

Summer 2010

A CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

GOVERNMENT SERVICES

EPIC

PRESIDENT'S MESSAGE

By LTC Melissa Givens, MC, USA

There are a lot of exciting things going on within GSACEP. JSS attendees should have received a thumb drive with copies of all the excellent lectures from the conference. Were you there? If not, you really missed something. The conference took on a different flavor in Squaw Valley, CA. From the feedback we received, it was a great venue. We also "combined" the administrative program under the umbrella of JSS, welcomed the participation of emergency physicians and nurses from the VA (who developed some parallel lectures), and even offered a Wilderness Course with COL Wedmore and COL Della-Giustina as faculty.



During the conference, at the GSACEP Board meeting, a logo was approved. I would like to thank Andrew Morgan for his artistic efforts and his patience as we kept sending him back to the drawing board. Take some time to read the meaning behind the logo and give us your feedback on how we can put this logo to use. Are our members interested in hats, t-shirts, etc with GSACEP logo? We look forward to hearing from you on this matter.

Please take some time to read the article in this issue by Nadia Pearson and Tina Sauter. The two Leadership and Advocacy Scholarship recipients do a great job of summarizing their experience in Washington D.C. and instructing us on the rules of the road on getting involved in the advocacy arena.

Scientific Assembly is right around the corner. Make sure to reserve your room in Las Vegas early. We look forward to seeing some new faces in our planning committees at the Scientific Assembly. A description of GSACEP committees and opportunities to get involved can be found in this edition of the EPIC and on the website - www.gsacep.org. We will have a BOD Meeting at SA, as always, and we would love to have you come to it. We know you are going to want to attend our reception. Both are on Wednesday, Sept. 29. Please see our announcements and save the times.

If you have not been to the GSACEP website lately, take a moment to check it out. Don't forget to take advantage of the FREE CME offered by the Sullivan group. I want to thank Torree McGowan for tirelessly working to improve our website. Torree just returned from deployment. All the time she was away, she maintained the website, and stayed on top of things.

As always, if you can think of ways to improve the site or have other contributions to make, please get involved to make GSACEP work for you.

IMPORTANT ANNOUNCEMENTS

The GSACEP Board of Directors Meeting will take place from 1000 to 1200 on Wed., Sept. 29, at The Mandalay Bay in Las Vegas, NV. Room number to come (watch website). All GSACEP members are invited.

The GSACEP reception will take place from 1800-1930 at The Mandalay Bay in Las Vegas, NV, on Wed., Sept. 29. Room TBA. GSACEP members invited.

The Government Services Symposium 2011 will take place March 6-March 9 at The Crowne Plaza Riverwalk, San Antonio, TX. Please watch our website in the fall for details. GSACEP is introducing a Simulation Lab this year.

In This Issue

President's Column	1	GSACEP Committees	5
Important Announcements	1	GSACEP Logo	5
Bylaws Changes	2	Resident Column	6
2010 Excellence Winner	2	GSACEP Conference 2010	7
Be a Military Leader	3		

BYLAWS CHANGES

The following changes to the GSACEP Bylaws (boldface) were approved by the ACEP Bylaws Committee. They will be voted on at the GSACEP BOD meeting in Las Vegas on Sept. 29. GSACEP members present are asked to vote on these changes at the meeting.

Article 6, Section 2: **The Board of Directors is composed of the Officers of the Chapter, those Councillors who are not chapter officers, and a resident representative.**

Section 3: **Each Director shall be elected by ballot, with the ballot made available to voting members online, or by regular mail if the member has no e-mail address** (60) days before the annual meeting with said election no closer than (30) days preceding the annual meeting. The candidate receiving the most votes shall be declared the winner. In the case of a tie, a run-off election will occur prior to the annual meeting to close no later than two days prior to the annual meeting.

The Resident Director shall serve until the annual meeting in his/her final year of residency and shall be elected by ballot of the resident members.

Any current ACEP Board or Council Officer shall be an ex-officio, non-voting Board member.

If You Received a Flashdrive from JSS....

Apparently, some of the flashdrives mailed from the GSACEP office to JSS attendees that were supposed to contain data were blank. The manufacturer erroneously submitted blank drives along with the data-filled shipment. This was completely the manufacturer's error, and they have acknowledged it. They have re-shipped the correct data-filled drives to the office. So far, we have heard from 4 attendees and sent them new drives. If your drive is blank, please notify the office at gsacep@aol.com. The value of the blank drive is approximately \$8-\$9. The manufacturer wants you to consider it a gift. Thank you.

2010 RECIPIENT OF GSACEP MILITARY EXCELLENCE AWARD



CAPT James V. Ritchie, MC, USN, was selected as GSACEP's recipient of the 2010 Excellence in Military Emergency Medicine Award. Because of his outstanding leadership in the chapter (he served as President Elect, President, and Immediate Past President from 2006-08), mentorship of emergency medicine residents as Residency Director at Naval Medical Center Portsmouth, pursuit of teaching excel-

lence, and strong academic standards, Dr. Ritchie is more than worthy of this award. But there is so much more.

He presented justification for development of the Simulation Center at NMC Portsmouth, arranged for multidisciplinary training there, and provided individual instructor and student training. During its first year of operation (2005), the Simulation Center served over 20 separate departments or entities, trained hundreds of physicians, nurses, and corpsmen, and has since become a military center of excellence for the region.

Dr. Ritchie's outstanding efforts in the field were demonstrated while deployed to Kandahar, Afghanistan, in support of 26th Marine Expeditionary Unit in Operation Enduring Freedom. There, he directed the Shock/Trauma area, including casualty receiving. He treated combat and trauma casualties and directed detainee medical care, involving the setup of a medical system to care for up to 400 detainees, including intake screening, surgical care, daily medical treatment, and medication administration.

Because he was deployed to Iraq at the time the award is usually presented, Dr. Ritchie will receive the award at the GSACEP reception at Scientific Assembly in Las Vegas.

The opinions and assertions in this issue are solely those of the authors, or GSACEP, and are not necessarily those of the Department of Defense or any other US government agency.

BOARD OF DIRECTORS AND COMMITTEES

Board of Directors

President

LTC Melissa Givens, MD, MPH, FACEP
melissa.givens@us.army.mil

President Elect

Col Lee Payne, MD, FACEP
lee.payne@peterson.af.mil

Secretary-Treasurer

David S. McClellan, MD, FACEP
dsmccllla@aol.com

Immediate Past President

Maj Julio Lairet, DO, FACEP
julio.lairet@lackland.af.mil

Resident Representative

Capt Joseph D. Novak, MD
Joseph.Novak@lackland.af.mil

Councillors

LTC J. Dave Barry, MD, FACEP
james.barry@med.navy.mil

LTC Robert Gerhardt, MD, MPH, FACEP
robert.gerhardt@us.army.mil

LTC Bonnie Hartstein, MD
bonnie.hartstein@us.army.mil

LCDR R. Thomas VanHook, MD
acep@vanhooks.net

Executive Director

Bernadette Carr, MA
gsacep@aol.com

Communications Chair

Capt Torree McGowan, MD
torreemcgowan@ymail.com

For more information about GSACEP, please call our office at 877-531-3044. Our office hours are 0900 to 1700 EDT, or visit our website at www.gsacep.org

BE A MILITARY LEADER AND ADVOCATE FOR THE BEST SPECIALTY IN MEDICINE

By CPT(P) Nadia Pearson, MC, USA, Carl R Darnall Army Medical Center, Ft Hood, TX
LCDR Bettina Sauter, MC, USN, Naval Medical Center, Portsmouth, VA

Emergency Medicine is in the forefront of healthcare for many people in our country. The needs of the community are therefore obvious to emergency physicians, and it should be natural that we employ our education and savvy to convey current healthcare issues and concerns to the public and to policymakers who may not truly comprehend their intricacy. In order to improve healthcare as a whole, physician leaders should advocate for their patients. Leadership skills are essential in order to convey not only the importance and urgency of the issues, but also to gain the support and allegiance of others. However, leadership is a skill that must be developed and practiced. The military, as do other prosperous institutions, relies on its leaders to achieve their objectives and mission. As military emergency medicine specialists, it is imperative that leadership skills are fostered and practiced, not only for the benefit of our patients in the emergency department, but for the success of our service men and women. As military officers, we serve many roles for our service members, in which the success of the service members' missions and objectives relies on our success as leaders. Seeking training in leadership and advocacy, we had the pleasure and privilege to be selected for a scholarship offered by GSACEP to attend the ACEP Leadership and Advocacy Conference, April 2010, in Washington, DC.

In retrospect, prior to our attendance at this meeting, our knowledge of topics relating to leadership and advocacy was quite limited. We had little insight into how these important topics affect us as members of the US Armed Forces. As another aside, residents often get lost in learning the clinical aspect of the part of the specialty, forgetting that health law and policy will ultimately drive our practice environment. Do we really want Medicare or Tricare, for that matter, governing what we order in the ED because of reimbursement costs? Unanimously, we would hope that our policymakers would be able to understand how that could potentially be problematic. After being in Washington, DC, we have come to realize that the only way policymakers can come up with valid solutions to our issues, is education on what the issues really are in the Emergency Department. Who better to educate them, than emergency medicine physicians, and even more so, military EM docs because of their inherent strong leadership skills.

Knowing why and for what issues to advocate may be more obvious than the actual "how to" go about making a difference. As a member of the US Armed Forces, it is hard to know what is acceptable and what is not. For example, going on your local news in uniform to discuss ED boarding, or wait times, may not be the smartest idea. There is a right way to lobby while in the military and here are a

few points to consider:

- As long as you are advocating as a private citizen (i.e. not in uniform or representative of the government), who is a leader and representative of the Emergency Medicine specialty, you can meet and discuss, any issue with a political leader, be he/she local, state or national. As a matter of fact, the more personal you can make the issue, the more likely they will understand the issue you are trying to discuss. Personal accounts and patient stories often help.
- Do not use military references, to include rank, grade, or hospital references
- Organizations such as ACEP have common agendas and goals based on the current political actions up for discussion or vote. It is very useful to be in contact and sign up and receive the newsletters containing this information. It may sway your local representatives to know how their constituents will vote on certain bills
- GSACEP may not contribute to political campaigns as this may be interpreted as military endorsement. Individuals however, may participate in NEMPAC, through contributions or time.

It is easy to get started on advocacy. Healthcare reform is a major topic in today's legislative push, especially considering the new (2010) health care bill. There is a myriad of information that is on the internet which can help us to understand the issues. Also, there are many resources which we found extremely helpful.



LCDR Sauter and CPT(P) Pearson



GSACEP scholarship winners, and leadership, at LAC dinner together

1. The EMRA Emergency Medicine Advocacy Handbook provides an excellent first look and will give you an outline of major issues in health policy. It also explains the advocacy process – Do’s and Do Nots. The EMRA (Emergency Medicine Residents Association) website also list may helpful resources.

2. ACEP- many resources can be found on the website www.acep.org ACEP 911 network is an email list serve that is extremely helpful to join to get the most up to date newsletters.

3. Local medical societies and state medical boards will provide local information regarding ongoing issues.

4. Local political offices may have health advisor representatives that may be helpful to obtain relevant information.

5. Join NEMPAC: this may be the most helpful thing that you can do. This is the National Emergency Medicine Political Action Committee. You can make donations to this organization monetarily or by “giving a shift”, which will, in turn, support federal candidates for the House of Representatives or the Senate who will then vote for policy that is beneficial to our specialty. Information on NEMPAC can be found on the ACEP website on the Advocacy tab.



Vice-Speaker Marco Coppola, DO, FACEP, with Congressman Michael Burgess, MD, and CPT(P) Pearson

As we look forward to a long career in Emergency Medicine, and perhaps a military career as well, we would URGE you to develop, nurture and practice leadership skills. Emergency medicine advocacy is essential to help mold the future of how we will be practicing medicine. Nobody understands leadership better than military officers, and nobody knows the issues we face on a day to day basis more than ourselves. Be proactive and do something....because if you rely on others, the outcome may not be what you were hoping.

We would like to thank GSACEP for this awesome opportunity and encourage junior residents to take the opportunity to apply for this scholarship next year.

RESEARCH FORUM WINNERS

This year’s Research Forum at the Joint Services Symposium produced a record number of poster submissions and oral presentations. We are happy to present the winners:



Winner, Best Faculty Poster:
Maj Vik Bebarta, USAF, MC

Best Resident Poster:
CPT Jason Heiner, MC, USA

Runner-Up Best Oral Presentation:
Maj George Dockendorf, USAF, MC

Winner, Best Oral Presentation:
Capt Chris Pitotti, USAF, MC

JOB OPENINGS: GSACEP COMMITTEES

Government Services needs your skills, and a little bit of your time. Please consider joining one of our committees. They are a great training ground for leaders, and an opportunity for you to shape the organization. Just about every GSACEP president has served on one of these committees. For the most part, each committee requires only a few hours of your time each month. Contact the office at gsacep@aol.com or 877-531-3044.

Conference Committee

Our mission is to provide the latest advances in diagnosis, treatment, and skills necessary for emergency medicine practice to military emergency physicians and to emergency physicians practicing within the federal healthcare system.

Objectives:

- Design, evaluate, and implement the curriculum in a timely manner.
- Oversee ACEP Category 1 process, meeting ACCME and AMA standards.
- Meet budget requirements.
- Identify potential “supporters” of the conference.
- Provide onsite monitoring of, and assistance to, the faculty

Communications Committee

Our mission is to provide information of interest and value to our members and to provide the vehicles of communication.

- Identify topics and writers, assign articles, and meet deadlines for quarterly newsletter.
- Design website to reach the greatest number of members by keeping its content current, lively, and, if applicable, interactive.
- Develop new communication tools to reach membership.

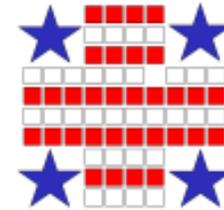
Membership Committee

Our mission is to retain and increase membership, and create membership development tools.

- Recruitment and retention of residents to Active membership.
- Outreach to delinquent members.
- Outreach to potential members.

A LOGO FOR GSACEP

BY MAJ ANDREW MORGAN, MC, USA



SYMBOLOLOGY:

The logo design that I have created for GSACEP is explicable in the following way:

The four blue stars represent emergency physicians serving in each of the three armed services and in service of any federal, state or local government.

The cross-shaped figure reminds us of our commitment to serve the ill, injured and vulnerable.

The tiles are reminiscent of our parent organization logo with the “missing link” denoting the critical role of our specialty in modern healthcare.

The stripe pattern and overall red, white and blue color scheme insinuate our national flag and affirm our allegiance to the simultaneous service of our patients and our Nation.

BIOGRAPHY: MAJ Andrew Morgan, MC, USA is the Battalion Surgeon for 1st Battalion, 3rd Special Forces Group (Airborne) in Fort Bragg, NC. Prior to his assignment to 3rd SFG(A) he served in joint overseas assignments with various SOF units while practicing as a staff emergency physician at Womack Army Medical Center, Fort Bragg, NC. He is a 1998 graduate of the United States Military Academy at West Point, NY, a 2002 graduate of the Uniformed Services University of the Health Sciences, and a 2005 graduate of the Madigan AMC-University of Washington Emergency Medicine Residency.

RESIDENT COLUMN: DO THE NEW ACGME PROPOSED STANDARDS AFFECT ME?

By Capt. Joseph David Novak, USAF, MC



Resident work hours have been a hot button topic in medical education since the tragedy of Libby Zion's death in 1984. More recently, multiple studies have analyzed the affects of the 2003 ACGME work hour guidelines. In a review of the new rules directed by Congress, the IOM determined that the 2003 guidelines resulted in residents trying to do the same work in less time, hence increasing their workload pressure. Based on their findings, the IOM made further recommendations to reduce resident work hours. This past June, the ACGME issued new draft standards for public scrutiny and comment for a period of 45 days. In September, the Board of Directors of the ACGME will vote on the new standards with implementation occurring July, 2011.

So what are the changes in the latest iteration? Most changes involve intern duty hours and supervision required. The maximum total weekly hours averaged over 4 weeks is still 80, with 4 total days out of 28 required to be off. However, time spent moonlighting is now to be added into the 80 hours, and PGY-1's will no longer be permitted to moonlight. Further, PGY-1s are only allowed to work 16 consecutive hours. No more 24 or 30 hour shifts for interns. PGY-2s and above can work a shift with direct patient contact for a maximum of 24 hours, with an additional 4 hours for "effective transitions in care". So a maximum of 28 hours vs. the current 30. The guidelines recommend alertness management strategies and napping after 16 consecutive hours. There are also caveats for "unusual circumstances" when residents "on their own initiative" can stay beyond these restrictions for continuity of care for a severely unstable patient, the academic importance of transpiring events, or humanistic attention to the patient or family. Time off between shifts is encouraged to be 10 hours, but mandated at 8 for interns and intermediate-level residents, and can be less than 8 for residents in their final years of residency.

Regarding resident supervision, the new guidelines specify four different levels of supervision from direct presence and oversight to supervision and availability from home. The physician providing the supervision can be a senior resident or staff. PGY-1s must have direct supervision immediately available at all times.

The new guidelines also put the focus of residency more on learning and teaching and less on busywork and events with no educational merit. Also, the report makes residents more accountable for time management and states that "Residents and faculty members must demonstrate ... management of their time before, during, and after clinical assignments."

These changes are important for EM residents, especially during off-service rotations. Anecdotally, EM residents are maximally utilized during off-service rotations. However, if you exceed your ACGME duty hours even while outside of your ED, you will put your EM program at jeopardy, something that definitely won't make your PD happy. In the ED, however, most of the new guidelines should already be followed. Supervision is provided by the staff on shift. And moonlighting is not allowed as DoD medical residents. Also, although not specified in the ACGME guidelines, shifts in the ED are not to exceed 12 hours. Where EM programs can get in trouble, however, is the time off between a preceding shift and other events such as cadaver labs, grand rounds, etc.

So, what should you do if you are violating ACGME guidelines? This is a tricky situation because you don't want your program to lose accreditation, and yet you are obligated to do something about the violations. Not saying something is the wrong answer. Picture this, you are at hour 31 of a call shift, or you are at 90 hours for the month, you write a simple order for a basic drug that your patient is allergic to, and the patient dies. Who is going to defend you? What is your recourse? Remember that after Libby Zion's death, the intern and resident involved were charged with 38 counts of gross negligence and/or gross incompetence. Also, thus far, as a profession, we are still governing ourselves. However, in researching this topic, I've found more than one call for direct governmental oversight of resident training, i.e. a Washington-run ACGME. Is this what we want? So, to deal with the ACGME offense, first off, I would highly recommend talking to your EM's Chief Resident, a trusted faculty member, or your Program Director. More than 99% of the issues will be resolved very quickly on this level. If this doesn't work, there is a hospital ACGME Designated Institutional Official (DIO) that you can turn to. If that still does not work, and the chain of command is also not working, you can submit a formal ACGME concern (which will not affect your program's accreditation status) or a formal ACGME complaint (which may affect your program's status). Information can be found on the ACGME website. The new guidelines are supposed to be accompanied by easier complaint/concern submissions and "whistleblower" protection, but those procedures have not yet been published. If your concern is not directly ACGME-related or you need other advice, try your chain of command, the base legal office, the base defense council, chaplains, the family advocacy office, the military equal opportunity office, the hospital or base inspector general, the hospital or base ombudsman, or the DoD Fraud Waste and Abuse hotline.

Will the new guidelines achieve the ACGME's stated goals of patient safety/quality and a safe and humanistic educational environment? I think this will be borne out in the literature in the decade to come. However, as a former pilot with very strict and clear flying hour regulations, I think that after an adjustment period and cultural acceptance by the House of Medicine, this will prove to be a change that will benefit patients and physicians alike.

GSACEP CONFERENCE SQUAW VALLEY, CA

For the first time in almost a decade, GSACEP held its annual CME conference outside of San Antonio, TX, at the beautiful Village at Squaw Valley, CA, April 12-15. It was a huge success with attendance breaking 150. The course schedule permitted down time to enjoy the slopes, and many did.



*Kevin Klauer, DO, FACEP,
guest lecturer at JSS*



*Drs. Christopher Martella, Mark Olsyk,
Randy Case, and Frank Zwemer*



*Bernie Carr trying to fill
Linda Lawrence's snow shoes*



*MAJ Kim Lairer, MD,
guest lecturer*



*LTC Robert Gerhardt, MD, MPH,
FACEP*



Guests at the reception



*LTC Givens introduces outgoing president
Maj Julio Lairer*

GSACEP

328 Eighth Avenue, Suite 142

New York, NY 10001

WWW.GSACEP.ORG