

PRESIDENT'S LETTER

Beware the Mid Career

ICEP President Shares Reflections on Career



**David Griffen,
MD, PhD, FACEP**

Holidays are wonderful times. We get to spend some time with family, renew old friendships and celebrate our beliefs.

Unfortunately for emergency physicians, they can also be particularly challenging. Holiday schedules never seem very

good. If you are lucky enough to be off on a holiday, there is always the piper to be paid before and after. Depression among our patients seems to peak. And this year is shaping up to be a banner year for influenza. All five shifts I worked last week were challenging.

But then comes the renewal of the new year with the promise of resolutions and new objectives. One thing I would like to accomplish in 2015 is to take the ConCert exam and recertify again in emergency medicine. This will be my third recertification and, barring some miracle advance in anti-aging, will almost certainly be my last.

Being much closer to the end of my career than the beginning has caused me to think back on my time in emergency medicine and search for any useful insights for my residents and younger colleagues. Hopefully I can warn them about some pitfalls, help them prevent

some mistakes I have made, and, most importantly, give them hope.

My career in emergency medicine has taken a certain trajectory that I suspect is not unlike many. I think of it in terms of stages:

Stage I: Enthusiasm

In residency and for the first few years of practice, I was in wonder of what I was trained to do and eager to apply what I learned. There was real enthusiasm for medicine and our specialty as I learned the craft. I can remember thinking and saying more than once, "They actually pay me for this."

Stage II: Building

This period of rapid learning and wonder transitioned to a period of building at around year 3 or 4 after residency. In my case, it was putting together a department of residency trained emergency physicians, which was unique at the time, as we were a new breed. This period of building will be different now since our specialty is fully established. It may take the form of building a professional niche, special expertise or a particular program.

Stage III: The Wall

Somewhere in mid career, around 12-15 years out of residency, I hit what I call the wall. Work became something to endure to get to the time when you did not have to do it anymore. I found myself obsessing about investments and how long it would be before I could retire.

The day-to-day operations became drudgery. Work was really hard. There were periods I felt trapped and unhappy.

I have seen many other emergency physicians go through this slump. Some pass gracefully through this stage to career renewal. Others leave the profession just when their expertise and skill set is at a peak and they have so much more to offer. And still others become bitter, black holes sucking energy from their environment until they work their way through this period or move on.

I am not sure why walls happen. They happen to marathon runners — supposedly around mile 21 or 22 (no personal experience). They also happen during 12-hour night shifts — often around 3 or 4 am.

We are pretty good at recognizing them during shifts, appreciating their transitory nature and realizing that there is hope on the other side. We may not be so good at knowing there is hope on the other side of the mid career wall. I can attest that there is.

State IV: Integration

A couple things jolted me out of my mid career slump. One was the dot com bubble. In an effort to make more money so I could stop working early, I made some very risky investments that turned bad in a hurry. Any thoughts of an early retirement pretty much went out the window.

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This was actually a good thing. Like the bumper sticker says: "I feel much better since I gave up hope."

More importantly, I read an encyclical letter by John Paul II titled "Laborem Exercens" (On Human Work). Reading the dense writings of John Paul II is like sipping on vanilla extract, but for whatever reason, this encyclical really hit home.

You do not need to be a Catholic or even Christian to appreciate the message. My summary would do it no justice but one part will give you a flavor:

"Work is a good thing for man — a good thing for his humanity — because through work man not only transforms nature, adapting it to his own needs, but he also achieves fulfillment as a human being and indeed, in a sense, becomes 'more a human being'."

After reading this encyclical, I tried hard to put into practice that work was an important and integral part of my life.

Stage V: Matter

About seven years ago, the word "matter" kept coming into my head. I even considered making a one-word sign "matter" and put it up in my office. I wanted what I did to matter.

From what I read on stages in careers, it is natural sometime in your 50s to want to make things better. I was very fortunate that opportunities appeared and I participated in starting a new residency. This was and continues

to be wonderfully fulfilling.

Stage VI: Savoring

I am not rushing toward retirement but I know it is rushing toward me. This realization has made me enjoy my work even more. My patients are more fun; working with nurses less than half my age is a blast; the enthusiasm of my residents is more infectious; I really appreciate interactions with colleagues that I know and respect; and watching functional processes (STEMI, sepsis) that I had some small part in developing is very satisfying. Emergency medicine has never been more fun.

Charles Marion Russell, a painter of the Old American West, once wrote:

"Any man that makes a living doing what he likes is lucky and I am that. Anytime I cash in now, I win."

I am not ready to cash in but when the time comes, I win.

My stages may not be your stages but I suspect that there is much commonality among us, especially during that vulnerable mid career period. That is where career mistakes are made. So if you are there, beware. Talk to me or others that have made it though. We will tell you it is great on the other side.



— David Griffen, MD, PhD, FACEP
ICEP President

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 may make appointments with their legislators but should 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 www.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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Call for Nominations for ICEP Board, Councillors

ICEP is seeking nominations for candidates for the Board of Directors and Councillors for 2015. All nominations must be received by Monday, January 12, 2015.

Five members of the Board of Directors will be elected in 2015. Members serve a 3-year term and may be re-elected to a second 3-year term. The Board of Directors are elected by the ICEP

membership by online ballot.

Thirteen Councillors will also be elected. Councillors represent ICEP at the ACEP Council Meeting held in conjunction with ACEP15 and are elected by the ICEP Board.

Email your nominations to Ginny Kennedy Palys at ginnykp@icep.org

Crain's Chicago Business Names Dr. Derek Robinson to 2014 '40 Under 40' List

ICEP member Derek Robinson, MD, MBA, FACEP has been named to the Crain's Chicago Business "40 Under 40" list for 2014.

The list, which is celebrating its 25th anniversary this year, recognizes local individuals who are proven leaders in their field. Past recipients have included Barack Obama, Rahm Emanuel, Bruce Rauner, Lisa Madigan, and Michelle Obama, among others.

The list is organized into four categories: creatives and organizers; politicians and academics; lawyers and executives; and entrepreneurs and tech.

Dr. Robinson is included as one of the list's lawyers and executives. He recently transitioned to a new position as vice president of enterprise, quality and accreditation for Health Care Service, the largest health insurer in Illinois.

Dr. Robinson previously worked as Executive Director of the Institute for Innovations in Care and Quality at the Illinois Hospital Association. According to the Crain's Chicago Business profile, the Naperville-based IHA estimates that hospitals prevented about 13,000 "patient harms" from January 2012 to June 2014 under Dr. Robinson's leadership.

Dr. Robinson discussed his goals as a physician and an executive. He told Crain's: "As I've thought about my health care career over the



Dr. Derek Robinson was recently named to the Crain's Chicago Business 40 Under 40 list for his work in the health care field.

years, I've aspired to not only have an impact at the bedside with individuals, but also to have an impact on the broader health care structure so that I could have an influence on the lives of many individuals."

Dr. Robinson remains an active ICEP member and has served as a Councillor and on several committees in recent years.

Review the full list and read Dr. Robinson's profile online at: www.chicagobusiness.com/section/40-under-40.

Register Now for ICEP EM Update on February 19

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*™.

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.

Ebola: A Wake-Up Call for Emergency Preparedness and Education



Steve C. Christos, DO, FACEP

Over the years there have been waves of bioterrorist or infectious disease concerns in the United States, including bioterrorism-related anthrax (2001), SARS-CoV (2002), naturally acquired inhalation anthrax (2006 and 2011), gastrointestinal anthrax (2009), H1N1 pandemic (2009-2010) and

MERS-CoV (2012).

In 2014, in addition to Measles topping the list of disease concerns with three times as many cases identified in the U.S., Ebola took center stage. The West Africa Ebola outbreak produced a flurry of preparedness activity this year when several cases were managed in the U.S. as a result of travel to and from impacted countries.

The first step in developing an emergency preparedness plan to combat any infectious disease involves early identification coupled with education and training. This approach has been effective in disease management and containment. For example, during the past decade sepsis mortality has declined with the implementation of sepsis screening for early identification which subsequently prompts rapid, aggressive front-loaded care.

Mortality rates for the 2001 bioterrorism-related inhalational anthrax cases were driven down as a result of an education blitz, early identification protocols and subsequent early treatment. In this instance, the mortality rate improved to 45 percent compared to the historical mortality rate of >75 percent; and none of the 11 patients identified with cutaneous anthrax died.

Education and training continue to be at the core in the early identification and subsequent emergency preparedness plans. In 2007, we surveyed emergency medicine (EM) physicians in Illinois with the study "Terrorism: can emergency medicine physicians identify terrorism syndromes?" [1], and found an overall mean score of 42.5 percent for chemical and biologic agents, including Ebola. Despite limitations to the study, it provided valuable information con-

cerning the ability of EM physicians to correctly identify terrorism syndromes, and was the impetus for a follow-up study, "Bioterrorism: Would Emergency Medicine (EM) physicians be able to improve recognition of terrorism syndromes after taking a teaching module." [2] In that study, there was an 8.8 percent (p -value < 0.001) improvement in test scores on physician recognition of biological and chemical syndromes when comparing pre-and post education.

Case Study: Presence Health

As one of the largest health care systems in Illinois, Presence Health has made a significant effort in establishing a governance structure to ensure a coordinated and consistent response to achieving the highest level of Ebola preparedness. An Ebola Virus Planning Team (EVPT) was established as a multi-disciplinary team consisting of infection control practitioners (ICPs), infectious disease specialists, critical care, emergency and ambulatory care physicians/nurses, employee health, regional Chief Nursing Officers and Chief Medical Officers, leadership from HR, communications, pharmacy, ethics, lab, waste/environmental services, and emergency preparedness.

The EVPT is apprised of the latest guidelines and efforts of international, federal, state, and local agencies including WHO, CDC, IDPH and CDPH. To keep the organization on pace with the most recent recommendations, the team continually updates policies, procedures, facility action plans, human resource protocols, training and drilling. Infection Control Practitioners work diligently to keep up with the latest developments and play an integral role in developing action plans and making recommendations to the EVPT.

Under the EVPT, specific goals have been identified, including the incorporation of Ebola screening into the electronic health record for early identification of a "Person Under Investigation" (PUI). If a PUI is identified, isolation protocols are implemented and appropriate CDC recommended personal protective equipment (PPE) is donned. Finally, in addition to contacting each hospital's local health department per protocol, a PUI alert notification list would be activated. Other goals include aggressive PPE

training, education using "The Nebraska Ebola Method for Clinicians," continuing educational grand rounds for Medical Staff and Nursing, tabletop drills and other mock drills.

The multi-disciplinary governance approach will not only work for achieving Ebola preparedness, it will serve as the vehicle to assist in any future emerging infectious disease or bioterrorist threat.

"By failing to prepare, you are preparing to fail." ~ Benjamin Franklin.

— Submitted by:

Steve C. Christos, DO, FACEP

Clinical Assistant Professor, Department of Emergency Medicine, WMD Resource Office, Presence Resurrection Medical Center; Co-Chair, Presence Health Sepsis Steering Committee; Co-Chair, Presence Health Ebola Virus Planning Team (EVPT)

Steve.Christos2@presencehealth.org

References

[1] *Terrorism: can emergency medicine physicians identify terrorism syndromes?* Joseph Lester, M.D., Steve Christos, D.O., Mary Frances Kordick, PhD, RN, Shu Chan, M.D. *The American Journal of Emergency Medicine*, Volume 25, Issue 9 (November 2007), Pages 1019-1024.

[2] *Bioterrorism: Would Emergency Medicine (EM) physicians be able to improve recognition of terrorism syndromes after taking a teaching module.* Steve C. Christos, D.O., Anthony Acosta, M.D., Lori D. Masterson, M.D., Shu B. Chan, M.D., D.O. *Submission Pending*

More Ebola Resources

www.acep.org/ebola

www.idph.state.il.us/ebola

www.cdc.gov/vhf/ebola

www.who.int/csr/disease/ebola/en/



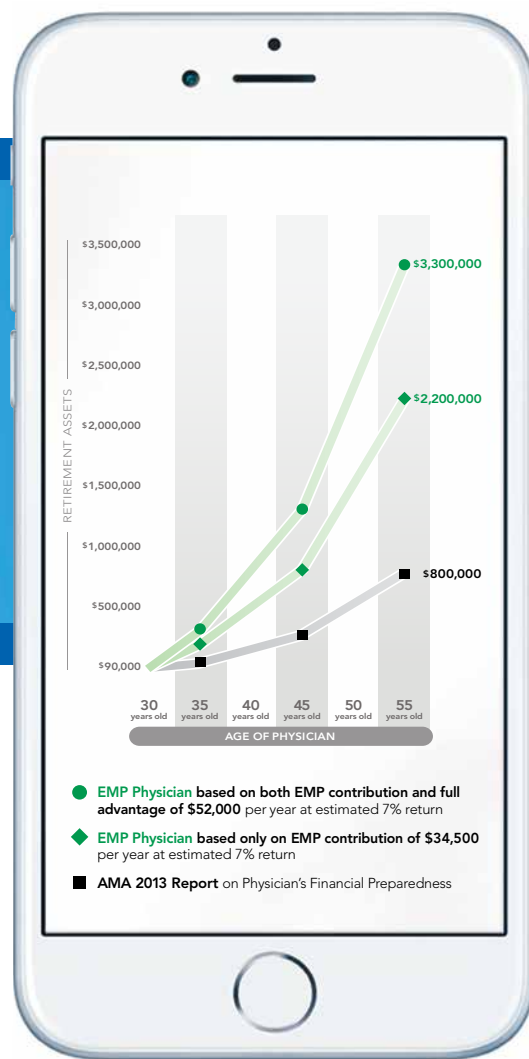
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Honoring World War II Veterans

ICEP Member Serves on Medical Guardian Team for Honor Flight Chicago



**George Hossfeld,
MD, FACEP**

Having recently passed the 70th anniversary of D-Day, we are reminded that those who fought in that war, some 17 million soldiers, airmen, and sailors, will all too soon be gone forever.

Nicknamed the “Greatest Generation” by newsman Tom Brokaw,

they grew up in the Depression only to go as young men to fight in Europe and the Pacific. Many were only kids of 17 or 18 years old when they went.

The memorial to these veterans, to which we owe so much, was not even begun until 2001 — when 3 out of every 4 World War II veterans were already deceased. Therefore, the vast majority of World War II vets never had the chance

to visit the memorial built in their honor. There are only an estimated 300,000 remaining World War II veterans, most in their 90s.

In an effort to show our appreciation to those remaining veterans — now representing all 17 million — Honor Flight was born. Honor Flight Chicago takes World War II veterans, at no cost to them, to Washington, D.C. for a day of visiting the World War II, Iwo Jima, Lincoln, Vietnam, and Korean Memorials — a day most will call one of the greatest days of their lives.

Gary Sinise, aka Patriot Lieutenant Dan, describes it best at http://honorflightchicago.org/index.php?option=com_content&view=article&id=9&Itemid=154. If you can watch this 10-minute Emmy-nominated documentary with dry eyes, you’re a tougher guy than I am.

Honor Flight Chicago has taken approximately 90 vets a month (excluding November through March) on this day-long journey since 2008.

They finished their 58th flight recently.

My wife Bernie and I have had the privilege of serving on the medical guardian team for honor flights and it rates as one of the most uplifting experiences in our entire lives. The schedule of flights is on their website and an evening joining the throng to welcome home the vets at Midway Airport is an experience you will never forget. All are invited to attend the airport homecoming for any flight.

It is, however, getting hard to find the remaining veterans, 20,000 or so who are estimated to live in northern Illinois. If you have a friend, relative or acquaintance who you believe might be a WW II veteran, you would do them a great favor by referring them to Honor Flight Chicago at HonorFlightChicago.org or 773-227-VETS (8387). Tomorrow might be too late.

— *Submitted by:*
George Hossfeld, MD, FACEP

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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 selected 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.

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 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.

**Save the Date for
Spring Symposium**

Thursday, April 30, 2015
Northwestern Memorial
Hospital, Chicago
Brochure and registration
coming in January!

New Date for Leadership Forum To Be Announced

The ICEP Membership Committee is working to confirm a new date for the Leadership Development Forum, tentatively projected for April 2015. The program will be held at the ICEP Conference Center in Downers Grove.

The Leadership Development Forum had to be rescheduled from its original December date. The 2015 program date will be announced within the next month to give potential participants time to arrange their schedules. The agenda and list of speakers for the Leadership Development Forum is being finalized now.

The Leadership Development Forum is designed for attending physicians in their first five years of practice. Senior residents are also invited to attend.

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.

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

Attending physicians and residency directors are strongly encouraged to nominate qualified candidates to attend. Recommendations can be sent to Kate Blackwelder at kateb@icep.org. 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 to participate.

No CME credit will be offered for this program. Watch your email, ICEP.org and social media for the rescheduled Leadership Development Forum to be announced shortly!

Applications for 2015 ICEP Committees Due Jan. 16

ICEP continues to accept applications for individuals who wish to serve on ICEP committees in 2015. All committee applications are due January 16, 2015.

Your application must be submitted online. You may indicate your interest in multiple committees on the application. There is no need to submit multiple applications.

Current committee members must complete an application to confirm interest in remaining on their committee(s).

Complete the committee application online now at: ICEP.org/2015committee.

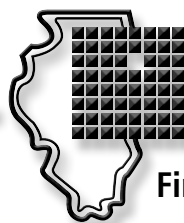
Notifications of committee appointments will be made via email in late January.



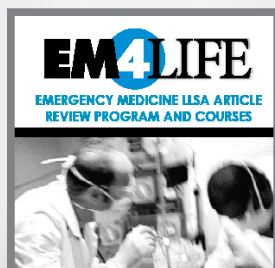
Here's how 2015 is stacking up at ICEP!

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Emergency Medicine Update

February 19, 2015

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Chicago O'Hare Marriott Hotel, Chicago

Spring Symposium & Annual Business Meeting

April 30, 2015

Northwestern Memorial Hospital, Chicago



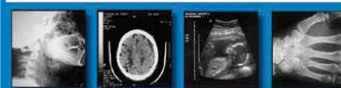
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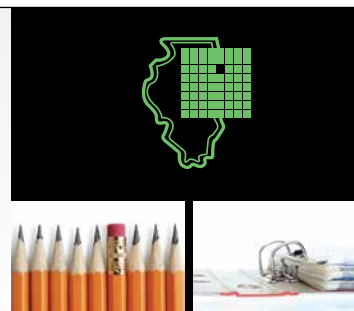
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ICEP.org**



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

ICEP Calendar *of* Events 2015

January 1, 2015

ICEP Office Closed
New Year's Day

January 16, 2015

**Awards and Nominating
Committee Conference Call**
10:00 AM - 12:00 PM

January 30, 2015

Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

January 30, 2015

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

February 19, 2015

Emergency Medicine Update
Jump Trading Simulation
& Education Center, Peoria

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 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 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

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

