



The President's Column

BY COL CHRISTOPHER G. SCHARENBRUCK, USAF, MC



By the time this article is published I will have submitted my official request for retirement from the Air Force in September 2014 after over 30 years of service to our great nation. It will certainly be a bittersweet moment pushing that final submit button on the now automated retirement request process on the virtual military personnel site. The fact that this is an automatic process that used to require a trip to the personnel office, likely

waiting hours in the waiting room and then completing reams of paperwork goes to show how far technology has changed our lives over the past 30 years. As we cuss out our computers on a near daily basis for their "inefficiencies" especially with our redundant and antiquated electronic health records, it's important to think how far we have come. I remember as a medical student rotating at Walter Reed spending the first two hours of each early morning gathering radiographs from the file room, picking labs results from the lab, and distributing consults to each of the various clinics my patients needed specialty care from.

Perhaps even more illustrative is the changes in communication technology in the deployed setting. For my first deployment to Guantanamo Bay Cuba in 1995, there was one DSN line that we could call back to home on for a 300-person medical unit. It only worked half the time and the lines were long. There was also a bank of AT & T phone lines in a tent where for the small price of \$4.95 per minute one could call home. The lines for these phones were long as well and you couldn't help but overhear young airmen on the phone with significant others obviously having discussions about financial difficulties. If only they would hang up the phone, so I could have my two-minute call, their finances might improve. Meanwhile, during my last deployment to Qatar in 2011, I was skyping with my family via my iPad on a broadband wireless internet. What a great improvement!

However, awash in this technology, I'm concerned that we are losing something very important--the art of personal communication. It's so easy to send an email, but wouldn't it be better to walk down the hall and discuss an issue with a colleague. I'm continuously amazed at how often people think that just because they sent an email an important issue has been resolved. As SGH at Travis, I made sure that there was a continual string of people coming to my office, and when time would afford I would auto-forward my calls to my cell phone and walk from one end to the other of the hospital to meet with the doc's trying to make improvements in the hospital. Real progress was made during these visits as we started a new open heart program, developed a state of the art radiation oncology center, and upped the level of care provided throughout the hospital.

Bringing this back to GSACEP, I was very impressed that the #1 reason that members felt we should have a conference at all is to network with colleagues. We all know that innumerable online resources are available to get our CME's, improve our knowledge, but what we really crave is that personal interaction--the face-to-face time that is so important for our species. The Board of Directors recognized this need and, despite some financial risk to the organization, we are happy to announce that we will have a conference for GSACEP next Spring, March 2-4, in San Antonio. I know that for many of you there will be no central funding, but I hope that you will still choose to sign up for the conference to network with other military and federal emergency physicians. We will do our best to keep the costs for the conference as low as possible and I would encourage those that can come to bring their families and enjoy an early spring adventure on the Riverwalk. Please also think to invite former residency classmates and any others who may have an interest in a conference focused on topics relevant to military and federal emergency medicine. The conference is a time for reunion, for social interaction, and simply having a good time. I look forward to seeing you all there!

GSACEP EVENTS AT SA 2013

Board of Directors Meeting

Open to all members
Tuesday, October 15
10:00-11:30 A.M.
Sheraton Seattle Hotel
Willow B Room

Consultants Lunch

Open to all members, but must RSVP
(see website)
Tuesday, October 15
12:00-1:30 P.M.
Sheraton Seattle Hotel
Ravenna A Room

Reception

Open to all members
Tuesday, October 15
6:00-7:30 P.M.
Sheraton Seattle Hotel
Aspen Room

SPONSORS OF GSACEP EVENTS AT SCIENTIFIC ASSEMBLY 2013

We want to thank our sponsors. We could not hold these functions without them. We encourage you to please visit their booths at The Washington State Convention Center, and take time to talk with them at our reception.



GSACEP RESOLUTIONS SUBMITTED TO THE ACEP COUNCIL

The Resolution on behalf of CDR Steve Tantama follows his untimely death. The Chapter also contributed \$500 in his memory to The Wounded Warrior Fund.

Joint Resolution on Behalf of CDR Steve Tantama

SUBMITTED BY: GSACEP, EMRA and YPS

WHEREAS, Stephen Tantama, MD, FACEP, was a Commander in the United States Navy, performed multiple overseas deployments, served 11 years in military; and

WHEREAS, Dr. Tantama was a graduate and Assistant Professor at the Navy Medical Center San Diego in the Department of Emergency Medicine who taught and trained military physicians while serving his country; and

WHEREAS, Dr. Tantama died on April 25, 2013, after a long debilitating illness leaving behind many respected friends, family, and colleagues; and

WHEREAS, Dr. Tantama was a member and Fellow of the American College of Emergency Physicians; and WHEREAS, Dr. Tantama was an active member of the Government Services Chapter, Young Physician Section, and leader until his death; and

WHEREAS, Dr. Tantama was elected by his peers to serve on the Board of Directors of the Emergency Medicine Residents' Association (EMRA) from 2008-2010; and

WHEREAS, Dr. Tantama served as the resident representative to the ACGME EM- Residency Review Committee (RRC); and

WHEREAS, Dr. Tantama will always be remembered as a kind and courageous leader, an empathetic physician and friend, a fearless and selfless individual who tirelessly served his patients, community, and country, winning the respect of his colleagues in San Diego and emergency physicians from across the country; therefore be it

RESOLVED, That the American College of Emergency Physicians recognizes Dr. Tantama's dedication, professionalism, and contributions to emergency medicine, ACEP, the Council, the Government Services Chapter, The Young Physician Section, EMRA and the EM-RRC; and be it further

RESOLVED, That ACEP extends to Dr. Tantama's family, friends, and colleagues our sympathy, great sense of sadness and loss, and our gratitude for having been able to share a part of his life.

SUBMITTED BY: Government Services Chapter American College of Emergency Physicians

SUBJECT: Commendation for Marco Coppola, DO, FACEP

WHEREAS, Marco Coppola, DO, FACEP, has served the American College of Emergency Physicians with distinction and dedication as Council Vice Speaker from 2009-2011 and Council Speaker from 2011-2013; and

WHEREAS, Dr. Coppola inspired the development of the LDAG (leadership development advisory group) designed to identify, cultivate, and mentor leaders for College leadership positions, and

WHEREAS, Dr. Coppola was instrumental in coordinating efforts and enhancing the productivity within the Council and was an honorary recipient of the Council Coin for his outstanding service, and

WHEREAS, Dr. Coppola has diligently devoted significant amounts of time, public presence, humor, speaking ability, and enthusiasm to his duties as a Council officer; and

WHEREAS, Dr. Coppola represented the Council at all Board of Directors meetings during his terms as Vice Speaker and Speaker, made detailed reviews of Council and Board documents, and provided innovative and positive comments on a variety of issues; and

WHEREAS, Dr. Coppola is a recognized leader, program director, educator, communicator, and advocate for emergency medicine; and

WHEREAS, Dr. Coppola, in his role as a Colonel in the Texas Army National Guard, served as an exemplary Commander of the Texas Medical Command

WHEREAS, Dr. Coppola maintained an active presence in the Government Services Chapter, having served as its president twice, and as a Councillor for 15 years, and in the Texas Chapter as a chapter board member; participated in emergency residency visits on behalf of both chapters; led the Government Services Oral Board Review Course with 100% resident pass rate; assisted in outreach, membership recruitment and leadership cultivation; therefore be it

RESOLVED, That the American College of Emergency Physicians commends Marco Coppola, DO, FACEP, for his service as Council Speaker and Council Vice Speaker and for his commitment and dedication to the specialty of emergency medicine and to the patients we serve.

SUBMITTED BY: GSACEP

SUBJECT: Revision of “AMA Principles for Physician Employment”

PURPOSE: This resolution calls for the College to work to amend the “AMA Principles for Physician Employment” to state that automatic loss of medical staff membership or clinical privileges upon termination of employment should not be part of any physician employment agreement and that no physician employment agreement should limit a physician’s right to due process as a member of the medical staff if terminated.

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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.

GSACEP MEMBER AN ASTRONAUT CANDIDATE



We are proud to showcase one of our members, MAJ(P) Andrew Morgan, as the first Army physician, and most importantly- emergency medicine physician-- to be selected as an astronaut candidate by NASA. Bet most of us out of residency didn't even think we could be doing that!

MAJ(P) Morgan is a graduate of West Point and earned his medical doctorate at the Uniformed Services University of the Health Sciences. He completed his emergency medicine residency at Madigan Army Medical Center followed by several operational assignments with Special Operations units and the Special Forces selection process until he most recently completed a sports medicine fellowship with Georgetown University. As the product of an all military medical education, he has loved the many very unique experiences throughout his career including several deployments. He credits the many gifted leaders in his Army career that have inspired him to grow professionally in ways that he could not have done without their examples. He also

followed the careers of other Army astronauts like Tim Kopra, Shane Kimbrough, Mark Vandehei, and Jeff Williams over the years. While most of them were aviators, his selection as the first Army physician for the program reflects the Astronaut Corp's interest in diversifying its capabilities.

Admittedly while he had always had an interest in space and dreamed of becoming an astronaut, MAJ(P) Morgan never really thought it would happen and had not planned for it in his career. What he did plan for was a fulfilling career that took advantage of personal strengths and passions in operational medicine and taking care of soldiers, sailors, airmen, and marines on the battlefield. Now, however, he'll likely finish his military career representing Army Medicine in outer space as a NASA astronaut with our international partners in space exploration.

Astronaut selection occurs every few years at variable intervals—it has slowed down in the last decade—the last class prior to this one was selected in 2009, before that, 2004. The current selection process received the second highest number of applications ever, well over 6,000 (military and civilian combined). The only year with more applications was 1978 when they first began selecting classes for the space shuttle program.

The selection process for Dr. Morgan's class began more than 18 months prior to the start of the candidate class. A paper resume was on USAjobs.gov, and military members applied through their respective services. Each service screened their applicants and then submitted their names with the general pool of applicants. Over the next 9 months, NASA reviewed all the applications.

In fall, 2012, the numbers were culled down to 120 initial interviewees that would be brought to NASA's Johnson Space Center in Houston, TX, for some initial medical testing, language aptitude testing (will learn Russian), and a board-style interview. Then, in Feb-Apr 2013, 49 finalists underwent more aptitude testing, an extensive, week-long medical examination, and another board interview. The medical screening physical for "long duration spaceflight" was particularly extensive given that missions to the International Space station will likely be 5-6 months as opposed to the 7-14 day Space Shuttle missions. Not only did the physical include the rigorous testing of a standard flight physical, but also MRI and ultrasound imaging of most organs in the body. After all that was completed, the number was narrowed down to a target number of 8 and the selection was staffed through the NASA Administrator in Washington, DC, Former Astronaut Charles Bolden. This is the 21st class of astronauts selected since the original "Mercury 7" (John Glenn, Alan Shepard, etc.) were selected in 1959.



The strategic visions NASA has for its 2013 astronaut class include continuing the next chapter of human spaceflight by training for possible long duration missions on the International Space Station and preparing for possible missions to explore asteroids and Mars. NASA plans to continue operating the International Space Station until at least 2020 conducting valuable research that helps benefit life on Earth and demonstrating technologies to improve capabilities for reaching further in space. NASA is leading the world in Mars exploration, observing and analyzing asteroids and objects in Earth's neighborhood, developing enabling technologies and new capabilities – like the Space Launch System and the Orion crew capsule – to enable human exploration of asteroids and Mars, and making exciting discoveries about other bodies in our solar system and in the universe to answer questions about

our home planet and life beyond. MAJ(P) Morgan is really looking forward to the camaraderie of such a talented group of people brought together for the common purpose of space exploration. Our space program is a source of national pride demonstrating our technological prowess while fostering international cooperation. In his down time, he confesses to looking forward to "flying in jets and learning Russian when we're not flying in space!"

Not only is he stellar emergency medicine physician with a good deal of operational experience, an active member of GSACEP (he designed the GSACEP logo), but he is a genuine, caring soldier, family man, and friend. Let's wish him lots of luck with his future endeavors!

Sued for Malpractice? You are not Alone!

...and, you could help others

BY LOUISE B. ANDREW, MD, JD, FACEP

The ACEP Medical-Legal Committee all member survey conducted in 2010¹ suggested that the majority of emergency physician members had been named in a claim for malpractice at least once. Almost 10% of survey respondents had been named five or more times. Of cases litigated, over 85% of cases resulted in a defense verdict. However, 40% of respondents reported that some payment was made on their behalf in one or more claims.

A 2012 study of closed claims involving all specialties covered by a nationwide malpractice insurer revealed that emergency physicians received just over the average number of claims for all specialties; and was just under the average for all specialties in the percentage of physicians making payouts on claims. Average payment was approximately \$175,000.² Average duration of claims against physicians ranges from 11 months to 43 months.

In the ACEP Medical Legal Survey, fully 60% of sued respondents reported that they had experienced litigation stress. Few felt that they had any preparation or education in dealing with the stress. Considering the duration of most claims, lost productivity and diminished life satisfaction while a case is ongoing, the costs are far beyond monetary.

The stress of ongoing or impending malpractice claims can prompt a variety of intrusive feelings. Physicians undergoing litigation stress often feel isolation and sadness or irritability and anger, disbelief, a sense of betrayal or of being unjustly singled out. They may experience denial, anxiety, insomnia, inertia, or depression which can be low level or occasionally debilitating. The onset or exacerbation of physical illness, including gastrointestinal or cardiac symptoms is not uncommon but is often ascribed to tension, and therefore medical evaluation is typically delayed. Self treatment is common.

Litigation or medical malpractice stress also typically causes significant immediate changes in practice patterns, nearly all of which are deleterious to good practice and to patient relationships. Sued physicians emotionally distance themselves from patients, whom they may begin to view as potential future litigants. They become less confident in their capabilities, second guessing diagnoses, calling for more consultations, requiring more confirmatory lab tests, and admitting or transferring patients more liberally. They become much more obsessive in record keeping, which could be viewed as protective except that this often comes at the cost of effectively communicating with patients. It has been shown that physicians who have recently received claims may be more vulnerable to subsequent claims.

Physician litigation stress also can result in long range changes, especially if the physician already suffers from an emotional deficit or is sued early or multiple times over a career. Such physicians are more likely to consider changing practice locations or medical specialty, to consider retiring early, or changing careers altogether to something less stressful. In the worst cases, disability or even suicide may emerge as a result of medical malpractice stress.

There are a variety of approaches to dealing with the stress of litigation. The most important, after taking steps to insure a defense team is in place, is to identify all personal sources of

support and renewal. For example, sharing the fact of the lawsuit with spouse, counselor or clergy provides a protected mechanism for offloading the feelings engendered by the case, and is also a way of getting valuable feedback on how you are coping. Sharing is also possible with sympathetic colleagues, as long as the facts of the case and identifying information is not divulged. Contact with a peer who has “been there” and survived, can be life and career affirming. Educating yourself about the legal process, mastering the details and learning the legal strategies involved in your case, and practicing successful approaches to stress can begin to restore a sense of control over the situation (litigation) which is otherwise so alien to our sensibilities and daily operations as physicians and healers.

Last year, a multi-committee collaboration was begun within ACEP in order to address the unmet needs of members with respect to malpractice litigation stress. The Medical-Legal, Well-being, and Academic Affairs committees have been assigned objectives including the development of a centralized, web-based clearinghouse of educational materials and resources on litigation stress; the further development of a network of member peer counselors who have experienced litigation stress, and working with the Education Committee to develop CME specific to the issue of litigation stress as a way of increasing awareness of principles and resources available to members on this issue.

If you have suggestions of resources on litigation stress management, or if you have experienced litigation and are interested in serving as a peer counselor in the Peer to Peer Counseling program, please contact the author or Marilyn Bromley, ACEP's Director of Practice Management. More volunteers will make this a stronger program.

And if you are personally experiencing litigation stress, please be assured that you are not alone. You have many colleagues who have survived the experience and who will gladly share coping techniques and strategies with you.

ACEP's volunteer member peer support program is available to any member who is experiencing litigation related stress. Please contact Marilyn Bromley mbromley@acep.org, or call 800.798.1822, ext 3234.

1. Andrew LB. ACEP Member Medical-Legal Survey Results. ACEP News. March 2012.

2. Jena AB, Seabury S, Lakdawalla D, et al. Malpractice risk according to physician specialty. *N Engl J Med.* 2011; 365(7):629-36.

Dr. Andrew is a senior member of the Medical-Legal Committee, past and present chair of the Well-being Committee, and a medical malpractice litigation stress educator and counselor. She can be contacted at acep@mdmentor.com