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REVIEW ARTICLE

EMERGENCY MEDICINE SOCIETIES IN USA; AN OVERVIEW

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ABSTRACT

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Received 28th July, 2015 Received in revised form 21st August, 2015 Accepted 06th September, 2015 Published online 17th October, 2015 Scientific societies played a major role in the advancement of medical specialties including emergency medicine. In this concise review, we shed some light on the current non-profit membership-based emergency medicine societies in USA. The role of these societies can be enhanced by proper utilization of modern technologies. There is always a potential for improving the educational activities of these societies.

Key words:

Education, Emergency Medicine, Society.

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INTRODUCTION

There are several scientific emergency medicine societies in USA. These societies improve emergency care by setting high standards for emergency medical education and practice. These organizations are making great contributions to the advancement of the professionalism of the practitioners in the emergency medicine. Publishing periodicals and guidelines of care, arranging conferences and supporting researches are just few examples of the functions done by these societies. In Table 1, we listed selected emergency medicine societies in USA. Many of these organizations fall under 501(c) organization, also known colloquially as a 501(c), which are a tax-exempt nonprofit organizations in the United States.

American College of Emergency Physicians (ACEP) was formed in 1968. Its main objective is to support quality emergency medical care, and to protect the interests of emergency physicians and the patients they serve. ACEP's first Scientific Assembly took place in Denver in 1969 (Graves, 1976). Today, the College has more than 21,000 members and is the recognized leader in emergency medicine. ACEP and its branches provide home of the International Trauma Life Support (ITLS) program, a global organization dedicated to preventing death and disability from trauma through education and emergency trauma care. ITLS now has over 85 chapters and training centers in over 35 countries around the world.

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Just as an example of the important role of ACEP; Emergency Medicine is recognized as the 23rd medical specialty by the American Board of Medical Specialties due to the advocacy of ACEP and its members. ACEP made standards and policies several issues in emergency medicine (American College of Emergency Physicians, 2014: American College of Emergency Physicians, 2009: American College of Emergency Physicians, 2001: Edlow et al., 2008; ACEP, 2014; Franaszek, 1992).

There are several chapters of ACEP .However these chapters are not equal in the size of membership or the educational activities they provide. Similarly there are many sections and state chapters for the American Academy of Emergency Medicine (AAEM). AAEM was established in 1993 to promote fair and equitable practice environments necessary to allow emergency physicians to deliver the highest quality of patient care. Its first Scientific Assembly was held in 1994. In 1991, the Association of Emergency Physicians (AEP) was formed with the goal of reopening emergency medicine board certification for non-EM residency trained physicians. It offers membership to any practicing emergency physician regardless of training. Society for Academic Emergency Medicine (SAEM) was formed in 1989 from the amalgamation of the University Association for Emergency Medicine (UAEM) and the Society of Teachers of Emergency Medicine (STEM). The emergence of osteopaths in the field of emergency medicine occurred in 1975 when the American College of Osteopathic Emergency Physicians (ACOEP) became an affiliate college of the American Osteopathic Association (AOA).

Table 1. Selected professional emergency medicine societies in USA (listed alphabetically)

The society	The year of establishment	Current President	Website
Alabama ACEP	1975	Melissa Costello	http://www.alacep.org/
American College of Osteopathic Emergency Physicians (ACOEP)	1975	Mark A. Mitchell	http://www.acoep.org/
American College of Emergency Physicians (ACEP)	1968	Michael J. Gerardi	http://www.acep.org/
American College of Emergency Physicians, Maryland Chapter (MDACEP)	1976.	Stephen Schenkel	http://www.mdacep.org/
American Academy of Emergency Medicine (AAEM)	1993	Mark Reiter	http://www.aaem.org/
AAEM Resident and Student Association (AAEMRSA)	2005	Victoria Weston	http://www.aaemrsa.org/
Arizona Chapter Division of the American	2014	Brian Drummond	http://www.azaaem.org/
Academy of Emergency Medicine Association of Academic Chairs of Emergency Medicine (AACEM)	1989	Greg Volturo	http://community.saem.org/saem/ groupdetails?CommunityKey=94 42d32a-a632-42ac-9b6f- 3a15c1ba62aa
California Chapter Division of the American Academy of Emergency Medicine	2002	John B. Christensen	http://www.calaaem.org/
Emergency Medicine Residents' Association (EMRA)	1974	Matt Rudy	http://www.emra.org/
Great Lakes Chapter Division of the American Academy of Emergency Medicine	2013	Michael Walters	http://www.glaaem.org/
Indiana Chapter of the American College of Emergency Physicians (INACEP)	1972	James Shoemaker	http://inacep.org/
Kansas Emergency Medical Technicians Association (KEMTA)	1973	Brad Sisk	http://kemta.org/
Kentucky ACEP	1972	David Wesley Brewer	http://www.kacep.org/
Louisiana Association of Nationally Registered Emergency Medical Technicians (LANREMT)	1976	Evon Smith	http://www.laemt.com/
Michigan College of Emergency Physicians	1969	Kevin M. Monfette	https://www.mcep.org/
Minnesota ACEP	1972	Thomas Wyatt	http://www.mnacep.org/
Missouri College of Emergency Physician (MoCEP)	1978	Douglas Char	http://mocep.org/
New Hampshire Association of Emergency Medical Technicians (NHAEMT)	1975	Jason Grey	http://www.nhaemt.org/
New Jersey ACEP (NJ-ACEP)	1973	Mark Rosenberg	http://www.njacep.org/
Ohio ACEP	1972	Michael J. McCrea	http://www.ohacep.org/
Oregon Chapter of the American College of Emergency Physicians (OCEP)	1971	Carlos D. Sánchez	https://www.ocep.org/
Rhode Island ACEP (RI ACEP)	1971	Christopher P.Zabbo	http://www.riacep.org/
Society for Academic Emergency Medicine (SAEM)	1989	Deborah B. Diercks	https://www.saem.org/
Society of Emergency Medicine Physician Assistants	1990	Lynn M. Scherer	http://www.sempa.org/
South Carolina ACEP	1975	Hunter G. Louis	http://www.sccep.org/
South Dakota Emergency Medical Technicians Association	1974	Eric Van Dusen	http://www.sdemta.org/
Tennessee Emergency Medical Services for Children (TNEMSC)	1995	Kevin Brinkmann	http://www.tnemsc.org/
Tennessee Emergency Medical Services Education Association (TEMSEA)	1988	Tim Lankford	http://tnemsea.com/#/
Texas College of Emergency Physicians (TCEP)	1974	Shkelzen Hoxhaj	http://www.texacep.org/
Uniformed Services Chapter Division	2006	David Bruner	http://www.usaaem.org/
Virginia College of Emergency Physicians (VACEP)	1970	Jeremiah K. O'Shea	http://www.vacep.org/

Emergency Medicine Residents Association (EMRA) was formed in 1974. The societies related to emergency medicine in USA faced several changes over the time. For examples; Kansas Emergency Medical Technicians Association (KEMTA) began as Kansas Ambulance & Rescue Association (KARA) in 1973, whereas South Dakota Emergency Medical Technicians Association started 1974 as South Dakota Emergency Services Association. There are several other types of societies which have functions that are related directly or indirectly with each other's.

For example emergency medical services associations and Emergency Management societies. Coordination between these societies might increase their benefits to the communities at large. This manuscript is just an overview; however, there is an obvious need for more studies and discussions to evaluate the activities of these societies and to find a better ways for these societies to improve their performance. Offices of the professional societies should be highly equipped and staffed to carry out the functions in a timely manner. Democracy should be maintained in these societies and every member should find a chance to be elected for the leadership.

Developing a website which provides complete sets of electronic services is a must for each society. Creating task forces on a focused issues rather than large topic might be advantageous. Each society has to find the best tools to encourage all the members to be active. Women and young doctors, in particular, should find a place in the executive committees of these societies.

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