

# 6<sup>th</sup> ANNUAL ACEP INTERNATIONAL AMBASSADOR CONFERENCE



**9/29/2018**

**Conference Proceedings**

**Christian Arbelaez, MD, MPH, FACEP**  
**Elizabeth DeVos, MD, MPH, FACEP**  
**Chuan-Jay Jeffrey Chen, MD**  
**Andrés M. Patiño, MD**  
**Hemang Acharya, MD**  
**Andrea Dreyfuss, MD**  
**David Martin, MD**

**6<sup>th</sup> ANNUAL ACEP INTERNATIONAL AMBASSADOR CONFERENCE**  
**CONFERENCE PROCEEDINGS**

## **INTRODUCTION**

The 6th Annual International Ambassador Conference took place on September 29<sup>th</sup>, 2018 in San Diego, CA. 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 over 80 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 with the development and growth of their own emergency medicine society and of the specialty of emergency medicine. The society might be an emergency medicine society, a non-emergency medicine society wishing to advance emergency care, 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 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: providing alerts to ACEP's International Relations Manager about important conferences/events, responding to requests for information from US-based EM physicians or residents who wish to become involved, maintaining a current contact list for EM leaders in the country, updating ACEP's observership and rotations resources, representing the College as a public relations link between the country's EM group and ACEP, meeting with officials as a facilitator to support the development of EM, participating in teaching activities to enhance EM in the country, and collaborating 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 worldwide.

## CONFERENCE STRUCTURE

The Conference assembled over 50 Ambassadors, Liaisons, and other interested International Section members who represented nearly 40 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 6<sup>th</sup> Annual International Ambassador Conference took place on September 29<sup>th</sup>, 2018 in San Diego, CA. Lead, Deputy, and Liaison ACEP Ambassadors and Resident Representatives representing 37 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, Ambassador Conference Chair

Elizabeth DeVos, MD, MPH, Ambassador Program Chair

Andrés Patiño, Ambassador Conference Team Lead

Jeffrey Chen, MD, Ambassador Conference Proceedings Lead

Ambassador Conference Team and Workgroup moderators: Andrea Dreyfuss, MD, David Martin, MD, Hemang Acharya, MD, and Jeffrey Chen, MD.

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

Special thanks to Mr. Robert Heard, Associate Executive Director of the Membership and Education Line of Service. The Ambassador Program thanks Teleflex and Abbott Fund for their support.

We also thank the staff of the San Diego Convention Center.

### Countries Represented:

Belize  
Brazil  
Cambodia  
Canada  
Colombia  
Cuba  
Cyprus  
Ecuador  
El Salvador  
European Union  
Georgia  
Guatemala  
Haiti  
Honduras  
Hungary  
India  
Ireland  
Italy  
Japan  
Jordan  
Lao PDR  
Mexico  
Netherlands  
New Zealand  
Nicaragua  
Oman  
Paraguay  
Peru  
Philippines  
Poland  
Russia  
Rwanda  
Tanzania  
Thailand  
Turkey  
Uganda  
Vietnam

## 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, 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 & Introductions

The morning session began with welcome remarks from ACEP leadership, Dr. Rebecca Walker, ACEP Past President, Dr. Terri Mulligan (IFEM Representative) Dr. Elizabeth DeVos (Ambassador Program Committee Chair), Dr. Hani Mowafi (International Section Chair), and Dr. Christian Arbelaez (Ambassador Conference Chair, Lead Ambassador for Colombia)

Additionally, each attendant introduced themselves and gave a brief update about their respective country to the conference in order to facilitate networking and discussions for the rest of the day. See appendix for further details.

### Presentation from Conference Sponsor

#### *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. He presented their education programs, including various high-fidelity simulations, booth education, and other programs. Many of these programs can be covered financially through various Teleflex grants.

### Brief Country Update: Mexico

Haywood Hall, MD, FACEP, gave an update on the development of emergency medicine in Mexico. This nation now has 75 residency training programs in the specialty, as well as multiple fellowship training programs in pediatric emergency medicine, toxicology, and critical care. Multiple formal EM societies exist in the country. While there are over 5,000 emergency medicine trained specialists, around 85% of practicing physicians are general practitioners with little or no formal training in acute care, leaving much room for growth in the country. Many of the formally trained emergency care providers are based in urban academic medical centers, leaving a large underserved population far from these areas. Dr. Hall discussed the role of PACE (Programa de Actualización Continua en Emergencias), an organization that aims to provide emergency medicine training to improve health at the local level in places far from the medical centers. This group aims to bridge private and public groups, for example, by hosting the PACE Pan-American Forum for Emergency Care this past August. This conference brought together health ministers and multi-disciplinary experts to generate ideas that impact public policy.

## ACEP Ambassador Awards

### *Citizenship Award Winner: Ross Tannebaum, MD, Lead Ambassador to Brazil*

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

### *Individual Achievement Award Winner: Stacy Chamberlain, MD, MPH, Lead Ambassador to Uganda*

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

### *Ambassador Leadership Award Winner: Jon Hirshon, MD, FACEP, Lead Ambassador to Egypt and Sudan*

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.

### *Liaison Award Winner: Ana Paula Freitas, MD, Liaison to Brazil*

Award given to a Liaison who has been especially active in emergency medicine development, expansion, and advocacy in their respective country.

## Lunch Keynote Panel

During our Sponsored lunch by the Abbott Fund, the following panel presented their talk: **Emergency Medicine in Tanzania: A Model for Partnership and Sustainable Change.**

- **Dr. Upendo George**, *Head of Pediatric Emergency Medicine* – Muhimbili National Hospital
- **Mr. Andy Wilson**, *Vice President*, Abbott Fund Tanzania
- **Marwa Obogo**, *Head of Emergency Nursing*, – Muhimbili National Hospital
- **Dr. Festo Kayandabila**, *Director of Sustainability Programs*, Abbott Fund Tanzania

Dr. George introduced the effort, discussing how prior to 2010, there was no formal emergency care in Tanzania. A casualty unit staffed by generalists provided care for those showing up at the hospital. With the support of the Abbott Fund, programs were established to train emergency medicine residents, emergency nurses, and other ancillary staff with the hope of creating a self-reliant, independent unit for patients presenting unannounced. Now the emergency medicine department (EMD) serves over 200 patients a day.

Mr. Wilson next highlighted the need to work closely with local governments to build health systems and infrastructure. He emphasized collaboration those on the ground that know how to solve issues at the local level and to recognize that we cannot apply US ideals and theories to different settings and cultural contexts. Initially, training relied on clinicians from the US and abroad visiting for short stints to provide EM education. Now the program has evolved to have Tanzanian doctors and nurses training each other, both clinically as well as in research, administration, and other aspects of running the EMD.

Mr. Obogo next discussed the advances in the development of emergency nursing since 2010. Now, the group has established nursing training curriculums, leadership trainings, externships, and a master's degree in critical care nursing. In a similar model, the Muhimbili ED has helped coordinate emergency care across the country as

emergency nursing and medicine leaders have facilitated regional expansions and provided mentorship for those looking to improve emergency care elsewhere in Tanzania.

Finally, Dr. Kayandabila emphasized the application of sustainable business principles to make the EMD a financially self-sustainable place. The team focused on academic and financial sustainability from the beginning, thinking about how to eventually have the program be independent of external resources. This meant forming strong public-private partnerships so that the government, local insurance companies, the hospital, as well as patients were able to work together to build a functioning EMD.

A video presented at the end of the presentation can be found here:

<http://www.abbott.com/corpnewsroom/healthy-communities/pioneering-emergency-medicine-in-tanzania.html>

### **Ambassador Program Strategy and Structure**

Next, Veronica Mason highlighted the new engagedED online platform for various ACEP working groups to communicate and collaborate with one another. She emphasized how ACEP wants to hear about more about the projects that Ambassadors undertake, as well as making sure to keep updated with country reports, posting about other meetings/conferences, and continuing to identify local clinical leaders.

The link to this platform is:

<https://engaged.acep.org/home>

### **Mentorship Program Updates**

Andrés Patiño, MD introduced the new medical student mentorship program that pairs medical students from around the US interested in global emergency medicine with Ambassador Mentors. Mentees are thus able to help out with academic projects, participate in virtual journal clubs, and present their learning.

### **Section Grant & Website**

Next, Andrés Patiño, MD, Jeffrey Chen, MD, and Lillian Renner, ACEP User Experience Engineer, presented the vision for an ACEP section grant that had been pursued as a result of last year's conference. This grant would provide for a new comprehensive International Section and Ambassador Program website that centers around an interactive map, highlighting where EM resources are available and where the gaps are. Suggestions from the audience included having the site available in multiple languages, being able to plot variables and sort the map by various metrics, include photos/videos, and provide the ability to share social media posts.

### **Workgroups**

Ambassadors were divided into three separate workgroups by region in the afternoon. Each workgroup was tasked with developing an agenda and plan to further advance. The reporters appointed by each workgroup presented key points discussed and an action plan for the incoming year.

### **Future Agenda**

Key elements for the agenda of the 7<sup>th</sup> Annual International Ambassador Conference were established.

## KEY THEMES & FINDINGS

The 6<sup>th</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 could generate key themes within each conference workgroup and identify specific actionable items for the Ambassador Program.

### Americas

#### Recruitment of Ambassadors/Liaisons

This group identified specific countries needed to target to encourage involvement in ACEP Ambassadors group: Chile (no ambassador), Uruguay (no ambassador), Panama (no liaison), Dominican Republic, Cuba, Argentina (no ambassador), Bolivia, Venezuela (no ambassador/liaison), Costa Rica (no ambassador/liaison)

They identified the prohibitive cost of becoming an ACEP liaison as the largest barrier to increasing recruitment efforts to the program. Potential solutions they proposed included:

- Discount from ACEP if a liaison is also a member of national emergency medicine association
- ACEP forms bilateral agreements with individual national emergency organizations to offer discount to its members
- Waive costs of Liaison membership and/or conference attendance on income cutoffs
- Finding a corporate partner to allow for attendance

#### Leadership Development

The group discussed as an example case the lack of emergency medicine residency programs in Honduras. One idea they came up with to address this is to recruit the national stakeholders that are leaders in emergency care and welcome participants from other specialties at the onset. Some suggested deliverables:

- Using IFEM article regarding what is needed to start emergency medicine as a specialty
- Creating a virtual panel from heads of emergency medicine
- Multiple countries showcasing different stages of EM from infancy to established countries

#### Innovation

A theme that came up was how to best communicate and spread EM education in remote areas. Their specific ideas included:

- Create emergency medicine lectures online leveraging FOAM resources which already exist
- Develop Facebook page for ACEP Ambassadors in Latin America
- Develop Whatsapp group for ACEP Ambassadors in Latin America

# Africa

## Recruitment of Ambassadors/Liaisons

Similarly to other groups, Ambassadors and Liaisons for African countries, identified affordability as a big barrier to recruitment. ACEP membership, even at the discounted international rate of \$154, is often too expensive for physicians in African countries. Some proposed solutions included:

- Entirely eliminate ACEP international dues or base any expenses off of an individual country's GDP
- Provide membership resources (e.g. journals) electronically to reduce ACEP's overhead cost

## Leadership Development

Some ideas discussed included the overlap between different international organizations. ACEP's function in Africa is perceived to be very similar to AFEM and IFEM. They also discussed how to best facilitate volunteering and observerships in a way that is aware to the specific needs of each country. Leadership for this group also extended beyond medical training to the training of nurses and other allied health professions. This is particularly salient in sub-Saharan Africa, where due to the limited number of physicians, nurses are often the only providers available to patients. Ideas to improve:

- Share resources that exist, being careful not to repeat the work of other organizations, eg online databases for residents and researchers working on dissertations
- Ambassadors list the specific needs of the country he or she represents to increase the impact of volunteer efforts
- Create a database that would function similar to a job listing website
- Offer reverse mentorships and bilateral exchanges
- Create a database that would function similar to a job listing website for volunteering, observerships, and other exchanges
- Establish a certification that recognizes nurses trained in emergency and critical care

## Innovation

One of the biggest ideas discussed in this group was that technology from the US is not always completely functional in Africa, and there is a disconnect between what innovative ideas are expected to work and what is actually locally available. Some solutions suggested:

- Encourage innovation using locally available resources
- Products should be produced, maintained, and repaired locally
- Consider a creating a shark tank that would involve local university and public health students developing an academic project
- Allow winner of this competition to be prototyped at ACEP

## Eurasia

### Recruitment of Ambassadors/Liaisons

The group identified a major barrier to recruitment to be a convoluted application process, which mostly correlates with the website being outdated. They also identified more specific benefits and programming to help facilitate recruitment. Proposed deliverables:

- Create an updated list of Ambassadors/Liaisons, have the website ready as soon as possible
- Have specific deadlines for applications and answers
- Waive or reduce Liaison ACEP membership fees based on income of a country
- Host receptions for specific areas/regions (eg East Asia Reception at ACEP) to facilitate networking and exchange of ideas
- Provide Virtual ACEP or other ACEP educational content at reduced or waived fees for international members, especially those from lower-income countries

### Leadership Development

For those representing Europe and Asia, where emergency medicine has been more established as a specialty than in other parts of the world, many of the suggestions for leadership development centered on academic production and participation in the international exchange of knowledge and ideas. The Ambassadors also felt that one of the biggest benefits is having the ACEP brand. Proposed solutions included:

- Create a list of Ambassadors who would be willing to help edit the English used for grants, papers, slides, or other presentations
- Have this list available on the website
- Allow Ambassadors to formally use ACEP correspondence materials, eg letterheads
- Find a publicity mechanism for international conferences to ACEP-at-large, beyond the engagED subgroup for members of the International Section

### Innovation

One point of discussion amongst the group was the role of ACEP in putting out statements about international issues. This was especially salient in Poland, for example, where the government is trying to reverse the status of emergency medicine as an officially recognized specialty. The idea of medical neutrality also came up in discussion. Some suggestions:

- Consider having specific ACEP position statements on international issues
- Team up with IFEM, SAEM/GEMA, and other EM organizations to coordinate statements and other overlapping issues

## Appendix: Country Updates

<b>Belize</b>	Mark D. Bruce, DO, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- Beginning to design an EM residency</li> <li>- Planning for qualifying exam in the near future</li> <li>- Need unbiased testing partner</li> <li>- Developing pre-hospital EMS system</li> </ul>
<b>Brazil</b>	Ana Freitas, MD	<ul style="list-style-type: none"> <li>- EM recognized as specialty 5 years ago</li> <li>- Now 20 residency programs</li> <li>- About 1000 members in EM society</li> <li>- First board-certification exam</li> </ul>
<b>Canada</b>	Mark D Bruce, DO, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- 40<sup>th</sup> anniversary of Canadian Association of Emergency Physicians</li> <li>- Also developing IEM programs</li> </ul>
<b>Cambodia</b>	Donna Venezia, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- Significant doctor shortage overall</li> <li>- The country now has medical schools, training programs, and an EMS system in Phnom Penh</li> <li>- Lack of organization amongst NGOs here</li> <li>- Brain drain is a big problem</li> </ul>
<b>Colombia</b>	Christian Arbelaez, MD, FACEP, Lead Ambassador Andres Patino, MD, Deputy Ambassador	<ul style="list-style-type: none"> <li>- Multiple EM residencies in Bogota, Medellin, Caldas, Cali</li> <li>- Recently published state of EM as well as state of emergency ultrasound</li> <li>- ACEM congress last year in October</li> <li>- Developing leadership, academics, research</li> <li>- Hope to roll out WHO Basic Emergency Care course in Latin America</li> </ul>
<b>Cyprus</b>	Fotini Manizate, MD, Lead Ambassador	<ul style="list-style-type: none"> <li>- Not a recognized specialty, EDs are staffed by hospitalists or doctors who trained in Greece</li> <li>- Goal is to have a conference in Cyprus</li> <li>- Aim for exchange programs to build momentum for EM in the country</li> </ul>
<b>Ecuador</b>	Andres Patino, MD, Lead Ambassador Augusto Maldonado, MD, Liaison	<ul style="list-style-type: none"> <li>- 2 residency programs in Quito</li> <li>- Functional prehospital systems in cities, though lacking in rural areas</li> <li>- Challenges in EM leadership</li> </ul>
<b>EUSEM</b>	Terrence (Terry) Mulligan, DO, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- There continues to be a high level of support from the EU governments</li> </ul>
<b>Georgia</b>	Terrence (Terry) Mulligan, DO, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- 2 years ago, hosted the first EM conference</li> <li>- Now 2 full graduated classes</li> <li>- Many public/private partnerships</li> </ul>
<b>Guatemala</b>	Anthony Dean, MD, Deputy Ambassador	<ul style="list-style-type: none"> <li>- 2 programs starting in 2019, actively recruiting residents to join</li> <li>- Would benefit from mechanisms to support in country stays</li> </ul>

<b>Honduras</b>	Rosa Maria Tercero Rodezno, MD, Liaison	<ul style="list-style-type: none"> <li>- No EM residencies yet, talks in progress with deans of 3 medical schools in country</li> <li>- No EM society or conferences</li> <li>- National EMS system and toxicology centers recently established</li> <li>- Now have formal triage systems</li> </ul>
<b>Hungary</b>	Alexander Matolscy, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- 4 medical schools with EM programs</li> <li>- Graduated 21 residents last year board certification, from 12-13 the year prior</li> <li>- Working with EUSEM to standardize curriculum</li> </ul>
<b>India</b>	Arun Nandi, MD, FACEP, Deputy Ambassador	<ul style="list-style-type: none"> <li>- Professional EM society started in 1999</li> <li>- Big gaps between rural vs urban EDs as well as North vs. South; big goal is to bridge these gaps</li> <li>- Wide variety of training between MD programs, master's programs, trying to standardize</li> <li>- Now developing obs units, ICU units to meet emergency care needs</li> </ul>
<b>Ireland</b>	Kerry Forrestal, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- Newly established resident exchange with the Royal College of Surgeons, lasting 3-6 months</li> </ul>
<b>Italy</b>	Alexandra Isa Asrow, MD, Lead Ambassador	<ul style="list-style-type: none"> <li>- 23 programs in country</li> <li>- 265 new residents compared to 80 last year</li> <li>- Exchange program started past year, to have residents come to EM programs in the US</li> <li>- Still working on advocacy for carving out the scope of practice of EM in the country</li> </ul>
<b>Japan</b>	Taku Taira, MD, Deputy Ambassador	<ul style="list-style-type: none"> <li>- Japan celebrating 55<sup>th</sup> year of emergency medicine this year</li> <li>- Visiting 2-week professorships in Osaka</li> </ul>
<b>Lao PDR</b>	Kristiana Kaufmann, MD, Lead Ambassador	<ul style="list-style-type: none"> <li>- Just started 2<sup>nd</sup> class of 9 EM residents</li> <li>- Upcoming EM conference in November</li> <li>- Current recruiting faculty and fellows to help develop curriculum for Laotian residents</li> </ul>
<b>Mexico</b>	Haywood Hall, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- Held ICEM 2018</li> <li>- 600 emergency medicine resident spots per year</li> <li>- 72 residency programs</li> </ul>
<b>Netherlands</b>	Terrence (Terry) Mulligan, DO, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- Specialty established in 2008, now 29 residencies</li> <li>- Expanding from 3-year to 5-year curriculum</li> <li>- Represented at EUSEM</li> </ul>
<b>New Zealand</b>	Michael Connelly, MD, MPH, FACEP, Deputy Ambassador	<ul style="list-style-type: none"> <li>- 5-year EM programs, recruiting faculty and fellows for 6-12-month rotations</li> <li>- Advances in EM include thrombolysis in the field, high-sensitivity troponins, acute strokes being flown to referral center in Auckland for clot retrieval</li> </ul>

<b>Nicaragua</b>	Breena Taira, MD, Lead Ambassador	<ul style="list-style-type: none"> <li>- First national symposium for trauma care in 2/2018 funded by Ministry of Health</li> <li>- Recent political turmoil with protests, strong lack of medical neutrality</li> </ul>
<b>Oman</b>	Terrence (Terry) Mulligan, DO, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- 15 years ago, established ambulance system</li> <li>- 1 major residency with 4-5 hospitals</li> </ul>
<b>Peru</b>	Andrea Dreyfuss, MD, Lead Ambassador	<ul style="list-style-type: none"> <li>- Started first emergency ultrasound fellowship</li> <li>- 15 EM residency programs, 9 in Lima</li> <li>- Expanding emergency care beyond urban areas</li> </ul>
<b>Philippines</b>	Paul Fraley, MD, Lead Ambassador Eligio S V Maghirang, MD, Liaison	<ul style="list-style-type: none"> <li>- 18 EM training programs established in the country over past 30 years</li> <li>- Highlighted great EM saves, including perimortem C-section leading to survival of mother and child</li> <li>- Debate over 3-year vs 4-year programs</li> </ul>
<b>Poland</b>	Terrence (Terry) Mulligan, DO, FACEP, Deputy Ambassador	<ul style="list-style-type: none"> <li>- The specialty is 27 years old with annual conferences and multiple residencies</li> <li>- Government is trying to roll back EM and reverting to old staffing models</li> </ul>
<b>Russia</b>	Anthony Rodigin, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- 18 EDs in Russia, mostly in underserved areas</li> <li>- New program in St. Petersburg</li> <li>- Yearly EM conference in June</li> </ul>
<b>Rwanda</b>	Adam C. Levine, MD, Lead Ambassador	<ul style="list-style-type: none"> <li>- First EM residency 6 years ago</li> <li>- Started Rwanda Emergency Care Association, which has held 2 conferences so far</li> <li>- Research thesis required for residency graduation, expanding EM research</li> </ul>
<b>Tanzania</b>	Andi Tenner, MD, Lead Ambassador Upendo George, Liaison	<ul style="list-style-type: none"> <li>- See updates at lunch keynote panel above</li> </ul>
<b>Uganda</b>	Stacey Chamberlain, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- Over past 2 years, there have been 3 residencies established</li> <li>- Newly established certificate program through the Ministry of Health for mid-level providers</li> <li>- Newly created professional society: Emergency Medicine Uganda</li> </ul>
<b>Vietnam</b>	Heather Crane, MD, FACEP, Lead Ambassador	<ul style="list-style-type: none"> <li>- One residency program established 6 years ago</li> <li>- Annual EM conference in November attended by the Ministry of Health</li> </ul>