

PRESIDENT'S LETTER

Translating Change into Opportunity

Innovations in Clinical Practice, Education Continue to Drive Evolution of EM



“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”
— Socrates

John W. Hafner, Jr., MD, MPH, FACEP

Emergency medicine physicians by definition are adaptable and highly malleable professionals. We are often early adopters of new technologies and standards. In many ways, we have had to rapidly acclimate to the changing medical landscape more than any other specialty.

Emergency medicine was in its infancy in the 1970s and faced many battles for acceptance into the house of medicine. The concept of a professionally trained emergency physician that practiced exclusively in the ED was still foreign to many physicians. Resuscitations were in their infancy (the Heimlich maneuver had recently been introduced); the EMS Services Development Act was finally passed by Congress; and a few brave hospitals and universities had begun to develop emergency medicine residency training programs.

Fast forward to today. Emergency physicians are at the forefront of evidence-based resusci-

tations and critical care. EMTs and prehospital providers are accepted as medical professionals in our cities. More than 150 EM residency training programs exist. EM today requires collaborative inter-professional care that is evidence-based and delivered by unique means.

The patient demographics in the ED (and all medicine) are increasingly older, at times referred to as the “silver tsunami.” The supply of residency-trained board certified emergency physicians continues to fail to meet staffing demands, particularly in rural settings. Provider reimbursement remains under fire; physician performance is evaluated using constantly changing metrics; and malpractice concerns loom high.

Many might argue that EM has sustained so much change that it is stifling the very care we are charged to deliver to the sickest and most vulnerable in our society.

However, I would argue that in all of these challenges lie opportunities. For most fields, necessity is the mother of all invention, and this is certainly also true of emergency medicine. Some of the best and brightest physicians are currently practicing EM and often in positions of high leadership (take for example Dr. Steve Stack, an emergency physician and current president of the American Medical Association).

It is from amongst this talent that the trailblazers of the field will emerge and bring solutions and innovation. Often the difficulties associated with the practice of EM can mask the truly remarkable achievements in care that are occurring in our field. There are several that I would like to highlight, in the fields of resuscitation, EMS and education.

Few can argue that resuscitative medicine is breaking new ground on the frontiers of medicine. Advances in cardiac care, stroke and sepsis have led to significantly decreased mortality rates from these conditions over the past 20 years. Even traditionally lethal conditions, such as out-of-hospital cardiac arrest, have a decreased all cause mortality and improved favorable neurological outcomes in recent years. These hard-fought gains have come from the application of resuscitative clinical research, often conducted in the emergency department and prehospital setting.

While the specific usefulness of certain measures will be rightfully questioned and examined, the value of the modern resuscitation and application of critical care principals in the ED setting has changed the prognosis of many otherwise devastating diseases and injuries. The frontier of resuscitative medicine looks bright, with recent advances such as expanded emergency department ultrasound use, rapid resuscitative endovascular balloon occlusion of the

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aorta (REBOA), and targeted temperature management for ROSC patients making their way out of selected academic centers and into general communities.

The scope and practice of EMS and prehospital medicine has rapidly expanded over the past few decades, becoming a complex medical specialty in its own right. Today, overcrowding of the ED and a lack of timely follow-up is a reality for patients. Out of this need has come the proposal of Mobile Integrated Healthcare Practice (MIHP) or “community paramedicine.” This represents a growing and evolving practice of medicine that incorporates new and existing resources to deliver care in the out-of-hospital environment.

The concept allows paramedics and EMTs expanded roles and provides primary care to under-served populations in both rural and urban settings. Some of the functions they could deliver include providing primary care, ensuring post-hospital discharge follow-up, integrating public health delivery, and expanded education in health promotion and wellness.

While some feel this would be out of the scope of prehospital providers’ training and focus, potentially leading to patient safety issues, supporters cite this as a potential to prevent hospital bounce-backs and decrease crowding in EDs. What is clear is the role of EMS and prehospital providers is changing, and will continue to evolve in response to communities’ needs.

Finally, some of the most exciting changes in emergency medicine lie within the realm of education. For many decades, education has revolved around the idea of an expert imparting prescribed tenets and pearls through traditional

lectures. Unfortunately, research shows that this is not how most adults learn best. I would argue it’s particularly not true of adult emergency providers.

Education in general has undergone a revolution, exhibited best by free open access medical education, or FOAM. FOAM has taken off with instructional videos, online lectures, multiple blogs, and promotion on social media channels, particularly Twitter. The information is free, relevant, interactive, and highly adaptable to instant feedback from viewers. Many of the contributors have developed an online following, and are now among the biggest names in emergency medicine education.

In June, the SMACC (Social Media and Critical Care) conference took place in Chicago. ICEP participated by sponsoring the CME for the conference, at which 2,500 international attendees came to listen to the best in EM and critical care FOAM. The conference was an enormous success and brought together an international community that continues to strengthen and expand.

FOAM allows physicians to update their cutting-edge knowledge and understanding of EM in a fun and time-efficient manner and is definitely here to stay. ICEP looks forward to more partnerships and opportunities in the FOAM world.

As EM marches through its fifth decade of organized practice, I propose that the future is still exciting and inspiring! The delivery of American medicine continues to evolve and change at a rapid pace. Many physicians question their place in the new system and how they will administer care to their patients.

Emergency medicine will play a critical role in

the next several decades, providing critical and timely patient care 24/7/365 to the sickest and most vulnerable. Just as we have been doing in decades past, emergency medicine and emergency physicians will lead the way with innovation and governance.

Some may feel the recent and proposed future changes in health care are a death toll for the traditional physician/patient relationship and will lead to increased provider burnout.

To combat this, organized medicine is a necessity now more than ever before. ICEP will continue to work with legislators and health care systems to advocate for emergency physicians and providers to improve the health care environment in Illinois. ICEP is committed to providing state-of-the-art education using the latest in educational techniques and partnerships for our members.

While change is inevitable, our response to the changes we are experiencing will determine our future. Within this new world of health care are opportunities as well as landmines, and we must be prepared to manage both in order to survive and grow.



— John W. Hafner, Jr., MD, MPH, FACEP
ICEP President



Illinois College of Emergency Physicians
3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515
Phone 630.495.6400 Fax 630.495.6404
www.icep.org

Editor
Cai Glushak, MD, FACEP
ICEP President
John W. Hafner, Jr., MD, MPH, FACEP
Executive Director
Virginia Kennedy Palys
Managing Editor
Kate Blackwelder

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Community Mourns Loss of EM Pioneer

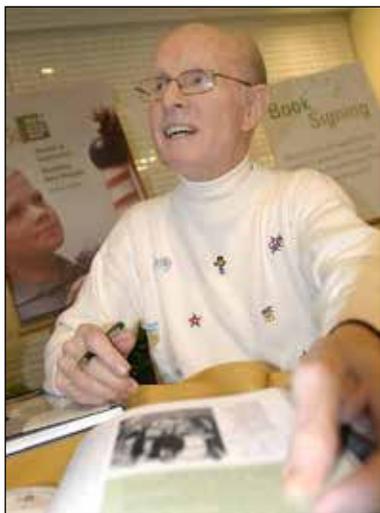
Stanley M. Zydlo, MD, FACEP, one of ICEP's founding members and a pioneer of EMS, passed away June 3. He was 81.

Dr. Zydlo is considered the "father" of the paramedic service in the northwest Illinois suburbs and founder of the first emergency medical system in Illinois, at Northwest Community Hospital. He started one of the first paramedic training programs in the U.S.

Dr. Zydlo served as head of the Northwest Community EMS System from its inception in 1972 until the mid-2000s. He was an active ICEP member and longtime EMS Committee member who frequently attended ICEP educational programs throughout the state.

According to a Daily Herald article:

"Dr. Zydlo has long been credited with being the force behind the creation of the EMT and paramedic systems — making for a dramatic



Dr. Stanley Zydlo, one of ICEP's founding members, passed away in June.

change in how seriously ill people are transported to the nearest hospital.

"Prior to 1972, people in need of medical treatment were picked up by hearses run out of area funeral homes and taken to hospitals. Working with Zydlo and his training system — sometimes done out of his own home — area fire departments began training firefighters to also be emergency medical technicians and/or paramedics, capable of delivering lifesaving treatment to patients even before they arrived at a hospital."

ICEP has submitted a memorial resolution to honor Dr. Zydlo. The resolution will be read during the ACEP Council meeting before the Scientific Assembly. The complete text of the resolution follows.

SUBJECT: In Memory of Stanley M. Zydlo, MD, FACEP

WHEREAS, The specialty of emergency medicine lost a staunch advocate, compassionate physician, dedicated educator, and dear friend and colleague in Stanley M. Zydlo, MD, FACEP, who passed away June 3, 2015 at the age of 81; and

WHEREAS, Dr. Zydlo was an active and contributing member of both the Illinois College of Emergency Physicians and national ACEP since their beginnings in 1970, and recognized with fellow status since 1988; and

WHEREAS, Dr. Zydlo was a founding member of the Illinois Chapter of ACEP, chartered in 1970, and served as co-chair for the Chapter at the time of chartering; and

WHEREAS, Dr. Zydlo graduated from Loyola University Stritch School of Medicine in 1960 and joined the emergency room staff at Northwest Community Hospital in Arlington Heights in 1969; and

WHEREAS, Dr. Zydlo served with the Strategic Air Command in the Air Force from 1961 to 1963 and was honored as Flight Surgeon of the Year in 1963 for the USAG Sax Second Air Force; and

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Dr. Stanley Zydlo Remembered Fondly

Robert K. Anzinger, MD, FACEP, an ICEP and ACEP Past President, shares his reflections on the passing of his colleague and friend, Dr. Stanley Zydlo.

I was deeply saddened to learn of the death of Stanley Zydlo. I first met Stan in 1972 when the universe of physicians working in emergency medicine was very limited. I had been told by Vera Markovin at an Illinois chapter meeting in Peoria that he was someone I should meet. We met, talked and by the end of the night, we were finishing each others' sentences.

Stan was an energetic, committed visionary who from the beginning saw the geographic landscape of emergency medicine encompassing the entire country. His laboratory was the emergency department at Northwest Community Hospital in Arlington Heights. There he brought in the first telemetry unit in the state.

He worked with the legislature and multiple publics to get the Illinois EMS Act passed. He started training the fire departments as emergency medical technicians and subsequently as paramedics at Harper Community College.

He invited me to visit his "shop" and to meet his students, and he soon became my EMS mentor. He was an excellent teacher, capable of breaking down the complexities of medicine to what he called a "common language". He had warm respect for his students and they revered him. It was the first time I heard the phrase that paramedics were our eyes and ears at the scene. He put together the original protocols and when he had his first "save" recorded on tape with ECG printout, he became the Pied Piper of EMS for the northwest suburbs and beyond. He came to Lutheran General Hospital in Park Ridge to help me put together budgets for the fire/police departments' education, equipment, and person-

nel and help them realize how to fund it. It was for us the enabling act we needed to get started.

One day, he called and asked me to help him evaluate patients at a chronic care pediatric facility. They all needed to be seen. It was a long full day. His care and compassion, patience and time given to those young patients showed a whole new side of Stan. Only on the way home did he explain his personal commitment to that facility.

Over the years we went separate pathways, but when we'd meet it was always a warm rekindling of our friendship and a new educational experience. Stan was a dear friend and I will miss him. I extend my heartfelt condolences to his wife, Joyce, and all of his family.

— Robert K. Anzinger, MD, FACEP
ICEP and ACEP Past President

ACEP President Dr. Michael Gerardi to Present Keynote at Resident Career Day

Register today for ICEP's Resident Career Day that targets what residents are looking for: practical, real-world guidance on career planning, to help you get what you want, where you want, when it's time to start the job hunt.

Resident Career Day will be held Thursday, September 3 at Northwestern Memorial Hospital, Feinberg Pavilion, in Chicago.

The 2015 program features keynote speaker Michael J. Gerardi, MD, FAAP, FACEP, ACEP President. Dr. Gerardi will present "What Does the Future Look Like for EM?", examining the forces driving change in the practice of emergency medicine, with a discussion of why it's a great time to be an emergency physician now and in the foreseeable future.

Life after residency will bring a new set of challenges, starting with the search for your first



Michael J. Gerardi, MD, FAAP, FACEP

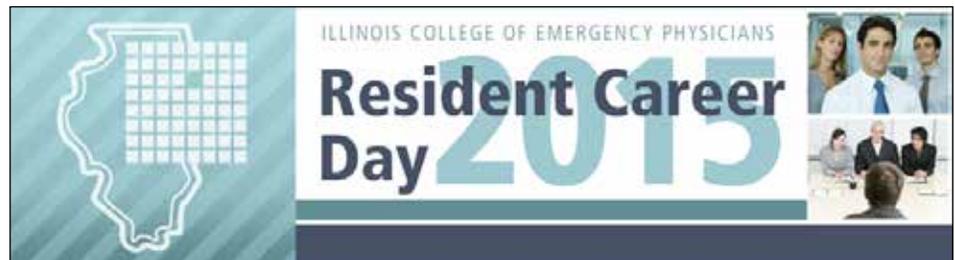
position. ICEP's Resident Career Day focuses on helping you meet these challenges head on and turn them into opportunities. Also on the agenda:

- Rebecca Parker, MD, FACEP, Chair of the ACEP Board, with strategies for planning your financial future
- Seth Trueger, MD, MPH, FACEP (popular Twitter personality @MDaware) with all you need to know about social media for health professionals, including networking and medical education
- William Sullivan, DO, JD, FACEP,

with tactics for negotiating and signing a favorable physician employment contract

- The popular "Speed Dating" Career Fair networking event: top industry recruiters will rotate through tables of participants to discuss available employment opportunities and make valuable connections for the future
- A special open-forum discussion with Dr. Gerardi specifically for medical students and first-year residents

Registration and a full program agenda are available online now at ICEP.org. There is no charge for residents, medical students, and ICEP member attending physicians to attend.



ICEP Member Named to Endowed Chair Position at Advocate Lutheran General



Douglas Propp, MD, MS, FACEP

ICEP past president Douglas Propp, MD, MS, FACEP, of Glenview, has recently been named the John D. and Jean M. Simms Chair in Emergency Medicine at Advocate Lutheran General Hospital in Park Ridge.

The newly created position was announced in conjunction with the opening of the renovated and expanded Simms Family Emergency and Trauma Center. Funded by the local family who made a lead charitable gift to the emergency department's building campaign 15 years ago, the John D. and Jean M. Simms Chair in Emergency Medicine is the medical specialty's first endowed

chair the in the Advocate Health Care system.

"I am delighted that a prominent family in Park Ridge has repeatedly stepped up with their generosity to support our ED staff in meeting the needs of the community," Dr. Propp said of the Simms Family Foundation's contributions.

Dr. Propp, a member of the Lutheran General medical staff for 32 years, headed the committee of medical, design and construction people who collaborated on expanding the hospital's emergency facilities over the past two years.

The endowment will provide Dr. Propp and future department chair successors with supplemental discretionary funds for clinical, educational and research purposes in perpetuity.

"We are so very pleased to participate in the on-

going development and growth of emergency care at Advocate Lutheran General Hospital through the establishment of a chair in emergency medicine in my parents' name." said John D Simms, Jr., president of the Simms Family Foundation. "We feel this endowment will serve to anchor the pursuit of ever more effective diagnostic and treatment methodologies in emergency medicine. Naming this chair in recognition of my parents' commitment to these goals is truly something very special to our family."

A nationally recognized academic and research hospital, Lutheran General Hospital has trained several hundred emergency physicians since the mid-1970s. ED staff are currently involved in a variety of clinical research projects to improve patient care. The hospital also plays an active role in training nursing students and the region's emergency medical technicians.



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ICEP Sponsors Three Council Resolutions

Resolutions Address Membership Renewal Standardization, Ethics Violations

ICEP has submitted three resolutions for consideration by the ACEP Council at the meeting held in conjunction with ACEP15.

The Council will meet October 25-26 in Boston. ICEP will be represented by 13 Councillors in 2015.

A memorial resolution honoring Stanley Zydlo, MD, FACEP, who passed away in June, will be read. The full text of the resolution appears on Page 3.

ICEP is co-sponsoring with the Pennsylvania chapter a resolution about ACEP membership and dues renewal standardization. The resolution seeks to improve the tracking and management of membership data for national ACEP and its chapters. The resolution recognizes that the current system with a rolling system of member renewal dates makes accurate accounting and prediction of current and year-to-year membership difficult. It notes the time and cost inefficiencies related to the tracking and contacting of members to encourage renewals that

is required as a result of the fragmented system.

The resolution recommends that ACEP evaluate the feasibility of changing all members to one of two standardized renewal dates (one in January and one in July), with the individual member able to choose which renewal month they prefer.

The resolution argues an improved and standardized system of aligning membership dues renewal dates would result in a more accurate accounting of current membership at the state level as well as cost and time efficiencies. It also notes that physicians would prefer to choose the time of year when it is most convenient for them to renew, as they would be able to better accommodate constraints such as availability of funds at certain times of the year. This choice would also help reduce the number of appeals that ACEP must generate.

ICEP has also submitted a resolution about ethical violations by non-ACEP members. The resolution is centered on expert witness testi-

mony in lawsuits involving ACEP members. Testimony frequently involves medical experts who are not ACEP members who provide opinions concerning emergency medical care provided by ACEP members. The resolution notes that ACEP members have little recourse against non-ACEP members who engage in misconduct or who provide unethical testimony.

The resolution seeks to extend ACEP's current procedures for Addressing Charges of Ethical Violations and Other Misconduct to include non-ACEP members whose actions involve ACEP members. It also seeks to modify these current procedures to reflect that any disciplinary action taken by ACEP and involving non-ACEP members will be reported to the appropriate professional society and potentially to the state licensing board as well.

The resolution also recommends creating a summary to be distributed to all expert witnesses in cases involving ACEP members, notifying them that their testimony will be subject to review by ACEP and ACEP's Ethics Committee.

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ICEP Seeking Faculty for Fall Oral Boards

ICEP is still in need of faculty for its Oral Board Review courses on Friday and Saturday, September 18-19 at the Chicago O'Hare Marriott.

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.

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Resolution Submitted to ACEP Council In Memory of Dr. Stanley Zydlo *from Page 3*

WHEREAS, Dr. Zydlo, the “father” of the paramedic service, created the one of the first paramedic training program in the United States in 1972, at Northwest Community Hospital; and

WHEREAS, Dr. Zydlo served as Chief of Emergency Services at Northwest Community Hospital from its start in 1972 until 1996, spearheading the growth and development of the fledgling program, the first multi-hospital EMS system in Illinois and the nation, into what has become one of the largest EMS systems in the Midwest; and

WHEREAS, Dr. Zydlo was an energetic, committed visionary who worked with the legislature and the public to get the Illinois EMS Act passed in 1980; and

WHEREAS, Dr. Zydlo was honored with the ACEP Award for Outstanding Contribution in EMS in 1994, and

WHEREAS, Dr. Zydlo was recognized in 1989 with the Illinois Department of Public Health’s Meritorious Service Award for Outstanding Performance of EMS; and

WHEREAS, Dr. Zydlo touched the lives of countless individuals as an educator, physician, role model, mentor, colleague, friend, and devoted husband and father;

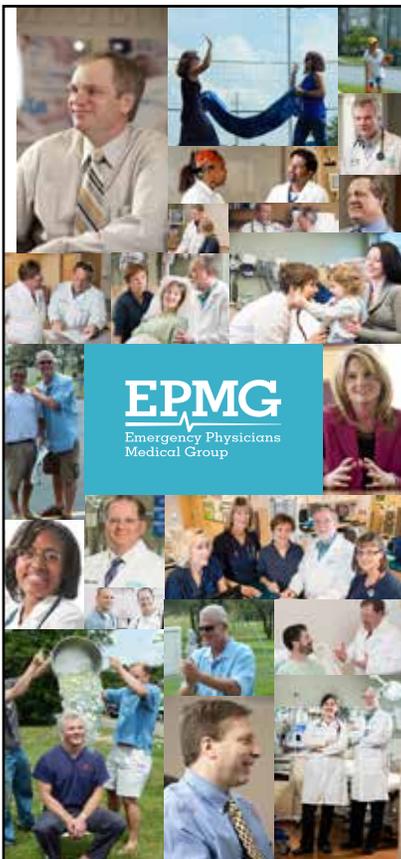
WHEREAS, Dr. Zydlo shaped the future of emergency medical services not only in Illinois but throughout the nation, whose leadership and continuous innovations resulted in improved system efficiency and ultimately, more effective patient care; therefore be it

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Stanley M. Zydlo, MD, FACEP, as one of the leaders in emergency medicine and a true pioneer of EMS; and be it further

RESOLVED, That national ACEP and the Illinois Chapter extends to his wife, Joyce Reid, his children and grandchildren, his friends and his colleagues our condolences and gratitude for his tremendous service to the specialties of Emergency Medicine and Emergency Medical Services.

The resolution will be presented to the ACEP Council during its meeting on October 25-26 before ACEP15 in Boston.

ICEP will be represented at the Council Meeting by E. Bradshaw Bunney, MD, FACEP; Liza Pilch, MD, MBA, FACEP; Shu B. Chan, MD, MS, FACEP; Heather M. Prendergast, MD, MPH, FACEP; Cai Glushak, MD, FACEP; Edward P. Sloan, MD, MPH, FACEP; David Griffen, MD, PhD, FACEP; William Sullivan, DO, JD, FACEP; John W. Hafner, Jr., MD, MPH, FACEP; Deborah Weber, MD, FACEP; George Z. Hevesy, MD, FACEP; John Williams, MD, FACEP; and Valerie J. Phillips, MD, FACEP.



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Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

Each issue of EPIC will feature the Statewide Research Showcase Abstract Round-Up. Several abstracts that were selected for the Statewide Research Showcase at the 2015 Spring Symposium will be printed, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Shu B. Chan, MD, MS, FACEP.

Training the Trainers: Needs Assessment for Procedural Skill Maintenance Training Among Academic Emergency Medicine Faculty

Samreen Vora, MD, Matt Lineberry, MD, Daniel Robinson, MD, Valerie Dobiesz, MD, FACEP, David Snow, MD; University of Illinois at Chicago, Chicago, IL

Background: Physicians at academic centers often primarily act in a supervisory role, allowing trainees to perform procedures, potentially limiting their own opportunities to refresh and retain skills.

Objective: The goal of this research was to derive initial lists and prioritizations of procedures which EM faculty believe may require refresher training, perceived facilitators, and perceived barriers to such training.

Design/Methods: The study was a cross-sectional survey of EM faculty at four teaching hospitals in a large metropolitan city. Participants completed a survey on their perceived needs for refresher training, the procedures they deemed highest priorities, and perceived barriers and facilitators to such training. A focus group was then facilitated at each site in which participants shared key group insights. Qualitative content analysis was used, by two independent investigators, to derive codes for semantically-equivalent responses.

Results: Of 49 participants, 86% strongly agreed or agreed refresher courses would be beneficial. 35 procedures were identified, of which most often mentioned were central venous catheter insertion (28 responses), surgical airway (28), advanced airway (24), and thoracostomy (21). A weighted average of the top-ranked procedures showed high priority for surgical airway (40 points), central venous catheter

insertion (38), and advanced airway (30). The most frequently identified facilitator of training was availability of deliberate practice (27 instances), whereas low-quality didactics (19) was most often noted as a detractor. Focus groups revealed issues with current training workshops, with themes including need for a safe learning environment and physical fidelity issues.

Conclusion: A need was expressed for refresher training across a broad range of procedures, with a majority expressing a need for common procedures.

Impact: Although faculty's self-reported needs may differ from needs assessed via objective testing, participants indicated considerable need for refresher training.

RESEARCH COMMITTEE COMMENTARY
This survey of academic EM faculty shows that the vast majority of faculty feels a need for refresher courses in EM procedures. This is not surprising since in most academic programs, common procedures such as central venous lines are almost never done by faculty themselves and other procedures such as surgical airway are rare for everyone, faculty or residents. A survey of non-academic emergency physicians may show very similar results. Didactic courses are not the best way to refresh since procedural skills require hands-on practice. The advent of high quality simulation courses in Emergency Medicine is in part driven by this need to maintain procedural skills throughout one's career.

It should be noted that the ICEP Emergent Procedures Simulation Skills Lab (October 2, 2015) includes central venous catheter insertion, surgical airway, advanced airway, and thoracostomy. Find out more on Page 14.

— Shu B. Chan, MD, MS, FACEP

Bedside Rounding on Select High-Risk Patients During Emergency Department Handoffs Adds Potential Benefit and Little Time to the Handoff Process

Kristen Grabow, MD, MEd, Samia Farooqi, MD, Peter Samuel, MD, MBA, Scott M.

Dresden, MD, MS, FACEP, Danielle McCarthy, MD, MS, Christopher Beach, MD, FACEP; Northwestern University, Chicago, IL

Background: Patient handoffs in the emergency department (ED) are high-risk and may threaten patient safety. Several standardized handoff formats have been suggested, yet no studies have shown how much added time they contribute to the sign out process, or the impact they have on patient care plans.

Objective: This study evaluates the effect of adding bedside rounds on select high-risk patients to the existing computer-based handoff system on handoff time and changes in care plan at handoff.

Design/Methods: This was a prospective observational study at an urban academic ED (annual volume >88,000) performed over 10 weeks (Aug 2014 – Nov 2014) following the implementation of a standardized sign-out, "Safer Sign Out" (SSO). During SSO, routine computer rounds on all ED patients were followed by bedside rounds on select "high-risk" patients (critical illness, unclear diagnosis/disposition, prolonged ED stay). Data were collected via paper survey completed by physicians at shift change. Descriptive statistics are reported.

Results: Over the study period, there were 498 shift changes. 224 surveys were completed providing data on 2,168 patient handoffs, 483 of which were identified as high-risk requiring bedside rounds. Among the high-risk patients, 11% (n=51) were identified as having a change to their care plan. The median number of patients signed out was 11 (IQR: 9-13) with a median of 15 minutes (IQR:10-20) spent during computer rounds. The median number of SSO patients receiving bedside rounds was 2 (IQR: 1-3) with a median of 5 minutes (IQR: 3-7) spent at bedside rounds.

Conclusion/Impact: The addition of select bedside rounding to the computer-based handoff adds a small amount of time but leads to changes in the care plan in >10% of high-risk patients. Further study is necessary to identify the types of changes made, impact on patient safety and satisfaction, and optimal patients for this intervention.

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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
312-563-6074



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Ultrasound for EM Courses Offer Live Model Practice

ICEP's Ultrasound for Emergency Medicine hands-on workshop will be held Wednesday, December 2 at the ICEP Conference Center in Downers Grove.

ICEP's hands-on workshop for physicians demonstrates the use of bedside ultrasound to diagnose acute life-threatening conditions, guide invasive procedures, treat emergency medical conditions, and improve the care of emergency department patients.

The program uses live models to cover pelvic, gallbladder, AAA and FAST Exam techniques. State-of-the-art trainers let you practice central line and peripheral IV placement.

ICEP's interactive program offers two options to choose based on your experience:

The Basic course is designed for physicians with limited or minimal experience, seeking both didactic lectures and hands-on practice on ultrasound techniques.



The Fast Track course is designed for physicians with prior ultrasound experience seeking hands-on practice only. The Fast Track Course does not include didactic lectures but puts participants hands-on at skill stations the entire course to maximize practice.

The full course agenda and registration is available online at ICEP.org. Due to the interactive nature of the program, space is limited. Register early to reserve your space.

ICEP's Ultrasound for Emergency Medicine courses are approved for a maximum of 5.5 AMA PRA Category 1 Credits™.

ACEP Debuts New Website Targeted at Consumers

ACEP has just launched its newly designed and streamlined website for the general public, www.EmergencyCareforYou.org.

The site includes a new Doc blog, with entries being written by Public Relations Committee members plus other ACEP physicians. The blog is a way for emergency physicians' personal voices to be heard and broadcast on topics relevant to consumers.

The site also integrates links to all of ACEP's social media sites. An ACEP Pinterest site will be launched and integrated shortly.

The site will also soon include an RSS feed and mechanisms to allow people to share ACEP's content on their own social media sites.



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Research Showcase

Abstract Round-Up

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RESEARCH COMMITTEE COMMENTARY
In 2006, the Joint Commission added transitions in patient care to its national Patient Safety Goals, referencing the need for “a standardized approach to hand-off communications”. Yet since then, there has been very little published on the impact such a standardized system would have on patient care or ED through put. This prospective ED study suggests that using computerized screening, high risk patients can be identified during handoff and of those 10% will have a change in management, only adding 20 minutes for the process. For those of us who have experimented with manual handoff procedures, this is certainly an improvement.
— Shu B. Chan, MD, MS, FACEP

In-Flight Medical Emergencies (IFMEs): A Survey of Physicians’ Knowledge Base

Joshua Timpe, MD, Marc Squillante, DO, FACEP, Courtney Cook, MD, Eric Chatfield, MD, Paulo Alves, MD, Claude Thibeault, MD, John Vozenilek, MD, Raymond Bertino, MD; University of Illinois College of Medicine, OSF Saint Francis Medical Center, Peoria, IL

Background: The exact number of IFMEs is unknown. However, ground based medical support systems receive approximately 1 call every 600 flights. In many events volunteer physicians are called upon for assistance. IFMEs provide unique challenges to anyone responding. Physician’s knowledge of IFMEs is unknown.

Objective: Assess physicians’ knowledge with regards to IFMEs including available medications and equipment, legal ramifications, and protocols.

Design/Methods: A 20 question survey was distributed to all physicians at 3 hospitals in a moderately sized metropolitan area (population 373,600). 418 responses were collected (32% response rate). Responses were analyzed by percentages and cross-tabulated with years of practice experience, number of flights per year, and number of in-flight emergencies.

Results: Specialty demographics were 70% medical, 20% surgical and 10% other. Forty percent had been in practice 20 years or greater and 25% were residents in training. Ninety-two percent of respondents fly on average 1 or more times yearly. Forty-five percent either “rarely” or “infrequently if ever” encounter high acuity situations in general practice. Knowledge questions demonstrated only 34% of respondents correctly identified the most common medical complaint. Fifty percent had no understanding of which medical supplies were available and 1% expressed they were very familiar with medications and equipment provided. Only 18% were sure the US has a Good Samaritan law applied to IFMEs.

Conclusion: There is a general lack of knowledge amongst physicians in our survey regarding in-flight medical emergencies.

Impact: Understanding the knowledge base of physicians in regards to medical emergencies can lay the groundwork for future educational efforts.

RESEARCH COMMITTEE COMMENTARY
This very nicely done survey of 418 physicians suggests that there is indeed a general lack of knowledge among physicians regarding IFMEs. In a recent two year study of IFMEs published in the New England Journal of Medicine (N Engl J Med. 2013 May 30;368(22):2075-83), looking at 11,920 in-flight medical emergencies, physician passengers provided medical assistance in 48.1% of the cases. One has to wonder what the assistance rate would be if all physicians, including those in training, were better educated on this subject, especially as regards the Good Samaritan laws. While other physicians can claim to have no expertise in medical emergencies and so decide not to help, as emergency physicians we should always be willing to “step up to the plate”. It is important for all of us as emergency physicians to educate ourselves on in-flight medical emergencies.

— Shu B. Chan, MD, MS, FACEP

Look for more of the selected abstracts and Research Committee commentary to be published in the next issue!

Spaces Open for October 2 Sim Course in Evanston

Sharpen your skills for high-risk procedures with ICEP’s top-rated Emergent Procedures Simulation Skills Lab.

Spaces are still open for the course on Friday, October 2 at the Grainger Center for Simulation and Innovation at Evanston Hospital. Register online now at ICEP.org/sim to reserve your spot.

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ICEP’s course teaches emergency medicine practitioners critical skills for the critical care environment. The one-day course demonstrates and allows physicians to practice procedures that are seldom performed day-to-day in the emergency department because their clinical presentation is rare.

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EMERGENCY MEDICINE

Oak Park, Illinois

PROFILE

The Department of Emergency Medicine at Rush Oak Park Hospital is seeking a part time residency trained, Board Certified / Board Eligible emergency medicine physician. With an annual volume of 32,000 patients, the ED is well staffed with 34 hours of physician coverage divided into 8 and 10 hour shifts and an additional 16 hours of mid level provider coverage daily. We offer a competitive benefits package with night and weekend shift differential. The emergency department is committed to delivering excellent patient focused care and was recently ranked first in the Chicago area in lowest patient wait times. Our affiliation with Rush University Medical Center allows for easy transfers of patients requiring tertiary care. Rush Oak Park Hospital is conveniently located 10 miles from downtown Chicago and in a desirable residential neighborhood.

HOSPITAL ENVIRONMENT

Rush Oak Park Hospital has been a key healthcare provider in the community for more than 100 years. In 1997, Rush University Medical Center (RUMC) assumed full management of the hospital's operations and brought its renowned services, programs and physicians to Rush Oak Park Hospital (ROPH). This powerful partnership combines the convenience and personal touch of a community hospital with the technology, and expertise of a major university medical center. Rush Oak Park Hospital also includes the Center for Rehabilitation, managed by Marionjoy Rehabilitation Hospital, The Breast Center, state-of-the-art interventional Radiology and Surgical Suites and the Center for Diabetes and Endocrine Care. The newly renovated Rush Radiation Therapy Center offers the identical high-level equipment such as the Varian Clinic iX Linear accelerator renowned specialists and external beam radiation therapy services as our Rush University Medical campus. Rush Oak Park hospital is also home to the Rush Medical Office Building, 135,000 square feet that houses an advanced MRI, nearly 30 medical offices and has been awarded the Gold Seal of approval by the Joint Commission on accreditation of healthcare organizations.

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For more information, please contact:

Darrell Sparkman
Faculty Recruiter
Darrell_Sparkman@rush.edu
312-563-2197



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

ICEP Calendar *of* Events 2015

August 11-14, 2015
Emergency Medicine Board Review Intensive Course
 ICEP Conference Center
 Downers Grove

September 1, 2015
EMS Committee Meeting
 11:00 AM - 1:00 PM
 ICEP Board Room
 Downers Grove

September 1, 2015
EMS Forum
 1:00 PM - 3:00 PM
 ICEP Conference Center
 Downers Grove

September 3, 2015
Resident Career Day
 Northwestern Memorial Hospital, Chicago

September 7, 2015
ICEP Office Closed
 Labor Day

September 8, 2015
Research Committee Conference Call
 10:00 AM - 11:00 AM

September 9, 2015
Practice Management Committee Meeting
 10:00 AM - 12:00 PM
 ICEP Board Room
 Downers Grove

September 9, 2015
ITLS Illinois Advisory Committee Meeting
 10:00 AM - 12:00 PM
 ICEP Training Room West
 Downers Grove

September 18-19, 2015
Oral Board Review Courses
 Chicago O'Hare Marriott
 Chicago

October 2, 2015
Emergent Procedures Simulation Skills Lab
 Evanston Hospital, Evanston

October 13-16, 2015
Emergency Medicine Board Review Intensive Course
 ICEP Conference Center
 Downers Grove

October 19, 2015
Finance Committee Meeting
 9:30 AM - 10:30 AM
 ICEP Board Room
 Downers Grove

October 19, 2015
Board of Directors Meeting
 10:30 AM - 2:30 PM
 ICEP Board Room
 Downers Grove

November 17, 2015
EM4LIFE 2015 LLSA Article Review Course
 ICEP Conference Center
 Downers Grove

November 26-27, 2015
ICEP Office Closed
 Thanksgiving Holiday

December 2, 2015
Ultrasound for Emergency Medicine Workshop
 ICEP Conference Center
 Downers Grove

December 3, 2015
EMS Committee Meeting
 11:00 AM - 1:00 PM
 ICEP Board Room
 Downers Grove

December 3, 2015
EMS Forum
 1:00 PM - 3:00 PM
 ICEP Conference Center
 Downers Grove

December 7, 2015
Education Committee Meeting
 11:00 AM - 1:00 PM
 ICEP Board Room
 Downers Grove

Register for all courses online at ICEP.org!