

### EXECUTIVE DIRECTOR'S LETTER

## A Year in Review



**Bailey A. McMurray,**  
IOM, MAOL

It has been a wonderful first year as the Executive Director of ICEP learning and growing. I extend a special thanks for the support and hard work of the amazing ICEP team (Alexa, Brandon, Brittney, Kelsey, Lora, Mary, Sandy, Sue, and Tammy). I also want to thank the Board of

Directors and volunteers whom I have had the pleasure to collaborate with over the past year. This past year, I have had unique opportunities to connect with ICEP members and have enjoyed learning about your unique passions that drive each of you to work in the diverse EM specialties. These stories have inspired the ICEP team in our roles to best support you during your career and to enhance our resources for our Illinois EM community.

Leading alongside our Board of Directors and the ICEP team, we are dedicated to providing you the best experience, enhance the value of your Chapter membership, and helping you to stay connected to your EM community. This will be accomplished through focusing on goal areas of advocacy, sustainability, and professional development. We are looking forward to sharing many exciting announcements about our strategic direction and upcoming plans soon!

Did you know? Over the past few launched a new segment, ICEP Member Spotlight interviews, that we have featured on ICEP's social

media accounts. If you or someone you know would like to be featured in a future spotlight, please complete the form [here](#).

We thank you for your continued support of ICEP as a member and for all you do!

Please feel free to reach out to me directly with any questions or to share ideas via email at [bai-ley@icep.org](mailto:bai-ley@icep.org).

*Photos from Bailey's first year with ICEP.*



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October 2023 | Volume 3

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# Updates from the Sexual Assault Medical Forensic Services Implementation Task Force

## 1. Updates on numbers of SANEs and SAFEs.

As of the last Task Force meeting (8/11/23) there are 501 adult/adolescent SANEs in IL (45 with the national certification), 61 pediatric/adolescent SANEs (22 nationally certified) and 5 adult/adolescent SAFEs (3 actively practicing). There is still a planned effort to train more SANEs – another free in-person adult/adolescent SANE training is coming up October 3-5 in Peoria, the deadline to register is September 14th. A shorter and more general upcoming free training is the Foundation to Provide Sexual Assault Patient Care in the Emergency Room, intended for medical professionals, law enforcement and advocates, provided via WebEx on October 25th from 12:30-4:30pm (registration needs to be done by 10/19). This training is a great option to increase understanding of all aspects of the care of sexual assault survivors expected from hospitals and would help emergency department and hospital leaders to properly support their SANE programs. The invites and applications for both are available on the IL Attorney General's website:

<https://illinoisattorneygeneral.gov/Safer-Communities/Responding-to-Sexual-Assault/SANE/>

This website also contains many downloadable resources and useful links relating to care of sexual assault survivors.

## 2. Fines for non-compliance with SASETA.

As of January 1st 2024, compliance with the Sexual Assault Survivor Emergency Treatment Act (SASETA) will be reinforced with fines. Estimated fines are \$500 per day, however, any additional details of how they will be assessed are still to come.

## 3. Reimbursement for medical forensic exams.

As of 7/1/22, according to Public Act 102-0699, compensation by the state for acute medical forensic exams for uninsured and Medicaid patients was increased to \$1000 per case. While the claims for uninsured patients were being paid out, the Medicaid claims were pending federal approval. On August 4th the IL Department of Healthcare and Family Services (DHFS) released a notice to the hospitals notifying them of federal approval and providing instructions on how to submit pending claims since 7/1/22. The claims have to be submitted within 180 days from the date of the notice, which can be found at <https://hfs.illinois.gov/medicalproviders/notices/notice.prn230804a.html>

Patients who are non-primary insurance holders also have an option of opting out of using the private insurance. In such cases hospitals submit a claim for \$1000 reimbursement as if they would for an uninsured patient.

## 4. Decrease in funding for advocacy organization.

This year there were significant cuts to the Victims of Crime Act (VOCA) funding that supports many organizations providing sexual assault advocacy services. It is likely that their services will be affected, and hospitals may either lose the advocacy services completely, or experience a decrease in in-person advocate interactions with a switch to phone consultations. All this makes it more important for us to participate in advocacy to restore funding, as well as supporting SANE programs in our hospitals. Now, with less participation from the advocates, our SANEs will be responsible for providing the survivor with all the necessary resources.

## 5. Changes to the Sexual assault Kit.

IL crime labs are committed to the goal of having all Sexual Assault Kits processed within

180 days or less. The kit itself has undergone many changes, some of which are described below. One of the important changes to the consent form is the revised order of the available options for the survivor to choose from. On the consent form you will see 5 boxes, only one can be checked. They are:

- Patient report (Option A) and test (patient talks to law enforcement and the evidence goes to the crime lab)
- Health care provider report (Option B) and test (the examining medical professional talks to law enforcement and the evidence goes to the crime lab)
- Patient report (Option A) and hold (patient talks to law enforcement and the evidence is stored until patient decides to release the evidence for testing. The kit will be stored for 10 years or until the 28th birthday if the patient is under the age of 18)
- Health care provider report (Option B) and hold (the examining medical professional talks to law enforcement and the evidence is stored until patient decides to release the evidence for testing. The kit will be stored for 10 years or until the 28th birthday if the patient is under the age of 18)
- Non-report and hold (Option C). No information is given to law enforcement except the patient's approximate age (the most important information is if the patient is under or over 18), and initials. The hospital's address is given as the location of the crime. Law enforcement will still provide a police report and pick up the evidence kit. The kit is then stored until patient decides to file a report and release the evidence for testing. The kit will be stored for 10 years or until the 28th birthday if the patient is under the age of 18.

There are regular trainings of law enforcement regarding the requirements of SASETA. However, there still are situations in which less expe-



**Illinois College of Emergency Physicians**  
2001 Butterfield Road  
Esplanade I, Suite 320  
Downers Grove, IL 60515  
Phone 630.495.6400 [www.icep.org](http://www.icep.org)

**Editor**  
Cai Glushak, MD, FACEP  
**ICEP President**  
Howie Mell, MD, MPH, CPE, FACEP  
**Executive Director**  
Bailey A. McMurray  
**Managing Editor**  
Brittney Tambeau

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rienced officers give SANEs a hard time regarding Option B and Option C cases. It is important for us as physicians to be familiar with those consent options so we can step in and support our nurses whenever necessary.

One other change worth mentioning is a new line on Page 2 of the consent form that allows the survivor to release the medical forensic documentation forms (the paperwork that normally goes into the kit) to law enforcement at the same time when they pick up the kit. In such a case, a SANE would make an extra copy and give it in a closed envelope to law enforcement with the kit. This is important, because in the past detectives had to wait until the crime lab opens a kit to get the access to the forms. When a suspect

is held in custody (and can only be held for a limited amount of time) the investigation needs to be started promptly and having the documentation will facilitate this process.

The new kits will be available by January 2024 at the latest, likely sooner. The new forms, as well as other relevant forms (Drug Facilitated Sexual Assault Forms) are available on the Illinois State Police website.

<https://isp.illinois.gov/Forensics/Forms>

For any further questions, please contact [mpit-zele@gmail.com](mailto:mpit-zele@gmail.com). Questions regarding SANE programs can be directed to [SANE@ilag.gov](mailto:SANE@ilag.gov).

## ACEP Calls Out Insurer Abuses During Hearing on Flawed Surprise Billing Law Implementation

Dr. Seth Bleier, ACEP member and vice president of finance, Wake Emergency Physicians, PA (WEPPA) in North Carolina, testified in front of the influential House Ways and Means Committee during a public hearing on the flawed implementation of the No Surprises Act. Dr. Bleier highlighted issues facing emergency physicians and patients, called out insurer bad practices, and advocated for fixes to ensure the law is carried out fairly.

ACEP secured this opportunity for Dr. Bleier to testify so that lawmakers could hear from emergency physicians on the front lines about the urgent need to stop flagrant insurer abuses of the law and the IDR process, address the growing IDR claims backlog, and make sure that the law is implemented consistent with the Congressional intent.

Fielding dozens of questions from legislators, Dr. Bleier raised concerns that the IDR process has been virtually inaccessible for smaller practices and called out cases where physician groups were subjected to significant reimbursement cuts for longstanding contracts, and or payers are simply not paying at all. Thanks to ACEP advocacy, committee members listened earnestly and heard the voice of emergency medicine loud and clear.

ACEP is fighting to resolve these issues in court, and we will continue using our seat at the table to confront these challenges head-on. Dr. Bleier

told Congress: "Unfortunately, the implementation of the law to date has proven to be exceptionally challenging for smaller practices like ours. While we have so far been able to weather some of the impacts, if these challenges are not resolved, we are deeply concerned that practice models like ours may not be viable in the near future, and access to lifesaving emergency care may be severely affected, especially for rural and underserved patients."

Following a string of legal victories for emergency physicians, the IDR process is suspended until the rules that govern it are updated in line with the court decisions.

ACEP is calling for the IDR process to be reopened immediately to avoid further delays. Our work is far from done, and we will seize every opportunity to use our platform to protect and empower each of you.

Check out the video on ACEP's website: <https://www.acep.org/home-page-redirects/latest-news/nsa-testimony-to-house-ways-and-means>



ApolloMD has outstanding opportunities at three Level II Trauma Centers in IL! If you have interest, please reach out to Andrea Green directly at [agreen@apolloomd.com](mailto:agreen@apolloomd.com) or 847-571-9080.

### SwedishAmerican Hospital

- Annual ED Volume 71,000
- 339 Bed Hospital
- 33 Patient care areas
- Level II Trauma Center
- EMR: EPIC
- Daily Physician Coverage: 50 Hours / Daily APC Coverage: 52 Hours
- 17% admissions
- Pediatric collaboration with University of WI Children's Hospital
- BC/BE in ABEM/AOBEM required

### Riverside Medical Center – Medical Director and EMS Director Opportunities available!

- Annual ED Volume: 36,000
- 300 Bed Hospital
- 35 Patient care areas- 2 Trauma rooms
- Level II Trauma Center
- EMR: EPIC
- Daily Physician Coverage: 36 Hours / Daily

### APC Coverage: 25 Hours

- Full In-Patient Psych Unit (Adult, Ped, and Geriatric)
- Stroke and Chest Pain Center
- Orthopedics
- University of Chicago Comer Children's Hospital Peds Specialists
- BC/BE in ABEM/AOBEM required

### Rush Copley Medical Center

- Annual Patient Volume: 63,000
- 33 Patient Care Area
- EMR: EPIC
- Level II trauma center
- Admission Rate: 16%
- ACLS ATLS PALS required
- Physician Coverage: 59 hours (Five 10-hour Shifts/One 9-hour Shift)
- APC Coverage: 20 hours (Two 10-hour Shifts)
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# Improving Mental Health Access from the Emergency Department Act of 2023

For years, community and inpatient resources for patients with mental health issues have been declining, despite ever growing needs. The noisy, hectic emergency department can be an upsetting and stressful place, especially for individuals in a mental health crisis, who have nowhere else to go for care.

Emergency physicians have established innovative solutions to help facilitate treatment for these patients, so they can get the most appropriate care in the most appropriate setting. Some of these programs include regional emergency psychiatric units, bed availability tracking and management tools, transfer protocols, improved transportation services, and the use of telepsychiatry, to name a few.

But every community is different and has its own needs, and a program that works in one community may not work in another.

For that reason, the American College of Emergency Physicians (ACEP) is encouraging Congress to enact the “Improving Mental Health Access from the Emergency Department Act,” which would provide critical funding to help communities implement and expand the programs that work best for them.

S.1346, the “Improving Mental Health Access from the Emergency Department Act,” which would:

Help address a significant component of psy-

chiatric boarding by providing grants to EDs to increase access to follow-up psychiatric care for patients, such as expedited placement, increased telepsychiatry support

Expand availability of inpatient psychiatric beds, increased coordination with regional service providers, and regional bed availability tracking and management programs, based on the individual needs of their EDs and communities.

More connected, collaborative care improves treatment options, avoids delay, and better supports patients in their recovery.

Source: <https://www.emergencyphysicians.org/article/mental-health/improving-mental-health-access-from-the-er>

## Resident Career Day 2023





## Join a Team That Prioritizes Your Success

Our group is physician-led at the local, regional and national levels. Our emergency medicine leaders **understand your career goals** and leverage our national resources to help ensure that you **thrive in your practice of emergency medicine**.



"To me, being a group led by physicians and advanced practice providers means our clinicians are making the decisions; that we're giving them the tools they need. As leaders, we're there to make sure nothing gets between the patient-clinician relationship."

— Jeffrey S. Rabrich, DO, FACEP

FAEMS Senior Vice President, Emergency and Hospital Medicine  
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Visit our booth at ICEP Resident Career Day to connect with our clinical leaders. Find out why they chose us and see what your future could hold with Envision.



### Attending ACEP23 Scientific Assembly?

We'd love to see you there! Talk with our clinical leaders and experienced recruiters in **booth 1406** and at the **EMRA Job & Fellowship Fair** about Envision opportunities. And don't miss this great evening of networking with your colleagues!



### Envision's Exclusive Resident and Fellow Cocktail Reception at ACEP23

**Tuesday, Oct. 10 | 6-9 p.m.**

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# Advocating for a Safer Workplace

Acts of violence committed against healthcare workers is a growing issue in Florida and across the country. One study found 76 percent of American nurses had been assaulted at least once during their careers. Amid the national healthcare worker shortage, hospital staff cite workplace violence as one of the top reasons for leaving their jobs.

U.S. Senators Marco Rubio (R-FL) and Joe Manchin (D-WV) introduced the Safety from Violence for Healthcare Employees (SAVE) Act, which would criminalize the intentional assault of hospital employees.

- “The SAVE Act would provide much-needed protections for our healthcare workers. It is unacceptable that these dedicated professionals have to put their lives at risk just to do their jobs. The SAVE Act would protect healthcare workers from violence by creating new criminal penalties for acts of intentional assault. I am proud to join Senator Manchin in leading this important bipartisan legislation and I urge my colleagues to support.” – Senator Rubio
- “Our nation’s healthcare workers tirelessly care for the health and well-being of communities across the country, even in the face of increased violence, threats, and intimidation. This legislation would create a safer working environment for hospital staff, deter violent behavior, and make sure that assailants are appropriately held accountable. I urge my colleagues on both sides of the aisle to support this common-sense bill and support our healthcare professionals so they can continue to focus on treating their patients.” – Senator Manchin

This legislation is endorsed by the Florida Hospital Association, the American College of Emergency Physicians, the American Hospital Association, America’s Essential Hospitals, and the Emergency Nurses Association.

- “Protecting the hospital workforce is paramount. They work tirelessly to deliver excellent patient care and deserve protection from workplace violence. The Florida Hospital Association (FHA) applauds Senators Rubio and Manchin for leading on this issue and introducing the SAVE Act of 2023 to strengthen federal law to protect hospital employees from assault. This year,

the Florida Legislature and Governor DeSantis prioritized the passage of legislation to enhance criminal penalties for persons who knowingly commit assault or battery upon hospital personnel anywhere in the hospital. FHA proudly supports legislation that offers similar protections at the federal level. Thank you, Senators, for sending a clear message that violence against hospital workers anywhere in the U.S. will not be tolerated.” – Mary C. Mayhew, President and CEO, Florida Hospital Association

- “Violence in the emergency department is escalating, threatening the health and safety of physicians, nurses, health care workers, and our patients. ED violence exacerbates the severe burnout affecting emergency care teams and can lead health care workers to leave an already strained workforce. ACEP deeply appreciates Senator Rubio and Senator Manchin for their bipartisan leadership on the SAVE Act to help ensure that federal law is further equipped to protect health care workers from violence, threats, and intimidation, while better safeguarding our patients with psychiatric and substance use disorder emergencies.” – Christopher S. Kang, MD, FACEP, president of the American College of Emergency Physicians (ACEP)
- “Caregivers and other health care professionals are the heart of our nation’s health care system and deserve an environment free from violence. Hospitals are places of healing, which is why they are using a range of innovative strategies to create safer spaces for their workers and patients, including focusing on technology and training to mitigate risk to redesigning facilities and workflow processes to prioritize safety and reimagining relationships with hospital security and others to support prevention and crisis response, but hospitals cannot do it all alone. The sharp rise in violence against caregivers is clearly documented, yet no federal law exists to protect them. Enactment of this bipartisan legislation would be a significant step forward in protecting our workforce. The AHA commends Senators Manchin and Rubio for their leadership on this issue.” – American Hospital Association President and CEO Rick Pollack said.

- “An increase in violence against health care workers has burdened a workforce already under immense stress from labor shortages and burnout. We appreciate the leadership of Sens. Manchin and Rubio for recognizing this urgent problem and taking action, with the SAVE Act of 2023. We urge their Senate colleagues to join them on this vital legislation.” – Bruce Siegel, MD, MPH, president and CEO of America’s Essential Hospitals.
- “Emergency nurses far too often have been victims of violent attacks in hospital emergency departments while they were simply doing their job of caring for patients. These attacks have reached a crisis point. By establishing federal penalties for individuals who assault hospital employees, this legislation creates real deterrence against such attacks and will result in greater protections for all emergency health care providers. On behalf of the Emergency Nurses Association and its nearly 50,000 members, I would like to thank Senator Rubio and Senator Manchin for introducing the SAVE Act and their efforts to reduce workplace violence.” – Emergency Nurses Association President Terry Foster, MSN, RN, CCRN, TCRN, CPEN, CEN, FAEN.



# ACEP Executive Director Shares Devastating Impact of Corporatization in Emergency Medicine

In a past open meeting of the Federal Trade Commission (FTC), ACEP Executive Director Sue Sedory delivered candid and compelling remarks about emergency physicians severely challenged by the fallout from ever-increasing acquisitions in health care.

Ms. Sedory used the platform as an opportunity to serve as a voice for the thousands of emergency physicians navigating the abrupt collapse of private equity-owned APP. These disrupted doctors continued serving patients with no promise of pay and lost insurance coverage as they shoulder unforeseen personal and professional pressures that come with navigating a career transition.

“APP spent 8x multiples on practice acquisitions then walked away from almost \$500M accumulated debt, leaving a devastating wake – like others before and no doubt, others after,” Ms. Sedory said.

Further exacerbating the situation, “Corporately motivated abdications like APP don’t give small practices the chance to organize and step in; they simply lead to further consolidation, horizontally and vertically. And with growing insurer strength, especially in taking over physician practices for themselves, physician groups of all sizes are finding it impossible to compete financially, and losing leverage to ensure patients and physicians are appropriately cared for.”

Some progress is being made and ACEP will take every opportunity to defend our members.

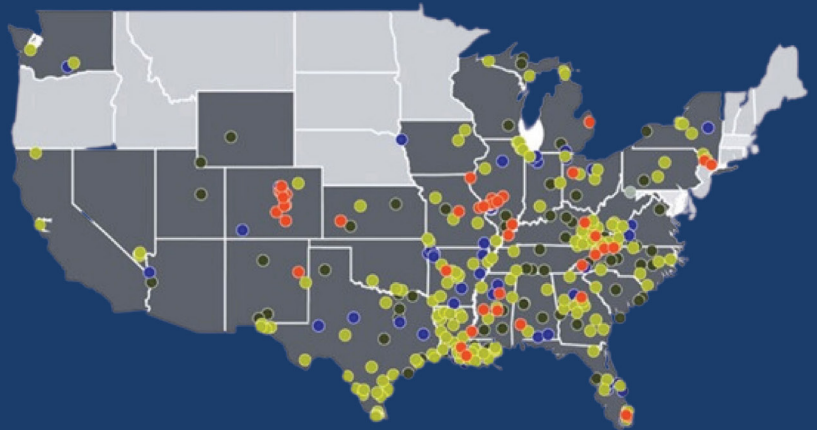
“Recent FTC actions, including proposed merger guideline updates, are an important first step in reining in health care consolidation,” Ms. Sedory said. She also praised the FTC proposal to ban non-compete clauses in employment contracts.

We will not relent in our push for solutions that protect emergency physicians from becoming collateral damage of corporate profiteering.

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For more information, contact **Amanda Hartman**, physician recruiter at [amhartman@mhemail.org](mailto:amhartman@mhemail.org) or (815) 971-6626.



# EM4LIFE LLSA Article Review on November 7

EM4Life takes place on November 7, 2023 at the ICEP Headquarters in Downers Grove, IL. To register please [click here](#).

The Illinois College of Emergency Physicians and noted author Deborah E. Weber, MD, FACEP, present the EM4Life program: a tool for emergency physicians preparing for the Life-long Learning and Self-Assessment (LLSA) component of ABEM's Continuous Certification process.

EM4LIFE review courses help you meet your MOC requirements by getting your LLSA done in just one day — including the exam! Sessions conclude with the opportunity to take the LLSA exam online in a group setting.

## What you get with EM4Life:

- The EM4LIFE Emergency Medicine 2023 LLSA Article Review Courses include the EM4LIFE PEARLS and an extensive PowerPoint slide handout at the course
- EM4LIFE PEARLS by Dr. Weber is a powerful review resource that summarizes

key points of each LLSA article in a concise, easy-to-read bullet-point format.

## Course Objectives:

Each 8-hour course will define and describe the key points of each of the 2023 ABEM LLSA readings.

At the conclusion of the course, participants will be able to apply the clinical and practical review points of the ABEM LLSA readings as they prepare for their LLSA test.

## Complete Your LLSA in 1 Day:

Take the Exam Onsite at the Course! If you plan to take the LLSA exam with the group at the end of the course, please bring your WiFi-capable laptop. (Note that the ABEM website is not compatible with iPads.)

To take the exam onsite, you must have your ABEM User ID and Password with you to access the ABEM website. Physicians must register for the CME activity when they register for the LLSA exam and before

taking the LLSA exam. The LLSA exam fee is \$100. If you do not have a User ID and Password, contact ABEM today.

For more information on EM4Life and how to sign up please visit our website by going to the following link: <https://www.icep.org/cme-conference/llsa-article-review/>

# ChatGPT Shows Promise in Supporting Doctors in Emergency Medicine

The artificial intelligence chatbot ChatGPT performed as well as a trained doctor in suggesting likely diagnoses for patients being assessed in emergency medicine departments, in a pilot study to be presented at the European Emergency Medicine Congress, which starts on Saturday.

Researchers say a lot more work is needed, but their findings suggest the technology could one day support doctors working in emergency medicine, potentially leading to shorter waiting times for patients.

The study was by Dr Hidde ten Berg, from the department of emergency medicine and Dr Steef Kurstjens, from the department of clinical chemistry and hematology, both at Jeroen Bosch Hospital, 's-Hertogenbosch, The Netherlands.

Dr ten Berg told the Congress: "Like a lot of people, we have been trying out ChatGPT and we were intrigued to see how well it worked for

examining some complex diagnostic cases. So, we set up a study to assess how well the chatbot worked compared to doctors with a collection of emergency medicine cases from daily practice."

The research, which is also published this month in the *Annals of Emergency Medicine* [2], included anonymized details on 30 patients who were treated at Jeroen Bosch Hospital's emergency department in 2022. The researchers entered physicians' notes on patients' signs, symptoms and physical examinations into two versions of ChatGPT (the free 3.5 version and the subscriber 4.0 version). They also provided the chatbot with results of lab tests, such as blood and urine analysis. For each case, they compared the shortlist of likely diagnoses generated by the chatbot to the shortlist made by emergency medicine doctors and to the patient's correct diagnosis.

They found a large overlap (around 60%) between the shortlists generated by ChatGPT and the doctors. Doctors had the correct diagnosis within their top five likely diagnoses in 87% of the cases, compared to 97% for ChatGPT version 3.5 and 87% for version 4.0.

*Reviewed by Lily Ramsey, LLM*  
Full article can be found [here](#).





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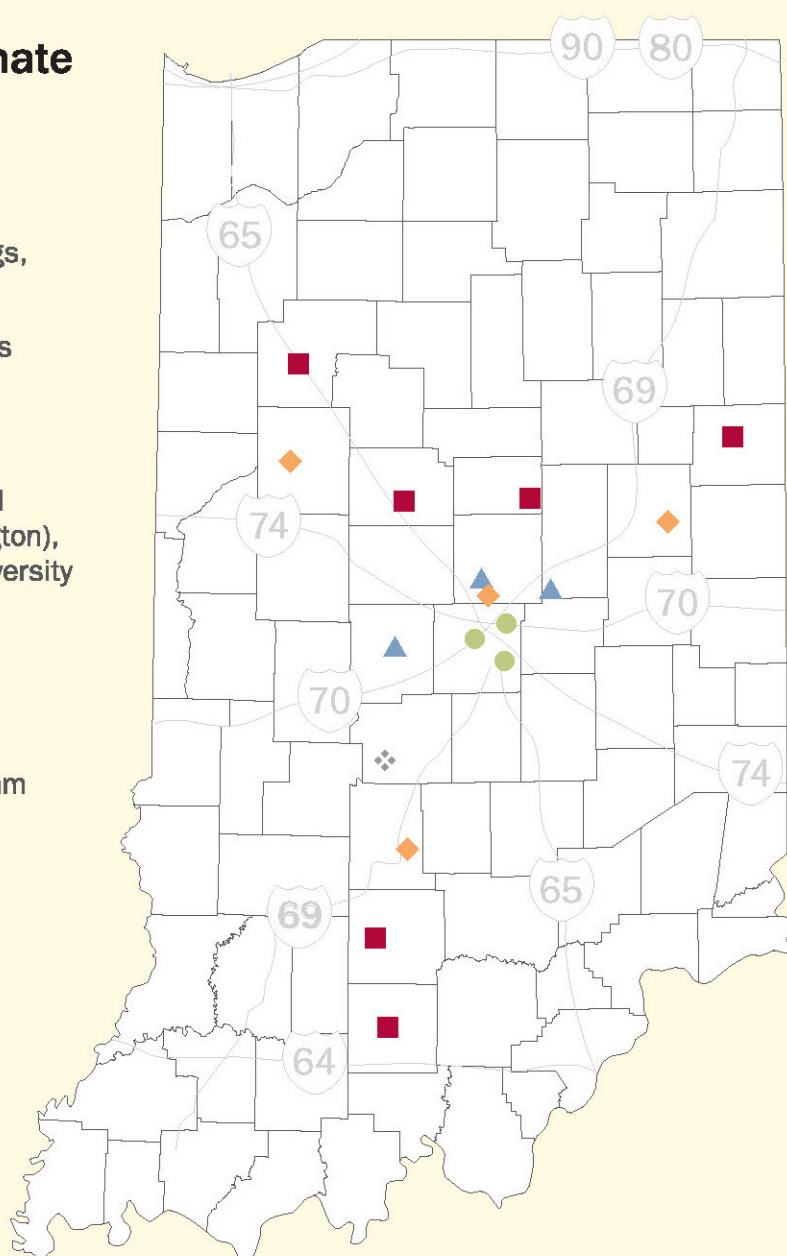
◆ Freestanding Emergency department

▲ Community hospital

■ Critical access

● Level I Trauma

◆ Level III Trauma



Indiana University Health

Recruitment contact: Sarah Dubbs  
Email: [sdubbs@iuhealth.org](mailto:sdubbs@iuhealth.org)





# Follow Your Passion, Build Your Practice

Explore Life as a Physician Partner

## Test drive with a rotation.

Senior Residents can find out what makes Vituity so different through an elective residency rotation. Practices from Maryland to California offer one-month away rotations.

## Jumpstart your career with a fellowship.

Vituity offers a range of fellowships, designed to train clinical leaders who want to make an impact in their chosen practice area.

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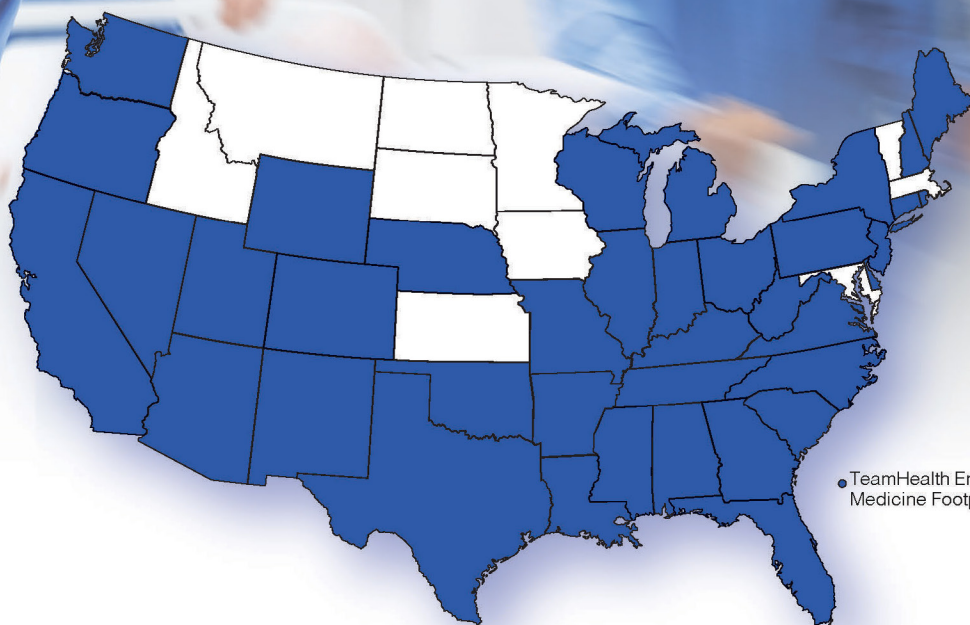
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# ICEP Calendar *of* Events 2023/2024

(Subject to change)

**November 7, 2023**  
**Emergency Medicine LLSA**  
**Article Review CME**  
**Program and Courses**  
Downers Grove, IL

**November 13-14, 2023**  
**Virtual Oral Board**  
Zoom

**December 5, 2023**  
**Ultrasound for Emergency**  
**Medicine**  
Downers Grove, IL

**December 6, 2023**  
**Mastering Ultrasound-**  
**Guided Nerve Blocks**  
Downers Grove, IL

**February 15, 2024**  
**Emergency Medicine**  
**Update**  
Peoria, IL

**March 18-19, 2024**  
**Virtual Oral Board**  
Zoom

**April 5, 2024**  
**Emergent Procedures**  
**Simulation Skills Lab**  
Evanston, IL

**May 2, 2024**  
**The Ginny Kennedy Palys**  
**Annual Symposium**  
Chicago, IL

**May 7, 2024**  
**Emergency Medicine LLSA**  
**Article Review CME**  
**Program and Courses**  
Downers Grove, IL

**August 19-20, 2024**  
**Virtual Oral Board**  
Zoom

**August 29, 2024**  
**Resident Career Day**  
Chicago, IL

**September 20, 2024**  
**Emergent Procedures**  
**Simulation Skills Lab**  
Evanston, IL

**November 18-19, 2024**  
**Virtual Oral Board**  
Zoom



See the latest at [ICEP.org](https://www.icep.org) and follow  
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**Illinois College of Emergency Physicians**

2001 Butterfield Road, Esplanade I, Suite 320  
Downers Grove, IL 60515

