ACEP Representative Update: ACEP Scientific Assembly 2005

BY DEREK J. ROBINSON, MD, *UNIVERSITY OF CHICAGO HOSPITAL, ACEP REPRESENTATIVE*

It's time for Scientific Assembly! Hopefully, you have made plans to travel to Washington, DC for this historic meeting. On the heels of a successful Leadership and Advocacy conference this spring, EMRA looks forward to even greater resident turnout for the Rally at the U.S. Capitol. Emergency Physicians from across the country will assemble on the West Lawn of the U.S. Capitol at 10 AM on September 27, 2005 to support improved access to emergency care for every American. If you cannot attend the entire conference, be sure to show up for the rally. ACEP will make SA events free of charge for residents on the day of the rally to encourage a large turnout. EMRA is contacting residency programs located on the East Coast to encourage even stronger participation. This is an opportunity for the members of Congress and citizens alike to understand the healthcare system crisis that threatens access to emergency care for everyone. Moreover, it's a call to action; we want Congress to pass the "Access to Emergency Care Act of 2005." Don't forget to bring your white coats to this important event.

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Another highlight of this year's meeting will be EMRA's annual Life After Residency workshop. This program kicks off at 9 AM on Monday, September 26, 2005. Presenters for the morning workshop include: Dr. Dominic J. Bagnoli, who will address the nuts and bolts of finding a job, Dr. Joseph P. Wood, who will address employment contracts, and Mr. Shayne Ruffing, who will address the importance of financial planning. After lunch, the following physician leaders, representing different EM practice settings, have volunteered to lead regional networking sessions and guide you in planning for your career after residency: Angela F. Gardner (TX), Peter DeBlieux (LA), Nicholas Jouriles (OH), Kathleen Cowling (MI), Peter Sokolove (CA), Andy S. Jagoda (NY), and Jonathan Fisher (MA).

For more information on scheduled events for Scientific Assembly, go to www.emra.org. See you in Washington, D.C. ■

TECH TALK

Wikipedia + EM = OCTEM

BY ALEX FLAXMAN, MD, MSE, *BETH ISRAEL MEDICAL CENTER/ALBERT EINSTEIN COLLEGE OF MEDICINE, NY - EMRA TECHNOLOGY COORDINATOR*

Wikipedia (http://en.wikipedia.org) was started in 2001 as a free online encyclopedia. New and unique, the system allows anyone to publish an article on any topic and anyone else to edit and update it. If you wish, you can view the history (all previous versions) of a page.

According to its site, there are over 625,000 articles in English, with tens of thousands of edits and thousands of new articles created daily. Now encompassing many other languages (including those using non-Latin alphabets, such as Arabic, Hebrew, and Russian), the site claims hundreds of thousands of visitors every day. There are even online courses called, as you might expect, "Wikiversity".

A natural extension of the general encyclopedia model is an open-content textbook. OCTEM is the EM book (Open-Content Textbook of Emergency Medicine). Started earlier this year, the book is still in its infancy. The preliminary structure of the book can be viewed at http://en.wikibooks.org/wiki/Emergency_Medicine. Currently, an outline exists, as well as a smattering of contributions. The only complete chapter is on dysbarism, leaving ample opportunity for contributions. But true to Wikipedia/Wikibooks ethos, anyone can post, edit, and even reorganize the text.

One might think that, with such an open-content approach, bad content would predominate. However, Wikipedia general consensus is that the sheer number of readers ensures that for every bad entry, there are several others which will correct the data. Considering only OCTEM, serving a specific user group (EP's) ensures there are always knowledgeable readers who, in addition to expanding their own knowledge base, are qualified to spot bad data and fix it.

This approach does make things a little more easygoing for users and authors. As its founder, Paris Lovett, MD, says, "Chapters don't have to be completely finished, proofread and perfect when they're first put online. Conversely, while you're working on a

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chapter, you may find someone else working alongside you, adding and revising as you go. It's an unusual form of collaboration, and it bears unusual fruit."

Of course, it can be unsettling to work this way. You have to get used to the idea that someone else can revise your work, or add to it, at any time. No one "owns" the content. However, if you're the first to start writing on a topic, or you contribute the bulk of the writing, you certainly can claim authorial credit.

Are you still looking for that "scholarly project" for graduation? Consider making a contribution to Wikipedia. Although you don't have to even sign in, if you do create an account, it is possible to track all content you've posted, and makes it easier to cite on your CV.

OCTEM is not likely to replace Rosen's anytime soon, but it's free, it uses another interface, and offers a different feel. So when you're saturated studying Rosen's or Tintinalli's, it provides another way to keep studying.

So visit OCTEM at the URL above and make a contribution. Or study something. Or both. ■

Please note correction which was made in the last issue.

The recipient of EMRA's Jean Hollister Award, Paul Hinchey, MD, MBA is from the University of North Carolina School of Medicine, Chapel Hill. The University of California was listed in error.

Answers

Question #	Answer	Page in Text
1	A	521
2	A	528
3	C	548-549
4	B	534
5	D	552-553

Board review questions

Editor's Note: The following questions are from Dr. Carol Rivers's text "Preparing for the Written Board Exam in Emergency Medicine—4th Edition." For more information on this text, please go to www.emeeinc.com. The answers to the questions below may be found at the bottom left corner of this page.

FROM THE UROGENITAL CHAPTER

1. A female patient presents with the complaint of an itchy, malodorous vaginal discharge which is yellow-gray in color. On exam, her vaginal mucosa has a stippled appearance and the vaginal pH is 6.0. Wet mount reveals motile pear-shaped organisms with flagella at one end. The patient tells you she is five weeks pregnant. How would you treat her for this condition?
   (a) Prescribe metronidazole 2 gms PO in one dose.
   (b) Recommend vaginal douching qhs with yogurt for 5-7 days.
   (c) Prescribe clotrimazole vaginal suppositories, two qhs for 5-7 days.
   (d) Recommend vinegar douches qhs for 5-7 days.

2. A pregnant patient presents in her first trimester with a foul-smelling vaginal discharge. Exam reveals diffuse vaginal erythema, foamy grayish, yellow-green discharge. Wet mount reveals many PMNs and flagellated, motile, tear-drop-shaped organisms. The most appropriate therapy for this patient is:
   (a) Metronidazole
   (b) Doxycycline
   (c) Clotrimazole cream or suppositories
   (d) Clindamycin

3. All of the following statements regarding thromboembolic disease in pregnancy are accurate except:
   (a) The risk of thromboembolism is 5-6 times greater in pregnant women (and in the immediate postpartum period) than in non-pregnant women
   .(b) The initial diagnostic study of choice for ruling out a pulmonary embolus is an angiogram.
   (c) The initial diagnostic study of choice for ruling out a DVT is a venogram.
   (d) Treatment is with heparin.

4. A young, sexually active woman presents with a history of RLQ pain for the past several hours. Her LMP was six weeks ago, but she says that is not unusual for her. Her vital signs are stable but she looks visibly uncomfortable. On abdominal exam, you note tenderness confined to the RLQ and pelvic exam reveals right adnexal tenderness and fullness. Which of the following possible diagnoses is least likely?
   (a) Ectopic pregnancy
   (b) PID
   (c) Hemorrhagic corpus luteum cyst
   (d) Adnexal torsion

5. A patient is brought in by ambulance for evaluation. The paramedics state that she had been out shopping with a friend and had a grand mal seizure. A chem strip done in the field showed a glucose of 120. There is no known history of a prior seizure disorder. On evaluation, your patient looks to be about 17 yrs. old and at least eight months pregnant. She is lethargic and hyperreflexic (+3/4) and has a BP of 170/100. The most appropriate initial medication for this patient is:
   (a) Hydralazine
   (b) Valium
   (c) Lasi
   (d) Magnesium sulfate