

2022 ICEP Board of Directors Candidate Profile

Amit Arwindekar, MD MBA FACEP

Title and Place of Practice: Assistant Professor of Emergency Medicine, University of IL, Chicago

Medical School (institution, city, state): Georgetown University School of Medicine, Washington DC

Residency (institution, city, state): University of Chicago Emergency Medicine Residency, Chicago, IL



ICEP Activities:

ICEP Board 2017-present, Sec-Treasurer of the Board (2019), Member-at Large (2022)
Patient and Physician Advocacy Committee
Finance Committee
Membership Committee
ICEP Oral Boards

ACEP Activities: Federal Government Affairs committee 2017-present, ACEP Councilor 2018-present, LAC - multiple times

Other Relevant Activities:

Practice Time:

% patient care - 20%
% teaching - 20%
% administration
% research
% other (please specify) - 60% Admin/Private Industry

Conflict of Interest Disclosure:

I currently serve as the North American Medical Director for UnitedHealthcare Global Solutions. In my role, I focus on supporting patients who are traveling or are expatriates and need healthcare in other countries or need assistance returning home. I have been able to parlay my clinical skills in Emergency Medicine to support patients who become ill in dire circumstances around the world. I do not believe this affects or impairs my ability to advocate and represent the Emergency Medicine physicians or patients of Illinois.

2022 ICEP Board of Directors Candidate Profile

Please respond to the following question:

As an ICEP Board member, how should ICEP unite physicians from around the state, increase involvement in membership, and engage with current and potential ICEP members.

(Response limited to 300 words)

Regardless of our location, practice environment, political affiliation, or location in the state, we are all emergency physicians; we care for patients at their most vulnerable.

As a board member, I have advocated for:

- ICEP to outreaching non-member EM groups to learn their issues and win their membership
- Expanding ICEP exposure to southern and western IL,
- Advocating for resource to help our residents and new graduates transition into their new roles
- Lobbying against CME/merit badge requirements for EM doctors.

In my next term on the board, I will work to

- Create listening tours to give IL EM doctors greater access to the board to share their issues
- Share the influence of ICEP advocacy efforts on behalf of EM doctors
- Ensure ICEP brings the voice of all EM physicians in IL to the rooms where decisions are made affecting our practice and our patients.

2022 ICEP Board of Directors Candidate Profile

Katarzyna (Kasia) Gore, MD FACEP

Title and Place of Practice:

Assistant Professor, Rush University Medical Center

Medical School (institution, city, state):

University of Illinois, Peoria IL

Residency (institution, city, state):

Advocate Christ Medical Center, Chicago IL

ICEP Activities:

Education committee

Social EM committee

ACEP Activities:

APD community of practice

Other Relevant Activities:

Practice Time:

7 years

Conflict of Interest Disclosure:

NA

Please respond to the following question:

As an ICEP Board member, how should ICEP unite physicians from around the state, increase involvement in membership, and engage with current and potential ICEP members.

(Response limited to 300 words)

When it comes to unifying individuals from a multitude of backgrounds and from various locations, we have to start with identifying the common ground that links us all together and the goals that we share.

The first shared experience we all have, and ICEP should engage further with, is residency. While the spring symposium and job fair are excellent resources and educational opportunities, they occur annually. Having more consistent and ongoing involvement of resident members on committees and projects would provide opportunities for individuals to get engaged early in their careers and continue to have an understanding of the workings of the organization.



2022 ICEP Board of Directors Candidate Profile

Ensuring that residents are aware and a part of the many offerings of ICEP will encourage increased engagement in their years of independent practice, no matter the type of practice they chose.

The next experience and goal that EM physicians share is the desire to advocate for our patients and colleagues. Because policies vary vastly by state and physicians may not have time to prioritize researching and understanding proposed changes, ICEP plays a critical role in disseminating knowledge and encouraging action. Providing concise summaries of possible policy changes via multiple channels of communication will help engage the previously disengaged. In addition, highlighting and communicating any specific accomplishments in advocacy efforts to current and prospective members may encourage further interest.

Finally, being an EM physician in today's era means not only being knowledgeable on emergent disease processes but also being able to facilitate care for patients of all walks of life. While our state and local organizations have much to offer our patients, finding the right resources and avenues may be unrealistic on a busy shift. ICEP can be a hub for the consolidation of the wealth of resources and knowledge that exists.

2022 ICEP Board of Directors Candidate Profile

Adnan Hussain, MD, FACEP

Title and Place of Practice:

Medical Director, Chair
Department of Emergency Medicine
Amita Health Saint Joseph Medical Center Joliet

Medical School (institution, city, state):

The George Washington University, Washington, DC

Residency (institution, city, state):

Northwestern University, Chicago, IL

**ICEP Activities:**

- Advocacy
 - Patient and Physician Advocacy Committee (2019-present)
 - ICEP Delegation to ACEP Leadership and Advocacy Conference (2019, 2020, 2021)
 - ICEP Advocacy Days (2020, 2021, 2022)
- Practice Management
 - Practice Management Committee (2021 – present)
- Education
 - Volunteer Faculty, ICEP Oral Boards Course (2021)

ACEP Activities:

- ACEP Council (2020, 2021)
- ACEP Leadership and Advocacy Conference (2019, 2020, 2021)
- Member of Young Physicians Section (2017 – 2020)
- Author, EMRA Advocacy Handbook
 - 4th edition (2016) – chapter on Telemedicine
 - 5th edition (2018) – chapter on Telehealth
- Abstract in Annals of Emergency Medicine, poster presentation at ACEP Scientific Assembly (2013)
 - “Subarachnoid Hemorrhage in the ED: A Systematic Review and Meta-Analysis of Diagnostic Accuracy in History, Physical Exam Findings, and Testing.”

Other Relevant Activities:

My primary roles are as a practicing emergency physician in Joliet and serving as an ED medical director/department chair. I recently served as interim Chief Medical Officer for COVID-19, leading the COVID-19 response at my hospital.

2022 ICEP Board of Directors Candidate Profile

Practice Time:

5 years

Conflict of Interest Disclosure:

None

Please respond to the following question:

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(Response limited to 300 words)

As the professional organization representing emergency physicians in Illinois, ICEP advocates at state and national levels, while reducing pain points of clinical practice. I believe my diversity of perspective will provide value to the ICEP board and its constituency for several reasons. I am primarily a community-based physician, which aligns with the majority of practicing physicians in our state. My practice in Joliet exposes me to broad demographics both in terms of patient characteristics and physician practice models. The hospital has a wide catchment area with proximity to rural areas and the Chicago metropolitan region. I also carry perspectives from a variety of leadership roles in my medical group, medical staff, and hospital system – while still carrying a significant clinical load as a frontline emergency physician. It is my belief that offering a combination of these perspectives adds value to the body that represents emergency physicians in our state.

My primary areas of focus will be continuing to organize advocacy efforts, direct outreach to community-based emergency physicians, and focusing educational efforts to the needs of frontline emergency physician. One specific example that comes to mind is the variety of CME requirements mandated by our hospital systems and state law. Common examples include specific CME requirements for stroke, trauma, pediatrics, obstetrical hemorrhage/hypertension, sexual assault, and opioids. It will be my goal to continue opposing legislation with CME mandates, while working to target educational offerings to make these requirements less onerous.

I am excited about the prospect of serving practicing emergency physicians in Illinois, and welcome further dialogue at adnanhussain9@gmail.com.

2022 ICEP Board of Directors Candidate Profile

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, assisted with the organization of a Trauma Informed Care webinar series, and help to coordinate education and advocacy activities.

ACEP Activities:

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

Other Relevant Activities:

Co-director, Social Emergency Medicine Track, 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, Chicago Syphilis Task Force
Member, Cook County Human Trafficking Task Force, Healthcare Subcommittee

Practice Time:

50% patient care, with the remainder of my time dedicated to research (20%), education (10%) and management of various other programmatic and administrative initiatives within the emergency department (20%).

Conflict of Interest Disclosure: None

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(Response limited to 300 words)

ICEP membership comprises a diverse group of physicians from around the state, with a wide spectrum of interests and needs. Current and potential members want to see their interests represented, whether that is through educational offerings, policy statements, or advocacy on both state and national levels. As we start to venture out from our pandemic isolation, many are also looking simply to connect with others again. Within the Social Emergency Medicine Committee, we polled our membership to understand what mattered to them most, then responded by inviting guest speakers to give webinars on a variety of topics, putting together a database of resources related to the social determinants of health that will be available on the ICEP website, and planning networking events to connect likeminded members and increase possibilities for collaboration.

A similar strategy to improve engagement could be applied to greater ICEP membership and potential members. As pandemic restrictions lift and we turn to other pressing issues facing emergency physicians, such as wellness and burnout, overcrowding and overburdened emergency departments, staffing shortages, and the social determinants of health affecting our patients, ICEP has an opportunity to bring together emergency physicians both online and in person to discuss the issues that are most important to them and think together about how to leverage our existing infrastructure and resources. We can start by soliciting members for feedback to understand what their priorities are. This information can be used to inform events that will include networking, education, and opportunities for collaboration. Our website can be improved to showcase and share the work we do. With a robust and visible program of education and advocacy, we not only support the needs of our current membership but can also engage potential members who will have the opportunity to see all that ICEP can offer.

2022 ICEP Board of Directors Candidate Profile

Robert M. Tennill, MD CHSE

Title and Place of Practice:

Assistant Professor, Clerkship Director
Department of Emergency Medicine
Southern Illinois University School of Medicine
Practicing at Springfield Memorial Hospital (Springfield, IL) and Jacksonville Memorial Hospital (Jacksonville, IL)

Medical School (institution, city, state):

Southern Illinois University School of Medicine,
Springfield, IL

Residency (institution, city, state):

University of Kansas Medical Center, Kansas City, KS
Emergency Medicine

ICEP Activities:

Illinois College of Emergency Physicians (ICEP)

Member (2014 – present)

ICEP Oral Board Exam Review Course

Course Faculty, Illinois College of Emergency Physicians (2021 – present)

ICEP EM Update – Updates and Best Practices for Traumatic Spinal Injury

Faculty Presenter, Illinois College of Emergency Physicians (2021)

ACEP Activities:

American College of Emergency Physicians (ACEP)

Member (2014 – present)

Other Relevant Activities:

Council of Residency Directors in Emergency Medicine Advising Students Committee in EM (ASCEM)

Member, CORD (2021 – present)

Council of Residency Directors in Emergency Medicine Team Applying Subcommittee of ASCEM

Member, CORD (2021 – present)

Society for Academic Emergency Medicine Education Committee

Member, SAEM (2021 – present)

Society for Academic Emergency Medicine Team Roadmaps Subcommittee of Education Committee

Member, SAEM (2021 – present)

Invited Lecture: Tips for Effective On-Shift Teaching: Becoming the Best Clinical Educator to Medical Students that You Can Be



2022 ICEP Board of Directors Candidate Profile

Faculty Presenter, Society for Academic Emergency Medicine (SAEM) Residents and Medical Students (RAMS) (2021)

AAEM/RSA Midwest Medical Student Symposium

Faculty for Residency Fair, American Academy of Emergency Medicine Resident and Student Association (2021)

SAEM Great Plains Regional Meeting, Springfield, IL
Abstract Reviewer (2019)

SAEM Great Plains Regional Meeting, Springfield, IL
Oral Presentations Judge (2019)

Practice Time:

5 years

Conflict of Interest Disclosure:

None

Please respond to the following question:

As an ICEP Board member, how should ICEP unite physicians from around the state, increase involvement in membership, and engage with current and potential ICEP members.

(Response limited to 300 words)

As an active member of ICEP, and while serving as core faculty and Clerkship Director for SIUEM in Springfield, IL, I have had the distinct opportunity to witness the ability this medical society has to unite our physicians towards significant goals.

In my role at SIUEM I've enjoyed engaging in outreach sessions to medical students and physicians in more rural communities in southern and central Illinois. Based on my prior experiences and proximity, I feel I could help increase physician unity and membership involvement through arranging and leading sessions meant to involve our partners from more rural settings of the state.

In addition, throughout my early career, I have had a particular interest in medical education and simulation. I have particularly enjoyed being involved with ICEP's EM Update events and their premier oral boards review course. When it comes to increasing membership and engaging potential ICEP members, I think targeting our young physicians and physicians in training is key. I believe an effective way to accomplish this goal would be to expand the breadth of our already strong educational programs. One opportunity might include creating more high-fidelity simulation sessions, especially for physicians without ready access to a simulation center. Additionally, over the last few years I have noticed an increased interest in simulation-based experiences from our residents and medical students. Arranging a statewide simulation competition for residents and/or medical students would be an excellent way to engage future ICEP members at an early point in their careers. Lastly, we could also facilitate

2022 ICEP Board of Directors Candidate Profile

point-of-care ultrasound sessions to engage the entire spectrum of our physicians from residents in training to more experienced providers who likely had less ultrasound exposure in their initial training.

I believe the key to this society's strong success is undoubtedly the people that participate in and lead this association. As an ICEP Board member, I would work to unite our physicians through collaborative, diverse, and innovative programs and educational opportunities.