

***Emergency Medicine International Ambassador Survey:*****1. Name of Country:**

Germany

**2. Brief history of the development of EM:**

Emergency medicine as an own specialty with board certification does not exist in Germany. In the past each clinical specialty had its own “emergency admission” in a German hospital. The emergency care was divided and fragmented into “individual emergency admissions” (Notaufnahmen) for internal medicine, surgery, accident surgery (trauma patients requiring immediate attention), gynecology and obstetrics, pediatrics and in many cases like in University Medical Centers for ophthalmology, otolaryngology etc. In the last 10 years plus, many urban and University hospitals have created Central Emergency Admissions (Zentrale Notaufnahmen or ZNA). Physicians staffing these Central Emergency Admissions are predominantly surgeons, internists or anesthesiologists. In bigger hospitals gynecology and pediatrics run their own emergency admission area staffed with own their specialists. Germany has a long tradition of staffing mobile ambulances (ALS units) with physicians together with paramedics. Physicians on EMS vehicles and also helicopters are mostly anesthesiologists but can also be surgeons and internists or in selected case pediatricians, resuscitating, stabilizing and then transporting these patients to Central Emergency Admission areas of designated hospitals. The German EMS system is very mature, technically well equipped, and highly sophisticated.

Traditionally the German term “emergency physician” (Notarzt) and “emergency medicine” (Notfallmedizin) has used to describe activities in the prehospital arena. The majority German medical establishment does not see a need for hospital-based Emergency Medicine of the Anglo-American type. It is important for US emergency physicians to understand this fine distinction and terminology when interpreting most of the German emergency medicine literature. In the past Germany’s only emphasis on emergency medicine has been on prehospital care, transport medicine and to some extend disaster medicine and management but not on hospital-based emergency medicine as an independent specialty. Very recently a group of German physicians has founded in 2005 a private organization called DGINA to promote hospital-based emergency medicine, residency training, board certification and emergency medicine as an independent specialty. DGINA stands for *Deutsche Gesellschaft Interdisziplinäre Notfallaufnahme* (German Society for Interdisciplinary Emergency Admission). ([www.dgina.de](http://www.dgina.de)) and still a small association with several hundreds of members.

**3. Emergency Medicine:**

<input type="checkbox"/> A recognized specialty  <p style="text-align: center;">No</p>	<input type="checkbox"/> Subspecialty after another residency <input type="checkbox"/> Anesthesia <input type="checkbox"/> Surgery <input type="checkbox"/> Medicine <input type="checkbox"/> Fellowship
<input type="checkbox"/> Specialty society(s)  DGINA: <i>Deutsche Gesellschaft Interdisziplinäre Notfallaufnahme</i>  Deutsche Gesellschaft Interdisziplinäre Notfallaufnahme (DGINA) e.V. Paul-Ehrlich-Str.1 22763 Hamburg/ Germany <hr/> Prehospital Care Emergency Physicians:  <b>BAND:</b> Bundesvereinigung der Arbeitsgemeinschaften der Notärzte BAND: Federal Association of Working Groups of Emergency Physicians <hr/> <b>DIVI:</b> Deutsche Interdisziplinäre Vereinigung für Intensiv- und Notfallmedizin (German Interdisciplinary Association of Critical Care Medicine)	Society name: DGINA  Society president: Dr. Barbara Hogan (before Dr. Barbara Walter)  Email: <a href="mailto:b.hogan@asklepios.com">b.hogan@asklepios.com</a>  Website: <a href="http://www.dgina.de">www.dgina.de</a> <hr/> BAND  President: Priv.-Doz. Dr. med. Detlef Blumenberg (Osnabrück/Germany) Email: <a href="mailto:detlef.blumenberg@klinikum-os.de">detlef.blumenberg@klinikum-os.de</a>  Website: <a href="http://www.band-online.de/inhalt.php">http://www.band-online.de/inhalt.php</a> <a href="http://www.band-online.de/index.php?aktiv=26&amp;inhaltvon=26&amp;menuoffen=1">http://www.band-online.de/index.php?aktiv=26&amp;inhaltvon=26&amp;menuoffen=1</a> <hr/> President:  Prof. Dr. A. Markewitz (Koblenz/Germany)  E-mail: <a href="mailto:AndreasMarkewitz@bundeswehr.org">AndreasMarkewitz@bundeswehr.org</a>  Website: <a href="http://www.divi-org.de">http://www.divi-org.de</a>
<input type="checkbox"/> EM residency <p style="text-align: center;">None</p>	Location of residencies, residency director and hospital/university name: N/A
<input type="checkbox"/> Specialty journals <b>BAND</b> journal: Der Notarzt - Notfallmedizinische Informationen (Thieme) <hr/> <b>DIVI</b> journal: Notfall & Rettungsmedizin (Springer) German Interdisciplinary Journal of Emergency Medicine	Names and websites:  <a href="http://www.thieme.de/fz/notarzt">http://www.thieme.de/fz/notarzt</a> <hr/> <a href="http://www.springerlink.com/content/1434-6222">http://www.springerlink.com/content/1434-6222</a>

4. What is the scope of practice of Emergency Physicians (i.e., do they ride on ambulances, do they intubate, do they care for pediatrics/OB/cardiac patients, etc)?

**Prehospital care:** Emergency physicians in Germany work mostly on ambulances and

helicopter to resuscitate, treat, and transport patients. In the field, the physicians can perform endotracheal intubations, central venous access, administer medications, and perform CPR according to standard guideline (AHA or European Resuscitation Council; ERC)

**Hospital-based emergency medicine** (Zentrale Notaufnahme): Physicians evaluate, treat, diagnose and refer patients with most medical and surgical emergencies. Most treatments and diagnostic modalities like in the US are available and used in Germany. Often more invasive procedures are still “outsourced” to in-house specialties like intubation (anesthesia) or reduction of fractures (orthopedics). The in-house specialties often claim that they have better expertise than the physicians in the ZNA. Normally physicians in the Central Emergency Admission (ZNA) area do not perform gynecological exam or procedures (like I & D of a Bartholine cysts, or a simple pelvic exam). OBGYN patients are either referred to a gynecological “emergency admission” area or a gynecologist is consulted and comes to the ZNA.

5. Please list contact names/emails for the EM residency directors:

See # 7

6. Would there be use for academic faculty mentors? Which specific areas would be helpful?

Yes. Faculty mentors would be useful ultrasound, and structure and designs and management of emergency departments.

7. RESIDENT/STUDENT ROTATIONS: Please list any hospitals/individuals that may be willing to host visiting EM residents, and contact information.

**Dr. Heinzpeter Moecke**

Asklepios Klinik Nord - Heidberg

Tangstedter Landstraße 400

22417 Hamburg/Germany

Email: [h.moecke@asklepios.com](mailto:h.moecke@asklepios.com) (Emergency Medicine/ ZNA throughout Hamburg)

---

**Dr. Sebastian Wirtz**

Asklepios Klinik Nord - Heidberg

Rübenkamp 220

22291 Hamburg

Email: [s.wirtz@asklepios.com](mailto:s.wirtz@asklepios.com)

(Department of Anesthesia: Will connect you with the prehospital care organizations (Fire Department and ZNA at Barmbeck and throughout Hamburg)

---

**Dr. Barabara Hogan**

Asklepios Klinik Altona

Paul Ehrlich-Straße 1; 22763 Hamburg/Germany E-Mail: [b.hogan@asklepios.com](mailto:b.hogan@asklepios.com)

(Dr. Hogan is the Chief of Central Emergency Admissions (ZNA) at the Asklepios Hamburg Hospital and the president of DGINA)

---

---

**Dr. Thomas Fleischmann**

Secretary of DGINA

Email: [dr.fleischmann@notarzt.de](mailto:dr.fleischmann@notarzt.de)

(Dr. Thomas is very active publishing analyses discussing the need of emergency medicine as an independent specialty)

---

Contact to the German Embassy for questions about health care system, health insurance and health policies in Germany. Liaison to the German equivalent of the US HHS. Mr. Franz is the only official German attaché for health questions the United States.

**Markus Franz**

Counselor for Labor, Social and Health Affairs

Embassy of the Federal Republic of Germany

4645 Reservoir Road, N.W.

Washington, D.C. 20007

E-mail: [markus.franz@diplo.de](mailto:markus.franz@diplo.de)

Website: <http://www.germany.info/relaunch/info/missions/embassy/embassy.html>

8. May we list a contact email for you (as country ambassador) on the website allowing residents or individuals interested in EM there to contact you?

Yes. Please write to:

Tareg Bey, MD, FACEP  
Department of Emergency Medicine  
Director, International Emergency Medicine  
University of California Irvine  
200 South Manchester Ave, Ste. 710  
Orange, CA 92868  
Email: [tbey@uci.edu](mailto:tbey@uci.edu)

9. Summary of EM activities in the past year:

June 18 and 19, 2007: Invited faculty at the 4<sup>th</sup> Symposium of the German Federal Working Group for Central Emergency Admissions in Hamburg/Germany, Institute of Emergency Medicine (IfN); Hamburg and the Institute for Emergency Medicine and Medicine Management (INM); Munich. Topic: Emergency Medicine in the United States.

[http://www.bag-zna.de/de/dt\\_symposium4/referenten.jsp](http://www.bag-zna.de/de/dt_symposium4/referenten.jsp)

<http://www.inm-online.de>

July 30, 2007: Invited faculty for a conference at the Asklepios Hospital in Hamburg-Barmbeck. Hamburg/Germany. Organizer Dr. Sebastian Wirtz. Department of Anesthesiology and Critical Care Topic: Interface between Prehospital Services and the Emergency Department: Emergency Medicine in the United States. History, current situation and future.

September 13- 15, 2007: Invited faculty for Intercon 2007. 4 International Emergency and Rescue Congress and Exhibition in Hamburg/Germany. Over 1,000 international participants. Topic: Hospital preparedness for radiological emergencies.

<http://www.internationaler-kongress.de/2007/index.php>

International adviser for the Institute of Emergency Medicine (Institute fuer Notfallmedizin; IfN) in Hamburg/Germany. The Institute of Emergency provides CME courses for the State of Hamburg, disaster drills for hospitals and disaster manager, legal and logistical consultation. Certification courses for prehospital emergency physicians. IfN offers also ACLS and PALS courses. I provided substantial support and expertise in the approval process for the PALS course. <http://www.ifn-hamburg.de>

International advisor website: [http://www.ifn-hamburg.de/internationale\\_Berater.html](http://www.ifn-hamburg.de/internationale_Berater.html)

Advisor and Medical Officer for the German Consulate General in Los Angeles.

<http://www.germany.info/relaunch/info/missions/consulates/losangeles/doctors.html>

Corresponding Editor and Scientific Advisor:

Notfall + Rettungsmedizin; German Interdisciplinary Journal of Emergency Medicine

Website:

<http://www.springer.com/medicine/critical+care+&+emergency+medicine/journal/10049?detailsPage=editorialBoard>

Invited faculty at EuSem2008 in Munich/Germany; September 15-18, 2008. Organizers European Society of Emergency Medicine and DGINA. Website: <http://www.eusem2008.org>

Research collaboration with the Department of Anesthesiology and Critical Care in Hamburg-Barmbeck; together with Dr. Sebastian Wirtz in the development of a new brachial plexus approach for anesthesia and analgesia purposes.

Publication in the journal *Anesthesia and Analgesia* 2007: Transscalene brachial plexus block (see publication list)

### **Interview and Press Releases:**

Recognition of the UCI Mumbai/India in 2006 visit and first disaster drill together with Dr. Kristi Koenig and Michael Waters in 2006 by the German Society of Disaster Medicine.

<http://www.dgkm.org/pdf.php?id=765&lang=de&name=Mitteilungsblatt%202002%20/%202007>

and the Intercon Press Services (Impressum)

[http://www.impresum.de/service/service\\_detail.php?id=513&rubrik=193](http://www.impresum.de/service/service_detail.php?id=513&rubrik=193)

Announcement by the Asklepios hospital group and consortium of our Polonium-210 article in the German journal *Notfall & Rettungsmedizin* (2007):

<http://www.asklepios.com/pressezentrum/newsletter/2007/februar/Polonium210erw.pdf>

[http://www.impresum.de/service/service\\_detail.php?id=471&rubrik=193&back=](http://www.impresum.de/service/service_detail.php?id=471&rubrik=193&back=)

Interview for the Asklepios Hospital Group and Consortium with Mandy Wolf in Berlin.

Mandy Wolf: Emergency Room Kollaps in den amerikansichen Notafunahmen. (Management Section) *Asklepios intern* 2007;**32**:30-31

[http://www.asklepios.com/asklepiosintern/AsklepiosInternDownload/AI32\\_web.pdf](http://www.asklepios.com/asklepiosintern/AsklepiosInternDownload/AI32_web.pdf)

Interview with Susan Valot; KPCC 89.3 (National Public Radio). January 4, 2008

Lots of German Doctors Head to the U.S., Few to California

[http://www.scpr.org/news/stories/2008/01/04/08\\_german\\_doctors\\_01040.html](http://www.scpr.org/news/stories/2008/01/04/08_german_doctors_01040.html)

## **Publications**

Nguyen HC, Fath E, Wirtz S, Bey T. Transscalene brachial plexus block: a new posterolateral approach for brachial plexus block. *Anesth Analg* 2007; 105:872-875

(Research project with the Hamburg Barmbeck group)

Moecke Hp, Bey T, Koenig KL, Rechenbach P, Schallhorn J. Polonium-210. Eine Kurzinformation. *Notfall Rettungsmed* 2007;10:37–40

Bey T, Koenig KL, Barbisch DF. Das Konzept von „Surge Capacity“ im Katastrophenfall. *Notfall Rettungsmed* 2007;10: 550-554

- Invited Editorial for the German journal *Notfall & Rettungsmedizin* for Issue 5 dedicated solely to hospital-based emergency medicine

Bey T. Schnittstelle Zentrale Notaufnahme Entwicklung der Emergency Medicine in den USA, Bedeutung der Emergency Departments für das amerikanische Gesundheitssystem sowie Entwicklung der Zentralen Notaufnahmen in Deutschland.

*Notfall Rettungsmed* 2007; 10:323–324

- Invited Editorial for Earth Day, April 22, 2008 in *Prehospital and Disaster Medicine*:

Bey T, von Weizsäcker EU, Koenig KL. Global Warming: Polar Bears and People— Implications for Public Health Preparedness and Disaster Medicine: A Call to Action.

*Prehosp Disast Med* 2008; 23:101-102

(Publication about relationship of global warming and disaster medicine with the German scientist Ernst Ulrich von Weizsäcker, Author of the Book "FACTOR FOUR - Doubling Wealth, Halving Resource Use" The New Report to the Club of Rome)

### 10. Needs for EM in this geographic area:

Germany needs the introduction of emergency medicine as an independent specialty.

Currently the big and powerful German professional societies and associations, mainly surgery and internal medicine and the German *Bundesaerztekammer* (German Medical Association) block any move or development into this direction. The German *Bundesaerztekammer*, however, has recognized that there is are Central Emergency Admission Areas (ZNA) in development and that they need excellent equipment and management.

The German Medical Association represents over 413,696 physicians in Germany and decides in the German Medical Assembly (Parliament of the Medical Profession) over issues like introduction of new board certification. The *Bundesaerztekammer* (BAEK) has therefore a comparable function like the American Board of Medical Specialties (ABMS).

Website of the German *Bundesaerztekammer* (German Medical Association)

<http://www.bundesaerztekammer.de> (German language)

<http://www.bundesaerztekammer.de/page.asp?his=4.3569> (English language)

The German Society of Surgery and German Society of Internal Medicine have published joint public statement in which they essentially argue that a the introduction of hospital-based emergency medicine is “unnecessary” and will increase costs.

[http://www.dgch.de/downloads/dgch/Aktuelles/ZentrNotaufnahme\\_DGCH-DGIM\\_Vs\\_17\\_10\\_06.pdf](http://www.dgch.de/downloads/dgch/Aktuelles/ZentrNotaufnahme_DGCH-DGIM_Vs_17_10_06.pdf)

Dr. Thomas Fleischmann, secretary of DGINA, in contrast states that the introduction of hospital-based emergency medicine is “indispensable” for Germany in the future.

[http://www.dgina.de/notaufnahme/veroeffent/SD%20Fleischmann%20S22\\_NFM0107.pdf](http://www.dgina.de/notaufnahme/veroeffent/SD%20Fleischmann%20S22_NFM0107.pdf)

DGINA, a private organization has developed a core curriculum for emergency requiring 3 year residency-type experience in an emergency department after 2 a year professional experience in a “basic discipline” like internal medicine, surgery, anesthesia, neurology or intensive medicine. The total minimum requirement would hence be by 5 year of residency training.

<http://www.dgina.de/notaufnahme/nachricht/LINA.pdf>

The DGINA proposal is not endorsed nor recognized by the German Bundesaerztekammer (German Medical Council) nor the German Societies of Surgery or Internal Medicine.

Germany has a need to develop and recognize very soon the following items

- Core Curriculum
- Certification Process
- Research Agenda
- Workforce Analysis
- Government Funding for Structured Resident Education and Positions, Independent Form Separate From Clinical Revenues
- Residency Watchdog Institution (like the Residency Review Committee) Assuring Minimal Standards in Residents Education and Adherence to the Core Curriculum
- Income Structure and Career Pathway for Emergency Physicians
- Fellowship Developments and Pathways (EMS, prehospital care, emergency management and administration)
- Development of National (and European Union-compatible) standards for structure, design and technical equipment of emergency departments
- Standards for Continuous Medical Education (CME) which are meet EU requirement
- Development of a Strong Professional Interest Association (similar to ACEP) with representation in at the German Bundesaerztekammer
- Recognition of Emergency Medicine as a Specialty

#### 11. Plans for the future:

- a. Support in the development of an EM core curriculum for board certification in Germany

- b. Collaboration with German hospitals and emergency physicians (with structure and design of emergency departments) Collaborate in emergency medicine and disaster research and jointly develop new concepts
- c. Publication of articles relating to emergency medicine, public health and disaster medicine in German and US journals
- d. Support and collaboration in German Disaster Preparedness
- e. Visit systematically over time all bigger emergency departments Switzerland
- f. Provide and support German physicians with networking and publication opportunities in the US
- g. Continue to provide reports to ACEP's International Section Newsletter

Acknowledgement: Special thanks to Dr. Heinzpeter Moecke [Hamburg-Nord and IfN] and Prof. Christian Lackner [Munich, INM] (my long-time friends and colleagues) and Dr. Sebastian Wirtz (Hamburg Barmbeck) for their support, information and assistance with this report. Also thank to the Hamburg Fire Department and Fire Director Joerg Schallhorn and Dr. Peer Rechenbach and Chief Maurer. Thanks also to Dr. Thomas Fleischmann, current secretary of DGINA.

Special thanks also to Kristi Koenig, MD, FACEP from the University of California and to Dina Gonzales, Manager, Accreditation and International Relations and Tom Werlinich, Associate Executive Director, Educational Products Division at ACEP for their support.