

LEADERSHIP DEVELOPMENT: WHY GET INVOLVED

Christopher Kang, MD, FACEP

Board of Directors


American College of Emergency Physicians

29 September 2016

OVERVIEW

- ▶ Objectives
 - ▶ Disclosures & Disclaimers
 - ▶ Significance
 - ▶ Why Get Involved
 - ▶ Summary
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

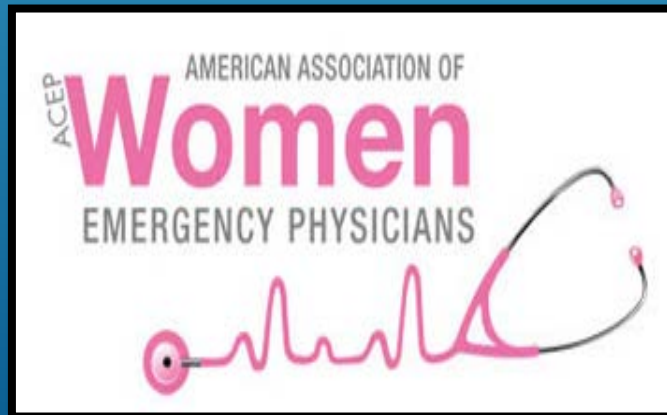
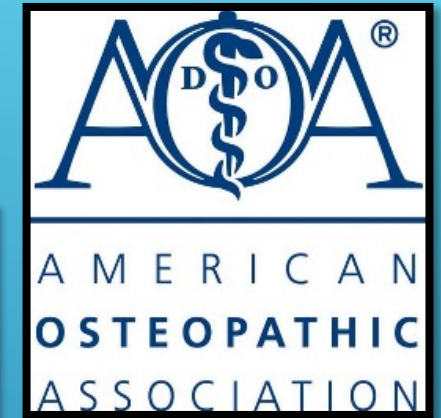
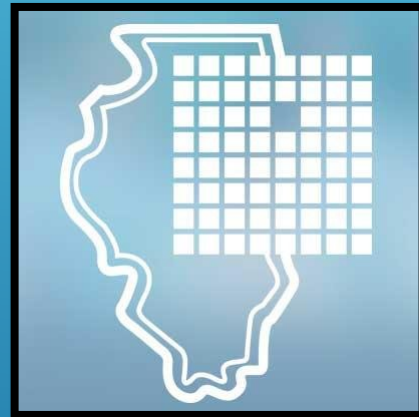
OBJECTIVES

- ▶ Discuss the benefits of involvement in professional organizations
 - ▶ 4Cs
 - ▶ Prevail upon you to continue to stay involved!
- 


DISCLOSURES

- ▶ No conflicts of interest


DISCLAIMERS




SIGNIFICANCE

- ▶ Momentous time for this healthcare generation
 - ▶ Milestones for ACEP
 - ▶ Historic number of issues confronting EM
- 

SIGNIFICANCE

- ▶ EM issues of importance or concern to,
 - ▶ Medical students & residents?
 - ▶ Attendings?
- 
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WHY GET INVOLVED - CHAPTER

- ▶ Practice in Illinois?
 - ▶ If not, where?
 - ▶ State EM issues of concern or importance?
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

WHY GET INVOLVED - CHAPTER



WHY GET INVOLVED - CHAPTER

Industry Opportunities

Exhibit & Sponsorship Events

Display & Classified Advertising

Employment Listings

Employment Listings

Looking for a job in emergency medicine?

Visit the ICEP Career Center for employment opportunities posted by local, regional and national hospitals, group and organizations looking to fill open positions. Join the ICEP Career Center email list to get all the latest opportunities sent right to your inbox.

[Visit ICEP Career Center](#)

Want to advertise a job in emergency medicine?

ICEP offers two ways to get the word out about open positions. Choose one or both strategies to best fit your needs:

Advertise in the Illinois EPIC newsletter
The EPIC newsletter offers classified and display advertising at very affordable rates to help you market your job opportunities. The newsletter is published bimonthly and reaches 1,275 ICEP members directly.

EMERGENCY MEDICINE Update

Illinois College of Emergency Physicians

Please evaluate 2016 EM Update on the following items: *

	Excellent	Good	Average	Fair	Poor	No opinion
Overall, EM Update was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the educational content was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Advocacy & Key Issues

Patient & Physician Advocacy Center

Research

ICEP Advocacy Day

2014 Report Card

Emergency Medicine Political Action Committee of Illinois

Emergency Medicine in the News

Patient & Physician Advocacy Center

ICEP knows emergency physicians in Illinois face a number of critical issues, ranging from dwindling Medicaid reimbursement rates, to rising medical malpractice insurance, to the mental health bed availability crisis.

ICEP has a demonstrated record of accomplishment representing emergency physicians' interests within the legislative and regulatory arena. In recent years, ICEP has fought vigorously to amend both the balance billing and Medicaid SMART acts to make their implementation more amenable to emergency physicians and our patients.

The Patient & Physician Advocacy Center is your home base for the information, updates and action alerts for all of the issues ICEP takes on to represent you in Springfield.

Resources

Position Papers – March 2015
[Value of Emergency Medicine](#)
[Support for Safe Use of Opioids](#)
[Opposition to Independent Practice of APNs](#)

Ebola Resources
[ACEP Resource Page](#)
[Illinois Department of Public Health Resource Page](#)

[ICEP End of Session Legislative Report](#) – prepared by Illinois Strategies LLC.

WHY GET INVOLVED - CHAPTER

► Opportunity to collaborate

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

AHRQ HEALTH CARE INNOVATIONS EXCHANGE
Innovations and Tools to Improve Quality and Reduce Disparities

Home | What's New | Browse By Subject | Downloadable Database | Videos | Learning Communities

QualityTool

ER Is for Emergencies

Description

ER Is for Emergencies is a campaign in Washington State to help reduce preventable emergency room visits and redirect care to the most appropriate setting. The campaign Web site includes the following materials:

- One-page document outlining the Seven Best Practices
- Patient brochure to help redirect care to the most appropriate setting (also available in Spanish, Russian, and Vietnamese)
- Educational videos and archived webinars

Links to the QualityTool:
This tool is available at <http://www.wsha.org/ERemergencies.cfm>

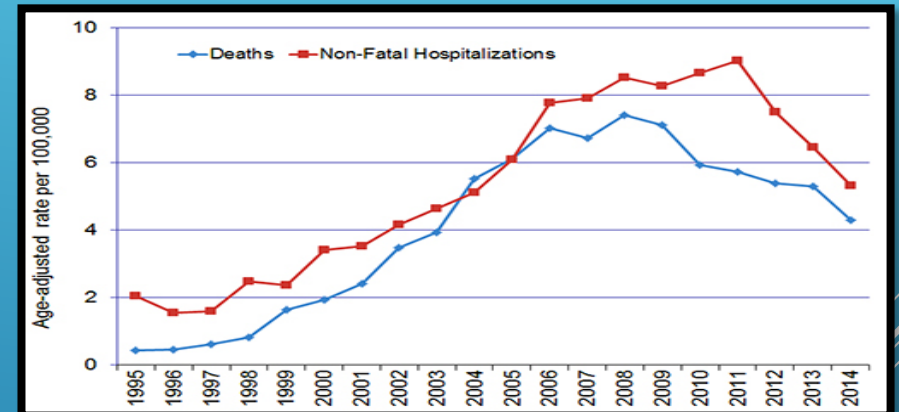
9.9%

10.7%

24%

14.2%

\$33.6



Prescribing Pain Medication in the Emergency Department

Educational Material

Our emergency department staff understand that pain relief is important when someone is hurt or needs emergency care. However, providing pain relief is often complex. Mistakes or misuse of pain medication can cause serious health problems and are a major cause of accidental death. Our emergency department strives to provide pain relief options that are safe and appropriate.

Our main job is to look for and treat an emergency medical condition. Chronic pain is best managed and coordinated by primary care providers or a pain specialist outside the emergency department.

We use our best judgment when treating pain, and follow all legal and ethical guidelines. For your safety, we:

- Might not refill stolen or lost prescriptions for medication.
- Do not prescribe missed methadone doses or long-acting pain medication that has a high risk of addiction or overdose.
- Review your health and prescription history to determine the best approach to managing your pain.

- Prescribe the most appropriate pain medication, favoring those with the lowest risk of addiction or overdose, and for no longer than necessary.
- Take into consideration whether you already receive pain medication from another health care provider or emergency department, and whether you have a doctor who can follow up on your condition.
- Will help you find treatment for any pain or medication problems that you may have.

Logos: Health, PUBLIC HEALTH HEALTHIER WASHINGTON, WNA, Washington State Medical Association, WSHSA, Washington State Hospital Association, American College of Emergency Physicians, Washington Chapter

WHY GET INVOLVED - CHAPTER

► Opportunity to collaborate

The screenshot shows a Forbes article page. On the left is a sidebar with a 'YOUR READING LIST' section containing several article thumbnails and titles. The main content area features the article title, a date and time stamp, a view count, and a list of social media sharing icons. Below the icons is the author's name and bio. The article text begins with a paragraph explaining the Washington State Supreme Court's ruling on psychiatric boarding.

Forbes LOG IN

YOUR READING LIST

"Boarding" Of Psychiatric Patients In Emergency Departments Unconstitutional In Washington State

Active on Facebook

Is Roman Reigns Heading Back To The Main Event Following WWE SummerSlam Feud With Rusev?

+4 comments in the last 24 hours

The iPhone Headphone Jack Sails Into The Sunset, And We Should All Be Happy

+58k views in the last 24 hours

Five NFL Wide Receivers Set To Have Breakout Seasons In 2016

JPMorgan Chase Voice: Shrinking the Gender Pay Gap

+1 comments in the last hour

Floods, Wildfires, Extreme Heat: Is The

Pharma & Healthcare

AUG 16, 2014 @ 01:52 PM 8,816 VIEWS The Little Black

"Boarding" Of Psychiatric Patients In Emergency Departments Unconstitutional In Washington State

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Robert Glatter, MD, CONTRIBUTOR
I cover breaking news in medicine, med tech and public health [FULL BIO](#) ▾
Opinions expressed by Forbes Contributors are their own.

The [Washington State](#) Supreme Court ruled last week that “psychiatric boarding”, whereby psychiatric patients are admitted to a hospital, but stay for prolonged periods in an emergency department—sometimes for hours or days, until psychiatric beds are available—violates the state’s Involuntary Treatment Act, and is therefore unconstitutional. While the practice may once have been considered inhumane or cruel, it is now illegal.



















This new ruling stems from a 2013 case in Pierce County involving ten psychiatric patients who were treated in acute care facilities or emergency departments. The facilities, however, were not certified to deliver individualized psychiatric care. As a result of a lawsuit by the ten patients challenging their lack of appropriate care, the judge declared the practice of boarding illegal.


















WHY GET INVOLVED - SECTION

- ▶ Any areas of interest within EM?



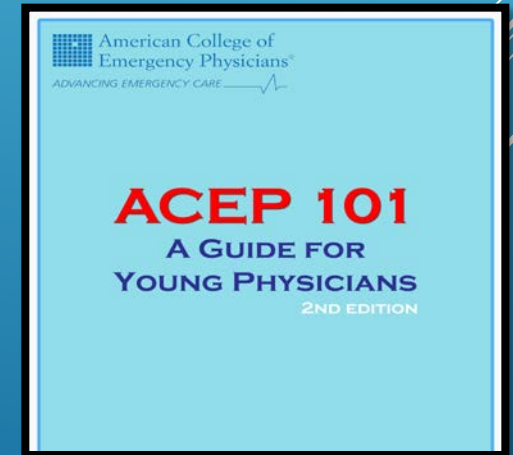
WHY GET INVOLVED - SECTION

 <p>Air Medical Transport</p>	 <p>American Association of Women EPs</p>	 <p>Careers in Emergency Medicine</p>
 <p>Critical Care Medicine</p>	 <p>Cruise Ship Medicine</p>	 <p>Democratic Group Practice</p>
 <p>Disaster Medicine</p>	 <p>Emergency Medicine Informatics</p>	 <p>Emergency Medicine Practice Management & Health Policy</p>
 <p>Emergency Medicine Research</p>	 <p>Emergency Medicine Workforce</p>	 <p>Event Medicine</p>
 <p>Dual Training</p>	 <p>Telemedicine</p>	 <p>Emergency Ultrasound</p>
 <p>EMS-Prehospital Care</p>	 <p>Forensic Medicine</p>	 <p>Freestanding Emergency Centers</p>

 <p>Geriatric Emergency Medicine</p>	 <p>International Emergency Medicine</p>	 <p>Medical Humanities</p>
 <p>Observation Medicine</p>	 <p>Pain Management</p>	 <p>Palliative Medicine</p>
 <p>Pediatric Emergency Medicine</p>	 <p>Quality Improvement & Patient Safety</p>	 <p>Rural Emergency Medicine</p>
 <p>Sports Medicine</p>	 <p>Tactical Emergency Medicine</p>	 <p>Toxicology</p>
 <p>Trauma & Injury Prevention</p>	 <p>Undersea and Hyperbaric Medicine</p>	 <p>Wellness</p>
 <p>Wilderness Medicine</p>	 <p>Young Physicians</p>	

WHY GET INVOLVED - SECTION

► Opportunity to connect

A screenshot of the AAWEP Leadership Pipeline Project (LeaP) Interest Form. The form includes fields for Name, Hospital or Academic Affiliation, Email Address, and a question about current membership in AAWEP. It also has a section for listing current or previous ACEP positions held.

WHY GET INVOLVED - NATIONAL

- ▶ Dinner conversation?
- ▶ Good/bad patient case/shift?
- ▶ Who understands you?



WHY GET INVOLVED - NATIONAL

- ▶ Opportunity for community



Let me just say... I LOVE this Facebook group. I check the page every day. From education to side splitting humor, we've got it all. Kudos to **K Kay Moody** for starting and managing this group. She rocks! Show her some love and some likes on this post! ❤️

Just had one of "those codes." 20 month old male, shallow water drowning, total 12 rounds of epi, with multiple rounds of bicarb. considered calling it after prolonged PEA with long episodes of asystole. After 10 rounds of epi US showed cardiac motion so I kept going, threw the kitchen sink of calcium, mag, atropine into the last 2 rounds. At some point we noticed decreased breath sounds on the left after an hour of chest compressions so he got needle decompressed and chest tubed. ROSC after 12th round, epi drip. PH came back at 6.8 so he got a few more bicarbs. transferred to local PICU. Hold your kids close tonight, put a fence around your pool.



WHY GET INVOLVED - NATIONAL

- ▶ Repeal of SGR
 - ▶ Participation in national workgroups
 - ▶ 2016 Leadership and Advocacy Conference:
94% of Senate and 71% Representative
Offices for 47 states visited
 - ▶ AMA – Dr. Steven Stack
- 

WHY GET INVOLVED - FUTURE

- ▶ Milestones for ACEP and EM
- 

WHY GET INVOLVED - FUTURE

- ▶ Opportunity to contribute...and chart the future of EM



SUMMARY

- ▶ Steven Stack, MD, FACEP

“These days just about everyone has an opinion about how we should do our jobs.”



- ▶ Valerie Phillips, MD, FACEP

“I then realized that my continued participation would still benefit me, even with limited availability. The more EM physicians that take part, the more effective we can be as an organization to make a difference.”



SUMMARY

- ▶ Milestones for College, EM, and healthcare
- ▶ 4Cs – Collaborate
Connect
Community
Contribute
- ▶ Your leadership – enhance your practice and career, improve patient care, and our future!



Email: ckang@acep.org