INTRODUCTION

The 2nd Annual International Ambassador Conference proceedings were written to describe the aims and objectives of the conference and share the facilitated discussions that outlined the individual experiences, challenges, and needs of current Ambassadors. From these robust conversations, key themes and findings were generated and lessons learned were synthesized from the broader and smaller group discussions. Finally, concrete recommendations for future areas of focus, future directions for the Ambassador Program, and future conference agenda items were made by the Ambassadors in attendance.

The target audience for this document includes current and potential ACEP Lead, Deputy, and Liaison Ambassadors, International Section Leadership and members, and the ACEP Board of Directors. The goal is to provide a report that details the events and outcomes of the conference to describe the current state of the Ambassador Program, understand current Ambassadors’ experiences, and prepare for future conferences by identifying ongoing areas for improvement and growth.
RATIONALE & BACKGROUND

The 2nd Annual International Ambassador Conference was the result of a 2014 ACEP Section Grant awarded by the ACEP Board of Directors to Dr. Christian Arbelaez through the International Section in 2014. The purpose of the award is to fund projects that meet member or section needs, educate the public, and furthers the advancement of emergency medicine.

Overview: ACEP Ambassador Program

The ACEP Ambassador Program’s purpose is to provide ACEP leaders and staff with access to a special network of internationally-oriented member experts who can provide advice and information on issues pertaining to the progress and status of emergency medicine in their assigned countries, and to serve as official representatives of the College to those countries. It boasts over 75 countries represented by internationally recognized ACEP members who are actively participating in their assigned countries and collaborating with emergency medicine leaders and their organizations.

The Ambassador represents the College, assists physicians in a foreign country develop their own emergency medicine specialty or society, and/or helps propagate the specialty within that country or society. The society might be an emergency medicine society, a non-emergency medicine society wishing to advance emergency medicine, a certifying body for the specialty, or an academic group in a country without a society.

The International Section Ambassador Committee has a rigorous selection process for the Ambassador Program. Interested individuals must submit a formal letter requesting consideration for appointment and include detailed information regarding their qualifications in the following areas: history of involvement, recent activities in the country, established relationships and contacts, ties to developing emergency medicine, fluency with primary language, and a disclosure statement for possible conflicts of interest with organizations, companies, and/or political ties. Once selected, the Ambassador is expected to develop and regularly update a report that outlines the state of emergency medicine in their respective country.

The responsibilities of the Ambassador are based on the role’s dual purpose of being an ACEP international representative in the host country and as a liaison in the US for ACEP members who are interested in working in those countries. Responsibilities include: provide alerts ACEP’s International Relations Manager about important conferences/events, respond to requests for information from US-based EM physicians or residents who wish to become involved, maintain a current contact list for EM leaders in the country, update ACEP’s Observership and Rotations website, represent the College as a public relations link between the country’s EM group and ACEP, meet with officials as a facilitator to support the development of EM, participate in teaching activities to enhance EM in the country, and collaborate with other Ambassadors, private groups and academic groups on regional projects to enhance EM in a given region.

Project Vision

The role responsibilities combined with the self-driven work of the Ambassadors produce an active Ambassador Program that provides a far-reaching network of emergency physicians and leaders worldwide. Yet, this comprehensiveness is also the source of limitation. With great focus on individual Ambassador activity and the fact that many work on a volunteer basis, it is logistically difficult to bring the entire program together. By not meeting with one another, there is a missed opportunity for Ambassadors to collaborate with one another. The Annual International Ambassador Conference has provided an active path to providing unity and collaboration within the program. These face-to-face meetings give Ambassadors the opportunity to share their experiences with one another and work as a collective to reach their common goal of advancing emergency care.
CONFERENCE STRUCTURE

The Conference assembled over 50 Ambassadors and interested International Section members who represented over 78 countries and ranged vastly in years of experience in their role, in their backgrounds, and emergency medicine experiences.

The one-day event precedes the ACEP National Conference in order to maximize attendance,

**Task Force**

The Task Force was created to decide on the logistical details as well as the agenda for the conference. Members were responsible for completing the prep work in the months leading up to the Conference and fulfilling key roles during the one-day event.

**Committee Members**

**Christian Arbelaez, MD, MPH, FACEP**  
Taskforce Chair, Lead of Ambassador for Colombia

**Janet Lin, MD, FACEP**  
International Section Chair, Current

**Dave Walker, MD, FACEP**  
International Section Chair, Elect

**Darryl Macias, MD, FACEP**  
International Section Chair, Immediate Past Chair, Lead Ambassador for Argentina, Ecuador, Peru, France, Switzerland

**Terry Mulligan, DO, FACEP**  
Ambassador Program, Chair

**Dina Gonzales**  
ACEP Staff Liaison, International Relations

**Amy Wynn**  
ACEP Support Staff, International Relations

**Countries Represented:**

Afghanistan  
Argentina

Australia  
Austria

Bahrain  
Belize

Bhutan  
Bolivia

Botswana  
Brazil

Cameroon  
China

Costa Rica  
Colombia

Republic of Congo  
Cuba

Dominican Republic  
Chile

El Salvador  
Egypt

Ethiopia  
France

Georgia  
Germany

Guatemala  
Greece

Guyana  
Haiti

Honduras  
Hungary

India  
Indonesia

Iran  
Iraq

Iceland  
Ireland

Israel  
Italy

Jamaica  
Japan

Jordan  
Kenya

Kuwait  
Lebanon

Madagascar  
Malawi

Mexico  
Nepal

Netherlands  
Norway

New Zealand  
Nicaragua

Nicaragua  
Oman

Panama  
Paraguay

Peru  
Philippines

Poland  
Russia

Rwanda  
Spain

Saudi Arabia  
Sri Lanka

South Africa  
Sweden

South Korea  
Switzerland

Taiwan  
Tanzania

Thailand  
Turkey

Uganda  
Ukraine

United Arab Emirates  
Venezuela

United Kingdom  
Vietnam

Zimbabwe
Conference Objectives

1. To bring together the ACEP International Ambassadors who serve as key liaisons for a global network of over 75 countries and organizations.

2. To further develop the ACEP Ambassador Educational Toolkit so that the Ambassador can continue to educate the country’s public and emergency workforce on the mission of ACEP and its global advancement of emergency medicine.

3. To help the International Section better understand and implement short and long-term strategic initiatives that align with the ACEP strategic plan of growing ACEP membership by increasing international membership and Scientific Assembly attendance, exploring opportunities for ACEP participation and support of meeting outside of the US, and enhancing involvement with IFEM.
Agenda

The structure of this one-day conference was designed to generate a focused discussion with clear objectives and expected outcomes. As project manager and Ambassador Program Committee Chair member, Dr. Arbelaez led the project planning and worked collaboratively with the International Section and Ambassador Program Committee leadership to define the conference agenda. Ms. Gonzalez provided logistical and administrative support.

Welcome, Introductions, and Agenda

The morning session began with opening remarks from ACEP and IFEM leadership. They spoke to Ambassadors about the importance of the program and its ongoing relationship with the organizations, answered questions, and provided the perspective of ACEP and IFEM. Additionally, each attendant introduced themselves to the conference in order to facilitate introductions and discussions in preparation for the day.

ACEP Ambassador Program

To begin, Dr. Arbelaez outlined the Conference objectives and goals of the day within the agenda that would guide the day. To lay the foundation for the day’s discussions, he presented the recently revised Ambassador’s qualifications, roles, responsibilities, and guidelines, the roles of the International Liaison and International Representative, and a review of the Ambassador Country Report. The presentation not only informed Ambassadors of the recent changes, but it narrowed the group’s attention to the role of the Ambassador and provided concrete points that could be addressed in the follow-up discussion.

Recap of 1st Annual International Ambassador Conference

Key Themes

- Ambassadors thought that networking and relationship building was a major strength of the program since they felt that country success was achieved through collaborative efforts and established connections.
- Misinformation and the host country’s view of the United States are roadblocks for some Ambassadors; therefore, time and effort is spent trying to discount skewed perceptions.
- Access to resources that account for disparities in a country’s EM development, socioeconomic status, and infrastructure would allow Ambassadors to work more efficiently and effectively.
- A tiered, online depository organized according to the level of country development is needed so that Ambassadors can provide information most relevant and effective to a specific target audience.
- For Ambassadors to engage, they must be able to negotiate, facilitate conversations, and collaborate. Yet, in order to do so they must first gain credibility with the local community, develop relationships and understand specific country needs.
- In extension to the interpersonal experiences, Ambassadors must also do their research so that they can begin to understand what their focus should be moving forward in their country.

Lessons Learned

- The Ambassadors expressed a commitment to the development of the Ambassador Program and their country specific initiatives in addition to promoting the advancement of Emergency Medicine.
- Diplomacy is an underpinning of the program, so Ambassadors must aim to work as a culturally sensitive resource specific to the country of representation.
- To fulfill the role of Ambassador, representatives collaborate and build meaningful relationships to allow countries to utilize ACEP’s benefits and resources.
- The creation of educational forums within the Ambassador Program will allow Ambassadors to develop themselves
- A synergistic, tiered approach based on the maturity of the current EM program and the country’s infrastructure will enable Ambassadors to help develop EM at the program, organizational and governmental levels.
Educational Toolkit Workshop and Strategic Planning
An Education Toolkit was created as a tiered resource that is organized by level of country development and includes web-based links and supporting documents. It was created into a USB thumbdrive and will be available online. The information was organized into themes: Education, Engage, and Promote.

Break-out Sessions
Two break-out sessions were created in order to foster discussions among participants. Although the framework of each break-out session was organized differently, the structure of each session stayed the same. Groups were asked to appoint a moderator of discussion, a note taker, and a reporter, whom would present key points to the rest of the conference during large group reports and action plans.

Session 1: Regional Goals and Strategies
Participants were divided by regions: North America and Caribbean, South America and Central America, Europe, Africa, Asia/Australia, and Middle East. The framework of the discussion was focused on discussing activities in each region in the past year. More specifically, discussing the challenge on EM development in that region. Emphasis was placed on identifying key facilitators, opportunities currently available, the most pressing needs for Emergency Medicine, and the barriers or threats to Emergency Medicine development. Lastly, each group was asked to reflect on plans for the future.

Session 2: Educational Mission and Needs
The second break-out session was centered on the educational mission and needs that the Ambassador program and International Emergency Medicine as a whole might want to begin addressing. The framework was arranged so that each group could determine that educational need by sphere of control. Participants were distributed based on topics, which included: Ambassadors needs, Residency Program needs, in-country Clinical needs, Country needs, Regional needs, and International needs.

Large Group Reports and Action Plans
The reporters appointed by each group during each break-out session were asked to present key points discussed during each session. Through these presentations, action plans for the future based on each session’s topic were determined.

Future Agendas
Key elements for the agenda of the 3rd Annual International Ambassador Conference were established.
ACEP Ambassador Program Toolkit

In addition to providing a forum for conversation, the aim was to provide Ambassadors with a tangible end product: the ACEP Ambassador Program Educational Toolkit. The original vision for the Toolkit was to provide Ambassadors with resources to educate potential members about ACEP and benefits of membership, effectively communicate valuable information through an outlined strategy, and to promote practices and services that increase Ambassadors’ visibility amongst potential members. Based on this vision, the Toolkit was divided into three thematic areas: Educate, Engage, and Promote. Nine documents were created with the intent of increasing the ease at which Ambassadors could fulfill their responsibilities by streamlining processes and ensuring the dissemination of accurate information. The conference provided the forum for Ambassadors to review the documents and identify what they felt were essential items for an ACEP Ambassador Educational Toolkit.

Examples of Toolkit Documents

<table>
<thead>
<tr>
<th>ACEP “At-A-Glance”</th>
<th>The informational packet includes key information that the Ambassador can reference so that he or she can provide information to and answer questions from potential members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEP Brochure</td>
<td>As an educational marketing tool to be distributed by the Ambassador, it provides an overview of ACEP, the College’s mission and goals, who can join, benefits of membership, Advantages for professional development, opportunities for continuing education, impacts in clinical practice/management, and Ambassador contact</td>
</tr>
<tr>
<td>International Section Brochure</td>
<td>The pamphlet provides an overview of the International Section objectives, opportunities and benefits of membership as well as a summary of the International Ambassador Program.</td>
</tr>
<tr>
<td>Membership Info &amp; Application Process</td>
<td>To make the application process as straightforward and simple as possible, the packet provides pertinent information for those who are ready to apply. Details include eligibility, dues, and a step-by-step guide through the application process.</td>
</tr>
<tr>
<td>Frequently Asked Question</td>
<td>It is a list of questions and answers that can be quickly referenced by the Ambassador and administered to potential members seeking additional information.</td>
</tr>
<tr>
<td>E-Mail Templates</td>
<td>These drafted correspondences can be used by Ambassadors to effectively communicate key information outlined in the Communication Strategy. Templates include initial correspondence, invites to attend a presentation, and thank you emails that include additional opportunities for conversation.</td>
</tr>
<tr>
<td>Flier Templates</td>
<td>The single page documents promote ACEP, upcoming presentation dates, and the Ambassador, and display Ambassador contact information.</td>
</tr>
<tr>
<td>Calendar</td>
<td>The timeline provides Ambassadors with key dates to ensure the dissemination of materials and fulfillment of responsibilities.</td>
</tr>
<tr>
<td>Ambassador Log</td>
<td>The Excel document includes a template for Ambassadors to provide information on his or her home country (i.e. current number of members) status of responsibilities, and a record of material distribution and participation. This log may be considered as a part of the ACEP Country report submission to the ACEP International Section.</td>
</tr>
</tbody>
</table>

*Pending ACEP Marketing approval
KEY THEMES AND FINDINGS

The 2nd Annual International Ambassador Program brought together a large community of emergency medicine physicians, fellows, residents, and special guests who represented their countries and were united by a common goal: to advance emergency medicine globally. It was through the group’s diversity in thought, commitment to actively listen, and willingness to share their own experiences that the Ambassadors were able to, together, generate key themes within each conference segment, and identify specific actionable items for the Ambassador Program.

Break-out Session 1: Regional Goals and Strategies

North America and Caribbean

*While the region benefits from common languages and reliable NGO partners, disparities among socioeconomic groups and resource limitations provide for an imposition against EM development.*

Communication is less of an issue given the commonality among languages, yet each region has diverse needs given the disparity of accessibility to resources and burden of disease. In addition to ongoing separation between private and public hospital systems, basic needs, such as food and water, continue to be a burden.

South America and Central America

*Although EM training exists, it is difficult to evolve given the variation in definition of EM.*

The definition of EM depends on each country and within specific roles in pre-hospital care. Existing collaboration between professional societies is a positive attribute to this region; yet, it is important to continue to identify key players in order to continue to grow. The expansion of EM will be exponential with the support from leading regional leaders and from a uniform identify of the specialty.

Europe

*Internal migration appears to be preventing growth of EM.*

Financial crises of certain countries are causing the exportation of physicians or “brain drain” from one part of Europe to the other. Constant migration makes it difficult to establish a standardized EM curriculum across the region and causes development to be at staggering levels of progress. Pre-hospital versus in-hospital physician tension is also an area of concern. Opportunities for advancement include EuSEM’s pan-European curriculum, increasing the requirement for pan-European examination, and highlighting EM as a specialty during medical student exchanges.

Africa

*Scarce human resources are a pronounced issue in addition to EM finding its identity.*

It is at times not possible to introduce a new specialty in some areas given the already limited number of physicians available in more traditional specialties. It is more common in some countries to use mid-level staff, such as nurses and community health workers, with varied levels of skills and education. Acute care appears to be lending itself as a transition point into EM. A set-back for evolution is the stigma of EM, in some countries, of having longer hours than other specialties.

Asia and Australia

*Wide spectrum of cultures and development are hindrances to development.*

Because there are significant cultural nuances within Asia and Australia, and countries are in different stages of development, it makes it difficult to communicate the importance of EM to the region. Asia is in need of local stakeholders to advocate for the specialty. Making resources open to all first line EM providers, including nurses and trainee, might allow for improvement.

Middle East

*Absence of standardization of training is a major obstacle.*
Since the system of training and obtaining a medical license lacks standardization, it is difficult for local EM programs to be recognized. Founding a Middle East ACEP-like chapter was offered as the most durable solution.

### Break-out Session 2: Educational Mission and Needs

#### Ambassador Program

*Mission of building relationships and facilitating communication has been difficult secondary to competing representative societies and inexperienced triage personnel.*

It has become difficult to facilitate conversation between representative societies secondary to conflicting interests and difficulty contacting leadership. In order to tackle this obstacle, ambassadors are working hard to build strong, lasting relationships within each society and demonstrate what they have to offer as ambassadors of each country, including knowledge behind politics of EM development, pearls of clinical EM, and tools to best teach EM curriculum in the region. They are working hard to always being available to the community and take an active participation when needed.

#### Residency Programs

*A heterogeneous curriculum and lack of acknowledgement of EM as a specialty has been a major barrier for residency programs.*

Given that there is lack of standardization of EM curriculum abroad and absence of a dedicated approval board, it is difficult for programs to gain recognition from other departments. In order to develop residency programs further, it is important to attempt to professionalize this aspect of international EM. With the support from ACEP and IFEM, a curriculum map that included ACGME milestones and a basic package of core curriculum would be a great start.

#### Clinical Work

*Simulation training could be a great passageway to improving clinical skills.*

Although cost would be an impediment, building simulation into funded research studies would be a fantastic way to overcome this problem. It would allow the integration of research skills into local programs. Simulation would be tailored to local cultural behaviors with animal instead of cadaver simulation, for example. Local partners could also be brought back to the US to gain further research proficiency in simulation using partnerships with international societies and ACEP offerings to make partnerships stronger.

#### Country

*Identifying local stakeholders that would advocate for EM is a major challenge.*

Although it is, at times, difficult to recognize the motivations behind local governments, they are an essential part in advancing the specialty. Ministers of Health, public officials, and local leaders are integral investors. In addition to having a standard set of messages from ambassadors, potential tools could also be established advocacy groups, an early exposure of trainees to EM, or the formation (or strengthening) of a local society of EM.

#### Regional

*Regional organizations bring forth the first step towards standardization, communication, and are a catalyst in resolving shared concerns.*

Given the strength in numbers, regional organizations aid immature countries to improve their methods. Additionally, they provide a platform not only for shared concerns, but they allow for the development of regional standards and collaboration with nonmedical groups. Furthermore, they help databases and research collaborations that individual countries cannot support.

#### International

*International Organizations provide a basic level of infrastructure, tiered level of resources, and, most importantly, sense of quality control.*
The best aspect of international organizations is the delivery of quality control provided by international certification that allows for the development of EM through process of merit. They support the coordination of open access materials that then regions and countries can used towards building an EM curriculum, especially through the translation of such materials. Lastly, they assist in efforts of educating the public about EM and provide a way of validating local efforts with national governments.

LESSONS LEARNED

The Ambassadors that attended the 2nd Annual ACEP International Ambassador Conference expressed a commitment to the development of Ambassador Program and their individual work. Through their conversations and interactions, lessons about validating EM in the international scene, the role of the Ambassador, and best practices were generated. They will be used to further refine and improve the Program so that, moving forward, Ambassadors can effectively fulfill their responsibilities

- ACEP Ambassador roles and responsibilities were reviewed.
- An iterative and tiered resource Educational toolkit is available online to help educate, engage, and promote ACEP and the development of EM globally.
- Regional goals and strategies were agreed upon by the Ambassadors and will require a collective effort to partner and synergistically use limited resources.
- The educational mission of the ACEP Ambassador program needs to be comprehensive and address the key stakeholder needs according to the level required, ambassador, residency program, clinical, country, regional, and international.

Expected Conference Benefits

By bringing the Ambassadors together within the communicative environment of facilitated dialogue, anticipated benefits will reach beyond the immediate one-day event.

1. Create a more interactive, global network of Ambassadors.

2. Facilitate the sharing of ideas, innovative programs, and best practices, produce a more robust network of resources, and promote more collaboration between the Ambassadors.

3. Continue to execute an Annual International Ambassador Conference that addresses the current needs of the Ambassadors and the Ambassador Program.