The summer is over, and thoughts are moving to our Scientific Assembly in New Orleans. It is hard to believe that a year has already passed since the stellar performance of emergency physicians in the aftermath of Katrina in New Orleans. Our colleagues established the bar for commitment and compassion, as they stayed and cared for the citizens of New Orleans under unbelievably austere circumstances. Upon the memory of their performance we will salute future leaders as “practicing in the finest tradition of emergency physicians.”

For our profession 2006 was a seminal year, laying much of the groundwork for future progress. The IOM report augmented by the data from our state report card is the bedrock of this progress. PaACEP is one of 9 state chapters slated to hold a statewide Town Hall, bringing together reporters, legislators, docs, patients and pertinent organizations to understand the challenges that we must overcome to keep the emergency safety net intact. PaACEP needs your help. We are looking to our members for volunteers to make this project a success.

Every three years or so your board conducts a strategic planning meeting to examine our progress and resources, as well as brainstorming future action. We need dreams to create our future. The Board, committee chairs and I hope a few of our members will join in the all-day session in November. If you are interested in participating, we can accommodate a few at-large members to bring your perspectives to the group.

While keeping an eye on the future, our Chapter is making progress with near term issues on behalf of our membership and emergency physicians in general. Recently, PaACEP became aware of a hospital bankruptcy situation in which the emergency medicine group's contractually promised tail coverage failed to be included in the creditor negotiations. We are working to support the group's efforts to regain this portion of their compensation. This group demonstrated their commitment to the community by working until the doors closed at this institution.

On another front, your Chapter is actively investigating an insurance carrier denial of payment to an emergicist for reading certain plain film x-rays. While insurance companies have a number of policies that are beyond the scope of this column, we cannot and do not accept denial of payment for reading plain films based on “specialty training.” ACEP and PaACEP are lock step in identifying that “emergency physicians are trained in the performance of interpreting plain films.” Training and continuing board certification processes provide a very strong argument for our position.

I’d like to ask you to speak with your hospital nursing leadership. There is a move afoot to limit all nurses from administering drugs under our direct supervision for procedural sedation, and by extension possibly RSI. This appears to be coming from a small segment within the state nursing leadership. Pennsylvania continues to experience shortages in anesthesia personnel, both anesthesiologist and anesthetist. Emergency medicine physicians are widely recognized as experts in airway management. Drugs such as ketamine and etomidate are essential to the safe practice of emergency medicine airway techniques and procedural sedation in a timely fashion, in the emergency department setting. Other drugs appropriate to the situation are continued on page 5.
PaACEP Research Project

Study on Future of Emergency Medicine in Pennsylvania Winds Down

The chapter is wrapping up its year-long research project for the Centers for Disease Control (CDC). Last summer, Pennsylvania ACEP received nearly $200,000 in CDC grant monies to study the role of Pennsylvania’s emergency physicians as safety net providers.

“Our study supports the CDC’s research goal of enhancing health,” comments Marilyn Heine, MD, the project director. “Pennsylvania is a diverse state encompassing several urban centers and a large rural region. It includes not only tertiary care medical centers, but also a large number of small community hospitals. The results of this research initiative will help PaACEP to better identify and address the challenges threatening Pennsylvania’s health care safety net.”

PaACEP’s research efforts involved four specific one-year projects completed August 31 at these institutions.

• Allegheny-Singer Research Institute, Pittsburgh, developed a program to reduce adverse mental health outcomes and violent behavior in children exposed to violent trauma.

• Robert Morris University, Pittsburgh, studied the demand for emergency medical care in Pennsylvania, the role emergency medical care plays in access to hospital and physician care, and whether the supply of emergency care can meet the demand with the current emergency physician workforce.

• Pennsylvania Hospital, Philadelphia, evaluated the ambulance trip sheet and identified areas of improvement in its use, to enhance patient safety through improved communication.

• University of Pittsburgh Center for Injury Research and Control, Pittsburgh, conducted a web-based survey of all Pennsylvania EDs to identify and describe the breadth and depth of injury prevention programs currently in use and to delineate important implementation barriers.

“These innovative programs could serve as models for implementation in other emergency departments nationwide,” says Doug McGee, DO, FACEP, who was instrumental in shepherding the project with Dr. Heine. “PaACEP is proud of the role it can play to improve emergency medical care, not only in Pennsylvania but across the country.”

The chapter thanks Drs. Heine and McGee. Other members who served on the Project Advisor Panel include: Theodore Christopher, MD, FACEP, Laurence Gavin, MD, FACEP, Douglas Kupas, MD, FACEP, Bruce MacLeod, MD, FACEP, Alex Rosenau, DO, FACEP, Bruce Rosenthal, MD, FACEP, Ronald Strongy, MD, FACEP, and Michael Turturro, MD, FACEP. The chapter will submit a final report to the CDC this fall. Research abstracts will be presented at the 2007 PaACEP Scientific Assembly.

ACEP Board Election

Diverse Background Sets PaACEP President Apart As He Runs for ACEP Board

Well-rounded experience in emergency medicine distinguishes PaACEP President Alex Rosenau, DO, FACEP, from other candidates seeking election to the ACEP board of directors this October during ACEP’s Council meeting. Dr. Rosenau says he simply wants to give back to the profession and his colleagues.

“Alex has unflagging enthusiasm for our profession,” says Doug McGee, DO, FACEP, the chapter’s immediate past president. “His incredible work ethic, integrity, and loyalty will contribute to the strength of the ACEP board. Pennsylvania ACEP proudly endorses his candidacy.”

As associate vice chair of the Department of Emergency Medicine at the Lehigh Valley Hospital and Health Network (LVHH), Dr. Rosenau does it all—research, teaching, administration, and direct patient care. His resume shows the depth and diversity of his emergency medicine experiences. He has worked in a rural health center with 24-hour emergency services with the U.S. Public Health Service, practiced in a level 1 trauma center, founded the emergency medicine residency program at Lehigh Hospital, collaborated with a multi-site research group to produce the ESI triage system, served on a six-county EMS board, and helped bring electronic documentation and computer-assisted ordering to LVHH’s unified network of emergency departments.

Over the years, the PaACEP president has also demonstrated leadership and service to his profession. In addition to serving as president of Pennsylvania ACEP, Dr. Rosenau has served on numerous PaACEP committees, founded the chapter’s EM Practice Committee, lobbied for PaACEP issues in Harrisburg, and has been a Chapter spokesperson on radio, television, and in newspapers. His service to ACEP includes serving on the Steering Committee, the Bylaws Committee, the EM Practice Committee, and two task forces—the ACEP/ENA Triage Task Force and the

continued on page 8
Town Hall Project

Chapter Receives ACEP Grant to Host Town Hall Meeting

In June, Pennsylvania ACEP was awarded a special ACEP grant to sponsor a “town hall” meeting that will bring key groups and policymakers together to raise awareness and examine critical issues impacting emergency medicine in Pennsylvania. The meeting is planned for February.

“A town hall meeting is designed to bring members of a community together to discuss an issue or issues of common concern,” says Past President Theodore Christopher, MD, FACEP, who is coordinating the town hall project. “We want to build on the momentum created by ACEP’s Report Card, the Institute of Medicine’s report on the future of emergency medicine, and the recent Pennsylvania Medical Society health care summit by examining Pennsylvania’s emergency care system and identifying areas of strength and weakness. We then hope to engage key stakeholders and policymakers in developing and coordinating advocacy efforts to “fix” systems problems that need to be addressed.”

PaACEP was one of eight state chapters to receive the special grant.

Members

Names in the News

Thomas E. Terndrup, MD, FACEP, has been named chair of the Department of Emergency Medicine at the Penn State Milton S. Hershey Medical Center. He will also serve as associate dean for clinical research at the Penn State College of Medicine. His appointment is effective November 1. Dr. Terndrup, a graduate of the Penn State College of Medicine, is currently founding chair of the Department of Emergency Medicine and a co-director of the Center for Emerging Infections and Emergency Preparedness at the University of Alabama at Birmingham.

Four PaACEP members were appointed chairs of ACEP committees by incoming ACEP President Brian Keaton, MD, FACEP. They include: John Kelly, DO, FACEP, Academic Affairs Committee; Marilyn, Heine, MD, Federal Government Affairs Committee; and Robert Neumar, MD, PhD, FACEP, Research Committee.

Administration

Chapter Announces Staff Change

Over the summer, the Chapter has experienced a staffing change. In June, PaACEP regretfully accepted the resignation of our long time meeting manager, Joanna Ward. Jo had a marketing flair and did a great job coordinating the EDIS and Oral board programs. On July 3, Judy Smith joined the Chapter as a meeting manager and has been assigned Jo’s meetings. Previously, Judy was employed in the hotel industry and that experience will serve the Chapter well. PaACEP welcomes Judy on board.
ACEP Council to Consider Four Chapter Resolutions

Eighteen Chapter members will represent Pennsylvania’s emergency physicians at ACEP’s 2006 Council meeting held October 13-14 in New Orleans. Topping their agenda is introducing four PaACEP resolutions to the College’s governing body. PaACEP reps will also be working to get a colleague—Alex Rosenau, DO, FACEP—elected to ACEP’s board of directors.

“This Council meeting is an important place for PaACEP to represent Pennsylvania’s emergency physicians. Having the ACEP Council support resolutions that are important to emergency physicians in the state is one way the Chapter can help its membership,” comments PaACEP President Alex Rosenau, DO, FACEP. This year PaACEP is encouraging debate on resolutions that address such important issues as the “front-end” processing of patients to emergency departments.

Emergency nurse certification, emergency department leadership, and ACEP’s clinical policy on procedural sedation.

About the Council
“The ACEP Council is the body that conducts the business of the College, much like the legislature conducts the business of government,” Dr. Rosenau explains. “The most important part of the Council’s activities is to act on resolutions brought forth by individuals, ACEP sections, and state chapters. Many important ACEP policies and position statements have been debated on the Council floor.” The resolutions passed by Council are then sent to the ACEP board of directors for its approval and action.

The role of councilors
Pennsylvania has one of the largest blocks of councilors at the meeting—13 councilors and 4 alternates. This is based on the number of ACEP members in Pennsylvania ACEP at the end of last year. “The 13 votes in our delegation can influence the outcome of Council decisions and resulting policy,” Dr. Rosenau says. These councilors are asked to take on four fundamental roles:

- To serve as the voice of the membership
- To ensure that ACEP’s board responds to the membership
- To assure that the College’s agenda is aligned with issues of importance to its members
- To serve as a source of information from the College to the members, and
- To elect the College’s board of directors and president.

Pennsylvania’s delegation to ACEP Council is a mixture of PaACEP board members, committee chairs, and rank-and-file members. Representing the Chapter in Washington, DC will be:

Theodore Christopher, MD, FACEP
Keith Conover, MD, FACEP
Marilyn Heine, MD
C. James Holliman, MD, FACEP
John Kelly, DO, FACEP
Douglas McGee, DO, FACEP
David Romans, DO
Alex Rosenau, DO, FACEP
Bruce Rosenthal, MD, FACEP
John Skiedziewlewski, MD, FACEP
Ronald Strong, MD, FACEP
Michael Turturro, MD, FACEP
L. Albert Villarin, MD, FACEP

Alternates:
Russell Bieniek, MD, FACEP
Scott Korvek, MD
Amy Snover, MD, FACEP
Harry Unger, MD, FACEP
Michael Weinstock, MD, FACEP

Pennsylvania’s resolutions
The Chapter’s four resolutions submitted to ACEP Council address a wide range of issues facing emergency physicians nationally and statewide. They recommend that ACEP:

- Develop a position paper that defines optimal emergency care related to the “Front End” processing of patients presenting to an ED.
- Work with the Emergency Nurses Association to develop a position paper that defines a standard of nursing care that includes obtaining CEN certification and outlines a timetable for emergency nurses to obtain such certification.
- Develop a policy that states the ED medical director or chair should have sole oversight over the practice of emergency medicine in an ED and to work with the American Hospital Association to establish a standard ED leadership model.
- Modify its existing clinical policy regarding procedural sedation and analgesia in the ED to state that emergency nurses are trained personnel qualified to administer all agents for procedural sedation under the direct supervision of emergency physicians.

The Chapter thanks chapter Vice President John Kelly, DO, Ted Christopher, MD, FACEP, and Marilyn Heine, MD, who authored PaACEP’s resolutions.
New Forensic Medicine Section Being Formed!

The practice of emergency medicine has encountered with increasing frequency the specialty of forensic science. Emergency physicians are now expected to know how to gather and preserve evidence from our patients that are victims of gun shot/stab wounds, pediatric sexual assault, physical abuse or neglect. Patients that are victims of sexual assault (including drug facilitated), domestic violence, and elder abuse also require unique skills for competent medico-legal evaluation.

The Section of Forensic Medicine is being developed so that colleagues with interests in forensic medicine can network with other national professional forensic organizations for research and best practices. We need to develop appropriate training and resources for our residents, such as photography, case preparation, trial testimony, and an awareness of the new Department of Justice national standards to which all physicians will be held. It is hoped that this interest will also lead to the establishment of a forensic fellowship within our specialty.

All ACEP members who are interested in supporting the development of the Forensic Medicine Section should send an e-mail to section@acep.org with “Forensic Section” in the subject line.

Executive Privilege
continued from page 1

used in various institutions throughout PA and the US. We are hearing that in general, the nursing profession is very supportive of our position. I cannot be any clearer than to state: “An RN working directly under the direct presence and supervision of an EM physician, credentialed for airway management and procedural sedation by his/her chair, must be allowed to administer the drugs prescribed by that physician.” It remains the responsibility of the physician to know the dosages, routes and speed of administration, side effects, monitoring required and have the capability of addressing foreseeable side effects.

Finally, as you call, write or visit your Congressional legislators, don’t forget to advocate for repeal of the scheduled 5% decrease in reimbursement for your work, once again about to occur in January 2007. The flawed sustained growth rate (SGR) formula continues to plague all physicians caring for Medicare patients.

Lots to learn, to discuss, to fight for…what better place to bring your ideas, collaborate with friends, and return with great ideas than New Orleans? Please join me, and say “Hey” when you pass me in the hall.
Core Measure Update for STEMI

Unable to begin thrombolytics until patient stable.

- “Patient initially refused PCI.”
- “Patient wants to speak with clergy before starting lytics. Clergy paged.”
- “No urgent need for fibrinolytics.”
- “Will consult with Cardiology to see if fibrinolytics warranted at this time.”
- “Lytic therapy not indicated.” (Fibrinolytic therapy not started earlier because physician initially felt it was not indicated.)
- “Lytic therapy held: Comfort Measures Only.”

CMS also gives these documentation examples that are not acceptable:

- “Patient wishing to consult family before PCI.”
- “Patient presented to ER in full cardiac arrest, unable to do PCI until stable.”
- “Will consult with Cardiology to see if PCI warranted.”

Finally, make sure there is legible documentation of ASA and Beta-Blocker given. If ASA was given by EMS, document this. If the patient cannot get ASA, document “ASA held due to…” Similarly in Beta-Blocker documentation: “Beta-Blocker not ordered due to hypotension (<90/x); Bradycardia (<60); Heart Block;” or “Comfort Measures Only.”

Placing these “CMS approved phrases” into your EMR will help the emergency physician use the proper chart abstractor terminology. If you are still using paper, this will be a learning curve that will take time. The sooner you implement these changes, the easier it will be for those “tough STEMI cases” that did not get timely thrombolytics or PCI to be taken out by the chart abstractor. ■
The PaACEP Board of Directors welcomes the following as members of the American College of Emergency Physicians and Pennsylvania ACEP

Brian Acunto, DO
Jamie Justin Adamski, DO
Peter H Adler, MD
James Ahn
Traci Anselmo, DO
Benjamin D Armstrong, MD
Joel Balcom, MD
Joseph D Barton, Jr
Jack Basile, DO
Jeffrey Beard, DO
Andrew Beckmann, DO
David Blunk
Roberto A Moran Bojurquez, MD
William Brocklehurst, MD
Abby Brown, DO
Emily L Brown
Melissa T Burkhart, MD
Seth M Burkey, MD
Amy Burkhartsmeyer, DO
Nicholas Cavallaro
Sonia Chacko, MD
Anna Marie Chang, MD
Wan-Tsu Chang
Tejal Ambaram Chauhan, DO
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Bonnie B Dellingar
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Tammy Dietz, DO
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Stanley A Hoffman, MD
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Albert Huang
Daniel Hunter, DO
Victoria Hutto, DO
Tinh K Huyn, MD
Christopher Johnson, MD
Faiz A Khan, MD
John Michael Kowalski, DO
Joshua Evan Kravetz, DO
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Matthew J Larsen, MD
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Martha Linker, MD
Edward Lisenbey, MD
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Jeremy Lux, DO
Eric E Maur, MD
Jeffrey David Mayer, MD
Megan McKinnon, MD
Kathleen M McManus, DO
Andrew Meyer Mersky, DO
Kevin Mierzewsiki, DO
David D Miller, MD
Jonathan Taylor Miller, MD
Betty H Momenian, MD
Tara Montgomery, DO
Roberto A Moran, MD
Joseph L Orloski
Adora Ozumba, MD
Sandeep Patel, DO
Joshua Penn
Karen Pheasant, DO
Jessica Pierog, DO
Tony Pizm, MD
Marc E Portnoy, MD
Suraj Puttananniah, MD
Joseph Querica, DO
Shawn M Quinn, DO
Radha Ramachandran, MD
John W Randolph, DO
Bill David Richardson, DO
Erin K Robertson, MD
William Roper, MD
Karena M Rosa, MD
Adam K Rowden, DO
Emily B Sagalyn, MD
James Sample, Jr, DO
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Kelly Sawyer, MD
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John Raymond Schleicher, Jr., MD
Alison H Schroth
Jason Donald Schultz, MD
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Kathryn M Stahl, MD
Michelle Sudol, DO
Agnes Sulewski, DO
Rick Sumrok, MD
L. Ashlin Thurston, MD
Andrew Brandon Tomasi, MD
Bryan Tran, MD
Kristine L Visocan-Midcap, MD
Jonathan B Walker, DO
Charles Wambulwa, MD
Lauren Weinberger, MD
Jennifer M Williams
Lisa Wilson, MD
Anthony C Wong, MD
Dana Marie Woodhall
Gary David Zimmer, MD, FACEP
Networking Session Focuses on Issues Specific to Women Practicing Emergency Medicine

The “Women in PaACEP” luncheon was held on April 26 during PaACEP’s Annual Scientific Assembly and led by PaACEP Past President Marilyn Heine, MD, and Chapter Treasurer Rani Kumar, MD, FACEP. Dr. Heine spoke with PaACEP News about this special session.

**PaACEP News:** What was the luncheon about?

**Dr. Heine:** All were welcome, but the focus was to provide networking opportunities specifically for women in the Chapter. By meeting, we seek to provide support, offer guidance, and highlight opportunities for personal and professional leadership development for women emergency physicians, residents, and medical students.

**PaACEP News:** What happened at the luncheon?

**Dr. Heine:** We have much to learn from each other. Participants shared experiences as women in emergency medicine. We discussed how we meet challenges we face in our careers, and in seeking balance between personal and professional activities in our lives.

**PaACEP News:** What specific issues do women who practice emergency medicine face?

**Dr. Heine:** Women practicing emergency medicine face a variety of issues, some of which are shared with our male colleagues, others that affect us differently because of our gender. Challenges include professional recognition, balancing work and other activities or responsibilities, plus capitalizing on personal and professional leadership opportunities.

**PaACEP News:** What is ACEP/PaACEP doing to help women address these issues?

**Dr. Heine:** ACEP has a section of membership—the American Association of Women Emergency Physicians (AAWEP)—dedicated to addressing needs as an emergency physician and a woman, providing mentors, and networking. The section has representation at the ACEP Council, sends a quarterly newsletter, and meets annually at the national Scientific Assembly. PaACEP now has the “Women in PaACEP” luncheon. This is a potential interest area for the PaACEP Membership Committee to consider for more year-round attention. Board Nominating Committees for ACEP and PaACEP seek diversity on their respective boards; one factor is finding women interested in leadership opportunities who have demonstrated a commitment to initiatives at the national or chapter level.

The American Medical Association Women Physicians Congress (WPC) focuses on addressing women’s health and professional issues, increasing the number of women physicians in leadership roles, and strengthening the voice of women in organized medicine. Membership is open and free to all AMA members. I serve as the liaison from ACEP to the WPC.

**PaACEP News:** What resources do you recommend to women looking for more information?

**Dr. Heine:** There are a growing number of resources available. These include:

- AAWEP: [www.acep.org/webportal/membercenter/sections/aaawep/default.htm](http://www.acep.org/webportal/membercenter/sections/aaawep/default.htm)
- Results of the Women Physicians Congress member survey: [www.ama-assn.org/ama/pub/category/12308.html](http://www.ama-assn.org/ama/pub/category/12308.html)
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Pennsylvania, Greenville/Sharon - UPMC Horizon—with hospital sites in Greenville, PA, and Farrell, PA—serves the Mercer County region in northwestern PA and offers a full range of services at both campuses. The Greenville Campus ED sees 18,000 patients annually with 24 hours of physician coverage and 10 hours of physician-extender coverage. The Shenango Valley Campus ED sees 15,000 patients annually with 12-hour physician shifts. The cost of living is low, the patient population is pleasant, outdoor activities are plentiful, and the amenities of Pittsburgh are easily accessible. Excellent salary with full benefits including paid malpractice insurance with tail, employer-funded retirement plan, paid health/dental/vision insurance, CME allowance, etc. Call Dr. Robert Maha at 888-647-9077/Fax 412-432-7480 or email at mahar@upmc.edu.

Pennsylvania, Pittsburgh area - Exceptional Medical Director opportunity at Jameson Hospital in New Castle, PA. The ED sees 35,000 patients annually with 42 hours of physician coverage & 12 hours of physician-extender coverage daily. Nice patient mix with attentive nursing and medical staff. The surrounding community offers a great lifestyle with affordable housing and low cost of living, and is close to the amenities of Pittsburgh. The outstanding compensation/benefit package includes a generous stipend, paid malpractice insurance with tail, employer-funded retirement plan, paid health/dental/vision insurance, CME allowance and an additional incentive plan. Candidates should be board-certified in emergency medicine. Contact Dr. Robert Maha at 412-432-7404 or mahar@upmc.edu.

Pennsylvania, McKeesport (Pittsburgh) - UPMC McKeesport is a full-service community teaching hospital 15 miles southeast of Pittsburgh. The new state-of-the-art ED sees 30,000 patients annually with 39 hours of physician coverage and 10 hours of physician-extender coverage. Excellent salary with full benefits including paid malpractice insurance with tail, employer-funded retirement plan, paid health insurance, CME allowance, etc. Call Dr. Robert Maha at 888-647-9077/Fax 412-432-7480 or email at mahar@upmc.edu.

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Community teaching hospital in suburbs of Philadelphia - looking for FT or PT ED physicians. Must be ABEM/AOBEM certified. Volume 24,000 with 12 hours of physician double coverage and a new ED to be completed in September. Physician will be an employee of the hospital with full benefits and CME allowance. Competitive base compensation along with quarterly performance bonus. Please contact Lori Lawson, MD, MBA at 610-278-2194 or via email at llawson@mercyhealth.org.

Pennsylvania, Pottstown - At Pottstown Memorial Medical Center, we provide an environment where our people can practice at the top of their fields. If you’re a dedicated BC/BE Emergency Medicine Physician who demands excellence, please join us as we expand coverage in our new Emergency Department. This 299-bed, full-service facility boasts a state-of-the-art, 25-bed ED that treats almost 40,000 patients annually. Candidate must have completed residency and have current ACLS, ATLS, and PALS. Enjoy working in a collegial environment with an excellent patient population mix, exceptional nursing, and strong medical staff support. Attractive remuneration package offered with comprehensive benefits that include paid malpractice, vacation/sick/holiday time, health/dental/life/disability insurance, 401(k), flexible health & dependent care spending accounts, and a pleasant community setting just a short drive from Philadelphia. For consideration, please contact Rich McLaughlin, MD by fax: (610) 327-7744 or e-mail rmclaughlin@comcast.net. EOE.

Easton, PA - Full-time EM positions available at 37,000 visit ED located just 45 minutes north of Philadelphia. 38 hours of BC EM physician coverage plus 17 hours midlevel coverage daily. EPMG offers paid benefits, paid malpractice, flexible scheduling, incentive bonus system, 401(k), and much more. Contact Denine Abowd at 800-466-3764, x339 or dabowd@epmgpc.com.

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The greater Hazleton area, nestled in the foothills of the beautiful Pocono Mountains, is home to 100,000 people. Hazleton is a friendly, family-oriented, growing community offering the 8th lowest crime rate in the nation, a moderate cost of living, solid private and public schools, a plethora of outdoor sports activities, and some of Pennsylvania’s most breathtaking scenery!

To learn more, please e-mail CV to Michael Weinstock, Chair of Emergency Medicine, LVH, at debra.perna@LVH.com Phone (610) 969-0216.