A Chapter of the American College of Emergency Physicians

Government Services

EPIC

Spring 2013

The President's Column

By LTC J. Dave Barry, MC, USA

To say it's been a busy year for our chapter may be a bit of an understatement; we certainly have had quite a few ups and downs. The cancellation of our Government Services Symposium was a significant setback, but in the present environment of fiscal uncertainty, the board made the right decision. I want to thank again those who dedicated time and energy to organizing and planning GSS, including; The conference planning committee, chaired by MAJ Rachel Villacorta-Lyew; the specialty leaders, COL Ian Wedmore (Army), CAPT Andrew Johnson (Navy), and LtCol Mark Antonacci (Air Force); our Executive Director, Bernadette Carr; our distinguished invited speakers and conference faculty; our exhibitors and supporters, and so many others .

Many of our members may not be aware of the significant achievements we've made this year, so I'd like to take a moment to fill you in. Our membership is at an all-time high, with our total membership (primary and secondary) rising to over 1100 members. This makes Government Services the 9th largest chapter in ACEP, and we've earned additional voting spots on the ACEP Council. We now have a total of 11.

After working with Hagan Barron for almost two years on the project, GSACEP through Hagan is finally able to offer members who moonlight disability insurance. You can get info on our website, gsacep.org, or contact Christa Lee at Hagan Barron: clee@haganbarron.com

In 2012, our chapter authored a resolution to support our 300,000 veterans diagnosed with PTSD/TBI by tasking ACEP to collaborate with other professional societies to share educational resources related to the treatment and referral options in the management and sequelae of PTSD/TBI and promote research opportunities related to their diagnosis, management and treatment. This resolution was approved almost unanimously at the 2012 Council meeting in Denver in October.

Our chapter was just awarded a total of $17,750 by ACEP in support of two noteworthy projects spearheaded by two of our members. The chapter received $15,000 in support of a project developed by Col Lee Payne to document and catalogue the rich History of Military Emergency Medicine.

LCDR Brad Butler was provided $2,750 to complete the "Core man" lecture series project. This money will allow us to reproduce lectures of core emergency medicine topics relevant to medics. For details, please see article below.

As you see, it's been a busy year for GSACEP. Despite the fiscal uncertainty, I'm happy to say our chapter remains strong, both in numbers and finances. As my year as president closes, I'm excited and inspired by the energy and enthusiasm of our newly elected officers. With the vision and passion of both our new Board members, as well as current members of the Board, I look forward to future accomplishments. It has been my pleasure and honor to serve as president of your chapter. I look forward to continuing to serve with you in the following years.

GSACEP Receives Two Chapter Grants

GSACEP was recently awarded a $15,000 grant from national ACEP for work on its ambitious project, The History of Military Emergency Medicine. Conceived by Col Lee Payne, MD, MBA, FACEP, the project aims to interview the leadership of military medicine from its "founders" in the 1970s through to the present day. By talking to past and present leaders, the chapter hopes to obtain a comprehensive picture of this evolving specialty in its unique environment but one that has always added benefits to the practice of civilian emergency medicine.

In Part I of the project, these leaders will be interviewed by history professionals whose experience is in conducting structured historical interviews. In Part II of the project, the chapter plans to develop the material as an historical text that is also a textbook for the young men and women who are training to be military emergency physicians.

When complete, the edited material will be placed in the Archives of the Uniformed Services University of Health Sciences. Opportunities will exist for marketing the project and ACEP's participation at this event which will occur in the National Capital Region.

An executive summary of the collection's contents and overview will be provided to all emergency medicine residency programs on a flash drive. This will also include information on how to access the entire History of Military Emergency Medicine source document collection.

Access to the collection will be made available by request on the GSACEP website

Given the scope of this project, it might take as long as three or four years to complete. However, we plan to get underway with interviews of the pioneers of military emergency medicine right now.

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GSACEP Receives Grants continued

We also recognize that this will be a costly project, but one that is truly necessary and beneficial. We will be seeking other grants and financial support, but we also ask you to please consider donating. If you visit our website, gsacep.org, you will be able to access a donation page, or to donate sums above $1000, contact the chapter at gsacep@aol.com.

GSACEP also received a national ACEP grant for $2750 to create, publish, and distribute the "Core" man Lecture Series. This series was developed by GSACEP member and Navy Reservist LCDR Brad Butler, MD, FACEP, during his deployments. While on Active Duty in Okinawa, Japan, in 2010, and during his deployment to the Role III Hospital in Kandahar, AFG, last year, LCDR Butler realized the need for an easy to use core lecture series to enable emergency physicians to give brief lectures to our corpsmen and medics, who are always hungry for education. To this end, he created a series of brief, one-page lectures. The ACEP grant will enable GSACEP to put together PowerPoint presentations for this core series and distribute them on CD to our members. LCDR put together a "quad service" group of emergency physicians and emergency medicine residents to complete this project. A special thanks to LT Lauren Oliveira (NMCSD EM residency), CAPT Brian Kitamura (Army National Guard member and Maricopa Medical Center EM resident), CAPT Patrick Glynn (US Air Force and Maricopa Medical Center EM resident) and CAPT Tom Bostwick (US Coast Guard (ret) and Maricopa Medical Center EM Faculty) for their work on this project.

In This Issue

From the Editor's Desk

MAJ Rachel Villacorta-Lyew, MC, USA

Here is an especially robust and hearty issue of EPIC! With the unfortunate cancellation of Government Services Symposium, we have lost the opportunity to network and share information face to face. As the chair of the conference planning committee, I was particularly disappointed but remain optimistic that our organization will continue to find ways to strengthen our military and government service connections in the practice of emergency medicine. With the sequester looming over an already bleak financial and political climate, we will have to create innovative opportunities for members to network and obtain practice specific CME credits. Please participate in the upcoming surveys to help GSACEP develop and tailor these opportunities to your needs.

Take a few moments to peruse this issue as it highlights many of the strengths of our emergency medicine colleagues and our organization among the GSACEP chapter awards recognizing the achievements of our members, ACEP grants to further improve the practice of military emergency medicine, and the way ahead outlined by our specialty leaders. Also, please recognize the increasing involvement and presence of our Veteran's Administration colleagues with the recent election of our new council members. I believe with the evolution of our government's financial priorities and their involvement in foreign policy, the partnership among the medical communities of the military and VA will need to become stronger than ever to face new challenges.

There are great things we have done and are continuing to do as a specialty and as an organization! Thank you for all of your contributions!

President Elect Column: Turning Obstacles into Incentives

By Col Christopher G. Scharenbrock, USAF, MC

As I am about to start my year as President of GSACEP, I have to admit experiencing sadness that we were unable to hold GSS 2013 in San Antonio this year. The Conference Committee, led by MAJ Rachel Villacorta-Lyew, had developed an outstanding curriculum, with great speakers, and topics relevant to military and VA Emergency Medicine. However, the loss of central funding was a big blow to the prospects of having adequate attendance to make the conference a fiscally responsible activity this year.

The Board of Directors will meet in the near future to discuss the way forward for future conferences. With current national budgetary uncertainty, I think there's a good chance that funding for CME TDY's may be a thing of the past. If that's true, federal physicians will still need CME credits to maintain state licensure and will need to budget some of their hard-earned dollars to meet those requirements. While there are many inexpensive online CME venues that can be accessed to meet CME requirements, it is my hope that our membership, and others, will see the value in attending future symposia from GSACEP.

Why? Well, the registration fees for GSACEP are lower than most other conferences, with no additional fees for attending an Ultrasound program, LLSA review, or Oral Board Course, all of which have been included in over-all curriculum these past years. There is also no other emergency medicine conference that has so many speakers with unique military emergency medicine experience. Finally, and certainly not least, it is an outstanding venue to network with other military and federal emergency physicians. It is also a way to recognize our talent by presenting special awards at the meeting, and to enjoy ourselves in off-hour activities. I know the Board of Directors will do whatever we can to maintain a meeting with the best possible value for our members.

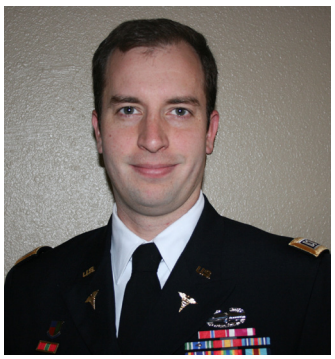
So, after cancelling my hotel reservations and changing my flight plans to take me home to California instead of San Antonio, I decided that this is only a temporary setback for GSACEP and to look forward to our organization competing on a level playing field to attract attendees to a world-class conference next year. In the words of Ralph Waldo Emerson, "Fractures well-cured make us more strong". Let's use these current difficulties to become better.

Finally, as Chair of the Awards Committee, I would like to thank all those who nominated members for awards. After a slow start, we received award packages that were well-written with candidates who were all outstanding. The Board reviewed the packages, and after considerable discussion, chose this year's winners. I encourage you to read about them in another portion of this newsletter. The criteria for awards is unlikely to change significantly over the next year. As you watch your colleagues do outstanding things over the coming months, start considering them for GSACEP awards in 2014. It's never too early (or too late) to recognize outstanding performance.

Newly Elected GSACEP Board Members

Congratulations to our newly elected Board members. They will assume their new roles on the GS Board this month, March 2013.

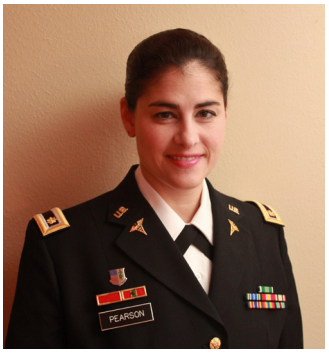
President Elect: Maj Torree McGowan, USAF, MC



Resident Representative: CPT Daniel Brillhart, MC, USA

Councillor: LCDR David Bruner, MC, USN

Councillor: Chad Kessler, MD, MHPE, FACEP



Councillor: MAJ Nadia Pearson, MC, USA

The 2013 GSACEP Award Winners

EXCELLENCE IN MILITARY EMERGENCY MEDICINE AWARD: COL Ian Wedmore, MD, FACEP

This year's recipient of GSACEP's highest award, Col Ian Wedmore, MC, USA, has excelled across three military career paths – clinical, operational and academic. He has served as faculty at Madigan Army Medical Center EM residency since 2005 in multiple positions including Interim Chief, Dept. of Emergency Medicine, 2009-2010. Col Wedmore currently serves as Fellowship Director, Austere and Wilderness Medicine, which he started. He has faculty appointments at three medical universities and over 200 presentations at the local, regional, national, and international levels. A respected researcher, Ian has contributed to over 39 publications, served on five editorial boards, and been an editor of two books. In 2005, he was awarded the Medical Corps Surgeon General's "A" designator for academic achievements in Emergency Medicine. In 2011, he received the international diploma of mountain medicine.

His contributions to operational medicine are even more impressive. He has probably more deployments than any military emergency medicine physician. He is a highly decorated and respected leader in the Special Operations Forces (SOF) community. COL Wedmore has deployed to both Iraq and Afghanistan on numerous occasions and five times served in Command Surgeon roles. Ian is the recipient of multiple military awards to include the Bronze star with 3 Oak Leaf Clusters, the Combat Medical Badge, the Airborne Badge and the Air Assault Badge. In addition, he has taken his experiences and battlefield skills and weaved them through his academic career fostering innovation and improving combat care.

Since 2004, COL Wedmore has served as Emergency Medicine Consultant to the Army Surgeon General. He has led Army EM through some challenging times with diplomatic and collaborative style. He is a longtime GSACEP and ACEP member and frequent lecturer at Government Services Symposium. Over the past several years, he has helped to introduce new curriculum, and he has been a staunch advocate for the meeting during some challenging times. He is a role model servant leader.

MEDICAL DIRECTOR AWARD: LTC(p) Timothy Barron, DO, FS, FACEP

As Joint Task Force Chief, Department of Emergency Medicine, Ft Belvoir, VA, LTC Tim Barron, MC, USA, was instrumental in designing the new Fort Belvoir Community Hospital ED. Essentially creating a 21st century Emergency Department de novo, with limited resources in an austere fiscal climate was nothing short of herculean. As part of this process, Tim Barron implemented a state of the art Fast Track and created an ED "rapid response team" that responds to any part of the hospital to promptly retrieve patients for emergency care. Through it all, LTC Barron managed this process with his trademark enthusiasm and equanimity. Despite a record-breaking 51,000 encounters last year, 204 employees, and a budget of 14 million dollars in his department, Tim still manages to see patients every week with a provider satisfaction score of 99% -- and he directs the Fort Belvoir EMT training program for the AMEDD to include the 68W and CLS sustainment training program.

In short, Tim Barron inspires confidence in his staff, colleagues, superiors and patients alike. He possesses a rare combination of superior clinical ability, leadership, administrative excellence and military bearing that makes him a role model for junior officers and civilian staff alike. It is no wonder that he was a below zone promotion to O-6.

LTC Barron, a recipient of the Bronze Star, had already departed for his third deployment when GSACEP notified him that he was to receive the 2013 GSACEP Medical Director Award. We're glad the news has finally caught up with him.

RISING STAR AWARD: MAJ Tristan Knutson, MD, FACEP

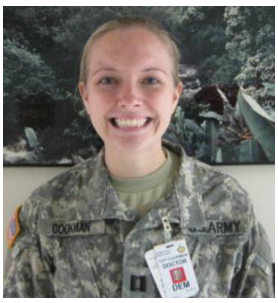
Assistant Program Director at Madigan Army Medical Center, Ft. Lewis, WA, MAJ Knutson, MC, USA, has impressed his peers by his dedication to senior residents, meeting with them regularly for advice and professional development. He has also had multiple positive initiatives as Assistant Director. Under his leadership, the residency was able to easily transition from one reading curriculum to another, and overhauled its feedback system. He personally conducts a monthly journal review with all senior residents.

As a faculty member at Madigan, Tristan deployed once to Iraq, and later volunteered for a second deployment to Afghanistan. He has served on multiple departmental and hospital committees, and has a substantial number of publications, textbook chapters and poster presentations to his credit.

MAJ Knutson's work ethic is what truly sets him apart and makes him unique. He leads by example, showing up early for every grand rounds, journal club, simulation day, and live tissue lab. Not once has he complained about being overworked, or compared his workload with that of his peers; in fact, he keeps asking for more.

In sum, Tristan Knutson is a Rising Star in military emergency medicine and a worthy recipient of GSACEP's Rising Star award for 2013.

LEADERSHIP and ADVOCACY AWARD: CPT Laura Cookman, MD



CPT Laura Cookman, MC, USA, has been impressing her leadership and peers since she arrived in the residency program at Madigan Army Medical Center, Ft. Lewis, WA. Staff and peers awarded her EM-1 of the year; EM-2 of the year, and selected her to be Chief Resident in her final year of residency. CPT Cookman also currently serves as resident liaison on the Board of Washington ACEP, and attended SA as an Alternate.

Her leadership skills and academic achievements have repeatedly put her at the forefront in her young career. She received the Distinguished Military Graduate Award from the Army ROTC upon her graduation from Wake Forest University. She was valedictorian of her class at George Washington University School of Medicine. Now, she can further hone her skills as a recipient of GSACEP's Fellowship. "I am very honored to receive this fellowship. I look forward to working with GSACEP over this next year and more years to come," says CPT Cookman.

LEADERSHIP and ADVOCACY AWARD: CPT Brett A. Matzek, MD

Chief Resident at Darnall Army Medical Center, Ft. Sam Houston, TX., CPT Brett Matzek, MC, USA, plans to be a career military physician. His understanding that his role as a physician and officer requires strong leadership skills led him ultimately to seek the GSACEP Fellowship. Recognizing that there is no "formal" training on leadership, CPT Matzek sought leadership roles at Darnall including the procedure lab coordinator, and Chief Resident. "I believe the LAC fellowship will give me the opportunity to become more involved with both GSACEP and ACEP though Board meetings and by taking a more active role among the leadership. It will help me establish relationships that will prove very useful in the small world of emergency medicine. By attending the LAC in DC, I will further gain the skills needed to interact and communicate with Congressional leaders. These skills, no doubt will benefit me, but also benefit emergency medicine as a whole. The more active leaders we have, the bigger voice we have."

Abstract Competition Winners

While GSS 2013 was cancelled, we still received a number of outstanding abstract submissions. Of the 19 submitted, these are the winners:

1st Place:

Low-dose ketamine vs. morphine for acute pain control in the ED - a randomized, prospective, double-blinded trial.

*CPT Steven G. Schauer, DO - EM Resident (PG3), San Antonio Military Medical Center (SAMMC), San Antonio, TX.

Co-authors include Maj Josh Miller, LtCol Vik Bebarta, Victoria Ganem, Maj Sarah Abel, and Capt Sean Ray of SAMMC.

2nd Place:

Prescription stimulant misuse in a military population - prevalence and risk factors.

*MAJ Jennifer N. Kennedy, DO - EM Resident (PG3), San Antonio Military Medical Center (SAMMC), San Antonio, TX.

Co-authors include LtCol Vik Bebarta, Col Shawn Varney, Victoria Ganem.

3rd Place:

Transcricothyroid ultrasound for confirmation of endotracheal tube placement by U.S. military EM providers

*Capt Michael Rabener, MMS, DSc-EMPA-C; Staff PA, San Antonio Military Medical Center (SAMMC), San Antonio, TX.

Co-authors include MAJ Eric Chin, CPT Chase Donaldson

Report from the Consultants

The State of Army Emergency Medicine

By Col Ian Wedmore, MC, USA, Army Emergency Medicine Consultant to the Surgeons General.

It is unfortunate that the DOD is under the negative effects and potential stress of the sequestration as there are quite a number of good things happening in Army Emergency Medicine.

GME: Emergency Medicine remains one the most popular and competitive specialties. This year we had at least two applicants for every training spot. This includes the fact that Georgia Heath Sciences University/EAMC took an additional three candidates and CRDAMC an additional candidate. Thus, we will have 36 resident starts in 2014. Our fellowships continue to increase in number and diversity. This year we have training starts for EMS, Wilderness Medicine, Sports Medicine, and three critical care starts.

Deployments: Deployment requirements are basically steady from last year, which is down from 2 years ago when we were still involved in IZ, but still remain substantial. This is for both 62A deployments as well as for those filling 62B deployments. The good news is that almost all deployments are either 4.5 or 6 months long.

Operational Fills: For the first time this year we have had greater ability to send new graduates to ED spots as opposed to operational positions. This is due to a number of subspecialists helping to fill the Brigade surgeon requirements. Hopefully this trend will continue and allow new graduates to spend the first year after residency in an ED before filling an operational position.

Conferences: This is the one piece of not so good news. Because of sequestration money can only be used for conference TDYs that are considered mission essential. In short, what this means is that you can really only be funded if your presenting or can somehow directly tie the conference to a wartime mission. CME is not a mission essential requirement. Any conference funding requires regional as well as OTSG and Secretary of the Army Approval. Don't ask for funding solely for CME; it will not be supported. Hopefully this will improve before too long.

Assignments: Assignments for next year are 99% complete and your RFOs should be in soon if not already. If not please contact MAJ Jason Lee, our branch manager.

Air Force Update

By LtCol Mark Antonacci USAF, MC, Air Force Emergency Medicine Consultant to the Surgeons General

Overall things are looking good for 2013.

Assignments: Summer assignments will be released earlier than usual this year. This is due to a software upgrade to the system AFPC use to load assignments (MilPDS). By the time this goes to print, all summer assignment notifications should be sent. If you are moving this summer and have not received your assignment notification, please contact LtCol. Glover at AFPC and me. We will actually be slightly over-manned for AF Emergency Medicine physicians once the smoke clears this summer. This makes it nice once you get to your location, but makes it a lot more challenging to get residents their base of preference.

Deployments: Despite adequate manning, we still struggled to meet our deployment requirements. We are currently still sending folks to ground taskings at Bagram, Manas, Al Udied. We have several CCATT taskings each block and now have four TCCET teams each block as well (each one with an emergency physician). And, of course, at any given time we have a number of folks supporting special ops units/missions. I expect we will continue to have at least this many taskings for the next couple rotations. One important potential change on the horizon is the projected implementation of "AEF Next." As mentioned in my last couple updates, this change (which will involve the entire Air Force) will move us from the current 1:3 deploy to dwell ratio (6 months deployed, 18 months at home) to a 1:2 deploy to dwell (6 months deployed, 1 year at home). We have had several reclamas which inevitably lead to short-notice taskings. Reclamas due to manning I should be able to predict, but if you can foresee a potential issue please let me know as soon as possible so we do not have to task anyone at the last minute.

GME: We were again one of the most competitive AF specialties in the last JSGME Selection Board. We had 50 applicants for 34 positions (including 2 matched for Emerg. Med/Flight Med). For fellowships, we had Critical Care (2), EMS (1), Toxicology (1), and Ultrasound (1) available. We filled the 2 Critical Care and the EMS positions. I expect similar numbers and the same fellowships available for this year's GME selection board.

Conferences: As mentioned in my recent message, the conference approval process has become much stricter. I don't know how long this scrutiny of conferences will last, but I will continue to forward any conference package submitted to me for review as long as it has reasonable justification. Keep in mind that these packages are supposed to be submitted at least 90 days prior to the start of the conference. Also, remember that the package that is routed through me to the Sec. of the Air Force Administrative Assistant (SAF/AA) has nothing to do with funding. You may have additional approval processes for funding and local approval through your chain of command. Believe me, I know how painful this process is and I am looking forward to some loosening of the restrictions. I am sure we all are. At the same time, I don't expect any significant improvements in the immediate future. But check the Kx Conference webpage for the latest info.

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Air Force Update continued

ED Process Improvement Project: We have seen a worsening of almost all our metrics over the last couple months. This is largely a result of increased volume due to the moderately severe flu season with some other specific local factors at some locations. Increased manning after the summer moves should be a help, but of course we will have the typical summer manning shortage before then. Please make sure you are maximizing the concepts of the AFSO events at your location prior to the summer crunch. Processes like rapid triage, nursing protocols, team assessments, keeping vertical pts vertical, and holding/bridge orders can all help to make everyone's life easier. I encourage you all to take another close look at your processes and eliminate waste. Obviously some processes may be outside your control. If you need help, please let me know what I can do.

As always make sure you are minimizing risks. Two great ways to minimize risk: Follow established procedures to prevent patients from leaving the ED with abnormal vitals without your knowledge. Make sure your processes for following up on abnormal labs and radiology procedures is effective.

Thanks for all you do and let me know if I can assist in any way.

Navy Update

By CAPT Andrew Johnson, MC, USN, Navy Specialty Leader

DEPLOYMENTS:

We are more stressed as a community in regard to deployments than at any time during my tenure as Specialty Leader. I was looking forward to seeing a tapering off of our operational requirements this year but have seen no relief, and we've picked up a long-term mission on the Black Sea that was previously covered by the Reserves

EM has the following habitual operational requirements:

16 MEU positions (a few are slated to be phased out)
3 JSOC positions
2 Black Sea STP positions
2 Army IA FST positions
1 Djibouti position
1-2 ERSS positions
5 MLG positions
2-5 Kandahar positions (depending on RC support)
3 CBIRF positions (applying to convert 1 to IM)
1 Comfort/Mercy
TOTAL= 36-39 positions

Of the total EM provider force, almost 1/4 (35) are non-BSO 18/non-clinical billets (XO, senior operational, White House, etc.). This leaves a pool of 117 individuals being used to fill the above missions, so approximately 1/3 of the clinical workhorses at any one time are being used to fill these missions. An additional 5-7 providers on average have medical issues that disqualify them from deployment.

The bottom line is that the message we are receiving from the planners is that we are overmanned, and there has been little flexibility or support in using creative solutions for manning problems, backfill requirements, or attempts to reassess and eliminate excess capacity in these missions. Navy Emergency Medicine's number one priority is to support the fleet; however, the current planning and manning model appears to be suboptimal. We are victims of our own success and in high demand, which is not a bad thing. I am working with the Chief of the Medical Corps to get us a seat at the planning table to make sure our voice is heard as requirements are determined.

2013 SLATE:

I released the 2013 slate last week and feel like the overall ability to meet individual requests was more difficult this year. Specifically, I wasn't able to give most new graduates or junior staff their first choices for assignment. In fact, not a single new graduate received orders to a CONUS location west of the Mississippi. The popularity of commands is somewhat cyclical, and this year Southern California was the most requested location. In addition, there weren't many billets opening up among those commands. On the other hand, there wasn't nearly as much of a demand for Europe as there has been in a past. Every year has had a different flavor in terms of what is in demand. I will start surveying the community at the end of the summer regarding future plans and requests for 2014.

TRAVEL:

If you are seeking funding to attend an educational conference for CMEs, I would warn you that the process is now extremely onerous and success is far from guaranteed. Do not make firm travel plans until you have received official approval from both BUMED for the conference and your command for funding. Now that the sequestration process has taken place, the initial word has been that only mission essential travel will be funded. Until the budget process for the next few fiscal years is resolved, look at local or online solutions for your CME needs. Permissive TAD can still be approved by your local command.