

## 2021 ICEP Board of Directors Candidate Profile

**Name and Credentials as you want it to appear on ballot:**

Scott Heinrich, MD, FACEP

**Title and Place of Practice:**

Associate Program Director, Rush Emergency Medicine  
Residency

Associate Professor, Rush Medical College

**Medical School (institution, city, state):**

Stritch School of Medicine Loyola University Chicago

**Residency (institution, city, state):**

University of Illinois at Chicago, Chicago, IL



**ICEP Activities:**

2018 – Present Board Member, Illinois College of Emergency Physicians

2013 – 2019 Member, Emergency Medicine Board Review Intensive Committee

2012 – Present Course Instructor, Oral Board Review Course

2012 – 2019 Lecturer, Intensive Board Review Course

**ACEP Activities:**

2019 – Present Councilor, American College of Emergency Physicians

2019 - Present Question Writer, PEER Board Review Prep

**Other Relevant Activities:**

N/A

**Practice Time:**

Divided as percentages 35% clinical/ 65% teaching and residency administration

**Conflict of Interest Disclosure:**

None

**The current COVID-19 pandemic has highlighted some of the unique challenges faced by Emergency Medicine physicians in Illinois. As a candidate for the ICEP Board of Directors, which of these challenges do you feel are most important and what strategies can ICEP undertake to improve and advance our specialty?**

The COVID19 pandemic has stressed public health, our mental health, and our healthcare systems significantly. The specialty of Emergency Medicine has been uniquely impacted and the financial impact for has been extraordinary. Emergency Physicians (EPs) have seen their hours slashed, salaries lowered, and jobs lost, all while continuing to serve on the front lines of the pandemic, often with inadequate PPE. Some EM residents have signed employment contracts, only to have them cancelled due to constraints, while others struggled to even find any positions. I fear that even when we are finally past this pandemic, this tightened job market will be the “new normal”. ICEP must play a role by advocating for signed contracts to be honored, providing resources, and supporting newly graduated EM residents while advocating for safe workplaces and the ability to provide quality patient care for EPs who are currently in contracted jobs. We should create recommendations for guidelines and metrics for best ED

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staffing practices. As has become apparent during this pandemic, hospital finances are tied to surgical and procedural specialties, however we must continue to advocate locally and nationally for the better apportioning of healthcare dollars to meet the needs of the millions of patients who still require emergency care.

This pandemic also highlighted the unequal distribution of care and resources to our most vulnerable patients. Our marginalized populations – already facing numerous barriers to emergency care – were especially hard hit. With the closure, or threatened closure, of hospitals that primarily serve these populations this gap is likely only to widen. We will see increased transport times, wait times, boarding times, and generally less access to timely emergency care. We must continue to lobby and advocate for better support in these healthcare deserts so that we can continue to provide access to high-quality emergency care that everyone deserves.

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**Name and Credentials as you want it to appear on ballot:**

Jason A Kegg, MD, FACEP, FAAEM, CHSE

**Title and Place of Practice:**

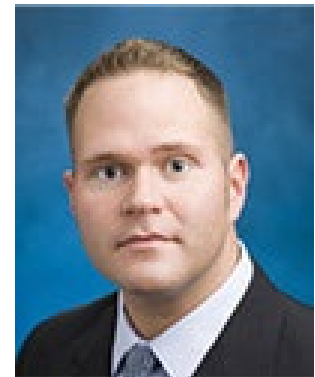
State of Illinois EMS Medical Director Associate Professor, Director of Simulation-Based Education Department of Emergency Medicine Southern Illinois University School of Medicine Springfield, IL

**Medical School (institution, city, state):**

Southern Illinois University School of Medicine Springfield, IL (Grad. 2007)

**Residency (institution, city, state):**

Indiana University Indianapolis, IN (Grad. 2010)

**ICEP Activities:**

- 2020 – Elected ICEP Executive Committee Officer, Member-at-Large
- 2020 – Elected ICEP Chair of the Membership Committee
- 2020 - ICEP Councilor for National ACEP Meeting
- 2019 - ICEP Councilor for National ACEP Meeting
- 2018 to Present – ICEP Board of Directors EMS Committee Liaison
- 2018 to Present - ICEP Board of Directors
- 2018 - ICEP Councilor for National ACEP Meeting
- 2017 - ICEP Councilor for National ACEP Meeting
- 2016 - ICEP Alternate Councilor for National ACEP Meeting
- Illinois Terrorism Task Force ICEP Representative
- ICEP International Trauma Life Support Illinois Advisory Committee

**ACEP Activities:**

- 2020 - Councilor for National ACEP Meeting
- 2019 - Councilor for National ACEP Meeting
- 2018 - Councilor for National ACEP Meeting
- 2017 - Councilor for National ACEP Meeting

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- 2016 - Alternate Councilor for National ACEP Meeting
- ACEP EMS-Pre-Hospital Care Section
- ACEP Tactical Emergency Medicine Section
- Fellow, American College of Emergency Physicians

### Other Relevant Activities:

- State of Illinois EMS Medical Director
- Illinois Dept. of Public Health (IDPH) Office of Preparedness and Response Medical Director
- Illinois Emergency Management Agency Public Health Committee Member
- National Association of EMS Physicians
  - 2020 – Elected Physician Member-at-Large to the inaugural IL Chapter Board of Directors
- National Association of EMS State Officials (NASEMSO) Medical Director's Council Member
- ATLS Instructor
- PHTLS Instructor
- ITLS Instructor Candidate
- Tactical Combat Casualty Care (TCCC) Instructor
- Stop the Bleed Bleeding Control Instructor
- Certified Healthcare Simulation Educator (CHSE)
- Tactical Physician embedded with the Springfield Police Department Emergency Response Team
- Tactical Physician embedded within the ILEAS Region 6 WMD Team

### Practice Time:

- 60% patient care/bedside teaching
- 10% administration
- 25% teaching
- 2% research
- 3% other (please specify), other activities as above

### Conflict of Interest Disclosure:

Completed

**The current COVID-19 pandemic has highlighted some of the unique challenges faced by Emergency Medicine physicians in Illinois. As a candidate for the ICEP Board of Directors, which of these challenges do you feel are most important and what strategies can ICEP undertake to improve and advance our specialty?**

We called it SARS-CoV-2 back then and “flatten the curve” probably was not a phrase heard with much frequency. It is amazing to me that we have just passed the one-year anniversary of the Gubernatorial Disaster Proclamation in Illinois and resulting early mitigation efforts. Interestingly, the response emphasized issues that have been everyday occurrences in Emergency Medicine for years. We saw news releases and headlines announcing topics as if they were suddenly unique: overcrowding, psychiatric ED holds, patient boarding, staffing shortages, making the most of limited resources, surges. These buzzwords were not new to us and I am profoundly proud of everyone's efforts and feel that nothing exemplifies service and resilience in medicine as clearly as Emergency Medicine.

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We witnessed it first-hand – when surgical specialties had to cancel operations, or floor services called into patient rooms to take their H&P's, or primary care offices were restricted to virtual visits, EM teams were some of the first feet into the room and at the bedside. Infection control concerns and visitor restrictions sometimes made us the only ones to stand vigil and the only hands to hold. We were there and humanly present, as we have always been. We have also paid for it dearly. I'm sure everyone reading this can identify with one of these descriptors: one who tragically lost a loved one to the pandemic, knows someone close that lost a loved one, became infected, feared for infecting their family, wondered if adequate PPE would be there and if the PPE would be enough, filled in for sick colleagues, wondered if our hours would be cut, wondered how long all of this would last. I think those of us at ICEP, and in ED's throughout Illinois, will continue to navigate these challenges to providing care while combating burnout and championing advocacy for our physicians. I have learned so much and hope to continue to serve on this Board. Thank you!

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### **Name and Credentials as you want it to appear on ballot:**

Gregory S. Podolej, MD, FACEP

### **Title and Place of Practice:**

Assistant Professor of Clinical Emergency Medicine

### **Medical School (institution, city, state):**

University of Illinois at Chicago

### **Residency (institution, city, state):**

University of Chicago



### **ICEP Activities:**

EM Update (Downstate) Conference director and faculty since 2016

ICEP Educational Committee member

ICEP Oral Boards volunteer

### **ACEP Activities:**

Sim Wars case creator and volunteer

Presenter, Attendee

### **Other Relevant Activities:**

Active in resident teaching, research, and publication

### **Practice Time:** Divided as percentages

60% Clinical

40% Teaching and administrative

### **Conflict of Interest Disclosure:**

I have no conflicts of interest to disclose.

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**The current COVID-19 pandemic has highlighted some of the unique challenges faced by Emergency Medicine physicians in Illinois. As a candidate for the ICEP Board of Directors, which of these challenges do you feel are most important and what strategies can ICEP undertake to improve and advance our specialty?**

COVID-19 has significantly impacted emergency department patient volumes and patient acuity, further straining an already resource-limited system. As emergency medicine (EM) providers, we are forced to make important decisions with limited information on a daily basis. Unfortunately, there are sometimes poor patient outcomes despite our best efforts.

Legislative efforts such as HB 3360, a misguided attempt to expedite legal proceedings and rightfully vetoed by Governor Pritzker, put further financial strain on EM physicians involved in malpractice claims.

The current lull in current patient volumes provides us with an opportunity to engage with our constituents to address several important issues. Having trained in Chicago and now working in a more rural setting, I feel there are ample opportunities to increase engagement south of Cook County. I would like to propose more educational offerings to our rural sights in the form of both remote-learning courses as well as simulation-based education workshops. I would be happy to personally engage with remote facilities to help promote membership and ICEP-based education initiatives. This would help increased the value of ICEP membership to the downstate community as well as serve as a potential revenue source for the organization.

I thank you for considering me for a position on the board of directors. It would be an honor and a privilege to serve ICEP in this regard.

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**Name and Credentials as you want it to appear on ballot:**

Will Sharp, MD, PhD, FACEP, FAAEM

**Title and Place of Practice:**

Associate Professor, University of Chicago Medical Center

**Medical School (institution, city, state):**

University of South Carolina, Columbia, South Carolina

**Residency (institution, city, state):**

University of Michigan, Ann Arbor, Michigan

**ICEP Activities:**

ICEP Finance committee (2018-2020)

ICEP Oral Boards examiner (2018 – current)

ICEP Research committee (2015 – current)

ICEP Patient advocacy committee (2017- current)

**ACEP Activities:**

Emergency Medicine Foundation Scientific Review (2019- current)



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ACEP Research Committee member (2017- current)

SAEM-ACEP Federal Research Funding Taskforce (2020- current)

### Other Relevant Activities:

N/A

### Practice Time: Divided as percentages

50% research

50% clinical

### Conflict of Interest Disclosure:

N/A

**The current COVID-19 pandemic has highlighted some of the unique challenges faced by Emergency Medicine physicians in Illinois. As a candidate for the ICEP Board of Directors, which of these challenges do you feel are most important and what strategies can ICEP undertake to improve and advance our specialty?**

The COVID19 pandemic has been and currently is a defining moment in American history. Unlike threats of previous recent decades, the threat has not come in the form of military action or the perceived technological superiority of another nation, but rather the real offensive capability of the highly infectious SARS-CoV-2 virus. As emergency medicine physicians on the front line of this contagion we have experienced the lack of hospitals and government preparedness for this event. We have also undergone great personal sacrifice for our patients. However, the challenges of the pandemic have revealed opportunities to improve our specialty and care for patients in order to meet future threats that are to come. These opportunities for ICEP are 1) Continued advocacy for pandemic planning by state and national governments 2) Enhance educational and publicity programs to advocate the need for emergency preparedness and basic first responder training and 3) Addressing emergency medicine physician wellness.

Lack of personal protective equipment (PPE) was an early problem for our specialty. ICEP in conjunction with ACEP should work with our state and national governments to encourage future pandemic preparedness and to promote research on how emergency departments and hospitals should better prepare for future threats.

Lack of knowledge and planning by the general public as well as mistrust of the government was also a challenge of this pandemic. Our specialty is well positioned to promote scientifically validated health guidelines by governmental and scientific agencies. We must also partner with our communities to promote recognition of medical emergencies to help overcome health disparities in communities of color. Promoting the "Until help arrives" (<https://www.acep.org/uha/>) program is just one example of how we can partner with our communities.

Finally, physician-wellness has been further stressed by the pandemic. Longer hours, difficult working conditions, cuts in compensation and benefits are the growing norm. Increasing legislative and medical-legal burdens are also prevalent. ICEP must continue to partner with ACEP and other medical specialties to fight these trends at state and national level while advocating for programs promoting physician resiliency.

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The last year has been challenging, but the light is at the end of the tunnel and we have learned many lessons along the way. The challenge now is to learn from the last year and implement lasting change, so we are better prepared to fight the next crisis.

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### **Name and Credentials as you want it to appear on ballot:**

Kim Stanford, MD, MPH, FACEP

### **Title and Place of Practice:**

Assistant Professor, University of Chicago, Chicago, IL

### **Medical School (institution, city, state):**

Columbia University College of Physicians & Surgeons, New York, NY

### **Residency (institution, city, state):**

Massachusetts General Hospital & Brigham and Women's Hospital  
(Harvard Affiliated Emergency Medicine Residency), Boston, MA

### **ICEP Activities:**

I am a co-founder and co-chair of the Social Emergency Medicine Committee started in 2018. As part of this role, I help to run regular committee meetings, coordinated in-person guest speaker events prior to the COVID-19 pandemic, as well as organized the Trauma Informed Care webinar series.

### **ACEP Activities:**

I am a member of the Social Emergency Medicine Section and the International Emergency Medicine Section. I am also part of a working group putting together consensus guidelines and a policy statement about ED screening.

### **Other Relevant Activities:**

Co-director, Social Emergency Medicine Interest Group, University of Chicago EM Residency  
Director, EM Resident Wellness, University of Chicago EM Residency  
Director, ED Social Medicine Team, University of Chicago (an initiative to address social determinants of health driving frequent ED visits)  
Director of ED HIV/STI Screening, Chicago Center for HIV Elimination  
Member, Cook County Human Trafficking Task Force, Healthcare Subcommittee

### **Practice Time:**

60% patient care, with the remainder of my time dedicated to research (10%), education (10%) and management of various other programmatic and administrative initiatives within the emergency department (20%).

### **Conflict of Interest Disclosure:**

N/A



## **2021 ICEP Board of Directors Candidate Profile**

**The current COVID-19 pandemic has highlighted some of the unique challenges faced by Emergency Medicine physicians in Illinois. As a candidate for the ICEP Board of Directors, which of these challenges do you feel are most important and what strategies can ICEP undertake to improve and advance our specialty?**

The COVID-19 pandemic has brought attention to many issues that have long plagued emergency medicine, as well as created some challenges that are unique to a global pandemic. Specific to this pandemic are job loss and decreased compensation faced by many across the state, as well as concerns about the availability of proper personal protective equipment, ever-changing guidelines and workflows, and anxiety about personal and family health and safety. In addition, economic and infrastructure changes have led to our patients increasingly having difficulty seeing their doctors, obtaining housing and food, and protecting themselves from violence. However, these issues were not created in a vacuum, and they are illustrative of larger concerns that we will continue to face as the pandemic eventually comes to a close, including availability of employment opportunities, physician wellness, social determinants of health, and communication from government and between institutions to share information, guidelines and best practices in a manner that increases efficiency and improves patient care.

ICEP has the unique advantage of uniting emergency physicians across our state from a variety of backgrounds and with a breadth of experience. Bringing members together can improve communication and sharing of information that is so important in the quickly changing environment of a pandemic. The organization has demonstrated a long-standing dedication to advocacy, which is essential to protecting the livelihoods, health, and safety of our members, as well as the well-being of our patients. ICEP also has a strong educational tradition and can use that strength to disseminate up-to-date information about the pandemic or any future challenges we may face, provide tools to combat burnout and improve physician wellness, and increase awareness around the social determinants of health affecting our patients. Through advocacy, education, cooperation, and communication, we can advance our specialty and improve the health of our patients.