



Strategies for the Future

By Col Lee Payne, USAF, MC



I read an article recently that suggested strategic planning was no longer useful. In a world where individuals—not news agencies—such as protestors from the Arab Spring-- use social media and the internet to broadcast real-time events unfolding at their location to inform and influence world opinion and ultimately world leader actions, how can a strategic plan that looks three-to-five years into the future be of any use? Well, I believe the rapidity with which the world changes is all the more reason to take the time to think about your organization’s current situation, assess your environment, forecast future trends, and set goals and objectives to guide where you go in the future. Things move so quickly today, we often make decisions—sometimes very poor decisions—due to lack of a strategy and guiding direction. To that end, your GSACEP Board of Directors has begun work on a Strategic Plan to chart our course for the future.

We were fortunate to obtain the services of Dr. Michael Gallery, PhD, FASAE, CAE, former ACEP COO, and current President of OPIS, LLC, to assist us in our strategic planning process. On 12 October, just prior to Scientific Assembly, the Board, Committee Chairs, and invited guests sat down to take stock of GSACEP’s current status and determine where the Chapter needs to go in the future. We were very fortunate to have Dr. Stephen Scherr, Director of the Palo Alto Veterans Administration Healthcare System, and Dr. Janet Henderson, Assistant Chief of Medicine and Director of the Emergency Department at the VAMC Hampton, VA, join us and provide valuable input concerning our VA membership.



We began by assessing our current mission statement: “To promote quality emergency care and advance the

specialty of emergency medicine within the military and federal healthcare system.” While certainly laudable goals, the participants felt these statements did not represent our true mission which is to serve you our members. The new mission statement—subject to some changes as we work through this process—is: “Enable military and federal emergency physicians to thrive”. We wanted something simple, a phrase that could be remembered, and that reminds us that you are who we serve. If you are successful, things like advancing emergency care in the military will be served by our membership.



Dr. Gallery used a balanced scorecard approach segregating our goals into three main areas: Financial, Membership, and Organizational Effectiveness.

Our Goals:

1. Strengthen and diversify the financial foundation of GSACEP
2. Grow ownership in GSACEP by providing greater value to members
3. Increase organizational effectiveness.

We then moved on to defining objectives in each of these areas. Attempting to define SMART Outcomes: Specific, Measurable, Achievable, Relevant, and Timely. We chose 1-3 objectives in each of the three areas, trying to keep our targets manageable, as most strategic plans fail because they are too comprehensive and not actionable.

These outcomes still need some additional definition and we will appoint a task force, chosen from our membership, to further evaluate these objectives, and provide the board with more fidelity on the exact targets within the objectives.

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FROM THE EDITOR'S DESK
MAJ Rachel Villacorta-Lyew, MC, USA

Welcome to another issue of EPIC as we wrap up our year as a chapter in 2011 and prepare for an even more exciting year in 2012 for GSACEP!

Scientific Assembly 2011 in San Francisco was a major and noteworthy event for our specialty, not only for the academic lectures, networking opportunities, and the goods the various vendors provided, but for the development of future goals and strategies for both ACEP and GSACEP. This process occurs a few days before the CME portion of Scientific Assembly and is open to elected chapter councillors and ACEP members. In this issue, we offer a few different perspectives from the events of the week by our current president, Col. Lee Payne, a first time chapter councillor, CPT Cameron Olderog, and our resident representative, CPT Josh Simmons.

So, where am I going with all of this? Our annual chapter meeting, The Government Services Symposium, is quickly approaching in April 2012 at the Village at Squaw in the beautiful Lake Tahoe region of CA. I truly hope to see the majority of our members there for the stellar academic program developed

by the conference committee led by LTC Melissa Givens, and LTC Bonnie Hartstein. But, I would also like to see more people involved in the various committees and membership activities. Come to the GSACEP Board Meeting on Monday evening, April 2, and talk to the chapter leadership throughout the meeting about your interests, and what membership has done/can do to help you.

The GSACEP Chapter Awards will be presented at GSS 2012. Please nominate and support colleagues you feel have gone above and beyond to serve the specialty of Emergency Medicine. You will find the updated schedule of activities for GSS 2012 at gsacep.org, and the nomination forms for the awards in this issue, and online. The deadline for submission of nominations for the awards is January 15, 2012.

As the holiday season is in full swing, all best wishes for a safe and healthy holiday with your family and friends, and in our Emergency Departments. Please keep a special place in your hearts for our deployed service members. Thank you for all you do!

GSACEP BOARD OPENINGS

The GSACEP Nominating Committee, chaired by GS President Col Lee Payne, MD, FACEP, is asking for individual recommendations for the GSACEP Board.

In order to qualify for a Board position, a candidate must be

1. A GSACEP Active Member
2. Be committed to serve at least two years
3. Show involvement in GSACEP/ACEP activities

For any position, please submit a cover letter explaining why this person, or yourself, should hold GSACEP office. Please limit this to one page. Please also provide your CV. Send materials to the attention of Col Payne at lee.payne@peterson.af.mil or paynelee@msn.com

Board openings are for President-Elect (requires a three-year commitment);

Secretary-Treasurer (three-year term); Councillor (three positions, two-year term each).

Deadline to submit materials to Col Payne: Monday, January 16, 2012.

GSACEP

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lee.payne@peterson.af.mil

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james.barry@med.navy.mil

Immediate Past President

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melissa.givens@africom.mil

Sec-Treasurer

David S. McClellan, MD, FACEP
dsmcclella@aol.com

Councillors

LTC Robert Gerhardt, MD, MPH, FACEP
LTC Bonnie Hartstein, MD
CPT Cameron Olderog, MD
CDR R. Thomas Vanhook, MD

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The opinions and assertions in this issue are solely those of the authors, or GSACEP, and are not necessarily those of the Department of Defense or any other US government agency.

THE SCIENTIFIC ASSEMBLY EXPERIENCE

BY CPT JOSH SIMMONS, MC, USA



For those of you who have not been to the yearly American College of Emergency Physician's Scientific Assembly, it is a great opportunity to learn from leaders in the field. Some of the smartest Emergency Physicians were there to teach in their areas of expertise. The hardest part of the conference was deciding which lectures to go to and which I would have to miss. Some of the most useful lectures that I went to were reviews of the literature for the previous year. Amal Mattu, Jerry Hoffman, Mel Herbert, Stuart Swadron, Corey Slovis, and Scott Weingart were just a few of the well-known people that presented. Also, there were many break-out sessions on echocardiography, procedures, advanced airway management, and advanced ultrasonography. In addition to lectures about Emergency Medicine, there were topics that we don't often get a chance to learn about, but that are important to us, regarding finance, health policy, malpractice and time management.

Along with the presentations, there were exhibitors for just about anything and everything in Emergency Medicine. For those looking for new jobs, the vast majority of the employment groups had displays there. New devices, techniques and drugs were also on display. Some of the most popular seemed to be the simulation mannequins, ultrasound devices, and the devices for procedures that you could practice with. After the lectures were over for the day, there were still plenty of things to do. There was a party thrown by one of the EM employment groups at the legendary Fillmore, where show posters lining the wall illustrated the thousands of acts that have performed there. In my down time, there was plenty to see and do in San Francisco. Next year, Scientific Assembly will be in Denver, and I look forward, hopefully, to seeing some of you there.

President's Column continued from Page 1

Our Outcomes:

In the next three years GSACEP will accomplish the following outcomes:

1. Increase dues incrementally as needed
2. Increase return on equity by x%
3. Increase non-dues revenue by x% and decrease the percentage contribution of the annual conference to total revenue
4. Increase VA membership by x% annually
5. Increase conversion from candidate to active member by x% per year
6. Increase member participation in GSACEP activities by x%
7. Increase average length of leader participation by x%
8. Have leaders who are prepared for their leadership roles in terms of their knowledge and experience

We have made great strides in recent years in our chapter. We are among the ACEP chapters that continue to grow. Right now, we have almost 900 members, placing us in the 10 top chapters in the country! If we reach 901 members by the end of the year, we will grow from eight to nine councillor positions. We have developed and grown national ACEP leaders. COL Bob Suter, Army Reserves, served as national ACEP President. Col. Linda Lawrence served as ACEP President while on active duty with the Air Force. COL Marco Coppola recently completed his tenure as ACEP Vice –Speaker of the Council, and, we are proud to report, was elected Council Speaker for the next two years. One

cannot underestimate the importance of that national leadership involvement and how it reflects upon our chapter. It has allowed many of us to serve on national committees, lecture at Scientific Assembly, put GSACEP members in key positions on the Council Steering Committee, and influence who is selected to lead our national organization.

In addition, GSACEP members are key contributors to the Emergency Medicine Foundation (EMF), and the National Emergency Medicine Political Action Committee (NEMPAC). Medicine in the United States will be changing in many ways in the coming years. It is critical that your specialty be represented and be able to influence the decisions that will be made to protect our specialty, emergency medicine practice, and most importantly—our patients. Thanks to our success as a chapter GSACEP members will be part of shaping the future of emergency medicine!

The chapter is on very sound financial footing thanks in large part to several successful annual conferences and the dedicated stewardship of our executive director, Ms. Bernadette Carr, and our esteemed Secretary-Treasurer, Dr. Dave McClellan. This is an extraordinary accomplishment as less than a decade ago our future appeared to be in jeopardy due to our financial situation.

However, we are not resting on our laurels, and our strategic plan helps chart our direction for the future. I look forward to your input on our Strategic Plan. More importantly, my hope is that this will encourage more of you to become active in the chapter and participate in building the future of military and federal emergency medicine within ACEP!

THE COUNCIL EXPERIENCE: PERSPECTIVE FROM A FIRST- TIME COUNCILLOR

CPT CAMERON OLDEROG, MC, USA

Each year, over 300 members of ACEP assemble two days before Scientific Assembly kicks off to represent the members of ACEP on important issues facing the college. This year, I was elected by GSACEP members to represent them at the council. I did not know what to expect coming into this experience, but I learned a lot about how ACEP works and issues that face emergency medicine physicians.



Councillors and Alternates: First Row: Maj Torree McGowan, MD, FACEP; MAJ Rachel Villacorta-Lyew, MD; CPT Cameron Olderog, MD; James Eadie, MD, MBA, FACEP; CPT Josh Simmons, MD; Janet Henderson, MD, MPH, FACEP; LTC Bob Gerhardt, MD, MPH, FACEP; COL Marco Coppola, DO, FACEP, Council Speaker. Back Row: COL(ret) Cloyd Gatrell, MD, FACEP; Col Lee Payne, MD, FACEP; CDR Tom Vanhook, MD; LTC Dave Barry, MD, FACEP

Through the council each year, ACEP chapters and members at large submit amendments for consideration. These amendments address matters facing emergency medicine physicians including ACEP bylaws, patient care, medico-legal, and health care policy, issues. The amendments are then brought to the council for consideration. There are too many amendments for everyone to discuss them together, so the amendments are separated into three reference committees based on category. I attended the reference committee on bylaws amendments. While this may sound tedious and boring, I learned a lot about how ACEP works. I had never read the bylaws before, so it was interesting to see what is included and what people want to change. In the reference committees, councillors and members at large can speak in support of or against each amendment. This process is how the amendment is debated and how an ACEP member has a voice in these considerations. After all the debating and discussing, the reference committee comes up with a recommendation to the entire council. The recommendation is either to accept the amendment, reject the amendment, or to change it. All of this occurs on the first day of the council meeting.

It is a long and tiring day, but it is not over yet. That evening, the councillors have the opportunity to meet all of the candidates for the elected positions on the Board of Directors. The councillors have the responsibility of electing these representatives. There were three candidates for ACEP President this year, one candidate for Speaker, three for Vice Speaker, and seven for ACEP Board of Directors. There are speeches, information from the candidates, and time to talk to the candidates on this first day so the councillors can decide who would best represent the membership.

The second day, the entire council is together on the floor again, and it is on this day that voting occurs. Voting begins with the conference committee recommendations on the amendments and then there is time for additional comments to be made from the councillors. Some of the amendments do not require much further debate, such as the bylaws amendments where details were hammered out in the reference committee. But some topics garner more debate, like legalization of marijuana and nationalized health care. After debating is done, a vote is taken. Once all the amendments have been voted on, the officer elections are held. You have an opportunity to hear from the incoming and outgoing ACEP Presidents as well.

My experience as a first-year councillor was wonderful. It was a little overwhelming at first, but all the experienced councillors were very helpful explaining things and guiding me through the parliamentary procedure, schedule and issues. The most valuable part for me was to see the process. It was amazing to see how each ACEP member has a voice in ACEP policy through the council, and that the council voice matters in the policy decisions the ACEP Board of Directors makes. There will be openings at GSACEP this coming year for council positions. I would encourage new people to consider getting involved to see this process first-hand. Please contact me if you have any questions, or would like to be involved.

GSACEP MEMBER LIST OF NEW ACEP FELLOWS

Mark Antonacci, MD, FACEP
Vincent L Ball, MD, FACEP
Richard Barrow, MD, FACEP
Scott A Bier, MD, FACEP
Daniel J Brown, MD, FACEP
Norak Chieng, MD, FACEP
Jimmy L Cooper, MD, FACEP
John J Devlin, MD, FACEP
Brian E Downing, MD, FACEP
Mark E A Escott, MD, MPH, FACEP
Todd R Fowler, MD, FACEP

Everett T Fuller, MD, FACEP
Phillip J Goebel, MD, FACEP
Craig Goolsby, MD, FACEP
Nathaniel V Greenwood, DO, FACEP
Guyon J Hill, MD, FACEP
Michael Juliano, MD, FACEP
Tristan Knutson, MD, FACEP
Michael M Levinson, MD, FACEP
Anantha Krishna Mallia, DO, FACEP
David A Masneri, DO, FACEP
Torree M McGowan, MD, FACEP

Anthony Lamar Mitchell, MD, FACEP
James K Palma, MD, FACEP
Michelle M Perez, MD, FACEP
Abigail C Raez, MD, FACEP
Ali S Raja, MD, MBA, MPH, FACEP
Devin Rickett, MD, FACEP
James W Sadock, MD, FACEP
Robert Sarlay, Jr, MD, FACEP
Gillian Schmitz, MD, FACEP
Cynthia Shen, DO, FACEP
Edwin Yaeger, DO, FACEP

GSACEP Excellence in Emergency Medicine Award Nomination Form

Criteria for Nomination

Any member of the Government Services Chapter of the American College of Emergency Physicians (GSACEP) may nominate himself/herself or another member for this award. The leadership team of any hospital or military treatment facility may nominate a GSACEP member for this award. This award recognizes a leader with a record of significant contributions to military emergency medicine, resulting in noteworthy impact on the profession. The nominee must be a GSACEP member

Nominees must meet the following criteria:

- Active member of GSACEP
- Outstanding work and professional activities.
- A proven record of noteworthy, sustained, contributions to military emergency medicine.

Annual call for nominees: Nov - Dec

Deadline for nominations: 15 Jan

Selection and presentation

The Excellence in Military Emergency Medicine award winner is selected by a majority vote of awards committee members, the chair vote deciding in a tie situation. Awardees' are announced in the Feb timeframe. The award is presented at the annual GSACEP Joint Service Symposium.

This form must be completed entirely. Do not indicate "see C.V."

Nominator Information

The nomination form, nominee's curriculum vitae, a letter explaining why the nominee merits the award and specifically relating to their background to the award criteria and letters of support. Packages will be submitted to: Col Lee Payne, USAF, MC at lee.paynee@peterson.af.mil or Ms. Bernadette Carr at gsacep@aol.com. Please send as a pdf file, or fax your form to [866-277-8620](tel:866-277-8620).

Nominated By: _____ Date Submitted _____

Address: _____

City, State, ZIP: _____

Nominator's Signature _____ E-mail _____

Nominee

Name of Nominee: _____ Telephone: _____

Address: _____

City, State, ZIP: _____ E-mail _____

Nomination Form

Please state why this person should be honored with this award, with specific attention to the criteria listed above. Paragraph or bullet format is acceptable and is **limited to 750 words**. Complete and submit as separate document.

Complete the following even if listed on CV.

ACEP Offices Held (National and Chapter):

Committees (National, Local/Name of Committee, and Length of Service):

Other Emergency Medicine-Related Services (Title and Length of Service):

Other Activities of Special Merit (Civic, Institution, etc.):

Letters of Support

Up to 3 letters of support may be submitted. Letters should demonstrate collaboration and be submitted from individuals who work with that nominee. Letters are optional unless package is a self-nomination then least one letter from supervisor or senior leader must be submitted and attest that the individual is in good professional standing.

GSACEP Rising Star Award Nomination Form

Criteria for Nomination

The GSACEP Rising Star Award is intended to honor the junior Emergency Medicine staff that most exemplifies excellence and dedication to service. Similar in intent to sports-based "rising star" awards, the GSACEP Rising Star Award is given annually to a standout young EM physician who displays exceptional service to the Government Services Section and/or outstanding leadership in the profession.

Nominees must meet the following criteria:

- Between one and five years out of Emergency Medicine Residency Training
- Active member of GSACEP
- Outstanding work and professional activities.
- Notable service to professional Emergency Medicine organizations (preferably GSACEP).

Any member of the Government Services Chapter of the American College of Emergency Physicians (GSACEP) may nominate himself/herself or another member for this award using the GSACEP Rising Star Award Nomination Form. The leadership team of any hospital, military treatment facility, or military unit may also nominate someone for this award.

Annual call for nominees: Nov - Dec

Deadline for nominations: 15Jan

Selection and presentation

The Rising Star award winner is selected by a majority vote of awards committee members, the chair vote deciding in a tie situation. Awardees' are announced in the Feb timeframe. The award is presented at the annual GSACEP Joint Service Symposium.

This form must be completed entirely. Do not indicate "see C.V."

Nominator Information

The nomination form, nominee's curriculum vitae, a letter explaining why the nominee merits the award and specifically relating to their background to the award criteria and letters of support. Packages will be submitted to: Col Lee Payne, USAF, MC at lee.paynee@peterson.af.mil or Ms. Bernadette Carr at gsacep@aol.com. Please send as a pdf file, or fax your form to [866-277-8620](tel:866-277-8620).

Nominated By: _____ Date Submitted _____
Address: _____
City, State, ZIP: _____
Nominator's Signature _____ E-mail _____

Nominee

Name of Nominee: _____ Telephone: _____
Address: _____
City, State, ZIP: _____ E-mail _____

Nomination Form

Please state why this person should be honored with this award, with specific attention to the criteria listed above. Paragraph or bullet format is acceptable and is **limited to 750 words**. Complete and submit as separate document.

Complete the following even if listed on CV.

ACEP Offices Held (National and Chapter):

Committees (National, Local/Name of Committee, and Length of Service):

Other Emergency Medicine-Related Services (Title and Length of Service):

Other Activities of Special Merit (Civic, Institution, etc.):

Letters of Support

Up to 3 letters of support may be submitted. Letters should demonstrate collaboration and be submitted from individuals who work with that nominee. Letters are optional unless package is a self-nomination then least one letter from supervisor or senior leader must be submitted and attest that the individual is in good professional standing.

GSACEP Medical Director Leadership Award Nomination Form

Criteria for Nomination

Any member of the Government Services Chapter of the American College of Emergency Physicians (GSACEP) may nominate himself/herself or another member for this award. The leadership team of any hospital or military treatment facility may nominate a GSACEP member for this award. The nominee must be a GSACEP member and must currently be in a leadership position in an emergency department. The nominee must demonstrate significant contributions to the department in the following categories:

- Quality Patient Care
- Operational Effectiveness
- Education
- Community Service
- Collaboration with Nursing
- Synergistic approach to leadership within the hospital or hospital system

The nominee must demonstrate collaborative relationships with nursing and ancillary departments to implement and improve operational and clinical standards based on evidence-based practice. The nominee will create and sustain a high degree of patient satisfaction with emergency care delivery and will implement creative and innovative strategies to address emergency department throughput.

Annual call for nominees: Nov - Dec
Deadline for nominations: 15Jan

Selection and presentation

The Medical Director Leadership award winner is selected by a majority vote of awards committee members, the chair vote deciding in a tie situation. Awardees' are announced in the Feb timeframe. The award is presented at the annual GSACEP Joint Service Symposium.

This form must be completed entirely. Do not indicate "see C.V."

Nominator Information

The nomination form, nominee's curriculum vitae, a letter explaining why the nominee merits the award and specifically relating to their background to the award criteria and letters of support. Packages will be submitted to: Col Lee Payne, USAF, MC at lee.paynee@peterson.af.mil or Ms. Bernadette Carr at gsacep@aol.com. Please send as a pdf file, or fax your form to [866-277-8620](tel:866-277-8620).

Nominated By: _____ Date Submitted _____

Address: _____

City, State, ZIP: _____

Nominator's Signature _____ E-mail _____

Nominee

Name of Nominee: _____ Telephone: _____

Address: _____

City, State, ZIP: _____ E-mail _____

Nomination Form

Please state why this person should be honored with this award, with specific attention to the criteria listed above. Paragraph or bullet format is acceptable and is **limited to 750 words**. Complete and submit as separate document.

Complete the following even if listed on CV.

ACEP Offices Held (National and Chapter):

Committees (National, Local/Name of Committee, and Length of Service):

Other Emergency Medicine-Related Services (Title and Length of Service):

Other Activities of Special Merit (Civic, Institution, etc.):

Letters of Support

Up to 3 letters of support may be submitted. Letters should demonstrate collaboration and be submitted from individuals who work with that nominee. Letters are optional unless package is a self-nomination then least one letter from supervisor or senior leader must be submitted and attest that the individual is in good professional standing.

GSACEP Fellowship in Leadership and Advocacy Nomination Form

The GSACEP Fellowship in Leadership and Advocacy is designed to develop and groom future military and federal emergency medicine leaders. The fellowship combines elements of mentoring, with skills in organization, education, advocacy, and involvement.

The fellowship serves to provide both an orientation to organized medicine and leadership development to ensure our future military and federal emergency medicine leaders succeed in the combined military and civilian organized medicine setting.

Program Goals

- Develop leaders who are prepared for their leadership roles in terms of knowledge and experience.
- Provide orientation and skills to allow potential leaders to promote military and federal emergency medicine locally and nationally.
- Increase participation in GSACEP activities and committees, developing long-term leadership for the organization

Criteria for Nomination

Nominees must meet the following criteria:

- Active Resident in an accredited Emergency Medicine residency program or young faculty <5 years out of training.
- Two years obligated service remaining in military or VA service.
- Active member of GSACEP
- Possess a track record of outstanding work and participation in professional activities.
- Commit to all elements of the GSACEP fellow expectations.
 - Since fellowship requires a significant time commitment and potential monetary expense, nominees are required to obtain written command support for cost-sharing and TDY expectations.
 - Deployment and other service related duties prohibiting completion will be considered.

Any member of the Government Services Chapter of the American College of Emergency Physicians (GSACEP) may nominate himself/herself or another resident member for this award.

Annual call for nominees: Nov - Dec

Deadline for nominations: 15 Jan

Expectation of Fellows

Over the course of their one year fellowship, GSACEP Fellows will participate/contribute in the following ways:

- With GSACEP leadership assistance, apply for membership on one ACEP committee of your choice.
- Volunteer as a member of one GSACEP committee of your choice.
- Participate in GSACEP Board of Directors conference calls and attend BOD meetings at conferences outlined below.
- Write one article for the GSACEP Newsletter, "The EPIC".
- Act as Alternate GSACEP Councillor for the annual ACEP Council Meeting. (October timeframe)
 - requires attendance at ACEP Council Meeting (night prior to Council meeting and two nights of the meeting)
 - GSACEP provides 3 nights hotel and \$150 per-diem to offset the cost.
- Represent GSACEP at the ACEP annual Scientific Assembly. (October timeframe)
 - Attend ACEP and GSACEP committee meetings as well as GSACEP Board of Directors Meeting.
 - GSACEP provides 2 nights hotel and \$100 per-diem to offset the cost.
- Attend GSACEP annual Government Services Symposium two consecutive years in a row. (Mar/Apr timeframe)
 - Attend GSACEP committee meetings as well as GSACEP Board of Directors Meeting.
 - GSACEP provides 3 nights hotel and \$150 per-diem to offset the cost.
- Attend annual ACEP Leadership and Advocacy Conference. (May timeframe)
 - GSACEP provides 3-4 nights hotel and \$100 per-diem to offset the cost.

Selection and presentation

Fellowship in Leadership and Advocacy award winners are selected by a majority vote of Board of Directors members, the president vote deciding in a tie situation. Awardees' are announced in the Feb timeframe and receive scholarship funding as outlined above in the expectations of fellows.

This form must be completed entirely. Do not indicate "see C.V."

Nominee Information

The nomination form, nominee's curriculum vitae, a letter explaining why the nominee merits the award and specifically relating to their background to the award criteria and letters of support. Packages will be submitted to: Col Lee Payne, USAF, MC at lee.paynee@peterson.af.mil or Ms. Bernadette Carr at gsacep@aol.com. Please send as a pdf file, or fax your form to [866-277-8620](tel:866-277-8620).

Name of Nominee: _____ Telephone: _____

Address: _____

City, State, ZIP: _____ E-mail _____

Nomination Form

Please state your interest in the GSACEP Fellowship in Leadership and Advocacy. Specifically address the nomination criteria listed above and how your participation will benefit you, GSACEP, organized military and federal emergency medicine, and/or your command. Paragraph or bullet format is acceptable and is **limited to 750 words**. Complete and submit as separate document.

Complete the following even if listed on CV.

ACEP Offices Held (National and Chapter):

Committees (National, Local/Name of Committee, and Length of Service):

Other Emergency Medicine-Related Services (Title and Length of Service):

Other Activities of Special Merit (Civic, Institution, etc.):

Letters of Support

A written letter of support from the nominee's command recognizing the significant time (TDY commitment) and monetary expense (cost-sharing as outlined in the fellow expectations) required of a GSACEP fellow is required for consideration.

Up to 2 additional letters of support may be submitted. Letters should demonstrate collaboration and be submitted from individuals who work with that nominee. Letters are optional unless package is a self-nomination then least one letter from supervisor or senior leader must be submitted and attest that the individual is in good professional standing.

GSACEP USU Senior Student Award

Criteria for Nomination

The GSACEP USU Senior Student Award is intended to honor the senior medical student that best demonstrates the qualities and attitude of an exemplary military Emergency Physician. This is the resident you want working for you on the floor, the staff you can trust to bounce ideas off of, the doc commanders will go to in order to get things done, and one the patients and staff will look to for their knowledge, compassion and bedside manner. These candidates are future chief resident material. This award is given annually. Winners receive a certificate and free one year memberships to GSACEP, ACEP and EMRA.

Nominees must meet the following criteria:

- USUHS fourth year medical student in good standing.
- Outstanding work and professional activities.

Selection and Presentation

The USU Senior Student Award winner is selected by the USU Military and Emergency Medicine staff near the end of each academic year and the award is presented at graduation ceremonies.

GSACEP RECEPTION AT SCIENTIFIC ASSEMBLY 2011

Once again, GSACEP was able to host a great reception at this year's conference hotel, The Hilton, in San Francisco, thanks to the support of our sponsors: Emergency Medical Associates, Sonosite, Verathon, T-System, and Zonare. These five sponsors have been consistent supporters of our chapter, and we're deeply grateful.

