

PRESIDENT'S LETTER

Examining Priorities, Setting Goals



**Yanina A.
Purim-Shem-Tov,
MD, MS, FACEP**

I am humbled and grateful to start my service as President of the Illinois College of Emergency Physicians (ICEP). I appreciate the trust our members and the Board of Directors have instilled in me, and promise to serve our members to the best of my abilities and intentions.

As we embark on this exciting year of changes in health care, one promise we have to make to ourselves and our patients is that we remain the specialty of inclusion and fallback; the specialty of frontline of care and safety net of care; the specialty of highest patient impact and biggest value to our communities and our members.

It is foretelling that I started my term with our successful annual ICEP Spring Symposium. This well-organized event by our Educational Meetings Committee and Co-Chairs Dr. Janet Lin and Dr. Chrissy Babcock, brought the violence epidemic to the forefront of emergency care.

Dr. Gary Slutkin, Professor of Epidemiology and International Health at the University of Illinois at Chicago School of Public Health, was so eloquent in laying out the impact of this

horrible epidemic on our communities and health care overall. The curtailing of the Chicago violence epidemic must be one of our priorities.

The panelists, led by trauma surgeon Dr. Kimberly Joseph, compared this epidemic of gun violence to that of HIV/AIDS in the 1960-1970s. The panelists pointed out that as we, the frontline providers, impacted the HIV/AIDS epidemic through screening and education, and we can do the same for the gun violence epidemic. Some of our trauma centers already address the issue through the Cure Violence program (<http://cureviolence.org/>) and we should familiarize ourselves with this and other programs.

Our first step in stopping the violence is screening: we have to pose the appropriate questions to our patients in the emergency departments, and refer affected patients to community programs that can intervene.

In addition to gun violence, we are also in the midst of an opioid epidemic. Unfortunately, our specialty has been blamed for this, which is really a debatable point. I would submit to you that I don't place the blame solely on us. Our hands have been forced to make sure we adequately address patients' pain concerns. ED patients have certain expectations and they voice



Incoming President Dr. Yanina Purim-Shem-Tov accepts the gavel from outgoing President Dr. Valerie Phillips at the 2017 Spring Symposium on May 4.

them through various venues, one of which is a patient satisfaction survey, which has undue influence on our opioid-prescribing behaviors. Today, we are more aware of this addiction and we seek numerous ways to avoid opioid use in pain management.

In fact, we heard a great presentation at the Spring Symposium from Dr. Mike Craddock, of the University of Illinois College of Medicine in Peoria, regarding the alternatives to analgesia in renal colic. Utilization of intravenous lidocaine is becoming more prominent in this cohort of patients. It was very interesting

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to hear that we may integrate Eastern medicine techniques, such as acupuncture, meditation, and more, into our practice.

Furthermore, ED physicians tend to limit dispensation of narcotics through protocolized order sets, and we are more aware of and utilize drug monitoring programs to screen our patients for narcotic dependency.

Don't forget last year's ACEP resolution: Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence. We are continuing our best efforts to curtail this epidemic, and I am grateful that this issue is now receiving the highest priority from our government.

What other goals are in order for 2017? We must continue to work with our policymakers and ICEP's lobbyists to bring change regarding the issue of fair payment for physicians and fair coverage for patients. We cannot stand by and watch harmful practices of the insurance companies that affect us and our patients.

For ED providers, insurance companies are allowed to pay physicians very low out-of-network rates. For patients, who are not aware of these practices and receive "surprise" bills, it is an unfair burden. We have to be diligent and provide education to our patients on the cost of emergency care, and on the lack of transparency on the insurers' end.

At the legislative level, we should push for

"fair" payment from the insurance companies and for complete transparency from insurance plans to our patients. If insurers paid what is considered reasonable in the insurance industry, balance billing would not exist! Let's return responsibility for those bills back to the insurance companies, where they belong.

"It is through research, education, emergency medical services, and advocacy that we can bring a well-informed emergency medicine force into our workplace, resulting in better patient care and better quality outcomes. I call on you to get involved and engaged!"

— Dr. Yanina Purim-Shem-Tov

Of course, don't forget the cost of health care also depends on overhauling medical liability. Tort reform in Illinois would be a crucial step in the right direction. Our neighboring states have done a great job in limiting medical liability and we can do the same. The American Action Forum (AAF) found states with "tort reform" have reduced total health care premiums by 2.6 percent and employer health care costs by 3.5 percent (see link to study at conclusion of the article). We must lobby to cap noneconomic damages to retain physicians in Illinois. Curtailing malpractice reduces the overall cost of health care, and it preserves patients' access to care by ensuring a sufficient supply of ED physicians in the state.

Finally, I would like to mention a re-emergent interest at the state level in Free-Standing Emergency Departments (FSEDs). There are two sides to this issue. On one hand, FSEDs that work under EMTALA and other regulatory laws provide an invaluable service in the areas that lack other access to care. On the other hand, FSEDs compete with other hospital-based EDs and siphon off insured patients, without reducing the cost of care!

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A recently published article in Washington Post, "Free-Standing ERs Offer Care without the Wait. But Patients Can Still Pay \$6,800 to Treat a Cut", certainly brings out this issue very poignantly (see link to article below). We will work with our lobbyists in Springfield closely to monitor progress on the bill supporting FSEDs and make sure that our members are not negatively affected.

Please join me in supporting these and other very important issues. We have to work together to address any and all pressing matters for our members and patients. The ICEP Board and I will work diligently to increase our membership and its involvement in various important committees. It is through research, education, emergency medical services, and advocacy that we can bring a well-informed emergency medicine force into our workplace, resulting in better patient care and better quality outcomes. I call on you to get involved and engaged! Let your voices be heard!

Sincerely,



**— Yanina A. Purim-Shem-Tov, MS, MS, FACEP
ICEP President**

ARTICLE LINKS:

1. American Action Forum study:
<https://www.americanactionforum.org/print?url=https://www.americanactionforum.org/research/tort-reforms-impact-health-care-costs>
2. Washington Post article:
https://www.washingtonpost.com/business/economy/free-standing-emergency-rooms-offer-costly-convenience/2017/05/07/6255d052-2b98-11e7-b605-33413c691853_story.html?utm_term=.35b8b422fb65



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ICEP Welcomes New Board of Directors Members, Officers for 2017-18 Term

Valerie J. Phillips, MD, FACEP, turned over the gavel to incoming President Yanina Purim-Shem-Tov, MD, MS, FACEP, at the Annual Business Meeting that took place during the Spring Symposium on May 4, 2017 at Northwestern Memorial Hospital.

Dr. Purim-Shem-Tov will serve as President for the 2017-2018 term. Dr. Phillips will serve as Past President.

The results of the Board elections were also announced at the meeting. Re-elected to the Board of Directors was Ernest Wang, MD, FACEP. Elected to their first terms were Amit Arwindekar, MD, MBA, FACEP, Jack Wu, MD, FACEP, Paul Casey, MD, FACEP, and Christopher McDowell, MD, MS, FACEP, as well as Hashim Zaidi, MD as the Board's Resident Member.

The 2017-2018 Officers were also selected. Janet Lin, MD, MPH, FACEP was elected President-Elect. Dr. Wang was elected Secretary-Treasurer. Chrissy Babcock, MD, FACEP was elected Member-at-Large.

At the meeting, outgoing Board members Mark Courtney, MD, FACEP, Mila Felder, MD, FACEP, John Hafner, MD, MPH, FACEP, and Resident Member Erik Frost, DO were recognized for their service to ICEP. Dr. Phillips was also presented with a plaque that recognized her for her year of service as ICEP President.

ICEP's Councillors who will represent Illinois at the ACEP Council meeting in October were



The ICEP Board of Directors at the conclusion of the 2017 Spring Symposium. Pictured (front row, from left) are: Dr. Seth Trueger, Dr. Jack Wu, Dr. Amit Arwindekar, Dr. Janet Lin, Dr. Yanina Purim-Shem-Tov, Dr. Valerie Phillips, and Dr. Steve Christos; and (back row, from left) Dr. Christopher McDowell, Dr. Hashim Zaidi, Dr. Chrissy Babcock, and Dr. Henry Pitzele. Board members not pictured are: Dr. Paul Casey, Dr. Napoleon Knight, Dr. Edward Sloan, and Dr. Ernest Wang.

also elected by the Board of Directors following the Spring Symposium. Councillors are: Dr. Babcock; Brad Bunney, MD, FACEP; Shu Chan, MD, MS, FACEP; Cai Glushak, MD, FACEP; Dr. Hafner; George Hevesy, MD, FACEP; Dr. Lin; Valerie Phillips, MD, FACEP; Henry Pitzele, MD, FACEP; Yanina Purim-Shem-

Tov, MD, MS, FACEP; Bill Sullivan, DO, JD, FACEP; Seth Trueger, MD, MPH; and Ernest Wang, MD, FACEP. Serving as alternate councillors are: Jason Keggs, MD, FACEP; Rebecka Lopez, MD; and Deborah Weber, MD, FACEP.

ELECTED BOARD MEMBERS, 2017 - 2018



**Amit Arwindekar,
MD, MBA, FACEP**



**Paul Casey,
MD, FACEP**



**Christopher
McDowell, MD,
MS, FACEP**



**Ernest Wang,
MD, FACEP**



**Jack Wu,
MD, FACEP**



**Hashim Zaidi,
MD, Resident
Member**

Resident Career Day to Feature ACEP Board Member Dr. Gillian Schmitz

Mark your calendar now and plan to attend ICEP's Resident Career Day on Thursday, August 31 at Northwestern Memorial Hospital in Chicago.

ICEP's half-day program is designed to provide resources and advice to residents, medical students, and young physicians as they embark on their emergency medicine careers.



Gillian R. Schmitz, MD, FACEP

ICEP is excited to welcome ACEP Board of Directors member Gillian R. Schmitz, MD, FACEP, to present the keynote presentation. Dr. Schmitz will present "From Resident to Attending: Surviving the First Year Out of Residency." She will discuss tips for transitioning from residency to clinical practice and highlight some common mistakes made as a new attending, with strategies to avoid the pitfalls. She will review pearls on jump-starting a career as a young physician, including time-saving tips and essentials for risk management, wellness, and learning the ropes

as a new attending. Dr. Schmitz will discuss ways to get involved as a young physician and overcome the anxiety that comes with starting a new job.



The program also features:

The 2017 program also features:

- Matthew Pirotte, MD, FACEP, discussing financial planning concepts and illustrating a basic financial plan for the first year out of residency
- William Sullivan, DO, JD, FACEP, reviewing common physician employment contract terms and simple negotiating tactics to help create a favorable contract

The program also includes the "Speed Dating" Career Fair where participants network with the field's top recruiters in a round-table format to discover career opportunities and make key connections with potential employers.

Medical students and 1st year residents who don't wish to participate in the Career Fair can sit down with Dr. Schmitz and ACEP President Rebecca Parker, MD, FACEP for an open forum discussion of current issues.

Life after residency brings a new set of challenges. Resident Career Day focuses on giving you the tools you need to meet this challenges head on and turn them into opportunities. Register at ICEP.org to attend.

ICEP Podcast Launching Later This Month

ICEP's newest tool for education, ICEP Podcast, will be launching later in June. It is one of the projects of the Education Committee to develop and launch this resource as one way to showcase the talent of academic emergency medicine physicians in the state.



casts will be the first featured on ICEP Podcast.

ICEP Podcast will continue to post new episodes on a quarterly basis. If you would like to participate, visit ICEP.org/podcast and submit your own podcast to be featured as an upcoming episode.

The goal of ICEP podcasts is to provide an online resource of up-to-date and relevant information as it pertains to the practice of emergency medicine. By way of podcast medium, ICEP will expand the conversation on various emergency medicine topics while offering a resource of insightful feedback and dialogue from the ICEP community.

The content of each submission must reflect at least two of the criteria below:

- Evidence-based medicine
- Direct reference of literature review
- Cutting-edge emergency management

A submission form can be downloaded from ICEP.org and must be included with each submission.

Watch your email for details of the official launch of ICEP Podcast!

The program started with a Resident Podcast Competition held this spring. The three finalists were selected and announced at the Spring Symposium on May 4. These top three pod-

Spring Podcast Competition Winners

1ST PLACE

Ultrasound to Confirm Endotracheal Tube Placement

Jonathan D. Alterie, DO, & Dallas Holladay, DO; Northwestern University

2ND PLACE

The History of Sepsis: What Do the Trials Show?

Racheal A. Gilmer, MD, & Michael Ward, MD; University of Chicago

3RD PLACE

Project REVISE: A Novel Approach to Pediatric Fever

Orhay Mirzapolos, DO; Northwestern University





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Highlights of 2017 Spring Symposium

ICEP's 2017 Spring Symposium and Annual Business Meeting boasted one of the largest attendances in recent years, as nearly 300 members, non-members, residents, medical students, and ACEP Board members were in attendance at Northwestern Memorial Hospital on May 4 for a panel discussion focusing on "Gun Violence in Chicago and Beyond: Continuum of Care."

Keynote presenter Gary Slutkin, MD, founder and CEO of Cure Violence, began the discussion by presenting a new lens to the problem: treating violence as a contagious epidemic disease. He explained how the exposure and transmission has led to the rising levels seen in Chicago in recent years. He offered public health solutions as well as media solutions that involve reframing the way we speak about gun violence and the language used to describe it.

Trauma surgeon Kimberly Joseph, MD, FACS, illustrated a patient case history to demonstrate the need to ask questions about exposure to violence and connect the patients to appropriate social services. She noted that in Chicago, trauma surgeons and emergency physicians should consider themselves primary care physicians because so many of their patients do not have true PCPs.

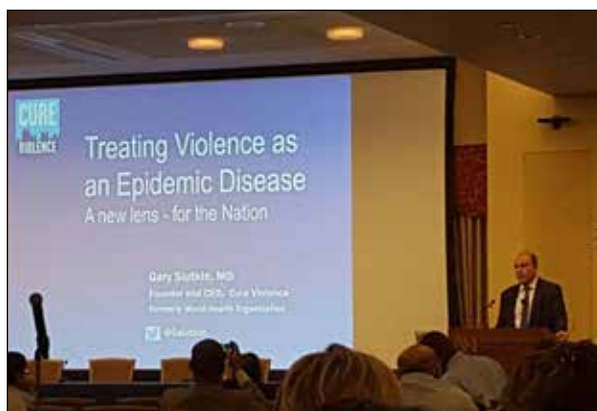
Marlita White, MSW, Director of the Office of Violence Prevention and Behavioral Health for the Chicago Department of Public Health, reviewed statistics of the rising trend of gun violence in Chicago over the past 20 years and compared Chicago statistics with those of other major U.S. cities. She also described the programs CDPH has in place that seek to reduce and prevent violence.

Kim Smith, Research Manager of the University of Chicago Crime Lab, compounded the statistics presented by Ms. White. The extensive data analyzed by the Crime Lab includes demographics of gun violence victims and locations, as well as examination of possible contributing factors such as social services spending, street stops, and temperature.

LeVon Stone, Sr., Director of CeaseFire Illinois, joined the other panelists to answer questions about policy, prevention, and specific actions that emergency physicians can take.

The Symposium also included the Statewide

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TOP: Panelists (from left) Kim Smith, Marlita White, Dr. Kimberly Joseph, and LeVon Stone Sr. with moderator Dr. Janet Lin. MIDDLE LEFT: Dr. Gary Slutkin explains the epidemiology of violence. MIDDLE RIGHT: Dr. Joseph illustrates a case study to demonstrate the key questions doctors should be asking when treating gun violence patients. BOTTOM LEFT: ACEP President Dr. Rebecca Parker discusses health care reform. BOTTOM RIGHT: The packed audience at 2017 Spring Symposium.



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Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

The Statewide Research Showcase Abstract Round-Up is back. Each issue of EPIC will feature one of the abstracts that were selected for oral presentation at the Statewide Research Showcase at the 2017 Spring Symposium, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Committee Chair Shu B. Chan, MD, MS, FACEP.

A Randomized Controlled Trial of Budesonide versus Acetazolamide on Rapid Ascent: Altitude Sickness Prevention and Efficacy of Comparative Treatments (ASPECT)

Grant Lipman, MD; David Pomeranz, MD; Nick Juul, MD; Patrick Burns, MD; Mary Cheffers, MD; Kristina Evans, MD; Carrie Jurkiewicz, MD; Peter Hackett, MD; The University of Chicago, Chicago, IL

Background:

Inhaled budesonide has been suggested as novel preventative medication for acute mountain sickness (AMS). However, efficacy has not been compared to the standard AMS prophylactic acetazolamide nor on rapid ascent.

Objective:

Evaluate inhaled budesonide and oral acetazolamide compared with placebo for their efficacy in prevention of AMS.

Design/Methods:

This double-blind, randomized, placebo-controlled trial compared inhaled budesonide to oral acetazolamide to placebo starting the morning of ascent from 1,240 m (4,100 ft) to 3,810 m (12,570 ft) over 4 hours during August 2016 on White Mountain, California. The primary outcome was AMS incidence (headache and Lake Louise Questionnaire > 3 and another symptom).

Results:

103 participants were enrolled and completed the study; 33 (32%) received budesonide, 35 (34%) acetazolamide, and 35 (34%) placebo. There were no differences in demographics between the groups ($p > 0.09$). Total AMS incidence was 73%, with severe AMS 47%. Fewer participants in the acetazolamide group 15 (43%) developed AMS compared to both budesonide 24 (73%) (OR = 3.5, 95% CI 1.3 – 10.1) and placebo 22 (63%) (OR = 0.5, 95% CI 0.2 – 1.2). Severe AMS was reduced with acetazolamide 11 (31%) compared with both budesonide 18 (55%) (OR = 2.6, 95% CI 1 – 7.2), and placebo 19 (54%) (OR = 0.4, 95% CI 0.1 – 1), with a number needed to treat of 4. Smaller increases in ventilation were associated with greater symptoms of AMS, with EtCO₂ a better predictor of AMS than SpO₂ ($r = -0.26$, $p = 0.01$ versus $r = -0.19$, $p = 0.05$).

Conclusion:

Budesonide was found to be ineffective for the prevention of AMS, and acetazolamide was preventive

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of severe AMS taken just prior to rapid ascent.

Impact:

This study was the first to compare inhaled budesonide against acetazolamide, the standard of care for chemoprophylaxis of AMS. Based on our study, budesonide should not be recommended for prophylactic use against AMS.

RESEARCH COMMITTEE COMMENTARY:

There have been recent studies in China suggesting that inhaled budesonide may be effective for the prevention of AMS (acute mountain sickness). This would be advantageous since inhaled budesonide is better tolerated than oral acetazolamide. This is a nicely done double blinded randomized clinical trial of acetazolamide (the standard treatment), inhaled budesonide, and placebo for the prevention of AMS. There were 103 patients enrolled and the blinding used both

placebo pills and sham inhalers. Unfortunately the results showed the incidence of AMS with inhaled budesonide was not significantly different than from placebo, while the standard acetazolamide was significantly better than either inhaled budesonide or placebo. It is interesting that the budesonide group had more AMS (73%) than the placebo group (63%).

— Shu B. Chan, MD, MS, FACEP

Want more?

Download the 2017 Statewide Research Showcase eBook for all of the abstracts at Spring Symposium:

ICEP.org/spring





Check the ILPMP website. What are you waiting for?

The Illinois Prescription Monitoring Program (ILPMP) collects information on Schedule II – V controlled substance prescriptions dispensed in Illinois. The ILPMP website helps to improve the quality of clinical care and benefits prescribers and dispensers by allowing a summary view of a patient's prescription history. The use of the website is free and is an excellent tool to help prevent potential drug interactions and/or accidental overdoses.

Illinois Prescription Monitoring Program

www.ilpmp.org



Make a Difference: Write That Council Resolution; 2017 Deadline is July 30

Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a few months the ACEP Council will meet and consider numerous resolutions.

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with their annual meeting. During this meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. This year there are 409 councillors representing chapters, sections, AACEM, CORD, EMRA, and SAEM.

The Council meeting is your opportunity to make an impact and influence the agenda for the coming years. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution. The deadline is Sunday, July 30, 2017.

I'm ready to write my resolution

Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. Whereas statements should be short, focus on the facts, and include any available statistics. The Resolved statement should be direct and include recommended action, such as a new policy or action by the College.

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a majority vote for adoption and Bylaws resolutions require a two-thirds vote. When writing Bylaws resolutions, list the Article number and Section from the Bylaws you wish to amend. The resolution should show the current language Bylaws language with additions identified in bold, green, underline text and red strikethrough for any deleted text. Please refer to the ACEP Web site article, "Guidelines for Writing Resolutions," for additional details about the process and tips on writing a resolution.

I want to submit my resolution

Resolutions must be submitted by at least two members or by any component body represented in the Council. The national ACEP Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions are reviewed by the Bylaws Committee to ensure there are no conflicts with the current Bylaws. Any suggestions for modifications are referred back to the authors of the resolution for consideration. Resolutions may be submitted by mail, fax, or email (preferred). Resolutions are due at least 90 days before the Council meeting.

Debating the resolution

Councillors receive the resolutions prior to the annual meeting along with background information and cost information developed by ACEP staff. Resolutions are assigned to reference committees for discussion at the Council meeting. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and participants often have questions that are best answered by the author. At the conclusion of the hearings, the reference committee summarizes the debate and makes a recommendation to the Council.

The Council considers the recommendations from the reference committees on the second day of the Council meeting. The reference committee presents each resolution providing a recommendation and summary of the debate to the Council. The Council debates each resolution and offers amendments as appropriate. Any ACEP member may attend the Council meeting, but only certified councillors are allowed to participate in the floor debate and vote. Non-councillors may address the Council at the discretion of the Speaker. Such requests must be submitted in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your component body to designate you as an alternate councillor status and permission for Council floor access during debate.

The Council's options are: Adopt the resolution

as written; Adopt as Amended by the Council; Refer to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee; Not Adopt (defeat or reject) the resolution.

Hints from successful resolution authors

- Present your resolution to your component body for sponsorship consideration prior to the submission deadline.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP website is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before? What happened?
- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

I need more resources

Visit ACEP's website www.acep.org/council/ Review the "Guidelines for Writing Resolutions" prior to submitting your resolution. There is also information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. Of special note, there is a link to Actions on Council Resolutions. This link contains information about resolutions adopted by the Council and Board of Directors in prior years.

Well, get to it

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for members to provide information to their colleagues and ACEP leadership. Please take advantage of this opportunity and exercise your rights as part of our Emergency Medicine community. Dare to make a difference by submitting a resolution to the ACEP Council!



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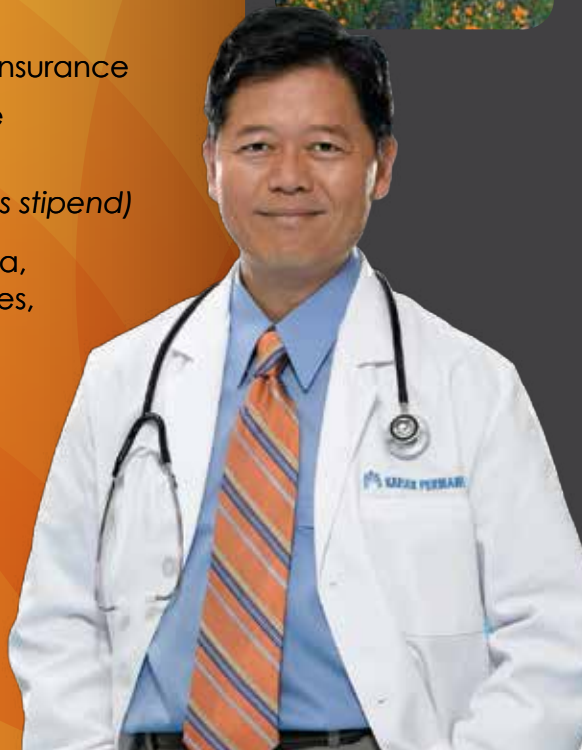
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Highlights of 2017 Spring Symposium

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Research Showcase. Four abstracts were selected for oral presentation, and 10 posters were on display in the exhibit area. The oral abstracts will be featured in upcoming issues of the EPIC (see page 8 for first article in the series), published with commentary by a member of ICEP's Research Committee. The 2017 eBook of all abstracts from the Symposium is available for download at ICEP.org/spring.

Residents from eight of the Illinois residencies competed in the Resident Speaker Forum. Janae Hohbein, DO, of the University of Illinois Hospital & Health Sciences System, was named the winner for her presentation, "The Tampon: A Whole World of Wilderness Medicine on a String (and Other Unexpected Medical Tools)."

ACEP President Rebecca Parker, MD, FACEP, also presented a short update on national initiatives and activities.

ICEP Education Committee members Christopher Colbert, DO, FACOEP, and Daniel Robinson, MD, presented a short introduction to the new ICEP Podcast program and recognized the competition winners: Jonathan Alterie, DO, and Dallas Holladay, DO, in first place; Racheal Gilmer, MD, in second place; and Orhay Mirzopolos, MD, in third place. See details about ICEP Podcast launching this month on Page 4.

At the Annual Business Meeting, the recipients of ICEP's annual awards were recognized. David Griffen, MD, PhD, FACEP was presented with the Bill B. Smiley Meritorious Service Award, ICEP's highest honor. Liza Pilch, MD, MBA, FACEP, was recognized with the ICEP Meritorious Service Award. John Hafner, MD, MPH, FACEP, was the recipient of the Downstate Member Service Award. See ICEP.org for full story and photos.

ICEP would like to thank all of its supporters who make the Spring Symposium possible:

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- U.S. Army Healthcare
- Mercyhealth

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- Advocate Medical Group
- Allergan
- ApolloMD
- Bristol-Myers Squibb / Pfizer
- Collective Medical Technologies
- EmCare



TOP: Dr. Shu Chan (center) with the presenters of the Statewide Research Showcase oral presentations.

MIDDLE LEFT: Resident Speaker Forum winner Dr. Janae Hohbein with University of Illinois at Chicago residency director Dr. Brad Bunney.

MIDDLE RIGHT: Dr. Dan Robinson (left) and Dr. Chris Colbert (right) with the winners of the ICEP Podcast competition.

BOTTOM: The presenters of the Resident Speaker Forum.



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ICEP Calendar *of* Events 2017

June 12, 2017

**Education Committee
Conference Call**
11:00 AM - 1:00 PM

July 3 & 4, 2017

**Independence Day Holiday
ICEP Office Closed**

July 25, 2017

**EM Board Review Intensive
Committee Conference Call**
2:00 PM - 3:00 PM

August 15-18, 2017

**Emergency Medicine Board
Review Intensive Course**
ICEP Conference Center
Downers Grove

August 28, 2017

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

August 31, 2017

Resident Career Day
Northwestern Memorial
Hospital, Chicago

September 4, 2017

**Labor Day Holiday
ICEP Office Closed**

September 6, 2017

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

September 6, 2017

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

September 14-15, 2017

Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

September 26, 2017

**Research Committee
Conference Call**
10:00 AM - 11:00 AM

September 27, 2017

**ITLS Illinois Advisory
Committee Meeting**
10:00 AM - 12:00 PM
ICEP Conference Center
Downers Grove

October 6, 2017

**Emergent Procedures
Simulation Skills Lab**
Evanston Hospital, Evanston

October 16, 2017

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

October 16, 2017

Board of Directors Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

October 24, 2017

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

October 24, 2017

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

November 14, 2017

**EM4LIFE 2017 LLSA Article
Review Course**
ICEP Conference Center
Downers Grove

Register for all courses online at ICEP.org!

