

8th Annual ACEP International Ambassador Conference Proceedings

October 24th, 2020

David Whitehead, MD, MBA Chuan-Jay Jeffrey Chen, MD Mohamed A. Hussein, MBBCh Karina Ascunce Michaela Banks, MD, MBA Prem Menon, MD Ashley Pickering, MD, MPH Elizabeth DeVos, MD, MPH Andrés M. Patiño, MD

Introduction

The 8th Annual International Ambassador Conference took place on October 24th, 2020 online due to the ongoing COVID 19 pandemic. These proceedings describe the aims and objectives of the conference and summarize the discussions throughout the day.

The target audience for this document includes current and potential ACEP Lead and Deputy Ambassadors, Liaisons, Resident Representatives, Leadership and Members of the ACEP International Section and ACEP International Committee, 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 First Annual International Ambassador Conference in 2013 was the result of an ACEP Section Grant awarded by the ACEP Board of Directors to the International Section. The conference is now funded annually and gives Ambassadors the opportunity to share their experiences with one another and work as a collective to reach their common goal of helping advance emergency care worldwide.

Overview: ACEP Ambassador Program

The ACEP Ambassador Program's purpose is to provide ACEP leaders and staff with access to a network of internationally-oriented 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. ACEP Ambassadors represent the college in more than 80 countries, actively collaborating with local emergency medicine leaders and their organizations.

Each Ambassador represents the College and assists physicians in other countries with the development and growth of their own emergency medicine societies and the specialty of emergency medicine. Local partners may be an emergency medicine association, a non-emergency medicine society wishing to advance emergency care, a certifying body for the specialty, or an academic or clinical group in a country without an EM-specific society.

The Ambassador team representing ACEP in a country may include the Lead Ambassador, Liaisons (Ambassadors based in-country), Deputy Ambassadors, and Resident Representatives.

For more details on specific roles, <u>please visit the ACEP International Ambassador Program Website.</u>

Countries Represented in the Conference

Argentina, Armenia, Austria, Belize, Bolivia, Botswana, Brazil, Cambodia, Canada, China, Colombia, Costa Rica, Dominican Republic, Ecuador, Egypt, Ethiopia, EUSEM, Georgia, Germany, Guatemala, Greece, Guyana, Haiti, Honduras, Hungary, India, Iraq, Israel, Italy, Japan, Jamaica, Jordan, Kenya, Lao PDR, Lebanon, Libya, Mozambique, Mexico, Myanmar, Nepal, Netherlands, Nicaragua, Norway, Oman, Pakistan, Panama, Paraguay, Papua New Guinea, Peru, Philippines, Poland, Qatar, Russia, Rwanda, Saudi Arabia, Taiwan, Thailand, Trinidad and Tobago, Turkey, Uganda, Uruguay, Ukraine, Vietnam, Zimbabwe

Countries Represented in the Conference



CONFERENCE STRUCTURE

The Conference assembled over 150 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.

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.
- 3. To help the International Committee and International Section better understand and implement initiatives that align with the ACEP strategic plan of growing ACEP membership by increasing international membership and Scientific Assembly attendance, as well as exploring opportunities for ACEP involvement in international emergency medicine.

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 host an Annual International Ambassador Conference that addresses the current needs of the Ambassadors and the Ambassador Program.

Ambassador Conference Planning Committee

Andrés Patiño, MD, Conference Chair, Ambassador Program Co-Chair Elizabeth DeVos, MD, MPH, Ambassador Program Co-Chair David Whitehead, MD, MBA, Video Production Chair and Ambassador Conference Proceedings Co-Lead Alexandra Digenakis, MD, Country Update Lead Video Editor Jeffrey Chen, MD, Ambassador Conference Proceedings Co-Lead Ashley Pickering, MD, MPH Michaela Banks, MD, MBA Prem Menon, MD Karina Ascunce Kimberly Heard, MD Faeeza Faruq, International Staff Liaison

Ambassador Conference Volunteer Team

Vinh Lu, MD Mohamed A. Hussein, MBBCh

Acknowledgements

A special thanks to all the ACEP Ambassadors who submitted their Country Update Videos.

AGENDA

The Ambassador Conference Planning Committee prepared a half-day program, instead of the typical full day, to accommodate the online format.

Welcome & Introductions

The morning session began with welcome remarks from ACEP leadership, William Jaquis, MD, FACEP, ACEP President, Susan Sedory, MA, CAE, ACEP Executive Director, Christian Arbelaez, MD FACEP, International Committee Chair, and Janis Tupesis, MD, FACEP International Section Chair. This was followed by pre-recorded country update videos from Ambassadors representing ACEP in more than 60 countries.





Attendees representing over 80 countries joined via Zoom.

Ambassadors were asked to record a 1-minute video giving an update about EM. More than 60 videos were submitted. Please see Appendix for highlights for each country.

New Ambassador Program Leadership Structure

Dr. DeVos introduced the new Ambassador Program Leadership team for 2021:

Recruitment

Lead: Dr. Veronica Pei Fellow: Dr. Ramu Kharel Resident: Dr. Prem Menon

Membership

Lead: Dr. Ross Tannebaum Resident: Dr. Jonathan Chan

Liaison

Attending: Dr. Anna Yaffee Attending: Dr. Indranil Das

General Physician: Dr. Omar Abbas Ahmed Malik

Resident: Dr. Emily Chien

Ambassador Conference

Chair: Dr. Andres Patino

Resident Lead: Dr. Florian Schmitzberger

GEMS LP

Co-Director: Dr. Anthony Rodigin Co-Director: Dr. Stephanie Garbern

Resident Co-Director: Dr. Ashley Pickering

Resident Journal Club Director: Dr. Alexandra Digenakis

Country Report

Lead: Dr. Andres Patino Attending: Dr. Rachel Koval Attending: Dr. Sushant Chhabra Resident: Dr. Kate Anderson

Global Emergency Medicine Student Leadership Program (GEMS LP) Class of 2020-2021

The Ambassador Mentorship Program was re-named to Global EM Student Leadership Program (GEM-LP) this year. The program matches ACEP Ambassadors with medical students interested in international emergency medicine. The program was adjusted in accordance with the limitations of the COVID pandemic. The third class of student leaders was introduced during the Ambassador Conference. Additionally, a call was put out for students and international section members interested in participating in the 2021/2022 program as mentors and student leaders respectively.

GEMS LP Project Presentation

GEMS LP students participate in projects related to international emergency medicine. Former GEMS LP student, Dr. Kimberly Herard, presented her work on NGO Sustainability in Haiti.

Belize Country Update

Dr. Mark Bruce presented on the state of Emergency Medicine in Belize. He spoke in depth about helping build EM in Belize from the ground up over the course of many years, as well as the importance of relationship building throughout the process. Dr. Bruce also highlighted the importance of understanding cultural and political differences when helping develop emergency care systems abroad.



Dr. Mark Bruce presenting Belize Country Update

Starting an Ultrasound Fellowship in Peru

Drs. Andrea Dreyfuss and David Martin spoke about starting an ultrasound fellowship through their non-profit, Ondas de Latinoamerica, in Peru. They formed a partnership with a Peruvian hospital to form a one-year ultrasound fellowship that includes: an ultrasound bootcamp, ultrasound scanning shifts and a rotation in the United States. Dr. Italo Vazquez, a Peruvian emergency physician, spoke about the use of lung and cardiac point of care ultrasound in Peru as part of a triage algorithm during the COVID-19 pandemic.



Using POCUS to screen patients with suspected COVID-19 pneumonia in Peru.

Procuring COVID PPE in Mozambique

Dr. Kevin Lunney spoke about procuring PPE in Mozambique during the COVID-19 pandemic through his non-profit, PLeDGE health. At the beginning of the pandemic, Mozambique experienced slow supply chains and bureaucratic difficulties in obtaining PPE. Dr. Lunney was able to utilize his non-profit to form a public/private partnership to expedite procuring over \$40,000 worth of PPE (masks, hand sanitizer, etc) to Mozambique. He ended the presentation speaking to the importance of community throughout difficult times.

Ambassador Awards

Ambassador Leadership Award: Dr. Christian Arbelaez (Ambassador to Colombia) 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. Dr. Arbelaez has been instrumental in ACEP's international efforts in the last decade, including the creation of the Ambassador Conference and the ACEP International Committee.

Individual Achievement Award: Dr. Gayle Galetta (Ambassador to Norway) 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). Dr. Galetta's pioneering work led to the development of the specialty of emergency medicine in Norway.

Citizenship Award: Dr. Anthony Rodigin (Ambassador to Russia) & Dr. Kristiana Kaufmann (Ambassador to Lao PDR)

Award given to an Ambassador who exemplifies the values of dedication, commitment, and reliability to meet their roles and responsibilities as an Ambassador. Drs. Rodigin and Kaufmann's contributions to GEMS LP help develop the future leaders of the field.

EM Champion Award: Dr. Khuansiri Narajeenron (Thailand) & Dr. Liqaa Rafee (Jordan)

Award given to a Liaison who has been especially active in emergency medicine development, expansion, and advocacy in their respective country. Dr. Narajeenron and Dr. Rafee have worked tirelessly to help advance emergency medicine in Thailand and Jordan respectively.

Ambassador Trainee Award: Drs. Michaela Banks & Ashley Pickering (Resident Representative to Uganda)

Award given to a student, resident, or fellow with exemplary service to the Ambassador Program. Dr. Banks' work with individual Ambassadors and in the Ambassador Program at large has been outstanding. Dr. Pickering is developing the future generation of global EM leaders through her work as Resident Co-Director of GEMS LP.

Strategy Breakout Groups

Conference attendees were randomly assigned to one of six strategy breakout groups. Each breakout group provided recommendations on their assigned topic to the Ambassador Program Leadership.

Ambassador Program New Activities & Programming

Moderated by Dr. Anna Yaffee. Notes taken by Dr. Elizabeth DeVos.



Some of the breakout Session Attendees

This group discussed ways to improve current programming of the Ambassador Program, as well as new activities. Some ideas generated include:

- 1. Fulbright recipients report or other types of funding streams (grants/fellowships)
- 2. Regional spring meeting on a narrow working topic--keep the interest and invigoration throughout the year. This would allow us to have a tangible product or working paper or outline of next steps as well as some accountability for the future
- 3. Work together for future trips and teaching endeavors to increase collaboration
- 4. Ambassador can do more with the regional society, opportunity to build more robust work with local society; consider bilateral organizational liaising
- 5. Diversify liaisons with more active recruitment vs. allowing application; folks from the other countries are paying members of the regional/national society and should have more direct involvement in committees
- 6. Broaden residency requirements for Ambassador participation

Videos/video conferences/meetings:

Agreement that country update videos should be shown all year round and not during Ambassador conference only as well as creation of a platform for people to share videos of local departments. This led to discussion about promoting the Ambassador program to the whole ACEP community. Suggestions included promoting Global Stories in ACEP member communications, posting multiple short video clips on the website, possibly utilizing ACEPNow as a vehicle for promotion, linking videos to the map on the website, as well as utilizing Twitter.

Brief educational topics:

1. Topics

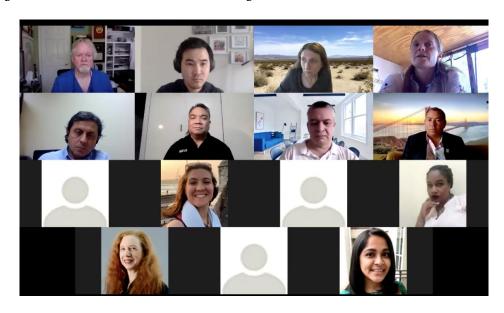
- a. Research skills.
- b. How to give constructive feedback
- c. Faculty Development skills.
- d. Guidance for IMG's applying for residencies.
- e. CME beyond older virtual ACEP content

2. Framework

- a. Quarterly: Variety of topics with different themes vs. Same theme and multiple topics.
- b. Certificate of Attendance
- c. Free Open Access or only nominal charge for low and middle income countries
- d. Collaboration with GEMA/SAEM

Ambassador Program Regional Leadership

Moderated by Dr. Breena Taira. Notes taken by Dr. Vinh Lu.



Some of the breakout Session Attendees

The session began with acknowledgement of the fact that our interactions are primarily through contacts in countries. The question posed was whether or not there should be regional teams within the Ambassador programs and what their utility would be.

There was agreement that the span of control is too large and that it would be useful to have subgroups within large teams. Some advantages of regional groups:

1. Regional meetings can be in the same time zone

- 2. Identifying challenges and lessons learned easier within a region
- 3. Differences in geography as well as model of practice, e.g. Franco-German. Also, the difference between private and government sectors.
- 4. Useful to think globally while acting locally to better understand the grass root level.
- 5. Some countries are quite heterogenous and would really benefit from localized subset groups because a single Ambassador is limited in representing the complexity of issues seen.

Some strategies suggested for ACEP to collaborate within regional organizations:

- 1. Be cognizant of different models of practice.
- 2. Collaborate on research and guidelines to create more connections.
- 3. Be aware of language barriers and implement efforts to overcome them.
- 4. Use cultural competency and work to combat medical imperialism.

The group further discussed de-colonizing global health against medical imperialism. Some suggested ideas were:

- 1. Take a vocal stance towards this. Include resources within our pages that address this.
- 2. Publish case studies that draw attention to the problem and offer strategies to address to it.
- 3. Empower international experts with opportunities skills to share their knowledge and experiences through ACEP forums and other outlets.

Ambassador Program Strategy: 5 and 10 year Plan

Moderated by Dr. Mulinda Nyirenda. Notes taken by Dr. Andrés Patiño.

8th ACEP Ambassador Conference

Strategy: 5 and 10 year p



· What can it provide that other organization

- Potential collaborations?
- Avenues for growth?
- Potential barriers? How to overcome them?
- What should the program look like in 5 and 10 years?

Some of the Breakout Session Attendees Discussing Ambassador Program Strategy



The group discussed long-term plans for the Ambassador program. Some ideas generated were:

- 1. Build on momentum that ACEP has now after many years; make membership more accessible to international members
- 2. Recruit the next generation of Ambassadors and people with a vision for emergency medicine around the world
- 3. Explore telemedicine as an area for growth, especially across regional organizations.
- 4. Create a global EM map with what we are doing in every country, every EM project, residency, fellowships.
- 5. Increase presence on global landscape and participate in shaping global health policy through involvement with premier health policy bodies (e.g. WHO.)
- 6. Shift mindset away from short-term involvement to long-term commitments to EM development in other countries.
- 7. Capitalize on ACEP's member diversity as well as uniqueness of the liaison position.
- 8. Maintain ACEP's role in international education.
- 9. Consider making the online format for the conference permanent.
- 10. Create interest groups within the Ambassador program.
- 11. Maintain regional connectivity through regional WhatsApp groups.
- 12. Enhance GEMS LP opportunity: mentees could work for a volunteering program under the UN. They can gain experience and contribute to that organization.
- 13. Advocate for unification and national collaboration in large countries by identifying multiple liaisons to represent diversity within a country.

Ambassador Term Limits: Pros and Cons

Moderated by Dr. Veronica Pei. Notes taken by Dr. Prem Menon.



Some of the Breakout Session Attendees

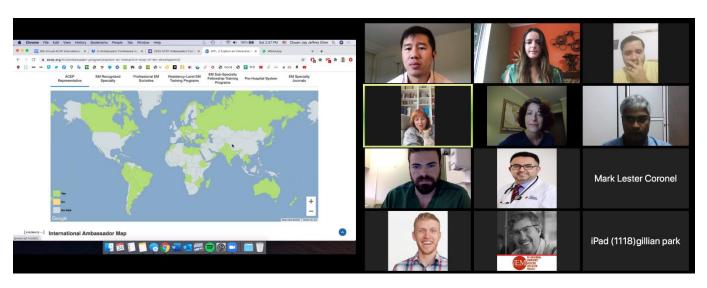
The group discussed the role of Ambassador team members' service and generated advantages and disadvantages to limiting terms. Main suggestions of the discussion were:

2020 Annual ACEP International Ambassador Conference Proceedings

- 1. Lead Ambassadors have important role of being a point person utility in not having term limits for them
- 2. Deputy role would be more useful in having a strict term limit, however having more deputy Ambassadors could be useful to increase engagement
- 3. Renewal process is very important, we are moving towards a more streamlined renewal process
- 4. There should be more leadership roles based on size and population of country
- 5. Role of liaison possibly having a larger role on deciding who the deputy and lead Ambassador are by providing active feedback on their participation in the country
- 6. Instead of strict term limits, possibly provide separate designation once term is completed where role is changed to representative (or similar designation) where leader can still actively participate and lead but shows to others that the position is open for others to apply
- 7. Resident terms are limited by training, but for liaison and deputy Ambassador roles should be dependent on need, size of country, etc.
- 8. Lead Ambassador to decide cap on how many liaisons, deputies there can be per country
- 9. Future of the program to possibly include lead liaison to manage multiple liaisons per country
- 10. Consider a 3 deputy Ambassador limit for future

Country Reports 2020:

Moderated by Dr. Jeffrey Chen. Notes taken by Ms. Karina Ascunce.



Some of the Breakout Session Attendees discussing how to best display important Emergency Medicine country statistics on our Section's website

The group discussed ways to improve data collection for annual Country Reports as well as opportunities to improve visibility of reports. Additionally, opportunities for increase

collaboration as well as more frequent sharing of EM updates were discussed. Main observations and suggestions of the discussion were:

Data Collection/Country Updates

- 1. Country updates remain a major product of the Ambassador Program and show what is going on in EM around the world beyond the conference. Updates are now much easier to fill out and the advertising map on the Section's website increases participation/motivation.
- 2. Several countries have missing data in their updates and more detailed feedback would be helpful follow-up is required to ensure completeness.
- 3. Statistics, such as physician percentage, are difficult to ascertain in certain countries.
- 4. To increase report completion, clear reporting responsibilities should be assigned.
- 5. Annual conferences can be a venue to collect data via surveys.
- 6. Data collection must be motivated by a goal to advocate for EM development

Opportunities to Increase Visibility of EM Development Beyond Country Reports

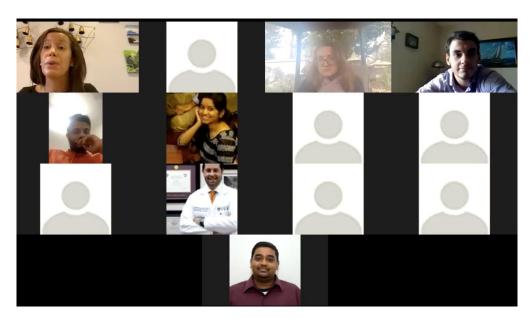
- 7. EM activity beyond conferences should be highlighted (e.g. Listing international courses).
- 8. Highlight key country developments through a weekly feature on social media/newsletter could encourage people to complete country reports as well as increase engagement.
- 9. A special country/regional report(s) of how COVID was handled could catalyze collaboration and go beyond standard data collection by including reflections on lessons learned during the pandemic.
- 10. Since the first report of EM development was published in 1999 by Jeffrey Arnold there have been no updates potential to create a whitepaper synthesizing country reports.
- 11. Developing 'regional reports' to illustrate countries' difficulties/challenges by region could not only provide greater insight into important regional dynamics, but also serve as an opportunity for networking

Collaboration Opportunities

- 1. A lot to learn can occur from exchange of cultural/regional settings
- 2. Reaching out to national EM societies also collaborating through IFEM can help ACEP get representation in countries where none existed.
- 3. Integration with WHO, IFEM, and other multilateral organizations should be pursued to facilitate cross-collaboration on improving reporting.
- 4. Partnering countries together based in region, EM development status, or similar challenges
- 5. Regional check-ins every quarter can foster increased collaboration
- $6. \ \ AFB\ group\ could\ enable\ easier\ communication\ and\ collaboration$

Ambassador Conference Strategy

Moderated by Dr. Ashley Pickering.



Some of the Breakout Session Attendees

This group discussed ways to improve effectiveness of the Ambassador Conference. Some ideas generated include:

- 1. Expanding on the virtual format and having regional 'watch' events that double as networking 'breakout' sessions.
 - a. Virtual format has helped with prohibitive travel costs and work obligations
 - b. Could reach out to EM societies throughout the world to bring people together regionally
 - c. Maintain some virtual content even if the Ambassador Conference resumes in-person in years to come
- 2. Country updates:
 - a. One to two minutes in pre-recorded format,
 - b. Possibly keeping the presentation to 1-2 slides,
 - c. Preset questions for 30 -60 seconds, then 60 seconds of innovation/ new things.
- 3. Breakouts in the future should be by interest: ultrasound, education, PEM, human rights, toxicology, environmental medicine and EMS

Closing Comments

This year's Ambassador Conference was the first to be held in an online format, and it successfully brought together the Ambassadors and guests from across the globe. The virtual format lowered cost, travel, and time barriers. Thus, even after control of the COVID-19 pandemic allows for in-person conferences in the future, an online component should be strongly considered, to continue facilitating the participation of international colleagues, especially those from lower income regions of the world.

The Program is entering a new phase of growth with an expansion of its leadership structure, its student leadership program now on its third year, and a growing number of Ambassadors. Key steps in the program's strategy include establishing more formal collaborations with national and international EM organizations, increasing the participation and recognition of Liaisons within the program, reaching countries not currently represented in the program, and exploring opportunities for the program to engage in projects collectively, beyond the work of its individual Ambassadors. As always, the program continues to work toward its mission of collaborating with local and international organizations and emergency medicine pioneers to promote the growth of the specialty and improve emergency care globally.

Appendix: Country Updates

Argentina	James Cusick Gaston A. Costa	 Argentine EM Conf June 2019 Creation of new Argentine Prehospital Society - SAMPRE Multiple courses and workshops on variety of topics AEMS participation in FLAME Virtual COVID 19 training
Armenia	Sharon Chekijian	 Franco-German model Resources and infrastructure remain challenges. No EM residency to date State-of-the-art call center Fulbright grant to work on multiphased EM curricular development plan.
Austria	Bradley Hubbard Florian Schmitzberger	 Austrian Assoc of EM update Preoccupied with COVID-19 EM not yet recognized European Curriculum for Emergency Medicine utilized as foundation. 2020 Austrian Conference of EM - hybrid and virtual form, emphasizes research and education.

Belize	Mark D. Bruce Joy Mackey Alicia Genisca	 3 out of 8 doctors that have been training for the past six years passed EM board exam. Second sitting in F eb has seen remaining five pass. Hope to establish an EM residency program at Karl Heusner Memorial Hospital. Talks of medical school establishment in Belize.
Bolivia	Autumn Brogan Ashley Jacobson	 Congreso Boliviano de la Medicina de Emergencias 2020 online soon Poster on advancing women in medicine Produced video to educate providers on how to protect from COVID 19. Online platform for COVID 19 education. Work on social networking between residencies
Botswana	Karabo Thokwane	 3 University of Botswana-trained EM training new generation of residents, 9 in total. Training program for ALS paramedics. New EMS stations rolled out. Collab between private and public sectors in terms of CME. Work continuing to have EM recognized as a specialty.
Brazil	Ross Tennenbaum Carlos Torres Ana Paula Freitas	 Over 40 programs in Brazil now. EM recognized as a specialty. Multidisciplinary collaboration to develop COVID guidelines helped drive EM growth.
Cambodia	Donna Venezia Peter Acker	 Success in maintaining low COVID numbers possibly due to previous SARS experience. No national EMS system.
Canada	Mark D Bruce	 Networking on mutual issues limited by COVID. University of Vancouver EM Prof joined ACEP as an international member. Networking and collaboration with colleagues

China	Li Jia Veronica Pei	 EM consortium among regional hospitals formed due to increased ED boarding. Expanding ED ICU implementation. Improving EMR infrastructure. POCUS use is increasing. New free EM Podcast launched in April, already 300 Chinese EM subscribers.
Colombia	Christian Arbelaez Camilo Gutterrez Andres Patiño Eliecer Cohen	 DevelopingEM Conference, 200 members, from 22 countries, and 65 Colombian delegates. Colombian society meeting that would have brought 350 Colombian EM physicians together cancelled due to lockdown. Joined FLAME.
Costa Rica	Camilo Gutierrez Manrique Umana	 One EM training program since 1993. July final exams for EM residents. Academic program to resume in Feb after pause due to COVID. Joined FLAME.
Dominican Republic	Alejandro Baez	 Creation of national trauma framework - Trauma Vision 2020 Project. Diploma in ED management at UNPHU Lima Declaration for ED Management Educational Competencies. EM physician appointed as COVID Czar. Creation of EM, Trauma, and Critical Care Research center at UNPHU in collaboration with University of Barcelona. General elections at SODOEM.
Ecuador	Andres Patiño Augusto Maldonado Alexis Kearney Jeff Chen	 Guayaquil overwhelmed by COVID, highlighting need for EM 2 new residencies in Cuenca Membership increased nationally post conference
Egypt	Jon Mark Hirshon Walid Hammad	- Over 400 trained EM specialists to date.

Ethiopia	Getaw Worku Hassen Tsion Firew Tigist Tesafaye	 3 professional societies Six universities with formal EM training Recent Publication in Journal of EM: EM in Egypt Increasing ICU bed capacity for COVID response. Millennium Hall turned into a makeshift COVID hospital. Shortage of PPE led to efforts to recycle. Psychosocial support for patients implemented. Lab infrastructure posed a challenge.
EUSEM	Terrence (Terry) Mulligan	- EU itself recognizes EM as a specialty - EUSEM.org - Increased interest in EM post-pandemic eusemvirtual2020.com conference - EUSEM academy posts free online courses on its website emergencymedicineday.org - EUJEM sponsored by EUSEM.
Georgia	Terrence (Terry) Mulligan	 2 national EM organizations GEMPA: Georgian EM Physicians Associations GSEM: Georgian Society of EM EM residency run by GEMPA and EVEX (a national private hospital organization). GEMPA EM Conference annually GEMPA.ge Prime and ready for modern EM. Contact through GEMPA president and Director of EM at EVEX.
Germany	Kristi Koenig Thomas Fleischmann	 Work ongoing to elevate EM to standalone specialty. EM physicians had key role in COVID pandemic Germany role in question for asymptomatic transmission of 2019-nCov Special hospital for infected cases Webinar to learn more.

Greece	Michael Radeos	 Two new training centers designated for EM training in Sept. 2019. 2 years of training before boards if from IM, Surgery, OBGYN, FM, 1 year if from CCM. hesem.gr: Hellenic Society of EM 38 residents will be starting training soon.
Guyana	Jamie Cirbus Lacey MenkinSmith	 9 EM residents, 3 grads in last year. 18 members in EM nursing residency. 3 yr to 4 yr program transition in EM physician residency. 75 full time EMT teams 2 vehicles from local fire dept., third vehicle patient transport. Challenges to COVID response National centers for Disease Control and Prevention establishment. 10 new PALS instructors Second EM consultant promoted
Haiti	Regan Marsh Chris Buresh Paul Fraley Shada Rouhani	 4 new EM physician graduates from sole EM residency program, 22 graduates in total. Haitian Society for Disaster and EM established 7 EM physicians did TOT for BEC.
Honduras	Ashley Bean Leonardo Alonso Jeff Nielson Michael Gartner Rosa Tercero	 No EM program yet. ATLS and ACLS course implementation during field visits well received. Aiming for funding from International Development Banks Trauma and homicide amongst largest causes of death
Hungary	Alexander Matolcsy Peter Kaniczai	 More and more EDs created Expect more board-certified EM physicians in November. National congress online in November

India	Lingappa S. Ameranth Kumar Alagappan Arun Nandi	 Nov 7-10th, Society of EM of India's 21st Congress sponsored by Asian Society of EM, IFEM, ACEP. Policies and management in ED proved robust in pandemic response. 90% of the country is covered by the EMS system.
Iraq	Greg Jacobs Dilshad Al-Sheik	 Continues to face many challenges in recognition and support Continues to lack prehospital care Working to establish a formal triage system. First recognized resuscitation course carried out and certified 77 multidisciplinary physicians in ACLS as well as hands on U/S training.
Israel	Michael J Drescher Brain Kohen	 29 EDs established specialized COVID areas. EM making strides in recognition, training, and research. Certification examination putting out newly minted EM physicians annually.
Italy	Alexandra Asrow John Hipskind Angelo Tricoli	 Spotlight shone on EM during pandemic Interest from med students for EM residencies increased Italian National EM Association hosted an online summer school. New online lecture series hosted by Italian version of EMRA
Jamaica	Sheryl Heron Vanessa Fields Heather Pendergrass Christopher Scott	 EM played a key role in COVID response. Country in need of PPE and lab supplies.
Japan	Seikei Hibino Taku Taira	 All major meetings went virtual More ECMO happening Hybrid ER gaining popularity Social media used to carry out online EM training Government-led committee established to better address work life balance.

Jordan	David Callaway Liqaa Raffee	 Jordanian Medical Association developed national regulations regarding EM physician compensation and privileging. JEMS COVID leadership Training & Education with dramatic increase in international collaborations in trauma training and disaster management . Visit society's Facebook page for more information.
Kenya	Greg Bell Grace Wanjiku Benjamin Wachira	 2 new MMED in EM pending approval Multiple postgrad diploma programs Emergency nursing programs EMK foundation (Project 47) - map to direct patients to nearest emergency care center EMKF helping supply oxygen to COVID-19 patients Needs assessment performed Wide variety of training courses provided by EMKF 5th AfCEM hosted by EMKF
Lao PDR	Kristiana Kaufmann Vangnakhone Dittaphong	 8 new grads of EM residency Looking for foreign EM physician to help coordinate Lao EM Society Conference cancelled due to COVID
Lebanon	Josyann Abisaab	 Country facing succession of crises that strained health systems. Physician shortage coming
Libya	J Stephen Bohan	 12 training programs currently 50-60 residents selected annually 250 trainees 100 graduates, only 7 are female.
Mozambique	Kevin Lunney	 1st class of EM residents graduating this year 6 senior residents, 1 junior resident. Public-private partnerships developed. Pemba hotspot for violence and Covid-19.
Myanmar	Tony Ohn	- EM is a recognized specialty with EM residency training

		 No EM subspecialty fellowship training Prehospital care provided ad hoc solely by charitable organizations Only one emergency medicine society which is not inclusive EM care limited availability Lack of primary care causes high acuity presentations to ED Health system strained.
Nepal	Pranawa Koirala Ramu Kharel	 One National EM organization-NCEP Currently no residency programs Increased efforts for EM development Listed as priority country by GETI Pilot facility assessment of emergency care and outbreak preparedness planned.
Netherlands	Terrence (Terry) Mulligan	 160 EM physicians in training, 30 residents annually 11 national EM conferences to date. Administration and Management Fellowship continues to train physicians. Plans to expand 3 year programs to 5 year programs Efforts for national EM registry program. 90 emergency departments nationally 83 EDs with 24/7 EM coverage
Nicaragua	Breena Taira Aislinn Black Héctor Real	- EM physicians on frontline despite limitations.
Norway	Gayle Galletta Kare Lovstakken Ayman Yassa Tu Carol Nyugen	 EM approved as a primary specialty in 2017. Since July 2019, 35 EM specialists grandfathered in. Specialty committee for EM implemented in Norwegian Doctors Union. Article - JACEP open: History of EM Implementation in Norway.
Oman	Terrence (Terry) Mulligan	Conferences postponed due to pandemic.omanemergency.org - OSEM

Pakistan	Barabara Vallona	 Active with national CME training online. Public education about PPE use. Many modular courses implemented. Oman Society of EM playing pivotal during pandemic Gulf Federation of EM formation: gfem2020.com. Challenges include
	Asad Mian S. Ghazanfar Saleem	overpopulation and low resources. - Training in clinical research with evidence-based training programs as well as simulations.
Panama	Ricardo Hughes	 Other specialties mobilized to assist EM 20% of EM physicians covering ICU's Efforts to increase EM residency training programs
Papua New Guinea	Mark Hauswald	 Many hospitals defunct 1 EM residency program at POM general Need for emergency care skills then full time EM physicians. Mostly dispersed rural population
Paraguay	Elizabeth DeVos	 Society started, joined IFEM and hosted first congress in 2019 Active in FLAME PEM fellowship celebrated 10th anniversary COVID stressing healthcare system
Peru	Andrea Dreyfuss Robert Inga	 EM critical in COVID response 3rd year of POCUS fellowship Increased respect for EM Regular organizational EM lectures Increasing amount of EM residents per year
Philippines	Paul Fraley Tao Zhu	 Philippines College of EM helped standardize EM residency and medical student training Increased political advocacy for EM
Poland	Terrence (Terry) Mulligan Nicole Tcyzynska	 2019 - New board elected for Polish Society of EM

Qatar	Rana Elsayed	 2020 - Currently EDs are able to be staffed by non-EM board certified physicians Multiple EM residency programs; opportunity for international collaborations. 2 members of young physician society chosen to represent Poland as part of EMRAP:GO New 4-story building 1200 to 1500 patients per day poses challenges Student committee tents for screening patients with fever Satellite ED established Low staff infection-rates of COVID due to PPE
Russia	Anthony Rodigin Svetlana Reznikova-Steinway	26 ED's by end of 2019 Slow transition of old EMS model to more advanced practitioners www.emergencyrus.ru New EM group launched in collaboration with Uzbekistan and Kazakhstan
Rwanda	Adam Levine	 Second class of EM graduates Residency now fully run by Rwandan staff RECA 5th EM in tropics course 8 abstracts Multiple research grants for cutting-edge EM in lim
Saudi Arabia	Adel Al Marshad Bashar Ismail	 Landmark regulation in Sept. 2020 to allow freestanding EDs SASEM; promising momentum with massive global and local presence.
Taiwan	Kristi Koenig	 44 EM residency training programs Huge role in COVID management, experience from 2003 SARS Quasi population immunity
Thailand	Charlie Inboriboon Wirachin Hoonpongsimanont Khuansiri Narajeenron	 Successful COVID response WFEM accreditation TCEP mobile application development to improve ED workplace-based feedback Competency based paramedic training programs.

Trinidad & Tobago	Jonathan Meadows	 Regional conference US and Toxicology training courses developed for EM residents. Supply chain issues poses challenge to COVID response
Turkey	Wael Hakmeh Selim Suner Mustafa Sabak Cem Oktay	 98 EM residency programs, 17 accredited in last 2 years Turkish Board of EM 4 new publications indexed Fight against workplace violence and COVID 19
Uganda	Stacey Chamberlain Mark Bisanzo Ashley Pickering	 First 5 EM residents graduating this month from Mbarara University program Makerere EM residents entering last year of training Emergency nurse practitioner training program Advances in prehospital emergency care
Ukraine	Brian McMurray Vitaliy Kryluk	 May 2020 symposium Hoping for 2021 restart for program Hybrid model Prehospital EM physician model implementation
Uruguay	Steven Hochman	 COVID numbers down Application submitted for three-year EM residency program but stalled due to COVID 1st EM residency under development Two educational conferences held Delegation brought to visit NJ hospital Continued support for EM residency program establishment
Vietnam	Heather Crane	 EMS improvement country wide Diploma program in collaboration with University of Utah Looking for academic program to reinvigorate the training
Zimbabwe	Monalisa Muchatuta Kevin Lunney Portia Chipendo	 EM development stifled by pandemic. EM society formed Created a strategic EM advancement plan.

 1 registered physician within country Diploma of EM approved by University of Zimbabwe 4 candidates graduated
- 5 more on the way
 Planning 2nd annual General
Meeting