



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

Board of Directors Candidates



Scientific Assembly

CHICAGO

26



2026 Board of Directors Candidates



Torree M. McGowan, MD, FACEP

- Written Questions
- Candidate Data Sheet
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- Campaign Message
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- CV



Abhi Mehrotra, MD, MBA, FACEP

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Heather S. Owen, MD, MPH, FACEP

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Henry Z. Pitzele, MD, FACEP

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Alexandra Nicole Thran, MD, FACEP

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2026 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Torree M. McGowan, MD, FACEP

Question #1: What skills, background, knowledge, or unique abilities will you bring to the Board that may be currently missing?

Emergency medicine is worth fighting for. Not just as a specialty, but as the last open door in American healthcare, the place where no one is turned away regardless of ability to pay, insurance status, or how sick they are. I've spent my career defending those who can't fight for themselves, and I'm running for the ACEP Board because I believe the skills I've built doing that will make this Board stronger.

Long before medical school, I was a military officer. I entered the Air Force Academy three weeks after high school graduation, an institution built to produce leaders of character for the nation's military. I could have spent my military years working shifts and waiting to return to civilian life. Instead, I chose optional Professional Military Education alongside my CME, studying leadership and strategy starting in basic training and continuing through Air War College, the graduate-level course for national-level strategic decisions. Understanding how great thinkers approach leadership, collaborating across political and cultural divides to find common values, and approaching complex problems with genuine curiosity are skills I refined in combat hospitals and as commander of a CBRNE response unit during COVID. My best work as a leader isn't having the answer. It's creating the conditions where the team builds a better answer than any of us could have reached alone.

The military also teaches you to follow rules. Salute smartly, stand here, check this box. There is power in understanding process and procedure, because if you want a different outcome from a system, you have to change the system. American healthcare isn't broken. It is perfectly designed to produce exactly what it produces: crowded EDs, burned-out physicians, and patients dying while waiting for prior authorizations as insurers post record profits. Changing that requires the slow, unglamorous work of legislation, coalition building, and advocacy. It doesn't make for social media clickbait, but it's how systems actually change. My career has been training for exactly this kind of work.

I bring to the Board perspective from my work across the full spectrum of emergency medicine: deployed combat trauma, Level 1 centers, community hospitals, and rural critical access, combined with over 20 years at ACEP Council and formal leadership training that most physicians never pursue.

There is no single answer that will solve what emergency medicine faces. There are thousands of answers. I'll inspire teams to find them.

Question #2: What is your perspective on ACEP's role in the 3-year versus 4-year emergency medicine training program discussion?

The emergency medicine residency duration is a wicked problem, partly because we were presented a solution before anyone knew there was a problem to be solved. Because of that order of operations, instead of defining what we value as physicians about our training, so now we are left with arguing about issues of how to implement a solution no one knew needed to happen.

The ACGME process began by asking residency directors what skills emergency physicians should have at graduation. That's the right question, but asked in the wrong context. One of EM's great strengths is our diversity of experience and passion, but that expanse is part of our current problem. Ask 100 emergency physicians what matters most at graduation and you'll get 342 answers. Every physician has their area of passion that we all think students should learn more about. I would love all EM residents to understand human factors analysis and be trained in how to run a MASCAL. If you ask me whether those passions should extend training by a year, however, my answer is very different.

Data driven people point out equivalence between 3 and 4-year programs on board pass rates and practice readiness. Finance thinkers note that an extra year saves hospital systems millions while locking physicians into low wages longer. Workforce advocates warn of seismic disruption if the 80% of programs that are 3-year must convert at once. Those watching scope of

practice issues remind us that longer training may drive talented students toward other specialties, a particularly dangerous outcome when non-physician providers are entering our EDs with online coursework and 500 hours of shadowing.

The most important voice in this conversation may be our trainees themselves. Medical students and residents are watching their futures held hostage to an unresolved tangle. They deserve clarity of the process, the purpose, and a timely resolution so they can step into and lead this specialty with confidence.

As the quote from *Necessary Turbulence* puts it: *"Once we named what mattered most, our priorities were no longer abstract ideals but daily decisions about our focus."*

That's ACEP's role here. Not to pick a side, but to bring every stakeholder including AAEM, SAEM, CORD, ACGME, and especially our trainees to the table, and lead the hard work of naming what we actually value as a specialty. Reconciling those priorities into operational guidance requires dissenting voices to surface unintended consequences. That step appears to have been missing from the original process. ACEP is uniquely positioned to ensure it isn't missing from the next one.

Question #3: What is the most effective strategy you would use to recruit and retain members considering generational differences?

Emergency medicine is a team sport, more than almost anywhere else in medicine. That's one of the reasons I love EM, the sense of purpose and shared commitment to being there for patients when they need us most. The purpose transcends generations, whether you trained in the first residency programs in the late 1970s or you're graduating next year.

The pressures we face don't discriminate by generation either. Our healthcare system keeps asking us to do more with less while cutting payments, putting us at risk of violence, and allowing our contracts to be taken over by profit-driven entities who slash physician coverage. Being an ACEP member means that no matter what PGY you are, none of us face those challenges alone.

Connection depends on meeting people where they already are. Younger physicians expect on-demand digital access, with education, advocacy updates, and community available at their fingertips. Experienced physicians often find their deepest value in face-to-face connection through regional meetings, leadership engagement, and mentorship. An effective strategy builds pathways between those two worlds rather than choosing one over the other. Most physicians do not go from stranger to champion overnight. They start small by following a social channel, reading a newsletter, or attending one virtual event, and they deepen their engagement over time when ACEP consistently delivers tangible value at every step.

The most powerful retention tool ACEP has is not a digital platform or a dues discount. It is a meaningful personal connection. A resident who finds a mentor at a regional chapter meeting, a mid-career physician who feels genuinely heard in a committee discussion, and a veteran emergency physician who sees their advocacy work translate into real policy change are exactly the kinds of experiences that create lifelong members. Small, intentional interactions in chapter meetings, section communities, and mentorship relationships drive engagement far more reliably than broad outreach ever will. Lifelong members are made one meaningful interaction at a time.

ACEP's ability to recruit and retain members across generations requires investment in both the infrastructure of connection and the culture of belonging. That means funding digital platforms that meet younger physicians where they are, supporting chapter engagement that creates in-person community, and empowering mentorship that ties generations together around our shared values. As a Board member, I am committed to building an organization where every emergency physician, at every stage of their career, finds a reason to stay.

CANDIDATE DATA SHEET

Torree M. McGowan, MD, FACEP

Contact Information

8728 SW Bear Drive

Culver, OR 87734

Phone: 503-449-4477

E-Mail: torreemcg@me.com

Current and Past Professional Position(s)

2017 – current Emergency Physician, St Charles Medical Group

2017 – 2023 Emergency Physician, Oregon Air National Guard

2005 – 2017 Emergency Physician, Lieutenant Colonel (ret), US Air Force

- David Grant Medical Center, Travis Air Force Base

- Craig Joint Theater Hospital, Bagram, Afghanistan

- Air Force Theater Hospital, Balad, Iraq

- Mat-Su Regional Hospital (moonlighting), Palmer, AK

Elmendorf Hospital, Elmendorf Air Force Base, AK

Education (include internships and residency information)

2005-2008 San Antonio Uniformed Services Health Education Consortium Emergency Medicine Residency

2005 Medical Doctorate, Oregon Health and Science University

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)

2009 – current American Board of Emergency Medicine (recertified 2018)

2025 – current American Board of Obesity Medicine

Professional Societies

American College of Emergency Physicians

American Medical Association

Government Services Chapter, American College of Emergency Physicians

Physician Women Equestrians

Physicians for Patient Protection

US Air Force Academy Association of Graduates

Academy Women

National ACEP Activities – List your most significant accomplishments

2015-Present ACEP Communications Committee, Chair 2023 – 2025

2015-Present ACEP Online Education Subcommittee

2015-Present ACEP Disaster Medicine Committee

2023-25 Council Reference Committee Member

2024 Council Reference Committee B Chair

ACEP Chapter Activities – List your most significant accomplishments

2014 President, Government Services Chapter

2023-Present Government Services Chapter Secretary Treasurer

2018 History of Military Emergency Medicine Project Lead

2001-Present Government Services Chapter

2005-08 GSACEP Board of Directors, Resident Representative

Practice Profile

Total hours devoted to emergency medicine practice per year: **1250** Total Hours/Year

Individual % breakdown the following areas of practice. Total = 100%.

Direct Patient Care **85 %** Research **0 %** Teaching **5 %** Administration **10 %**

Other: %

Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)

Staff emergency physician in a group that staffs one community emergency department and two critical access hospitals in central Oregon. We work in all three hospitals. Our group is a part of a 350 person hospital owned multi-specialty group owned by St Charles Health System, a non profit hospital.

Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)

Emergency Department Site Lead, St Charles Madras

Expert Witness Experience

If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.

Defense Expert 0 Cases Plaintiff Expert 0 Cases

CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Torree M. McGowan, MD, FACEP

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: St. Charles Medical Group

Address: 2500 NE Neff Road

Bend, OR 97701

Position Held: Staff Emergency Physician

Type of Organization: non-profit owned multi-specialty group

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: ACEP Government Services Chapter

Address: _____

Type of Organization: ACEP Chapter

Leadership Position: Secretary-Treasurer

Term of Service: 2023-current

Organization: ACEP Government Service Chapter

Address: _____

Type of Organization: ACEP Chapter

Leadership Position: Councillor

Term of Service: 2005-current (with a few years off)

Organization: ACEP Government Service Chapter

Address: _____

Type of Organization: ACEP Chapter

Leadership Position: President

Term of Service: 2014-15

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE

☒ If YES, Please Describe:

I am a cadaver lab instructor for Teleflex. I have also served on their Medical Advisory Board for Trauma.

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the [ACEP Business Arrangements](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

11. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

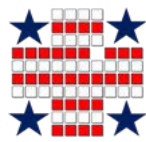
☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Torree McGowan

Date

19 May 2026



GSACEP

GOVERNMENT SERVICES CHAPTER

American College of Emergency Physicians

GOVERNMENT SERVICES CHAPTER

1506 Frontier Drive
Arlington, TX 76012
Direct: 817-683-7007
www.GSACEP.org

BOARD OF DIRECTORS

Christine DeForest, DO, FACEP
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Michele Byers, CAE, CMP Fellow

August 3, 2026

To the esteemed ACEP Council members,

On behalf of the Government Services Chapter of the American College of Emergency Physicians (GSACEP), I am honored to offer our unequivocal and enthusiastic support for Dr. Torree McGowan in her candidacy for the ACEP Board of Directors.

Dr. McGowan is a long-standing and deeply valued member of our chapter. She has served as Chapter President, Councillor, Board member, and currently as Secretary-Treasurer. Her leadership within GSACEP has been steady, strategic, and mission-driven. She helped establish our Public Relations and Advocacy Committee—an initiative that grew and evolved into two distinct and impactful entities within our chapter. That structural vision alone reflects her ability to anticipate growth, build infrastructure, and position organizations for long-term success.

Torree's leadership is defined by action. Her career spans operational military medicine, disaster response, academic contribution, and civilian emergency medicine leadership. As Commander, she has led complex, multidisciplinary teams in high-stakes environments with clarity and composure. She understands systems, readiness, and mission execution at a level few can claim.

At the national level, Dr. McGowan has been a consistent and visible contributor to ACEP. She recently served as Chair of the Communications Committee and has long-standing involvement with the Public Affairs Committee, Disaster Medicine Committee, and Online Education Subcommittee. She is a frequent and sought-after presenter at Scientific Assembly and other national meetings, speaking on disaster response, human factors, burnout, trauma systems, aviation safety principles in medicine, and physician wellness. Her scholarship includes academic publication in disaster medicine and wilderness burn care, further demonstrating her depth of expertise.

What distinguishes Dr. McGowan most, however, is her ability to translate experience into mentorship and momentum. Personally, she encouraged my own initial involvement in GSACEP and has done the same for many others. She invests in people. She identifies future leaders and creates pathways for them to contribute. Her leadership is not performative—it is generative.

She brings a rare combination of operational credibility, policy fluency, educational engagement, and organizational governance experience. She understands emergency medicine from the bedside to the boardroom, from deployed environments to critical access hospitals, from local chapters to national committees. Just as importantly, she understands the importance of communication—of connecting members to mission and ensuring physicians feel heard and represented.

GSACEP supports her candidacy without reservation. We believe she will bring to the ACEP Board thoughtful judgment, disciplined leadership, strategic insight, and an unwavering commitment to emergency physicians across all practice environments—including those in federal and military systems whose perspectives are essential to the College's strength.

Dr. McGowan has dedicated her career to service—service to patients, to colleagues, to the military, and to the profession of emergency medicine. She has already contributed enormously to ACEP. We are confident she will continue to elevate the organization at the highest level.

It is with great pride that we endorse Dr. Torree McGowan for the ACEP Board of Directors.

Respectfully,

Justine Stremick, MD, MPH&TM, FACEP
Government Services Chapter
American College of Emergency Physicians
jstremic@gmail.com

Torree M. McGowan, MD, FACEP

We didn't choose emergency medicine because it was easy. We don't go to work for the URIs or the ankle sprains. We are the experts for when things are at their worst: the codes, the bad traumas, the truly life and death moments. Those are the same reasons we choose ACEP, because we need an organization that doesn't back down from the toughest problems. I have been an ACEP member since I was an intern in 2005, and over the past 21 years have watched this specialty define our space in the house of medicine, defend access to care for millions of Americans, and elevate emergency medicine through research and innovation.

We are facing real challenges in emergency medicine, but that is nothing new. We've already solved the easy problems, so what remains are the wicked ones, the kind without simple answers. Those problems require serious people willing to do the hard work of curiosity, collaboration, and deep investment in our values, to craft solutions that serve as many people as possible. ACEP's commitment to physician autonomy and to high quality emergency care in small towns as well as major cities means we have to meet fair reimbursement and rural access head on. It means calling out the dangerous impact of private equity on patient safety, and insisting physicians, not corporate interests, decide what is best for our patients. It means using the collected wisdom of 40,000 emergency physicians to build sustainable places to work so more of us can practice past 47, the average age emergency physicians leave the specialty.

My journey in emergency medicine has taken me from residency training in Level 1 trauma centers to two combat deployments in the busiest trauma bays in the world. I have worked in rural Alaska, suburban California, and finally settled in critical access hospitals in a frontier community in Oregon. I have led emergency departments in five states and two countries, and commanded a National Guard all hazards disaster response team during COVID, the largest activation of Guardsmen since World War II. I have spoken at Scientific Assembly for over a decade, sharing military lessons learned and new ways to look at patient safety. My work with the Disaster Committee opened doors to journal and textbook authorship that is rare for a small rural EM physician. ACEP is the reason a small town physician has had a seat at the table on national committees, in journals, and at the podium at Scientific Assembly.

My leadership training began at the Air Force Academy and continued through the graduate level Air War College. That through line has held from guiding cadets in basic military training, through combat medical operations, to leading a statewide pandemic response. I learned that as a leader I should never be the smartest person in the room, except in one thing: empowering others to bring their best to a problem. On your Board, I will do the same: listen first, ask hard questions, and put the collective expertise of this College to work on the problems in front of us. I am asking for your vote because I believe ACEP is at its best when we are challenged, and I am ready to do that work alongside you.

TORREE M. McGOWAN, MD, FACEP

Candidate, ACEP Board of Directors | Government Services Chapter



We didn't choose emergency medicine because it was easy. We chose it for the codes, the bad traumas, the truly life-and-death moments, and we chose ACEP for the same reason: because our specialty needs an organization that doesn't back down from the hardest problems.

"Airplane wings are built to create lift from a headwind. I think emergency physicians are the same. We do our best work when it's someone else's worst day. Let's turn into those headwinds together."

WHERE I STAND

Protect the Physician-Patient Relationship

Private equity and corporate interference put profits ahead of patients, pushing clinicians with less training into single coverage EDs without the strength of a physician led team. Physicians should decide what is best for the patient in front of them, and should be fairly compensated for that care.

Defend Rural & Underserved Access

Patients in rural areas face higher disease burden and mortality, and rural hospitals continue to close. Access to care continues to erode as physicians are not prepared or incentivized to practice in rural communities. As a critical access physician myself, I know firsthand what's at stake when rural emergency care disappears.

Lead Through Proven Crisis Experience

Burnout, boarding, and workplace violence are the wicked problems left after the easy ones are solved. My background in military command, disaster response, and human factors analysis gives ACEP battle proven leadership for future challenges.

TWENTY-ONE YEARS PREPARING FOR THIS

ACEP member since 2005, when I attended Council as an intern in New Orleans just after Katrina. Since then I've watched, and helped, this specialty define its place in the house of medicine.

- Professional military leadership training up through graduate level Air War College
- Site Lead, St. Charles Medical Group — two critical access hospitals, Central Oregon, since 2014
- Retired Lieutenant Colonel, Oregon Air National Guard; Commander, all-hazards CBRNE disaster response unit
- Flight Commander, busiest trauma hospital in the world, Bagram, Afghanistan — 99.5% survival rate for war casualties
- Commanded Oregon's COVID vaccination response: 800,000+ vaccinations across 5 hospital systems and 6 counties
- ACEP Communications Committee Chair (2023–2025); Council Reference Committee B Chair (2024)
- ACEP Disaster Medicine, Online Education, and Public Affairs Committees, 2015–present
- Scientific Assembly faculty for over a decade: fatigue management, human factors, disaster response, trauma
- President (2014–15) and Secretary-Treasurer (2022–present), Government Services Chapter

I'm not smart enough to have all the answers, but my job on your Board is to bring the brilliance of 40,000 emergency physicians to bear on the problems in front of us.

TorreeMcG@me.com | 503-449-4477 | Government Services Chapter

Torree M.
McGowan,
MD, FACEP
8728 SW Bear Dr.
Culver, OR 97734
503-449-4477
TorreeMcG@me.com

WORK EXPERIENCE

Jan 2021 - April 2021

OFFICER IN CHARGE, VACCINATION ADMINISTRATION TEAMS
2&4

OREGON CONVENTION CENTER, DESCHUTES COUNTY EXPO

Officer in Charge of 92 Air/Army Guard members at OCC site, 30 Guard members at DC providing support to civilian agencies administering COVID19 Vaccinations. Ensured adequate training, staffing, administrative support for dual service team resulting in over 800k vaccinations administered by Oregon Guard members.

Mar 2022 - Present

TELEFLEX MEDICAL ADVISORY BOARD, CLINICAL ADVISOR

Represent rural and general emergency physicians to the Medical Advisory Board for hemorrhage control and vascular access for Teleflex product evaluation and development. Teach cadaver procedure labs reinforcing critical life saving resuscitation skills for physicians, nurses, emergency medical technicians, paramedics.

Jul 2014 - Present

ST CHARLES MEDICAL GROUP SITE LEAD, ST CHARLES MADRAS
Central OR

Emergency Physician

Lead emergency physician for two critical access hospitals, focusing on patient safety, process improvement, trauma system coordination, disaster preparedness.

VICE CHAIR, MEDICAL GOVERNANCE BOARD DEC 2020 - DEC 2021

Represent over 300 physicians and non physician providers to provide strategic guidance to St Charles Medical Group

Jul 2017 - 2023

OREGON AIR NATIONAL GUARD 142 MDG/DET1 (CBRNE ENHANCED
FORCE RESPONSE PACKAGE)

Portland Air National Guard Base, Portland, OR

Commander Jun 2019 - Dec 2021

Command 47 member medical element of all hazards disaster response unit with specialized CBRNE capability. Responsible for strategic vision, readiness, training, manning, and discipline.

OFFICER IN CHARGE, All4Oregon and Deschutes County

COVID Vaccination Sites Jan-Mar 2021

Commanded 92 member Army/Air Force vaccination team for COVID mass vaccination effort. Coordinated across 5 hospital systems, 6 counties, and multiple National Guard units to ensure 7 day a week manning, logistics, personnel issues, and quality of care concerns.

Emergency Physician Jul 2017 - Dec 2021

Created new training regimen to enhance patient stabilization capabilities for CERFP operations. Subject matter expert on critical care considerations for all hazards response transition that is setting standard for CERFP units nationally.

SGH, 142 MDG Nov 2017-Jan 2019

Chief of Medical Staff for 142 MDG, ensure appropriate credentialing, oversight of immunizations, deployment and military readiness for Portland Air National Guard base population.

Aug 2011 - 2017

DAVID GRANT MEDICAL CENTER EMERGENCY DEPARTMENT
Travis Air Force Base, Fairfield, CA

**Torree M.
McGowan,
MD, FACEP**

8728 SW Bear Dr.

Culver, OR 97734

503-449-4477

TorreeMcG@me.com

Medical Director, Staff Emergency Physician

Coordinated initial interview, hiring, training, and credentialing process for 12 new physicians. Conducted three formal standard of care reviews. Analyzed 6 hour stay data for root causes, resulting in best door to floor time in Air Force hospitals. Created point of care ultrasound course that trained 34 physicians in latest techniques, award 396 hours of CME. Authored hospital wide point of care ultrasound program. Medical director for David Grant training site supporting largest US physician assistant education program.

Apr - Oct 2013

CRAIG JOINT THEATER HOSPITAL

Bagram, Afghanistan

Flight Commander, Staff Emergency Physician

Led 25 member team staffing busiest trauma hospital in world during Operation Enduring Freedom. Responsible for staffing, logistics, education, training, discipline of team that boasted a 99.5% survival rate for war casualties. MASCAL Immediate Team Chief, responded to 3 real world MASCAL events.

2008 - 2011

ELMENDORF AIR FORCE BASE EMERGENCY DEPARTMENT

Anchorage, AK

Staff Emergency Physician

2008 - 2011

MAT-SU REGIONAL MEDICAL CENTER

Palmer, AK

Locums Emergency Physician

2009 - 2010

AIR FORCE THEATER HOSPITAL

Balad, Iraq

Medical Director, Staff Emergency Physician

EDUCATION

AIR WAR COLLEGE

Correspondence. Completed February 2021. Senior-level professional education program of the U.S. Air Force focused on strategic leadership, national security, and joint military operations. The curriculum emphasizes critical thinking, policy analysis, and decision-making in complex global environments.

AIR COMMAND AND STAFF COLLEGE

Correspondence. Completed April 2010. Intermediate-level professional education program of the U.S. Air Force that develops leaders in operational art, joint planning, and organizational leadership. The program emphasizes critical thinking and the application of military power within complex, multi-domain environments.

SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM

San Antonio, Texas

Emergency Medicine Residency, June 30, 2008

OREGON HEALTH & SCIENCE UNIVERSITY

Portland, Oregon

Medical Doctorate

June 1, 2005

**Torree M.
McGowan,
MD, FACEP**

8728 SW Bear Dr.

Culver, OR 97734

503-449-4477

TorreeMcG@me.com

UNITED STATES AIR FORCE ACADEMY

Colorado Springs, Colorado

Bachelor of Science, Biology

May 31, 2001

Distinguished Graduate

HONORS AND AWARDS

2017 EXCELLENCE IN MILITARY EMERGENCY MEDICINE AWARD,
GOVERNMENT SERVICES CHAPTER, AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS

Awarded to active GSACEP member recognized as a leader with a
record of significant contributions to military emergency medicine,
resulting in noteworthy impact on the profession.

2015 MILITARY HEALTH SYSTEM AIR FORCE JUNIOR FEMALE PHYSICIAN OF
THE YEAR

Selected as the top junior female physician (below the rank of Colonel)
in the U.S. Air Force by the Military Health System in recognition of
outstanding clinical excellence, leadership, operational support, and
contributions to military medicine.

2014 TRAVIS AIR FORCE BASE MEDICAL OPERATIONS SQUADRON FIELD
GRADE OFFICER OF THE YEAR

2012 OUTSTANDING PRECEPTOR, DAVID GRANT MEDICAL CENTER,
INTERSERVICE PHYSICIAN ASSISTANT PROGRAM

Selected by students as outstanding clinical preceptor for the
Physician Assistant training program at David Grant Medical Center

2011 FELLOW OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

2008 LEADERSHIP IN EMERGENCY MEDICINE AWARD

San Antonio Uniformed Services Health Education Consortium

2001 UNITED STATES AIR FORCE ACADEMY DISTINGUISHED GRADUATE

Graduation Order of Merit Rank of 46 out of 847 Cadets based upon
academic and military performance. Top 5% of Class

SELECTED MILITARY DECORATIONS

Meritorious Service Medal, Second Award

Air Force Commendation Medal, Second Award

Army Commendation Medal

Air Force Meritorious Unit Award

Iraqi Campaign Medal

Afghanistan Service Medal

Nato Service Medal

Global War On Terror Ribbon

National Defense Medal

Global War On Terrorism Service Medal

Air Force Expert Marksmanship Ribbon, Second Award

LEADERSHIP ACTIVITIES

SECRETARY TREASURER, GOVERNMENT SERVICES CHAPTER OF THE
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

2022 - Present

CHAIR, COMMUNICATIONS COMMITTEE, AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

2023-2025

**Torree M.
McGowan,
MD, FACEP**

8728 SW Bear Dr.
Culver, OR 97734
503-449-4477

TorreeMcG@me.com

CHAIR, COUNCIL REFERENCE COMMITTEE B, AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS
2024

COUNCIL REFERENCE COMMITTEE MEMBER, AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS
2023-2025

2024 CERFP DETACHMENT COMMANDER, OREGON AIR NATIONAL GUARD
142 MEDICAL GROUP, PORTLAND AIR NATIONAL GUARD
Jun 2019 - Jan 2022

CHAIR, ST CHARLES MEDICAL GROUP LEADERSHIP DEVELOPMENT TASK
FORCE

Aug 2020 - Dec 2021

PUBLIC AFFAIRS COMMITTEE, AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS

2015 - Present

ONLINE EDUCATION SUBCOMMITTEE, AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS

2015 - Present

DISASTER MEDICINE COMMITTEE, AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS

2015 - Present

COUNCILLOR, GOVERNMENT SERVICES CHAPTER OF THE AMERICAN COLLEGE
OF EMERGENCY PHYSICIANS

2015 - Apr 2022

PRESIDENT, GOVERNMENT SERVICES CHAPTER OF THE AMERICAN COLLEGE
OF EMERGENCY PHYSICIANS

2014 - 2015

FLIGHT COMMANDER, CRAIG JOINT THEATER HOSPITAL

BAGRAM, AFGHANISTAN

April 2013 - October 2013

COMMUNICATIONS COMMITTEE CHAIR, GOVERNMENT SERVICES CHAPTER OF
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

2008 - Present

CHIEF RESIDENT, SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION
CONSORTIUM EMERGENCY MEDICINE RESIDENCY

2007 - 2008

PRESENTATIONS

“Make It Stop! Persistent Crying in the Newborn.”

Presented at the Joint Services Symposium, Lake Tahoe, CA, Mar 2012

“Talk Nerdy to Me: How to Have Great Consultant Interactions.”

Presented at Balboa Naval Medical Center Emergency Medicine
Residency. San Diego, CA, July 2015.

“Burns: To the Nth Degree.”

American College of Emergency Physicians Scientific Assembly, Las
Vegas, NV, Oct 2016.

“MASCAL Every Day: Wartime Lessons for Successful Disaster
Response.”

American College of Emergency Physicians Scientific Assembly, Las
Vegas, NV, Oct 2016.

American College of Emergency Physicians Scientific Assembly,
Washington DC, Oct 2017.

American College of Emergency Physicians Scientific Assembly, San
Diego, CA, Oct 2018.

**Torree M.
McGowan,
MD, FACEP**

8728 SW Bear Dr.

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503-449-4477

TorreeMcG@me.com

“Redefining Reality in PTSD.”

American College of Emergency Physicians Scientific Assembly,
Washington DC, Oct 2017.

Government Services Symposium, Nashville, TN, Mar 2019

“Battle Forged: How the Military Has Shaped Emergency Medicine.”

American College of Emergency Physicians Scientific Assembly,
Washington DC, Oct 2017.

American College of Emergency Physicians Scientific Assembly, San
Diego, CA, Oct 2018.

**“Break Glass in Case of Disaster: How the Single Coverage Emergency
Physician Can Cope in the First 30 Minutes”**

American College of Emergency Physicians Scientific Assembly, San
Diego, CA, Oct 2018.

**“Crash and Burn: What Emergency Medicine Is Missing from
Aviation Safety”**

Coastal Emergency Medicine Conference, Jun 2019

American College of Emergency Physicians Scientific Assembly,
Denver, CO, Oct 2019.

“Disaster Response Playbook”

American College of Emergency Physicians Scientific Assembly,
Denver, CO, Oct 2019.

Northwest Trauma Conference, Virtual, May 2020.

**“Dead Tired: The Impact of Fatigue on Physician Wellness and
Patient Safety.”**

American College of Emergency Physicians Scientific Assembly,
Virtual, Oct 2020

American College of Emergency Physicians Scientific Assembly,
Boston, MA, Oct 2021

American College of Emergency Physicians Scientific Assembly, San
Francisco, CA Oct 2022

American College of Emergency Physicians Scientific Assembly,
Philadelphia, PA Oct 2023

“Trauma Mythbusters.”

American College of Emergency Physicians Scientific Assembly,
Virtual, Oct 2020

“Trauma At Your Doorstep.”

American College of Emergency Physicians Scientific Assembly,
Virtual, Oct 2020

American College of Emergency Physicians Scientific Assembly,
Boson, MA Oct 2022

American College of Emergency Physicians Scientific Assembly, San
Francisco, CA Oct 2022

“Burned Beyond Recognition: Burnout's Cost and Its Solutions.”

American College of Emergency Physicians Scientific Assembly,
Philadelphia, PA Oct 2023

**“Designed to Fail: How Human Factors Put Patients and Physicians at
Risk”**

Coastal Emergency Medicine Conference, 2024

American College of Emergency Physicians Scientific Assembly, Las
Vegas, NV Oct 2023

Government Services Symposium, Norfolk, VA 2026

“Night Shift Like A Pro”

Coastal Emergency Medicine Conference, 2024

Government Services Symposium, Norfolk, VA 2026

Torree M.
McGowan,
MD, FACEP

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Culver, OR 97734

503-449-4477

TorreeMcG@me.com

“From Aviation To Achievement”

American College of Emergency Physicians Scientific Assembly, Salt
Lake City, UT Sep 2025

ACADEMIC PUBLICATIONS

Bitter, C. C., Storkan, M., Overmiller, A., Respicio, J. A., McGowan, T., Park,
A., & Culhane, J. T. (2025). Wilderness Medical Society clinical
practice guideline on care of burns in the wilderness. *Wilderness &
Environmental Medicine*, 36(4), 549 – 558. [https://doi.org/
10.1177/10806032251345768](https://doi.org/10.1177/10806032251345768)

Mace, S., Pettit, A., McGowan, T. Information Technology in Disaster
Medicine. Chapter 27. In: Koenig KL, Schultz CH, eds. *Koenig and
Schultz's Disaster Medicine*. 3rd ed. Cambridge University Press.
Manuscript completed; in preparation.

PROFESSIONAL ORGANIZATIONS

American College of Emergency Physicians

2015 - Present ACEP Communications Committee
Chair 2023 - 2025

2015 - Present ACEP Online Education Subcommittee

2015 - Present ACEP Disaster Medicine Committee

2014 - President, Government Services Chapter

2023 - Present Government Services Chapter Secretary Treasurer

2001 - Present

Government Services Chapter

2005 - 2008

Board of Directors, Resident Representative

Physicians for Patient Protection

2019 - Present

Beta Beta Beta Biological Honor Society

1999 - Present

Air Force Academy Chapter President 1999

US Air Force Academy Association of Graduates

1997 - Present

2026 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Abhi Mehrotra, MD, MBA, FACEP

Question #1: What skills, background, knowledge, or unique abilities will you bring to the Board that may be currently missing?

Emergency medicine faces an inflection point. The pressures reshaping our specialty (e.g., workforce disruption, private equity consolidation, AI-driven clinical documentation, alternative payment models, and the rapid commoditization of care delivery) are fundamentally business and innovation challenges as much as they are clinical ones. Navigating them effectively requires more than policy experience or advocacy instincts. It requires fluency in the language and frameworks of business strategy, entrepreneurship, and organizational design. That is what I bring.

My MBA from Kenan-Flagler Business School has shaped how I approach governance: with attention to organizational incentives, financial sustainability, and competitive positioning. It informs how I analyze the economic forces bearing down on our members — from independent group viability to the downstream effects of consolidation on physician autonomy — and how I help translate those dynamics into Board-level strategy.

Beyond formal training, I bring direct entrepreneurial experience to this Board. I co-founded a medical scribe company, which required recruiting talent, constructing operations from scratch, and managing the tension between clinical quality and business viability. My involvement with Bivarus, a patient experience analytics platform, further deepened my exposure to healthcare technology commercialization, data-driven quality improvement, and the intersection of venture-backed innovation with care delivery. These are spaces where ACEP increasingly needs strategic credibility as we engage with health systems, technology vendors, payers, and policymakers.

My academic position at UNC also grounds me in the long-term health of our specialty's pipeline. I take that responsibility seriously and have acted on it structurally: I developed and launched an Administration and Leadership Fellowship within the UNC Department of Emergency Medicine, creating a formal pathway for emerging physicians to build organizational and strategic competencies beyond traditional residency training. Cultivating the next generation of emergency medicine leaders is fundamental for me. That commitment to younger members extends beyond the training environment. My experience as a former EMRA leader gave me an early and enduring appreciation for the concerns, ambitions, and vulnerabilities of residents and early-career physicians.

ACEP needs a Board that can execute on our strategic priorities to champion individual emergency physicians. My blend of clinical experience, business acumen, entrepreneurial background, and investment in physician development gives the Board a perspective that is otherwise underrepresented. I would welcome the opportunity to continue bringing that perspective as your representative on the ACEP Board of Directors.

Question #2: What is your perspective on ACEP's role in the 3-year versus 4-year emergency medicine training program discussion?

This is one of the most consequential workforce debates our specialty has faced in a generation, and ACEP's role must be to lead it with both rigor and principle: defending an evidence-based position even when external pressures push in a different direction.

ACEP's current policy is clear: we support both 3-year and 4-year training models, grounded in evidence that outcomes between them are equivalent. Studies comparing ABEM board performance and clinical practice patterns have found no meaningful difference between graduates of either format. ACEP's formal position reinforces this: any changes to physician education must be evidence-based.

The ACGME's 2025 proposal to mandate a 4-year model for all programs deserves scrutiny on both educational and economic grounds. Roughly 80% of programs currently use the 3-year pathway. Critics have rightly noted that a mandate of this scale would impose substantial financial burden on future residents — through delayed income, compounding debt, and lost investment runway — while simultaneously generating significant increases in subsidized resident labor for health systems.

ACEP and EMRA have taken a clear joint position: training standards can be raised without mandating increased training time, and any new review process must be transparent, evidence-based, and inclusive of broad stakeholder involvement. I fully support that stance.

Where I would focus ACEP's energy going forward is on the affirmative case: championing curriculum innovation within existing training structures. Declining board pass rates and reduced patient encounter volumes are real concerns that deserve real solutions. But the answer lies in educational quality, not simply adding time. ACEP is uniquely positioned, through its Clinical Excellence and Practice Innovation strategic priorities, to lead that work. Our credibility in this debate depends on being the organization that prioritizes what the evidence actually shows over what is administratively convenient for health systems.

Question #3: What is the most effective strategy you would use to recruit and retain members considering generational differences?

Recruitment and retention are not the same problem, and the generational dimension makes that distinction even more important. Effective strategy requires understanding what each cohort actually needs from a professional organization and being honest about where ACEP has historically underdelivered.

For residents and early-career physicians, the barrier to joining is not awareness; it is skepticism about relevance. This mobile-first generation expects membership value to be demonstrated digitally and in real time. What resonates is tangible impact: visible wins on workplace safety, debt burden, schedule sustainability, and the integrity of independent practice in a consolidating market. ACEP's strategic priority on Career Fulfillment (championing well-being, professional satisfaction, and a transparent job market) speaks directly to these concerns and should be front and center in how we recruit younger members. The proposed objective to proactively showcase emergency medicine as a rewarding and sustainable career to medical students and residents is exactly right.

Retaining mid-career and senior members requires a different lens. These physicians often disengage not from lack of interest but from a sense that the organization has moved on without them; that reimbursement erosion, administrative burden, and scope of practice encroachment receive less attention than emerging priorities. ACEP's Advocacy priority, fighting for emergency physicians from the workplace to Washington, must demonstrably deliver for this cohort. Transparent reporting of wins (as called for in the Member Engagement and Trust priority) matters enormously here. Retention follows demonstrated value, not promises of it.

The strategy I would advocate is segmented communication anchored to a unified value proposition — and our new association management system will give us the infrastructure to finally execute it with precision. By leveraging member data across career stage, practice setting, and engagement history, we can move beyond broad messaging to targeted outreach that speaks to what individual members actually care about. Early-career physicians can receive communications centered on financial wellness, career development, and leadership pathways; mid-career members can be engaged around advocacy wins, practice management resources, and peer networks; senior members can be recognized and activated as mentors and institutional voices. The EMRA-to-ACEP transition remains a critical leverage point within this framework: residents who feel genuinely engaged during training are far more likely to remain members long-term.

Ultimately, the goal is not simply to grow membership numbers; it is to build a community where every emergency physician, at every stage of their career, finds something worth staying for. That is the promise embedded in our new vision, and the new AMS gives us the tools to deliver on it with the specificity and intentionality it deserves.

CANDIDATE DATA SHEET

Abhi Mehrotra, MD, MBA, FACEP

Contact Information

117 Sagerview Way

Durham, NC. 27713

Phone: 919-672-3096

E-Mail: Abhi@med.unc.edu

Current and Past Professional Position(s)

University of North Carolina	Assistant Prof. of Emergency Medicine	2003 – 2013
University of North Carolina	Assistant Residency Director	2005 – 2007
University of North Carolina	Associate Residency Director	2007 – 2010
University of North Carolina	Assistant Medical Director	2004 – 2020
University of North Carolina	Associate Prof. of Emergency Medicine	2013 – 2019
University of North Carolina	Medical Director, Hillsborough Campus	2015 – 2020
University of North Carolina	Dept. of EM, Vice Chair - Operations	2015 – Present
University of North Carolina	System Emergency Service Lead	2018 – Present
University of North Carolina	Professor of Emergency Medicine	2019 – Present
University of North Carolina	Adjunct Professor, Kenan Flagler Business School	2021 – Present

Education (include internships and residency information)

M.B.A.	University of North Carolina	2014 – 2015
Emergency Medicine Residency	University of North Carolina	2000 – 2003
M.D.	The Ohio State University	1996 – 2000
B.A. (Chemistry)	The Ohio State University	1992 – 1996

M.D. - 2000

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)

Diplomate, American Board of Emergency Medicine – 2004, Renewal 2014, 2024

Professional Societies

American College of Emergency Physicians
North Carolina College of Emergency Physicians
Society for Academic Emergency Medicine
Emergency Medicine Residents' Association
American Medical Association
North Carolina Medical Society

National ACEP Activities – List your most significant accomplishments

ACEP Board of Directors	Secretary / Treasurer	2025 – Present
ACEP Board of Directors	Member	2023 – Present
Finance Committee	Member	2002 – 2003, 2022 – 2023
CEDR Committee	Member (Chair)	2017 – 2023 (2018-2020)
HIT Committee	Member	2019 – 2023
Quality and Performance Committee	Member	2010 – 2021
Council Steering Committee	Member	2000 – 2002, 2008 – 2010
Reference Committee	Member (Chair)	2001, 2008, 2010, 2021, 2022 (2010, 2021, 2022)

EM Practice Management & Health Policy Section	Member (Chair)	2007 – 2023 (2012-2014)
Young Physicians Section	Member (Chair)	2005 – 2023 (2008)
ED Categorization Task Force	Chair	2008 – 2010

ACEP Chapter Activities – List your most significant accomplishments

NCCEP Education Committee	Member (Chair)	2006 – 2008 (2007)
NCCEP Board	Member	2010 – 2016
NCCEP Board	Secretary-Treasurer	2012 – 2013
NCCEP Board	President-Elect	2013 – 2014
NCCEP Board	President	2014 – 2015
NCCEP Board	Past-President	2015 – 2016
NCCEP	Councillor	2010 – 2023

Practice Profile

Total hours devoted to emergency medicine practice per year: 2000 Total Hours/Year

Individual % breakdown the following areas of practice. Total = 100%.

Direct Patient Care 35 % Research 5 % Teaching 10 % Administration 50 %

Other: _____ %

Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)

Academic emergency physician seeing patients primarily and with residents at two facilities – a regional teaching referral center and a community facility. University employee, member of a faculty practice plan.

Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)

Vice Chair, Strategic Initiatives & Operations, UNC Department of Emergency Medicine

Expert Witness Experience

If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.

Defense Expert 1 Cases Plaintiff Expert 1 Cases

CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Abhi Mehrotra, MD, MBA, FACEP

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: University of North Carolina at Chapel Hill

Address: 103 South Building, Campus Box 9100

Chapel Hill, NC 27599

Position Held: Attending Physician

Type of Organization: University

Employer: MedScribes, Inc.

Address: 6409 Fayetteville Rd., Suite 120-346

Durham, NC 27713

Position Held: CEO

Type of Organization: Medical scribe services

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: North Carolina College of Emergency Physicians

Address: PO Box 1038

Wake Forest, NC 27588

Type of Organization: State Chapter of ACEP

Leadership Position: Board of Directors

Term of Service: 2010 – 2016

Organization: Emergency Medicine Residents Association (EMRA)

Address: 1601 Utica Avenue South

Minneapolis, Minnesota 55416

Type of Organization: Not-for-profit organization representing Emergency Medicine Residents and Medical Students with a career interest in Emergency Medicine

Leadership Position: Board of Directors

Term of Service: 2000 - 2002

Organization: University of North Carolina Faculty Physicians

Address: 145 Medical Drive, Suite 400

Chapel Hill, NC 27599

Type of Organization: Faculty group practice plan

Leadership Position: Board of Directors

Term of Service: 2017 – 2020

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE

☒ If YES, Please Describe: Co-founder and CEO of a medical scribe company

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the [ACEP Business Arrangements](#) policy statement.

- ☐ NO
☒ YES

10. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

- ☐ NO
☒ YES

11. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

- ☐ NO
☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Abhishek Mehrotra

Date

May 29, 2026



August 3, 2026

Officers

Christopher Griggs, MD, MPH, FACEP
President

Smeet Bhimani, DO, MBA, FACEP
President-Elect

Laura Murphy, MD
Secretary/Treasurer

Melanie Artho, MD, FACEP
Immediate Past President

Board of Directors

Carrie Fales, MD, FACEP
Jeremiah Gaddy, MD, FACEP
Sierra Gilder, MD
Matthew Heuton, MD
Richard Jean-Louis, MD, MA
Eric LeFebvre, MD, FACEP
Michael Merrill, MD
Chelsea Rushnell, MD
Benjamin Wiles, DO

Resident Members

Alex Beam, MD (Voting Resident Member)
Michael Collins, MD
Jennifer Evans, MD
Rachael Hamm, MD
Lyndsay Oakeson, MD

Councillors

Melanie Artho, MD, FACEP
Jill Benson, MD, FACEP
Smeet Bhimani, DO, MBA, FACEP
Scott Brown, MD, FACEP
Jeremiah Gaddy, MD, FACEP
Matthew Heuton, MD
Christopher Griggs, MD, MPH, FACEP
Eric Maur, MD, FACEP
Laura Murphy, MD
Bret Nicks, MD, FACEP
Stephen Small, MD, FACEP
Benjamin Wiles, DO

Executive Director

Colleen Kochanek
colleen@kochaneklawgroup.com
P.O. Box 1038
Wake Forest, NC 27588
(919) 809-5618
<http://www.nccep.org>

A chapter of the



American College of
Emergency Physicians

ACEP Council

Re: Abhi Mehrotra, MD, MBA, FACEP

Dear ACEP Council:

On behalf of the North Carolina Chapter, it is with great enthusiasm and conviction that I endorse Abhi Mehrotra, MD, MBA, FACEP as a candidate for a second term on the ACEP Board of Directors. His unwavering dedication to advancing emergency medicine and his exceptional leadership qualities make him a standout candidate who will continue to contribute significantly to ACEP's mission.

Dr. Mehrotra's exceptional track record of leadership and service within the North Carolina College of Emergency Physicians (NCCEP) is a testament to his passion for our specialty. As a pivotal figure in our chapter, he has consistently demonstrated a keen understanding of the challenges and opportunities that emergency physicians encounter. His commitment to nurturing a collaborative environment and fostering innovation has left a lasting impact on our community.

During his first term on the Board, Dr. Mehrotra translated his unique ability to bridge local and national perspectives into actionable results. Recognizing the pressing challenges facing our specialty, he helped organize the AHRQ Boarding Summit, highlighting potential solutions across the spectrum of care to address the severe capacity issues affecting emergency physicians nationwide.

Drawing on his expertise at the intersection of emergency medicine and informatics, Dr. Mehrotra played a vital role in stabilizing our data infrastructure. He successfully transitioned the Clinical Emergency Data Registry (CEDR) into the broader Emergency Medicine Data Institute (EMDI) to improve clinical research, quality measure reporting, and federal registry support. This crucial effort has resulted in a positive, measurable contribution to the financial equity of the organization over the past two years.

His broader financial stewardship this past year as Secretary/Treasurer has further secured an incredibly stable future for the College. In this executive role, Dr. Mehrotra successfully

onboarded a new Finance Committee Chair and a new CFO. He facilitated and executed the complete payoff of the mortgage on the ACEP headquarters building, spearheaded the passage of a new cash balance policy, and passed a balanced budget with directed investment in growth.

Dr. Mehrotra's professional accomplishments also highlight his dedication to innovation and patient care. As an advocate for evidence-based practice, he has actively contributed to advancements that benefit both patients and emergency physicians. His expertise in technology and his commitment to staying at the forefront of healthcare trends are valuable assets that ACEP continues to leverage for the betterment of our specialty.

Moreover, Dr. Mehrotra's commitment to inclusivity and diversity is evident in his professional activities. His involvement in initiatives promoting equity in healthcare delivery reflects his dedication to addressing disparities within our specialty. By prioritizing inclusivity, Dr. Mehrotra not only embodies the values that ACEP stands for but also ensures that all voices within emergency medicine are heard and represented.

In conclusion, Dr. Abhi Mehrotra's exceptional leadership, profound dedication to our specialty, and track record of concrete results make him an outstanding candidate for a second term on the ACEP Board of Directors. His ability to inspire collaboration, advocate for evidence-based practice, and champion diversity and inclusivity are precisely the attributes that our organization needs to thrive in an ever-evolving healthcare landscape.

I am honored to extend my heartfelt endorsement for Dr. Abhi Mehrotra for the national ACEP Board of Directors. His vision and capabilities align seamlessly with ACEP's mission to represent and advocate for all emergency physicians, ensuring a prosperous future for our specialty.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christopher Griggs". The signature is fluid and cursive, with a horizontal line underlining the first part of the name.

Christopher Griggs, MD, MPH, FACEP
President, North Carolina Chapter American College of Emergency Physicians

Abhi Mehrotra, MD, MBA, FACEP

Dear Esteemed Councillors and ACEP Family,

Emergency medicine stands at an inflection point. The forces reshaping our specialty (private equity consolidation, AI-driven documentation, alternative payment models, workforce uncertainty, and the rapid commoditization of care delivery) are as much business and innovation challenges as they are clinical ones. Navigating them requires a Board with the breadth and sophistication to match what we are up against.

I am writing to ask for your support and vote for my re-election to the ACEP Board of Directors.

Over the past year as your Secretary-Treasurer, I have had the privilege of serving at the intersection of ACEP's governance and financial stewardship during a period of significant change for our organization and our specialty. That experience has deepened my conviction that the work ahead demands continuity of leadership, institutional knowledge, and a willingness to engage the hard questions — on workforce sustainability, member engagement, and the economic forces bearing down on individual emergency physicians.

My background is uncommon for a physician-leader. My MBA from Kenan-Flagler Business School shapes how I approach governance: with attention to organizational incentives, financial sustainability, and competitive positioning. As co-founder of a medical scribe company and involved in the start-up of Bivarus, a patient experience analytics platform, I have built organizations from scratch, managed the tension between clinical quality and business viability, and navigated the realities of healthcare technology commercialization. These are experiences that translate directly to the strategic challenges ACEP faces.

As Executive Vice Chair at UNC and Director of our Administration and Leadership Fellowship, I have invested concretely in building the next generation of emergency medicine leaders — creating formal pathways for emerging physicians to develop the organizational and strategic competencies that clinical training alone does not provide. My earlier service on the EMRA Board of Directors gave me an enduring appreciation for the concerns of residents and early-career physicians. Their voices must be more than acknowledged — they must be structurally represented.

On member engagement, I am committed to a strategy that is segmented and data-driven. Residents and early-career physicians need to see ACEP winning fights that matter in their daily lives: on workplace safety, debt burden, and independent practice. Mid-career and senior members need to know their concerns around reimbursement erosion, administrative burden, and scope of practice are front and center. Our new association management system gives us the infrastructure to move beyond broad messaging and deliver targeted, meaningful engagement at every career stage. Retention follows demonstrated value, not promises of it.

ACEP is our collective voice, and our new strategic framework — anchored in advocacy, clinical excellence, practice innovation, career fulfillment, and member engagement — gives us the right foundation for the years ahead. I am committed to helping execute those priorities with the rigor and urgency they deserve.

I am honored to ask for your continued confidence and your vote. If re-elected, I pledge to bring the same energy, accountability, and commitment to the advancement of our specialty that I have tried to demonstrate in this first term.

Thank you for your leadership, your time, and your trust.

Abhi Mehrotra, MD, MBA, FACEP

Endorsed by the North Carolina College of Emergency Physicians
Incumbent Candidate for Re-Election, ACEP Board of Directors

National Leadership

- ◆ Secretary-Treasurer, ACEP Board of Directors
- ◆ YPS Section Chair
- ◆ EMP & HP Section Chair
- ◆ CEDR Committee Chair
- ◆ Finance Committee
- ◆ HIT Committee
- ◆ EM Practice Committee
- ◆ ED Categorization TF
- ◆ Diversity & Inclusion TF
- ◆ EMRA Board of Directors

Council Service & Awards

- ◆ Steering Committee, 2000
- ◆ Steering Committee, 2008
- ◆ Reference Committees
 - Chair, 2010, 2021, 2022
- ◆ Councillor 2010 - Present
- ◆ EMRA 45 Under 45
- ◆ Council Horizon Award
- ◆ Hero of Emergency Medicine Award

Chapter Leadership

- ◆ President
- ◆ Secretary-Treasurer
- ◆ Board Member
- ◆ Councillor
- ◆ Education Committee Chair

Experience

- ◆ Executive Vice Chair
- ◆ EM System Co-lead
- ◆ Medical Director
- ◆ Admin Fellowship Director
- ◆ Co-founder & CEO

VOTE



Abhi Mehrotra, MD, MBA, FACEP

Secretary-Treasurer, ACEP Board of Directors

Incumbent Candidate for Re-Election, ACEP Board of Directors

ABHISHEK MEHROTRA, MD, MBA, FACEP
CURRICULUM VITAE

OFFICE ADDRESS: 170 Manning Drive, CB# 7594
Chapel Hill, NC 27599-7594
Tel (919) 843-8896
Fax (919) 966-3049
Email: Abhi@med.unc.edu

HOME ADDRESS: 117 Sagerview Way
Durham, NC 27713
Tel (919) 493-1538

CURRENT POSITION: Clinical Professor
Vice Chair, Strategic Initiatives & Operations
Department of Emergency Medicine
University of North Carolina

EDUCATION:**Professional Development**

Professional Development Foundation Series	University of North Carolina SOM Chapel Hill, NC	2018
Chair Development Program	Association of Academic Chairs of Emergency Medicine	2017
Six Sigma Blue Belt	University of North Carolina Hospitals Chapel Hill, NC	2010
Six Sigma Yellow Belt	University of North Carolina Hospitals Chapel Hill, NC	2009
Team STEPPS Coach	University of North Carolina Hospitals Chapel Hill, NC	2009
ACEP Medical Director's Academy Phase I, II, III	American College of Emergency Physicians Dallas, TX	2005, 2007, 2008
EMF/ACEP Research Skills Course	American College of Emergency Physicians Dallas, TX	2007

EMF/ACEP Teaching Fellowship	American College of Emergency Physicians Dallas, TX	2005
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Postgraduate

Emergency Medicine Residency	University of North Carolina Hospitals Chapel Hill, NC	2000 – 2003
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Graduate

M.B.A.	The University of North Carolina Kenan-Flagler Business School Chapel Hill, NC	2014 – 2015
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M.D.	The Ohio State University College of Medicine and Public Health Columbus, OH	1996 – 2000
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Undergraduate

B.A. (Chemistry) Honors in the Liberal Arts	The Ohio State University Columbus, OH	1992 – 1996
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MEDICAL LICENSURE: North Carolina #2003-00383

BOARD CERTIFICATION: Diplomate, American Board of Emergency Medicine
2004, Renewal 2014, Renewal 2024

ACADEMIC & RESEARCH POSITIONS:

Adjunct Professor, Kenan-Flagler Business School University of North Carolina Chapel Hill, NC	2021 – Present
Clinical Professor, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2019 – Present
Clinical Associate Professor, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2013 – 2019
Vice Chair, Strategic Operations, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2015 – Present
Medical Director, Hillsborough Campus, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2015 – 2020
Assistant Medical Director, Medical Center, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2004 – 2020
Chief, Division of Quality & Performance, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2010 – 2015
Associate Residency Director, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2007 – 2010
Assistant Residency Director, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2005 – 2007
Clinical Assistant Professor, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2003 – 2013
Chief Resident, Department of Emergency Medicine University of North Carolina, Chapel Hill, NC	2002 – 2003

Research Assistant, Quality & Operations Improvement Department The Ohio State University Medical Center Columbus, OH	1999 – 2000
Research Assistant, NHLBI National Institutes of Health, NHLBI Bethesda, MD	1994, 1995, 1997

HONORS AND AWARDS:

Emergency Medicine Resident's Association 45 Under 45 Awarded to recognize influencers in the field of Emergency Medicine	2019
UNC School of Medicine Academy of Educators Fellow Awarded in recognition of excellence in teaching	2017 – Present
UNC School of Medicine ACCLAIM Fellow Leadership development program	2015 – 2016
Beta Gamma Sigma International Honor Society for Collegiate Schools of Business	2015
Poets & Quants for Executives Class of 2015 – The Best Executive MBAs Awarded by Poets & Quants based upon nominations from across the country	2015
Council Horizon Award American College of Emergency Physicians (ACEP) Awarded by the ACEP Council to a member who displays leadership potential	2010
Hero of Emergency Medicine ACEP Awarded by ACEP in recognition of contribution to the specialty	2009
Renaissance Award UNC Department of Emergency Medicine Awarded by the EM Residents to an attending exemplifying balance of professional & personal life	2006, 2008
Fellow, American College of Emergency Physicians ACEP	2006
Distinguished Fellow, EMF / ACEP Teaching Fellowship ACEP	2004

Robert J. Doherty EMF / ACEP Teaching Fellowship Scholarship ACEP	2004
Most Helpful Resident Award UNC Hospitals' Nursing Staff	2003
Chief Resident UNC Department of Emergency Medicine	2002
Sphinx Senior Class Honorary The Ohio State University	1995
Bucket & Dipper Junior Class Honorary The Ohio State University	1994

PUBLICATIONS:

A) Book Chapters

- 1) **Mehrotra A.** Behavioral Health in Emergency Care, in Strauss R, Mayer T (editors), ED Management, 2nd Edition, (American College of Emergency Physicians) 50, 2021.
- 2) Glickman S, **Mehrotra A.** Using Data on Patient Experience to Improve Clinical Care, in Wiler J, Pines J, Ward M (editors), Value and Quality Innovations in Acute and Emergency Care, (Cambridge University Press) 178, 2017.
- 3) Goodman G, **Mehrotra A.** Ethical / Legal Issues, in Blok B, Cheung D, Platts-Mills T (editors), First Aid for the Emergency Medicine Boards, (McGraw Hill) 1059, 2016.
- 4) Waller N, **Mehrotra A.** Pericarditis, Myocarditis, and Endocarditis, in Mattu A, et al. (editors), Cardiovascular Emergencies, (American College of Emergency Physicians), 2014.
- 5) **Mehrotra A**, Hobgood C. Disclosure of Medical Error and Truth Telling, in Jesus J, et al. (editors), Ethical Problems in Emergency Medicine: A Discussion Based Review, (Wiley-Blackwell), 27, 2012.
- 6) **Mehrotra A.** Hematologic Emergencies, in Rivers CS (editor), Preparing for the Written Board Exam in Emergency Medicine (5th edition) (EMEE) 2006.
- 7) **Mehrotra A**, Harmondy M. Headache, in Schaidler J, et al. (editors), Rosen and Barkin's 5 Minute Emergency Medicine Consult (2nd edition) (Philadelphia; Lippincott Williams & Wilkins) 468, 2003.

B) Peer-Reviewed Manuscripts

- 1) Lin P, Argon NT, Cheng Q, Evans CS, Linthicum B, Liu Y, **Mehrotra A**, Murphy L, Patel MD, Ziya S. Identifying Patient Subpopulations with Significant Race-Sex Differences in Emergency Department Disposition Decisions. *Health Services Insights*, 17, 2024.
- 2) Cheng Q, Argon NT, Evans CS, Lin P, Linthicum B, Liu Y, **Mehrotra A**, Patel MD, Ziya S. An Investigation into Demographic Disparities in Emergency Department Disposition Decisions. *Production and Operations Management*, online, 2024.
- 3) Lin MP, Sharma D, Venkatesh A, Epstein SK, Janke A, Genes N, **Mehrotra A**, Augustine J, Malcolm B, Goyal P, & Griffey RT (2024). The Clinical Emergency Data Registry: Structure, Use, and Limitations for Research. *Annals of Emergency Medicine*, online, 2024.
- 4) Patel MD, Lin P, Cheng Q, Argon NT, Evans CS, Linthicum B, Liu Y, **Mehrotra A**, Murphy L, Ziya S. Patient sex, racial and ethnic disparities in emergency department triage: A multi-site retrospective study. *The American Journal of Emergency Medicine*. Volume 76, pp 29-35, 2024.
- 5) Lin P, Argon NT, Cheng Q, Evans C, Linthicum, B, Liu Yufeng, Mehrotra A, Patel M, Ziya S. Disparities in Emergency Department Prioritization and Rooming of Patients with Similar Triage Acuity Score. *Academic Emergency Medicine*, 29:11, pp 1320-1328, 2022.
- 6) Chen W, Argon NT, Borhmann T, Linthicum B, Lopiano K, **Mehrotra A**, Travers D, Ziya S. Using Hospital Admission Predictions at Triage for Improving Length-of-Stay in Emergency Departments. *Operations Research*. 71:5. 2022.
- 7) Gettel CJ, Han CR, Granovsky MA, Berdahl CT, Kocher KE, **Mehrotra A**, Schuur JD, Aldeen AZ, Griffey RT, Venkatesh AK. Emergency clinician participation and performance in the CMS Merit-based Incentive Payment System. *Academic Emergency Medicine*, 29:1, pp 64-72, 2022.
- 8) Peacock WF, Baumann BM, Rivers EJ, Davis TE, Handy B, Jones C W, Hollander JE, Limkakeng AT, **Mehrotra A**, Than M, Cullen L, Ziegler A, & Dinkel-Keuthage C. Using Sex-specific Cutoffs for High-sensitivity Cardiac Troponin T to Diagnose Acute Myocardial Infarction. *Academic Emergency Medicine*, 28:4, pp 463-466, 2021.

- 9) Chen, W, Linthicum B, Argon NT, Bohrmann T, Lopiano K, **Mehrotra A**, Travers D, Ziya S. The Effects of Emergency Department Crowding on Triage and Hospital Admission Decisions. *The American Journal of Emergency Medicine*. 38(4): 774-779, 2020.
- 10) Ahalt V, Argon NT, Ziya S, Strickler J, **Mehrotra A**. Comparison of Emergency Department Crowding Scores: A Discrete-Event Simulation Approach. *Health Care Management Science*. 21(1), pp. 144–155, 2018.
- 11) Peacock WF, Baumann BM, Bruton D, Davis TE, Handy B, Jones CW, Hollander JE, Limkakeng AT, **Mehrotra A**, Than M, Ziegler A, Dinkel C. Efficacy of High-Sensitivity Troponin T in Identifying Very-Low-Risk Patients With Possible Acute Coronary Syndrome. *JAMA Cardiology*. 2017.
- 12) Peacock WF, Baumann BM, Davis TE, Handy B, Jones CW, Hollander JE, Limkakeng AT, **Mehrotra A**, Than M, Dinkel C, Ziegler A. High-Sensitivity Troponin T Identifies Patients at Very Low Risk of Adverse Events. *Annals of Emergency Medicine*. Elsevier, 70(4), p. S5, 2017.
- 13) Limkakeng, AT, Carr C, **Mehrotra A**, et al. Chest Pain Care Patterns Across the Carolinas: Determining the Readiness for Widespread HEART Pathway Dissemination. *Annals of Emergency Medicine*. 70(4), p. S1, 2017.
- 14) Rebecca Bollinger Parker, Steven J. Stack, Sandra M. Schneider, Steven H. Bowman, Kerryann B. Broderick, N. Adam Brown, C. Savoy Brummer, Michelle Byers, Vidya Eswaran, Katherine L. Heilpern, Sanford H. Herman, Sheryl L. Heron, Hamad Husainy, Tiffany D. Jackson, Jay Kaplan, Dara Kass, Kevin Klauer, Linda L. Lawrence, Michael Lozano Jr., **Abhi Mehrotra**, Sonja Montgomery, Aasim I. Padela, Rebecca Parker, Sanjay Pattani, Julie A. Rispoli, Hala Sabry, Cynthia Singh, Java Tunson, Dean Wilkerson, Carole Wollard. Why Diversity and Inclusion Are Critical to the American College of Emergency Physicians' Future Success. *Annals of Emergency Medicine*, 69:6:714-717, 2017.
- 15) Glickman SW, **Mehrotra A**, Shea CM, et al. A patient reported approach to identify medical errors and improve patient safety in the emergency department. *J Patient Saf*. 2016.
- 16) Kalich BA, Maguire JM, Campbell-Bright SL, **Mehrotra A**, Caffey T, Tulu Z, Lin FC, Carson SS. Impact of an Antibiotic-specific Sepsis Bundle on Appropriate and Timely Antibiotic Administration for Severe Sepsis in the Emergency Department. *J Emerg Med*; 50(1):79-88.e1, 2016.
- 17) Jones CW, Culbreath KD, **Mehrotra A**, Gilligan PH. Reflex Urine Culture Cancellation in the Emergency Department. *J Emerg Med*; 46(1):71-6, 2014.
- 18) Diercks DB, **Mehrotra A**, Nazarian DJ, Promes SB, Decker WW, Fesmire FM. American College of Emergency Physicians. Clinical policy: Critical Issues in the Evaluation of Adult

Patients Presenting to the Emergency Department with Acute Blunt Abdominal Trauma. *Annals of Emergency Medicine*. 57:387-404, 2011.

- 19) **Mehrotra A**, Sklar DP, Tayal VS, Kocher KE, Handel DA, Riner RM. Important Historical Efforts at Emergency Department Categorization in the United States and Implications for Regionalization. *Academic Emergency Medicine*. 17:12:e154-60, 2010.
- 20) Kocher KE, Sklar DP, **Mehrotra A**, Tayal VS, Gausche-Hill M, Riner RM. Categorization, designation, and regionalization of emergency care: definitions, a conceptual framework, and future challenges. *Academic Emergency Medicine*. 17:12:1306-1311, 2010.
- 21) Wiler J, Gentle C, Halfpenny J, Heins A, **Mehrotra A**, Mikhail M, Fite D. Optimizing Emergency Department Front End Operations. *Annals of Emergency Medicine*. 55:142-160, 2010.
- 22) Broder J, **Mehrotra A**, Tintinalli J. Injuries from the 2002 North Carolina Ice Storm and Strategies for Prevention. *Injury*. 36:1:21-26, 2005.

C) Non Peer-Reviewed Articles

- 1) **Mehrotra A**, Buff TD, Hatfield LM, Kessler CS. Oral anticoagulation reversal. *Emergency Medicine Reports*. 37: 197-208, 2016.

D) Abstracts

- 1) Galske J, Venkatesh A, Makutonin M, Barthell E, **Mehrotra A**, Epstein S, Aldeen A, Dalsey W, Richardson L, Ravi S, Lin M, Sabbatini A, Cirillo A, Tinloy B, Goyal P, Augustine J, Gettel CJ. QCDR Measure Reporting Among Emergency Medicine Physicians: Trends in MIPS from 2017 to 2022. Society for Academic Emergency Medicine, Philadelphia, May 2025.
- 2) Mendoza C, Lucke A, Barletson P, **Mehrotra A**, Bohrmann T, Patel M, Seaman C. Implementation of an Influenza Vaccination Program is a Feasible and Effective Public Health Tool in the Emergency Department. *Annals of Emergency Medicine*; 78 (4), p. S125; 2021.
- 3) Myers JG, Sackmann R, Cai A, Meyer M, **Mehrotra A**. Eliminating Routine Use of Oral Contrast in Diagnostic Abdominopelvic Computed Tomography Imaging: Implications for Patient Care and Efficiency in the Emergency Department. *Academic Emergency Medicine*, 25 (S1), p. S234, 2018.
- 4) Limkakeng AT, Carr C, **Mehrotra A**, Smith L, Pajewski N, Burke GL, Wells BJ, Mahler S. Chest Pain Care Patterns Across the Carolinas: Determining the Readiness for Widespread HEART Pathway Dissemination. *Annals of Emergency Medicine*; 70(4), p. S1; 2017.

- 5) **Mehrotra A**, Travers D, Chen W, Lopiano K, Bohrmann T, Argon N, Ziya S, Strickler J, Ring J, Linthicum B. Starting with a Clear Endpoint: Development of a Tool to Predict Admissions at Triage. *Academic Emergency Medicine*. 24:S1:S13-4, 2017.
- 6) Heaton HA, Matthews SM, Cummings AG, Forbach CR, **Mehrotra A**. Financial Impact of Scribes in an Academic Emergency Department. *Annals of Emergency Medicine*. 64:4:S3, 2014.
- 7) Heaton HA, Matthews SM, Cummings AG, Forbach CR, **Mehrotra A**. Impact of Scribes on Patient Throughput in an Academic Emergency Department. *Annals of Emergency Medicine*. 64:4:S75, 2014.
- 8) Jones C, Culbreath K, **Mehrotra A**, Gilligan P, Shofer S. Urinalysis Reflex Testing in the Emergency Department. *Academic Emergency Medicine*. 18:4:S197-8, 2011.
- 9) **Mehrotra A**, Glickman S, Torell M, Cairns C. Discrepancies in Reporting and Payment in the CMS EM PQRI Program in an Academic Medical Center. *Academic Emergency Medicine*. 16:4:S258, 2009.
- 10) Biese K, **Mehrotra A**, Page B, Cook J, Merck L. ED Crowding Increases Acquisition Time of Brain CT and ECG. *Academic Emergency Medicine*. 15:5:S199-200, 2008.

TEACHING RECORD:

COURSE DIRECTOR

Emergency Medicine Administration and Leadership Fellowship
UNC Department of Emergency Medicine
Ongoing Audience: 2
Chapel Hill, NC

Administration Rotation
UNC Emergency Medicine Residency Curriculum
Ongoing Audience: 12
Chapel Hill, NC

LECTURES / GRAND ROUNDS

“ACEP Update 2025”
Duke Emergency Medicine Grand Rounds
December 2025 Audience: 50
Durham, NC

“GI Foreign Bodies”
Topics in Emergency Medicine
August 2025 Audience: 120
Paris, France

“Novel Agents for Sedation”
Topics in Emergency Medicine
August 2025 Audience: 120
Paris, France

“ALTO: Alternatives to Opioids”
Topics in Emergency Medicine
August 2025 Audience: 120
Paris, France

“Sepsis Updates - 2025”
Topics in Emergency Medicine
August 2025 Audience: 120
Paris, France

“ED Boarders: Managing the Challenge”

Topics in Emergency Medicine

August 2025

Audience: 120

Paris, France

“Aviation Applications: Optimizing Safety Strategies in EM”

Topics in Emergency Medicine

August 2025

Audience: 120

Paris, France

“Anticoagulation Reversal”

Topics in Emergency Medicine

August 2025

Audience: 120

Paris, France

“Unlocking Revenue Potential: ED Obs Billing Essentials”

Coastal Emergency Medicine Conference

June 2025

Audience: 300

Kiawah Island, SC

“ACEP Update 2025”

Coastal Emergency Medicine Conference

June 2025

Audience: 300

Kiawah Island, SC

“ACEP National Focus 2025”

North Carolina College of Emergency Physicians’ Medical Director’s Summit

March 2025

Audience: 60

Greensboro, NC

“Operational Challenges in Managing an ED”

MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations

February 2025

Audience: 70

Chapel Hill, NC

MASH to ER to The Pitt: The Transformation and State of Emergency Medicine in 2025 and Beyond

UNC Department of Emergency Medicine Grand Rounds

January 2025

Audience: 60

Chapel Hill, North Carolina

2025 Quality Reporting Solutions: MIPS, MVPs, and Potential Data Opportunities

ACEP Reimbursement and Coding Conference

January 2025

Audience: 120

Orlando, Florida

“ALTO: Alternatives to Opioids”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“GI Foreign Bodies”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“Sepsis Updates - 2024”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“Novel Agents for Sedation”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“Psychiatric Boarding in the ED”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“Update on Stroke 2024”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“Anticoagulation Reversal”

Topics in Emergency Medicine

October 2024

Audience: 70

New York, New York

“Aviation Applications: Optimizing Safety Strategies in EM”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“Novel Agents for Sedation”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“Managing Sepsis: 2024 Updates”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“ALTO: Alternatives to Opioids”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“Psychiatric Observation in the ED”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“ED Boarders: Managing the Challenge”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“Anticoagulation Reversal”

Topics in Emergency Medicine

October 2024

Audience: 70

Jackson Hole, Wyoming

“Beautiful Data for Real People”

American College of Emergency Physicians Scientific Assembly

September 2024

Audience: 100

Las Vegas, NV

“Waiting Room Medicine and Risk Mitigation”

Summit to Sound 2024

June 2024

Audience: 100

Cle Elum, WA

“Entrepreneurship Lessons”

MBA 956 – New Ventures – Discovery; UNC Kenan-Flagler Business School

April 2024

Audience: 90

Chapel Hill, NC

“AI: What Does It Mean for Emergency Medicine”

American College of Emergency Physicians’ Leadership and Advocacy Conference

April 2024

Audience: 500

Washington, DC

“ACEP National Focus 2024”

North Carolina College of Emergency Physicians’ Medical Director’s Summit

March 2024

Audience: 60

Greensboro, NC

“Case Study – MedScribes”

MBA 835 – Introduction to Entrepreneurship; UNC Kenan-Flagler Business School

February 2024

Audience: 90

Chapel Hill, NC

“AI in the ED”

\$traight Talk XXXII: Today’s Reimbursement Issues

November 2023

Audience: 70

Troy, MI

“The Land of Obs: Psych Observation Billing Across EDs”

Emergency Department Practice Management Association Solutions Summit

April 2023

Audience: 75

Las Vegas, NV

“Entrepreneurship Lessons”

MBA 956 – New Ventures – Discovery; UNC Kenan-Flagler Business School

April 2023

Audience: 90

Chapel Hill, NC

“Stroke Update”

Topics in Emergency Medicine

March 2023

Audience: 60

Banff, Alberta [Canada]

“Anticoagulation Reversal”

Topics in Emergency Medicine

March 2023

Audience: 60

Banff, Alberta [Canada]

“Psychiatric Boarding Solutions”

Topics in Emergency Medicine

March 2023

Audience: 60

Banff, Alberta [Canada]

“Quality Measures in the ED”

Topics in Emergency Medicine

March 2023

Audience: 60

Banff, Alberta [Canada]

“Alternatives to Opioids”
Topics in Emergency Medicine
March 2023
Banff, Alberta [Canada]

Audience: 60

“Novel Agents for Sedation”
Topics in Emergency Medicine
March 2023
Banff, Alberta [Canada]

Audience: 60

“ACEP National Focus 2023”
North Carolina College of Emergency Physicians’ Medical Director’s Summit
March 2023
Greensboro, NC

Audience: 60

“Operational Challenges in Managing an ED”
MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations
December 2022
Chapel Hill, NC

Audience: 40

“Operational Challenges in Managing an ED”
MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations
August 2022
Chapel Hill, NC

Audience: 40

“Entrepreneurship Lessons”
MBA 956 – New Ventures – Discovery; UNC Kenan-Flagler Business School
March 2022
Chapel Hill, NC

Audience: 50

“Boarding – Solutions?”
North Carolina College of Emergency Physicians’ Medical Director’s Summit
March 2022
Greensboro, NC

Audience: 60

“Quality Measures in the ED”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“Alternatives to Opioids”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“Anticoagulation Reversal”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“Stroke Update”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“Psychiatric Boarding Solutions”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“Novel Agents for Sedation”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“GI Foreign Bodies”
Topics in Emergency Medicine
September 2021
Las Vegas, NV

Audience: 40

“Operational Challenges in Managing an ED”
MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations
July 2021
Chapel Hill, NC

Audience: 40

“Operational Challenges in Managing an ED”
MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations
January 2021
Chapel Hill, NC

Audience: 40

“Quality Measures in the ED”
Topics in Emergency Medicine
December 2020
Virtual

Audience: 80

“Alternatives to Opioids”
Topics in Emergency Medicine
December 2020
Virtual

Audience: 80

“Anticoagulation Reversal”
 Topics in Emergency Medicine
 December 2020 Audience: 80
 Virtual

“Stroke Update”
 Topics in Emergency Medicine
 December 2020 Audience: 80
 Virtual

“Psychiatric Boarding Solutions”
 Topics in Emergency Medicine
 December 2020 Audience: 80
 Virtual

“Sepsis Quality Measures Update”
 Topics in Emergency Medicine
 December 2020 Audience: 80
 Virtual

“Design and Delivery of Healthcare Systems”
 MBA 898 – UNC Kenan-Flagler Business School – Healthcare Operations
 July 2020 Audience: 40
 Chapel Hill, NC

“Metrics in Managing the ED”
 North Carolina College of Emergency Physicians’ Medical Director’s Summit
 March 2020 Audience: 60
 Greensboro, NC

“GI Foreign Bodies”
 Topics in Emergency Medicine
 November 2019 Audience: 130
 Key West, FL

“Anticoagulation Reversal”
 Topics in Emergency Medicine
 November 2019 Audience: 130
 Key West, FL

“Novel Agents for Sedation”
 Topics in Emergency Medicine
 November 2019 Audience: 130
 Key West, FL

“Quality Measures in the ED”
Topics in Emergency Medicine
November 2019
Key West, FL

Audience: 130

“What’s New With Sepsis?”
Topics in Emergency Medicine
November 2019
Key West, FL

Audience: 130

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”
Topics in Emergency Medicine
November 2019
Key West, FL

Audience: 130

“Psychiatric Boarding Solutions”
Topics in Emergency Medicine
November 2019
Key West, FL

Audience: 130

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”
American College of Emergency Physicians Scientific Assembly
October 2019
Denver, CO

Audience: 110

“ACEP Connect: Split Flow Success – Avoiding Pitfalls and Getting Up to Speed”
American College of Emergency Physicians Scientific Assembly
October 2019
Denver, CO

Audience: 200

“How to Sleep Soundly After Discharging Suicidal Patients From Your ED”
American College of Emergency Physicians Scientific Assembly
October 2019
Denver, CO

Audience: 200

“Sepsis Core Measures – Where Are We Now?”
Excellence in Emergency Medicine: Update in Emergency and Trauma Care
October 2019
Asheville, NC

Audience: 70

“Approach to Low Risk Chest Pain”
UNC Department of Medicine Grand Rounds
September 2019
Chapel Hill, NC

Audience: 200

“ACS Risk Stratification”

UNC Department of Emergency Medicine Residency Conference

August 2019

Audience: 40

Chapel Hill, NC

“Operational Challenges in Managing an ED”

MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations

July 2019

Audience: 40

Chapel Hill, NC

“Shark Tank”

PUBH 755 – Translating Evidence into Practice for Population Health; UNC School of Public Health

April 2019

Audience: 35

Chapel Hill, NC

“Chest Pain Pathway”

UNC Department of Emergency Medicine Faculty Education Session

April 2019

Audience: 25

Chapel Hill, NC

“Entrepreneurship Lessons”

MBA 956 – New Ventures – Discovery; UNC Kenan-Flagler Business School

March 2019

Audience: 90

Chapel Hill, NC

“Case Study – MedScribes”

MBA 835 – Introduction to Entrepreneurship; UNC Kenan-Flagler Business School

March 2019

Audience: 60

Chapel Hill, NC

“Metrics in Managing the ED”

North Carolina College of Emergency Physicians’ Medical Director’s Summit

March 2019

Audience: 60

Greensboro, NC

“Physician Executives in the Hospital Environment”

HPM 713 – Hospital Operations; UNC School of Public Health

January 2019

Audience: 35

Chapel Hill, NC

“Sepsis Core Measures – Where Are We Now?”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2018

Audience: 70

Asheville, NC

“Thrombolysis or No Thrombolysis – Update in Acute Stroke Care”
Excellence in Emergency Medicine: Update in Emergency and Trauma Care
November 2018 Audience: 70
Asheville, NC

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”
American College of Emergency Physicians Scientific Assembly
October 2018 Audience: 110
San Diego, CA

“ACEP Connect: Split Flow Success – Avoiding Pitfalls and Getting Up to Speed”
American College of Emergency Physicians Scientific Assembly
October 2018 Audience: 200
San Diego, CA

“Working with a Scribe: Tips and Tricks for Success!”
UNC Emergency Medicine Resident Conference
July 2018 Audience: 25
Chapel Hill, NC

“Operational Challenges in Managing an ED”
UNC Kenan-Flagler MBA Class – Healthcare Operations
July 2018 Audience: 40
Chapel Hill, NC

“One Organization’s Journey Through the Psychpocalypse”
EDPMA Solutions Summit
April 2018
Ft. Lauderdale, FL Audience: 130

“GI Foreign Bodies”
Topics in Emergency Medicine
April 2018 Audience: 70
Singer Island, FL

“Anticoagulation Reversal”
Topics in Emergency Medicine
April 2018 Audience: 70
Singer Island, FL

“Novel Agents for Sedation”
Topics in Emergency Medicine
April 2018 Audience: 70
Singer Island, FL

“Quality Measures in the ED”
Topics in Emergency Medicine

April 2018 Audience: 70
Singer Island, FL

“Thrombolysis or No Thrombolysis: Update on Stroke Management”
Topics in Emergency Medicine

April 2018 Audience: 70
Singer Island, FL

“Case Study – MedScribes”

MBA 835 – Introduction to Entrepreneurship; UNC Kenan-Flagler Business School
March 2018 Audience: 60
Chapel Hill, NC

“Optimizing Psychiatric Care – Beyond Boarding”

North Carolina College of Emergency Physicians Medical Director Summit
March 2018 Audience: 45
Greensboro, NC

“Operational Challenges in Managing an ED”

UNC Kenan-Flagler MBA Class – Healthcare Operations
February 2018 Audience: 40
Chapel Hill, NC

“Innovations in the Healthcare Arena”

UNC Kenan-Flagler MBA Class – Health Economics
February 2018 Audience: 40
Chapel Hill, NC

“Physician Executives in the Hospital Environment”

HPM 713 – Hospital Operations; UNC School of Public Health
January 2018 Audience: 35
Chapel Hill, NC

“This Boarding is Crazy: What To Do With Mental Health Boarders in Your Department”

American College of Emergency Physicians Scientific Assembly
October 2017 Audience: 220
Washington, D.C.

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”

American College of Emergency Physicians Scientific Assembly
October 2017 Audience: 150
Washington, D.C.

“ACEP Connect: Mental Health Patients in Your Department”
American College of Emergency Physicians Scientific Assembly
October 2017 Audience: 300
Washington, D.C.

“Sepsis Core Measures – Where Are We Now?”
Excellence in Emergency Medicine: Update in Emergency and Trauma Care
October 2017 Audience: 70
Asheville, NC

“Novel Agents for Sedation”
Excellence in Emergency Medicine: Update in Emergency and Trauma Care
October 2017 Audience: 70
Asheville, NC

“VTE – A Critical Unmet Need”
Portola Preceptorship
August 2017 Audience: 35
Chapel Hill, NC

“Managing Major Bleeds on NOACs”
Portola Preceptorship
August 2017 Audience: 35
Chapel Hill, NC

“Anticoagulation Reversal”
Hot Topics in Emergency Care 2017
June 2017 Audience: 75
Porto, Portugal

“Operational Challenges in Managing an ED”
UNC Kenan-Flagler MBA Class – Healthcare Operations
April 2017 Audience: 35
Chapel Hill, NC

“GI Foreign Bodies”
Emergency Medicine Update
March 2017 Audience: 120
Kauai, HI

“Anticoagulation Reversal”
Emergency Medicine Update
March 2017 Audience: 120
Kauai, HI

“Novel Agents for Sedation”
Emergency Medicine Update
March 2017
Kauai, HI

Audience: 120

“Quality Measures in the ED”
Emergency Medicine Update
March 2017
Kauai, HI

Audience: 120

“Panel Discussion: Moving Forward as an Emergency Care Community”
Turn the Tide NC – A US Surgeon General Initiative
March 2017
Durham, NC

Audience: 110

“Behavioral Health Challenges – An Update for North Carolina”
North Carolina Medical Director’s Summit
March 2017
Greensboro, NC

Audience: 65

“Physician Executives in the Hospital Environment”
HPM 713 – Hospital Operations; UNC School of Public Health
January 2017
Chapel Hill, NC

Audience: 35

“LLSA Literature Review”
Coastal Emergency Medicine Conference
June 2016
Kiawah Island, SC

Audience: 45

“Focused Reassessment of Where We Stand: Sepsis Core Measures are Here”
Coastal Emergency Medicine Conference
June 2016
Kiawah Island, SC

Audience: 90

“Reversing the Irreversible (NOACs and Their Reversal Agents)”
Coastal Emergency Medicine Conference
June 2016
Kiawah Island, SC

Audience: 90

“Leading Transformational Change: The Physician-Executive Partnership”
5th Annual Triangle Healthcare Executive Forum Leadership Summit
June 2016
Cary, NC

Audience: 120

“GI Foreign Bodies”
 Emergency Medicine Update
 May 2016 Audience: 75
 Destin, FL

“Anticoagulation Reversal”
 Emergency Medicine Update
 May 2016 Audience: 75
 Destin, FL

“Novel Agents for Sedation”
 Emergency Medicine Update
 May 2016 Audience: 75
 Destin, FL

“Quality Measures in the ED”
 Emergency Medicine Update
 May 2016 Audience: 75
 Destin, FL

“Operational Challenges in Managing an ED”
 UNC Kenan-Flagler MBA Class – Healthcare Operations
 April 2016 Audience: 35
 Chapel Hill, NC

“Physician Executives in the Hospital Environment”
 HPM 713 – Hospital Operations; UNC School of Public Health
 January 2016 Audience: 35
 Chapel Hill, NC

“LLSA Literature Review”
 Excellence in Emergency Medicine: Update in Emergency and Trauma Care
 November 2015 Audience: 40
 Asheville, NC

“Anticoagulation Reversal”
 Excellence in Emergency Medicine: Update in Emergency and Trauma Care
 November 2015 Audience: 40
 Asheville, NC

“Psychiatric Boarding: Three State Perspective on a National Problem”
 American College of Emergency Physicians Scientific Assembly
 October 2015 Audience: 60
 Boston, MA

“Emergency Physician Career Transitions”

American College of Emergency Physicians Scientific Assembly

October 2015

Audience: 100

Boston, MA

“Maintaining Your ABEM Certification: Review of 2015 LLSA Articles: Part 1”

American College of Emergency Physicians Scientific Assembly

October 2015

Audience: 250

Boston, MA

“Maintaining Your ABEM Certification: Review of 2015 LLSA Articles: Part 2”

American College of Emergency Physicians Scientific Assembly

October 2015

Audience: 250

Boston, MA

“LLSA Literature Review”

Coastal Emergency Medicine Conference

June 2015

Audience: 45

Kiawah Island, SC

“Anticoagulation Reversal”

Emergency Medicine Update

March 2015

Audience: 50

Punta Cana, Dominican Republic

“GI Foreign Bodies”

Emergency Medicine Update

March 2015

Audience: 50

Punta Cana, Dominican Republic

“Quality & Performance Measures”

Emergency Medicine Update

March 2015

Audience: 50

Punta Cana, Dominican Republic

“LLSA Literature Review”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2014

Audience: 40

Asheville, NC

“Quality and Performance Measures – Why You Should Care”

Risk Management Emergency Medicine Seminar 2014

October 2014

Audience: 30

Jekyll Island, GA

“High Risk Coagulation Problems – Anticoagulation Reversal”
Risk Management Emergency Medicine Seminar 2014
October 2014 Audience: 30
Jekyll Island, GA

“Quality Measures”
APS Orientation
September 2014 Audience: 25
Chapel Hill, NC

“LLSA Literature Review”
Coastal Emergency Medicine Conference
June 2014 Audience: 45
Kiawah Island, SC

“Quality Measures in EM – Why You Should Care”
University of California, San Francisco Residency in Emergency Medicine Grand Rounds
March 2014 Audience: 70
San Francisco, CA

“LLSA Literature Review”
Excellence in Emergency Medicine: Update in Emergency and Trauma Care
November 2013 Audience: 35
Asheville, NC

“Innovations and Best Practices – Patient Satisfaction at UNC”
ACEP and Urgent Matters Present: Emergency Care Quality Improvement in the Era of Public Accountability
October 2013 Audience: 150
Seattle, WA

“LLSA Literature Review”
Coastal Emergency Medicine Conference
June 2013 Audience: 45
Kiawah Island, SC

“Anticoagulation Reversal”
24th Annual May Day Trauma Conference
May 2013 Audience: 20
Chapel Hill, NC

“Innovative Transfer Center Strategies and Successful ED Patient Flow Management”
Patient Flow Management Congress
January 2013 Audience: 60
Las Vegas, NV

“LLSA Literature Review”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2012

Audience: 20

Asheville, NC

“Quality Measures Update”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2012

Audience: 30

Asheville, NC

“Quality Measures Update”

University of California, Davis Residency in Emergency Medicine

Grand Rounds, August 2012

Audience: 60

Sacramento, CA

“LLSA Literature Review”

North Carolina College of Emergency Physicians

June 2012

Audience: 25

Myrtle Beach, SC

“Complications of Conscious Sedation”

University of North Carolina Department of Internal Medicine

Grand Rounds, January 2012

Audience: 100

Chapel Hill, NC

“Quality Measures in EM – Why You Should Care”

University of California, Davis Residency in Emergency Medicine

Grand Rounds, November 2011

Audience: 60

Sacramento, CA

“Quality Assessment in Emergency Medicine”

7th Annual Indo-US Emergency Medicine Summit; INDUS-EM

September 2011

Audience: 150

New Delhi, India

“Quality Measures in EM – Why You Should Care”

University of North Carolina Residency in Emergency Medicine

Grand Rounds, July 2010

Audience: 40

Chapel Hill, NC

“Quality Measures in EM – Why You Should Care”

East Carolina University Residency in Emergency Medicine

Grand Rounds, July 2010

Audience: 50

Greenville, NC

“Quality Measures in EM – Why You Should Care”

Carillion Clinic Residency in Emergency Medicine

Grand Rounds, May 2010 Audience: 50

Roanoke, VA

“Quality Measures in EM – Why You Should Care”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2010 Audience: 40

Asheville, NC

“Update on Acute Stroke Management”

North Carolina College of Emergency Physicians

June 2009 Audience: 50

Myrtle Beach, SC

“EM Gastrointestinal Foreign Body Management”

Resident Lecture Series, 2009 Audience: 30

UNC Residency in Emergency Medicine

Chapel Hill, NC

“Financial Planning for EM Physicians”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

September 2008 Audience: 25

Asheville, NC

“LLSA Literature Review”

North Carolina College of Emergency Physicians

June 2007 Audience: 25

Myrtle Beach, SC

“Dog Days of Summer”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

September 2006 Audience: 30

Asheville, NC

“Clinical Decision Rules”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

September 2006 Audience: 30

Asheville, NC

“Overview of the 2005 AHA ECC Guidelines”

Resident Lecture Series, 2006 Audience: 25

UNC Residency in Emergency Medicine

Chapel Hill, NC

“Basic Airway Instruction”

Intern Orientation Lecture Series, 2005 – 2011

UNC Residency in Emergency Medicine

Chapel Hill, NC Audience: 15

“Basic Laryngoscopy”

Intern Orientation Lecture Series, 2005 – 2011

UNC Residency in Emergency Medicine

Chapel Hill, NC Audience: 15

“Introduction to Wound Management”

Resident Lecture Series, 2005 - 2011

UNC Residency in Emergency Medicine

Chapel Hill, NC Audience: 15

“Suturing Techniques for Primary Care Physicians”

North Carolina State University Student Health Service

April 2004 Audience: 15

Raleigh, NC

“Fiberoptic Scope – Airway Management”

American College of Emergency Physicians Scientific Assembly

October 2002 Audience: 30

Seattle, WA

“Introduction to Pediatric Wound Management”

Resident Lecture Series, 2002, 2003, 2008

UNC Residency in Pediatrics Audience: 25

Chapel Hill, NC

RESEARCH GRANTS:

Carolinas Collaborative	Mehrotra (Site PI)	2016 – 2017
The HEART Pathway” a learning health system project, translating evidence to practice across the Carolinas.		
Role: Site PI	(0% Effort – NC TRACS Grant)	
UNC Innovations Center	Mehrotra, Travers (Co-PI)	2015 – 2016
Improving Throughput Time for High Complexity Patients in the Emergency Department		
Role: Co-PI		
Roche	Mehrotra (Site PI)	2014 – 2016
Clinical Performance of Elecsys Troponin T Gen 5 in Subjects with Symptoms of Acute Coronary Syndrome (ACS): ACS Collection Study for Serum Claim.		
Role: Site PI	(0% Effort – Industry Sponsored)	
BTG International, Inc.	Quackenbush (Site PI)	2014 – 2015
A Randomized, Double-Blind, Placebo-Controlled Study comparing CroFab® versus Placebo with Rescue Treatment for Copperhead Snake Envenomation		
Role: Site Sub-Investigator		
Roche	Mehrotra (Site PI)	2011 – Jan 2013
Clinical Performance of Elecsys High Sensitive Troponin T in Subjects with Symptoms Suggestive of Acute Coronary Syndrome (ACS) Study # CIM RD001088		
Role: Site PI	(0% Effort – Industry Sponsored)	
Bayer	Sen (Site PI)	2003 – 2004
A Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetic/Pharmacodynamic Effects of a Targeted Exposure of Intravenous Repinotan HCL in Patients with Acute Ischemic Stroke (Modified RECT)		
Role: Site Sub-Investigator		
Concentric Medical	Solander (Site PI)	2003 – 2004
Mechanical Embolus Removal in Cerebral Ischemia Trial to Study Safety and Efficacy of the MERCI Retriever in the Treatment of Thrombotic Occlusion Originating in the Internal Carotid, Middle Cerebral (M1 & M2 segments), Basilar or Vertebral Arteries		
Role: Site Sub-Investigator		
Ono Pharma	Sen (Site PI)	2003 – 2005
A Randomized, Double-blind, Placebo-controlled, Multi Center Study of the Effects of ONO-2506 Intravenous Infusion on the Amelioration of Neurological Damage and Improvement of Stroke Assessment Scale Scores in Patients with Acute Ischemic Stroke” (RREACT Study)		
Role: Site Sub-Investigator		

Centers for Disease Control	Roseman (Site PI)	2003 – 2010
The North Carolina Collaborative Stroke Registry		
Role: Site Sub-Investigator		
Genentech	Sen (Site PI)	2004 – 2007
IV vs. IA tPA (Activase) in Acute Ischemic Stroke with CTA Evidence of Major Vessel Occlusion		
Role: Site Sub-Investigator		
Astrazeneca	Felix (Site PI)	2004 – 2006
A double-blind, randomized, placebo-controlled, parallel-group, multicenter, phase IIb/III study to assess the efficacy and safety of intravenous NXY-059 in acute ischemic stroke (SA-NXY-0007)		
Role: Site Sub-Investigator		
CoAxia	Sen (Site PI)	2005 – 2010
SENTIS Stroke Trial: Safety and Efficacy of NeuroFlo Technology in Ischemic Stroke with SCION: A Study of Care Intensity and outcomes of NeuroFlo		
Role: Site Sub-Investigator		
National Institutes of Health	Sen (Site PI)	2005 – 2010
IMS-III: Interventional Management of Stroke (IMS-III) Trial” (randomized, open-label multi-center study examining whether a combined intravenous (IV) and intra-arterial (IA) approach to recanalization is superior to standard IV t-PA)		
Role: Site Sub-Investigator		
Taisho Pharmaceutical	Sen (Site PI)	2005 – 2007
A Multi-Center, Randomized, Double-Blind, Placebo-controlled, Ascending-Dose Study of the Safety, Pharmacokinetics, and Pharmacodynamics of a Single, 1-Hour Infusion of TS-011 in Acute Ischemic Stroke (AIS) Patients		
Role: Site Sub-Investigator		
NovoNordisk	Huang (Site PI)	2005 – 2006
Randomised, Double-Blind, Placebo Controlled, Multi-Centre, Parallel Groups Confirmatory Efficacy and Safety Trial of Activated Recombinant Factor VII (NovoSeven ®/Niasase®) in Acute Intracerebral Haemorrhage		
Role: Site Sub-Investigator		

NINDS U01 NS40406-04 National Institutes of Health Sen (Site PI) Albumin in Acute Stroke (ALIAS) Trial: A Phase III Randomized Multi-center Clinical Trial of High-Dose Human Albumin Therapy for Neuroprotection in Acute Ischemic Stroke Role: Site Sub-Investigator	2006 – 2010
University Research Council Mehrotra, Biese (Co-PI) ED Overcrowding affecting time to diagnostic studies Role: Co-PI	2007
PhotoThera, Inc. Huang (Site PI) NeuroThera® Effectiveness and Safety Trial - 2 (NEST-2) A double blind, randomized, controlled, parallel group, multicenter, pivotal study to assess the safety and effectiveness of the treatment of acute ischemic stroke with the NeuroThera® Laser System within 24 hours from stroke onset Role: Site Sub-Investigator	2007 – 2008
CoAxia Sen (Site PI) Safety and Efficacy of NeuroFlo in 8-24 Hour Stroke Patients (FIO 24) Role: Site Sub-Investigator	2007 – 2008

NATIONAL COMMITTEE SERVICE:

American College of Emergency Physicians (ACEP):

Board of Directors, Member	2023 – Present
<i>Secretary / Treasurer</i>	2025 – 2026
Quality and Patient Safety Committee	2022 – 2023
Finance Committee	2022 – 2023
Representative to American Society of Hematology TEP	2022 – 2023
<i>Implementing Clinical Pretest Probability Tools into Practice</i>	
Data Registry Source Selection Task Force	2020 – 2021
Health Innovation Technology Committee	2019 – 2023
Clinical Resources Review Committee	2019 – 2023
Clinical Data Registry Committee	2017 – 2023
<i>Chair</i>	2018 – 2020
ACEP Councillor	2010 – 2024
Quality and Performance Committee	2010 – 2021
Quality Improvement and Patient Safety Section	2008 – Present
EM Practice Management and Health Policy Section	2007 – Present
<i>Chair</i>	2012 – 2014
<i>Chair-Elect</i>	2010 – 2012
<i>Secretary</i>	2008 – 2010
Young Physicians Section	2005 – 2023
<i>Immediate Past Chair, Chair, Chair-Elect</i>	2006 – 2009
Diversity and Inclusion Task Force	2016 – 2018
Council Steering Committee	2008 – 2010
<i>Annual Meeting & Communications Subcommittee</i>	2008 – 2009
<i>Chair</i>	2009 – 2010
<i>Election Reform Subcommittee</i>	2008 – 2009
<i>Strategic Issues Forum</i>	2009
Transitions of Care Task Force	2011 – 2012
ED Categorization Task Force	2008 – 2010
<i>Chair</i>	2008 – 2010
Integration Model Task Force	2009 – 2010
ACEP Alternate Councillor	2008 – 2010
ACEP Council Reference Committee	2001, 2008, 2010, 2021, 2022
<i>Chair</i>	2010, 2021, 2022
Clinical Policies Committee – Blunt Abdominal Trauma Subcommittee Member	2007 – 2011
Emergency Medicine Practice Committee – Subcommittee Chair	2004 – 2009
Finance Committee	2002 – 2003
Council Steering Committee	2000 – 2002

Society for Academic Emergency Medicine (SAEM):

Finance Committee	2016 – 2020
Membership Committee	2016 – 2020

Clinical Director's Interest Group	2008 – Present
Faculty Development Committee	2016 – 2017
Regionalization Task Force	2009 – 2010

American Board of Emergency Medicine (ABEM):

Certification Exam Examiner	2026 - Present
Senior Oral Examiner	2024 – 2025
Health Care Administration, Leadership, and Management Advisory (HALM) Committee	2023 – Present
Item Writer	2015 – 2025
Oral Examiner	2012 – 2024

National Quality Forum:

Chief Complaint-Based Quality of Emergency Care Committee	2018 – 2020
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Emergency Medicine Residents' Association (EMRA):

Program Committee	2001 – 2003
<i>Chair</i>	2001 – 2002
ACEP Board Liaison	2000 – 2002
Program Representative	2000 – 2002

American Medical Association (AMA):

Medical Student Section (MSS) Reference Committee	1998 – 1999
<i>Chair</i>	1999
Committee on Recruitment	1998 – 1999
Computer Projects Committee	1997 – 1998

REGIONAL COMMITTEE SERVICE:

North Carolina Institute of Medicine:

Task Force on the Future of the Nursing Workforce	2023 – 2025
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North Carolina Department of Health & Human Services:

Behavioral Health Crisis Referral System Advisory Committee	2017 – 2022
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North Carolina Division of Health Service Regulation:

Trauma Designation Site Reviewer	2009
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North Carolina College of Emergency Physicians (NCCEP):

Immediate Past President	2015 – 2016
President	2014 – 2015
President-Elect	2013 – 2014
Secretary-Treasurer	2012 – 2013
Board Member	2010 – 2016

Councillor to ACEP Council	2010 – 2024
Alternate Councillor to ACEP Council	2008 – 2010
Educational Committee	2006 – 2008
<i>Chair</i>	2007

Ohio State Medical Association (OSMA):

Committee on Emergency and Disaster Medical Care	1998 – 1999
Reference Committee	1998
Medical Student Section	1996 – 2000
<i>Chair</i>	1999 – 2000
<i>Vice-Chair</i>	1998 – 1999

LOCAL COMMITTEE SERVICE:

UNC Healthcare System:

One UNC Clinical Research Pharmacy Design Committee	2023 – 2025
System Emergency Services Leadership Council	2018 – Present
<i>Chair</i>	2023 – Present
<i>Co-Chair</i>	2018 – 2023
System Pharmacy & Therapeutics Committee	2016 – Present
<i>Chair</i>	2016 – Present

UNC Faculty Physicians:

Board Member	2017 – 2020
<i>Benefits Committee</i>	2018 – 2020
<i>Exceptions Committee</i>	2018 – 2020

UNC School of Medicine:

Representative to University Faculty Council	2021 – 2024
Fixed Term Faculty Promotions Committee	2017 – 2020
Physician Service Line Leader	2009 – 2021
Chair Review Committee	2017
Member, Department of Ophthalmology Review	
Physician's Performance Improvement Leadership Group	2005 – 2008
Problem Based Learning curriculum development committee	2003 – 2004

UNC Hospitals:

Patient Flow & Transitions of Care Committee	2020 – 2024
Hillsborough Campus Executive Steering Committee	2017 – 2020
Outpatient Care Services Executive Council	2013 – 2019
UNC Medical Center Improvement Council	2013 – 2024
Standing Orders Committee	2013 – 2020
Utilization Management Committee	2012 – 2023
Credentials Committee	2011 – 2025
Acute Myocardial Infarction Process Improvement Team	2005 – 2024
Pharmacy & Therapeutics Committee	2004 – Present

<i>Chair</i>	2010 – 2018
Adult Sedation Committee	2008 – 2011
<i>Chair</i>	2008 – 2010
Transfusion Committee	2007 – 2017
Medical Staff Executive Committee	2005 – 2007
Quality Council	2005 – 2013
Pneumonia Clinical Process Improvement Team	2004 – 2005

UNC Department of Emergency Medicine:

Finance Committee	2017 – Present
Leadership Council	2015 – Present
Peer Review Committee	2013 – 2024
<i>Chair</i>	2013 – 2016
Clinical Operations Group	2004 – Present
<i>Co-Chair</i>	2004 – Present
Throughput Committee	2008 – 2013
<i>Chair</i>	2008 – 2013
Residency Selection Committee	2005 – 2010
Residency Education Steering Committee	2002 – 2003
	2005 – 2010
Patient Safety Board	2004 – 2006
<i>Chair</i>	2004 – 2005
Electronic T-System Implementation Committee	2003 – 2004

OSU College of Medicine & Public Health:

Pre-Clinical Task Force	1999 – 2000
Medical Student Council	1997 – 2000
<i>Vice-President</i>	1998 – 1999
Problem Based Learning Program Evaluation Committee	1997 – 1998
Problem Based Learning Program Computer Resources Committee	1997 – 1998

Columbus Medical Association:

Governing Council	1997 – 1998
Education and Program Committee	1997 – 1998

PROFESSIONAL SOCIETIES:

American College of Healthcare Executives	2016 – Present
American College of Emergency Physicians	2000 – Present
Society for Academic Emergency Medicine	2000 – Present
North Carolina College of Emergency Physicians	2000 – Present
Emergency Medicine Resident's Association	2000 – Present
American Medical Association	1996 – Present
North Carolina Medical Society	2000 – 2007
Ohio State Medical Association	1996 – 2000

MODERATOR / REVIEWER SERVICES:

Member, Technical Expert Panel Diagnostic Quality & Safety Measurement / Quality Measure Remote	2023
Moderator, Careers with Impact Forum UNC Kenan Flagler Business School, Reimaging Healthcare Chapel Hill, NC	2021
Reviewer, ACEP17 Research Forum ACEP17 Annual Meeting Washington, D.C.	2017
Moderator, Small & Medium Chapter Breakfast Discussion ACEP Leadership & Advocacy Meeting Washington, D.C.	2016
Moderator, Strategic Issues Forum ACEP Annual Council Boston, Massachusetts	2009

BOARD SERVICE:

Board Member American College of Emergency Physicians Dallas, TX	2023 – Present
Advisory Board Excelerate Health Ventures Durham, NC	2020 – Present
Board Member UNC Faculty Physicians Practice Chapel Hill, NC	2017 – 2020
Board Member MedScribes, Inc. Durham, NC	2015 – Present

Board Member North Carolina College of Emergency Physicians Raleigh, NC	2010 – 2016
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Advisory Board King Pharmaceuticals Philadelphia, PA	2008
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Board Member Emergency Medicine Resident's Association Dallas, TX	2000 – 2002
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EDITORIAL SERVICE:

Manuscript Consultant / Reviewer <u>Journal of Emergency Medicine</u>	2007 – Present
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2026 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Heather S. Owen, MD, FACEP

Question #1: What skills, background, knowledge, or unique abilities will you bring to the Board that may be currently missing?)

Emergency medicine is one of the most complex and rapidly evolving fields in healthcare. The challenges facing our specialty require thoughtful leadership from a Board with diverse experiences, varied perspectives, and complementary strengths. ACEP's Board must reflect the breadth of emergency medicine itself, bringing together leaders with different backgrounds and expertise who can adapt to an increasingly complex healthcare landscape and help guide our specialty through continued change.

My experience across multiple emergency medicine practice settings, combined with my background in patient safety and clinical quality, allows me to bring a unique and valuable perspective to the Board. I began my career in a small community emergency department with limited specialist support, where I frequently managed critically ill patients independently until transfer to a higher level of care. I spent the first half of my career practicing in this environment and now work in a Level I Trauma Center where I help train the next generation of emergency physicians.

These varied experiences have given me a broad understanding of the clinical, operational, and cultural challenges facing physicians across our specialty. They have also reinforced the importance of adaptable, practical solutions that can succeed in very different practice environments.

In addition to frontline clinical experience, I bring extensive leadership experience in patient safety, clinical quality, and systems improvement. As the Patient Safety and Clinical Quality Officer for a multi-hospital physician-owned group, I led initiatives focused on improving risk profiles surrounding high-risk encounters and strengthening quality of care. Currently serving as the Executive Director of a Patient Safety Organization has provided me with the experience to identify our greatest opportunities for improvement and then successfully improve emergency practice in those vulnerable areas. Identifying a problem, then creating scalable solutions that improve both physician practice environments and patient outcomes is a valuable skillset I have honed in the past years.

As healthcare continues to evolve, malpractice pressures rise, and administrative burdens intensify, supporting and protecting physicians at the bedside remains imperative. Identifying vulnerabilities within our systems, developing measurable improvement strategies, and helping physicians deliver safe, high-quality care despite increasing demands on their time and attention is where my strengths lie.

I believe this combination of frontline emergency medicine experience, patient safety expertise, and collaborative problem-solving would add an important and complementary perspective to the ACEP Board at a time when innovative, adaptable leadership is more important than ever.

Question #2: What is your perspective on ACEP's role in the 3-year versus 4-year emergency medicine training program discussion?

The debate over three-year versus four-year emergency medicine residencies is a significant conversation that will shape the future of our specialty, and ACEP plays a pivotal, though distinct, role in the discussion. While the ACGME governs the standards and duration of training, ACEP is the leading voice for emergency physicians and should ensure that any changes to residency reflect the needs of the specialty and the physicians it serves. ACEP's role in this discussion is largely one of advocacy, guidance and facilitating meaningful discussion.

ACEP does not set or enforce residency lengths, but it ensures that all voices of emergency physicians are heard. Whether representing physicians practicing in community settings, academic centers, or diverse geographic areas, ACEP has been intentional about maintaining a balanced perspective on highly debated topics. When the ACGME proposed a universal four-year model, ACEP engaged in the public comment process, gathering feedback from practicing physicians, residents, and

program leaders. By facilitating this meaningful dialogue, ACEP was able to collect comments and concerns from practicing physicians. Many physicians expressed a clear message: a one-size-fits-all approach risks alienating early-career physicians, delaying their financial independence, and potentially increasing burnout. ACEP is then able to provide guidance and advocate for flexibility, arguing that any decision should be evidence-based and should protect diversity in practice and geography. In February 2026, ACEP and EMRA reaffirmed support for both three and four year residency formats, noting the historical success of three-year residencies while also remaining open to data that may support a four-year model. In summary, ACEP's role is to provide a forum for discussion, collect data, and advocate for physicians. By doing this, ACEP helps ensure that both three- and four-year pathways remain viable, so that emergency medicine continues to attract, train, and retain the best physicians.

Question #3: What is the most effective strategy you would use to recruit and retain members considering generational differences?

Recruiting and retaining members across generations is one of ACEP's most important opportunities and challenges. Today's emergency physicians seek different forms of value from professional organizations, often shaped by generational experiences and expectations. To remain relevant and impactful, ACEP must evolve from a traditional membership organization into a trusted professional partner that meets physicians where they are, addresses the issues that matter most to them, and creates value that resonates across generations while reinforcing our shared commitment to emergency medicine.

Developing an effective recruitment and retention strategy begins with understanding what motivates each generation and how ACEP can best support those priorities. Many senior emergency physicians joined ACEP because membership was viewed as an extension of professional responsibility. Organized medicine was the primary vehicle for protecting the specialty, influencing policy, and advancing patient care. Participation in advocacy, governance, and committee work was considered an important part of a physician's professional identity. Today, many of these physicians are looking for opportunities to share their experience, mentor future leaders, and leave a lasting legacy within the specialty.

In contrast, younger physicians, residents and medical students often evaluate organizations through the lens of impact, flexibility, authenticity, and practical value. They are seeking resources that help them navigate early career decisions, access educational opportunities, achieve work-life integration, and address the challenges they face every day in the emergency department. They want to understand how membership improves their professional lives. As ACEP provides meaningful solutions to those challenges, membership becomes more than a professional obligation; it becomes an essential career resource. Advocacy remains one of ACEP's most important functions, but younger generations want to see a clear connection between advocacy efforts and improvements in their daily practice. Meeting these expectations allows ACEP to deliver tangible value and then communicate that value effectively which also requires an intentional, strategic approach as each generation relies on different methods to attain information.

Generational differences also influence how members choose to engage. While some physicians are comfortable with traditional committee structures and long leadership pathways, others seek opportunities for immediate impact, project-based work, virtual participation, and more accessible leadership roles. ACEP can strengthen recruitment and retention by creating flexible engagement opportunities that allow members to contribute meaningfully in multiple ways and variable platforms. At the same time, ACEP should capitalize on one of its greatest strengths: a diverse, multigenerational membership. Senior physicians bring invaluable institutional knowledge, advocacy experience, and mentorship capabilities, while younger physicians contribute fresh perspectives, innovation, and new approaches to longstanding challenges. Creating intentional opportunities for mentorship, collaboration, and bidirectional learning strengthens both groups and enriches the organization as a whole.

Importantly, retirement should not represent the end of engagement with ACEP. Many retired and late-career physicians remain deeply committed to emergency medicine and eager to contribute. Meaningful roles as mentors, educators, leadership advisors, and advocates allow ACEP to preserve institutional knowledge while providing valuable guidance to future generations. Ultimately, the key to recruitment and retention is not treating all members the same. ACEP's greatest opportunity lies in recognizing the unique expectations of each generation while fostering a shared sense of purpose around advancing our specialty. Organizations that successfully bridge generational differences, demonstrate meaningful value, and create impactful opportunities for engagement will be best positioned to attract, retain, and inspire emergency physicians for years to come.

CANDIDATE DATA SHEET

Heather S. Owen, MD, FACEP

Contact Information

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Dallas, Texas 75225
Phone: 214.497.8242
E-Mail: hsowen@gmail.com

Current and Past Professional Position(s)

Emergency Medicine Physician: Texas Health Presbyterian Dallas;
Chief Clinical Officer, TeamHealth (2020 – current);
Executive Director, Patient Safety Organization (2020 – current)
Chief Patient Safety and Quality Officer of Emergency Medicine Consultants (2015 – 2020)

Education (include internships and residency information)

Emergency Medicine Residency, University of Texas Southwestern/Parkland Memorial Hospital
MD, University of Texas Medical Branch School of Medicine; Doctor of Medicine, 2005

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)

ABEM Board Certification: 2009, recertification: 2019

Professional Societies

American College of Emergency Physicians
Texas College of Emergency Physicians
Dallas County Medical Society
Texas Medical Association
American Medical Association

National ACEP Activities – List your most significant accomplishments

Emergency Care Quality Metric Consortium Board of Governors, Chair (2025 – current)
Board of Governors, Vice Chair (2022 – 2024)
Board of Governors, Secretary/Treasurer (2020 – 2022)
ED Accreditation Task Force (2022 – 2024)
ED Directors Academy Phase II Faculty (2023 – current)
Emergency Medicine Practice Committee (2024 – current)
Quality and Patient Safety Committee (2016 – 2018)
Public Health, Policy Review Subcommittee Chair (2012 – 2014)
Public Health and Injury Prevention Committee Member (2007 – 2016)
Delegate to ACEP Council (2010 – current)

ACEP Chapter Activities – List your most significant accomplishments

Texas College of Emergency Physicians:

Past President, 2016 – 2017
Board of Directors, Executive Committee, 2014 – 2018
Board of Directors, 2006 – 2018
Legislative Affairs Committee, 2006 – 2018; 2025 – current
Medical Education Committee, 2008 – 2018
Membership and Public Relations Committee, 2008 – 2019

Practice Profile**Total hours devoted to emergency medicine practice per year:****2000
hrs**

Total Hours/Year

Individual % breakdown the following areas of practice. Total = 100%.Direct Patient Care 25 % Research 5 % Teaching 30 % Administration 40 %
Other: _____ %**Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)**

Upon completion of residency, I joined Emergency Medicine Consultants as an independent contractor. I worked in several small community hospitals, mostly Texas Health Allen and Texas Health Rockwall. In my 10 years at Texas Health Allen, I served in many leadership positions eventually serving as the Chief of Medical Staff. In 2015, I accepted the role of Chief Patient Safety and Clinical Quality Officer for EMC. EMC was acquired by TeamHealth in 2018, and I have served as Chief Clinical Officer of Emergency Medicine since 2020. I have practiced clinically consistently since residency and continue to practice emergency medicine at Texas Health Dallas, a Level I Trauma center, approximately 45 hours a month.

Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)Chief Clinical Officer, TeamHealth
Executive Director, Patient Safety Organization**Expert Witness Experience**

If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.

Defense Expert Yes Cases 40**Plaintiff Expert No Cases 0**

CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Heather S. Owen, MD, FACEP

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: TeamHealth

Address: 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

Position Held: Chief Clinical Officer of Emergency Medicine

Type of Organization: National Management Group

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: TeamHealth

Address: 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

Type of Organization: National Management Group

Leadership Position: Chief Clinical Officer

Term of Service: 2020 – current

Organization: TeamHealth Patient Safety Organization

Address: 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

Type of Organization: PSO

Leadership Position: Executive Director

Term of Service: 2020 - current

Organization: ACEP Emergency Care Quality Metric Consortium

Address: 4950 W. Royal Lane

Irving, Texas 75063-2524

Type of Organization: Consortium

Leadership Position: Board of Governors, Chair

Term of Service: 2025 – current

Organization: Texas College of Emergency Physicians

Address: PO Box 26164

Austin, TX 78755

Type of Organization: Professional membership organization – ACEP Chapter

Leadership Position: Past President, Executive Committee, Board of Directors

Term of Service: 2016 – 2017; 2014 – 2018; 2006 - 2018

Organization: Texas Health Dallas

Address: 8196 Walnut Hill Lane

Dallas, Texas

Type of Organization: Hospital

Leadership Position: Credential Committee Chair

Term of Service: 2015 – 2016

Organization: Texas Health Allen

Address: 8196 Walnut Hill Lane

Dallas, Texas

Type of Organization: Hospital

Leadership Position: President of the Medical Staff; Medical Executive Committee

Term of Service: 2013 – 2015; 2011 - 2016

Organization: Texas Health Resources

Address: 8196 Walnut Hill Lane

Dallas, Texas

Type of Organization: Hospital System

Leadership Position: Physician Leadership Council

Term of Service: 2013 - 2017

Organization: Emergency Medicine Consultants

Address: 6451 Brentwood Stair Road, Suite 200

Fort Worth, TX 76112

Type of Organization: Physician Owned EM Group

Leadership Position: Chief Patient Safety and Clinical Quality Officer

Term of Service: 2015 – 2020

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the [ACEP Business Arrangements](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

11. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Heather S. Owen, MD, FACEP

Date

5.15.2026

2026 – 2027
Board of Directors

Bryan Dunn, MD, FACEP
President

Marcus Sims, II, DO, FACEP
President Elect

Angela Cornelius, MD, FACEP,
FAEMS
Treasurer

Ben Leeson, MD, FACEP
Secretary

A.J. Kirk, MD, FACEP
Immediate Past President

Directors
Sara Andrabi, MD, FACEP

Chinwe Anyanwu, DO

Jemma Killingworth
(Medical Student Representative)

Kimberly Leeson, MD, FACEP

Michael Parsa, MD, FACEP

Abbey Pastorelle, DO
(Candidate/Resident Director)

Jeff Pinnow, MD, FACEP

J. Robert Rosillo, MD, FACEP

Michael Rozum, MD
(Young Physician Director)

Kristopher Sutherly, MD, FACEP

Jill Sutton, CMP
Executive Director

*Mission Statement:
The Texas College of
Emergency Physicians exists
to promote quality emergency
care for all patients and to
represent the professional
interests of our members.*



August 3, 2026

Dear ACEP Councillors,

On behalf of the Texas College of Emergency Physicians (TCEP), it is my privilege to offer our strongest endorsement of Heather Owen, MD, FACEP, as a candidate for the ACEP Board of Directors.

Dr. Owen brings to this election an exceptional combination of clinical experience, organizational leadership, advocacy, and expertise in quality and patient safety. She has spent her career not only caring for patients in the emergency department but also working to improve the systems in which emergency physicians practice. She understands the challenges facing our specialty and that breadth of perspective is precisely what she would bring to the ACEP Board.

Dr. Owen has demonstrated sustained leadership within organized emergency medicine at both the state and national levels. She has been a dedicated member of ACEP since 2005 with exceptional service and leadership during that time. She has served as a Texas Councillor since 2010 and currently chairs a Texas Delegation Reference Committee, where she is recognized as a thoughtful consensus builder and effective advocate. She serves on the ACEP Emergency Medicine Practice Committee, the Quality Improvement and Practice Patient Safety Committee, the ED Accreditation Task Force, and as faculty for the ACEP Emergency Department Directors Academy Phase II, mentoring the next generation of emergency medicine leaders. As Chair of the ACEP Emergency Care Quality Metric Consortium, she plays an important role in developing meaningful quality measures that will influence the future of emergency care nationwide.

Her commitment to TCEP has been equally significant. Dr. Owen has been a dedicated volunteer and leader, serving on the Board of Directors and Executive Committee for many years before serving as TCEP President from 2016–2017. Her service has included leadership in Legislative Affairs, Membership and Public Relations, Medical Education, and other chapter initiatives. Dr. Owen has testified at legislative hearings defending tort reform and Texas' willful-and-wanton standard. She has helped shape TCEP's strategic direction and advocacy efforts on behalf of emergency physicians across Texas.

Dr. Owen also brings a unique depth of expertise in clinical quality and patient safety. She currently serves as Chief Clinical Officer for Emergency Medicine at TeamHealth and previously served as Chief Patient Safety and Quality Officer for Emergency Medicine Consultants. As Executive Director of the TeamHealth Patient Safety

Organization, she leads efforts to advance patient safety and quality across emergency departments nationwide. Her ability to transform complex quality initiatives into meaningful improvements has earned her the respect of colleagues throughout emergency medicine.

Dr. Owen embodies the qualities essential for service on the ACEP Board of Directors. She is a respected clinician, innovative leader, collaborative problem solver, and passionate advocate for emergency medicine. Dr. Owen is the kind of leader who brings people together, tackles difficult problems directly and turns ideas into action. Her expertise in patient safety and quality improvement, combined with decades of service to TCEP and ACEP, provides the perspective and leadership needed as our specialty continues to face evolving challenges.

The Texas College of Emergency Physicians is proud to offer Dr. Heather Owen our enthusiastic and unequivocal endorsement for election to the ACEP Board of Directors. We are confident she will serve ACEP and its members with distinction while advancing the mission of improving emergency care for physicians and the patients they serve.

Thank you for your thoughtful consideration of her candidacy. Should you have any questions, please do not hesitate to contact me or our Executive Director, Jill Sutton, at jill@texacep.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bryan Dunn', with a stylized, flowing script.

Bryan Dunn, MD, FACEP
President
Texas College of Emergency Physicians

Heather S. Owen, MD, FACEP

Councillors, Colleagues and Friends,

I am honored to be a candidate for the ACEP Board of Directors and grateful for the opportunity to address the Council. My experiences in advocacy, clinical quality & patient safety, and physician leadership have given me a broad perspective on our incredible past, our present challenges and the opportunities we have to shape our future, making me a strong candidate for the ACEP Board of Directors.

I have been an advocate for emergency medicine at the state and national levels for more than two decades. I have had the privilege of serving ACEP in many capacities and working alongside our colleagues to advance projects and policies that protect our patients, our profession, and our ability to practice emergency medicine.

As a practicing emergency physician, I continue to experience firsthand the challenges facing our specialty. I see how healthcare policy, decreasing reimbursement, workforce pressures, and the changing practice environment affect physicians and our ability to care for patients. That experience keeps me grounded in the realities our members face and informs how I approach leadership and advocacy at the state and national level.

My leadership experience has taught me the importance of being willing to step forward when our profession needs it most. Challenging times require strong leadership, collaboration, adaptability, and trust. Working closely with our physician leaders, we can successfully navigate the challenges of emergency medicine and emerge stronger. Leadership is not about having all the answers; it is about bringing people together, listening, solving problems collaboratively, and moving forward with action and purpose.

As a Board member, my priorities would center on three pillars:

Protecting Our Practice. We must continue to advocate fiercely for fair reimbursement, appropriate physician payment, sustainable practice environments, and policies that recognize the value and complexity of emergency care. We must protect physician autonomy and ensure that emergency physicians have a strong voice in the decisions shaping our profession.

Empowering Our Physicians. ACEP must deliver value to physicians at every stage of their careers. We need to support physicians facing workplace challenges, strengthen leadership opportunities, provide practical resources, and ensure that the voices of our state chapters, young physicians, academic physicians, community physicians, and experienced physicians are heard.

Defining Our Future. Emergency medicine is changing rapidly. Artificial intelligence, emerging technologies, evolving models of care, and workforce challenges will all shape what our specialty looks like tomorrow. ACEP should be the organization that anticipates what is coming and helps define our future, with the physician perspective at the center. We need to ensure that innovation strengthens emergency medicine and that physicians remain at the center of emergency care.

I believe we are **stronger together**. As one united voice, when we can protect our practice, empower our physicians, and define our future.

I respectfully ask for your vote for the ACEP Board of Directors. I would be honored to work on behalf of every emergency physician we represent.

Sincerely,



Heather S. Owen, MD, FACEP

ELECT

Heather S. Owen, MD, FACEP

Candidate for ACEP Board of Directors

Active, Frontline Physician:

Practicing ED clinician experiencing the same workforce, policy, and reimbursement realities you face.

20+ Years of Fierce Advocacy:

Proven legislative champion fighting for emergency medicine, actively defending critical state and national protections like tort reform.

Quality and Safety Expertise:

Physician leader driving systemic quality improvement initiatives that protect patients and safeguard our clinical environment.

Forward-Looking Vision for Technology:

Committed to ensuring physicians dictate the integration of AI and emerging technologies, keeping ACEP ahead of industry disruption.



PROTECTING OUR PRACTICE

Protecting what we've built

- Advocacy that delivers results
- Fair and sustainable compensation
- Risk mitigation and liability awareness



EMPOWERING OUR PHYSICIANS

Investing in our members

- Physician-led teams
- Professional growth
- Clinical excellence
- Support and well-being



DEFINING OUR FUTURE

Shaping what comes next

- Leading innovation
- Embracing technology integration
- Strengthening accreditation

ADVANCING EMERGENCY MEDICINE, TOGETHER



HEATHER S. OWEN, M.D., FACEP



214-497-8242



hsowen@gmail.com

EDUCATION

University of Texas Medical Branch
School of Medicine; Galveston, TX
Doctor of Medicine, May 2005

Emory University; Atlanta, GA
Bachelor of Science, Neuroscience and
Behavioral Biology, May 1999

RESIDENCY

University of Texas Southwestern at
Dallas/Parkland; Dallas, TX
Emergency Medicine Residency,
completed June 2008

BOARD CERTIFICATION

Emergency Medicine,
American Board of
Emergency Medicine
2009 - current

PROFESSIONAL EXPERIENCE

Chief Clinical Officer of Emergency Medicine, TeamHealth	2020 – current
Executive Director, TH Patient Safety Organization	2020 – current
Chief Patient Safety and Quality Officer, EMC	2016 – 2020
Director, Scribe Services	2021 – 2026
Co-Chair TeamHealth Clinical Resiliency Committee	2019 – 2024
Director, EMC CME Safety & Quality Conference	2018 – 2020
Fellow of the American College of Emergency Physicians	2013 – current
Expert Witness Case Review	

HOSPITAL AFFILIATIONS

Texas Health Presbyterian Hospital of Dallas	2008 – current
Texas Health Presbyterian Hospital of Allen	2008 – 2020
Texas Health Presbyterian Hospital of Plano	2008 – 2020
Texas Health Presbyterian Hospital of Rockwall	2008 – 2020
Parkland Memorial Hospital, Associate Faculty	2011 – 2016

TEXAS COLLEGE OF EMERGENCY PHYSICIANS

TCEP Board of Directors	2006 – 2018
Executive Committee	2014 – 2018
TCEP, President	2016 – 2017
President- Elect	2015 – 2016
Treasurer/Secretary	2014 – 2015
Past President	2017 – 2018
ABCD Simulation Course Director	2014 – 2017
Membership and Public Relations Committee	2008 – 2019
Medical Education Committee	2006 – 2018
Legislative Affairs Committee	2006 – 2018, 2024 – current

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Emergency Care Quality Metric Consortium	2020 – current
• Board of Governors, Chair	2024 – current
• Board of Governors, Vice Chair	2022 – 2024
• Board of Governors, Secretary/Treasurer	2020 – 2022
Emergency Medicine Practice Committee	2024 – current
ED Directors Academy Phase II Faculty	2023 – current
ED Accreditation Task Force	2022 – 2024
Quality Improvement and Patient Safety Committee	2016 – 2018
Public Health, Policy Review Subcommittee Chair	2012 – 2014
Delegate to ACEP Council	2010 – current
Texas Delegation Reference Committee Chair	
Public Health Committee Member	2007 – 2016
Medical Director Academy Course	2012

TEXAS HEALTH PRESBYTERIAN HOSPITAL OF ALLEN

President of the Medical Staff	2013 – 2015
Medical Executive Committee, Chair	2013 – 2015
Texas Health Resources Physician Leadership Council	2013 – 2017
Vice President of the Medical Staff	2012 – 2013
Board of Trustees	2012 – 2016
Medical Executive Committee, Member	2011 – 2016
Member-at-Large of the Medical Staff	2011 – 2012
Credentials Committee	2010 – 2011
Code Blue Committee	2009 – 2013

TEXAS HEALTH PRESBYTERIAN HOSPITAL OF DALLAS

Advanced Practice Provider Credentials Committee, Chair
Credentials Committee

2015 – 2016
2015 – 2016

DALLAS COUNTY MEDICAL SOCIETY

Public Health Committee

2011 – 2013

PUBLICATIONS

Gregory Kutsen, MD, Kurt Kleinschmidt, MD, **Heather S. Owen, MD**. Chest Pain, *Emergency Medicine Handbook: Critical Concepts for Clinical Practice*. Mosby Elsevier, Philadelphia, 2007; pp 279 – 302.

Isabel A. Barata, MD, MBA; Jamie R. Shandro, MD, MPH; Margaret Montgomery, RN; Robin Polansky, MD, MPH; Carolyn J. Sachs MD, Montgomery, RN; Robin Polansky, MD, MPH; Carolyn J. Sachs MD, MPH; Herbert C. Duber, MD, MPH; Lindsay M. Weaver, MD; Alan Heins, MD; **Heather S. Owen, MD**; Elaine B. Josephson; Wendy Macias-Konstantopoulos, MD, MPH. Effectiveness of SBIRT for Alcohol Use Disorders in the Emergency Department: A Systematic Review. *Western J Emerg Med*. 2017;18(6):1143-1152.

PROFESSIONAL ORGANIZATIONS

American College of Emergency Physicians
Texas College of Emergency Physicians
Dallas County Medical Society
Emergency Medicine Resident Association
American Medical Association
Texas Medical Association

PRESENTATIONS

National Medical Leadership Conference, Emergency Medicine Breakout Session; 5.2026
Clinical Risk Avoidance and Mitigation: Bilateral Eye Swelling; 4.2026
High Risk ED Diagnoses; 3.2026
"You've Been Served"; TN ACEP Chapter Meeting; 3.2026
APEX: Connecting with Purpose; 3.2026
Clinical Risk Avoidance and Mitigation: Spinal Epidural Abscess; 10.2025

EM Best Practices for Opiate Use Disorder; 5.2025
Disastrous Cases in Electrocardiography with Amal Mattu, MD; 4.2025
Clinical Risk Avoidance and Mitigation: Intracranial Hemorrhage; 4.2025
Wide Complex Tachycardias with Amal Mattu, MD; 11.2024
National Medical Leadership Conference, Emergency Medicine Breakout Session; 9.2024
Memorial Healthcare System EM Medical Legal Ground Rounds; 7.2024
STEMI without the STE: Non traditional predictors of Acute Coronary Occlusion with Amal Mattu, MD; 4.2024
Clinical Risk Avoidance and Mitigation: EM Bouncebacks; 4.2024
Clinical Risk Avoidance and Mitigation: Anatomy of a Lawsuit; 4.2024
Partners in Performance: Advance Solutions for Complex Client Challenges; 1.2024
Clinical Risk Avoidance and Mitigation: Young at Heart; 1.2024
PSO Case Files: Aortic Dissection; 10.2023
Bouncebacks: Achieving Excellence in Stroke Care with Dr. Michael Weinstock; 8.2023
Clinical Risk Avoidance and Mitigation: Chest Pain; 5.2023
National Medical Leadership Conference, Emergency Medicine Breakout Session; 4.2023
EDDA EDPA II: "Creating a Quality Program"; 8.2021
White Paper: Coronavirus Update; 1.2021
"Tales from the Association" Monthly Newsletter, 2018 – 2020
"EMC Association: Navigating the Minefield"; Quarterly Leadership Conference, 2018 – 2020
"A Tale of Two Emergency Departments"; EMC CME Conference, 1.2017
"Anatomy of a Medical Error"; EMC CME Conference 1.2016

HONORS AND AWARDS

ACGME's CME Impact of the Year Award Nominee, 2025
Emergency Medicine Consultants: Big Gun Award, 2019
AMA Foundation "Excellence in Medicine" Leadership Award, 2004
Galveston County ImmunizationCoalition Award of Recognition, 2002

CERTIFICATIONS

Advanced Trauma Life Support
Basic Life Support
Advance Cardiac Life Support
Pediatric Advance Life Support

HOBBIES

Spending time with family and friends
Skiing
Scuba Diving
Traveling

2026 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Henry Z. Pitzele, MD, FACEP

Question #1: What skills, background, knowledge, or unique abilities will you bring to the Board that may be currently missing?

There's little that's more important to me in College operations than communications. No matter how many amazing, EM-centric things ACEP accomplishes on the daily to make the working lives of emergency physicians better, we can't sustain a specialty organization if the membership never hears about them.

I've worked hard, especially this past year as Vice President of Communications, to build those bridges, and I've been lucky to work with our Leadership and the highly talented and superb new Comms arm of the College on large projects like Built on Results, on our video interviews, on increasing our social media presence, and on our many public position statements that gave frontline docs the support and backing they needed when facing their difficult local environments throughout this tumultuous year. It's been an ongoing effort to meet emergency physicians where they live and work, not only to demonstrate value, but also to show our members the world of possibilities and practice environments beyond the brick and mortar walls of a typical community or academic ED. We must continue to use ACEP's power and strength, through technology and social media, to bring members closer together, whether they are parts of Chapters, Sections, or just individual working emergency physicians; it is one of our most deeply held strategic values to have the College make emergency physicians feel connected, valued, and empowered to shape our specialty's future.

One thing that hasn't gone away is my singular focus that everything the College does is strictly for the improvement of the lives of individual, working emergency physicians – never corporations, universities, or any other institutions, and that business interests never supersede the interests of frontline docs. That means that wherever you work (and by now, most of us are employees), the College is looking out for *you*, not for the entities who employ you. This sentiment informs everything we do, from reimbursement to education, and I take it very seriously – my Board colleagues are probably sick of hearing me repeat it.

Lastly, as an incumbent, I bring the past three years of experience; learning the ropes of Board membership and gaining a deep understanding of the College and the way we do business takes significant time, and is no easy feat. Retaining that institutional knowledge is more important this year than most; it's a tool I want to use to move us forward together.

Question #2: What is your perspective on ACEP's role in the 3-year versus 4-year emergency medicine training program discussion?

ACEP has many roles in the discussion, although none of them is the role of the decider; the decision is entirely in the hands of the ACGME. ACEP still has plenty of work to do, though, in this highly controversial space, and the first role is that of a convener. As the largest and most influential organization in emergency medicine, ACEP is the place where the debate itself happens. When ACGME officials (former ACEP Committee members, lecturers, and active members of the College) come to hear comments from the emergency medicine public at large in a townhall format, they do so at ACEP Scientific Assembly. When communications come from the ACGME, they are published in *ACEP Now* and *Annals of Emergency Medicine*, as are the pro/con debates.

The second role the College has in this discussion is to help both sides understand each other. The reasons that ACGME is making its recommendations are not always easy to understand, and it is helpful to have the multiple modalities at our disposal to convey the concepts of raising the bar for emergency medicine education and its implications to trainees, to funding, and to the larger emergency medicine workforce. ACEP journalism, in print and online, allowed for massive reach in translating those concepts; President-Elect Stanton's [Frontline podcast with members of the ACGME RCEM](#) was probably the best explanation I have ever heard of the motivations and particulars of the ACGME recommendations. Conversely, making the strong case against the ACGME recommendations, especially on the untested nature of the structure, and on the extremely limited and sample-biased methods of survey data that led to the recommendations, was clearly synthesized and transmitted to ACGME through those same ACEP channels.

The third role ACEP has will cut in once the decision is officially made. Community is one of the pillars of the College, and if a decision comes down to move to a four-year training requirement, we will need to make sure that every emergency physician understands the decision, and that every trainee, academic faculty member, and institutional leader understands the short-term and downstream subtleties that this decision will bring, and that no emergency physician, especially no trainee, is left fending for themselves. While such a decision would create uncertainty, it is something we will tackle together, with the strongest and most dedicated operational minds in Emergency Medicine (I'm looking at you, ACEP Clinical Affairs) guiding us through.

Question #3: What is the most effective strategy you would use to recruit and retain members considering generational differences?

Our most rich and plentiful resource for recruiting and retention is our membership itself. Right now, there is an epic cratering of belief and trust in institutions—this is true across generations. Even more potent is the across-the-board increase in people's ability to sniff out inauthenticity. Emergency physicians are desperate for personal connections with individuals they trust, whose motivations are clear and aligned with their own. We have exactly that. We have thousands of amazing emergency physicians, leading in large and small ways, and all working to advance emergency care. Whatever our perceived differences are (and they are likely smaller than we think), we are all here because we care deeply about emergency medicine – about our patients, and about our jobs. Showing our members (and potential members) the real lives of emergency docs – not just the physicians in busy Level I's, but the ones lobbying their state houses, the ones blazing new trails in teleEM, the ones writing our new sepsis guidelines, the ones doing Street Med – all of them! Showing these docs walking the walk to make EM a sustainable, high-longevity career is how we cut through the noise to recruit and retain.

The time of physicians joining their specialty society out of sheer professional obligation has completely passed. With the rise of non-academic employment and the decline of academic stipends, every single emergency physician is calculating the direct ROI of their membership. ACEP must always be auditioning for a spot in every emergency physician's next yearly budget. We can never rest on our previous achievements. We have to show exactly what we're doing, and why that matters to each emergency physician. And we have so much to show! It's going to be our exemplary membership who does the showing, in concert with the amazing ACEP staff—as dedicated to our mission as our docs are—and show every day, every month, every year what we in Council already know; that ACEP dues are the highest yield dollars spent on our professional lives.

CANDIDATE DATA SHEET

Henry Z. Pitzele, MD, FACEP

Contact Information

617 S. Loomis
Chicago, IL 60607
Phone: (312) 523-6080
E-Mail: pitzele@gmail.com

Current and Past Professional Position(s)

Attending Physician (full time), Jesse Brown VA Medical Center, Chicago (2007-present)
Deputy Section Chief of Emergency Medicine 2007-2012
Section Chief of Emergency Medicine 2012-2015
Chief Health Informatics Officer 2023-present
Attending Physician (part time) Advocate Illinois Masonic Medical Center, Chicago (2010-present)
Attending Physician (part time) Mesa View Regional Medical Center, Mesquite NV (2011-present)
Attending Physician, Mercy Hospital, Chicago (full time 2003-2007, part time 2007-2010)

Education (include internships and residency information)

Univ. of Illinois at Chicago, Emergency Medicine residency 2000-2003
Univ. of Illinois at Chicago College of Medicine: MD 2000

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)

ABEM 2004, 2014, 2025
Clinical Informatics 2022

Professional Societies

ACEP, AAEM, ICEP (Illinois Chapter)

National ACEP Activities – List your most significant accomplishments

Board of Directors 2023-present
VP Communications 2025-present (and liaison to Communications Committee, ACEPNow)
Board liaison to Education Committee 2024-present
Board liaison to Health Innovations and Tech Cmte 2023-25
Board liaison to Coding/Nomenclature Cmte 2023-24
Board liaison to multiple sections (Cruise Ship Medicine, Workforce, Democratic Practice, Informatics, Social EM, Palliative, Dual Training, Critical Care)
State Legislative/Regulatory Committee 2021-23—led several subcommittees in designing roundtable webinar discussions on scope of practice and leveraging strength in small/medium chapters, and in creating a dashboard to display state advocacy work on a number of common issues.
Communications Committee 2022-present—worked on a rapid-action response team for social media issues
ACEP Partner Collaborative Summit 2023-present

ACEP Chapter Activities – List your most significant accomplishments

ICEP president 2020-21
ICEP Board of Directors 2015-2022
ICEP EMBRi Written Board Review Course, course and committee chair 2012-2019

Practice Profile

Total hours devoted to emergency medicine practice per year: **2200** Total Hours/Year

Individual % breakdown the following areas of practice. Total = 100%.

Direct Patient Care	15 %	Research	51 %	Teaching	34 %	Administration	0 %
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Other: **Health Informatics** **85 %**

Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)

Full time in tertiary VA teaching hospital—detailed as Chief Health Informatics Officer during deployment of new EHR, which goes live March 2027; will return to full time nocturnist clinical practice late 2027. Moonlighting at an urban Level I trauma center (also an EM residency program site).

Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)

Chief of Health Informatics since March 2023

Expert Witness Experience

If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.

Defense Expert 0 Cases Plaintiff Expert 0 Cases

CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Henry Z. Pitzele, MD, FACEP

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: US Dept of Veterans Affairs—Jesse Brown VAMC

Address: 820 S. Damen

Chicago, IL 60612

Position Held: Attending Physician, Chief Health Informatics Officer

Type of Organization: VA Hospital

Employer: Advocate Medical Group—Advocate Illinois Masonic Hospital

Address: 836 W. Wellington

Chicago, IL 60657

Position Held: Attending Physician—part-time/moonlighting

Type of Organization: Regional medical group

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: Illinois College of Emergency Physicians

Address: 2001 Butterfield Rd, Esplanade 1, Suite 320

Downer's Grove, IL 60515

Type of Organization: State Chapter of ACEP

Leadership Position: Board member, various officer positions including president

Term of Service: 7 years (2015-2022)

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the [ACEP Business Arrangements](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

11. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

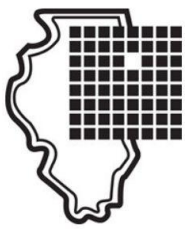
☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Henry Pitzele

Date

5/10/2026



Illinois College of Emergency Physicians

2001 Butterfield Road, Esplanade I, Suite 320, Downers Grove, IL 60515

ADVANCING EMERGENCY CARE — ICEP.org

phone: 630.495.6400 toll-free: 888.495.ICEP

August 3, 2026

Dear Council:

The Illinois College of Emergency Physicians proudly endorses Dr. Henry Pitzele for re-election to the board of directors of the American College of Emergency Physicians.

Dr. Pitzele has been a vital and active member of the Illinois College for two decades. His service began as an educator lecturing in (and eventually leading) our oral board review course. Dr. Pitzele moved into leadership of the Chapter, starting on the Board of Directors in 2015, just in time to face significant challenges to the financial health of the organization. With an eye on the long-term health of the College, but without fear of significant changes to the organization's structure and physical presence, Dr. Pitzele and the leadership team heralded ICEP through those times towards the much more stable fiscal foundation on which it now rests.

Dr. Pitzele served as ICEP president from 2020-21, which provided a different set of challenges. In concert with the courageous and tireless efforts of ICEP staff, Henry was able to lead the organization through that tumultuous year, pivoting to an online position for most activities, bringing in new engagement with Social EM. Most importantly, he was able to stand up for individual EM physicians in Illinois who, as independent contractors, were not given COVID protections by their hospital systems.

We at ICEP have been proud to see Henry continue that focus on the front-line physician as he turned his efforts to the national organization. Through the past three years on the Board, through his efforts as Committee and Section liaison, and even more with the Communications Committee during his time as Vice President of Communications, Dr. Pitzele has been one of the leaders who has continued to center ACEP as an organization with the singular goal of representing the working interests of the individual Emergency Physician. We know that the clear voice he has used in the boardroom, online, and in person to keep those interests in the forefront as the College continues to face challenges from government, corporations, and payors has allowed the College to continue to prosper, even in times of significant financial challenges.

BOARD OF DIRECTORS

*Kristen Donaldson, MD, MBA,
FACEP
President*

*Nicholas Cozzi, MD, MBA
President-Elect*

*Monika Pitzele, MD, PhD, FACEP
Secretary-Treasurer*

*Monika Pitzele, MD, PhD,
FACEP
Member-at-Large*

*Amit Arwindekar, MD, MBA, FACEP
Past President*

Halleh Akbarnia, MD, MPH,
FACEP
Elisabeth Giblin, MD
Samantha Hay, MD

Adnan Hussain, MD, FACEP
Jason Kegg, MD, FACEP
Joshua Miksanek, MD,
FACEP
Joseph Palter, MD

Gregory Podolej, MD, MPHE,
FACEP
Thomas Sugarman, MD,
FACEP
Kelly Geldmacher, MD, FACEP

Erin Berg, MS, DO
Resident Member

EXECUTIVE DIRECTOR
Maggie Gruennert, CAE, CMP

The Illinois Chapter of the American College of Emergency Physicians



Illinois College of Emergency Physicians

2001 Butterfield Road, Esplanade I, Suite 320, Downers Grove, IL 60515

ADVANCING EMERGENCY CARE  ICEP.org

phone: 630.495.6400 toll-free: 888.495.ICEP

Throughout his time on the ACEP Board, Henry has continued to be an active member of ICEP, teaching our gold standard board review course, and participating in our successful legislative advocacy campaigns. He truly cares about improving the working lives of physicians in Emergency Medicine, and we would like to see him do even more for the specialty in a second term on the ACEP Board.

Sincerely,



Kristen Donaldson, MD, MPH, FACEP
President
Illinois College of Emergency Physicians

BOARD OF DIRECTORS

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Samantha Hay, MD

Adnan Hussain, MD, FACEP
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Joshua Miksanek, MD,
FACEP
Joseph Palter, MD

Gregory Podolej, MD, MPHE,
FACEP
Thomas Sugarman, MD,
FACEP
Kelly Geldmacher, MD, FACEP

Erin Berg, MS, DO
Resident Member

EXECUTIVE DIRECTOR
Maggie Gruennert, CAE, CMP

The Illinois Chapter of the American College of Emergency Physicians

Henry Z. Pitzele, MD, FACEP

We get to write several pieces as part of our campaign, but I like this one the best – it's the least formal. I want to tell you a bit about how I see the Board, and how I see the part I want to play in the next three years.

Firstly, I want to say that I feel extremely lucky to be a part of the Board we've got. Everyone is unified in a common goal, and when we disagree, we do so passionately but professionally, and once we decide, we all commit. The unification is glorious, but so is the disagreement! When we do disagree, and bring multiple viewpoints to bear on each issue, I think we are truly doing our best work representing the College. I love arguing with my friends when it's done in good faith, and continuing to bring this kind of discourse at the Board level is one of the things I hope to continue in a second term.

This concept of making sure all voices are heard is a piece of something larger which I also view as one of my central goals – communication. Communication inside the board, certainly, but I also think endlessly about ways that the College can communicate more effectively with members, with potential members, with Chapters, and with the public at large. One of our strongest communicators is becoming president in October, and we need other people on the team to keep their attention strongly trained on that area – I want to do that.

I also want to continue to support the evolution of the College in the next decade; as the speed of our world's change accelerates, we need to change with it. I want us to represent EM physicians in 2035 and 2045, and to do that, we will need to focus on experiences and interactions, with as much concentration on the digital space as the physical one. We need to be at the top of the stack for the design and implementation of clinical AI. And we have to do all that and still remain the most trusted voice in Emergency Medicine, in academics, in advocacy, and in working to make our specialty a better place to spend our waking lives.

I have learned a ton in my first term on the Board. Not just about the College and about EM, but about leadership, and about myself as well. I've learned about the ways to get things accomplished within the College, and I've learned so much about our history and about the key players, past and present, who make the wheels of the College turn. I only say this because I think that the first term on the Board involves a great deal of learning, and at the end of the second day of Council, I truly hope you'll bring back the incumbents for a second term; there's so much great work for us to do in the next few years, and we're ready to go.



Henry Pitzele, MD, FACEP

Candidate for ACEP Board of Directors

Focus: The Individual, Working Emergency Physician

Who I Am

- **Frontline Clinician:** Full-time attending physician at Jesse Brown VA Medical Center and moonlighter at an urban Level I trauma center.
- **Informatics Leader:** Currently serving as Chief Health Informatics Officer; expert in leveraging technology and AI to improve the practice of emergency medicine.

Leadership That Delivers

- **Incumbent ACEP Board Member (2023–Present):** Bringing three years of institutional knowledge and a deep understanding of College operations.
- **VP of Communications (2025–Present):** Leading efforts to meet EPs where they work through social media, the College’s Communications overhaul, and rapid-action responses.
- **ACEP BOD Employed Physician Protection Workgroup 2024-2025:** Led efforts to support, prepare, and empower employed EPs around fallout of corporate collapse
- **Broad Board Liaison Experience:** Serving as a bridge to committees such as Education, Communications, HIT, and Coding, as well as diverse sections including Workforce, Democratic Practice, Cruise Ship med, and Social EM.

My Vision & Priorities

- **Member-Centric Focus:** My singular goal is to ensure ACEP activities strictly improve the lives of **individual, working EPs**—never corporations or institutions.
- **Closing the Communication Gap:** I am committed to building bridges so every member understands the ROI of their dues and feels connected to the College's advocacy wins.
- **The Future of EM (2035 & Beyond):** I will push for ACEP to lead the design and implementation of clinical AI and both digital and physical interactions to ensure we remain the most trusted voice in the next decade.
- **Authentic Advocacy:** I believe in cutting through the noise by showing the real, diverse lives of emergency docs—from those lobbying state houses to those doing Street Med—to recruit and retain the next generation of leaders.

I have spent my first term learning the ropes and building the team. I am ready to hit the ground running on day one of my second term to move our specialty forward.

HENRY ZOLTAN PITZELE, MD

Work Experience

2/23-present	Chief Health Informatics Officer 2/23-present, Jesse Brown VA Medical Center, Chicago (50% clinical EM, 50% CHIO)
6/07-present	Attending Physician, Emergency Medicine Service, Jesse Brown VA Medical Center, Chicago (Deputy Chief 6/2007-9/2012, Section Chief 9/2012-9/2015)
11/11-present	Attending physician, Department of Emergency Medicine, Mesa View Regional Hospital, Mesquite NV (part-time/moonlighting)
8/10-present	Attending physician, Department of Emergency Medicine, Advocate Illinois Masonic Medical Center, Chicago (Level I Trauma Center—part-time/moonlighting)
3/16-12/18	Attending physician, Department of Emergency Medicine, Advocate Trinity Hospital, Chicago (Part-time/moonlighting)
6/03-7/10	Attending physician, Department of Emergency Medicine, Mercy Hospital and Medical Center, Chicago (Full-time 2003-2007, part-time 2007-2010)
11/02-6/03	Attending physician at UIC O'Hare Medical Clinic, part-time

Educational Experience

2000-2003	University of Illinois at Chicago Emergency Medicine Residency Chief Resident at Mercy Hospital and Medical Center
1996-2000	University of Illinois at Chicago College of Medicine Graduated top quartile of class
1992-1996	University of Chicago BA in Economics with General Honors

Publications

- Pitzele HZ. Scapular Winging (Chapter 62) and Maisonneuve Fracture (Chapter 37) in Atlas of Clinical Emergency Medicine. Edited by Sherman SC, et al, Lippincott 2015.
- Pitzele HZ, Kessler CS. Life-threatening Dermatoses. Chapter 96 in Clinical Emergency Medicine, Edited by Sherman SC and Weber JM, McGraw-Hill 2013.
- Garcia C, Pitzele HZ. Man with Shoulder Pain After a Fall. *Annals of Emergency Medicine*. 2011 58(6) p. 574, 578.
- Pitzele HZ, Tolia V. Twenty per Hour: Altered Mental State due to Ethanol Abuse and Withdrawal. *Emergency Medicine Clinics of North America*. 2010 28(3) p. 683.
- Unterman S, Kessler CS, Pitzele HZ. Staffing of the Emergency Department by non-Emergency Medicine-trained Personnel: The VA Experience. *American Journal of Emergency Medicine*. 2010 28(5) p. 622.
- Pitzele HZ. Acquired Lateral Rectus Palsy: A Case Report. *The Internet Journal of Emergency Medicine*. 2009 Volume 6 Number 1
- Aks S, Erickson TB, Paloucek F, Pitzele HZ. Famous Chicago Poisonings. Oral Presentation at North American Congress of Clinical Toxicology Annual Meeting, Chicago, IL, Aug 2003. Published as an article in *Mithridata: Newsletter of the Toxicological History Society* 2004 14(2) p. 6-10.
- Pitzele HZ, Eilbert WP. Abdominal CT Scan and Diagnostic Delay in Men and Women Undergoing Appendectomy. Oral Presentation at AAEM Scientific Assembly, New Orleans, LA, Feb 2003. Abstract published in *J Emerg Med* 2003 24(4) p. 479

Awards

Award of Teaching Excellence, UIC Internal Medicine Residency, 2011-2012

Oral Presentations

Lecturer, UIC Internal Medicine Residency Noon Conference 2007-2024

Lecturer, Illinois College of Emergency Physicians Written Board Review Course,
"EMBRi" 2004-2019

Lecturer, American Academy of Emergency Medicine Scientific Assembly, San Diego 2012

Lecturer, Third Dutch North Sea Emergency Medicine Conference, Netherlands, June 2009

Lecturer, American College of Emergency Physicians Scientific Assembly, Chicago 2008

Lecturer, American College of Emergency Physicians Spring Congress (New Speaker's Forum),
Las Vegas 2006

Leadership Experience

American College of Emergency Physicians

Vice President of Communications (2025-2026)

Board of Directors (2023-present)

Illinois College of Emergency Physicians (Illinois Chapter of ACEP)

President, 2020-2021

Secretary/Treasurer 2019-2020

Board of Directors, 2015-2021

Chair, Written Board Review Course committee, Illinois College of Emergency Physicians 2012-2019

Medical Director (Section Chief) Emergency Medicine, Jesse Brown VAMC 2012-2015

VA National Emergency Medicine Field Advisory Committee, 2013-2016

Lead Physician for Emergency Medicine, VA Great Lakes Health Care System 2012-2015

Jesse Brown VAMC LEAN Steering Committee 2014-2015

Chair, ED Committee at Jesse Brown VAMC 2012-2015

Site Director, Medical Student Rotation in EM at Jesse Brown VAMC, 2007-2013

Hospital Committees

Peer Review (2014-present)

Inpatient Flow (2012-2015)

Utilization Management (2012-2015)

Emergency Management (2012-2015)

Medical Executive Council (2012-2015)

CPR (2012-2015)

Clinical Products and Resources (2012-2015)

Ebola Preparedness (2014-2015)

Certifications

BLS, ACLS, ATLS

LEAN Green Belt

AMIA 10x10

Professional Organizations

Clinical Assistant Professor, Department of Emergency Medicine, University of Illinois at
Chicago, 2013-present

Fellow, American College of Emergency Physicians, 2006-present

Examiner, Illinois College of Emergency Physicians, Oral Board Review Course 2004-present

Board Certified in Emergency Medicine, American Board of Emergency Medicine, 2004, 2014, 2024

Board Certified in Clinical Informatics 2022

pitzele@gmail.com

617 S. Loomis, Chicago IL 60607
cell (312) 523-6080

2026 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Alexandra Nicole Thran, MD, FACEP

Question #1: What skills, background, knowledge, or unique abilities will you bring to the Board that may be currently missing?

My experience is the most valuable contribution I can bring to the ACEP Board of Directors. I am a locums physician. I work in a wide variety of EDs and have over 30 years in the pit. This gives me a broad perspective. I work in different hospital settings, with different staffing models, with a variety of EMS systems, with different state laws. I know we share many challenges unique to our practice.

Boarding and overcrowding, lack of adequate beds and staffing, increasing amounts of societal violence, lack of primary care, lack of specialty care, especially in rural settings, lack of social service, and decreasing reimbursement; all these issues harm our patients and cause us moral injury and burnout.

I understand differing operational structures, resource limitations, workplace cultures, and patient care demands.

If elected, I will make ACEP stronger and help shape policies and initiatives that benefit you, our members, against the challenges that we all share.

Practicing locums has additional benefits. I have become more flexible, adaptable, and a better communicator. I am a better listener and collaborator. I can work with others toward a common cause, even when they hold different perspectives and priorities.

I believe these are essential qualities for effective board leadership, particularly during a time when emergency medicine continues to face significant workforce, operational, and advocacy challenges.

Participation in sections has given me insight into issues related to inclusion, professional development, physician wellness, career sustainability, and the evolving nature of emergency medicine practice.

I am actively involved in multiple ACEP sections; AAWEF changed my life. Those members taught me leadership skills, gave me speaking opportunities, and gave me confidence and camaraderie. AAWEF remains a professional “safe space” and resource for leadership development and personal and professional satisfaction.

My committee service has further broadened my understanding of operational work inside our College.

Through my work on the ACEP National/Chapter Relations Committee, I gained appreciation for the important relationship between national ACEP leadership and state chapters, as well as the challenges and opportunities faced at the chapter level. My service on the Access, Belonging, & Community Committee reinforced the importance of fostering an organization where all members feel valued, heard, and supported. Participation on the Professional Well-Being Committee deepened my understanding of the systemic and personal factors contributing to physician burnout and professional fulfillment, issues that remain critically important to the future of our specialty.

Collectively, these experiences have given me a broad perspective on the needs of ACEP members across career stages, practice settings, and backgrounds. I believe I can contribute thoughtful, balanced leadership grounded in practical frontline experience, active organizational engagement, and a commitment to collaborative problem-solving.

Most importantly, I strive to approach discussions with respect, openness, and a willingness to work constructively with colleagues with divergent viewpoints, to move our organization and specialty forward together.

Question #2: What is your perspective on ACEP’s role in the 3-year versus 4-year emergency medicine training program discussion?

As a candidate for the ACEP Board of Directors, I believe the 3-year versus 4-year debate fundamentally misses the point. The primary measure of an exceptional emergency medicine residency is not the calendar duration, but the quality and depth of the training.

My perspective is shaped directly by my own journey. I trained in a 3-year program at the University of Massachusetts in Worcester, MA. Thanks to the exceptional teachers, mentors, and rigorous clinical environment there, I graduated fully prepared to handle the highest-acuity environments independently. My experience is proof that an efficient, high-yield curriculum can produce elite, capable attendings without requiring an extra year of training.

Arbitrarily forcing a 48-month mandate across the board does not automatically create a superior physician. True educational excellence is driven by clinical diversity, procedural volume, robust simulation, and constructive mentorship—not hours spent on a clock. Simply extending a program's duration without overhauling its educational substance risks transforming an additional year into low-cost service labor. This adds an unjustified financial debt burden and delays career progression for our trainees without a shred of data proving it improves patient outcomes.

ACEP's role must be one of unwavering, evidence-based advocacy that protects the flexibility and autonomy of our training institutions. ACEP must firmly stand by its established policy supporting the value and validity of both 3-year and 4-year formats. Rather than allowing a one-size-fits-all timeline to be dictated from the top down, ACEP must serve as the primary shield protecting our programs from unsubstantiated educational inflation.

On the Board, I will advocate for ACEP to lead a hard pivot toward objective, competency-based education. We must partner closely with EMRA and CORD to push the ACGME to evaluate graduate readiness through verifiable clinical milestones and high-impact instructional design. We can protect the future pipeline of our specialty, elevate clinical standards, and defend trainee well-being by demanding that our training infrastructure prioritizes actual learning outcomes over arbitrary time frames.

Question #3: What is the most effective strategy you would use to recruit and retain members considering generational differences?

Recruitment and retention aren't two problems. They're the same problem, viewed from opposite ends of a career.

A significant part of my career has been as a locums physician, staffing rural critical access EDs, academic trauma centers, and everything in between. That vantage point taught me something the membership survey data can't: the reason a 29-year-old joins ACEP is almost never the reason a 61-year-old renews. When we run one recruitment strategy for everyone, we lose people on both ends and wonder why.

I also happen to live this generational range outside of work. My closest circle spans people in their twenties through their eighties, a mix of physicians, nurses, engineers, teachers, musicians and artists. I hear, unfiltered and off the record, why someone in their twenties is disillusioned by traditional institutions and how they weigh a membership dollar against investing in their families and retirement. I understand why a physician in their fifties can feel like ACEP is no longer relevant to their day to day practice. We need to listen closely and communicate effectively. I will listen across generations and use my position as a board member to advocate for the College.

Here's how I'd translate it into strategy. Early-career members and residents want proof of return before they want belonging. They're debt-burdened, mobile, and skeptical of institutions that ask for buy-in before showing value. The fix is frictionless, low-stakes entry: discounted first-year chapter dual-membership, a genuinely useful digital community, and structured mentorship built into section onboarding rather than left to chance — the model I've pushed for within the ABC, Wellness and Locums Section.

Mid-career physicians, roughly ten to twenty-five years out, are the group we're likely bleeding fastest. They're absorbing the worst of boarding, contract instability, and corporate practice pressure while raising families and running households. They don't need another CME credit; they need to see ACEP's advocacy work land on their specific problem — not “we support EMTALA,” but what changed in their state this quarter. Retention here is about relevance and proof of fight, in specific, dated terms.

Senior members want their legacy protected and their expertise used, not shelved. Many step back from committee work not because they're disengaged, but because the pathways assume a full-time, still-working-nights schedule. Governance roles, mentorship leadership, and advocacy work structured for a part-time or semi-retired schedule keep that expertise in the organization instead of losing it.

Underneath all three groups is one connective thread: belonging. This is where the ABC Section and Wellness Section work I've been part of directly overlaps with membership strategy. A member who feels excluded or burned out doesn't renew, regardless of age. A recruitment strategy that ignores that is decorating the outside of a house with a cracked foundation.

If elected, I'd push for three things: a structured, section-anchored mentorship pipeline that deliberately pairs across career stage; state-chapter advocacy reporting written in plain terms members can use in their own workplace conversations; and membership pathways built for how emergency physicians actually work now — locum, part-time, telehealth, hybrid — instead of assuming one full-time, single-site career model.

Generational differences in this specialty are real, but they close quickly once someone actually listens and responds. That's the work I want to bring to the Board.

CANDIDATE DATA SHEET

Alexandra Nicole Thran, MD, FACEP

Contact Information

16 Dimetro Rd. #8, Warren, VT 05674

Phone: 401-527-8224

E-Mail: nikiermd@gmail.com

Current and Past Professional Position(s)

PROFESSIONAL EXPERIENCE

2023 - present: Emergency Physician (Independent Contractor)

- 12/1/2025 - present: Independent Contractor, CHI St. Alexius Health, Dickinson, ND
- 9/1/2025 - 2/28/2025: Independent Contractor, CHI St. Alexius Health, Devil's Lake Hospital
- 5/1/2025 - present: Independent Contractor, North Country Hospital, Newport, VT
- 5/1/2025 - 7/30/2025: Independent Contractor, McLaren Greater Lansing, Lansing, MI
- 6/1/2024 - 5/30/2025: Independent Contractor, Springfield Hospital, Springfield, VT
- 8/1/2024 - 11/30/2024: Independent Contractor, Kimball Hospital, Putnam, CT
- 6/1/2023 - 9/30/2025: Independent Contractor, Northeastern Vermont Regional Hospital, St. Johnsbury, VT

10/1/2013 - 7/31/2023: Emergency Physician | Gifford Medical Center, Randolph, VT

Clinical Coordinator (ED Director) (2019-2020)

Co-Founder and Past Chair, Energy Committee (2018-2023)

Member of Patient Experience (2017-2023) and Diversity Committees (2020-2023)

Locum Tenens | Various locations

2011- 2013 Locum Tenens

Rutland Regional Medical Center, Rutland, VT

Brattleboro Memorial Hospital, Brattleboro, VT

Chickasaw Nation Medical Center, Ada, OK

Our Lady of Fatima Hospital, North Providence, RI

Roger Williams Medical Center, Providence, RI

2010 - 2012 Emergency Physician, Kent Hospital, Warwick, RI

2003 - 2010 Emergency Physician, The Westerly Hospital, Westerly, RI

2002 - 2003 Emergency Physician, Garden City Treatment Center, Cranston, RI

1998 - 2002 Clinical Instructor of Emergency Medicine

Emergency Physicians of Tidewater, Virginia Beach, VA

1995 - 1998 Emergency Physician, Peninsula Emergency Physicians, Hampton, VA

1994 - 1995 Emergency Physician, Riverside Regional Medical Center, Newport News, VA

1991 Emergency Physician, Hartford Hospital & University of Connecticut, Hartford, CT

Assistant Clinical Professor of Emergency Medicine and Surgery

Assistant Director of Lifestar

Flight Crew Instructor

1991 Emergency Medicine Residency, Elective

Kapi'olani Medical Center, Honolulu, HI

1988 Emergency Medicine Senior Medical School Elective

Royal Perth Hospital, Perth, Australia

Education (include internships and residency information)

7/1/1989 - 6/30/1991 Emergency Medicine Residency,
University of Massachusetts
Worcester, Ma

7/1/1988 - 6/30/1989 Internship, Emergency Medicine,
University of Massachusetts
Worcester, MA

MD: 9/1/1984 - 5/13/1988 Doctor of Medicine,
Vanderbilt University School of Medicine
Nashville, TN

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)

AMERICAN BOARD OF EMERGENCY MEDICINE 1992, 2001, 2011, 2021

Professional Societies

ACEP, VT State Chapter, AMA, Vermont Medical Society

National ACEP Activities – List your most significant accomplishments

Vermont Chapter President, Past Treasurer

ACEP Counsitor

Chair-elect, ACEP Locums Section

ACEP Chapter Activities – List your most significant accomplishments

Established Chapter Committees for Membership, EMS and Legislation

Practice Profile

Total hours devoted to emergency medicine practice per year: 1440# Total Hours/Year
hrs

Individual % breakdown the following areas of practice. Total = 100%.

Direct Patient Care 100 % Research ____% Teaching ____% Administration ____%

Other: _____%

Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)

100 % Locums in multiple states and multiple types of practice, primarily Critical Access and rural practices.

Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)

Medical Director (but actual title was Clinical Coordinator), Vermont EMS Medical Advisor District 8,

Expert Witness Experience

If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.

Defense Expert

Cases

Plaintiff Expert

Cases

CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Alexandra Nicole Thran, MD, FACEP

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: Warren Emergency Medicine

Address: 16 Dimetro Road, Unit 8

Warren, VT 05674

Position Held: CEO

Type of Organization: PLLC

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: Vermont ACEP

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: ACEP Chapter

Leadership Position: Immediate Past President and Board of Directors

Term of Service: _____

Organization: ACEP Locums Tenens Section

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: ACEP Section

Leadership Position: Chair-Elect

Term of Service: Current

Organization: Windsor County Democratic Committee

Address: Windsor County, VT

Type of Organization: Political

Leadership Position: Vice Chair

Term of Service: 2019-20

Organization: Hartford Energy Commission

Address: 171 Bridge Street

White River Junction, VT 05001

Type of Organization: Town Commission

Leadership Position: Vice Chair

Term of Service: 2019-20

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the [ACEP Business Arrangements](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

11. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Alexandra Nicole Thran, MD, FACEP Date

May 13, 2026

August 3, 2026

Dear Members of Council,

We write jointly, on behalf of the Vermont Chapter and the Access, Belonging, and Community Section, in strong support of Dr. Niki Thran, MD, as a candidate for the American College of Emergency Physicians (ACEP) Board of Directors. Dr. Thran exemplifies the leadership, vision, and dedication this role demands, and we are confident she would be an outstanding addition to the Board.

Dr. Thran brings over thirty years of emergency medicine experience to this nomination, including extensive work in rural and resource-limited emergency departments and service as an EMS district medical advisor. This breadth of experience would make her a particularly powerful voice for rural chapters and locum tenens physicians, constituencies often underrepresented at the national level. Her long history of advocacy within ACEP, at the local, state, and national levels, reflects both her passion for the specialty and her effectiveness as a voice for emergency medicine. Her civic engagement extends beyond medicine, as evidenced by her participation in the 2022 Democratic primary for U.S. Senate in Vermont, underscoring a deep commitment to serving the public good.

During her tenure as President of Vermont ACEP, Dr. Thran demonstrated exceptional organizational leadership. She authored numerous resolutions, grew chapter membership, and created three new subcommittees that expanded the chapter's reach. When the chapter faced a mid-term transition in executive leadership, Dr. Thran worked closely with ACEP national staff to ensure continuity and stability, demonstrating her ability to manage complexity while keeping the mission front and center.

That same follow-through has defined her work with the Access, Belonging, and Community Section, where she has served on committees and stepped up to lead a subcommittee, driving real progress on the Section's strategic goals rather than settling for good intentions.

Emergency medicine serves an enormously diverse patient population, and Dr. Thran's own background shapes how she thinks about access, about who gets left out of a conversation, and about what belonging requires in practice. That perspective isn't abstract for her; it shows up in every discussion, project, and decision she takes on.

Dr. Thran is an effective and collaborative leader who works well across differing perspectives and is known for bringing people together around shared goals. Beyond her professional accomplishments, she is warm, welcoming, and genuinely interested in the people around her. She brings sincerity and integrity to every interaction, and a calm, confident energy balanced with humility. The ability to listen, build trust, and inspire confidence across a room of strong-willed professionals is a gift, and Dr. Thran has it in abundance.

A Board of Directors is stronger when the people at the table have lived, and worked through, different versions of what it means to practice emergency medicine—and different versions of what it means to be seen, or overlooked, within it. Dr. Thran brings that lived perspective, paired with a demonstrated record of turning it into action. We offer this nomination with the fullest confidence and urge the Nominating Committee to give her candidacy the serious consideration it deserves.

Sincerely,

Matthew S. Siket, MD, MHCI, FACEP
President, Vermont Chapter
Christopher Smith, MD, FACEP
Chair, Access, Belonging, and Community Section

Alexendra Nicole (Niki) Thran, MD, FACEP

I am honored to be considered for a position on the ACEP Board of Directors, and I ask for your vote based on a career built on clinical depth, active engagement across the College, and a proven ability to bring people together around shared solutions.

Clinical Experience Across the Spectrum of Emergency Care

Over more than 30 years in emergency medicine, I have practiced as a locums physician across a wide range of settings — from large corporate systems with multiple emergency departments to small, unaffiliated critical access hospitals. I have worked in urban and rural emergency departments, under different state laws and regulatory environments, and with diverse patient populations. This breadth of experience has given me a firsthand understanding of the challenges that unite emergency physicians everywhere, regardless of practice setting: boarding and overcrowding, burnout, and the ongoing need for strong member advocacy. I do not view these issues through the lens of a single hospital system or region; I have lived them in dozens of different emergency departments, and that perspective would inform how I approach decisions at the Board level.

A Record of Active ACEP Involvement

I have served as an ACEP Councillor for many years, during which I have written and defended numerous resolutions on issues that matter to our specialty. That work has given me a deep understanding of how the College's governance functions, and how Council priorities translate into action at the Board and staff level. Beyond the Council floor, I have contributed to ACEP's work through committee service on the National/Chapter Relations Committee, the Access, Belonging and Community Committee, and the Professional Wellness Committee. I am also an active member of multiple ACEP sections, which has kept me connected to the many different communities and subspecialty interests within our College.

Leadership Built on Coalition-Building

Effective board leadership requires the ability to work across differences, and that is where I believe I can offer the most value. I get along well with colleagues from all backgrounds and practice environments, and I have a track record of building coalitions among people with divergent perspectives and priorities. I bring that same approach to public service: in 2022, I ran for United States Senate in Vermont, an experience that sharpened my ability to listen to a wide range of viewpoints, communicate clearly under pressure, and build consensus toward practical, actionable outcomes. I believe these skills translate directly to the strategic and fiduciary responsibilities of the Board, where building consensus among diverse stakeholders is essential to moving the College forward.

Why This Matters for ACEP's Future

Emergency medicine is facing significant challenges, including boarding, workforce burnout, scope of practice pressures, and the need for sustained advocacy at every level. I believe the Board is strongest when its members bring varied, ground-level clinical experience combined with deep institutional knowledge of how the College operates, and a genuine ability to bridge differences among members. My locums career has shown me the full range of what emergency physicians face day to day, and my years of ACEP committee and Council service have prepared me to bring that ground-level perspective into Board-level strategy and decision-making.

I would be honored to earn your support and serve the College in this next capacity.

VOTE

Alexandra "Niki" Thran, MD, FACEP

for ACEP Board of Directors



Immediate Past-President, Vermont Chapter of ACEP

Chair-Elect, ACEP Locums Section

ACEP Council – Vermont Councilor, 12+ years

ACEP

National Chapter Relations Committee

Access, Belonging & Community Committee

Professional Wellness Committee

ACEP Council

Vermont Councilor

Author of multiple Council Resolutions

Reference Committee Member

Civic Engagement

Candidate for U.S. Senate, Vermont (2022)

Clinical Experience

30+ years full-time in Emergency Medicine

Clinical experience in EDs across 9 states

Holds 11 state medical licenses

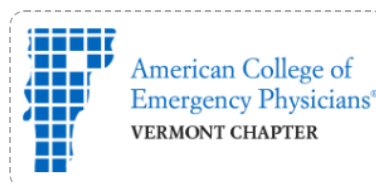
Priorities

Addressing boarding & overcrowding

Reducing physician burnout

Advancing ACEP's strategic goals: membership & advocacy

ENDORSED BY



EXPERIENCE · LEADERSHIP · ADVOCACY

VOTE — Address boarding & overcrowding

Reduce physician burnout

Advocate for membership & ACEP's strategic goals

Alexandra Nicole (Niki) Thran, MD, FACEP

Emergency Physician | Fellow of the American College of Emergency Physicians

Cell: 401 527 8224

Email: nikiermd@gmail.com

Address: 16 Dimetro Road, Unit 8, Warren, VT 05674

LINKEDIN [linkedin.com/in/Alexandra-Nicole-Thran](https://www.linkedin.com/in/Alexandra-Nicole-Thran)

Facebook [facebook.com/Alexandra-Nicole-Thran](https://www.facebook.com/Alexandra-Nicole-Thran)

X @DrNikiThran

INSTAGRAM @nikiermd

An experienced emergency physician, I am dedicated to advancing health equity and championing the rights of individuals to make autonomous choices about their bodies. I envision a future where every person has access to quality healthcare, free from the burdens of systemic inequities and the impacts of climate change. I am committed to advocating for innovative solutions that reduce mortality and morbidity from firearm violence, ensuring a safer and healthier world for all.

PROFESSIONAL EXPERIENCE

2023 - present: Emergency Physician (Independent Contractor)

- 12/1/2025 - present: Independent Contractor, CHI St. Alexius Health, Dickinson, ND
- 9/1/2025 - 2/28/2025: Independent Contractor, CHI St. Alexius Health, Devil's Lake Hospital
- 5/1/2025 - present: Independent Contractor, North Country Hospital, Newport, VT
- 5/1/2025 - 7/30/2025: Independent Contractor, McLaren Greater Lansing, Lansing, MI
- 6/1/2024 - 5/30/2025: Independent Contractor, Springfield Hospital, Springfield, VT
- 8/1/2024 - 11/30/2024: Independent Contractor, Kimball Hospital, Putnam, CT
- 6/1/2023 - 9/30/2025: Independent Contractor, Northeastern Vermont Regional Hospital, St. Johnsbury, VT

10/1/2013 - 7/31/2023: Emergency Physician | Gifford Medical Center, Randolph, VT

Clinical Coordinator (ED Director) (2019-2020)

Co-Founder and Past Chair, Energy Committee (2018-2023)

Member of Patient Experience (2017-2023) and Diversity Committees (2020-2023)

Locum Tenens | Various locations

2011- 2013 Locum Tenens

Rutland Regional Medical Center, Rutland, VT

Brattleboro Memorial Hospital, Brattleboro, VT

Chickasaw Nation Medical Center, Ada, OK

Our Lady of Fatima Hospital, North Providence, RI

Roger Williams Medical Center, Providence, RI

2010 - 2012 Emergency Physician, Kent Hospital, Warwick, RI

2003 - 2010 Emergency Physician, The Westerly Hospital, Westerly, RI

2002 - 2003 Emergency Physician, Garden City Treatment Center, Cranston, RI

1998 - 2002 Clinical Instructor of Emergency Medicine

Emergency Physicians of Tidewater, Virginia Beach, VA

1995 - 1998 Emergency Physician, Peninsula Emergency Physicians, Hampton, VA

1994 - 1995 Emergency Physician, Riverside Regional Medical Center, Newport News, VA

1991 Emergency Physician, Hartford Hospital & University of Connecticut, Hartford, CT

Assistant Clinical Professor of Emergency Medicine and Surgery

Assistant Director of Lifestar

Flight Crew Instructor

1991 Emergency Medicine Residency, Elective

Kapi'olani Medical Center, Honolulu, HI

1988 Emergency Medicine Senior Medical School Elective

Royal Perth Hospital, Perth, Australia

EDUCATION

7/1/1989 - 6/30/1991 Emergency Medicine Residency,
University of Massachusetts
Worcester, Ma
7/1/1988 - 6/30/1989 Internship, Emergency Medicine,
University of Massachusetts
Worcester, MA
9/1/1984 - 5/13/1988 Doctor of Medicine,
Vanderbilt University School of Medicine
Nashville, TN
5/1984 Bachelor of Science in Biology
Tufts University
Medford, MA

BOARD CERTIFICATIONS AND STATE MEDICAL LICENSES

AMERICAN BOARD OF EMERGENCY MEDICINE 1992, 2001, 2011, 2021
NORTH DAKOTA MEDICAL LICENSE 2025 – PRESENT
MICHIGAN STATE MEDICAL LICENSE 2025 - PRESENT
CONNECTICUT STATE MEDICAL LICENSE 2024-PRESENT
VERMONT STATE MEDICAL LICENSE 2012-PRESENT
MASSACHUSETTS, HAWAII, VIRGINIA, DELAWARE, RHODE ISLAND (EXPIRED)

PROFESSIONAL MEMBERSHIPS

2016 - PRESENT AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP) AMERICAN ASSOCIATION OF
WOMEN EMERGENCY PHYSICIANS
1992-PRESENT
2016-PRESENT

Award PROFESSIONAL INVOLVEMENT, CLINICAL GOVERNANCE, AND AWARDS

2018 - American College of Emergency Physicians (ACEP)
2021 - 2025 VT ACEP, Chapter President
◦ Founded EMS, Legislative, and Member Committees; increased membership.
◦ Reviewed and approved bylaws; established quarterly board meetings.
2025 - present, Immediate Past-President of VT ACEP Chapter
Chair-elect, ACEP Locums Sections
ACEP Access, Belonging and Community Committee, Member
ACEP Professional Wellness Committee, Member

ACEP Council Resolutions and Leadership

2025: Lead author of a resolution that advocates changes to board certification; passed
2024: Lead author of three climate change resolutions; all passed
2023: Lead author of four assault weapons resolutions; two passed
2021: Drafted and defended a national resolution advocating for weapons bans in emergency departments;
passed.

Committees and Sections

2023 - present: Member, Access, Belonging and Community Section (formerly known as
Diversity, Inclusion, and Health Equity Committee).
◦ 2024 : Member; Education Subcommittee

2020 - present: Member of various sections, including EMS, Wilderness Medicine, and
International Emergency Medicine

2024 - present: Chair-Elect, Locum Tenens Section

2022: Member; Reference Committee A, summarized member testimony for council debates

ACEP Council Membership and Representation

2018 - present: Council Member representing the Vermont Chapter in voting on national policy and leadership.

Vermont Medical Society

2020 – present: Member, and met with legislators in 2024 to discuss pending bills

Other Affiliations

2024 ACEP Council Teamwork Award

2019 - 2020: Member, Wilderness Medicine Society

2018 - 2023 Vermont EMS District 8 Medical Advisor

Oversaw operations of five EMS services within District 8.

Developed and delivered a unique educational curriculum on treating transgender patients in EMS, pioneering formal education in this area.

Conducted run reviews, managed complaints, and contributed to the development of state EMS protocols.

Coordinated and assisted in Mass Casualty Incident responses.

Medical Student Preceptor | Geisel School of Medicine, Dartmouth College

Clinical teaching of medical students about Emergency Medicine, rural medicine and health

CIVIC ENGAGEMENT AND ACTIVISM

2019 Annual Vermont ACEP Advocate to the Vermont Congressional Delegation, Washington, D.C.

2022 Candidate for the United States Senate (lost to then Rep., now Sen. Welch in the Democratic Primary)

2019 present: Member, Vermont Democratic Party

2019 - 2020 Member Windsor County, VT

Vice Chair of the Windsor Democratic Party, Windsor County, VT

2019 - 2020: Town Chair of the Hartford Democrats

2019 Co-chair of the Women Making a Difference, Award Luncheon, Organizer/Committee Member

2019 - 2020: Vice Chair of the Hartford Energy Commission, Town of Hartford

2018 - 2020: Member of the Energy Commission, Town of Hartford

Ran for State Delegate for Senator Sanders, Washington County, VT

2021 Town Delegate of the Warren Democratic Committee

2020 - present: Member Mad River Democrats

2015 - 2020: Member of the Fitness Committee, Quechee Lakes Landowners Association

CONTINUOUS PROFESSIONAL DEVELOPMENT

BLS/ACLS RECERTIFICATION 2025

ATLS RECERTIFICATION 2025

PALS (expired)

MOAB 2020,2022

LECTURES & REFERENCES ON REQUEST