

PRESIDENT'S LETTER

The Promise of a New Year: 2019 Goals



**Janet Lin,
MD, MPH, FACEP**

"The beginning is the most important part of any work."

— Plato

I hope that you all had a chance to spend time with family, celebrate successes and reflect upon ongoing challenges that we face at the end of a busy year.

More importantly, I

hope that you will join me and welcome the start of an exciting year to come!

Hopefully you saw in a recent message, our 2019 resolution (for those that make...and try to keep resolutions...) is to increase our efforts in both education and advocacy. I would like to bring to your attention some specific developments for this year.

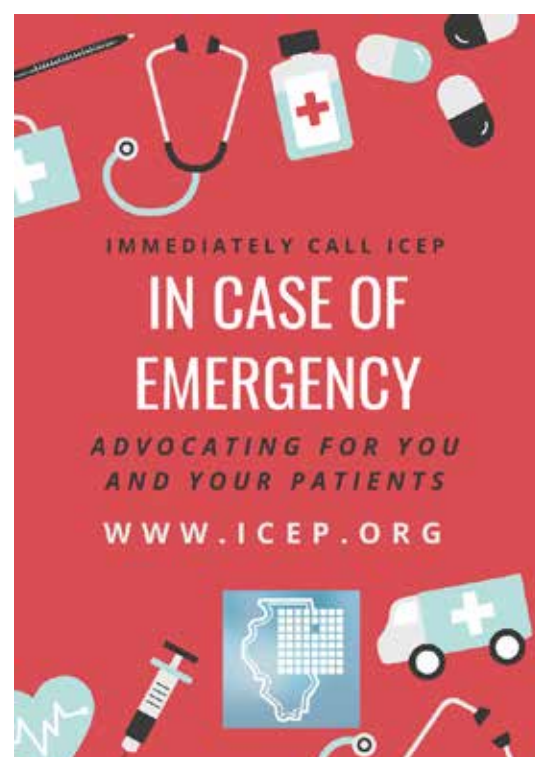
The end of 2018 was punctuated by many reminders as to why our specialty is important and why we need to have a voice.

The opioid crisis continues to evolve. In 2017, the country saw a 12.0% increase in all opioid deaths. In Illinois, we saw a 12.4% increase. While heroin contributes to a significant proportion of these deaths, prescription opioids and synthetic opioids account for an increased proportion of deaths.¹ ACEP has taken a big step in being part of the solution, helping to pass the Alternative to Opioids (ALTO) in the

Emergency Department Act in July 2018. Additionally, the SUPPORT for Patients and Communities Act increased flexibility for providers to use medication-assisted treatment (MAT) for opioid addiction was passed in October 2018. On March 4, we will be hosting a MAT Waiver training course, free and open to all Illinois members (see page 3 for more details). ICEP is also working with the Illinois Hospital Association along with other Midwest states to implement education and training opportunities to provide a resource and guidance on new alternative pain treatment for patients.

"This is our lane" proclamations erupted in response to a tweet on November 7, 2018 by the NRA commenting on a report published by the American College of Physicians. An outsized reaction ensued, with several tweets going viral, one of the most salient being: "Do you have any idea how many bullets I pull out of corpses weekly? This isn't just my lane. It's my f***** highway," wrote forensic pathologist Judy Melinek.

Less than two weeks later, Chicago was riveted by another senseless killing of one of our own. Dr. Tamara O'Neal was a much-loved emergency physician, who was just hitting her stride as a strong female doctor with an outsized heart and a role model for those who care for and support underserved communities. She



was someone whom I had known as a medical student and resident and colleague and will miss dearly.

ICEP, along with University of Illinois at Chicago alum, helped to support a tremendous effort in honor of Tamara. We raised over

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Early Registration Price Extended for February 5-8 EM Board Review Course

The early registration discount for the February 5-8 EM Board Review Intensive course has been extended until the course start for ICEP members. No discount code is needed to secure the lowest rate! Register online at ICEP.org/embri.

To align with the new exam schedule implemented by ABEM, ICEP is offering two EM Board Review Intensive course options in 2019 for ConCert and Qualifying exam prep. The course will also be presented on August 13-16. ICEP's course prepares you for initial certification or recertification exams in emergency medicine with a focused 4-day program to help you pass your Boards.

Focus on Questions for Maximum Review

EM Board Review Intensive maximizes your study time with supplemental question sessions:

- 50-minute morning reviews with board exam specialist Dr. Deborah Weber
- 3 days of Evening Question Review included with 4-day registration
- Daily photo quizzes test learning as you go



Comprehensive Review Materials

Our package of review materials included with course registration lets you continue your high-impact studying after the course in a variety of formats:

- Comprehensive Syllabus Book with 900+ pages of detailed topic outlines and key-points "pearls"
- Access to Self-Study Online, our exclusive web-based bank of 650+ multiple-choice, Board-format questions
- Study Pearls for EM Board Review Audio CDs with 6 hours of audio-book-style questions and answers (more than 550 total)

Evening Question Review

If your schedule is too packed for our full 4-day review, consider the Evening Question Review stand-alone option — perfect for ICEP members within driving distance of Downers Grove. Join us after dinner on Tuesday, Wednesday and Thursday in February or August for a 3-hour "rapid-fire" question session with expert faculty. The fast-paced, interactive format will keep you on your toes as you maximize your study time. The full 3-day Evening Question Review program is \$199 for ACEP members, or you can register for individual evenings for \$99 per evening.

The Promise of a New Year: 2019 Goals

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\$100,000 in less than three weeks to support AFFIRM (American Foundation for Firearm Injury Reduction in Medicine). Funds raised will ensure that out of despair we can work to turn a tragic event into good, with lasting positive impact for all those affected by all forms of violence including interpersonal and gun violence.

This event, along with the all-too-often seemingly minor, but daily challenges we face related to access to care and the delivery of care, further galvanize us and reinforce the importance of the role we play in ensuring that the public's health is safeguarded.

Because of this, I, personally, have taken a renewed effort to build and expand our advocacy efforts. One large component of this is the establishment of an ICEP Advocacy Fund. With a larger, collective voice, we are in a stronger position to support legislative and regulatory initiatives that impact us. Watch the EPIC and your emails for more details about the Advocacy Fund! I also would like to welcome the newest members of Congress from Illinois elected to office this year, Sean Casten (IL-6), Jesus "Chuy" Garcia (IL-4), and Lauren Underwood (IL-14).

This year promises to be an exciting time and we look forward to being part of the conversation

and advocating for our practice and patients.

All the best for the new year,

— Janet Lin, MD, MPH, FACEP, President

¹ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;67:1419–1427.



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ICEP Offering EM-Focused MAT Waiver Training Course Free on March 4

ICEP has partnered with PCSS in 2019 to offer a MAT Waiver Training Course as a valuable member service.

The course will be held Monday, March 4 at the ICEP office in Downers Grove. Registration is free for all ICEP members but advance registration is required. RSVP online at ICEP.org.

The course is open to non-members at a cost of \$50.

The course will be taught with an emergency medicine focus by ICEP members Henry Swoboda, MD and Stephen Holtsford, MD, FACEP.

Physicians require 8 hours of training to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. ICEP's program is a 2-part course to help you meet this requirement.

Physicians sign up for and attend the 4-hour live training on March 4 at ICEP. Once completed, participants will receive the second half of the course — a 4-hour online self-study portion. At the end of the course, participants are required to pass an exam with a 75% or higher before applying for their waiver.

NOTE: A personal DEA number and an unrestricted medical license are required for waiver application. Residents may attend this program but may not apply for their waiver until they can

provide these items.

At the conclusion of this activity, participants should be able to:

- Review addiction identification and evidence-based treatments.
- Discuss the pharmacology of opioids as it relates to treatment of opioid use disorder (OUD) patients.
- Describe the fundamentals of office-based opioid treatment including the treatment of the co-morbid patient.
- Explain the process of buprenorphine induction as well as stabilization and maintenance.
- Discuss other approved antagonist and agonist medications to treat OUD.
- Discuss basic office protocols including medical record documentation and confidentiality.
- Utilize evidence-based resources to ensure providers have the confidence to prescribe buprenorphine for patients with OUD.

Space is limited! Reserve your spot at ICEP.org.

Method of physician participation in the learning process: Credit will only be awarded for completing both the “first” and the “second” half of the training. To be awarded a maximum of 8 *AMA PRA Category 1 Credits*™ and a Buprenorphine Training Completion Certificate you must complete 4.25 hours of the first live half and 3.75

hours of the second enduring half and receive a minimum cumulative score of 75% on the examination. No partial credit is awarded for this training.

CME Accreditation:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AAAP and Illinois College of Emergency Physicians. AAAP is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation: American Academy of Addiction Psychiatry designates this Other activity (“Half and Half” - Half face-to-face live course and Half online course) for a maximum of 8 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAAP is the Data Sponsor for this program.

Funding for this initiative was made possible (in part) by grant no. 5U79TI026556-03 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Illinois Law Changes in Care of Sexual Assault Patients: What EPs Need to Know

Last year brought significant changes to Illinois laws governing the treatment of sexual assault survivors. In August, House Bill 5245, initiated by Illinois Attorney General Lisa Madigan and developed by combined efforts of multiple entities (including, among others, the Office of Attorney General (OAG), Illinois Department of Public Health (IDPH), sexual assault nurse examiners (SANEs), child abuse pediatricians, and rape crisis advocates) passed in the Illinois House and Senate and was signed off by the governor, becoming Public Act 100-0775. This

act expands the Sexual Assault Survivors Emergency Treatment Act (SASETA) with the goal of improving care of sexual assault survivors. Public Act 100-0775 also established the Sexual Assault Medical Forensic Services Implementation Task Force and set numerous goals to accomplish before December 31, 2023. Some of the initial goals are the development and distribution of educational materials to all parties involved in the care of sexual assault survivors including medical providers, hospitals, rape crisis centers and state attorneys.

Summarized here are some of the points of Public Act 100-0775 that are most relevant to us as emergency physicians, as well as links to full documents released by OAG and IDPH. Full text of Public Act 100-0775 and SASETA, a list of Implementation Task Force members, and all of the education materials released before January 1, 2019, are available from OAG at www.illinoisattorneygeneral.gov/victims/saimplementationtaskforce.html. You can also visit ICEP.org/SANE for the direct links.

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Register Now for Emergency Medicine Update and Sim Lab in Peoria on Feb. 14

Registration is open now for ICEP's Emergency Medicine Update on Thursday, February 14, 2019, at the Jump Trading Simulation & Education Center in Peoria.

ICEP's winter CME program is a multifaceted educational program open to all levels of emergency care providers and provides a great opportunity to earn pediatric and trauma hours that help fulfill state licensing requirements.

On the 2019 agenda:

- ED Boarding, presented by Benjamin Kemp, MD, FACEP, with a focus on key drivers of boarding, the impact on patient outcomes, and best practices to improve boarding in the ED and hospital-wide
- Innovations in Emergency Care: Safety Nets and Crossroads of Care, presented by Janet Lin, MD, MPH, FACEP, examining tech-

nology and linkage to care for HIV screening, Hepatitis C, and diabetes

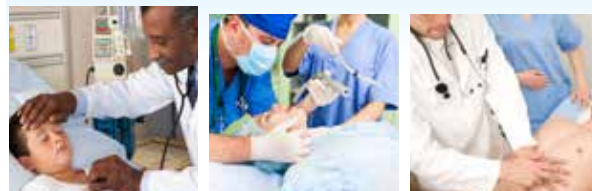
- The Top 10 EM Articles from 2018, presented by John W. Hafner, Jr., MD, MPH, FACEP, reviewing key advances in EM practice from recent research
- Tainted Spice: Superwarfarins and Management of Vitamin K Antagonist Related Bleeding

After the conclusion of the morning program, join ICEP in the afternoon in the sim lab for hands-on skills practice on simulated patients. Spend 90 minutes at each module and earn a maximum of 3 *AMA PRA Category 1 Credits*™. Modules focus on pediatric trauma and pediatric resuscitation. The cost of the Simulation Skills Lab is \$99 for all providers, and you may register for this program without attending EM Update.

EMERGENCY MEDICINE *Update*

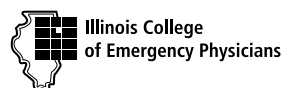
February 14, 2019
Peoria, Illinois

ICEP's winter CME conference in Peoria is better than ever. **Emergency Medicine Update** is a multifaceted educational program with something for every emergency care provider.



This activity has been approved for *AMA PRA Category 1 Credit*™

Thursday, February 14, 2019
Peoria, Illinois



Call for Nominations: Board of Directors Candidates, Councillors, Annual Awards

Get involved with ICEP in 2019! ICEP is seeking nominations for Board of Directors candidates, Councillors, and all ICEP awards. Help us recognize deserving members by nominating yourself or a colleague.

Board of Directors

Four Active members of the Board of Directors will be elected in 2019. 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 (non-Candidate) by online ballot.

One Resident member will also be elected in 2019. The resident member serves a 1-year term and may be re-elected to a second 1-year term. The resident member of the Board of Directors

is elected by the ICEP Candidate membership by online ballot.

ICEP Councillors

Fourteen Councillors will also be elected. Councillors represent ICEP at the ACEP Council Meeting held in conjunction with ACEP19 and are elected by the ICEP Board.

ICEP Awards

ICEP recognizes its dedicated leaders with 3 annual awards, presented each year at the Spring Symposium and Annual Business Meeting. Please consider nominating a colleague for one of ICEP's awards:

- Bill B. Smiley Award (ICEP's highest honor)

- ICEP Meritorious Service Award
- Downstate Member Service Award

To submit nominations, please email ICEP staff member Kate Blackwelder at kateb@icep.org. Nominations are due Friday, February 1.

All nominations must include the following:

- Candidate's CV
- Cover letter explaining your nomination

If nominating candidate for multiple positions, please send separate cover letters for each position.

The Awards and Nominating Committee will meet in February to evaluate and select the final slate of candidates for each category.



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Illinois Law Changes in Care of Sexual Assault Patients: What EPs Need to Know

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Qualified medical provider requirement (QMP) starting January 1, 2022

A very significant change is the new requirement that every survivor of a sexual assault that occurred within the last 7 days will undergo a medical forensic exam done by a medical professional trained in sexual assault forensic examination (“Qualified Medical Provider” or QMP). For adult and adolescent patients, the QMP must be a SANE or a sexual assault forensic examiner (SAFE), which could be a physician or physician’s assistant. SANE training for the nurses is provided free of charge by OAG. Training requirements for SAFEs are not established yet and will be determined by the end of 2019, but likely will include education similar to SANE training. For pediatric patients (under 13) QMPs must be child abuse pediatricians or pediatric SANEs. A Qualified Medical Provider must be available within 90 minutes from a patient’s arrival to the facility. For Illinois hospitals the requirement for a QMP starts January 1, 2022.

The bottom line is – if you want to be able to continue doing kits on sexual assault patients after that date, you will have to go through the appropriate training and certification process.

Alternatively, emergency departments will have to have sufficient number of SANE nurses available 24/7. Only SAFEs and SANEs will be able to collect the evidence using the sexual assault kit.

Hospital designation

Every hospital in Illinois must choose a classification under SASETA regarding the treatment of sexual assault survivors presenting at the hospital. Hospital designations are as follows:

1. **Treatment hospital** (providing medical forensic services to both adult and pediatric sexual assault survivors)
2. **Treatment hospital with approved pediatric transfer** (providing medical forensic services to adults and adolescents and transferring pediatric patients after a screening exam and stabilization if needed)
3. **Transfer hospital** (providing medical screening exam and appropriate stabilization, but patients are transferred for forensic medical exam to a treatment hospital or APHCF).

Additionally, in counties with population less than 1,000,000 (all counties except Cook), at least one hospital located within a 20-mile radius from a 4-year public university must provide medical forensic services. Hospitals can already submit treatment/transfer plans for approval to IDPH. More detailed information is available in Educational Materials for Hospitals and Approved Pediatric Health Care Facilities (link at ICEP.org/SANE).

Training requirements for (non-trained) staff

This law applies to clinical staff in treatment hospitals and treatment hospitals with approved pediatric transfer. “Clinical staff” in this case

includes non-SAFE attending physicians and advance practice providers, and non-SANE registered nurses working in the emergency department. Every clinical provider will need to do 2 hours of training regarding care of sexual assault survivors. The training will need to be repeated every 2 years, and it can be online or in person. By March of 2019, OAG will provide online training that can be used to partially fulfill this requirement, with supplementation by the hospital’s own treatment policies and procedures. More details on page 17 in Educational Materials for Health Care Providers (direct link at ICEP.org/SANE)

Photography requirement

On or before July 1, 2019, every provider doing a medical forensic exam needs to offer photo documentation of injuries. Photos will become part of the patient’s medical records and need to be retained for a period of 20 years for adults and for 60 years from the date of the 18th birthday for pediatric survivors. The access to the genital photographs should be limited and regulated by hospital policy in order to maximally protect the patient’s privacy. Every hospital needs to develop a protocol addressing the collection and backup of photo documentation. To facilitate the change, OAG released a sample photography policy that can be obtained in a Word format and adapted by individual institutions. The sample policy is available at ICEP.org/SANE.

— Contributed by **Monika Pitzele, MD, FACEP**

Spring Symposium Featuring Drs. Aisha Liferidge, John Lumpkin Set for April 25

Mark your calendar now and plan to attend the Spring Symposium and Annual Business Meeting on Thursday, April 25, 2019 at Northwestern Memorial Hospital.

ICEP is excited to announce two powerful presentations on the 2019 agenda.

ACEP Board member Aisha T. Liferidge, MD, MPH, FACEP, will present a keynote address on health equity and its impact on emergency medicine, focusing on diversity and inclusion

as related to clinical practice and the medical workforce. Her eye-opening session frames diversity and inclusion goals through the lens of health disparities, particularly in emergency medicine, to recommend a policy-based action plan for closing gaps and improving health.

John Lumpkin, MD, FACEP, former ICEP president and former Director of the Illinois Department of Public Health, is returning to Illinois to moderate a panel discussion on population health topics, including a spotlight on violence

issues presented by AFFIRM, the American Foundation for Firearm Injury Reduction in Medicine.

The Spring Symposium will also feature fanfare activities that include the Resident Speaker Forum, the Statewide Research Showcase (see Page 8 for the call for research abstracts), the Annual Business Meeting, the presentation of ICEP’s annual awards (see Page 4 for nomination details), and a product showcase. Registration will open on at ICEP.org in February.



We fight the good fight.



At USACS we have one mission:

to care for patients. Every full-time physician in our group becomes an owner in our group, creating a legendary culture and camaraderie you can feel. That's true whether you're working in the ED, or getting clobbered by a snowball on a ski trip with your fellow comrades.

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**US Acute Care
Solutions**

Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

The Statewide Research Showcase Abstract Round-Up from 2018 concludes this issue. Each issue of EPIC has featured abstracts that were selected for oral presentation at the Statewide Research Showcase at the 2018 Spring Symposium, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Karis Tekwani, MD, FACEP.

Evaluation of Fluid Resuscitation in Patients with Severe Sepsis and Septic Shock

Hani I. Kuttub, MD, Joseph Lykins, BA, Michelle D. Ho, MD, Eric P. Keast, MD, Mobola Kukoyi, MD, Jason Kopec, MD, Stephen Hall, MPH, Kristen Wroblewski, MS, Michael Ward, MD, University of Chicago, Chicago, IL

Background

The Surviving Sepsis Campaign recommends patients with septic shock receive a 30 mL/kg bolus of crystalloid fluid. However, data on weight-based fluid resuscitation is conflicting and does not account for patients' medical comorbidities.

Objective

This study aims to determine predictors of fluid resuscitation and determine clinical outcomes of 30 mL/kg fluid resuscitation on patients with severe sepsis and septic shock.

Design/Methods

This was a single center retrospective cohort study. Using ICD 9/10 codes in combination with Sepsis-2 criteria, 1,144 patients were included between January 1, 2014-May 30, 2017. Baseline demographics, mortality in emergency department scores, and other endpoints were collected. Patients were placed into four groups - 30 mL/kg crystalloid bolus within 3 hours, 3-6 hours, 6-24 hours, or did not reach by 24 hours of sepsis onset. Outcomes included in-hospital mortality, need for vasopressor support, ICU admission, and delayed hypotension. Statistical analyses included multivariate Cox and logistic regression.

Results

Patients received a 30 mL/kg bolus within 3,

6, and 24 hours 49.7%, 65.1%, and 80.0%, respectively. At 3 hours, age >65 (OR 0.59, 95% CI 0.45-0.77), body mass index (BMI) >30 (OR 0.18, CI 0.13-0.25), men (OR 0.68, CI 0.52-0.89), end-stage renal disease (ESRD) (OR 0.20, CI 0.12-0.34), and CHF (OR 0.36, CI 0.26-0.50) were less likely to reach fluid goals. Patients with shock were more likely to reach goals (OR 2.12, CI 1.61-2.78). Conclusions were similar using Cox regression. Patients who did not receive 30 mL/kg within 3 hours of sepsis onset were at increased odds for in-hospital mortality (OR 1.80, 95% CI 1.25-2.60) and delayed hypotension (OR 1.39, CI 1.02-1.91), adjusting for age, septic shock, BMI >30, gender, ESRD, and CHF.

Conclusion & Impact

Patients who did not receive the recommended fluid bolus of 30mL/kg have increased odds of in-hospital mortality and delayed hypotension. Additionally, advanced age, obesity, ESRD, CHF, and men were less likely to reach fluid goals. Further analysis is required to determine the effect of fluid resuscitation among the subgroups listed above and to further explore the potential deleterious effects of under resuscitation.

Commentary from ICEP Research Committee:

Nationwide, the Sepsis CMS Core (SEP-1) Measure has driven hospitals to place an increased emphasis on early and aggressive fluid resuscitation with a 30 mL/kg bolus of crystalloid fluids. This nicely done retrospective study found certain populations to be less likely to reach fluid goals within 3 hours including the elderly, as well as those with CHF or ESRD. This is possibly due to provider concern for exacerbation of fluid overload and potential respiratory failure. Those who did not receive 30 mL/kg within 3 hours of sepsis onset had a higher likelihood of in-hospital mortality and delayed hypotension. Interestingly, in their small population, there was no association between ARDS and fluid resuscitation, and those patients that received the 30 mL/kg bolus were the least likely to require intubation. This retrospective study further supports the safety of early aggressive fluid resuscitation irrespective of comorbidities in severe sepsis and septic shock.

— **Karis Tekwani, MD, FACEP**

Call for Submissions for 2019 Showcase

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. All abstracts will be considered, even if previously presented at other meetings.

ICEP is currently calling for submissions of abstracts from those interested in presenting their research at this year's Symposium on April 25.

Get the application online at ICEP.org/research.

The deadline to submit abstracts is Friday, February 22. The Research Committee will make selections and notify applicants in March.

Abstract guidelines and scoring system will remain the same as in previous years. The maximum word count for the abstract is 350 words.

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 guidelines listed in the form in order to be considered. A blinded copy of the abstract must be included for judging purposes.



PHYSICIAN OPPORTUNITY

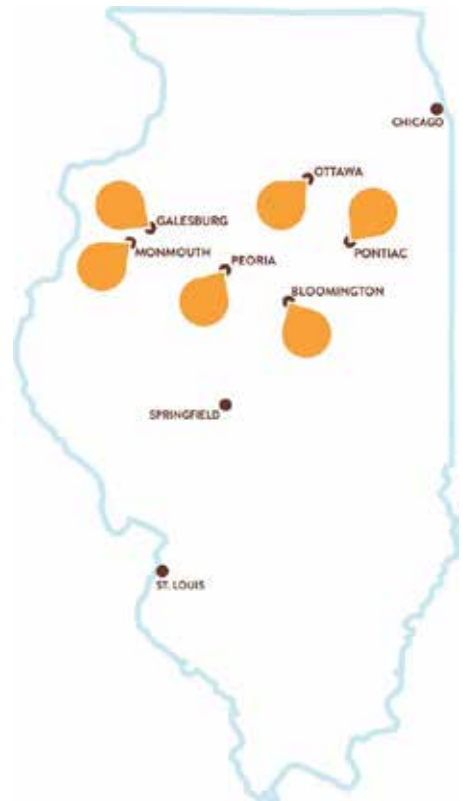
Illinois

Emergency Medicine

OSF HealthCare is seeking EM board certified, EM board eligible, and primary care boarded physicians with extensive ED experience.

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Enjoy a work-life balance with:

- Opportunities in academic faculty positions, pediatric emergency medicine, geriatric emergency medicine, ultrasound fellowship, EMS, simulation medicine and other clinical interests.
- Employees working 32 hours per week or more are considered full-time
- Opportunities in career development and leadership.
- The greater Peoria area is family friendly, has a population of 350,000 and offers low cost of living with all the comforts and attractions of the big city with less congestion. Peoria is under three hours from both Chicago and St. Louis by car.

Benefits include:

- Starting salary well over \$400k a year, PLUS:
- Annual Raises
- Annual Performance Bonus
- Over five weeks paid vacation
- One week paid CME + \$7,000 stipend
- Academic and clinical positions
- Loan repayment and signing bonus options

About OSF HealthCare

OSF HealthCare is a faith-based, 13-hospital health system serving Illinois and the Upper Peninsula of Michigan. We strive to provide a culture that is unique and enhances our Mission of providing "the greatest care and love" to all the patients we serve.

Please contact or send CV to:

Lindsey Weinberg, OSF HealthCare Physician Recruitment

Ph: (309) 683-9353 or (800) 232-3129, press 8

Fax: (309) 683-8353

E: Lindsey.M.Weinberg@osfhealthcare.org
osfhealthcare.org

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Cook County Emergency Medicine Celebrates 30 Years with Gala Event

The Cook County Department of Emergency Medicine hosted a Gala to celebrate its 30th year anniversary at the Chicago Drake Hotel on November 3, 2018. The black-tie event attracted 450 supporters that included past graduates from across the United States, Canada and Europe in addition to Cook County attending physicians and current residents.

A long hallway of pictures of each graduating class starting from 1991 greeted the guests as they entered the Palm room for appetizers and a music performance.

Dr. Jeffrey Schaidler, the current Department Chairman, opened the program in the Gold Coast Room and welcomed everyone to the event. Dr. Michael McDermott, who was the Chief of Emergency Services prior to the founding of the Department of Emergency Medicine, spoke on how he recruited members from University of Chicago to join the Cook County family.

Dr. Connie Greene, the first residency director, recounted her story of developing the curriculum and starting the program in 1988. Dr. Robert Simon, who was the first Chairman of the Department of Emergency Medicine, spoke about the steps it took to establish an independent Emergency Medicine Department and the importance for all EM physicians to identify themselves as “emergentologists”.

The event was co-chaired by Dr. Jeffrey Schaidler, Dr. Isam Nasr and Dr. Lisa Palivos.

Congratulations to Cook County Emergency Medicine on this milestone!



Photos from the Gala

Pictured:

TOP PHOTO:
Ardena Flippin, MD,
Shayle Miller, MD,
and Robert Simon,
MD

CENTER PHOTO:
Isam Nasr, MD, and
Connie Greene, MD



BOTTOM LEFT
PHOTO:
Trevor Lewis, MD,
Robert Feldman, MD,
Lisa Palivos, MD, and
Abigail Martinez, MD

BOTTOM RIGHT
PHOTO:
Jeffrey Schaidler, MD,
Brian Sullivan, MD,
and Robert Simon,
MD



ACEP Releases Policy Statement on Use of Social Media by Emergency Physicians

The ACEP Board of Directors approved in September 2018 a policy statement on the use of social media by emergency physicians.

Additional resources from ACEP, including a link to a training on Professionalism and Branding in Social Media, and the process for filing an ethics complaint (if a member feels a fellow member is behaving unethically on social media), are published at ICEP.org.

The full Policy Statement follows:

Social media is a powerful tool for communication with direct beneficial applications, including emergency medical education and public health awareness. The risks of social media activity for emergency physicians, particularly when the lines between one's personal life intersect with their professional life, includes the potential for inappropriate patient relationships, HIPAA and other confidentiality violations, and presenting oneself, one's employer/hospital, or one's profession in an unfavorable light. In addition, social media can amplify and extend errors in judgment, demeanor, and behavior far beyond historical, non-social media interactions.

When engaging in social media for professional or personal purposes, it is recommended that emergency physicians maintain proper ethical and professional conduct standards.

PRINCIPLES:

- Emergency physicians have the responsibility to ensure that patient privacy and confidentiality are recognized and maintained in their social media activity. Assuring that no identified or de-identified Protected Health Information (PHI) is posted is critical, but not sufficient, to meet this requirement. A posted timeline, specific events or descriptions can reveal more identifying information than originally intended, resulting in inadvertent and unauthorized disclosure of PHI.
- Improper use of social media by emergency physicians may allow patients or their representatives to be identified in violation of their privacy. These concerns may even extend to various information sharing or diagnostic platforms, including crowd sourcing of cases for clinical discussion or input. Verbal consent, either implicit or

explicit, for such public disclosure is not adequate for a HIPAA-compliant authorization for disclosure of PHI and is not a defense or justification for such disclosures.

- Emergency physicians should maintain appropriate, professional boundaries with patients and families, regarding social media.
- As we recognize, all social media activity may become public and exist indefinitely. As such, emergency physicians should be aware that their social media activity, unrelated to their profession, can reflect on public perceptions of them as a physician, their healthcare organizations, and the specialty of emergency medicine in general.
- Social media has created an additional area of professional liability independent of clinical practice and can extend to the emergency physician's administrative roles as well. In general, social media content is not protected and is discoverable.
- Emergency physicians should be aware of and follow their employer's and institution's specific policies on the use of social media.

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EM Board Review Intensive
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February 25, 2019

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

March 4, 2019

MAT Waiver Training Course
ICEP Conference Center
Downers Grove

March 8, 2019

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

March 8, 2019

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

March 11, 2019

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

March 11, 2019

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

March 11, 2019

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March 21, 2019

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Sangamo Club & Capitol
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April 10, 2019

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April 11-12, 2019

Oral Board Review Courses
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Northwestern Memorial
Hospital, Chicago

April 26, 2019

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