

PRESIDENT'S LETTER

The Problem of Legislating Clinical Practice



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

Why do legislators think that translating clinical practices into law is the right way to go? We as physicians are well aware of what is right and wrong for our patients and for ourselves. But for some reason, the legislators in Springfield feel that it is necessary to create laws to manage clinicians' self-directed practices!

There are several current bills at the state level that get to the crux of this issue. We need to stand strong against these and put a stop to this practice. We are well trained; we know what is right and wrong; and there should not be laws forcing our practice!

Let's start with Senate Bill 3431 dictating that all opioid prescriptions must be limited to 7 days. Have the legislators reviewed our own opioid prescribing guidelines? Not only are we already limiting new prescriptions to 7 days – in reality, we are limiting new prescriptions to 3-day supplies. The new burdens imposed by SB 3431 are not necessary and will only make it difficult for those patients who really need long-term pain control, such as those patients with terminal illnesses. Do legislators take into account the unforeseen outcomes of their actions? It certainly seems they do not fully

understand the ramifications of this particular legislation.

Recently, I had my DEA number stolen and a patient filled a false prescription under my name for a huge number of opioids, listing diagnoses on the prescription. That should have raised an immediate red flag, as diagnoses typically are not listed on a prescription to protect patient confidentiality. The pharmacist still filled the prescription.

What this illustrates is that we do not need more legislation but more common sense instead. ED providers should familiarize themselves with the current opioid guidelines and adhere to our ethics and training. Pharmacists should do due diligence in screening the prescriptions prior to filling; and if suspicions arise, contact the prescriber prior to filling the prescription.

Next, let's review House Bill 5245. This bill focuses on treatment of child sexual assault victims. According to the synopsis, the bill: "Amends the Sexual Assault Survivors Emergency Treatment Act. Adds various provisions concerning requirements for hospitals and pediatric health care facilities in relation to pediatric sexual assault care. Provides that a hospital licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act (rather than licensed under the Hospital Licensing Act) that provides general medical and surgical hospital services shall provide either transfer services to all sexual assault survivors, medical forensic services to all

sexual assault survivors, or transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older (rather than transfer services or hospital emergency services and forensic services in relation to injuries or trauma resulting from sexual assault). Provides that a pediatric health care facility may provide medical forensic services to pediatric sexual assault survivors. Adds provisions concerning requirements placed on the Department of Public Health; consent to jurisdiction for pediatric health care facilities; storage, retention, and dissemination of photo documentation relating to medical forensic services; sexual assault services vouchers; pediatric sexual assault care; and requirements placed on the Attorney General. Makes other changes."

But when you read this prescriptive bill, there is a section included on appropriate training for all personnel at the treatment facility: "...treatment hospital with approved pediatric transfer must provide a minimum for 4 hours of sexual assault training annually for emergency department physicians, physician assistants, advance practice nurses, registered professional nurses, and licensed practical nurse providing clinical services. Beginning January 1, 2023, each treatment hospital and treatment hospital with approved pediatric transfer must provide a minimum of 2 hours of sexual assault training annually for emergency department physicians..."

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The Problem of Legislating Clinical Practice

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This provision seems excessive and unnecessary. Emergency physicians are already trained to provide initial evaluation to all patients who are victims of sexual assault, both adults and children. We do not need a bill that mandates another unnecessary burden for providers in order to treat our patients appropriately.

Gun violence, the opioid epidemic, patient access issues, insurance company practices that violate the “Prudent Layperson” standard – our legislators should focus on these important issues with the patient’s perspective and best interests in mind.

We need to provide an environment that strengthens family values, emphasizes education, and places emphasis on the value of human life in order to stifle gun violence. Re-

sources should be directed to the most needed communities, such as the South and West side of the city. We need more resources and treatment centers for opioid addicts. We need to ensure the insurance companies, including but not limited to Anthem BlueCross BlueShield, adhere to the laws – the laws enacted to keep our patients safe and give them an option to seek immediate care in the emergency department if they feel they are experiencing an emergency. As providers, we can continue educating our patients on what constitutes an emergency, but we cannot take the option for emergency care away from our patients!

As president of ICEP, I urge you to look at the current slate of bills on the legislative deck (<http://www.ilga.gov/legislation/default.asp>). Review them for yourself and send your thoughts and comments to ICEP and to your

district legislators. We are here to support and protect our specialty and our patients. Discuss the issues with your colleagues and your patients to educate and to make them aware of what is happening in our state.

It is unfortunate that the bills that affect us often fly under the radar and become laws without public awareness. We may have differences of opinion, but in the end, we all have our patients at heart!



— Yanina Purim-Shem-Tov, MD, MS, FACEP
ICEP President

Two ICEP Members Recognized by EMRA

Two ICEP members are the recipients of EMRA Spring Awards, which will be presented at EMRA Awards Luncheon in conjunction with the CORD Academic Assembly in San Antonio, Texas, in April.

Maureen Canellas, MD, is the recipient of the EDDA (Emergency Department Director’s Academy) Scholarship. Hani Kuttab, MD, has been selected to receive the EMRA Research Grant.

Dr. Canellas is a PGY-2 emergency medicine resident at the University of Chicago and was recently elected one of three Chief Resident for the upcoming 2018-2019 academic year. She graduated from the University of Colorado Medical School in 2016.

Dr. Kuttab is also a PGY-2 in the EM residency program at the University of Chicago and will also serve as a Chief Resident for the upcoming



Maureen
Canellas, MD

2018-2019 academic year. He graduated from Loyola University Stritch School of Medicine in 2016.

Dr. Canellas will attend ACEP’s EDDA program, which focuses on tried-and-true solutions to ED issues, through a series of four phases, from a group of experienced practitioners and management experts. The EDDA program en-



Hani Kuttab,
MD

hances ED leadership through a series of lectures, breakout sessions, small-group case studies, and culminates with an independent study.

Dr. Kuttab’s research grant was awarded for a project that he and colleagues are developing to study the use of a new, portable ultrasound probe device for use in the pre-hospital setting. Dr. Kuttab will be partnering with UCAN (University of Chicago Aeromedical Network), a 24-hour critical care transport team staffed by flight physicians (senior EM residents) and flight nurses. The research will train UCAN staff on FAST exams in the assessment of abdominal trauma, and will specifically be evaluating time to the operating room in patients who receive an ultrasound while in transport. The training will begin on May 1, 2018.

Congratulations to Drs. Canellas and Kuttab on their achievements.



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ICEP Awards Recipients to Be Honored at Spring Symposium on May 3 in Chicago

Join your colleagues at the Spring Symposium on Thursday, May 3 to honor two dedicated longtime ICEP members for their contributions to the college and emergency medicine.

Michael S. Wahl, MD, FACEP, and Mark E. Cichon, DO, FACEP, FACOEP (dist.), will be recognized during the Annual Business Meeting at the Symposium.

The Annual Business Meeting will be held from 12:30 to 1:00 PM at Northwestern Memorial Hospital in Chicago.

Bill. B. Smiley Award

Dr. Wahl, of Glenview, is the recipient of the Bill B. Smiley Meritorious Service Award, which honors individuals who have made significant contributions to the advancement of emergency medicine in Illinois. The Bill B. Smiley award is ICEP's highest honor.

Dr. Wahl is a Past President who served two terms on the ICEP Board of Directors and on the Executive Committee for 5 years. He continues his service today on both the Finance and Patient & Physician Advocacy committees.

Dr. Wahl is celebrating 20 years as the Medical Director of the Illinois Poison Center, a program of the Illinois Health and Hospital Association in Chicago. He has spearheaded the creation of opioid guidelines as a partnership between IHA, ICEP and other health care stakeholders with the Illinois Opioid Crisis Response Advisory Task Force.

Dr. Wahl is also a Senior Clinical Educator at the University of Chicago and an attending physician for NorthShore University HealthSystems. He is active on the Illinois EMSC Advisory Board and on several Illinois Department of Public Health committees.

ICEP Meritorious Service Award

Dr. Cichon, of Park Ridge, is the recipient of the ICEP Meritorious Service Award, honoring his significant contributions to the advancement of emergency medicine by exemplary service.

Dr. Cichon is a Past President of ICEP who served 10 consecutive years on the Board of Directors, including 5 years on the Executive Committee. He continues his service to ICEP



**Michael S. Wahl,
MD, FACEP**



**Mark E. Cichon,
DO, FACEP,
FACOEP (dist.)**

as a longtime member of the EMS Committee.

Dr. Cichon is the Chairman of the Department of Emergency Medicine at Loyola University Medical Center in Maywood. He also holds the positions of Emergency Department Medical Director at LUMC and Medical Director of the Loyola Emergency Medical Services System. In addition, Dr. Cichon serves as the Associate Chief Medical Officer and Physician in Chief at the hospital.

He also serves as the Medical Director and Chairman of Region 8 for the Regional Emergency Medical Services Advisory Committee as well as a member of the Illinois Department of Public Health State Trauma Advisory Committee and on the Board of Directors for the Chicago Metropolitan Trauma Society.

Spring Symposium: Registration Open Now

ICEP is proud to welcome Salim R. Rezaie, MD, FACEP, founder and creator of the popular REBEL EM podcast, as the keynote presenter at the 2018 Spring Symposium and Annual Business Meeting.

Dr. Rezaie will present "Getting Things Done - Working in a Distracted World," illustrating the concept of "Deep Work" and demonstrating a mental construct that helps to eliminate technology-focused hyper-distraction.

Register now to attend the Symposium at Northwestern Memorial Hospital on Thursday, May 3. Registration is open online at ICEP.org.

The half-day event provides clinical education that focuses on the big issues that will change your practice, including lightning rounds on innovations in emergency medicine.

Lightning rounds will tackle some of the hottest topics in emergency medicine in a short, rapid-fire format designed to help you learn and retain more. Topics include FAST, damage control resuscitation and TXA for pediatric patients; naloxone; anti-coagulation reversal; blunt chest trauma; EMR; and advocacy. The full speaker line-up is available at ICEP.org/spring.

Also on the agenda are:

- The Resident Speaker Forum will showcase novice speakers from each residency in a lecture competition.
- A Statewide Research Showcase will spotlight the best in Illinois emergency medicine research.
- The Annual Business Meeting will also include the Resident Podcast Competition, introduction of the Leadership Scholarship recipients, and announcement of the Board of Directors election results.
- Vendors will be on-site with the latest products and services for emergency care. Raffle prizes will be given away at the conclusion of the meeting.

FOCUS ON:
big issues
that will
change your practice
in **EMERGENCY MEDICINE**

Deep work in a distracted world with REBEL EM Founder Dr. Salim Rezaie | Lightning rounds on innovations in EM | And more!

Thursday, May 3, 2018
Northwestern Memorial Hospital | Chicago, Illinois

presented by Illinois College of Emergency Physicians
& American College of Emergency Physicians

2018 ICEP
Springsymposium
& ANNUAL BUSINESS MEETING

ICEP Board of Directors Elections Open Online Now Through April 18: Cast Your Ballot Today

Five active members and one resident member will be elected to the ICEP Board of Directors this spring for the 2018-2019 term. Voting opened online on March 19 and closes on April 18.

Results of the elections will be announced at the Annual Business Meeting that will be held during the Spring Symposium on May 3, 2018 at Northwestern Memorial Hospital in Chicago.

Board of Directors Candidates:

- Christine Babcock, MD, MSc, FACEP, FAAEM
- Scott Heinrich, MD, FACEP
- Jason A. Kegg, MD, FACEP, FAAEM, CHSE
- Henry Pitzele, MD, FACEP
- Willard W. Sharp, MD, PhD, FACEP, FAAEM

Resident Member Candidates:

- Adriana Coleska, MD
- Michael Logan, MD
- Hashim Q. Zaidi, MD

Note: The Candidate members of ICEP (residents and medical students) elect the Resident Board member and are not eligible to elect the regular Board members. The Regular members of ICEP (including attendings, retired, and life members) elect the Board of Directors and are not eligible to elect the Resident Member. Members only vote in 1 category.

BOARD OF DIRECTORS CANDIDATES



Christine Babcock, MD, MSc, FACEP, FAAEM



Scott Heinrich, MD, FACEP



Jason A. Kegg, MD, FACEP, FAAEM, CHSE



Henry Pitzele, MD, FACEP



Willard W. Sharp, MD, PhD, FACEP, FAAEM

ICEP's online voting process makes it quick and easy to cast your ballot. Visit <http://vote.associationvoting.com/icep> to vote now.

All current ICEP members in good standing received an email with instructions for voting. The email contains the link to the voting platform and their personalized login details.

To log in and cast your ballot, you will use your ACEP Member number (beginning with A) and your last name (as recorded by ACEP).

If you did not receive an email with voting instructions, please contact Kate Blackwelder at kateb@icep.org or 630-495-6400, ext. 205, for assistance. Your email server may block the email as spam.

RESIDENT MEMBER CANDIDATES



Adriana Coleska, MD



Michael Logan, MD



Hashim Q. Zaidi, MD

Each candidate has completed a short profile as well as a personal statement in response to the following question: What do you think is the most important issue that we as emergency physicians should be advocating for to improve our practice or practice environment?

The candidate profiles were included with the email you received on March 19 and can also be viewed directly in the voting portal.

Advocate for EM on April 26 in Springfield

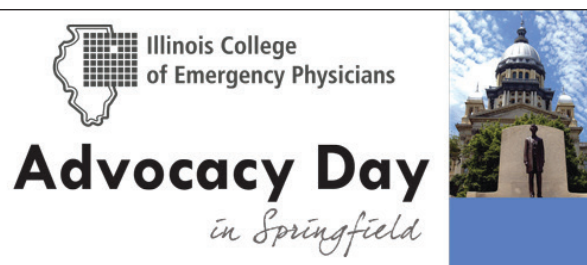
Make the future of emergency medicine a priority in 2018 and join us for Advocacy Day in Springfield on April 26.

Registration is open online now at ICEP.org/advocacy and free for members. Advanced registration is required.

Advocacy Day

Join ICEP members and ICEP's lobbyists on Thursday, April 26 in Springfield to meet with state legislators to lobby for emergency medicine issues.

The program will start at 10:00 AM at the Sangamo Club in Springfield, where participants will attend a briefing with lobbyists from Il-



linois Strategies, LLC., and have lunch at the Club. The briefing will include a primer on successful EM advocacy as part of the Advocacy Bootcamp program.

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.

Participants outside of Springfield may wish to take Amtrak for convenience; the station is within walking distance of the Sangamo Club.





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IDPH Investigating Outbreak of Bleeding Associated with Synthetic Cannabinoids

The Illinois Department of Public Health (IDPH), along with local health departments, continue to investigate an outbreak of severe bleeding among individuals who have recently used synthetic cannabinoids, often called Spice, K2, or fake weed. As of April 5, IDPH has reports of 89 people, including two deaths. Several of these cases have positive blood tests for brodifacoum, a lethal anticoagulant often used as a rodenticide, or rat poison.

Clinical Presentations

Cases have presented with various forms of bleeding, including persistent nose bleeds, blood in the urine or stool, vomiting blood, significant bruising, heavy menstrual periods, as well as with intra-cranial bleeding. Some cases have been hemodynamically stable, whereas others have been critically ill at presentation. Patients have required prolonged hospitalizations, and continue to require vitamin K at time of discharge.

Demographic Summary

The majority of the cases are male (77%) and white, non-Hispanic (57%). The mean age of case is 34 years old with a range of 18 to 65 years old. Patients have been reported in the following public health jurisdictions: Chicago, Cook, DuPage, Fulton, Kane, Kankakee, McLean, Peoria, Tazewell, and Will. Daily case counts, geographic distribution of cases, and other updates can be found at the IDPH website.

IDPH provides the following recommendations:

- If a patient presents with unexplained bleeding, they should be asked about SC use in the past 3 months. Terms for these products may include K2, spice, synthetic marijuana, fake weed/legal weed, and genie, among others.
- If SC use is reported/suspected, an INR level should be checked prior to patient discharge.
- If an individual has unexplained bleeding and an elevated INR with reported/suspected SC use, we recommend that you contact the Illinois Poison Center (IPC) at 1-800-222-1222. The IPC has developed clinical guidance for the management of these complex cases, which they are continuously reviewing and updating.
- In areas with a high burden of cases, consider implementing protocols to screen for SC use and check INR values before invasive procedures, surgeries, or births.

Please contact the Illinois Poison Center at 1-800-222-1222 for questions regarding diagnostic testing and treatment regimens for these patients. Providers are asked to report suspect cases to their local health department (LHD). If the LHD is not available, please notify the Illinois Department of Public Health at 217-782-2016 or 800-782-7860 after hours.

ICEP Member Spearheads New 'Total Tox Course' for Emergency Providers

ICEP member Christina Hantsch, MD, FACEP, FAACT, FACMT, Director of the Division of Toxicology at Loyola University Chicago Stritch School of Medicine, has partnered with the American College of Medical Toxicology (ACMT) to create a new toxicology course for emergency providers.

The course will be held September 5-7, 2018, at the Wyndham Grand Chicago Riverfront.

ACMT's Total Tox Course is a comprehensive review of the scope of emergency toxicology and will include cutting-edge interventions and management options for poisoned patients. Prominent experts in medical toxicology and emergency medicine will lead the course.

The 3-day course will focus on medical toxicology topics of interest to emergency providers, including toxicological issues of current clinical and public health importance. Attendees will be presented with state-of-the-art updates on the

evaluation and initial management of poisoning and exposure to medications, drugs of abuse, chemical terrorism, and environmental toxins

Featured presentations:

- From Toxidromes to Activated Charcoal: A Rational Approach For Managing the Poisoned Patient, Dr. Timothy B. Erickson, Chief of Medical Toxicology, Department of Emergency Medicine, Brigham and Women's Hospital
- Chasing the Dragon: The New Dangers of Opioid Abuse, Dr. Lewis Nelson, Chair of the Department of Emergency Medicine, Rutgers New Jersey Medical School
- Chemical Suicide & Mitochondrial Asphyxiants, Dr. Paul Wax, University of Texas, Southwestern School of Medicine; ACMT Executive Director
- I Can't Breathe! Pulmonary Irritants & Simple Asphyxiants, Dr. Charles McKay, University of Connecticut School of Medicine; ACMT President

- Disaster Preparedness: CBRNE Events, Dr. Joseph Maddry, San Antonio Military Medical Center & Dr. Christina Hantsch, Director, Division of Toxicology, Loyola University Chicago Stritch School of Medicine
- The Hot Patient: NMS, SS, Malignant Hyperthermia, Dr. Katherine Katzung, Vice Chair, Emergency Department, Abbott Northwestern Hospital

The target audience is physicians, physician assistants, nurse practitioners, clinical pharmacists, operational/tactical specialized practice medics, residents and students. Illinois Department of Public Health site code approved for 21 hours of continuing education. Continuing Medical Education credits also available.

Find more details online at: ACMT.net/Total_Tox_Course.html. The early registration deadline is July 25.



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CMMSEM Fundraiser Evening is April 19

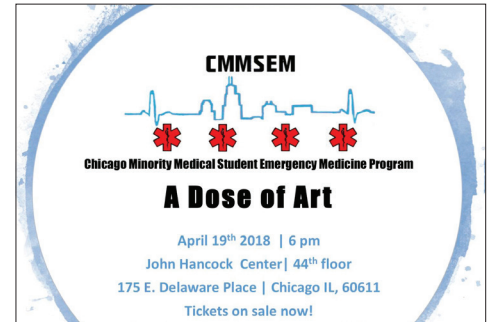
The Chicago Minority Medical Student Emergency Medicine (CMMSEM) is holding a Spring Fundraiser on April 19, featuring a celebration of culinary, visual, spoken, performing, and musical art. All proceeds from this fundraising event will go directly toward providing stipends for the program's Summer 2018 cohort of first-year minority medical students.

The event is Thursday, April 19, 2018 from 6 pm to 10 pm on the 44th floor of the John Hancock Center in downtown Chicago and includes

hors d'oeuvres and beverage selections. Guest performances and presentations will feature local Chicago minority artists in various genres. ICEP President-Elect Janet Lin, MD, MPH, FACEP will be representing ICEP at the event.

Tickets are \$100 and can be purchased through a link at the CMMSEM Facebook page: <http://facebook.com/CMMSEM>.

If you cannot attend, donations can be made at: <https://www.gofundme.com/cmmsem>.



'Tips and Pitfalls in Emergency Medicine Research' Series

Avoiding Pitfalls in Data Collection

Shu B. Chan, MD, MS, FACEP
Chair, ICEP Research Committee

So, you have IRB approval and you can officially start your data collection. The number one pitfall to avoid when collecting data for your research project is having just enough data.

All experienced researchers have encountered the situation where the data analysis suggests the need for some unsuspected variable like time to IV antibiotics in order to really draw conclusion about the outcome of interest like length of stay. But this variable was not collected. Then you have to recollect the missing data (very painful).

To compensate, some researchers "collect everything." Especially with electronic medical records, the temptation is to download whatever you can onto a spreadsheet and delete whatever later. Unfortunately this approach can create databases in which you cannot see the forest through the trees.

Hopefully, during the proposal phase of your project, the method has been given some careful thought so that you know fairly exactly which demographic and clinical elements you need.

Tip number one: Always include the demographics! Even with a completely anonymous survey, you have time and date of response as demographic elements. Basic demographics such as age and gender should be standard for all databases.

To avoid HIPAA issues, assign a unique study ID to each case and then create a new database without any personal identifiers (such as medical record number or hospital account number, SS number, personal address, phone number, etc.). Secure the original database with the HIPAA-sensitive material with password-protected encryption, etc. Only use the new de-identified database going forward.

Want more?

Register to attend the
Spring Symposium for
the 2018 Statewide
Research Showcase!
Registration open at:
ICEP.org/spring

Tip number two: Be sure that you and anyone you have trained to collect data for you is collecting data in the same way. This is especially true when abstracting data from paper or electronic medical records onto your database. Don't have a database in which some entries

are "RUL PNA" while other entries are "rt upper lobe pneumonia." Be sure all the abstracted data are consistent.

Beware of the empty cell!!! Blank cells in a database are interpreted by different people differently. It's best to use some code to indicate a blank cell like "NR."

For manually abstracted data, it is best to recollect at least 10 percent of the key information. This should be done by a separate investigator. That way, a kappa or other measure of data reliability and consistency can be calculated and reported. This is especially important if the data abstractor is required to edit the data.

For example, if the abstractor is required to look at readings by Radiologist and place into the database as "positive" or "negative," then having some measure of consistency between the two or three abstractors could be critical for that database, depending on how important that piece of information is to the primary result.

Quantitative measures are best. For example, if collecting Troponin results, collect the actual numerical results like <0.03 or 0.15 rather than a category such as "positive" "above normal" or "in therapeutic range", etc. Remember that you can always categorize later, but by not recording the actual number, you lose potential valuable information which you may need down the road.

Tip number three: Clean your own database. Before you or your stats person start the data analysis, it is necessary to make sure that the database is complete, consistent, and set up for whichever analysis you decide. Make sure empty cells are accounted for. Check for obvious outliers (like age "120" or temperature "68").

You should have good familiarity with spreadsheet manipulation and filtering functions. Set up the spreadsheet with only those variables you are interested in. It may be necessary to recode your categorical variables into numbers depending on your statistical program and contemplated analysis. Keep all worksheets as you do the cleaning or re-coding and save often.

These data collection tips will save much work down the road, especially if your analysis changes as the results become more apparent.





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News & Notes from ACEP

2018 Leadership and Advocacy Conference Is May 20-23 in D.C.

The 2018 Leadership & Advocacy Conference (LAC) will celebrate emergency medicine's accomplishments and continue to work for a better political environment for our specialty and our patients. We'll train first-timers to educate your Members of Congress while seasoned participants will build upon your already-valuable Congressional connections.

Our goal at this Conference is to highlight and advocate for legislation advancing emergency care, regardless of party labels. Conference highlights include:

- ACEP's Lobby Day – Spend the day meeting with your legislators and key staff
- Solutions Forum
- Essential Groundwork – First time attending the conference? Looking for a refresher on the basics of health policy? Lay the foundation for the rest of the week.
- A Deeper Policy Dive – Engage in detailed discussions on key issues affecting emergency medicine to get a better understanding of the current health care landscape and EM's role.

More details and registration are at ACEP.org/lac.

New Community EM Excellence Award Approved by ACEP Board

The ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine, this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care. Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. Entries are due no later than May 14, 2018. The nomination form and additional information are online at ACEP.org/About-Us/2018-Community-Emergency-Medicine-Excellence-Award-Nomination-Form

Committee Interest Form Open Online Through May 29, 2018

Committee interest for FY 2018-19 is now open. Members interested in serving on a committee, and who are not currently serving on a national committee, must submit a completed committee interest form and CV by May 29, 2018.

The CV and any letters of support from the chapter can be attached to the online form (preferred), emailed to Mary Ellen Fletcher at mfletcher@acep.org, or mailed to Ms. Fletcher at ACEP headquarters. Chapter input is invaluable to this process. If you have personal knowledge of the level of commitment and talent exhibited by the interested member, please consider submitting a letter of support. Residents and Candidates are welcome to provide support letters from their program directors or mentors.

The online application form can be completed at ACEP.org/committees.

The committee selection process will occur in mid-June and applicants will be notified by the end of July. Members chosen to serve on committees will serve a minimum of one year, beginning with the committee's organizational meeting held during the annual meeting in San Diego, CA, October 1-4, 2018. (Funding is not provided to attend the organizational meeting.)

Current committee members DO NOT need to complete a committee interest form if they are requesting reappointment to a committee. If the member is requesting consideration for a new/additional committee, then the committee interest form should be completed. Evaluation forms have been sent out and should be completed by April 16, 2018.

New ACEP Tool Helps You Keep Track of Ultrasound Scans

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency

Survey Seeks EM Physician Responses to Research Study

A survey research study of emergency medicine physicians in Illinois is being conducted out of Northwestern University. The survey should take 10 minutes or less and can be completed entirely online. The brief survey can be completed anonymously, or interested participants may provide their email address to be entered into a drawing for a \$100 Amazon gift card to be drawn June 1, 2018.

Questions will include information about training, experience, and current clinical practice setting.

All emergency physicians practicing clinically are encouraged to participate by going to <http://bit.do/EMsurvey> to complete the survey, which is available now.

PI: Dr. Zachary Pittsenbarger. Northwestern University Feinberg School of Medicine IRB study number: STU00202932.

physicians routinely train in and perform point-of-care ultrasound.

The ACEP Emergency Ultrasound Tracker was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training.

After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the ACEP Ultrasound Guidelines (PDF).

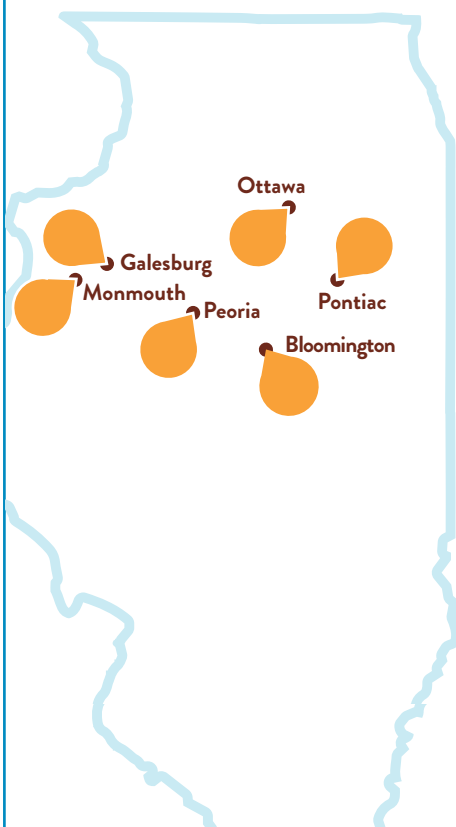
Get started with the Ultrasound Tracker at: ACEP.org/ultrasoundtracker. Review the ACEP Ultrasound Guidelines at: ACEP.org/clinical--practice-management/ultrasound-guidelines-emergency,-point-of-care,-and-clinical-ultrasound-guidelines-in-medicine





OSF HealthCare
is seeking

Emergency Medicine Physicians
to join our team.



EXPERIENCE THE DIFFERENCE of a Mission-driven culture.

OSF HealthCare is a faith-based, 13-hospital health system serving Illinois and the Upper Peninsula of Michigan. We offer full-time, employed positions with top-end compensation and benefits, including:

- 32 hours = full time
- Five weeks paid vacation
- One week CME with stipend
- \$215/hr with annual performance bonus
- Excellent malpractice coverage

EM residency available at OSF HealthCare Saint Francis in Peoria.

For more information about OSF, visit us on the web at osfhealthcare.org.

Please contact or send CV to:

Stacey Morin, Senior Physician Recruiter
Phone: (309) 683-8354
Email: stacey.e.morin@osfhealthcare.org

EOE/Minorities/Females/Veterans/Disabled



ICEP Calendar *of* Events 2018

April 12-13, 2018

Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

April 18, 2018

**ICEP Board of Directors
Voting Closes Online**

April 20, 2018

**Emergent Procedures
Simulation Skills Lab**
Grainger Center for
Simulation and Innovation
Evanston Hospital
Evanston

April 26, 2018

ICEP Advocacy Day
Springfield

May 3, 2018

**Spring Symposium & Annual
Business Meeting**
Northwestern Memorial Hospital
Chicago

May 22, 2018

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

May 28, 2018

Memorial Day Holiday
ICEP Office Closed

June 4, 2018

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

June 4, 2018

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

June 7, 2018

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

June 7, 2018

EMS Forum
1:15 PM - 3:00 PM
ICEP Conference Center
Downers Grove

June 18, 2018

**Educational Meetings
Committee Meeting**
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

July 4, 2018

4th of July Holiday
ICEP Office Closed

August 14-17, 2018

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

August 27, 2018

**Educational Meetings
Committee Meeting**
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

August 30, 2018

Resident Career Day
Northwestern Memorial
Hospital
Chicago

September 6, 2018

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

September 6, 2018

EMS Forum
1:15 PM - 3:00 PM
ICEP Conference Center
Downers Grove

September 13-14, 2018

Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

November 15, 2018

**EM4LIFE 2018 LLSA Article
Review Course**
ICEP Conference Center
Downers Grove

Register for all courses online at ICEP.org!



Illinois College of Emergency Physicians

3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515

