fun but one of the most important things we can do as physicians, I would have said he was crazy. I will be the first to admit it - I became involved with clinical research because I thought it was a box I needed to check on my AMCAS application. Little did I know, a posting for a clinical research associate in the City College pre-med office would change my life and my approach to the art and science of medicine.

I met Dr. Michael Radeos, then Director of Research in emergency medicine at Lincoln Hospital, on a bleak Friday afternoon. He was sitting in a dusty office with files scattered all over the desk and old issues of Academic Emergency Medicine piled on the floor. We spoke for hours about the patient population of Lincoln Hospital, his research on asthma and how he hoped to find a way to better predict asthma exacerbations and treat patients before they experienced full-blown attacks. Dr. Radeos' enthusiasm for his project and for research in general was infectious, and needless to say, I was hooked. He believed it was his duty as a physician to improve the quality of life for his patients, and part of that duty included advancing the state of the art as we are currently reaping the benefits of those intrepid physician-scientists who came before us. He also believed that where one physician may fail, dozens working together can succeed. His legacy as a physician extends beyond the number of publications on his CV

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and develop our educational tools. We added two new electronic publications: the "Advocacy Quick Hits" to keep our members up-to-date on emergency medicine in the media and political realms and a "Journal Club" mailer that summarizes the most up to date research in emergency medicine in a high-yield format.

We worked with the RSA education committee to host the first-annual Midwest Medical Student Symposium at Loyola University Chicago, bringing together program directors, EM specialists and medical students. At the 2008 Scientific Assembly in Amelia Island, Florida, we invited a group of four program directors from across the country to answer questions and speak on the transition from pre-clinical to clinical years of medical school and into the first year of residency. Our four outstanding speakers (Dr. Hayden from UCSD, Dr. Rodgers from Indiana, Dr. Epter from Nevada and Dr. Caro from UF-Jacksonville) spoke on everything from "demystifying" the application process to planning the fourth year of medical school and finding the perfect mentor. The planning for the March 2-4, 2009, Scientific Assembly in Phoenix, AZ, has already begun, so if

and the number of lives he has personally saved. Like any good teacher, it will live on in the countless numbers of students who he trained and who have gone on to become physicians and researchers in their own right. So why aren't physicians lining up to follow the path of this incredible emergency physician?

No one reading this article will be surprised when I say there are many obstacles to pursuing clinical research. Perhaps the greatest perceived obstacle to student and resident research is time. As students and residents, we are busy trying to master clinical skills, oral presentations and write ups. There are constant demands on our time. Sometimes it can feel as if there is nothing but hoops that we need to jump through - be it a shelf exam, an in-service exam, Step 3, faculty evaluations, etc. We are bombarded with information, our senses assaulted on a daily basis. Sometimes all we want to do is go home and collapse.

Even if we can manage to work research into our schedules, time is not the only obstacle to research. We are constantly reminded of the shrinking fiscal budgets and financial support for research. Indeed, it is often a Herculean task to find funding. Even with funding, there is no guarantee that our research will be recognized and published in a peer-reviewed journal. The picture may appear bleak, prompting the student or resident to wonder why he should even contemplate clinical research projects.

Research is more than just a line-item on a CV. It enables us to advance the art of emergency medicine,  
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you missed this opportunity for professional development, mark your calendars now!

We also developed a section of our website called "The EMIG Workshop Starter Kits." This resource was conceived in 2006, and this year we were able to take it to the next level. We added three comprehensive presentations available to download for free. All of the information is there for the taking to use as templates for student groups looking to start their own workshops. You will find a suture guide, a history of emergency medicine, ocular emergencies, and the politics of emergency medicine.

The 2008-2009 Medical Student Council is already off and running, and they have brought new ideas to the table that will make your membership even more valuable. Thank you to all who have made this past year a success! If you are graduating from medical school, I encourage you to become a resident member, even if your program does not pay or reimburse your fees. Your membership and support of AAEM allows us to fight for our specialty across the country!