

PRESIDENT'S LETTER

# Learning to Lead By Following



David Griffen,  
MD, PhD, FACEP

**“He who cannot be a good follower cannot be a good leader.”**  
— Aristotle

There is a lot of attention given to leadership. There are books, articles, presentations and courses. Hospitals and organizations regularly put on leadership training. ICEP is putting

on a leadership conference in April (which I highly recommend — see story on Page 2 for details). It is even very common for students applying to emergency medicine residency to have a number of “leadership” positions on their application, and to write about being a leader in their personal statements or interviews.

Our society values the leader, especially the extroverted leader, as an ideal. We strive to identify them, laud them, and develop them. I have had the good fortune to know some exceptional leaders in my life, both physicians and non-physicians. They demonstrated admirable qualities that are worthy of emulation. They have definitely made a difference.

Emergency physicians are expected to be leaders. It comes with the territory. Inability to lead the resuscitation of a critically ill or injured patient is career limiting. However, we are also expected to be good followers. At our hospital, emergency department flow is determined by

the charge nurse and I follow his or her lead. We are expected to follow policies, procedures and protocols. We elect leaders and executive committees to lead us. We serve on committees and quality improvement teams. We probably spend more time following than leading.

There is not as much attention paid to being a good follower. I have never seen a book or course about follower development. Even the term “follower” has a somewhat negative connotation, implying a certain passivity and herd mentality. This is unfortunate. Without followers, there would be no leaders by definition. Also all major accomplishments are predominantly due to the work of followers.

So what does it take to be a good follower? I recently led a Six Sigma/Lean team focused on improving sepsis care of the emergency patient. I was gifted with a very effective team of nurses and pharmacists. Several members had their Six Sigma green belts and had experience in leading other teams. The line between leaders and followers became blurred as we developed and implemented process improvements.

This blurring of roles made me think a lot about leading and following. It struck me that the very qualities that we consider desirable for leadership — integrity, shared vision, determination, reliability, emotional intelligence, subordination of self-interest — are the qualities also desirable in good followers.

The best teams, organizations and practice situations I have experienced during my career have all been characterized by members who

were followers, but also leaders. Our country’s founding fathers knew the importance of an educated, involved citizenry to preserve our freedom and prevent tyrannical leaders.

Similarly, the more leadership characteristics our nurses, technicians, colleagues, residents, administrators and others around us exhibit, the more we can all accomplish and the healthier our work environment will be. Perhaps with the nuanced negativity surrounding the word “follower,” it is better to replace it with “team player” or “citizen”. It sounds much more appealing to say to someone, “we want you to be a good team player,” rather than “we want you to be a good follower.”

My concept of the ideal leader when I started practice was the courageous, unyielding commander of patient care, who knew what was best for the patient, giving orders that were promptly obeyed. I read biographies and memoirs of leaders like George Patton.

I wish I knew then what I know now. I would have paid more attention on how to be a good follower ... I mean, team player.

There are times when we will need to exert command and control leadership — such as the crashing patient. But for most of the time, we will follow, and lead, and do both at the same time.



— David Griffen, MD, PhD, FACEP  
ICEP President

## InsideEPIC

2015 - Issue 1

Join ICEP for Advocacy Day on March 5 in Springfield

page **2**

ACEP Comment Period Open for Draft Intravenous TPA Clinical Policy

page **3**

SMACC Conference in Chicago Brings Together Top Experts in Critical Care

page **4**

ICEP Member Dr. Michael Cruz Assumes Presidency of OSF Saint Francis Medical Center in Peoria

page **6**

# Dr. Michael Wahl Honored for Public Health Efforts

ICEP member and past president Michael Wahl, MD, FACEP has recently been honored as an Unsung Hero of Public Health by the Center for Public Health Foundation.

Dr. Wahl is the longtime medical director of the Illinois Poison Center, headquartered in Chicago.

Congressman Peter Roskam (IL-06) nominated Dr. Wahl for the Foundation's nationwide Rock in the Pond Award, which recognizes an individual's work on a state-wide public health effort that produced remarkable outcomes.

"It's a tremendous honor to be recognized by the Campaign for Public Health Foundation in this capacity, and I am very humbled by Congressman Roskam's nomination," said Dr. Wahl, who also serves as Medical Director for the Metropolitan Chicago Healthcare Council, the IPC's parent organization. "I look forward to continuing to work with the Congressman on public health initiatives and other matters of importance to Illinoisans in our shared goal of improving and protecting the health of our communities."

In order to preserve the lifesaving and educational services that poison centers provide nationwide, Congressman Roskam and Dr. Wahl worked together on the Poison Center Network Act, which was signed into law in 2014 and makes funding for all poison centers a priority through 2019.

"Dr. Wahl's record of achievement and his commitment to public service and to the health and well-being of Illinoisans is admirable. I am pleased to be able to recognize that commitment by having nominated him for the Foundation's Rock in the Pond



Congressman Peter Roskam (left) congratulates Dr. Michael Wahl for his honor as an Unsung Hero of Public Health, presented by the Center of Public Health Foundation.

Award," said Congressman Roskam. "His dedication has made our communities better, and I am thrilled the Campaign for Public Health Foundation has honored him an Unsung Hero of Public Health."

Under Dr. Wahl's direction, the IPC has also established and managed Illinois public health hotlines, including H1N1, MERS and Ebola. Dr. Wahl is a member of the Illinois Department of Public Health Work Group that works to combat prescription drug abuse and potential transition to heroin use, and that has partnered with the Attorney General's office, law enforcement and public health officials to monitor the trends and limit the usage of toxins such as bath salts and synthetic drugs.

A reception honoring Dr. Wahl and other Unsung Hero award recipients was held at the end of January in Washington, D.C.

## Join ICEP for Advocacy Day on March 5 in Springfield

ICEP Advocacy Day is March 5 in Springfield! Plan to join fellow members and ICEP's lobbyists to meet with state legislators to lobby for emergency medicine issues.

The program will start at the Sangamo Club in Springfield, where participants will attend a briefing with lobbyists from Illinois Strategies, LLC., and have lunch at the Club.

After lunch, the group will walk to the state capitol to visit legislators. Members are encouraged to contact their legislators' office in advance to notify them of the upcoming visit. Note that many legislators' offices do not take appointments and prefer drop-in visits.

Advance registration for ICEP Advocacy Day is required. Register online now at [ICEP.org](http://ICEP.org).

Participants outside of Springfield are encouraged to take Amtrak for convenience. The Amtrak station is within walking distance of the Sangamo Club.



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# Register Now for EM Update on Feb. 19

Stay for Afternoon Simulation Workshop for Hands-On Skills, Extra CME

Registration is open now for ICEP's winter CME conference, Emergency Medicine Update, on Thursday, February 19 at the Jump Trading Simulation and Education Center in Peoria.

On the agenda for 2015 is:

- A panel discussion on carbon monoxide poisoning and response to a mass casualty event, moderated by James Waymack, MD
- Andrew Vincent, DO, on pediatric fever, including guidelines for neonates, sepsis treatment for pediatric patients, and updated guidelines for bronchiolitis
- Nur-Ain Nadir, MD, with updates on the management of traumatic hemorrhage
- Gene Couri, MD, FAAP, FACEP, discussing unrecognized cardiac disease in the newborn patient
- John Hafner, MD, MPH, FACEP, reviewing the top 10 emergency medicine articles of 2014 to outline important advances in clinical practice



- David Griffen, MD, PhD, FACEP, and Rebecca Parker, MD, FACEP, providing ICEP and ACEP updates

### Hands-On Simulation Workshop

Stay after the morning educational program for an optional afternoon in the state-of-the-art sim lab for hands-on skills practice on simulated patients. Spend 45 minutes at each of 4 modules and earn a maximum of 3 *AMA PRA Category 1 Credits*<sup>TM</sup>.

The four modules presented at the workshop

are: Advanced Airway, Pediatric Advanced Airway, Pediatric Shock, and Multi-System Trauma. View the course brochure online at ICEP.org for the full program objectives and faculty.

Registration for both EM Update and the Hands-On Simulation Workshop is open online at ICEP.org now. The cost for EM Update is \$109 for ICEP/ACEP members, \$136 for non-member physicians, \$25 for residents, and no charge for medical students. The Simulation Workshop is an additional charge of \$109.

## Leadership Development Forum Set for April 13

ICEP's inaugural Leadership Development Forum has been rescheduled for Monday, April 13, 2015, at the ICEP Conference Center in Downers Grove. ICEP is calling for recommendations for participants to attend this debut program.

The program is designed for attending physicians in their first five years of practice. Senior residents are also invited to attend. All participants must be current ICEP members.

There will be no cost to attend the Leadership Development Forum, and the program is open to all members who are interested.

Attending physicians and residency program directors are strongly encouraged to nominate qualified candidates to attend. Recommendations can be sent to Kate Blackwelder at [kateb@icep.org](mailto:kateb@icep.org). Upon receiving a recommendation, ICEP will reach out to the nominee directly to personally invite them to be a part of the program.

Candidates may also self-nominate and attend without receiving a personal invitation; please email Kate Blackwelder if you would like to participate.

The full agenda and list of speakers for the Leadership Development Forum is being finalized now and will be released shortly.

The program will focus on leadership from two perspectives: general and ICEP/ACEP specific. First, topics will introduce the key concepts and best practices for effective leadership and self-development. Later, speakers will share personal experiences and advice for becoming a leader in emergency medicine through involvement with ICEP and ACEP.

No CME credit will be offered for this program. Advance registration is required. Watch your email, ICEP.org and social media for the final agenda and course brochure coming soon!

## ACEP Comment Period Open for Draft Intravenous tPA Clinical Policy

The Clinical Policies Committee of ACEP has completed a draft clinical guideline: "Clinical Policy: Use of Intravenous tPA for the Management of Acute Ischemic Stroke in the Emergency Department." Since the 2012 clinical policy on IV tPA, there have been changes to the clinical policies development process, the grading forms used to rate published research have continued to evolve, and some newer research articles have been published.

The draft is now open for comments until March 13, 2015.

To view the draft policy and comment form, go to: [www.acep.org/Clinical-Policy-Comment-form-Intravenous-tPA/](http://www.acep.org/Clinical-Policy-Comment-form-Intravenous-tPA/).

For questions, please contact Rhonda Whitson at [rwhitson@acep.org](mailto:rwhitson@acep.org).

# SMACC Conference in Chicago Brings Together Top Experts in Critical Care



**John Bailitz, MD, FACEP**

**By John Bailitz, MD, FACEP  
SMACC Organising Committee**

Today's biggest names in Emergency Medicine Resuscitation, Airway Management and Critical Care will be joining us this June 23-26 at McCormick Place for the third annual Social

Media and Critical Care (SMACC) 2015 Conference (<http://www.smacc.net.au/program/>). The international SMACC conference brings to Chicago the world's leading experts and innovators from Australia, Europe, Canada and the United States. The curriculum includes interactive cutting edge didactics in Pre-hospital Care, Advanced Airway, Cardiology, Pediatric Critical Care, Trauma, Toxicology, Emerging Infectious Disease, Evidence Based Medicine, Medical Decision Making and Medical Education.

SMACC began in Australia as part of the Free Open Access Medical (FOAM) education movement. Utilizing the latest social media technologies, SMACC uniquely and effectively delivers the latest concepts in critical care. Australia's Roger Harris and Oliver Flowers ([www.intensivecarenetwork.com](http://www.intensivecarenetwork.com)) and Chris Nickson ([www.lifeinthefastlane.com](http://www.lifeinthefastlane.com)) hosted the first SMACC conference in Australia in 2013. After doubling in size in 2014, SMACC has now become the international Emergency Medicine and Critical Care conference event.

According to a recent publication in the *Annals of Emergency Medicine*, FOAM has the potential to significantly transform medical education. FOAM facilitates the rapid online dissemination and discussion of new ideas and information. Peer review is provided, but not through a few traditional expert journal reviewers, but instead, through reader's comments on blog posts, tweets, and emails directly to the content author. Utilizing FOAM in the flipped classroom model, educators first identify high quality online learning materials such as blogs, podcasts, narrated lectures and websites. Students review this online content prior to visiting

the "classroom", where new concepts are actively discussed and applied. Power is given to the students with the teacher actively facilitating the question based learning process creating true horizontal collaboration.

The goal of leading educators in the FOAM movement is simple; make the world a better place by rapidly improving healthcare around the world. All SMACC didactics are released for free by download from affiliated websites after the conference. The event is supported by a charitable trust; no one profits economically. But everyone benefits from the rapid exchange of ideas and resulting innovation. The founders, organizing committee, and faculty donate their time, energy and expertise to the event. Even international faculty pay their own travel and lodging expenses in Chicago.

SMACC has been designed as an engaging and interactive "Festival of Learning". The conference targets clinicians from the pre-hospital, emergency, critical care, anesthesia, trauma and surgical arenas. Students, paramedics, residents, nurses, and physicians are welcome to attend and participate. To create a horizontal community, all conference delegates are given a simple nametag with their first names, Twitter handle, or email without title or any special recognition. Engagement in the SMACC community begins even before by posting on the SMACC website or following us on Twitter @smaccteam or #smaccUS.

The festival includes daily free lunches and twice-a-day teas provided for all delegates within the unique SMACC exhibitor hall. To increase networking opportunities all delegates are invited to attend, at no additional fee, the Welcome Reception as well as the Gala Dinner. Delegates and faculty are connected throughout the event real time and by Twitter and the delegate portal on the SMACC website.

Pre-conference workshops provide delegates with unique opportunities for hands-on instruction with the world's leading experts in Air-



way, Resuscitation, Ultrasound, Cardiology, and online medical education. EMCrit's Scott Weingart ([www.emcrit.org](http://www.emcrit.org)) and Airway legend Richard Levitan (<http://www.airwaycam.com/>) will lead an advanced airway workshop. EKG Guru Steve Smith (<http://hqmedecg.blogspot.com/>) will lead the EKG Masterclass. Howie Mell, featured EMCrit and EMRap Prehospital expert, will chair a panel of international expert faculty in a Prehospital Critical Care SMACC Summit including Australia's Cliff Reid (<http://resus.me/>). Matt Dawson and Mike Mallin (<http://www.ultrasoundpodcast.com>) will head up the Emergency and Cardiac Ultrasound workshops. Chris Nickson leads a workshop on Stress Inoculation Training with a host of other cutting edge education workshops. Be sure to sign up early for these optional workshops – spots are filling up fast and some are already sold out!

SMACC Day One kicks off with the "Mind of the Resuscitator Redux," featuring 20-minute didactic sessions by Scott Weingart and Cliff Reid. Late morning tracks in Critical Care Anesthesia, Bleeding, How Science Works, Team Building, and Toxicology provide personalized learning opportunities. Afternoon tracks include Trauma with updates on REBOA and Pediatric Pitfalls, as well as Cardiology with everyone's favorite speaker Amal Mattu (<http://www.ecgweekly.com/>). The day concludes with the Welcome Reception.

The festival continues into Day Two with didactics on PE by Anand Swaminathan (<http://emlyceum.com/>), Pediatric Ultrasound by Andy Sloas (<http://www.pemed.org/>), and A's and

■ CONTINUED ON PAGE 10

# ONE.



## One decision, one career, one life.

How are you going to live it? You could work for a giant machine that's owned and operated by stuffed shirts who don't know auscultation from a conference call. Or you could join EMP. A group that's owned and managed by emergency medicine physicians who are passionate about working together to care for patients—and each other. Don't be a number, be a part of our family. There's only one you and there's only one real team. EMP.

*One on the dance floor, EMP physicians and guests at the EMP party during ACEP SA, Chicago.*



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# ICEP Member Dr. Michael Cruz Assumes Presidency of OSF Saint Francis in Peoria

## Dr. Cruz Is First Physician to Serve in Role at Flagship OSF Hospital

Longtime ICEP member Michael Cruz, MD, FACEP has been selected to serve as President of OSF Saint Francis Medical Center in Peoria. The medical center is OSF HealthCare's flagship hospital.

"The Illinois College of Emergency Physicians congratulates Dr. Cruz on his appointment as President of OSF Saint Francis Medical Center. It is a great accomplishment and a testament to his leadership and dedication," said ICEP President David Griffen, MD, PhD, FACEP. "It is also a wonderful advancement for the specialty of emergency medicine. We are pleased to have one of our own leading the flagship hospital of the OSF system."

Dr. Cruz officially began his new duties at the end of January. Dr. Cruz replaces Keith Steffen who retired after 34 years with OSF HealthCare, the last 18 as President and CEO of OSF Saint Francis.



Dr. Cruz will be the first physician to lead OSF Saint Francis Medical Center. "It's a great opportunity to have a strong clinical influence on what we're supposed to be delivering in these four walls," Cruz told the Peoria Journal-Star of his role as the hospital's first doctor to serve as president.

Dr. Cruz started with OSF Saint Francis in 1987 as a resident in the emergency medicine program. He was hired as an emergency medicine attending physician in 1990, was vice chairman of the department for a decade, and continues

there in a limited role to stay better connected with caregivers and patients.

In September 2007, Dr. Cruz was appointed Vice President, Quality & Safety for OSF Saint Francis and began serving as the Associate Chief Medical Officer. He chairs the OSF Saint Francis Quality & Safety

Board and the OSF Saint Francis Professional Staff Quality Improvement Committee.

As President of OSF Saint Francis Medical Center, Dr. Cruz will ensure the organization operates with the highest clinical excellence and compassionate care while being fiscally responsible, to fulfill the mission of the OSF HealthCare Ministry.

"I am honored to accept this position and thank the Sisters, Mr. Keith Steffen, and Ministry executives for entrusting me with this key leadership role at OSF Saint Francis," said Dr. Cruz in accepting the position. "There are many new challenges ahead in health care, but as long as we follow the Sisters' Mission, we will succeed."

Dr. Cruz earned a bachelor's degree from the University of Illinois, Champaign – Urbana and medical degree from the University of Illinois College of Medicine – Chicago. He has been involved with research projects at the University of Illinois College of Medicine – Peoria and three times was named outstanding UICOMP teacher.

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# ICEP Doctors to Present EM Track at Midwest Clinical Conference in March

The Chicago Medical Society's 68th Annual 2015 Midwest Clinical Conference (MCC) features an emergency medicine track of lectures presented by ICEP members.

MCC will be presented March 13-14, 2015 at The Westin Chicago-River North. Marc Dorfman, MD, MACP, FACEP serves as a co-chair of the conference, and ICEP is a co-sponsor.

The theme of the 2015 MCC is "Looking Forward: The Convergence of Humanism and Technology in Medicine." The 2-day conference provides five concurrent course tracks with over 20 sessions and up to 56 different topics on clinical advances, medical-legal, technology, physician leadership, compensation models, and practice management.

The emergency medicine track, "Technology



to Enhance Emergency Medicine Practice and Education," will demonstrate the impact of established and emerging technologies on emergency medicine. The track will be presented the afternoon of Friday, March 13.

Topics included in the afternoon track are:

- Seth Trueger, MD, MPH, on social media for the health professional
- Laura Oh, MD, FACEP, on point-of-care ultrasound and the physical exam from the

perspective of evolving medical student education

- Dr. Dorfman on advances in telestroke technologies
- Jared Novack, MD, on simulation and modern medical training

Among the 19 other half-day tracks offered at MCC are physician negotiation, physician leadership and clinical integration, telemedicine, conscious sedation, ICD-10, pediatrics, psychiatry, physician, well-being, and many other clinical subjects.

Registration for MCC is open online now at [www.cmsdocs.org/events/68thMCC](http://www.cmsdocs.org/events/68thMCC).

The 2-day conference provides up to 16 CME credits as well as numerous opportunities to network with colleagues, attend special events, and engage in innovative discussion with outstanding speakers.

## 1st Cases of Measles Diagnosed in Illinois

The first case of measles was diagnosed in northeastern Illinois at the end of January, and another five cases have been reported at a Palatine daycare center this week. The Illinois Department of Public Health (IDPH) and the American College of Emergency Physicians remind all physicians to be on alert for measles presenting to the emergency department.

Measles was documented as eliminated in the United States in 2000. However, importation of measles cases and limited local transmission continue to occur: California is currently experiencing a measles outbreak, with at least 59 confirmed cases of this airborne, highly contagious disease.

Related cases have occurred in three Utah residents, two Washington residents, one Colorado resident, one Oregon resident, and one resident of Mexico. A number of additional suspect cases are under investigation.

The case diagnosed in Illinois has not been linked to the California outbreak.

ACEP released a press release this week about

emergency departments' readiness to deal with a measles outbreak.

"ACEP has notified all of its members to be on alert to identify measles cases," said Michael Gerardi, MD, FACEP, president of ACEP. "As is typical in the winter, we see many patients with fevers – some have flu and this year, some will have measles. We are equipped to identify, isolate and treat measles patients and provide valuable information to the relevant health agencies."

ACEP has created a dedicated website to track and provide updates about measles. For the latest on the current measles outbreak, please go to [www.acep.org/measles](http://www.acep.org/measles).

IDPH reminds physicians that suspect measles cases should be reported immediately to your local health department. Any hospitalized patient who is suspected of having measles should be immediately placed in airborne isolation.

Local health departments should report suspect cases of measles to the Illinois Department of Public Health's Communicable Disease Control Section at 217-782-2016 within 24 hours.

To report a case after normal business hours the local health department staff should contact the Illinois Department of Public Health's Duty Officer at 217-782-7860.

ACEP noted in the press release that reports that several patients involved in this measles outbreak were unvaccinated once again highlight the importance of making sure children receive all of the necessary immunizations on the medically-recommended schedule. Emergency physicians see patients every day who are not appropriately immunized, and that has a potential impact on other emergency patients with compromised immune systems, such as those undergoing chemotherapy. Because vaccine-preventable infectious diseases have an effect on the health of adults and children, ACEP promotes vaccination for anyone non-immunized or under immunized.

"Vaccinations are essential to decreasing the risks of serious diseases and infections, like the measles" said Dr. Gerardi. "These vaccines not only help keep children safer and healthier, but they also help stop the spread of deadly, preventable diseases."



Follow us on Twitter @smaccteamb and help us shape #smaccUS by joining the conversation.

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## CHICAGO

MCCORMICK PLACE, CHICAGO

23 – 26 JUNE 2015

**Registrations for SMACC Chicago 2015 have hit 1000, some of the pre-conference workshops have already sold out and others are nearing capacity – register now [www.smacc.net.au](http://www.smacc.net.au) to be part of one of the not to be missed US conferences in 2015.**

SMACC (Social Media and Critical Care) is so named because it arose from collaboration between FOAM (Free Open Access Medical education) websites from around the world. Don't be confused by the name though this is a hard core critical care conference, it's just innovated by social media and made inspirational, exciting and dynamic by the style of the presentations. SMACC Gold was a phenomenal success, attracting almost 1300 delegates and doubling in size in only its second year. The decision to take SMACC internationally, to Chicago, is the next step in this exciting experience.

But don't just take our word for it – If you haven't seen what SMACC is all about, please check out the content on the [SMACC website](#).

Here's why delegates have given smacc rave reviews:

- Amazing international faculty
- A huge range of pre-conference workshops
- Engaging styles of presentations
- The depth and breadth of the program
- Child care facilities on site
- Sonowars reborn
- A huge exhibition hall where lunch and tea breaks are provided FREE to delegates – to enhance the networking opportunities as well as social functions included in the one registration fee.

SMACC Chicago is a not-for-profit venture and all revenue generated is being spent making this the best conference you'll ever attend.

**To subscribe to emails with the SMACC talks for free, visit <http://eepurl.com/EgHmH>  
We can't wait to see you all in Chicago from 23 – 26 June 2015.**

# Call for Research Abstracts for 2015 ICEP Spring Symposium: Due Friday, February 27

ICEP is seeking submissions for the annual Statewide Research Showcase held at the Spring Symposium. This is ICEP's only research presentation opportunity, so don't miss your chance to submit and present at a regional meeting!

The Statewide Research Showcase is open to both residents and attending physicians to present oral and poster presentations of emergency medicine research.

ICEP is currently calling for submissions of abstracts from those interested in presenting their research at this year's Symposium on Thursday, April 30 at Northwestern Memorial Hospital.

The deadline to submit abstracts is Friday, February 27. The Research Committee will make selections and notify applicants in March. Traditionally, approximately 5 abstracts are se-

lected for oral presentation and 10 abstracts for poster presentation.

The Research Committee has changed its research abstract guidelines for 2015 and has also implemented a new 10-point scoring system.

The new scoring process is designed to be a more objective and concrete system. To review the new scoring criteria, please review the Research Abstract Submission Form that can be downloaded from [ICEP.org/research](http://ICEP.org/research).

The updated abstract guidelines are:

- 300 word count limit
- Maximum of 1 table or figure
- Structure headings include Background, Objective, Design/Methods, Results, Conclusion and Impact (See Sample Layout included in the Research Abstract Submission Form).

All submitted abstracts are published in the Statewide Research Showcase eBook that is distributed with other meeting materials at the Spring Symposium.

All abstracts must be submitted electronically to Lora Finucane at [loraf@icep.org](mailto:loraf@icep.org) with the completed Abstract Submission Form. Abstracts must conform to the updated guidelines listed above and in the form in order to be considered. A blinded copy of the abstract must be included for judging purposes.

Download the form at [ICEP.org/research](http://ICEP.org/research).

**Save the Date!**  
**Spring Symposium**  
**Thursday, April 30, 2015**  
Northwestern Memorial Hospital, Chicago

## SMACC Conference Coming to Chicago

*from Page 4*

B's by University of Maryland's Michael Winter. The afternoon heats up with a education "Cage Matches" pitting expert on expert in fights over the value of FOAM, Simulations, Assessments and the Future of CME led by Rob Rogers ([www.iteachem.net](http://www.iteachem.net)). Sonowars will provide an unparalleled experience of explosive education to end the afternoon. To complete in Sonowars, delegates will need to prove their mettle by competing in SonoSim based ultrasound simulation rounds at the Phillips Ultrasound exhibit earlier in the week. Day 2 ends with the Gala night at Navy Pier.

Day Three provides a grand finale ending to what is sure to be an epic event. Richard Levitan leads the Take a Breather track featuring talks by Scott Weingart and Andy

Sloas. The afternoon features didactics on How to Use Ketamine Fearlessly by Reuben Strayer ([www.emupdates.com](http://www.emupdates.com)), Engineering Better CPR by Charles Bruen ([www.resusreview.com](http://www.resusreview.com)), as well as Dogmalysis by David Newman ([www.thennt.com](http://www.thennt.com)). The onsite festival ends with an epic, top secret, SMACC Finale that is sure to be unlike anything you've ever experienced before.

The learning continues after the conference as delegates continue to network with new SMACC connections and explore all didactics released as FOAM on our affiliated websites. Registration has already topped over 1,000 delegates – so be sure to sign up today for this international festival of Social Media and Critical Care right here in sweet home Chicago! Register now at [www.smacc.net.au/program](http://www.smacc.net.au/program).

## ICEP Seeking Faculty for Oral Board Courses

ICEP is in need of faculty for its Oral Board Review courses in March and September at the Chicago O'Hare Marriott Hotel.

The March courses are Friday and Saturday, March 20-21. The September courses are Friday and Saturday, September 18-19.

ICEP asks for your commitment as early as possible because the courses are very popular, and we want to continue providing this important service to those who request it. Faculty determine how many participants may attend the courses.

Largely because of the excellent faculty, ICEP has the reputation for presenting the nation's premier oral board review courses. Faculty

will present single or multiple case simulations to candidates in strict oral board exam format and then provide feedback on their performance.

The courses are intensive — with a one-to-one student to faculty ratio. The honorarium is \$200 per course day.

ICEP's Oral Board Review courses run from approximately 7:45 am to 6:15 pm with coffee and lunch breaks. Faculty may sign up for a full day, half day morning, or half day afternoon session on one or both days of the course.

Please contact Lora Finucane at [loraf@icep.org](mailto:loraf@icep.org) or 630.495.6400, ext. 219, to sign up or with questions.

# EMERGENCY MEDICINE

## Chicago, Illinois

### PROFILE

The Department of Emergency Medicine at Rush University Medical Center seeks an emergency medicine residency trained, Board Certified / Eligible physician. This recruitment is part of a key strategic growth initiative for the medical center. Rush opened a new hospital in January 2012, which is home to the new, state-of-the-art Emergency Department with an annual volume of 70,000. Ideal candidates will join the team with an academic appointment and the opportunity for professional growth and nonclinical time. The Department of Emergency Medicine is committed to building upon the excellent patient centric care with a strong focus on the patient experience.

The Department has made recent updates to the compensation structure and currently provides a competitive market base salary with an incentive bonus opportunity up to 30% of the base salary. Shifts are 9 hours in length with the replacement physician coming at hour 8 to allow for 1 hour of overlap to decrease sign-outs. There are currently 72 hours of physician coverage per day, and we are actively recruiting for 81 hours of physician coverage, 27 hours of scribe coverage per day and an additional 16 hours of NP/PA coverage per day which allows average physician patient per hour of 2.05. The Department is also actively restructuring the number of shifts per physician per year to maintain competitive with local Emergency Medicine departments.

As an academic department, the Rush Department of Emergency Medicine trains rotating residents from multiple specialties, medical students and physician assistants. It is academically affiliated with the Stroger Hospital of Cook County (Cook County Hospital) Emergency Medicine Residency through an overarching master affiliation agreement between both institutions and sponsors the joint Emergency Medicine Ultrasound Fellowship and Simulation Laboratory Fellowship. The ED is supported by social workers, a chaplain and a child life specialist in addition to consultants representing all specialties in medicine and surgery who take 24 hour call for the ED. The attending staff are Rush employed physicians and receive full benefits at group rates, CME reimbursement, malpractice insurance and a robust retirement package.

### HOSPITAL ENVIRONMENT

**Rush University Medical Center** is an academic medical center that encompasses a 664-bed hospital serving adults and children. In January 2012, Rush opened a new 376-bed hospital building, known as the Tower, which is part of the Medical Center's major renovation of its campus. Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research. The Medical Center also offers more than 70 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.

Rush is consistently ranked as one of the nation's top hospitals by *U.S. News & World Report*. Rush is ranked in 7 of 16

For more information, please contact:

Leah Doebler  
Senior Faculty Recruiter  
[Leah\\_Doebler@rush.edu](mailto:Leah_Doebler@rush.edu)  
312-563-6074



Rush is an Equal Opportunity Employer

# Acute Heart Failure Patients Bounce Back to EDs for Complex Reasons: New Study

A tool designed to assess what interferes with acute heart failure patients' ability to care for themselves after hospital discharge holds promise for improving patient outcomes and reducing readmissions to the hospital.

The patient survey, designed by researchers at Vanderbilt University, was published online in *Annals of Emergency Medicine* in January, along with patient responses that shed light on the non-medical issues that limit patients' ability to care for themselves

Read the full article at: [www.annemergmed.com/article/S0196-0644\(14\)01655-2/fulltext](http://www.annemergmed.com/article/S0196-0644(14)01655-2/fulltext)

"In order to reduce the number of patients returning to the emergency department for heart failure exacerbations, we need a better handle on what they can and cannot do for themselves after hospital discharge and why," said lead study author Richard Holden, PhD, of Indiana University in Indianapolis, Ind. "More than three-quarters of acute heart failure patients in

the ER are experiencing exacerbation of their condition, not something new. Many of those exacerbations are the result of self-care challenges, including inadequate access to medications or lack of knowledge, which theoretically can be modified for the better."

Dr. Holden and his team surveyed 31 acute heart failure patients who visited the emergency department.

Of 47 different self-care barriers (such as transportation problems, insurance problems and caregiver responsibilities), an average of 15 per patient were indicated as sometimes or often present. Thirty-three of the barriers were reported by at least 25 percent of all patients. The top 10 most prevalent barriers were:

- Co-morbidities
- Physical disability
- Degree of sickness
- Feeling frustrated
- Knowledge about disease
- Functional limitations

- Memory and attention deficits
- Special occasions (minor disruptions)
- Lack of control
- Disruptions (major disruptions)

Weather, physical obstacles and a food culture incompatible with dietary restrictions were also frequently mentioned as barriers to self-care. Certain barriers also compound each other. In one example, a patient was sick but also taking care of others and working full time, leaving little time for her own self-care.

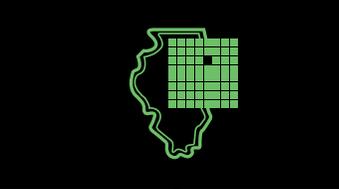
"The first step in addressing these barriers is to develop a focused, valid and feasible measurement instrument for self-care barriers in the ER," said Dr. Holden. "The social determinants of health, along with factors such as poverty and a lack of transportation, must be addressed in order to improve the ER bounce-back rate for acute heart failure patients."

— Reprinted with permission from the *American College of Emergency Physicians*.



**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS**

# ORAL BOARD REVIEW COURSES



**Spot-on simulation of the Oral Board Exam maximizes performance and minimizes anxiety.**

**Interested in serving as faculty? ICEP needs your help! Contact Lora Finucane at [loraf@icep.org](mailto:loraf@icep.org) for more details**

**March 20-21, 2015  
September 18-19, 2015**

**Chicago O'Hare Marriott**

**Course Director: Deborah E. Weber, MD, FACEP**

**Don't stress about your Oral Boards or let anxiety get in the way of passing:  
Let ICEP make the difference**

**Register online now at [ICEP.org](http://ICEP.org)**



# WHY CHOOSE CARLE?

## Emergency Medicine Opportunities

**Carle Physician Group** in Urbana, Illinois, is seeking additional **BE/BC Emergency Medicine** physicians to join our quality-oriented team. Our **400-member physician group** is part of a not-for-profit integrated network of healthcare services that also includes **Carle Foundation Hospital, a 393-bed Level I Trauma Center for 22 counties in Central Illinois.**

- Stable 23-member department along with 10 PAs seeing 70,000 patients per year
- 24-hour in-house coverage provided by Anesthesiology, 21-member Hospitalist Department, OB-GYN and Trauma Surgery
- 14,000 square foot expansion completed in 2014 added 17 additional acute beds, ultrasound room in dedicated ED Radiology suite with state-of-the art imaging equipment
- Teaching opportunities through **University of Illinois College of Medicine - Urbana-Champaign**
- Accredited Stroke and Chest Pain Center
- Air medical transport stationed at Carle around the clock with a Carle team on-site ready for departure in minutes
- Carle's Emergency Department has routinely scored in the 90<sup>th</sup> percentile in Press Ganey customer satisfaction among its peers and received the prestigious 2012 Emergency Medicine Excellence Award by HealthGrades
- Home to the Big Ten University of Illinois, Urbana-Champaign is a diverse community of 195,000 offering cultural events, sports and entertainment typically found in larger cities and is centrally located two hours from Chicago and Indianapolis and three hours from St. Louis
- Excellent educational, healthcare and housing options provide an ideal setting For personal and professional satisfaction for the single person or family
- **Vacation, CME and holiday time with equitable distribution of holiday/weekend shifts; superior compensation and benefit package, paid malpractice insurance with 100% tail coverage, and a sign on and retention bonus!**

[www.carleconnect.com](http://www.carleconnect.com)

**For more information, please call Sarah Spillman-Smith  
at (800)436-3095, extension 4179 or  
E-mail [sarah.spillman@carle.com](mailto:sarah.spillman@carle.com)**





**Illinois College of Emergency Physicians**  
 3000 Woodcreek Drive, Suite 200  
 Downers Grove, IL 60515

## ICEP Calendar *of* Events 2015

**February 19, 2015**

**Emergency Medicine Update**

Jump Trading Simulation  
& Education Center, Peoria

**February 23, 2015**

**Patient and Physician  
Advocacy Committee  
Conference Call**

8:30 AM - 9:30 AM

**February 24, 2015**

**Educational Meetings  
Committee Meeting**

11:00 AM - 1:00 PM  
ICEP Board Room  
Downers Grove

**March 5, 2015**

**ICEP Advocacy Day**

Springfield

**March 9, 2015**

**EMS Committee Meeting**

11:00 AM - 1:00 PM  
ICEP Board Room  
Downers Grove

**March 9, 2015**

**EMS Forum**

1:00 PM - 3:00 PM  
ICEP Conference Center  
Downers Grove

**March 16, 2015**

**ICEP Board of Directors  
Voting Opens Online**

**March 20-21, 2015**

**Oral Board Review Courses**

Chicago O'Hare Marriott

**March 24, 2015**

**Research Committee  
Conference Call**

10:00 AM - 11:00 AM

**March 30, 2015**

**Finance Committee Meeting**

9:30 AM - 10:30 AM  
ICEP Board Room  
Downers Grove

**March 30, 2015**

**Board of Directors Meeting**

10:30 AM - 2:30 PM  
ICEP Board Room  
Downers Grove

**April 13, 2015**

**Leadership Development  
Forum**

ICEP Conference Center  
Downers Grove

**April 15, 2015**

**ICEP Board of Directors  
Voting Closes Online**

**April 30, 2015**

**Spring Symposium & Annual  
Business Meeting**

Northwestern Memorial  
Hospital, Chicago

**April 30, 2015**

**Board of Directors Meeting**

Northwestern Memorial  
Hospital, Chicago

**May 8, 2015**

**Emergent Procedures  
Simulation Skills Lab**

NorthShore Center for  
Simulation and Innovation  
Evanston

**May 19, 2015**

**EM4LIFE 2014 LLSA Article  
Review Course**

ICEP Conference Center  
Downers Grove

**May 25, 2015**

**ICEP Office Closed**

Memorial Day

**June 1, 2015**

**Educational Meetings  
Committee Meeting**

11:00 AM - 1:00 PM  
ICEP Board Room  
Downers Grove

**July 3, 2015**

**ICEP Office Closed**

Independence Day Holiday

**Register for all courses  
online at ICEP.org!**

