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Q1 Faculty Information:

Last name:	Saks
First name:	Mark
Faculty Position:	Residency Program Director
Department:	Emergency Medicine
Institution:	Crozer Chester Medical Center
Phone:	610 447-6671
Email Address:	mark.saks@crozer.org

Q2 Type of Research?

Clinical Research,
Other (please
specify):
also quality improvement
activities/research

Q3 Please describe your research interests:

medial & residency education
neurologic emergencies

Q4 Please provide a brief description of research opportunity/project(s):

1) Title of project(s):	Impact of a New Residency Program on Emergency Department Workflow
Brief Description:	We are looking at the effects of a new EM residency program on various ED metrics
Duration:	ongoing
Time commitment:	variable
Specific Requirements:	variable
Funded or unfunded (yes or no):	no

Medical Student Research Opportunities

Q5 Please indicate the specific level of experience required, if applicable:

Fourth year medical student

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Third year medical student
