

DATE & LOCATION

October 13, 2021

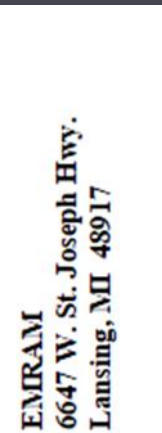
CMU Education Building
1632 Stone St.
Saginaw, MI 48602

Directions will be mailed with your confirmation.

ACCOMMODATIONS

Small Room Block at the
SpringHill Suites Saginaw
5270 Cardinal Square Blvd.
Saginaw, MI 48604
(989) 792-2800

For overnight accommodations contact the SpringHill Suites directly and make sure to mention our group name **Michigan College of Emergency Physicians (MCEP)** to receive a preferred rate by September 17, 2021.



EMRAM SIMWARS

October 13, 2021





TIME:

6:45 am	SIMWars Teams Arrival
7:00 – 8:00 am	Breakfast – Comp. Briefing
8:00 – 9:40 am	SIMWars Round 1: Group 1
9:40 – 10:10 am	Break & Switch Groups
10:10 – 11:50 am	SIMWars Round 1: Group 2
11:50 – 1:00 pm	Debrief & Announcement of 1st Round Winners Lunch / Visit Exhibits
1:15 – 2:30 pm	SimWars Finals
2:30 – 3:00 pm	Announcement of Winner

**MANDATORY ATTIRE: BUSINESS CASUAL
ATTIRE OR SCRUBS**

RESERVATIONS REQUIRED

Registration is available on-line at

www.mcep.org

PHONE (517) 327-5700

FAX (517) 327-7530

EMRAM SIMWARS October 13, 2021

Residents statewide will participate in a full day of EMRAM activities.

SIMWars is an interactive simulation competition that allows teams of four medical providers to compete against other programs on simulated patient encounters.

An expert panel will judge each team's performance in areas such as teamwork, communication, and leadership as well as medical management of the "patient".

If interested, please e-mail madeyv@mcep.org. Further information is also available at www.mcep.org. Entries are due by September 10, 2021. Once the teams selected, we will send out the "Rules of Engagement" prior to the event so you can be prepared for what to expect.

* Breakfast and lunch will be provided during this course

2021 EMRAM SIMWARS REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

RESIDENCY PROGRAM: _____ E-MAIL: _____

☐ EM Resident, Student, or Spouse \$25/each

☐ Non-Member \$50/each

☐ MCEP Member & Spouse \$40/each

☐ VISA ☐ MASTERCARD ☐ AMEX # _____ Exp. _____ Sec. Code _____

☐ Check enclosed (*payable to EMRAM*)

Signature: _____

Please return to EMRAM, 6647 W. St. Joseph Hwy, Lansing, MI 48917, 517/327-5700, FAX 517/327-7530