

## DATE & LOCATION

**May 14, 2025**

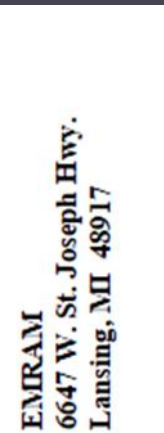
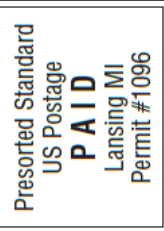
Western Michigan  
University, Homer Stryker,  
MD School of Medicine-  
UpJohn Campus  
300 Portage St  
Kalamazoo, MI 49007

## ACCOMMODATIONS

*Small Room Block at the*  
Staybridge Suites Kalamazoo  
2001 Seneca Lane  
Kalamazoo, MI 49008  
269-372-8000

## MCEP Group Link

\*Deadline is 4/30/25 – after that  
date, reservations will be accepted  
on a space availability basis.



# EMRAM SIMWARS

May 14, 2025





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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 [alliep@mcep.org](mailto:alliep@mcep.org). Further information is also available at [www.mcep.org](http://www.mcep.org). Entries are due by **April 30, 2025**. Once the teams are 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

### TIME:

<b>8:00 am (Promptly)</b>	All SimWars Teams and Judges Arrival
<b>8:00 – 9:00 a.m.</b>	Breakfast – Competition Briefing
<b>9:00 – 10:32 a.m.</b>	SimWars Round 1: Group 1 (6 Teams)
<b>10:32 – 10:45 a.m.</b>	Break & Switch Groups
<b>10:45 – 12:37 p.m.</b>	SimWars Round 1: Group 2 (5 Teams)
<b>12:37 – 2:00 p.m.</b>	Debrief & Announcement of 1st Round Winners Lunch / Visit Exhibits
<b>2:00 – 3:00 p.m.</b>	SimWars Finals
<b>3:00 – 3:30 p.m.</b>	Break
<b>3:30 – 4:00 p.m.</b>	Announcement of Winner

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

### **RESERVATIONS REQUIRED**

Registration is available on-line at [www.mcep.org](http://www.mcep.org)  
 PHONE (517) 327-5700  
 FAX (517) 327-7530

### 2021 EMRAM SIMWARS REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESIDENCY PROGRAM: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

☐ EM Resident, Student, or Spouse \$35/each

☐ Non-Member \$55/each

☐ MCEP Member & Spouse \$45/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