

5th ANNUAL ACEP INTERNATIONAL AMBASSADOR CONFERENCE



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Conference Proceedings

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CONFERENCE PROCEEDINGS

INTRODUCTION

The 5th Annual International Ambassador Conference took place on October 28th, 2017 in Washington, DC. Proceedings were written to describe the aims and objectives of the conference and share progress of the ambassador workgroups during the conference. Finally, concrete recommendations for future workgroup goals, 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, Resident Representatives, 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 work and growth.

BACKGROUND & RATIONALE

The Annual International Ambassador Conference was the result of an ACEP Section Grant awarded by the ACEP Board of Directors to Dr. Christian Arbelaez through the International Section in 2014. The conference is now funded annually with the main purpose of meeting member or section needs, educating the public, and furthering the advancement of emergency medicine worldwide.

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 88 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 to 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 Annual International Ambassador Conference provides an active path to unity and collaboration within the Ambassador Program. This face-to-face meeting gives 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 90 ambassadors and interested International Section members who represented over 60 countries, ranging vastly in years of experience in their roles, backgrounds, and emergency medicine experiences. The one-day event precedes the ACEP National Conference in order to maximize attendance.

Task Force

The 5th Annual International Ambassador Conference took place on October 28th in Washington DC. Lead, Deputy, and Liaison ACEP Ambassadors and Resident Representatives representing 62 countries were present. This document outlines the goals and objectives of the conference and summarizes the major topics discussed as part of the agenda as well as those topics and themes that emerged from break-out sessions where attendants advanced the goals of the Ambassador Workgroups. Lastly, future directions and goals for the Ambassador Workgroups and the Ambassador Program and the next year's conference are outlined in this report.

Ambassador Leadership Team

Christian Arbelaez, MD, MPH is the Ambassador Conference Chair. Andrés Patiño, MD and Nirma Bustamante, MD were the Volunteer Leads. The Workgroup moderators were Andrea Dreyfuss, MD (New Ambassador Bootcamp), David Martin, MD (Communications/Toolkit), Lucinda Lai, MD, (Country Reports) and Jeffrey Chen, MD (Recruitment). Jeffrey Chen, MD, Andrés Patiño, MD, And Christian Arbelaez, MD, MPH compiled the final version of these Proceedings. Ms. Veronica Mason, International Relations and Special Projects Manager helped with planning and logistics.

Acknowledgements

Thanks to the following medical and premedical students who helped at the conference: Julia Hyacinthe, Linh Nguyen, Mustafa Alam, Vanessa Josef, Jonathan Meadows, Jessica Ryder, Lauren Smaltz, and Chris Reynolds. Special thanks to Mr. Robert Heard, Associate Executive Director of the Membership and Education Line of Service. The Ambassador Program thanks Teleflex and GE for their support. We also thank the staff of the Renaissance Hotel.

Countries Represented in the Ambassador Program:

Argentina	Kenya
Australia	Kuwait
Austria	Lao PDR
Bahrain	Lebanon
Belgium	Libya
Belize	Madagascar
Bhutan	Malawi
Bolivia	Mexico
Botswana	Myanmar
Brazil	Nepal
Cambodia	Netherlands
Cameroon	New Zealand
Canada	Nicaragua
Chile	Nigeria
China	Norway
Colombia	Oman
Cuba	Panama
Cyprus	Paraguay
Dominican Republic	Peru
Ecuador	Philippines
Egypt	Poland
El Salvador	Portugal
Ethiopia	Qatar
France	Russia
Georgia	Rwanda
Germany	Saudi Arabia
Ghana	South Korea
Greece	Spain
Guatemala	Sudan
Guyana	Swaziland
Haiti	Sweden
Honduras	Switzerland
Hungary	Taiwan
Iceland	Tanzania
India	Thailand
Indonesia	Togo
Iran	Turkey

Conference Objectives

1. To bring together the ACEP International Ambassadors who serve as key liaisons for a global network of over 80 countries and organizations.
2. To advance the growth of the ACEP International Ambassador Program through Workgroups focused on Ambassador recruitment, Ambassador training, country reports, and educational and advocacy resources
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. As 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. Mason provided logistical and administrative support.

Welcome and Introductions

The morning session began with welcome 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.

Committee Members

Christian Arbelaez, MD, MPH; Ambassador Conference Chair, Lead Ambassador for Colombia
Jay Kaplan, MD; ACEP Past President, Board Liaison to the International Section
Terry Mulligan, DO, MPH; Ambassador Program Committee Chair
Jim Holliman, MD; IFEM Liaison to the International Section
Hani Mowafi, MD, MPH; International Section Chair

Presentations from Conference Sponsors

ACEP-Teleflex Partnership

Mark Surgenor, BSc, PGCHET, PGDip, RN, the Senior Manager of Clinical and Medical Affairs discussed Teleflex's longstanding partnership with ACEP on educational projects and equipment development to advance emergency medicine specialty training worldwide.

ACEP-GE Partnership

Cindy Owen, RDMS, RVT, FSDMS, the Director of Clinical Insights & Development for Point of Care Ultrasound at GE Healthcare on introduced novel hardware and software innovations to advance the impact of ultrasound in diverse international emergency settings.

Brief Country Update: Haiti

Shada Rouhani, MD, MPH discussed the development of emergency care in Haiti, the poorest country in the Western Hemisphere. Here, the need for EM was highlighted after the 2010 earthquake and subsequent cholera outbreak. Prior to this, the emergency wards were staffed by inexperienced providers. Since then, with the support of the Haitian Ministry of Health and the National Medical School, Partners in Health has developed the very first emergency medicine residency in the country. The program graduated its very first class of locally-trained EM physicians this year. The local EM physicians held the country's first symposium on emergency care in August, 2017, and have begun to train providers at other hospitals around the country on emergency care. Dr. Rouhani also discussed further challenges in EM development, including the dependency on hospital operations and flow as well as preventing brain drain. She highlighted the importance of building consensus on emergency care both within the hospital as well as among external actors. She discussed future directions, such as strengthening residency training, creating a national EM society, advancing emergency nursing, and expanding emergency care in outlying sites.

Brief Country Update: Rwanda

Adam Levine, MD, MPH, gave an update on the development of emergency medicine in Rwanda. This nation in Central East Africa has developed rapidly since the infamous 1994 genocide, both in terms of its economy as well as in public health. However, as of 2010, there were still no formal residency training programs in the country, contributing to a severe shortage of physicians. Recognizing this, the country launched the Human Resources for Health (HRH) Program in 2012. With the help of private NGOs, US government agencies, and various US schools of medicine, nursing, and management, the program launched the nation's first emergency medicine residency. Dr. Levine recounted how he and his colleagues helped the residency navigate the politics of local medical societies and certification boards as well as those of the national government. HRH has since developed an emergency department from the ground up, including a local EMS network, triage system, and research profile.

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, and the roles of the Lead Ambassadors, Deputy Ambassadors, Liaisons, and Resident Representatives. Lastly, Dr. Andrés Patiño presented a recap of the prior International Ambassador Conferences, including the themes of advocacy, collaboration, and education. He highlighted the workgroups created at the 2016 conference as well their goals and progress over this past year.

Key Themes from Prior International Ambassador Conferences

Advocacy

- Diplomacy
- Governmental interactions
- Public Policy
- Regional interaction
- Society development
- Organizational development
- Cultural sensitivity

Collaboration

- Membership
- Network
- Liaisons and Champions
- Interaction with other ACEP sections
- Redundancy vs. Synergy

Education

- Specialty recognition
- Program development
- Certification
- CME/MOUs
- Faculty development
- Mentorship
- National standards
- Online learning resources

Lessons Learned from the 4th International Ambassador Conference

- *Value and Mission:* There is an ongoing definition and evolution of ACEP's unique role and how it can offer value to its members that differs from other international organizations.
- *Ambassador Training:* There is increasing interest in further standardizing and formalizing Ambassador education, training, diplomatic mission, and responsibilities.
- *Inclusion:* Country liaisons and international members need more financial assistance with the cost of attending the conference. There need to be incentives to increase international membership.
- *Diplomacy:* Ambassadors need to build multi-level, diplomatic relationships with all stakeholders to allow countries to utilize ACEP's benefits and resources.
- *Sensitivity to Context:* The Ambassador approach to collaboration should be culturally sensitive and takes into account the level of EM development and resources of the specific country.
- *Inter-Society Collaboration:* ACEP Ambassadors should work with other international organizations to avoid duplication.
- *Regional Collaboration:* One approach to more efficiently work is to divide into Regional / Continental subgroups.

ACEP Ambassador Awards

Citizenship Award Winner: Charlie Inboriboon, MD, Lead Ambassador to Cambodia

Award given to an Ambassador who exemplifies the values of a dedication, commitment, and reliability to meet his/her roles and responsibilities as an ambassador.

Individual Achievement Award Winner: Terry Mulligan, DO, MPH, Lead Ambassador to Georgia, Netherlands, and Oman

Award given to an Ambassador who has advanced emergency medicine in a country or a region through his/her presence in country, diplomacy, and partnership with the emergency physicians and local society(ties).

Ambassador Leadership Award Winner: Jim Holliman, MD, Lead Ambassador to Afghanistan, Bahrain, Iran, Iraq, and Turkey

Award given to an Ambassador who has led the advancement of emergency medicine in a region or globally through leadership activities in the region or at the organizational level.

Lessons Learned at Lunch

During lunch, Dr. Holliman gave his tips as the winner of the Leadership Award on his career in international emergency medicine. Various audience members also chipped in various lessons they've learned over the years. Highlights included:

- Perform a needs/capacity assessment before trying to implement a program and adjust what you will give/expect accordingly; check with AAEM, GEMA, IFEM, AFEM, IEM Fellowship Consortium and other organizations to make sure you're not duplicating work
- Use anecdotes of high profile public figures benefiting from EM to highlight the need of emergency care; use the media to leverage politicians and public opinion to help further EM development; let local leaders take credit for your work; this will contribute to sustainability of work
- Develop systems and creating a desirable work atmosphere to limit brain drain and create a sustainable ED as well as all the accompany educational programs; ensure that incentives are there (e.g. financial compensation) to maintain the workforce and avoid the afternoon private clinic problem
- Work on 501c(3) organizations that help fund international IEM work, e.g. IFEM Foundation or HBO
- Use epidemiological evidence to convince bigger foundations to receive more funding; use research within developing countries on the ground as a platform for further funding, following for example what was done in the HIV world
- Distinguish between emergency medicine as a specialty (medical service requiring pediatrics, surgery, and other consultants, etc.) vs emergency care (harder to define, but also includes the structural systems that support emergency providers; including training the public, GP doctors, EM nursing, midlevel providers, administrator training, etc.)
- Focus on locally appropriate public education for broader primary prevention, e.g. helmets in areas of high road traffic accident morbidity
- Encourage exposure of foreign trainees to an established system, e.g. exchange programs for residents and nurses to shadow in US EDs

Ambassador-Student Mentorship Program

There has been a longstanding interest in increasing medical student involvement in the Ambassador Program. EMRA Medical Student Council members, Jonathan Meadows, MS4, Mentorship Coordinator, Sarah Ring, MS3, South East coordinator, and Tatum Jestilla, MS4, International Coordinator, with the guidance from Eric Cioe, MD ACEP Ambassador to El Salvador and Andrés Patiño, MD, Resident Representative to Colombia, developed a proposal for a program where ACEP Ambassadors mentor EMRA students interested in global health. Sarah Ring, MS3 and Andres Patino, MD presented the proposal with plans for a pilot period and the goal of building mentorship relationships as well as facilitate work on the Ambassador Program's initiatives.

Workgroups

Ambassadors were divided into four separate Workgroups in the afternoon. Each Workgroup was tasked with reviewing its progress in the last year and developing a plan to further advance its goals.

Large Group Reports and Action Plans

The reporters appointed by each Workgroup presented key points discussed and action plan for the incoming year.

Future Agenda

Key elements for the agenda of the 6th Annual International Ambassador Conference were established.

KEY THEMES & FINDINGS

The 5th 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 could generate key themes within each conference workgroup, and identify specific actionable items for the Ambassador Program.

Recruitment

Arun Nandi
Bob Corder
Brian McMurray
Charlie Inboriboon

David Walker
Jason Murphy
Jessica Best
Joy Mackey

Mohammad Alsabritop
Nicholas Forget
Veronica Pei
Vitaliy Kzylyuk

Members of this working group discussed the need for greater internal recruitment and external recruitment. Out of 195 countries in the world, there are lead ambassadors to 81; the program is missing representation in 114 countries. A significant barrier for Ambassador recruitment is the lack of awareness about the program, especially for physicians in countries where EM is not developed, due to a scarcity of networks and connections. Also with regards to internal recruitment, the need for more deputy ambassadors and resident representatives was highlighted as an essential piece to the sustainability of the program. Ambassadors also commented on how crucial the in-country liaison role is to their work, and highlighted challenges they've faced in recruiting people for this role, particularly economic burdens of conference attendance as well as a lack of incentives and relevant educational materials for joining. The working group discussed strategies to achieve these goals, including:

1. Email outreach both to ACEP at-large and to EMRA at-large
2. Social media outreach; many members of this group tweeted about the Program during this session
3. Personal contacts; during a 5 minute portion of the session, Ambassadors reached out to personal contacts in 9 countries lacking Ambassadors or Liaisons
4. Updating the website and current internal list of Ambassadors to clarify gaps in representation
5. Discussing which educational materials can translated and distributed globally
6. Reaching out to industry sponsors to increase liaison participation
7. Highlighting that a country can have multiple liaisons to share the work

Next steps:

1. Within 3 Months
 - a. ACEP-wide email advertising the Ambassador Program
 - b. EMRA-wide email advertising
 - c. Update website and list of current Ambassadors
2. Within 6 Months
 - a. Recruiting more liaisons by having ambassadors reach out to personal contacts
 - b. Capitalizing on med student mentorship program to help with recruitment
 - c. Create a poster at exhibit hall advertising the Ambassador Program

New Ambassador Bootcamp

This group further defined the Ambassador Bootcamp idea originated in last year's conference. The goal is to clarify the job description, roles, and expectations, particularly in the different settings and needs of each country. This boot camp would also serve as a basis to for program participants to understand the resources and benefits that ACEP and the program offer to its participants to increase their efficiency and effectiveness. The working group discussed strategies to achieve these goals, including:

Hjalti Bjornsson	Maribel Juscamayta	Sayuri Enriquez Saenz
Joseph Lynch	Micheal Schneider	Stacey Chamberlain
Lingappa Amernath	Ross Tannenbaum	Yajai Apibunyopas

1. Ask ACEP Ambassador administrators to pair up experienced ambassadors with newer ambassadors which countries are at a similar stage in emergency medicine
2. Make the Facebook group a better resource for communication with other ambassadors and for any questions (files can be uploaded to Facebook such as the Q&A sheet)
3. Hold an in-person boot camp at the conference next year, including a 20-30 minute session for new ambassadors with clear explanations of the roles of Lead and Deputy Ambassadors, Liaisons, and Resident Representatives; an outline for this boot camp was created at this session
4. Encourage one-on-one meetings for new Ambassadors with senior Ambassadors, including a session on mistakes made and lessons learned during their years of experience

Next steps:

1. Within 3 Months
 - a. Finalize an outline of new ambassador guide sheet with answers to our questions and share it with all ambassadors
2. Within 6 Months
 - a. Create a mini course for new ambassadors and breakout buddy group session with potential for continuation in following conferences
 - b. Create a new ambassador guide sheet with frequent questions, answers and links, followed by a quiz on logistics of being an ambassador to assess retention of knowledge; an outline for this sheet was created at this session

Country Reports

Adam Levine
Angie Schafer
Barbra Villona
Cem Oktay

Donna Venezia
Eric Cice-Pena
Gayle Galetta
Grzegorz Waugora

Hani Mowafi
Joseph Kalazu
Walid Hammad

Country reports allow each Ambassador to track progress and identify unique challenges and barriers regarding the current state of EM in their respective country. Country reports have improved significantly over previous years, especially after the inclusion of a free-hand narrative section for qualitative data collection. However, data is extensive and it must be manually inputted, which makes the overall process tedious and time-consuming. Therefore, to improve efficiency of data collection, the overall format of the report was restructured. Comparative data must also be published to evaluate yearly progress and help government agencies to advocate for EM-related issues. Strategies to achieve these goals include:

1. Create a Google Form with a standardized country report format that is more user-friendly and useful to ambassadors, trainees, research, and EM advocacy abroad (achieved during conference)
2. Reach a consensus decision about the layout of the survey using Google Forms, which will auto-populate into an Excel sheet that can display on an interactive Google Map
3. Create a feature to easily compare countries using a platform such as thedash.com and to track a country's yearly progress over time (the survey shouldn't need to be filled out in whole every year since only a few fields will change each year)

Next steps:

1. Within 3 Months
 - a. Solicit feedback on the Country Report survey piloted at the conference with 20 ambassadors and create a revised copy
2. Within 6 Months
 - a. Create a 3rd draft of Country Report survey incorporating feedback from the pilot
 - b. Display results on platform such as thedash.com

Communications/Toolkit

Ying Hoon	Haywood Hall	Vanessa Josef
Seikei Hibim	Wael Hakmeh	Jessica Ryder
Greg Bell	Syed Naqvi	Chris Reynolds
George Skarbek-Borowski	Lisa Moreno	Jesica Bravo
Lexie Asrow	Kristi L. Koenig	Jim Holliman
Terry Mulligan	Heather Machen	

This group created many specific goals to facilitate communication amongst Ambassadors and Liaisons. An overarching theme in this group was to focus more on regionalization, organizing channels of communication and overall Program resources to be more contextually appropriate based on the local part of the world. Another was an update of the toolkit, 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. The working group discussed strategies to achieve these goals, including:

1. Establish a regional listserv based on IFEM regions and creating regional means of communication, e.g. WhatsApp and WeChat
2. Update the ACEP Ambassador Website and group the countries by region
3. Have breakout session by region next year to encourage regional collaborations and discussions. The group also proposed phasing out basecamp and using Facebook in the meantime as a primary form of communication
4. Update materials in existing Toolkit regarding ACEP
5. Provide online clinical and curricular resources
6. List exchange opportunities available to ACEP and EMRA members

Next steps:

1. Within 3 Months
 - a. Create a regional listserv (Veronica)
 - b. Create regional platforms for communication, e.g. WhatsApp, WeChat, etc.
 - c. Develop concise summary of different groups with links, e.g. CORD, AAEM, SAEM, etc.
 - d. Upload clinical resources (AFEM Textbook on Emergency Medicine, CORD website resources, GMA resources, SAEM resources, ALiEM, IEMFC, etc.)
 - e. Upload curricular resources (IFEM curricular resources, CORD Core Competencies)
 - f. Upload faculty development resources (CORD, SAEM, ACEP Teaching Course)
2. Within 6 Months
 - a. Distribute updated Toolkit after internal vetting
 - b. Develop Letter of Introduction of ACEP Ambassador Program in multiple languages

Appendix: Country Updates

Country	Ambassador	Updates
Afghanistan	Cecil J. (Jim) Holliman, MD, Lead Ambassador	<ul style="list-style-type: none"> - Civic unrest a major obstacle
Belize	Mark D. Bruce, DO, Lead Ambassador	<ul style="list-style-type: none"> - Developing a qualifying exam, close to recognizing EM as a specialty - Many academic partners in the US
Bolivia	Autumn Brogan, MD, Lead Ambassador	<ul style="list-style-type: none"> - The idea of EM as a specialty is still new - Much more education needed before residency is possible here
Botswana	Andrew M. Kestler, MD, Lead Ambassador	<ul style="list-style-type: none"> - Graduated their first 2 homegrown EM residents earlier this year
Brazil	Ross D. Tannebaum, MD, Lead Ambassador	<ul style="list-style-type: none"> - 1996 marked the first EM residency program in Porto Alegre, now there are 20 programs - EM gained official recognition as a specialty 2 years ago
Cambodia	Donna Venezia, MD, Lead Ambassador Peter Acker, MD, Deputy Ambassador	<ul style="list-style-type: none"> - Significant doctor shortage overall - The country now has medical schools, training programs, and an EMS system in Phnom Penh - Lack of organization amongst NGOs here - Brain drain is a big problem
China	Y. Veronica Pei, MD, Lead Ambassador	<ul style="list-style-type: none"> - Has adopted knowledge and evidence-based emergency care from the US - Has developed EM subspecialties such as ultrasound and critical care - The government has helped to coordinate EM training centers and program - Continued disparities between urban vs rural hospitals, and big disparities from one training hospital to another - China is a very vast country and patient needs differ vastly
Colombia	Christian Arbelaez, MD, Lead Ambassador	<ul style="list-style-type: none"> - Colombia has approximately 250 emergency medicine physicians - There are currently 7 residency programs, with one more in the near future - The country recently hosted a national emergency medicine congress - Currently there are two Colombia emergency medicine research journals with hope to further develop research as a field
El Salvador	Eric Cioe, MD, Lead Ambassador	<ul style="list-style-type: none"> - Still trying to get EM recognized as specialty and starting EM residency program

Georgia	Terrence (Terry) Mulligan, DO, Lead Ambassador	<ul style="list-style-type: none"> - So far the country has hosted two emergency medicine conferences - One residency program with 10-12 emergency medicine residents per years - The goal is to expand coverage to the mountainous areas of the country
Guatemala	George W. Skarbek-Borowski, MD, Lead Ambassador	<ul style="list-style-type: none"> - Not much change in status of emergency medicine over last 30 years - Main problem due to lack of continuity in political and administrative support - Continued attempts to establish residency
Guyana	Nicolas Forget, MD, Lead Ambassador	<ul style="list-style-type: none"> - Graduating the 5th emergency medicine residency class in November - There is also a nursing emergency medicine training program - Currently working on developing subspecialties for recent EM grads
Iceland	HjalTI Bjornsson, MD, Lead Ambassador	<ul style="list-style-type: none"> - The 25th anniversary of the specialty, which has been fully embraced by the country - About 20 EM physicians trained in the country - Brain drain continues - Revamping the training using the UK model with an online portfolio to monitor progress
India	Lingappa S. Amernath, MD, Lead Ambassador Arunabha Nandi, MD, Deputy Ambassador	<ul style="list-style-type: none"> - Huge variation in care. There are 2 billion people - Big gaps between rural vs urban EDs as well as North vs. South; big goal is to bridge these gaps - The Medical Council of India now recognizes EM as a specialty; 1st trauma/EM conference in 2014 - 1st peds EM fellowship started this year - Gov't-sponsored EMS system now sees over 15,000 calls per day
Iran	Cecil J. (Jim) Holliman, MD, Lead Ambassador	<ul style="list-style-type: none"> - Trying to start the first pediatric emergency medicine fellowship
Ireland	Kerry Forrestal, MD, Lead Ambassador	<ul style="list-style-type: none"> - 49 emergency trained docs in Ireland. Need more interest in EM - There is an established exchange program for Irish medical students to foment interest in EM
Italy	Alexandra Isa Asrow, MD, Lead Ambassador	<ul style="list-style-type: none"> - Recognized EM as residency 8 years ago - Biggest challenge getting people in EMS systems and different residency programs to communicate from one region to the next - Working on exchange program, to have residents come to EM programs in the US
Japan	Seikei Hibino, MD, Lead Ambassador	<ul style="list-style-type: none"> - EM was founded in the 1960s in Japan - The country recently hosted its 45th annual Emergency Medicine conference

	Taku Taira, MD, Deputy Ambassador	<ul style="list-style-type: none"> - Japan is in the middle of a big shift in education across all fields, looking at the American system and Graduate Medical Education
Jordan	David Callaway, MD, FACS, Lead Ambassador	<ul style="list-style-type: none"> - In the process of developing a national emergency medicine association
Kenya	Gregory Bell, MD, Lead Ambassador	<ul style="list-style-type: none"> - Recently established a joint residency program for EM / Family Medicine near Kisumu - Also a residency training program with Ben Wachira in Hospital in Nairobi in its 3rd year of training, where 2 classes of residents have graduated and completed the 1 year curriculum
Lao PDR	Kristiana Kaufmann, MD, Lead Ambassador	<ul style="list-style-type: none"> - 1st EM program started in September of this year; is associated with the University of Health and Ministry of Health; currently have 8 residents (5 from provinces, 3 from the city) - Current recruiting faculty and fellows to the capital to help with teaching of Laotian residents
Libya	J. Stephen Bohan, MD, Lead Ambassador	<ul style="list-style-type: none"> - Current political environment unfavorable for development of EM specialty
Malawi	Heather Machen, MD, Lead Ambassador	<ul style="list-style-type: none"> - There is a Peds EM dept that sees 400 kids a day - Lots of interest in EM residency, however financial constraints
Netherlands	Terrence (Terry) Mulligan, DO, Lead Ambassador	<ul style="list-style-type: none"> - In 2006, there was no specialty, residency, or curriculum; now there are 500 attendings, 400 residents, and 5 organized conferences - Represented at EUSEM
Nicaragua	Breena Taira, MD, Lead Ambassador	<ul style="list-style-type: none"> - The EM physician association, established 3 years ago, just had their first congress this year - Working to maintain matriculation into EM
Norway	Gayle Galletta, MD, Lead Ambassador	<ul style="list-style-type: none"> - In January 2017, EM became a recognized specialty, the newest specialty in the country.
Oman	Terrence (Terry) Mulligan, DO, Lead Ambassador	<ul style="list-style-type: none"> - 110 graduates, 75 residents throughout Oman - Burgeoning national EMS system
Panama	Ricuarte Solis, MD, Lead Ambassador Ricardo Hughes-Alvarez, MD, Liaison	<ul style="list-style-type: none"> - The specialty has been recognized since 2002 - Currently establishing subspecialties (pediatric EM, ultrasound, EMS, etc) - Recently the Critical Care society in Panama opened to accept EM physicians to enroll in critical care training
Peru	Joseph Lynch, MD, Lead Ambassador	<ul style="list-style-type: none"> - About 300 EM trained physicians in the country and multiple EM residencies - 6th international emergency conference will take place in Lima in November

Philippines	Eligio S V Maghirang, MD, Liaison	<ul style="list-style-type: none"> - There are 6 residency training programs, most based in Manila but we are expanding to different islands - Since early 1990s we approximately have 600 board certified EM physicians - Significant brain drain, as only 124 colleagues remain in the Philippines (any are employed in maritime/cruise ships)
Poland	Judith E. Tintinalli, MD, Lead Ambassador Terrence (Terry) Mulligan, DO, Deputy Ambassador	<ul style="list-style-type: none"> - The specialty is 20 years old - There are 75 residents, 600-700 EM docs - Just had the 26th winter symposium, and the 6th EM conference
Rwanda	Adam C. Levine, MD, Lead Ambassador	<ul style="list-style-type: none"> - 8 months away from graduating first class of emergency physicians
Saudi Arabia	Syed Naqvi, MD, Deputy Ambassador	<ul style="list-style-type: none"> - Started a residency program 3 years ago, and it is slowly growing - Working to increase public awareness of the EMS system (previously available only to elite)
Thailand	Pholaphat (Charlie) Inboriboon, MD, Lead Ambassador Wirachin Hoonpongsimanont, MD, Deputy Ambassador Yajai Apibunyopas, MD, Liaison	<ul style="list-style-type: none"> - Approximately 20 residency training programs - Currently working on developing milestones and qualifying exams for residents - Training fellows in education and ultrasound
Turkey	Cecil J. (Jim) Holliman, MD, Interim Lead Ambassador	<ul style="list-style-type: none"> - EM recognized as a specialty in 1992, 6 residency programs, >2500 residency trained physicians - Main problem is overcrowding in emergency rooms due to volume of patients
Uganda	Stacey Chamberlain, MD, Lead Ambassador	<ul style="list-style-type: none"> - Just started first program in September 2017 at University of Science and Technology in Mbarara with the first 5 residents - Another program starting in Makerere next year
Ukraine	Brian R. McMurray, MD, Lead Ambassador Vitaliy Krylyuk, MD, Liaison	<ul style="list-style-type: none"> - Franco-Germanic system in that ER docs are on the ambulance and not in hospitals - Only 25% of the ambulance runs result in patients going to the hospital; remaining are treated at home/in the community
United Arab Emirates	Robert (Bob) Corder, MD, Lead Ambassador	<ul style="list-style-type: none"> - Five different residency programs, 4 in Abu Dhabi and 1 in Dubai - Have an annual EM conference - ICEM will be there 2021