



The President's Column

By Col Lee Payne, USAF, MC

"GSACEP is a great place to get engaged, have your opinions heard, impact the specialty of emergency medicine, and help develop your organizational leadership skills in the process."



It seems like yesterday that we were saying good-bye to 2010 and ringing in the New Year! It is absolutely amazing how much of 2011 has already roared past and with it a good portion of my year as President of GSACEP. In this edition of the EPIC, I want to outline some of my goals for the chapter and what we hope to accomplish this year.

Chair; Conference, LTC Bonnie Hartstein, Chair; Communications, Co-Chairs, Maj Torree McGowan, and Cpt Rachel Villacorta-Lyew, and Awards, Chaired by our President Elect, LTC Dave Barry. Please let me know if you are interested at lee.payne@us.af.mil, or at GSACEP@aol.com, and we will get you in touch with the right person. Also, if you see other committees you feel we should add, please suggest them and we'll present it to the board. We can really use more of our 835 member's participation in the chapter!

Membership: We are the 12th largest chapter of ACEP with 835 members! This currently allows eight counselors to represent us at council meetings and offers great opportunities to influence our national organization. We hope to analyze that membership over the coming year to determine where we can continue to grow. Many Veterans Administration Emergency Physicians have joined our chapter, and we encourage many more to join our ranks. We believe GSACEP is the perfect organization to represent ALL federal emergency physicians. As our membership grows, so grows the chapter's influence!

We are continuing to look for ways to add membership benefit. For example, we are researching the possibility of offering low-cost group insurance policies that would be written with the military physician in mind. We are providing three scholarships each year to ACEP's Leadership and Advocacy Conference.

This year, we are also expanding our awards program to recognize young up-and-coming emergency physicians—more on that to come! Our goal is to make this chapter as valuable as possible to you!

Committee Membership/Leadership Development: Committee participation is a great way to get involved in GSACEP, begin to understand how the organization works and interacts with the national organization, and develop the future leaders for this chapter and for national ACEP. My top goal is to expand our membership involvement in the chapter and grow the next generation of committee chairs, future board members and chapter president. Even if you do not plan to stay in the military past your service commitment, GSACEP is a great place to get engaged, have your opinions heard, impact the specialty of emergency medicine, and help develop your organizational leadership skills in the process. Currently, we have four committees: Membership, Col Chris Scharenbrook,

I am extremely honored to serve as your President this year and with the rest of the board of directors of GSACEP we look forward to serving you as you serve this great nation of ours! We understand your sacrifice and the contribution that you and your families make every day and the demands of nearly a decade of war. With the operations tempo, it is difficult to think of adding anything else to your plate, but I hope you will consider getting involved in GSACEP. This is an incredibly exciting and challenging time for healthcare in the United States and for emergency medicine. The decisions made about our specialty in the next few years will affect how we practice and how we care for our patients. Get involved and help us shape emergency practice for the future!

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**WORLD CLASS RESEARCH PRESENTED AT THE
2011 GOVERNMENT SERVICES SYMPOSIUM CONFERENCE
BY MAJ Eric Baden, MC, USA**

GSACEP held its annual research forum at GSS 2011, its CME conference in San Antonio, TX, March 6-9. Once again, it was an overwhelming success. Col Shawn Varney, USAF, MC, Emergency Medicine Research Director at the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) led a team of judges that included CAPT James Ritchie, MC, USN, Portsmouth, VA; MAJ Everett Fuller, MC, USA, Ft Hood, TX, and MAJ Eric Baden, MC, USA, from the 121st CSH in Seoul, Korea.

Overall, 20 healthcare providers (EM attending physicians, residents, PAs, and medical students) representing all three services presented at one of two moderated poster sessions; seven residents/staff gave oral presentations. Congratulations to the following researchers who were chosen as the winners within their respective categories.



CPT Daniel Conway, DO Receives his plaque from Col Shawn Varney, MD for the Best Resident Oral Presentation

BEST (TIED) RESIDENT POSTER PRESENTATION: CPT AARON CRONIN, PA-C from Madigan Army Medical Center.

Supraclavicular approach to subclavian central venous catheterization:

Ultrasound guidance versus landmark approach with a simulation training model

Assistant Investigators include Cord Cunningham MD; Laselle Brooks, MD; Christopher Kang, MD; James Schmid, DScPA-C; Ken Hyde PA-C; Raywin Huang, PhD; Jason Heiner, MD

BEST (TIED) RESIDENT POSTER PRESENTATION: CPT BRET PEARCE, MD, from SAUSHEC.

Lack of effect of intravenous fat emulsion therapy on hypotension in a swine model (*Sus scrofa*) of diphenhydramine toxicity

Assistant Investigators: Shawn Varney, MD; Susan Boudreau, RN; Toni Vargas, PA-C; Vikhyat Bebarta, MD

BEST STAFF POSTER PRESENTATION: MAJ DAVID A. MASNERI, DO from Womack Army Medical Center

Impact of a Formal Ultrasound Program on a Non-Residency Emergency Department

Assistant Investigators: Charlene C. Colon; Frank Christopher, MD

BEST RESIDENT ORAL PRESENTATION: CPT DANIEL CONWAY, DO, from SAUSHEC

Emergency Department patients evaluated by bedside biliary ultrasonography:

Does Radiology ultrasonography alter disposition?

Assistant Investigators: Eric Baden, MD; Kenton Anderson, MD; Shane Summers, MD

BEST STAFF ORAL PRESENTATION: LTC STEVEN GAYDOS, MD,

from the U.S. Army Aeromedical Research Laboratory, Fort Rucker, AL

Comparison of the effects of ketamine and morphine on the performance of representative military tasks

Assistant Investigators: AM Kelley, PhD; CM Webb, MS; JR Athy, MA; PL Walters MBChB

Thanks again to everyone who participated. The need for high quality military emergency medicine research has never been greater, and based on the quality of this year's presentations, the call is being answered. We encourage all members of the EM community to pursue the lofty ideals of finding the medical truths in the universe as we continue to advance the knowledge of emergency and combat care. We look forward to seeing more high quality research at next year's scientific meeting which will be 1-5 April 2012 at The Village at Squaw, CA (<http://www.gsacep.org/upcoming-events/>) .



LTC Steven Gaydos, MD receives his plaque from Col Shawn Varney, MD for the Best Staff Oral Presentation

GSS 2011



If you missed this year's GSACEP CME Conference in March in San Antonio, you missed one of the highest attended in recent years with almost 200 participants. This year, too, a Simulation Lab was developed under the direction of LtCol Robert Thaxton, and CAPT James V. Ritchie. It received extremely high marks from attendees, and will be repeated in 2013. There were other highly valued workshops, including Basic and Advanced Ultrasound, LLSA Review, and a Toxicology Lab.

Among the conference's more than 40 distinguished speakers were former ACEP presidents E. Jackson Allison, Jr., MD, MPH, FACEP; J. Brian Hancock, MD, FACEP; and Col Linda Lawrence MD, FACEP. Lt Gen J. Bruce Green, MD, Surgeon General of the Air Force (pictured with Col Payne and LTC Givens) was a guest speaker as was ACEP Board member, Jay Kaplan, MD, FACEP, and the Three Consultants to the Surgeons General Antonacci, Johnson, and Wedmore.



There was still time to party at our opening reception, and to honor our leaders at the Chapter Lunch. The 2010 recipient of the GSACEP Excellence in Military Emergency Medicine Award, CAPT James V. Ritchie, MD, FACEP, received his award there having been deployed last year. The 2011 recipient, COL John McManus, MD, FACEP, accepted in the company of his wife and twins.

Thanks to the leadership of LTC Melissa Givens, conference chair for the last two years, and her outstanding committee including VHA leadership, the conference has gotten better and better. It also got a little more high tech with a specially designed program from Maj Torree McGowan to access faculty evals on your smartphone with a chance to win an iPad2. Congrats to winner CPT Delbert Clark.

If you missed out this year, please don't next. Join us at Squaw Valley April 1-5.



EMERGENCY DEPARTMENT PATIENTS EVALUATED BY BEDSIDE BILIARY ULTRASONOGRAPHY: DOES RADIOLOGY ULTRASONOGRAPHY ALTER DISPOSITION?

CPT Daniel Conway, MC, USA
MAJ Eric Baden, MC, USA
Capt Kenton Anderson, USAF, MC
CPT Shane Summers, CPT, MC, USA

Study Objective: The primary objective is to determine if radiology biliary (GB) ultrasonography changes the disposition of adult Emergency Department (ED) patients who already received emergency physician performed bedside GB ultrasonography. The secondary objective was to determine how much radiology GB ultrasonography increases the ED length of stay.

Methods: We conducted a prospective, observational study on a convenience sample of adult ED patients presenting with a chief complaint of abdominal pain suspicious for biliary disease. Bedside GB ultrasonography was performed by emergency medicine residents and attending physicians at an academic institution. The emergency physician assessed for gallstones, a sonographic Murphy's sign, gallbladder wall thickening, and pericholecystic fluid. The emergency physician then recorded the diagnosis, disposition, and the time on a structured data collection form prior to radiology GB ultrasonography. After the radiology GB ultrasonography, the emergency physician recorded the radiology findings, the final disposition of the patient, and the time the radiology report was received.

Results: Fifty-one patients were enrolled and received bedside and radiology GB ultrasonography. Eleven patients (21%) were diagnosed with acute cholecystitis. All eleven of these cases were detected on bedside GB ultrasonography. Twenty-two patients (43%) were diagnosed with cholelithiasis on bedside GB ultrasonography. Only 2 patients (4%, 95CI 1.1-13) had their diagnosis & disposition changed based on the radiology GB ultrasonography. These 2 patients were diagnosed with cholelithiasis on bedside GB ultrasonography, but the radiology GB ultrasonography was normal. Agreement between bedside GB ultrasonography and radiology GB ultrasonography was excellent ($K=0.92$, 95CI 0.8-1.0). Length of stay was increased by an average of 101 minutes (SE 9.4 minutes) with a median of 93 minutes waiting for the radiology GB ultrasonography.

Conclusion: In this single center study, radiology GB ultrasonography increased the ED length of stay without significantly altering the disposition of ED patients with suspected biliary disease who already received bedside GB ultrasonography. With adequate training, bedside GB ultrasonography has the potential to be an acceptable, stand-alone study that may improve ED throughput.



Dr. McManus' wife and twins at the chapter lunch.



Opening reception GSS 2011 was held at Pat O'Brien's

MEET GSACEP's 2011 EXCELLENCE IN MILITARY EMERGENCY AWARD WINNER

COL John McManus, MC, USA, is the recipient of the GSACEP 2011 Excellence in Military Emergency Medicine Award.



COL McManus is the Director of U.S. Army EMS Programs Management Division, AMEDDC&S, Fort Sam Houston, TX. As such, he is responsible for the sustained training of over 39,000 Combat Medics on Army installations throughout the world. He also serves as an EMS Fellowship Program Director, SAUSHEC, and Adjunct Associate Professor of Emergency Medicine University of Texas Health Science Center, San Antonio, TX.

Prior to joining U.S. Army EMS, COL McManus served as Director of the Center of Pre-Deployment where he trained thousands of healthcare personnel preparing to deploy. His various assignments included Eisenhower Army Medical Center, Fort Gordon, Georgia; Supreme Headquarters Allied Powers Europe (NATO HQ), Belgium; 123rd MSB, Tuzla, Bosnia; Madigan Army Medical Center, Fort Lewis, Washington; Darnall Army Medical Center, FT. Hood; 11Sth FSB 1st Cavalry Division,

Operation Desert Spring, Kuwait; U.S. Army Institute of Surgical Research, Brooke Army Medical Center; the 28th Combat Support Hospital, Mosul, Iraq; Camp Diamondback and Camp Marez, Iraq.

As a longtime member of GSACEP, Dr. McManus served for three years as Committee Chair of its annual CME conference. He was Secretary-Treasurer of the Chapter from 2003-2005, President in 2006-2007, and has been a Councillor or Alternate since 2003. With a chapter grant from ACEP, he developed a Combat Tactical DVD that was made available to all military emergency physicians deploying.

As an academic, COL McManus created the first military emergency medical fellowship, EMS, and served as the inaugural program director. He has published over 75 scholarly works in the field of trauma and emergency medicine. He serves as a reviewer and editor for multiple journals and textbooks. He is a nationally acclaimed speaker and has presented over 60 abstracts and over 200 academic presentations world-wide.

COL McManus has received numerous awards, decorations and honors. He also received the Surgeon General's Recognition Award as the outstanding LTC in the AMEDD in 2006.

Resident Scholarship Winners 2011

LCDR Miguel Gutierrez, MC, USN, and LCDR Ellie Ventura, MC, USN, both of Naval Medical Center Portsmouth, are the 2011 recipients of GSACEP's Resident Scholarship Award to ACEP's Leadership and Advocacy Conference in Washington, D.C. The residents submitted their CVs and letters of interest and were selected among candidates from several residencies.

LCDR Gutierrez is currently Chief Resident at Portsmouth. He also serves as the program representative to EMRA, and hopes to become more active in GSACEP through its conference committee as well as serve on ACEP committees. LCDR Ventura has over 20 years in the Navy where she began as a Seaman Recruit and rose through the ranks. In her first years in the Navy, she built and maintained underwater explosive mines as a mineman seaman. She received her Doctor of Medicine from Northwestern University in 2004, and received an MPH from Eastern Virginia Medical School in 2008. She too is active in EMRA.

GSACEP pays transportation, per diem, and hotel costs for scholarship winners. GSACEP's Resident Representative, CPT Joshua Simmons, MC, USA, from Madigan, is also being financed by the chapter to attend. In a future issue of EPIC, the residents will highlight their experiences at the meeting and on Capitol Hill. GSACEP believes in developing its future leaders, and introduced its Resident Scholarship Program to the ACEP L & A in 2007.

Residency Membership in GSACEP

By CPT Joshua Simmons, MC, USA

We cross state lines and bring together all three military medical branches. Joining the chapter and attending our annual conference is a great opportunity to meet some of the leaders in the field of emergency medicine.

Fellow soldiers, airmen and sailors, I am the Resident Representative for the Government Services Chapter. Most of you who are reading this are probably already members of GSACEP, but I know that there will be some people who will not be, and I wanted to talk to each group because I think you may not be aware of the benefits of being a member.

We are one of the larger chapters of ACEP with over 800 members. We cross state lines and bring together all three military medical branches. Joining the chapter and attending our annual conference is a great opportunity to meet some of the leaders in the field of emergency medicine with vast experience both here and in theater. In our current climate, we will most likely all be deploying soon after our residency ends. GSACEP is an amazing opportunity to help prepare yourself for that experience. We are also unique in that throughout our military service we will most likely not be staying in the same area, but instead be scattered across the nation, or the world. GSACEP is an excellent way to network, to meet people that have held positions or been stationed at positions that interest you, and perhaps even help you get there. In my short time as the resident representative, I have learned about many opportunities that I did not know existed. For example, did you know that you could be the White House physician? Several of our members have been. There are many other unique jobs out there that other members can let you know about.

At the last conference, GSS 2011, there were also several great lectures to help residents prepare for graduation and the new experiences they may face, such as moonlighting. Along with those lectures, there were many other excellent lectures on the issues facing emergency medicine that we don't get exposure to in a military setting, or during residency. At this CME conference, there are also opportunities to present research or give a presentation that will help bolster your CV. The chapter has committees that will give you an excellent grounding in communications, or conference planning, research, etc.



When the time comes, GSACEP can also be extremely helpful as you transition out of the military community. There is a strong presence of the VHA, CDC and other federal agencies, as well as many former military members who have remained part of GSACEP. They can be instrumental in helping you find the right job after you leave the military. Finally, GSACEP is a great opportunity to network and meet peers who will work with you in the future as well as reunite with people you have worked with in the past. For all of these reasons and more, I hope that you will consider joining our chapter. If you are already a member, glad you are. Get active! I hope to see you all April 1-5, 2012 in Squaw Valley, CA.

MAKE A DIFFERENCE: WRITE THAT COUNCIL RESOLUTION

ACEP is a living entity, which needs new ideas to keep it healthy and viable in the 21st century. Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a few months the ACEP Council will meet and consider numerous resolutions (deadline for submission is July 16).

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with Scientific Assembly. During this annual meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. For 2011, the Council has 338 Councillors: ACEP members representing chapters, sections, EMRA, AACEM, and CORD.

This Council meeting is your opportunity to make a resounding impact by setting our agenda for the coming years. Topics such as the direct election of the president-elect, or working with the Emergency Nurses' Association on staffing models, grew directly from member resolutions submitted to the Council. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution.

I'm ready to write my resolution

Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. This should be short, focus on the facts, and include any available statistics. The Resolved section should be direct and include recommended action, such as a new policy or action by the College.

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Make A Difference...continued from page 6

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a simple majority vote to pass, while Bylaws resolutions require a two-thirds majority. When writing Bylaws resolutions, list the Article number, and Section from the Bylaws you wish to alter. Then, in the resolution, you should show the current language, and bold your suggested new language while striking through the suggested edits. See the ACEP Web site article, “Guidelines for Writing Resolutions,” which further details the process and offers tips on writing a resolution.

I want to submit my resolution

It takes at least two members to submit a resolution, or a Chapter, Section, AACEM, CORD, or EMRA may submit a resolution. If the resolution comes from a Chapter or Section, then a letter of support from the President of the Chapter or Chair of the Section is required. The Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions pass through the Bylaws committee for review and suggested changes. These changes and suggestions are referred back to the author of the resolution for consideration. One may submit a resolution by mail, fax, or email. Resolutions are due at least 90 days before the Council meeting. This year the deadline is July 16, 2011.

All resolutions should be submitted to:
Dean Wilkerson, JD, MBA, CAE
Executive Director & Council Secretary
American College of Emergency Physicians
PO Box 619911
Dallas, TX 75261-9911
E-mail: execdirector@acep.org
Phone: 800-798-1822 x3202
Fax: 972-580-2816

Debating the resolution

Councillors receive the resolutions prior to the annual meeting along with background information from ACEP staff. Discussion often occurs on the Council electronic list serve prior to the Council meeting. At the discretion of the Speaker, non-Councillor resolution authors may be added to the Council e-list serve upon request.

At the Council meeting, the Speaker and Vice-Speaker divide the resolutions into four reference committees. The reference committees meet and hear testimony on each resolution. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and unlimited testimony, and participants often have questions best answered by the author. Afterwards, the reference committee summarizes the debate and makes a recommendation to the Council.

The Council then meets to discuss all the resolutions. Each reference committee presents each resolution, providing a recommendation and summary of the debate to the Council in writing and on the podium, and then the Council debates each resolution. Any ACEP member may sit in the back and listen to the Council debate whether a Councillor or not. If you wish to speak directly to the Council, you may request to do so in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your Chapter or Section for alternate Councillor status and permission for Council floor access during debate. Chapters and Sections often have alternate Councillor slots and encourage the extra participation.

The Council’s options are: **Adopt** the resolution as written; **Adopt as Amended** by the Council; **Refer** to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee; **Not Adopt** (defeat or reject) the resolution; or **Postpone**.

Hints from Successful Resolution Authors

- Present your resolution prior to submission to your Chapter or Section for sponsorship on the Council floor. This way, they can give advice and assistance.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP web site is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before? What happened?
- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

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I need more resources

Go to ACEP's Web site, www.acep.org. Click on "About Us," then "Leadership," and finally click on "Council." Scroll down and you will see a link to the "Guidelines for Writing Resolutions" article. All authors should review this article prior to writing their resolution. Additionally, there is information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. Of special note, there is a link to Actions on Council Resolutions. Under this link are PDF documents dating back to 1998 summarizing each resolution and what has occurred with each of them. You can review past actions, or keep track of what happens once your resolution passes.

Well, get to it

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for College members to speak to the leaders of the College and the Board of Directors. Even if your resolution does not pass, the College will debate the topic and consider its ramifications. Additionally, other members may have resources or suggestions to address your issue. I encourage you to take advantage of this opportunity and exercise your rights as part of our Emergency Medicine community. Dare to make a difference by submitting a resolution to the ACEP Council.

Our next issue of EPIC is planned for late summer. If you have any ideas or would like to contribute, please contact Dr. Villacorta.

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