Two-Dollar Bill Symbolizes Grit and Triumph of Famed Swim from Cuba to US

LAS VEGAS—The fight to never give up continues for Diana Nyad, the famed distance swimmer and motivational speaker.

So it was fitting three years ago, the night before a 64-year-old Ms. Nyad swam 110 miles from Cuba to Florida—the first confirmed person to do it without a shark tank—that she was in a CVS drugstore talking to a Cuban man who recognized her. The man emptied his wallet to show off the symbol of his fight—a $2 bill he’d carried since he was a little boy. His grandmother had given him the faded green slip so many years before as a totem to carry with him on their family’s treacherous sail from Havana to America.

And he gave his grandmother’s emblem to Ms. Nyad. For luck in her fight.

CONTINUED ON PAGE 2

LISTEN UP! SESSION FEATURES DETAILS ABOUT WHAT CEDR OFFERS

Interested in learning more about ACEP’s Clinical Emergency Data Registry (CEDR)? Please join us for an information session. Learn about the benefits of CEDR, the penalties for failing to report PQRS, how CEDRs fit into MACRA, and more about onboarding, security, and features of CEDR. There will be a Q&A with CEDR leadership and one-on-one with the CEDR Technical Team. No registration required!

Monday, Oct. 17
10:30-11:30 a.m.
South Pacific Ballroom E

Tuesday, Oct. 18
1:30-2:30 p.m.
Commanders Ballroom

VISIT OCEANSIDE EXHIBITS, WIN PRIZES

Win one of 10 ACEP17 registrations, one of 10 Virtual ACEP16 packages, or one of 10 PEER IX subscriptions! ACEP’s 10-10-10 giveaway is exclusively in the Oceanside Exhibit Hall—scan your badge in the Bookstore at the ACEP Resource Center from 9:30 a.m. to 3:30 p.m. Monday and Tuesday.

And be sure to visit the Oceanside exhibitors all day—a CASH BAR will roll out in the afternoon, along with food for convenient purchase!

GET ANSWERS FAST WITH THE ACEP16 TWITTER HELPDESK

Are you far away from the ACEP booths and need a question answered—FAST? Hit us up on the ACEP-staffed ACEP16 Twitter HelpDesk and we’ll respond ASAP. Tweet @acepvegas16 and we’ll get back to you with answers.

OPENING SESSION

Beware of Burnout

Recognizing and avoiding burnout is key for emergency physicians

by RICHARD QUINN

“THERE’S A HIDDEN DANGER OF THE BURNOUT phenomenon in what we do,” according to Thom Mayer, MD, FACEP, FAAP, executive vice president of EmCare, founder and chief executive officer of BestPractices, Inc., the medical director for the NFL Players Association, and a clinical professor of emergency medicine at George Washington University, in Washington,

CONTINUED ON PAGE 3

MILLS LECTURE

Paul Kivela Chosen as ACEP President-Elect

LAS VEGAS—Paul Kivela, MD, MBA, FACEP, was elected as President-elect of ACEP at the ACEP16 Council meeting on Saturday, Oct. 15. Dr. Kivela will serve as President-Elect for 2016-17 and will assume the Presidency at next year’s meeting in Washington, D.C.

Dr. Kivela, managing partner of Napa Valley Emergency Medical Group and medical director of Medic Ambulance in Vallejo, California, asserts that this is a time of challenge in emergency medicine.

CONTINUED ON PAGE 2

AUTHOR SIGNING TODAY!

Stop by the ACEP Bookstore in the Exhibit Hall to get your copy of Diversity and Inclusion in Quality Patient Care. Two of the co-editors, Marcus L Martin, MD, FACEP, and Sheryl L. Heron, MD, MPH, FACEP, will be in the bookstore from 2:30-3:00 p.m.
PAUL KIVELA | CONTINUED FROM PAGE 1

“The only thing that is sure is that the practice of emergency medicine will look different in the future,” said Dr. Kivela. “To meet the challenges, ACEP needs a strong leader who understands business models, the practice challenges, the political environment and has the ability to advocate, consensus build, and communicate the value of emergency medicine.”

—Dr. Kivela

and residency at the Los Angeles County-Harbor-UCLA Medical Center. He received his MBA at the University of Tennessee.

Council Elects Members of the ACEP Board of Directors

At its meeting Saturday, the ACEP Council re-elected incumbents James J. Augustine, MD, FACEP (left) and Debra G. Perina, MD, FACEP, and also elected new Board members Kevin M. Klauser, DO, EJD, FACEP and Gillian Schmitz, MD, FACEP.

 Editor’s Note

The Mills Lecture as presented by Dr. Mayer to the ACEP16 attendees is continued on the following page.

MILLS LECTURE | CONTINUED FROM PAGE 1

D.C., and University of Virginia Schools of Medicine, in Charlottesville, Virginia.

“And the curious thing is the better you do it, the more passionately you do your job, the more you’re at risk for burnout.”

In this year’s James D. Mills Jr. Memorial Lecture, Dr. Mayer tells emergency physicians they need to recognize what burnout looks like, be it physical exhaustion, professional cynicism leading to detachment or depersonalization, or what Dr. Mayer calls “passion disconnect.” He will then encourage attendees to proactively deal with burnout with three simple ideas.

“Burnout is the silent epidemic that’s stealing our passion, and we’ve got to stop that silence,” Dr. Mayer said.

RICHARD QUINN is a freelance writer in New Jersey.

ACEP16 Daily News

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“I swam across the ocean with that $2 bill,” Ms. Nyad solemnly told the assembled crowd at ACEP16’s opening general session Sunday. The tale, like so much of Ms. Nyad’s life story, is about the power of symbols and never giving up. The boy’s family fought adversity upon a decrepit lifeboat and crossed what Ms. Nyad calls the Cuban graveyard that separates Havana from the Florida Keys. Similarly, Ms. Nyad never gave up on her dream to swim that perilous pathway. It took her four failures—and a 30-year break from swimming—but in 2013, she and her team accomplished a goal that Ms. Nyad first nurtured as a young swimmer growing up in Fort Lauderdale.

“All these opportunities, all these accolades, I tell you, it’s been a tsunami these three years since the stumble up on that beach,” Ms. Nyad said. But “they haven’t come because I made it; they’ve come because I refused to give up on it.”

“It’s a message she said she believes resonates with emergency physicians. “I know I’m standing in front of a group and preaching to the choir here,” Ms. Nyad said. “I’m honored to be standing in front of you and I don’t say that to every group.”

Ms. Nyad recalled a swimming teammate once told her that the difference between winning an Olympic trial can be as thin as the half-moon edge of a pinky fingernail. Ms. Nyad realized that fighting for an extra thousandth of a thousandth of a second could be the story of her life.

“Succeed or fail...every single day of your life, do it so you can’t do it a fingernail better,” she said. “You’ll never have a regret.”

By the way, Ms. Nyad doesn’t have that $2 bill anymore. Three weeks ago, she gave it to Marc Buoniconti, a quadriplegic for 31 years and president of the Miami Project to Cure Paralysis, on his 50th birthday.

“A woman who never gives up paid it forward for a man who does the same. And in that way, Ms. Nyad keeps up her fight.”

—Ms. Nyad

RICHARD QUINN is a freelance writer in New Jersey.
ACEP Council Reviews Public Policy and Various Resolutions at Annual Meeting

LAS VEGAS—THE 2016 ACEP COUNCIL considered several resolutions during its annual meeting this week, including issues related to public policy, clinical issues, and emergency medicine practice trends.

This year’s 392-member Council represents all 53 chapters, 33 ACEP sections of membership, the Emergency Medicine Residents’ Association (EMRA), the Association of Academic Chairs in Emergency Medicine, the Council of Emergency Medicine Residency Directors, and the Society of Academic Emergency Medicine.

The resolutions adopted by the Council do not become College policy until they are reviewed and approved by the ACEP Board of Directors on Wednesday.

On Saturday, the Council considered, but ultimately did not adopt, a resolution to support the establishment of a full-voting young physician position on the ACEP Board of Directors.

The Council was divided on this issue, with those in favor saying a designated position would bring generational diversity and a different energy, while engaging younger physicians. Those opposed stated that a particular demographic should not be singled out and that efforts could be made to get younger physicians on the slate of candidates.

The Council also considered a resolution to oppose “required high stakes secured examination(s) for Maintenance of Certification.” After spirited discussion on both sides of the resolution, the Council decided to refer it to the Board of Directors.

The Council adopted resolutions related to:

- Accreditation standards for freestanding emergency centers
- Assuring safe and effective care for patients by senior/late career physicians
- Best practices for harm reduction strategies
- Boarding and overcrowding is a public health emergency
- Centers of Medicare & Medicaid Services (CMS) recognition of independently licensed freestanding emergency centers
- Court-ordered forensic evidence collection in the ED
- Development and application of dashboard quality clinical data related to the management of behavioral health patients in EDs
- Diversity in emergency medicine leadership
- Enactment of narrow networks requirements
- Freestanding emergency centers as a care model for maintaining access to emergency care in underserved and rural areas of the US
- Health care financing task force
- Legacy fellows (bylaws housekeeping)
- Medication-assisted therapy for patients with substance use disorders in the emergency department
- Mental health boarding solutions
- Military medics integration into civilian EMS
- Opposing the development of sublingual sufentanil
- Opposition of exclusive imaging contracts limiting clinical ultrasound use and billing by emergency physicians
- Opposition to CMS mandating treatment expectations
- Pediatric surgery centers
- Reimbursement for opioid counseling
- Support and advocacy for 24/7 hyperbaric medicine availability
- The opioid epidemic—a leadership role for ACEP

These items were referred to Board for additional consideration:

- Collaboration with non-medical entities on quality and standards
- Criminal justice reform—national decriminalization of possession of small amounts of marijuana for personal use
- Insurance collection of beneficiary deductibles
- Treatment of marijuana intoxication in the emergency department

Next year’s Council meeting will take place Oct. 28–29 in Washington, D.C. •
ACEP HONORS GROUPS IN THE 100% CLUB

ACEP’s Group Recognition Program is a great way to show your employees that you care about their continued success. This year there are 127 groups in ACEP’s 100% Club. If your group is interested in participating in ACEP’s Group Recognition Program, please visit the ACEP16 registration area or the Resource Center inside the Exhibit Hall.

ACEP PROUDLY RECOGNIZES THESE GROUPS THAT HAVE ALL ELIGIBLE EMERGENCY PHYSICIANS ENROLLED AS MEMBERS:

- Emergency Service Associates
- Emergent Medical Associates
- EmergNet
- Emerson Emergency Physicians, LLC
- Emory University Department of Emergency Medicine
- EPIC, LLC
- First Contact Medical Specialists
- Flagstaff Emergency Physicians
- Florida Emergency Physicians Karg & Associates
- Florida Regional Emergency Associates
- FrontLine Emergency Care Specialist
- Georgia Emergency Medicine Specialist
- Georgia Emergency Physician Specialists LLC
- Glens Falls Hospital ED Physicians
- Grand River Emergency Medical Group PLC
- Green Country Emergency Physicians
- Hawaii Emergency Physicians Associated Inc.
- Idaho Emergency Physicians PA
- Indiana University Health Physicians
- Johns Hopkins Medical Institute Faculty
- Leigh Valley Physician Group
- LJI Forest Hills Northwell Emergency Physicians
- Long Island Emergency Medical Care PC
- Long Island Jewish Emergency Physicians
- Long Island Jewish Valley Stream
- Maine Medical Center Emergency Physicians
- Medical Center Emergency Services
- Medical Services of Prescott
- Mercy Hospital Emergency Physicians
- Mercy Medical Center Emergency Medicine Physicians
- Merimack Valley Emergency Associates
- Mid-Atlantic Emergency Medical Associates
- Midland Emergency Room Corporation PC
- Napa Valley Emergency Medical Group
- New York Methodist Hospital Emergency Physicians
- Newport Emergency Medical Group Inc.
- Newport Emergency Physicians Inc.
- North Memorial Emergency Physicians
- North Shore Plainview Hospital
- North Shore University Hospital Glen Cove
- North Sound Emergency Medicine
- Northeast Emergency Medicine Specialists
- Northside Emergency Associates
- Northwell Huntington Hospital
- Northwell LIJ Lenox Hill HealthPlex
- Northwell Southside Hospital
- Northwell University Hospital at Syosset
- Northwell University Hospital EM Physicians of Manhasset
- Northwest Iowa Emergency Physicians
- Oncor Emergency Services
- Pacific Emergency Providers APC
- Pediatric Emergency Medicine Faculty at University of Louisville
- Peninsula Emergency Physicians Inc.
- Physician Services of Kansas University
- Preston, MD & McMilin, MD PC
- Professional Emergency Physicians Inc.
- Puget Sound Physicians
- Questcare Medical Services
- Raleigh Emergency Medicine Associates
- Rapid City Emergency Services PA
- Rutgers Robert Wood Johnson Medical School Physicians
- Sandhills Emergency Physicians
- Sanford Emergency Department
- Scottsdale Emergency Associates
- Southwest Florida Emergency Physicians
- St. Joseph Hospital, Bangor, Maine
- Sturdy Memorial Emergency Physicians
- Tacoma Emergency Care Physicians
- Tampa Bay Emergency Physicians
- Texas Tech HSC Faculty EM Physicians
- Tufts Medical Center EP LLC
- UAB Emergency Medical Services
- UF Department of Emergency Medicine Group
- UMass Memorial Emergency Medicine
- Unity Emergency Physicians PA
- University Health Associates
- University of Alabama Department of Emergency Medicine South Alabama Physicians
- University of Florida Jacksonville
- University of Louisville Physicians
- University of Mississippi Medical Center Emergency Medicine
- University of Puerto Rico
- University of Virginia Department of Emergency Medicine
- Wake Emergency Physicians PA
- Washington University-Missouri
- Wenatchee Emergency Physicians PC
- Westfield Emergency Physicians

DON’T MISS THESE EMF EVENTS

The Emergency Medicine Foundation (EMF) is the charity of emergency physicians. Founded in 1972 by visionary leaders of ACEP, EMF invests its funds to further emergency medicine research and education. To date, EMF has awarded more than $12 million in research grants to advance emergency medicine, science, and health policy. EMF’s mission is to promote education and research that develops career emergency medicine researchers, improves patient care, and provides the basis for effective health policy. Thanks to its generous donors, EMF awards more than $600,000 in emergency medicine grants each year.

- Research Forum/EMF Reception Monday, 5:30–7:00 p.m. South Seas Ballroom B (By Invitation Only)
- Meet other EMF research grantees who have benefited from EMF funding and hear their stories on how their research is making a difference in emergency medicine.

- EMF Major Donor Lounge Monday–Tuesday, 7:30 a.m.–4:00 p.m. Surf (By Invitation Only)
- EMF donors who have given $500 or more since January 1, 2016, and Wiegenstein Legacy Society members are invited to this relaxed setting offering breakfast, lunch, and snacks, a computer, a printer, and charging stations. Did you miss your chance to buy a brick for Pave the Way? No worries—you can pick one up here.

- EMF Silent Auction Monday–Tuesday, 7:30 a.m.–5:30 p.m. ACEP Alley, Oceanside Foyer
- This popular favorite souvenir shop returns to ACEP16! Stop by the EMF Silent Auction for a chance to bid on hundreds of items, with proceeds benefitting EMF. Items include sports, music, and celebrity memorabilia, jewelry, artwork, vacation getaway packages donated by members, and more! Managed by All Star Enterprises.
Focus on Better Management for Cardiac Arrest
by VANESSA CACERES

Looking for a soup to nuts discussion of cardiac arrest management? Then don’t miss today’s “Code Talkers: A Point-Counterpoint Dialogue of Cardiac Arrest Management and What They Don’t Teach in ACLS,” led by William J. Brady, MD, FACEP, professor of emergency medicine and medical director, Emergency Management, University of Virginia, Charlottesville, Virginia; and Corey M. Slovis, MD, FACEP, professor and chairman, Department of Emergency Medicine, Vanderbilt University Medical Center, Nashville.

In an interactive and entertaining presentation, Dr. Brady and Dr. Slovis will focus on four main areas: the care patients receive before the emergency department or hospital, medication management in cardiac arrest, airway management, and the care involved when measuring targeted temperature management and PCI.

One area that Dr. Brady and Dr. Slovis will address is patient management and how much can be caused by emergency physicians and invasive airways. “In certain patients at certain times, airway is important,” Dr. Brady said. “But it’s not the most important intervention in all patients at all times. The situation is defined by medical events and the time at which the intervention is occurring.”

Another area they will discuss is ventricular fibrillation and anti-arrhythmia therapy—and whether the current Advanced Cardiac Life Support (ACLS) recommendations are the state of the art, Dr. Slovis said. There’s new evidence that amiodarone and lidocaine have about the same efficacy in this patient group. “It’s much easier to give a push of lidocaine,” Dr. Slovis said. They will also look at other management strategies for ventricular fibrillation, such as pad placement and the use of beta blockers—two things not part of the ACLS recommendations, Dr. Slovis said.

VANESSA CACERES is a freelance medical writer based in Florida.

Update Your Knowledge on Heart Failure Assessment and Treatment
by VANESSA CACERES

Heart failure is one of the most common causes of hospitalization in the U.S., particularly in patients over the age of 70. Some of these patients are critically ill, while others simply need minor medication adjustments before being discharged.

The situation of individual patients can be complicated to assess, said Matthew Strehlow, MD, FACEP, clinical associate professor, emergency medicine, Stanford University, Stanford, California. So in his session “Acute Decompensated Heart Failure: Time Critical Interventions,” Dr. Strehlow will review the assessment of heart failure and several treatments for it.

The session will cover treatments that have an impact on survival in heart failure patients. For example, research has found that noninvasive positive pressure ventilation is beneficial in heart failure patients. “It can save patients from being intubated, and it can save their lives,” he said.

Another treatment that will be discussed is the need for preload reduction, including the use of vasodilators to reduce stress and strain on the heart.

“It can save patients from being intubated, and it can save their lives.”

—Dr. Strehlow

Dr. Strehlow plans to address some areas where heart failure care in the emergency department can improve, including:

• The use of bedside ultrasound to determine if a patient has heart failure (Tip: “The take-home is that you should be looking for B-lines in the patient’s lungs and focusing on what the heart looks like,” Dr. Strehlow said.)
• Assessing volume overload—“You classically think of patients being volume overloaded, but that’s incorrect in 25 to 50 percent of cases,” he said. “Sometimes, a patient may actually be volume down, and it’s just a matter of shifting volume to a different part of the body.”

VANESSA CACERES is a freelance medical writer based in Florida.

Learn the Ins and Outs of Diagnosing Pediatric Rashes
by RICHARD QUINN

Don’t Teach in ACLS, “ led by William J. Brady, MD, FACEP, professor emeritus of medicine/emergency medicine at the UCLA School of Medicine, Los Angeles. “We can’t all have the training or spend the time to be specialists at everything, and it’s a lot of in-the-trenches clinicians, who spend most of their career providing clinical care, also to be expert at critically reading and interpreting the massive amounts of new literature that we’re supposed to know.”

That part is the job of Dr. Hoffman and his longtime co-presenter W. Richard Bukata, MD, editor of Emergency Medical Abstracts and a professor of emergency medicine at the University of Southern California, Los Angeles. The pair has led this session for as long as most can remember, and use the opportunity both to highlight the newest research and to “reflect upon the fact that what we do as emergency physicians is a privilege and an honor and a joy,” Dr. Hoffman said.

“I hope that our audience will not only learn new facts, or even new approaches to clinical problems,” he said, “but also that they’ll be encouraged to think critically and to be appropriately skeptical about received wisdom in medicine … as so much of it turns out to be wrong.”

RICHARD QUINN is a freelance writer in New Jersey.

Learn About the Latest Clinical Studies
by RICHARD QUINN

In emergency medicine, it seems the only constant is change—that and the “Clinical Pearls from the Recent Medical Literature” session. The analysis is a long-standing staple of the Annual Meeting and always well attended.

“There is just so much out there, and people need help to process it all,” said co-presenter Jerome Hoffman, MD, FACEP, professor emeritus of medicine/emergency medicine at the UCLA School of Medicine, Los Angeles. “We can’t all have the training or spend the time to be specialists at everything, and it’s a lot of in-the-trenches clinicians, who spend most of their career providing clinical care, also to be expert at critically reading and interpreting the massive amounts of new literature that we’re supposed to know.”

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“It can save patients from being intubated, and it can save their lives.”

—Dr. Strehlow

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• Assessing volume overload—“You classically think of patients being volume overloaded, but that’s incorrect in 25 to 50 percent of cases,” he said. “Sometimes, a patient may actually be volume down, and it’s just a matter of shifting volume to a different part of the body.”

VANESSA CACERES is a freelance medical writer based in Florida.
This is especially true as the amount of critical care delivered to emergency department patients continues to rise, said Michael E. Winters, MD, FACEP, associate professor of emergency medicine, University of Maryland School of Medicine, Baltimore.

To help emergency physicians manage the large amount of literature-based information available about critical care, Winters’s session “Cruising the Literature: Top Articles in Critical Care” will address select articles from the previous year that pertain to the care of critical topics commonly encountered in the emergency department.

Some common topics include intracerebral hemorrhage, fluid resuscitation, sepsis, and cardiac arrest. The presentation also will cover recent literature reports related to sepsis and cardiac arrest care. One area addressed in the literature recently that will be covered during the presentation is intracerebral hemorrhage, Dr. Winters said. Two key articles—ATACH-2 and PATCH—have provided further information on blood pressure management and the transfusion of platelets for patients taking an antplatelet medication. The recently published literature shows that in terms of fluid resuscitation, almost 50 percent of critically ill patients don’t increase their cardiac output with additional fluid administration. “In these patients, additional fluids result in organ congestion and organ dysfunction,” Dr. Winters said. “Therefore, it’s imperative to be able to determine which patients need more fluid therapy.”

Dr. Winters’ talk also will address the utility of the passive leg raise test to assess fluid responsiveness, including how to perform the test, the pitfalls in interpretation, and the latest meta-analysis on passive leg raise recently published in Critical Care Medicine.

VANESSA CACERES is a freelance medical writer based in Florida.

When Is a Pediatric Fever Something More?
by RICHARD QUINN

A l Sacchetti, MD, FACEP, has seen it countless times: A child presents with a fever. Is it the first sign of some rare and dangerous disease that if untreated will result in a parent’s worst fears?

Or is it just a fever?

“By taking them through the same way they’ll do it in the ED themselves, hopefully we’ll be able to either reinforce what they’re already doing or make little tweaks to pull them in line with what’s going on in 2016.”

—Dr. Sacchetti

Find out at his rapid-fire session “Staying Cool with Pediatric Fever.”

“It’s kind of a microcosm of emergency medicine,” Dr. Sacchetti said. “It’s a very common pediatric presentation that has the potential to mix extremely critically ill children with an entire sea of really well children. The main take-home is that the vast majority of children you’ll see with fevers are going to be relatively well with benign diseases. But it’s important to emphasize that, despite that, you still have to have a high index of suspicion.”

Dr. Sacchetti said that best practices for treating pediatric fever have remained steady in recent years. But he believes that reinforcing those practices is always worthwhile, particularly as he’ll give his talk through the prism of how to handle actual presentations.

“By taking them through the same way they’ll do it in the ED themselves,” he said, “hopefully we’ll be able to either reinforce what they’re already doing or make little tweaks to pull them in line with what’s going on in 2016.”

RICHARD QUINN is a freelance writer in New Jersey.
Merge Science with Education at the Research Forum

This year’s three-day electronic showcase is larger than ever—emergency medicine’s premier research event has been integrated like never before throughout the ACEP Annual Meeting.

New this year! Research Forum abstracts will be available to view near the course rooms and arranged by subject matter to enhance your learning experience. View and discuss original research that will impact your daily practice on the topics and issues that matter most to you and your patients. You can also learn from a panel of experts during “Prime Time Practice-Changers: Highlights of the 2016 Research Forum” and interact with researchers during the Wine and Cheese Networking Socials at the world’s largest gathering of researchers, teachers, and practitioners of emergency medicine. Supported by the Emergency Medicine Foundation and The Medicines Company.

Monday Schedule
For a full listing of Research Forum presentations, see the ACEP16 Mobile App or pages 41–63 in the onsite program.

Electronic Abstract Session I
8:00–9:00 a.m.
• Health Services Research
  Location: Breakers D
• Informatics
  Location: Breakers J
• EMS
  Location: Banyan D
• Trauma/Injury
  Location: Banyan E
• International/Global
  Location: Banyan F

Electronic Abstract Session II
9:00–10:00 a.m.
• Health Services Research
  Location: Breakers D
• Informatics
  Location: Breakers J
• Emergency Medical Services
  Location: Banyan D
• Pediatrics
  Location: Banyan E
• International/Global
  Location: Banyan F

Electronic Abstract Session III
10:30–11:30 a.m.
• Health Services Research
  Location: Breakers D
• Informatics
  Location: Breakers J
• Teaching Fellowship
  Location: Banyan D
• Pediatrics
  Location: Banyan E
• Psychiatry/Wellness
  Location: Banyan F

Electronic Abstract Session IV
1:00–2:00 p.m.
• Health Services Research
  Location: Breakers D
• Pain Management
  Location: Breakers J
• Teaching Fellowship
  Location: Banyan D
• Pediatrics
  Location: Banyan E
• Psychiatry/Wellness
  Location: Banyan F

Plenary Session II
2:00–3:00 p.m.
Location: Lagoon I

Electronic Abstract Session V
3:00–4:00 p.m.
• Health Services Research
  Location: Breakers D
• Pain Management
  Location: Breakers J
• Quality and Patient Safety
  Location: Banyan D
• Neurology
  Location: Banyan E
• Trauma
  Location: Banyan F

State-of-the-Art: Outpatient Treatment of Venous Thromboembolism with Direct Oral Anticoagulants
10:00–10:30 a.m.
Location: Lagoon I
Jeffry Kline, MD, FACEP, moderator

Electronic Abstract Session III
10:30–11:30 a.m.
• Health Services Research
  Location: Breakers D
• Pain Management
  Location: Breakers J
• Teaching Fellowship
  Location: Banyan D
DON’T MISS THESE innovatED EVENTS

innovatED OFFERS AN UNPRECEDENTED LOOK AT NEW TECHNOLOGY, PRODUCTS, AND SERVICES available to emergency medicine practitioners. Don’t miss out on these exciting events:

MONDAY
Emergent Suffering: Palliative Approaches to Common ED Cases 10:30–10:50 a.m. Location: Palliative Care/Comfort Room

The mHealth Toolbox 11 a.m.–12:15 p.m. Location: Workshop Room

Emergency Physicians and the Optimal Work Environment 11:10–12:30 p.m. Location: ED Talk Theater

Emergency Ultrasound Beyond the Hospital Room 12:10–12:20 p.m. Location: ED Talk Theater

MCI Immersive Response: Active Shooter 11:20–11:50 a.m. Location: Trauma Bay 3

Workflow Solutions for Your Institution 11:50 a.m.–1:15 p.m. Location: ED Talk Theater

Emergency Ultrasound Beyond the Hospital Room 12:10–12:20 p.m. Location: ED Talk Theater

Emergency Suffering: Palliative Approaches to Common ED Cases 12–12:20 p.m. Location: Palliative Care/Comfort Room

Optimizing Patient Care at Innovative Freestanding ERs 2:50–2:50 p.m. Location: ED Talk Theater

Q: WHY IS IT IMPORTANT FOR YOU TO BE AT ACEP16?

“As the medical field continues to change—new technologies, new research—that’s always increasing the breadth of knowledge. So it’s really important for me on a professional and a personal level to keep up to date on what’s going on…and for selfish reasons, it’s nice to actually dress up in a professional manner and not wear PJs and clogs.” —Sara Lary, DO, emergency physician at Swedish Medical Center, Edmonds, Washington

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FEATURING EVENT
Code Black: A Disaster Response 2:50–3:10 p.m. Location: Trauma Bay 3 Last chance to catch this event! Engage in the live experience of a response to a simulated earthquake disaster. This mass casualty incident will be managed with the latest in know-how and innovative technology. Brought to you by a multi-section team including the ACEP Disaster, EMS, Event Medicine, Pediatric EM, Sports Medicine, and Ultrasound sections.

Forward Triage: How to Manage Patient Care in Non-Traditional Environments 3:05–3:25 p.m. Location: ED Talk Theater

Presented by Gary Schindele, FF/EMT-P, president, Paladin Healthcare LLC
Sponsored by Paladin Healthcare LLC

Emergent Suffering: Palliative Approaches to Common ED Cases 12–12:20 p.m.
Location: Palliative Care/Comfort Room

Presented by Ashtosh Dhar, director of medical informatics and mobility products
Sponsored by FUJIFILM SonoSite

Emergency Suffering: Palliative Approaches to Common ED Cases 2:30–2:50 p.m.
Location: Palliative Care/Comfort Room

Presented by Ricardo Martinez, MD, FACEP, Adeptus Health chief medical officer; and Richard Zane, MD, UCHealth chair and professor of emergency medicine
Sponsored by Adeptus Health

Optimizing Patient Care at Innovative Freestanding ERs 2:50–2:50 p.m.
Location: ED Talk Theater
Presented by James Muzzarelli, MD, Adeptus Health executive medical director; and Joseph Guarisco, MD, system chief of emergency services, Ochsner Health System
Sponsored by Adeptus Health
AV Dissociation is a Symptom, Not a Diagnosis

And other tips for reading ECGs

by RICHARD QUINN

LAS VEGAS—Anders Osthus, DO, is going to need a few days to process all of the clinical pearls on Q waves, atrioventricular (AV) dissociation, and acute and chronic cor pulmonale presented in a rapid-fire session titled “Mastering Three Problems that can Kill in Emergency Electrocardiography: An Advanced Approach.”

He’s not the only one, either. The session proved so popular that a line snaked down a hallway of Mandalay Bay and pushed the start time back.

“That was really high-level, expert EKG interpretation,” said Dr. Osthus, an emergency physician at Essentia Health in Duluth, Minn. “I look at, I don’t know, 10 to 20 EKGs a shift? Those [pearls] will obviously pop into my mind at some point… the little individual things may bring up something you haven’t thought of when you’re looking at your next EKG.”

And that’s exactly the kind of reaction session presenter Jerry Jones, MD, FACEP, founder of Houston-based Medicus, wanted to hear. Dr. Jones has said he chose to focus on the three issues because they tend to be difficult for many emergency physicians to interpret.

“In electrocardiography, when we’re concerned whether or not a patient is having an acute myocardial infarction, of course we’re more concerned with repolarization changes, ST segment changes, Q wave changes. But we should also still be concerned about the presence of Q waves already on the ECG.”

—Dr. Jones

“You can see changes there that confuse them, that sometimes worry them and they’re not sure what they mean,” he said.

For example, Dr. Jones, has noted that abnormalities in Lead III results—be they Q waves or negative complexes—are not necessarily difficult to find, but that’s only if people are looking for the nuances they can present.

“In electrocardiography, when we’re concerned whether or not a patient is having an acute myocardial infarction, of course we’re more concerned with repolarization changes, ST segment changes, Q wave changes,” Dr. Jones added. “But we should also still be concerned about the presence of Q waves already on the ECG.”

When it comes to third-degree AV block, Dr. Jones found himself repeating himself to drive home his points, which included a reminder that AV dissociation is like a cough. It’s not a diagnosis. It’s an electrocardiographic symptom. And, third-degree AV block “is a very infrequent cause.”

“You cannot diagnose third-degree AV block based on AV dissociation alone. That is the most important thing to get out of this session,” he said. “Now I want to move on to the second most important thing. You cannot diagnose third-degree AV block based on AV dissociation alone…there are too many other reasons for AV dissociation.”

RICHARD QUINN is a freelance writer in New Jersey.

Help Keep #ACEP16 a Trending Topic

What did @grunddoc say about that lecture this morning? What does @jeremyfaust look forward to at innovaLED? How lost did @srrezatie get in the hotel trying to get to the Exhibit Hall? What are you up to? ACEP’s social media reach skyrocketed last year—so much so that ACEP’s conference hashtag was one of Twitter’s most trending topics. Let’s make #ACEP16 even more popular. Follow @ACEPnow, and remember to check out www.facebook.com/ACEPfan for updates and images from parties and special sessions.
LAS VEGAS—Anyone who thinks what happens here stays here is not on Twitter. With well over 3,000 tweets tagged with the #ACEP16 hashtag on Sunday alone, garnering over 7 million impressions, the emergency medicine world is keeping tabs on us. Dr. Alison Haddock (@AdvocacyMD) tweeted the news that “more than 7000 ER docs will be coming to #ACEP16 this year - it’s the can’t-miss conference for our specialty!” She’s right. And thanks to the ever-enthusiastic #FOAMed community that has descended on Las Vegas, no one has to miss this—albeit as attendees, we are the lucky ones who get both the medical education and the energy and camaraderie that only a Vegas conference can provide.

Here’s a roundup of some influential tweets so far.

While #FOAMed is a global movement, and ACEP is influential the world over, much is lost in translation. That’s why it’s exciting that Dr. Alejandro Moya, the president of Costa Rica Society of Emergency Physicians no less, has been doing some live tweeting from the conference in Spanish. Dr. Moya covered many pearls from Dr. Peter DeBlieux’s talk on the use of vasopressors in the ED including: “Nosotros no utilizamos ‘push dose’ antihypertensivos debido a problemas de seguridad, debemos hacer lo contrario?” That translates back to English as “We don’t use push-dose antihypertensives due to safety problems, do we need to do the opposite?” Indeed, Dr. DeBlieux is concerned about our reliance on push-dose pressors, despite a paucity of supporting evidence. Translating while live-tweeting, Dr. Moya? That’s a level of multi-tasking that all EM providers can certainly envy. (Thanks to Manrique Umana, @UmanaMD, for the re-translation.) Meanwhile, prolific twitter master, Dr. Allen Roberts (@GruntDoc), provided an excellent live feed from Dr. Anne Daul’s lecture “Emergency Care for the Transgender Patient.” Not surprisingly, our care for transgendered patients has room for improvement. In fact, “20 percent [are] denied care” and an even “bigger percentage delay care due to fear.” While ACEP has many tried-and-true lectures, it’s great to see the conference keeping up so that we can improve our care for this under-recognized patient population.

As always, for the twitter neophytes, don’t be shy! Tweet away, and tag your tweets #ACEP16.

DR. FAUST is an attending physician at Brigham and Women’s Hospital. He is co-host of FOAMcast and he tweets about emergency medicine and classical music @jeremyfaust.

PRODUCT AND SERVICE SHOWCASES KEEP YOU UP TO SPEED

ACEP is proud to bring you the newly revamped Product and Service Showcases. These educational product-oriented sessions provide you with an in-depth presentation on a product or service you may have seen on the exhibit floor. Show up early—seating is limited to 150 and a boxed meal will be served at each event.

MONDAY

Janssen Pharmaceutical Product Showcase
A Paradigm Shift in the Treatment of Thrombosis
11:30 a.m.–12:15 p.m.
Mandalay Bay Ballroom I
Speaker: James Williams, MD
This lecture will discuss treatment options for patients with deep vein thrombosis and pulmonary embolism and to reduce the risk of recurrent thrombotic events.

Thermo Fisher Scientific Product Showcase
Emerging U.S. Data on Sepsis-Related Mortality: Can Procalcitonin (PCT) Predict Poor Outcome? 
2:30–3:15 p.m.
Mandalay Bay Ballroom I
Speaker: Eric Gluck, MD
This Product Showcase will discuss trending host-response biomarkers during the progression from infection to severe sepsis. We will examine new findings from the Procalcitonin Monitoring Sepsis Study (MOSES) and the potential influence of repeated procalcitonin measurements on decisions regarding adequacy of source control and prediction of mortality in severe sepsis.

Novo Nordisk Product Showcase
True Stories of Bleeding Disorders in the Emergency Department
2:30–3:15 p.m.
Mandalay Bay Ballroom K
Speaker: Jesse Pines, MD, MBA, MSCE
This is a case–based presentation focused on patient presentation, laboratory tests, and diagnostic processes used to diagnose bleeding disorders. This program will highlight the importance of recognizing bleeding disorders as a potential cause of unexplained bleeding in patients in the emergency department.

WWW.ACEP.ORG/ACEP16
UNDER PRESSOR!

Utilizing IV pressors in the emergency department

by TERESA MCCALLION

LAS VEGAS—Managing profound hypotension in the critically ill can be complex. Peter M. DeBlieux, MD, FACEP, urged attendees to apply situational awareness—avoiding a “fixed recipe” dogmatic approach to these patients.

Dr. DeBlieux, a Louisiana State University Health Science Center, professor of emergency medicine and professor of pulmonary and critical care medicine in New Orleans, shared his experiences on common treatment plans for cardiogenic, obstructive, septic, and spinal shock. He also noted the surprisingly limited science supporting the complex treatment and management of these patients.

For the patient in cardiogenic shock presenting with primary pump failure, limited cardiac output, reduced coronary perfusion pressure with reduced mean arterial blood pressure (MABP), and increased heart rate corresponding to raised myocardial oxygen demand, the first line of defense is dobutamine, said Dr. DeBlieux.

According to current advanced cardiovascular life support (ACLS) practice, a patient with a systolic blood pressure (SBP) of less than 90 mm Hg should receive dobutamine. If the SBP is less than 80 mm Hg, dopamine is the best choice. Anything less than 70 mm Hg requires levophed. However, Dr. DeBlieux is dismissive of this last recommendation. “It’s based on next to zero evidence,” he said.

A 2006 study recommends using dobutamine with or without norepinephrine for first line therapy and dopamine and epinephrine as second and third line agents.

He warned that, in these cases, phenylephrine is “not your friend,” stating that it offers pure alpha stimulation that can cause an increased afterload without improving contractility resulting in reflex bradycardia.

He suggested assessing volume status in order to identify the benefit of fluid boluses. Also, consider the patient’s heart rate. If the patient is tachycardic, choose an agent with reduced beta. Finally, keep a drip at a minimum to maintain a blood pressure of 75 mm Hg or more. “Our goal of 65 is not the goal for acute coronary events,” he said.

In the case of pulmonary embolus or shock with acute pulmonary hypertension, Dr. DeBlieux said the best vasoactive agent is norepinephrine. Although there is no human data, limited animal studies support that norepinephrine is associated with improved survival, improved cardiac output and coronary blood flow, and minimal changes in pulmonary vasculature. “Be cautious with fluid application,” he said.

Norepinephrine is also the agent of choice for patients in septic shock, Dr. DeBlieux said—although dobutamine and epinephrine can also be helpful. “Vital signs are not the marker here. Lactate is more important,” he said. Serial lactate measurements should guide ongoing resuscitation efforts.

He also recommends using ultrasound. “We are not expected to be experts in cardiology. The goal is for us to use ultrasound to determine if the patient has a wimpy heart or a strong heart,” he said.

“CVP [central venous pressure] is worthless. The evidence does not support it,” Dr. DeBlieux said. The study is based on 12 horses, not humans, he noted.

For the treatment of spinal shock, Dr. DeBlieux recommends dopamine. “Push those pressors,” he said.

To adequately treat patients in shock, Dr. DeBlieux stressed the need to treat each as a unique case. When administering IV pressor agents use the minimum dose required and evaluate the need for ongoing treatment. Finally, utilize ultrasound early and often.

TERESA MCCALLION is a freelance medical writer based in Washington State.
NEMPAC Contributions Vital During Election Year

With the pivotal 2016 elections just weeks away and on the minds of voters nationwide, ACEP16 is the perfect opportunity for emergency physicians to demonstrate their commitment to political and grassroots advocacy on behalf of the specialty. As in years past, ACEP council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs and continues to be a strong, respected voice in Washington, D.C.

Prior to and during the ACEP Council meeting over the weekend, NEMPAC collected nearly $300,000 from Council members. Combined with thousands of donations this year by ACEP members across the country, NEMPAC is well on its way to exceeding the $1 million goal set by the ACEP Board of Directors in 2016. Along with more than $1 million collected from ACEP members last year, NEMPAC was able to contribute $1.8 million to 26 Senate candidates and 208 House races.

NEMPAC serves a vital role in advancing ACEP’s legislative agenda and in broadening ACEP’s visibility with Congress. NEMPAC’s growth has allowed us to be involved in more congressional races and has expanded our influence on Capitol Hill.

The NEMPAC Board of Trustees, made up of ACEP members, approves a candidate budget for each election cycle. Evaluation criteria is based on the candidate’s or member’s support of ACEP’s legislative priorities. Other factors considered include the member’s committee assignment, leadership position, and the difficulty of his/her election campaign. NEMPAC also relies on the input of ACEP state chapter leadership, individual 911 Network members, and NEMPAC supporters when evaluating open seat and challenger races.

Key issues shaping NEMPAC contribution decisions are support or “co-sponsorship” of ACEP-endorsed legislation, including EMTALA liability relief legislation, EMSC, Standing Orders legislation, support of mental health legislation to end the practice of psychiatric boarding in emergency departments, legislation to address the opioid and synthetic drug crisis, and preserving critical funding for trauma, EMS, graduate medical education, Medicare, Medicaid, and emergency preparedness programs, as well as other issues that merit support. For more information about NEMPAC, please visit the link in the ACEP16 app or visit www.emergency-physicianspac.org

NEMPAC Stats for the 2016 elections
• 744 contributions delivered by ACEP members or staff for candidates in the 2016 elections.
• 250 ACEP members participated in more than 100 campaign events for federal legislators.
• 250 ACEP staff and members met with 45 new candidates for NEMPAC consideration.

NEMPAC is proud to support three emergency physicians running for Congress in 2016 and is hosting events for these candidates during ACEP16.

Rep. Joe Heck (R-NV) for U.S. Senate in Nevada
Rep. Raul Ruiz, MD, FACEP for re-election to CA-36
Dr. Mark Plaster (R-CA), first-time congressional candidate in MD-03

TAKE ADVANTAGE OF THE NEMPAC DONOR LOUNGE

NEMPAC VIP DONOR LOUNGE (NEMPAC VIP Access Pass Required)
Sunday-Tuesday
8 a.m.-5 p.m.
Surf B

NEMPAC’s highest donors ($600 and above, $60 for Residents in 2016) are invited to stop by and relax in the NEMPAC VIP Lounge. Donors will receive access to complimentary breakfast, lunch, laptop/printer usage and professional neck and shoulder massages. Give-A-Shift donors will receive a special thank-you gift from the NEMPAC Board.

FUNDRAISING RECEPTION
Rep. Raul Ruiz, MD, FACEP for US Congress District 36 in California
Monday, Oct. 17
5:30–6:30 p.m.
Surf B
A donation is required for attendance.
Q: WHY IS IT IMPORTANT FOR YOU TO BE AT ACEP16?

“I’m an owner of a freestanding ER, so there are a lot of changes in terms of what’s coming around in emergency medicine, especially in Texas. For me, it’s just trying to keep up with all the new things and all the changes that are taking place in our field. Other than the fact I have to take a plane ride here, I think it’s the best thing that you can do. Come here and you get all your classes, your lectures, your CME. Hopefully, you get to meet some new friends and old colleagues you haven’t seen in a while.”

—Rajesh Rao, DO, emergency physician at Advance ER, Dallas
Get LinkedIn at ACEP16

JOB HUNTING? LOOKING TO NETWORK? Just want to polish up your online presence? Visit the LinkedIn Corner in the Resource Center (Oceanside Exhibit Hall, Monday–Tuesday, 9:30 a.m.–3:30 p.m.).

Through powerful insights, you’ll have your understanding of today’s LinkedIn platform transformed, discuss profile do’s and don’ts, and learn straightforward ways to reposition yourself as an expert and thought leader within your industry. You’ll walk away knowing how to:

• Engage your professional network of contacts.
• Build connections that are useful and meaningful.

• Showcase yourself as a desirable, well-rounded professional.
• Share ideas to stand out and be sought out.
• Improve interactions, build connections, and increase engagement by uncovering the myths and truths about creating an impactful LinkedIn profile. It’s time to get the most out of LinkedIn. And don’t leave ACEP16 without a fresh new headshot from Studio ACEP (located in ACEP Alley, Oceanside Foyer).

USE THE ACEP16 MOBILE APP

Maximize your experience! The app is available in the iOS App Store and the Google Play store. Use your login credentials from your ACEP16 registration to get schedules, syllabi, surveys, and the all-new ACEP GO game.

Essentia Health

Our Essentia Health Team welcomes your questions about our Emergency Medicine openings!

Dr. Henry, ER Physician and CMO at Essentia Health and Carri Prudhomme, Physician Recruiter at Essentia Health will be on-site and available on Sunday, October 16th from 5p–7p at Mandalay Bay Hotel (table #323). We invite you to come and visit with us!

Essentia Health offers competitive compensation, health and dental benefits, CME allowance, relocation package, and more! We are located throughout three geographical locations and offer all the amenities of a metropolitan area, affordable housing, thriving economies, and great places to start your career and raise a family.

Contact: Carri.Prudhomme@EssentiaHealth.org or call Carri at 218-766-3908

www.essentiahealth.org/careers

EOE/M/F/Vet/Disabled

How Will the 2016 Elections Impact Emergency Medicine and Patients?

ATTEND MESSAGING FOR TOMORROW—TOOLS AND TECHNIQUES TO PREPARE FOR A NEW POLITICAL ENVIRONMENT on Monday from 8:00–8:50 a.m. in Lagoon H to learn from speakers Gordon B. Wheeler and Jeanne Slade how you can take the lead in educating the new Administration and Congress about key health care issues in 2017. Leave the course with an action plan for how to develop relationships with your legislators and their staff and how to work with your colleagues on a unified message to advance emergency medicine’s advocacy agenda in the 115th Congress.
Practice made perfect

OUR PURPOSE
To work to perfect our physicians’ ability to practice medicine, every day, in everything we do.

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