



My Perspective on the Year

BY TORREE MCGOWAN, MD, FACEP, GSACEP PRESIDENT



Over the weekend, I took care of another active duty airman, just returning from deployment in Afghanistan. I listened to the familiar story of hyper vigilance, poor sleep, tears and anxiety. I was struck by how, after over a decade at war, we have not figured out how to support those returning from deployment. I sat there in the exam

room and thought about the incredible price we have all paid in this long conflict, and how we as a nation still don't have it right when it comes to supporting our soldiers, sailors, and airmen.

We are now a generation of warriors, trained by those who started this conflict, and we continue to bring it to wherever the fight is needed in this world. Our specialty has carried the weight of this war on our shoulders, as the military has recognized our value as experts in resuscitation, special operations, critical care transport, and pretty much every other billet. Many deployments, many trauma calls, many missed birthdays, anniversaries, Christmases, graduations have all passed into the rear view.

After a dozen years of war, this may be a time to regroup and rest, to heal from the demands of service. Many of our members have multiple deployments and some wear Purple Hearts. All of us

have pulled together to cover our mission at home, filling gaps for those who are down-range. Families have sacrificed, childhoods were witnessed over Skype, and ghosts of those we cared for follow us home and visit us in our dreams.

My focus for the coming year is to make sure that GSACEP continues to evolve to meet the needs of our changing members. As we move forward into the coming year, I will be asking for ideas on how to use your membership dollars to bring the greatest benefit to you as a member. Our new reality is less support from the military for conferences, and stricter rules for the trips that are approved. The demands on our time that take us away from our homes continue to pop up more often on the calendar.

We will explore ways to leverage technology to bring our members together over great distances, and take less time from our families. We will look at our conference process and see if there is a better way to bring world class speakers to our members, and focus on topics that resonate with our members. Please share your ideas on how we can bring GSACEP to you and make sure our chapter changes to reflect the dynamic nature of our members.

GSACEP was created to be much different than a state chapter. We are defined, not by where we live, but by our service. We will continue to focus on what makes us unique and make sure we, as a chapter, provide the support and resources to our members to meet our new challenges.

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Reflections

By CHRISTOPHER G. SCHAREN BROCK, MD, FACEP
IMMEDIATE PAST PRESIDENT



As snowflakes gather on my patio at the end of March in Washington, D.C., I reflect on what a strange winter and spring this has been. For those of you who traveled to San Antonio at the beginning of March for the Government Services Symposium, you know that we had 80 degree weather one day and 35 degree weather the next. Then there was the question of government funding: There would be funding; maybe funding, funding for speakers only—it changed like the weather. In the end, much like the weather, we can only hope for sunnier days for our meeting as we weather the storms of government budget cuts.

Although the number of attendees was low compared to the past, the quality of the meeting was outstanding. My thanks go out to all the speakers, those who toiled to organize the event, to the exhibitors, and to all those who attended. The ACEP Board of Directors was well-represented with President-Elect Michael Gerardi and Jay Kaplan visiting us along with Sonja Montgomery, ACEP Governance Operations Director. They attended our board of directors meeting. Although I can't go into details, they are very supportive of our chapter and are looking for ways that ACEP can provide additional support to our members who can no longer count on funding from the government to attend ACEP events.

A highlight of the meeting for me was a 15-year-reunion dinner I helped organize for graduates of the SAMMC EM residency group. Only four of the 14 graduates were able to make it, but Paul Mayer, Dave Foss, Bob Frolichstein, and I had a great time catching up while dining at Biga on the Banks. As a special treat, Paul invited us to a private retreat on the Riverwalk for dessert.

That leads me to tell you that GSACEP is forming an alumni affairs committee to help facilitate future reunion events in conjunction with GSACEP and ACEP events. We are looking for interested members to join this new committee. This will be a great way to reconnect with colleagues, and it has the great potential to bring former members back to chapter events where they can share their experiences with our younger members.

New ideas like the alumni affairs committee and improvements in our website will strengthen our chapter and provide added value to our members. I'm so very pleased to turn over the reins of the Presidency to Dr. Torree McGowan who is truly a ray of sunshine and will guide us through the storms of the next year.

Meanwhile, I think I'll retire this summer—leave D.C., and return to my family in sunny California—surfs up.

CONGRATULATIONS

Col Lee Payne, MD, MBA, FACEP, Deputy Assistant Surgeon General, Health Care Operations Office of the Surgeon General has been nominated by the President to the Senate for appointment to the grade of brigadier general.

Dr. Payne, a long-time member of this chapter, has provided us with his leadership over the years as a former president and initiator of our ongoing History of Military Emergency Medicine Project. He is also a recipient of the GSACEP Excellence Award.

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EMERGENCY MEDICINE REPORT CARD 2014:

MILITARY EMERGENCY MEDICINE FACES SHORTAGES DUE TO DEPLOYMENT

WASHINGTON — The major barrier to access to emergency care in the Military Health System (MHS) is deployment of physicians, according to a new state-by-state report card on America's emergency care environment ("Report Card"), released today by the American College of Emergency Physicians (ACEP).

According to the Report Card, "boarding" of emergency patients (waiting for inpatient beds) is not a problem in any of the military hospitals, and ambulance diversion is extremely uncommon in the MHS.

"Military emergency physicians and their families are fortunate to have universal health insurance, and all three military services say that access to emergency care in the military is excellent," said Dr. Christopher Scharenbrock, president (at this time) of the Government Services Chapter of ACEP and Colonel in the U.S. Air Force. "However, gaps occur when physicians are deployed, and emergency physicians are among the physicians most often deployed."

The 2014 Report Card assessment of military emergency medicine looks at the same five categories of measurement as in the states and the District of Columbia, but does not assign grades or use the same methodology, because the data are not available.

In the category of Public Health and Injury Prevention, the Report Card says that military services go to great lengths to promote safety and prevent injuries among their personnel and their families, including motorcycle helmet laws, strictly enforced seat belt and child safety seat requirements and random breathalyzer checks to prevent driving while intoxicated.

In regard to the category of Quality and Patient Safety Environment, the Veterans Health Administration (VHA) maintains a system of electronic medical records that includes emergency departments and that follows enrollees wherever they go in the VHA system. However, the MHS does not include emergency departments and has been described as "cumbersome and slow." Both monitor a wide range of indicators

While disaster preparedness is an integral part of the training and routine operations of MHS and VHA, the Report Card says there may be room for improvement both within the MHS system and in the integration of preparedness efforts with those of their states and communities.

The Report Card suggests improvements in the following areas:

- Include emergency departments in, and increase the efficiency of, the MHS electronic medical records system. The MHS would benefit from standard emergency care measures that are centrally reported, tracked and compared to civilian systems that serve similar populations.
- Continue to increase functionality of disaster plans for military hospitals.
- Address pay scale issues to increase recruitment and retention of physicians in the MHS — about two-thirds of the civilian standard for an emergency physician.

The MHS maintains 63 military hospitals and 413 medical clinics, and the DHA/TRICARE system provides coverage for 9.2 million beneficiaries. In addition, the VHA provides care for 3.5 million enrollees through 153 hospitals and more than 1,000 community-based outpatient clinics.

"America's Emergency Care Environment: A State-by-State Report Card – 2014" evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent). While America earned an overall mediocre grade of C- on the Report Card issued in 2009, this year the country received a near-failing grade of D+.

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

MEET THE 2014 GSACEP AWARD WINNERS

Shawn Varney, MD, FACEP: Excellence in Military Emergency Medicine Award



Col Varney has been actively engaged in GSACEP since joining our chapter in 1997. He has frequently lectured at the annual Government Services Symposium as well as chairing the ED Directors Course and the Research Forum.

Col Varney's contributions to medical education are quite impressive. He was selected by the Air Force Surgeon General to serve on the team that created the Air Force's First Center for Sustainment of Trauma and Readiness Skills (C-STARS) at R Adams Cowley Shock Trauma Center in Baltimore. There, he developed a comprehensive readiness program and provided the national benchmark for additional C-STARS sites. These campuses continue to prepare Air Force medical personnel for deployments today.

As a core faculty member and former Associate Program Director for Research at SAMMC, Col Varney led the optimization of annual training for over 50 residents and fellows as well as a host of off-service residents and medical students. He also served as Course Director, Team Chief, and Lead Instructor for the Defense Institute for Medical Operations. He used his training in medical toxicology to develop courses for the Defense Institute for Medical Operations and led 11 international courses, training clinicians and first responders in Argentina, Czech Republic, Egypt, El Salvador, Jordan, Mexico, Nepal, Oman, and Peru.

Col Varney has made numerous contributions in disaster preparedness and operational medicine. He secured grant funding in 2002 for the first military-civilian, hospital-based, disaster response and preparedness drill for the University of Maryland Medical System. He has served with distinction on three deployments, including tours at Joint Base Balad, Iraq, and Bagtam Air Base, Afghanistan. He led the Emergency Departments at both theater hospitals and ensured each time his staff maintained a 98% survival rate for US casualties treated at those facilities. In addition, Col Varney served as the CENTCOM toxicologist in Afghanistan where he revamped the antivenin guidelines for snakebite envenomation for the Theater. As a member of the Department of Defense e-Consult Service for Medical Toxicology, Shawn has provided worldwide toxicological consultation and aided the management of toxicology patients.

Dr. Varney is also a leader in research. As Primary Investigator, he has been awarded numerous research grants and his work has advanced our knowledge in toxicology and trauma care. He is a prolific author with over 20 publications in peer reviewed journals, 26 abstracts and a number of online publications and textbook chapters.

Clearly, Col Varney has a long and sustained record of contributions to the practice of military emergency medicine and is most deserving of our 2014 award.

Diane DeVita, MD, FACEP (LTC ret): Medical Director Leadership Award



An outstanding chief of the emergency department at Madigan for the past eight years, her service over the last two years deserves special recognition. During this period, the department had tremendous turnover. The program director left, as did five other full-time faculty members, including two fellowship directors. There were three different department chairmen. The Rock that held the department together during all this was Dr. DeVita. She did this despite an opportunity to accept a prestigious position on the East Coast. Her unwavering dedication to the Army, her sense of duty to the department, and her loyalty to government service thankfully led her to remain.

Many other things set her apart from her peers: Her hard work in becoming the subject matter expert in the hospital regarding sexual assault, her initiatives to improve patient flow through the emergency department, and her compassion in dealing with all departmental patient complaints and patients that overuse the department. Hospital leadership routinely seeks Dr. DeVita to lecture and train other departments on the proper handling of sexual assault victims. Her planning, coordination, and implementation of a new triage and rooming of patients has resulted in decreased length of stays and improved patient satisfaction for the department. Finally, her willingness to call or meet with every patient with a complaint within the department, and more importantly, her compassionate and thorough approach, has improved the department's reputation within the hospital.

Dr. DeVita has earned the admiration of her peers, nurses, medics, residents, and patients alike. She truly embodies the ideal military emergency physician leader.

Lanny Littlejohn, MD: Rising Star Award



CDR Littlejohn has quickly become a well-respected leader in combat trauma research. From residency at NMC Portsmouth in 2006, and continuing as a staff physician, CDR Littlejohn was involved in pre-clinical trauma research, organizing the efforts of several staff and residents to form the Combat Trauma Research Group. The CTRG is unique in that it both supports the investigation of specific “knowledge gaps” in Tactical Combat Casualty Care (TCCC) while supporting the needs of research in graduate medical education. Its close ties with the TCCC training program allow a seamless translation of pre-clinical findings on devices and techniques to the pre-hospital provider; bridging efficacy to effectiveness. Utilizing a porcine model, CDR Littlejohn developed an injury model for a penetrating vascular injury in order to more effectively study management of junctional hemorrhage, one of the major causes of potentially survivable deaths. He has examined the efficacy of hemostatic agents CELOX-A®, Chitoflex®, Woundstat®, Combat Gauze® and Quikclot® in this model and the results have been influential

in changing the guidelines on hemostatic agent selection in TCCC. He has also worked on studies to evaluate three commercially available chest seal devices for use in the treatment of open pneumothoraces in the field. The study results were presented at the National Association of Emergency Medicine Services Physicians conference in January 2012. This provided data that has been instrumental in changing the TCCC guidelines on open chest wounds and may potentially change protocols for the Advanced Trauma Life Support curriculum which is taught world-wide and dictates the current standard of care.

As a resident in 2008 he became Medical Director of NMCP’s TCCC course which trains corpsmen in combat medicine principles prior to forward deployment. To date, he has taken the program from a simple provider course to one that is Navy Medicine East’s only instructor course. He has trained over 1,000 corpsmen and 60 instructors. He also regularly trains members of the Army’s 75th Ranger Regiment, one of the most heavily engaged units over the past decade.

In conclusion, CDR Littlejohn embodies the qualities of a “rising star.”

Jonathan Weyand, MD: Fellowship in Leadership and Advocacy



CPT Weyand is currently a senior resident at Madigan. He has distinguished himself as a leader clinically, academically, and in terms of scholarly activity. He has scored above the 90th percentile in the in-training examination two years in a row. Last year he was selected as the EM-2 of the year by his staff and peers, and was selected to be the First Chief Resident of his class. In this capacity, CPT Weyand did an outstanding job of welcoming the new interns, interviewing medical students, and maintaining the day-to-day coordination of the academics and schedule for 36 residents.

Outside of his department, Dr. Weyand has involved himself in local and national organized Emergency Medicine and in scholarly activity. He tirelessly works to build bridges with multiple departments and always volunteers to participate in any activity to foster a better work environment or better communication between physicians. We’re confident he’ll excel in the Leadership Fellowship.

Join GSACEP at The ACEP Leadership and Advocacy Conference

ACEP is holding its Leadership and Advocacy Conference once again at The Omni Shoreham Hotel in Washington, D.C. from May 18-May 21. GSACEP leadership will be there along with CPT Jonathan Weyand, recipient of our Leadership Scholarship. This is a wonderful opportunity to strengthen your leadership skills, and learn how to ace public speaking. It is also an opportunity to hear what legislative developments are going on involving emergency medicine throughout the country.

GSS 2014 RESEARCH FORUM AWARD WINNERS



Best Poster Presentation, Resident

Capt Michael D. April

The Cost Effectiveness of Heat
CT before LP in Adults with
Suspected Meningitis



Best Poster Presentation, Staff Physician

CDR Gerard Demers

An Integrated Electronic
Medical Record Disaster
Module



Best Oral Presentation, Resident

CPT Jared Sutton

Special Forces Medic Ability to
Identify Wooden Foreign Bodies
by Portable Ultrasound



Best Oral Presentation, Staff Physician

Capt Robert M. Barnwell

Technology Assessment of
Non-Invasive Tissue Perfusion
Monitor During Early Goal
Directed Therapy for Sepsis in
an Emergency Department

A Resident Advocates

BY DAN BRILLHART, MD

We are entering the busy and exciting downhill portion of the academic year: senior residents are planning for their next duty assignment, junior residents are taking on more responsibility as they prepare to advance up the academic chain, and our incoming residents are enjoying the last few months of relative freedom before diving in to the tumult of a very busy residency. As you welcome these new residents to your programs, take the time to pass on the gift of GSACEP membership. Share the ways GSACEP has helped you prepare your career path, and encourage our new colleagues to become involved in the organization. Here are a few talking points to discuss with your new colleagues.

What are the benefits of being a resident member of GSACEP?

Representation: GSACEP represents your interests as a federal employee to the national ACEP council. GSACEP is not only one of the largest chapters in ACEP but members of our chapter have repeatedly proven themselves by filling leadership roles in ACEP at the national level.

Networking: GSACEP is an ideal way to connect with colleagues. If you have a specific career interest, there is likely a GSACEP membership who has already done it and can help to guide you toward your goal. In the increasingly joint environment in which military physicians are being asked to operate, GSACEP's tri-service and federal health system members can be an incredible resource for deployment preparation, research projects, disaster response planning, best practice development, etc.

Access to Consultants/Specialty Leader: This is the time of year when the military residencies prepare for annual visits from the respective service EM Consultants. It is an opportunity to learn about the most recent developments in military manning and administration, discuss assignment possibilities and fellowships, and think about long term career decisions. However, interfacing with your Consultant or Specialty Leader doesn't have to be a once a year occurrence. The GSACEP Board works hard to keep members apprised of important developments through periodic updates in the EPIC newsletter, emails, and the traditional Consultant's Lunches at the GSS conference and ACEP Scientific Assembly.

How can you be more involved?

Be a local GSACEP advocate: Encourage fellow residents, staff, and any other federal EM physician you know to join or renew their membership. As our membership grows, the organization can be an even better resource to you for networking and making contacts.

Become active in GSACEP leadership: Volunteer to help with committee projects. Run for election to the GSACEP Board of Directors. Graduating residents are eligible to run for Councillor positions next year. For residents with more time remaining, my term as the Resident Representative will end next year and the position will need to be filled as well. Nominations for Board elections are usually submitted in October or November, so start planning now.

Apply for the Leadership & Advocacy Fellowship: This is a unique opportunity to become more involved in GSACEP and broaden your understanding of the political side of medical practice. This annual program affords the opportunity to interact with our elected leaders and learn more about the important behind the scene efforts that go into legislating a democracy. Details can be found on the GSACEP website.

Thanks for your diligent service to our specialty and our nation.

BONNIE HARTSTEIN, MD, FACEP RECEIVES MHS FEMALE PHYSICIAN LEADER AWARD



Anyone who knows Dr. Hartstein was probably not surprised when it was announced in Sept 2013 she received the MHS Female Physician Leader Award for Army Junior category. She was nominated by fellow emergency physician LTC Jeremiah Johnson who notes the amazing accomplished career of Dr Hartstein, the high standards she sets, and the active role she plays in mentoring future leaders.

Dr Hartstein completed her emergency medicine residency at SAUSHEC in 2006 after beginning her medical career as a pediatrician. She effectively combined her dual certification to push the development of pediatric emergency medicine to new levels and has been repeatedly sought in multiple forums to lecture and serve as a subject matter expert. As an emergency physician at BAMC, she created the Section of Pediatric Emergency Medicine as well as served as a leader in Lean Six Sigma Project in the BAMC emergency department which led to slashing wait times and LWBS. Currently she serves as Chief, Family and Community Services, serving 30,000 beneficiaries and leading implementation of Patient Centered Medical Home. She has twice deployed as an emergency physician. In 2007 she deployed to Iraq as the Brigade Surgeon, 15th Sustainment Brigade and recently served as the Deputy Chief of Clinical Services

and Chief of Emergency Department 10th Combat Support Hospital, Camp Dwyer Afghanistan.

She has held longtime interest in health policy and advocacy and served as a GSACEP Councillor and the Board of Directors. Throughout her career she has been a role model for female physicians frequently supporting networking events and facilitating mentorship for more junior female staff physicians and residents. Even while deployed she continued through speaking engagements and authoring several articles addressing gender issues providing roadmaps for all. In addition to being a role model Army physician and officer, Bonnie is a dedicated wife and mother who has demonstrated the ability to balance a military medical career and family. She finds time to remain active in her Jewish faith as well as serve as a Girl Scout leader for her two daughters.

The award annually selects an O5 or below winner from each service and one senior (O6) winner from all services. Selection is very competitive and focused on demonstrated major achievements as a leader, contribution to enhancing role of women in medicine and community service. The award is given annually during September in recognition of Women in Medicine month. Nominations are sought early summer through the service SG offices with top nominees forwarded to the MHS Council for Female Physician Recruitment & Retention (CFPR&R) award panel. In addition to the annual award, the CFPR&R promotes other activities aimed to enhancing the recruitment and retention of female military physicians and is currently chaired by Col Linda Lawrence, another emergency physician. For more information about CFPR&R activities contact her at linda.lawrence@us.af.mil and stay tuned for the next award cycle and consider nominating a female peer as we have several in the specialty of emergency medicine.

Congratulations COL Hartstein, and thank you for your service and the role model you are to so many.