

# 3rd ANNUAL ACEP INTERNATIONAL AMBASSADOR CONFERENCE



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Conference Proceedings

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**CONFERENCE PROCEEDINGS**

## **INTRODUCTION**

The 3rd Annual International Ambassador Conference took place on October 25, 2015 in Boston, MA. 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 3rd 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 75 Ambassadors and interested International Section members who represented over 60 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 3rd Annual International Ambassador Conference took place on October 25th, 2015 in Boston. Lead, Deputy, and Liaison ACEP Ambassadors and Resident Representatives representing 60 countries were present. This document outlines the goals and objectives of the conference and summarizes the major topics discussed as part of the planned agenda as well as those topics and themes that emerged from break-out sessions where attendants were able to discuss and share the needs, challenges and solutions they have encountered in the process of emergency medical care development in their respective countries. Lastly, future directions and goals for the Ambassador Program and the next year's conference are outlined in this report.

### Committee Members

<i>Christian Arbelaez, MD, MPH, FACEP</i>	<i>Conference Taskforce Chair, Lead of Ambassador for Colombia</i>
<i>David Walker, MD, FACEP</i>	<i>International Section Chair, Current</i>
<i>Janet Lin, MD, FACEP</i>	<i>International Section Immediate Past Chair</i>
<i>Elizabeth DeVos, MD, FACEP</i>	<i>International Section Research and Grant Committee Representative</i>
<i>Terry Mulligan, DO, FACEP</i>	<i>Ambassador Program, Chair</i>
<i>Dina Gonzales</i>	<i>ACEP Staff Liaison International Relations</i>

### Countries Represented:

Afghanistan	Argentina
Bahrain	Belize
Bhutan	Bolivia
Brazil	Cameroon
Cambodia	Colombia
Cuba	
Dominican Republic	Ecuador
El Salvador	Egypt
Georgia	Germany
Greece	Guyana
Haiti	Honduras
Hungary	Iceland
India	Iran
Iraq	Iceland
Italy	Japan
Jordan	Kenya
Kuwait	Malawi
Mexico	Netherlands
Norway	
New Zealand	Nicaragua
Oman	Panama
Paraguay	Peru
Philippines	Poland
Russia	Rwanda
Spain	
Saudi Arabia	
South Korea	Taiwan
Thailand	Turkey
Uganda	Ukraine
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.

## 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.

## Agenda

The structure of this one-day conference was designed to generate a focused discussion with clear objectives and expected outcomes.

### 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 his or herself and gave a small update about his or her country to the conference in order to facilitate networking and discussions for the rest of 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 Ambassador's qualifications, roles, responsibilities, and guidelines, the roles of the International Liaison and International Representative, and a review of the Ambassador Country Report structure. Attendees were reminded about the ACEP Ambassador Educational Toolkit developed over the last several years and available online and in USB. The Toolkit is organized by level of country development and includes web-based links and supporting documents. Results of the International Educational Survey were presented. Lastly, a recap of the prior International Ambassador Conferences was presented.

### Key Themes from the 1<sup>st</sup> and 2<sup>nd</sup> International Ambassador Conference

Advocacy	Leadership	Philosophy
Certification	Liaison and Champions	Presence
CME/MOUs	Maturity	Primer for Ambassadors
Collaboration/Connection	Membership	Program development
Cultural sensitivity	Mentorship	Promotion
Diplomacy	Network	Redundancy vs. Synergy
Education	Niche/Differentiation	Resources
Facilitation	Online learning resources	Rotations/exchange program
Governmental interactions	Organizational development	Society group development
Influence	Interaction with other ACEP sections	Tiered approach
Infrastructure		

### Lessons Learned from the 1<sup>st</sup> and 2<sup>nd</sup> International Ambassador Conference

- The Ambassadors expressed a commitment to the development of the Ambassador Program and their country specific initiatives
- Diplomacy is an underpinning of the program in that Ambassadors should lead and mentor with all stakeholders in a diplomatic manner
- Given the various levels of development between countries, 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.
- The development of multi-level partnerships and meaningful relationships, which are established via an Ambassador's commitment to empathy and cultural sensitivity, are crucial to Ambassadors ability to engage and network.

## **Presentations from ACEP Partners and Other ACEP Sections Working Internationally**

### ACEP-Teleflex Partnership

Michele Fox, RN, BSN, VP of Clinical and Medical Affairs, discussed Teleflex's international work with ACEP in humanitarian projects as well as educational projects involving biological and synthetic models for procedures.

### ACEP Education Committee - International Subcommittee

Chris Ross, MD, FACEP, Chair of the International Subcommittee, discussed the importance of cultural sensitivity when developing educational products for the international setting, the importance of establishing standards for educational products, the impact of physician education on patient care, barriers to acquiring up-to-date knowledge, and the importance of private sector partnerships

### ACEP Education Committee – Online Education Subcommittee

John Bailitiz, MD, Chair of the Online Education Subcommittee, discussed some of the current free open access resources available: ACEP Ultrasound, ACEP Scientific Assembly downloadable lectures, Annals of Emergency Medicine Podcasts, Choosing Wisely Lectures, My Institute (list of favorite ACEP educational resources). Dr. Bailitiz also emphasized the importance of selecting high quality educational resources from the myriad of resources available.

## **Break-out Sessions**

Three break-out sessions were created in order to foster discussions among participants. Groups were asked to appoint a moderator of discussion, a note taker, and a reporter.

### *Session 1: State of Emergency medicine and Ambassador Needs*

Participants were divided by regions: Americas, Europe, Africa, and Asia. The framework of the discussion was focused on discussing the structure of the country report and current issues related to EM development in the 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.

### *Session 2: Accomplishments and Needs by Stage of Emergency Medicine Development*

Participants were divided in three groups according to the level of development of emergency medicine in their respective countries: underdeveloped, developing and developed. Participants selected which category their countries fit in based on a list of features such as the presence of a national EM organization, EM residencies, EM board certification, and recognition of EM as a specialty. Each group discussed current challenges as well as lessons learned that could be shared with the countries in the other categories.

### *Session 3: Education, Leadership, Finance and Policy*

The last break-out sessions consisted of four groups which participants joined based on their topic of interest: education, leadership, finance and policy. Each group discussed issues related to the specialty and came up with recommendations to share with the rest of the participants.

## **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 4<sup>th</sup> Annual International Ambassador Conference were established.

## KEY THEMES AND FINDINGS

The 3<sup>rd</sup> 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: State of Emergency Medicine Ambassador Needs**

#### **Africa**

##### *Brain drain is one of the main barriers to Emergency Medicine development*

Physicians are moving to wealthier countries for training and not coming back. The group discussed looking for successful models of physician retention and inviting physicians who have left their countries to bring knowledge back. Even if they do not want to move back, they are familiar with their countries of origin and can make important contributions through education. Midlevel providers can be part of the solution to brain drain, but there has been resistance to training programs since there are not enough EM-trained physicians to supervise them. The group also discussed the need for regional conferences to avoid duplicating efforts and maximize resources, the role of ACEP in contrast to that of IFEM and how it can provide the most value, and the need for more financial assistance for international members to come to the ACEP Scientific Assembly.

#### **Americas**

##### *Need for national standards for residencies and increased regional interaction*

The number of residencies in the region is expected to increase significantly with Brazil's recognition of EM as a specialty. There is concern about the lack of national standards and board certification for residencies in the region. Ambassadors could help countries develop standards. Countries could also share curricula. There is an increasing need for guidance on ongoing residency development once residencies are established. There is a desire for increased interaction and sharing of experiences within the region through newsletters, a listserv or other media as well as establishing "sister-program" relationships with residencies in the U.S. Lastly, the group recommended the country report should be streamlined to the size of the country and have a more user-friendly interface.

#### **Asia and Middle East**

##### *Emerging regional organizations and need for further training*

Southeast Asian EM organizations have shown interest in joining regional groups. The advantages of smaller organizations across more similar countries in contrast to a large organization with more resources were discussed. The group discussed the need for ambassador diplomacy training to better interact with the government and medical societies. There is strong interest in formalizing and centralizing the application process for resident observerships in the United States.

#### **Europe**

##### *Desire for standardization of ACEP interactions with ministries of health*

Despite high economic development, emergency medicine remains in early stages of development in most countries in the region. The group discussed creating templates for the country reports according to stage of EM development of countries. There is interest in presenting in a standardized manner the specialty of emergency medicine and ACEP to ministries of health in countries where EM is not established. Several possibilities emerged, including developing official ACEP presentations that Ambassadors can use to keep the message consistent and avoid "broken promises" and making ACEP support letters more easily available to ambassadors. Other topics discussed included the establishment of a grant-writing position for the region and the need for a large-scale exchange program for EM provider training.

## **Break-out Session 2: Needs and Accomplishments by Stage of Emergency Medicine Development**

### **Countries with emergency medicine in an underdeveloped stage**

*Challenges with international assistance and training include interpreter services, inability of providers to take time off for training and issues with equipment maintenance. Emergency care needs to be recognized as crucial part of a public health system*

In some countries emergency care is still denied to patients unable to pay upfront. Emergency medical systems and triage on arrival to the emergency department are commonly non-existent. When instructors travel from other countries, translation services are critical, and the country Ambassador can help arrange for these services. There is concern about donations of equipment that is broken or that requires maintenance or repair not available in-country. Providing training to physicians can be challenging because many are unable to take time off from their clinical responsibilities. Online training or on-the-job training are options. Unlike other specialists, emergency specialist have the disadvantage of not having a private practice to supplement their income.

### **Countries with emergency medicine in a developing stage**

*Need for increased recognition of emergency medicine and better faculty development and incentives*

In many countries emergency medicine and its scope of practice are still not recognized widely. A way to reduce pushback from other specialties is to remind them that emergency physicians will cover the ED 24 hours a day, even when other physicians do not want to be there. More faculty development is needed. Salaries for emergency department physicians are low which reduces motivation to pursue the field. Countries will need to find their individual solutions to local issues, but there can be a role for increased regional communication to reduce replication of efforts. ACEP can play an important role by “teaching the teachers” and providing technical assistance.

### **Countries with emergency medicine in a developed stage**

*Countries further ahead in the road to developed EM can share their experience with countries in earlier stages of development*

Countries with developed EM can share their experience with other countries on issues that have arisen after the recognition of EM as a specialty and the development of residencies and a significant EM workforce. Lack of reimbursement at a specialist level and billing for final diagnosis instead of work up (e.g. costochondritis instead of pulmonary embolism rule-out) can lead to loss of EM-trained physicians to other specialties. Negotiating reimbursement is critical for the sustainability of EM. Staffing projections, work hours, prevention of workforce burnout, thoughtful emergency department design, electronic medical records, surveillance, research, quality improvement, emergency medical systems and government relations become an important part of running efficient emergency departments. Laws guaranteeing universal access to emergency care, avoidance of conflicts of interest, standardization of EM residencies and EM certifications, promotion of EM among medical students and developing trauma and emergency medical care standards must be part of the EM mission.

## **Break-out Session 3: Education, Leadership, Finance and Policy**

### **Education**

*Centralizing educational resources can reduce duplication of efforts. EM training needs to extend beyond physicians to nurses and auxiliary staff.*

Creating exams and educational resources for residents on a yearly basis with unique questions can be onerous for a residency program early in its development. A database of exams and educational materials that all international programs can share can reduce effort and result in higher quality material. Similarly, centralizing the application process and having a list of all observerships for international residents would be very helpful, as currently observerships are hard to find and applying to each one requires a very significant amount of paperwork and resources. Training nursing, auxiliary staff and public health staff should also be a priority as they are integral part of emergency medical care. The group discussed the idea of creating an ACEP brand of “badge-courses,” that international medical personnel can use to acquire at emergency medicine skills. This would also facilitate hiring and training practices for international emergency departments.

### **Finance**

*Brain storming options to fund more international member participation, supporting the cost-effectiveness of EM and incentivizing medical grads to train in EM*

In terms of country’s finances, emergency medicine can be money-saving. A task-force was proposed to conduct a review of the current literature on the cost-effectiveness of EM that can then be included in the Ambassador Toolkit. Pursuing an EM residency is a challenging financial decision for international medical graduates given the cost of tuition. Possible incentives include tax deductions. Countries will have to balance the provision of subsidies to residents with the risk of brain drain.

### **Leadership**

*Emphasis on developing strong curricula and leadership to increase legitimacy of EM*

The group discussed the importance of developing leadership in EM through several avenues. Strong leadership in developing curricula are needed. Sponsorship for leadership training and conference travel for international faculty as well as videoconferencing for faculty who are not able to travel to conferences can increase access. ACEP can also look into providing more letters of support and endorsing international conferences to increase their notoriety.

### **Policy**

*Emergency medical care saves lives and is critical to good public health*

Emergency medicine can be presented as an opportunity to provide life-saving care. Additionally, good emergency care can also reduce the number of admissions. Emergency care is underfunded internationally and is merely as a sign of public healthcare system failure.

## AMBASSADOR TOOLKIT AND OTHER RESOURCES

The Ambassador Toolkit is a group of documents that provides the 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. Throughout breakout and plenary sessions participants recommended the development and addition of new elements to the Toolkit or to a central repository accessible to ambassadors. These are some of the recommended items:

- Repository of exam materials for emergency medicine residents
- List of observerships for international residents
- Forum for ambassador to share resources and experiences
- Support letters from ACEP
- Materials in languages other than English
- Articles in supporting the importance of emergency medicine as a specialty

## LESSONS LEARNED

The Ambassadors that attended the 3<sup>rd</sup> 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

- *The role of the ACEP Ambassador continues to evolve. There is increasing interest in further standardizing and formalizing Ambassador training, diplomatic mission, and responsibilities.*
- *The Ambassadors continue to work towards defining ACEP's role in the world stage, how it can provide the most value to international members, and what it can offer to the international community in contrast to other international organizations, such as IFEM. Becoming a world-wide organization maybe challenging as ACEP is perceived as representing the United States.*
- *Education and clinical standards are an important step in EM development around the world. ACEP has can provide expertise to other countries.*
- *The cost of membership, travel and accommodations continue to be a barrier for international physician membership and country liaison conference participation.*
- *There is widespread interest in the development of regional or continent subgroups for increasing collaboration.*

## NEXT STEPS

At the end of the conference, attendees came together in a plenary session to develop the following list of steps to work on during the year and to continue to improve the Ambassador Conference.

- Further standardize Country Reports: Make interface more user friendly.
  - Adjust country report expectations to stage of EM development of the country.
- Every two years publish a manuscript on the state of EM around the world based on country reports.
- Formalize responsibilities: Create document in which members sign up for specific tasks.
  - Create workgroups and taskforces
- Creation of a newsletter.
- Conduct survey or study comparing EM care financing across countries.
- Create a central repository of test materials that EM residencies can use.
- Facilitate the creation of regional subgroups (e.g. Americas, Asia, Africa, Europe) and regional listservs to increase regional collaboration.
- Make folder with all the documents that support the importance of adopting emergency medicine in a health system.
- Create a report on the cost-effectiveness of EM.
- Create a boot camp for incoming ambassadors.
- Develop a roadmap and toolkit on how to continue to develop and improve the quality of a residency once it is created.
  - Develop quality standard and a standard curriculum for residencies.