

PACEP NEWS

SPRING 2024



Richard J. Hamilton, MD, MBA, FACEP
PACEP President 2023–2024

EXECUTIVE PRIVILEGE

"Want to be a leader? Start with being a First Follower!"

By Richard J. Hamilton, MD, MBA, FACEP

As Department Chair, I am currently in annual faculty evaluation mode. My goal is to meet with each of my faculty members, review their career progress, help them navigate a path forward, and identify the support and structure they will need to be successful. In these many conversations, the desire to be in a leadership role is often part of the discussion. Indeed, from an early age, "being a leader" is set forth as a sort of icon of accomplishment – leading your team in the ED, being the leader of a resuscitation, leading the discussion at a conference. However, moving into a leadership role does not always easily follow from these basic leadership skills that we demonstrate regularly in our clinical roles.

The emphasis on leadership development often misses a key first step – becoming a better follower. It's no surprise because we are often not given examples of how to contribute as followers. Importantly, we don't appreciate the power of being the "first follower" and how that role, in and of itself, represents a leadership opportunity.

The "first follower" effect refers to the influence of the behavior of the first follower in a group on establishing the group norm. It was termed coined by Derek Sivers in 2010 after observing how influential the first person to follow the leader was on the actions of the next followers and the group. The actions of the first follower, relative to the leader, play a crucial role in shaping how other group members behave. Specifically, if the first follower aligns with the leader's choice or opinion, it sets a precedent for conformity within the group. Conversely, if the first follower diverges from the leader, it signals to others that non-conformity is acceptable.

It's important to note that the "first follower" does not just blindly follow the leader. The role of the first follower is to absorb the direction provided by the leader and provide a form of secondary leadership by adapting the direction for other followers.



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So, let's go back to those resuscitations that you have been leading. As the leader, you ask for a dose of IV epinephrine. Someone from the team repeats the order to confirm and then, once administered, informs the team. Because of this, others on the team begin to exhibit the same "read-back" high-performance behaviors. You did not ask for a "read-back" on all your orders, but the first follower actively completed your order and demonstrated the principles of high-performance followship to the other team. Who do you think is the rising resuscitation leader in the group? By being the "first follower" to adhere to high-performance teamwork, that individual clearly set the norm – and is likely the next individual to be moved into a leadership role.

Furthermore, when the first follower expresses a differing opinion or makes a different choice from the leader, it communicates to the group that diversity in behavior is normatively acceptable. This is also a very important

behavior to demonstrate as it serves a role in identifying when optimum function is achieved with diverse approaches. It assists the leader by finding an acceptable norming process for the group. Have you ever been asked to dictate clinical scores or other measures in your charts? If you were the first to create a "dot phrase" or shortcut and share it with the group, you were showing "first follower" skills – demonstrating how one can achieve the leader's objectives, albeit in a different manner. When the next charting challenge comes along, you will most likely be asked early on to get involved in the effort!

As I end my term as President, I could not be more thrilled to become the "first-follower" for Dr. Savino! Jenn's many talents ensure that PACEP is in great hands, and I am excited to contribute in any way to the College's success! Thank you so much for all the kindness and support that you all have shown me this past year! ■

WELCOME NEW PACEP MEMBERS

Idarabasi Evangel Akpan
Zuhair Al-Bahrani
Badr Almadi
David Aloisio
Joshua J Anderson
Cody Andreoni
Humaira Bibi
John M Bowling
Thomas M Bozzuto, Sr
Karin Brown
Joseph Paul Cervone
Chelsey Victoria Chachoute
Helen Rose Connolly
Matthew Cryer
Sulav Deo
Vincent DeVito
John Robert Douds, Jr
Peter Ehrig
Brandon Fedorko
Emily Frack
Kent E Fuller
Kishan Ghodasara

Kirsten Elizabeth Gimbel
Roberto Gonzalez Merino
Hamad Hamad
Siani C Harding
Sheila Heileman
Madeline Claire Henry
Maxx Frederick Hotton
Chi-ching Huang
Elizabeth Huntley
Edwardo Hurtado
Lucy Nicole Hutchinson
Nnamdi Ilonzo
Alyssa Ison
Michael Jacoby
Dominic Andre Juarez
Garrett Kettle
Stephanie Ko
Akshay Sivaram Krishnan
Emmalee Mei Kugler
Molly Latona
Caroline Lawless
Porsche Lee

Matthew K Lightcap
Joseph Lloyd
Steven Ly
Sarat Chandra Majety
Taylor N Manthey
Anxhelo Mara
Jounaidou Mbouemboue
Anna Catherin Meyer
Taylor Elizabeth Micua
Robert Morl
Rakin Muhtadi
Varsha S Murthy
Sulabh Neupane
Ekaterina Neverova
Aidan Christina Noga
Louisa Omoregie
Jesutomisola Onafowokan
James Pawlak, III
Gino Vincenzo Pezzone
Pouria Pourzand
Kathleen Isabella Price
Pratik Bharat Rajpopat

Laura Gabrielle Rodrigues
Kimberly Salter
Monali Shah
Vraj Shah
Vadym Shapovalov
Madison Rose Sharpe
Joshua Shekhtman
Tatum Stauffer
Sarah Helen Suchko
Nicolas Terreri
Andrew Ticho
Hayden Alexander Tomlinson
Gopal Jagdish Topiwala
Robert Donald Wallace
Jonathan Williams Walsh
Shani Weiss
Joseph Nicholas Wilhelm
Taha Yahyai
Emily Young

2023 – 2024 PACEP Board of Directors

Executive Committee

President	Richard J. Hamilton, MD, MBA, FACEP
President-Elect	Jennifer L. Savino, DO, FACEP
Vice President	Elizabeth Barrall Werley, MD, FACEP
Treasurer	Theresa A. Walls, MD, MPH
Secretary	Scott Goldstein, DO, FACEP, EMT-PHP
Immediate Past President	Chadd K. Kraus, DO, DrPH, FACEP

Board Members

Blake Bailey, DO, MBA, FACEP
Annahieta Kalantari, DO, FACEP
Erik I. Kochert, MD, CPE, FACEP
Hannah Mishkin, MD, FACEP
Meaghan Reid, DO, FACEP
Holly Stankewicz, DO, FACEP

Resident Representatives

Kyle Hughes, MD (Jefferson)
Taylor Klein, DO (Conemaugh)
George Koshy, DO (Geisinger)
Danielle Nesbit, DO (Lehigh Valley Health Network)

Executive Director

Jan Reisinger, MBA, CAE

Leadership Fellows

Alexandra Amaducci, DO, FACEP
Angela Cai, MD, MBA

PACEP Committee Chairs/Co-Chairs

Education

Chair	Monisha Bindra, DO, MPH, FACEP
Co-Chair	Christopher J. Wilson, MD, FACEP
Board Liaison	Annahieta Kalantari, DO, FACEP

EMS Disaster and Terrorism Preparedness (DTP)

Co-Chair	Christopher L. Berry, MD, FACEP
Co-Chair	Avram Flamm, DO, FACEP
Board Liaison	Erik Kochert, MD, CPE, FACEP

Government Affairs/Medical Economics

Co-Chair	Amanda Deshisky, DO, FACEP
Co-Chair	Kirk S. Hinkley, MD, FACEP
PEP-PAC Chair	Michael Boyd, MD
PEP-PAC Treasurer	T. Douglas Sallade, DO
Board Liaison	Blake Bailey, DO, MBA, FACEP

Research

Co-Chair	Eric Melnychuk, DO, FACEP
Co-Chair	Joseph Herres, DO, FACEP
Board Liaison	Holly Stankewicz, DO, FACEP

Wellness/Young Physicians

Chair	Dhimitri Nikolla, DO, FACEP
Board Liaison	Hannah Mishkin, MD, FACEP

► If you are interested in joining a committee, [visit here.](#)

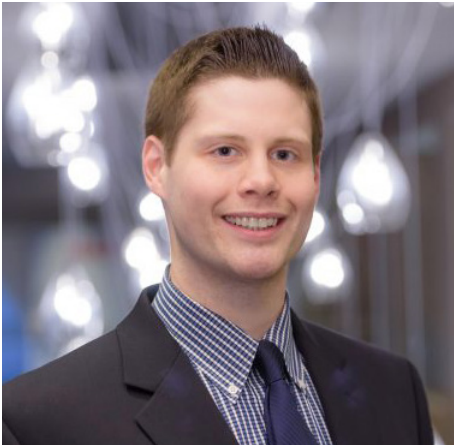


ANNUAL MEMBERSHIP MEETING ANNOUNCEMENT

Friday, May 3, 2024 | 1:00 – 2:15 pm
Kalahari Resorts & Convention Center
Pocono Manor, PA

Updates from the PACEP Young Physicians / Wellness Committee!

By *Dhimitri Nikolla, DO, MS, FACEP*



Dhimitri Nikolla, DO, MS, FACEP
Young Physicians / Wellness Chair

Dear PACEP Members,

We hope this newsletter finds you well. Here are some updates from the YP/Wellness committee we would like to share with you:

YOUNG PHYSICIANS RECEPTION AT SCIENTIFIC ASSEMBLY

Attention students, residents, and early career attendings! We have a special event just for you at the upcoming Scientific Assembly. Join us for the Young Physicians Reception, where you can enjoy a beverage and some food and network with colleagues.

NARRATIVE MEDICINE EVENT AT SCIENTIFIC ASSEMBLY

The popular narrative medicine workshop will be an evening event this year! This is your opportunity to share your stories and experiences with your colleagues in a more social and less formal environment. Whether you have a personal anecdote, a challenging case, or a moment of inspiration, we invite you to participate and connect with others through storytelling.

WELLNESS TABLE ACTIVITIES

Be sure to visit our wellness table in the exhibitor hall during the Scientific Assembly where you can take a break from lectures and unwind with some coloring and origami!

ANNUAL PACEP VIRTUAL RESIDENCY FAIR

Attention program directors! We are thrilled to announce that we will be holding the annual PACEP Virtual Residency Fair again this summer. This event provides an accessible platform to connect with prospective applicants from across the United States and internationally. Keep an eye out for our email this spring with registration details.

We look forward to seeing you at PACEP SA24! ■

**Future PACEP Scientific Assemblies at Kalahari
Resorts & Conventions, Pocono Manor, PA**

2025 April 24–26

2026 April 29–May 3

**SAVE
THE
DATES**

Lobbyist Update

By Bigley and Blikle, LLC



Jonathan Bigley
Partner, Bigley & Blikle



SPRING TURNS LEGISLATORS' THOUGHTS TOWARD THE STATE BUDGET

The state budget looms large over the General Assembly's spring session. Pennsylvania's current fiscal status is sound with a multi-billion dollar surplus projected through the end of the 2023 – 2024 fiscal year. In February, Governor Josh Shapiro proposed a more than \$44 billion spending plan that met with a cool response from the majority Senate Republicans. The divide between them is great. Whether a compromise can be reached by June 30 is yet to be determined.

While negotiators work toward a budget resolution, many legislative initiatives are gaining traction. PACEP is diligently advocating on members' behalf for positive outcomes.

NON-COMPETE AGREEMENT LEGISLATION MOVING

In late March, the House Health Committee adopted an amendment authored by former PACEP President and current State Representative Arvind Venkat (D, Allegheny) and reported HB 1633 PN 2817 to the full House for consideration. HB 1633 would prohibit non-compete agreements in healthcare and received a strong bipartisan vote in the committee. Sponsored by Health Committee Chair Dan Frankel (D, Allegheny), the bill may be voted on by the full House during the April 15 week.

Relevant provisions include:

- 1) Licensed practical nurses are included in the definition of healthcare practitioner.
- 2) Primary Healthcare Facility or Office definition is clarified to denote that

it is the location where a majority of a healthcare practitioner's revenue is generated.

- 3) A non-compete agreement executed or amended prior to the effective date is void upon the renewal of a healthcare practitioner's license, registration, or certification.
- 4) A contract provision is enforceable for the recovery of reasonable expenses, including costs directly attributable to the departing healthcare practitioner and related to relocation, training, and establishment of a patient base.
- 5) A non-compete agreement can be enforced if the practice is in Pennsylvania's least populated counties, the geographic restriction radius is less than 45 miles from the primary facility or office, and the non-compete agreement term is no more than 2 years.
- 6) The employer must notify the healthcare practitioner's patients (seen within the last year) where the healthcare practitioner has relocated to, if known, and how a patient may continue services with the departing healthcare practitioner or how a patient will be assigned within the practice.

To view HB 1633 PN 2817, please use this link: [HB 1633 \(state.pa.us\)](https://legis.state.pa.us/hb/1633/PN/2817)



**House Health
Committee Chair
Dan Frankel (D,
Allegheny)**

TELEMEDICINE LEGISLATION ADVANCES

The House Insurance Committee advanced the Telemedicine issue when it unanimously reported HB 1512 PN 2786 with an amendment authored by Representative Perry Warren (D, Bucks). Sponsored by Representative Christina Sappey (D, Chester), HB 1512's language slightly differs from SB 739, but still provides for insurance reimbursement of telemedicine services. The bill prevents insurer provider agreements that prohibit telemedicine reimbursement for medically necessary and appropriate covered healthcare services.

As of this writing, the House majority leadership intends to continue moving HB 1512 through the legislative process during the April 8 week.

To review the bill's provisions, please use this link: [HB 1512 \(state.pa.us\)](https://legis.state.pa.us/h/leg/bills/1500/1512)



*Representative
Christina Sappey
(D, Chester)*

E-CONSULTATION BILL TO BE INTRODUCED

Representative Lindsay Powell (D, Allegheny) will sponsor E-Consultation legislation drafted by the B & B Team. We anticipate a co-sponsorship memo to be circulated in early April with bill introduction shortly thereafter. The bill would require healthcare insurance

reimbursement for interprofessional consultations.



*Representative
Lindsay Powell (D,
Allegheny)*

NON-COMPETE AGREEMENT LEGISLATION MOVING HB 1633

CERTIFICATE OF MERIT MEDICAL LIABILITY REFORM TO BE INTRODUCED

Senator David Argall (R, Carbon, Luzerne, and Schuylkill Counties) circulated a co-sponsorship memo regarding the Certificate of Merit legislation in response to the state Supreme Court's action to usher trial lawyer venue shopping back into Pennsylvania's medical liability system.

Currently, for a medical liability lawsuit to proceed, the plaintiff's attorney need only affirm that a physician certified that the claim has merit. No medical report or statement is required nor is the Certificate of Merit evidence that the defendant physician may challenge. Senator Argall's legislation will remedy this defect and reduce frivolous filings.

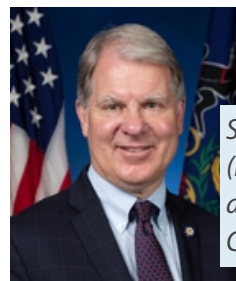
Specifically, the legislation would:

- 1) Define and establish the credentials of a licensed professional who reviews a claim of medical liability.
- 2) Establish a process in which the statement of the licensed

professional who has reviewed the claim will be shared with the defendant medical professional and will require that the statement is shared at the time of filing the certificate of merit.

- 3) Require, as part of the statement, that the licensed professional be identified, and their curriculum vitae be included as part of the Certificate of Merit filing.

We anticipate bill introduction in April.



*Senator David Argall
(R, Carbon, Luzerne,
and Schuylkill
Counties)*

2024 SESSION DAYS

Senate

April 8, 9, 10, 29, 30

May 1, 6, 7, 8

June 3, 4, 5, 10, 11, 12, 24, 25, 26, 27, 28, 29, 30

House

April 8, 9, 10, 15, 16, 17, 29, 30

May 1, 6, 7, 8, 20, 21, 22

June 3, 4, 5, 10, 11, 12, 17, 18, 24, 25, 26, 27, 28

Currently, the B & B Team is tracking 239 bills and co-sponsorship memos for PACEP. To view a recent report, please use the link below:

<https://plsgovtrac.com/report/0VOL>



Penn State Health Emergency Medicine

About Us:

Penn State Health is a multi-hospital health system serving patients and communities across central Pennsylvania. We are the only medical facility in Pennsylvania to be accredited as a Level I pediatric trauma center and Level I adult trauma center. The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Health Children's Hospital, and Penn State Cancer Institute based in Hershey, Pa.; Penn State Health Hampden Medical Center in Enola, Pa.; Penn State Health Holy Spirit Medical Center in Camp Hill, Pa.; Penn State Health St. Joseph Medical Center in Reading, Pa.; Penn State Health Lancaster Pediatric Center in Lancaster, Pa.; Penn State Health Lancaster Medical Center (opening fall 2022); and more than 3,000 physicians and direct care providers at more than 126 outpatient practices in 94 locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center, Horizon Home Healthcare and the Pennsylvania Psychiatric Institute.



We foster a collaborative environment rich with diversity, share a passion for patient care, and have a space for those who share our spark of innovative research interests. Our health system is expanding and we have opportunities in both academic hospital as well community hospital settings.

Benefit highlights include:

- Competitive salary with sign-on bonus
- Comprehensive benefits and retirement package
- Relocation assistance & CME allowance
- Attractive neighborhoods in scenic Central Pennsylvania



PennState Health

FOR MORE INFORMATION PLEASE CONTACT:

Heather Peffley, PHR CPRP - Penn State Health Lead Physician Recruiter
hpeffley@pennstatehealth.psu.edu

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

Big things are coming this spring!

By Monisha Bindra, DO, MPH, FACEP



Monisha Bindra, DO, MPH, FACEP
PACEP Education Committee Chair

Are you looking for a local CME opportunity where not only will you learn but also be able to mingle with your peers, enjoy a resort getaway with your family and get a chance to relax at the spa? If the answer is yes, then this year's Scientific Assembly is sure to meet your needs. The Medical Education Committee members have worked hard to organize a superb agenda of educational sessions, research presentations, interesting images, an interactive competitive session for residents and PACEP council resolution writing grass roots session for this year's program. There's still time to [register](#) for this amazing all-inclusive conference, scheduled for May 2-4th at Kalahari Resorts and Convention Center in Pocono Manor, PA. We hope you will join us in learning and advocating for emergency medicine, networking, and catching up with old friends.

There's no doubt that you have also been following the trend of this year's Residency Match like us. Overall, as a state we were pleased to see more of our programs fill this year with excellent candidates and have a positive perspective on the future

of emergency medicine. Our medical student council has let their voices be heard and we are more than happy to listen and act in response. Did you know that each medical school in the commonwealth has their own medical student liaison to PACEP's medical student council? Each liaison from their Emergency Medicine Interest Group (EMIG) organizes an emergency medicine related lecture for their members that is shared live as a zoom link through PACEP. Maybe you have already had the pleasure of speaking with an interest group in your region or have an interest in speaking with them.

We are excited to share that we are creating a speaker's bureau as a resource for our medical student council and would like to invite you to join us. Our joint goal is to engage members in the community and at residency programs with our medical students across the state and inform them of the reasons why we went into emergency medicine and how this career has changed our lives. The hope of this is to expose medical students to the array of opportunities emergency medicine has to offer and encourage others to join us in this amazing career choice. This resource of speakers will be shared with the EMIG liaisons to better facilitate this process and allow them to more easily engage with our physicians and residency programs across the state. If you are passionate about emergency medicine and are interested in speaking with medical students, we encourage you to complete our [speaker interest form](#).

Our residents are also more engaged within this organization and with each other because of all the efforts of members of this committee. Our PACEP Residents days are scheduled for the fall. SKMC @ TJU (Jefferson Center City) will be hosting PACEP Eastern Residents Day on September 11th and Central Residents Day will be hosted by UPMC Harrisburg on Wednesday September 4, 2024. We are thrilled to engage twelve residency programs in this year's PACEP Olympics competition of simulation, visual and medical games. Not only is this a great opportunity for some healthy competition between programs, but also for our residents to interact and socialize with one another. Our Storytelling 'Narrative Medicine' is a spotlight event

during our Young Professionals evening social and we can't wait to hear all the seasoned and novel stories that are told. It is sure to be an event to remember and we

look forward to hearing about many shared experiences and the emotions that go with them.

Overall, I am so thankful for my time as the chair of the medical education committee this past year. I personally have grown as a physician as a result and have engaged with so many emergency medicine physicians and medical students within our state. I am excited for all the opportunities and gains for our profession and the patients we care for in the upcoming year. Whether you know me well, or if you've never met me before, if you see me at Scientific Assembly, I certainly hope that you take a moment to say hi. I look forward to seeing you in May! ■



We are thrilled to engage twelve residency programs in this year's PACEP Olympics competition of simulation, visual and medical games.

Spotlight on Geisinger Medical Center Emergency Medicine Residency

PROGRAM DETAILS

Insta: geisingerem570

Location: Danville

Number of residents: 27

Program length: 3 years

Geisinger Medical Center Emergency Medicine Residency began in 1976 and we are the 11th oldest continually active program in the country. GMC is a three-year (PGY1-3) program at two different sites which include a high volume academic and efficient community hospital. We are a level 1 trauma center, a comprehensive tertiary care center that acts as both

a stroke and STEMI center, level 2 pediatric trauma center, and a small rural emergency department. Residents play a hands-on role in managing their patients. Our goal is to develop practice-ready emergency physicians who contribute to and become leaders in their communities and specialty.

What does our resident program offer that is not always available anywhere else?

- Serving as a trauma resuscitation leader
- Longitudinal pediatric exposure
- Longitudinal critical care experience with LifeFlight ground and acting as a Flight Physician with our LifeFlight Helicopter Crew
- Large academic center with a home town feel

- Toxicology and Burn rotation
- Quarterly resident retreats
- Teaching-Resident Shifts with the Medical Students

What do our residents do?

Tight-knit bonds between our residents undoubtedly starts with a month-long orientation when they arrive in Danville and our annual intern welcome picnic. In addition to resident held social activities, we also participate in monthly Brews & News, quarterly resident wellness events, monthly PGY2 & PGY3 nights off. Our residents also share a love for hiking, cycling, kayaking, skiing/snowboarding and walking their furry friends around town. ■



PACEP Annual Summary for 2023

By Jan Reisinger, MBA, CAE



Jan Reisinger, MBA, CAE
PACEP Executive Director

December 31, 2023 was the fiscal year-end for the Pennsylvania College of Emergency Physicians (PACEP). We want to thank you for being a member. This annual report provides you with a recap of activities for the College during this past year, providing a snapshot of our finances, activities, and leadership for the fiscal year of January 1, 2023 – December 31, 2023. You will note that we are a financially sound organization that has involved active volunteer leaders who are working hard to provide relevant support to emergency physicians in Pennsylvania.

Again, we thank you for your membership. If you have any questions about PACEP or this annual summary, please contact me at exec@pacep.net.



VIEW ANNUAL REPORT



Emergency Medicine as a core clerkship in the third year

By Taylor Manthey, MS3 LKSOM



Taylor Manthey, MS3 LKSOM
PACEP Medical Student Council
Secretary-Editor

As we approach the end of third year clerkships and prepare for the madness of pre-ERAS season, I find myself wishing that Emergency Medicine were a core rotation in the third year. At first, I was only thinking about this in the context of making my fourth-year schedule planning easier. At Temple, we have four months in which to complete our home EM rotation, do an away (or two), take Step 2, and find another letter of recommendation before ERAS is due in September. Having my rotation complete before fourth year would certainly make my life easier as someone who is set on going into EM, but I think it would be helpful for students interested in other specialties, too.

For those who are undecided, spending time in the ED earlier may help them figure out what specialty they want to pursue. Maybe they would fall in love with something they saw in the varied environment of the ED, or maybe they would decide they loved EM itself.

At the very least, any decision could help avoid the chaos of organizing a schedule around a dual application. I can't imagine the stress of trying to prepare for two different specialties. What if a student that originally plans on going into EM completes the rotation and realizes it is not for them? How are they meant to fulfill the requirements and expectations for another specialty with their current EM-focused schedule design? Or the flip side, what if a student thinks they want to go into Family Med or Surgery, and ends up loving the ED? Even if they have that experience in the very first block of fourth year, it's already the beginning of June. How do they regroup and give themselves the best chance at matching with such a late realization? The argument could be made about any specialty that isn't a core clerkship in the third year, but I would ask, do five to ten percent of graduates enter that field? In this year's match, only Family Medicine, IM, Pediatrics, and Psychiatry had higher percentages - all of which are required in the third year.

I worry, too, about how many students apply into EM as a 'backup'. It's been a common idea amongst medical students recently and is especially something touted on the medical student Reddit forums. EM is a difficult field and presents a lot of challenges that other specialties just

don't encounter - the urgency, the lack of information, the constant need to decide and move on to the next patient. Is this really the kind of thing people should match into as a failsafe? How will that affect attrition and burn out rates, which are already rising after the COVID-19 pandemic? Will people who ended up in EM as a second choice to surgery, or anesthesia, or ortho still be in EM in ten years' time? Twenty? Did they know what EM was really like before they applied? Would they have made a different decision if EM was a required third-year rotation?



Would the relationship between EM and inpatient admitting specialties be different, if everyone had early exposure to EM and could better empathize?

It's incredibly difficult to form an opinion about Emergency Medicine without being in the ED itself. I was lucky enough to have experience in EMS and know about EM through my dad, who is an EM physician.

But if I didn't, I would have to rely on shadowing experience and the stories I'd heard of EM from other specialties to decide. If I'm honest, the things that other specialties have to say about EM is not always the most flattering - whether that's from frustrations about consults or a misunderstanding of what the ED does, I'm not sure. I have personally heard residents venting about how the ED didn't wait to decide until they had all the information, or how it's unfair that all the ED does is triage - but is that not the entire purpose of the specialty? To make

decisions quickly and without all the information, to get patients where they need to go as quickly as possible so we can treat the next person? Sometimes, I would ask “How would this be different, in an ideal world? What would you prefer they do?” Usually, I framed this in the context of wanting to know how to be an EM resident that wouldn’t drive their consulting services insane - but I almost always received the same answer, if somewhat begrudgingly. Usually, it was something to the effect of ‘Realistically, there’s not much that could be done differently, based on circumstances beyond their control.’ Interestingly, in those moments, the frustrations with the ED turned more towards frustrations with the situation itself, or the constraints in which everyone was forced to operate. Would the relationship between EM and inpatient admitting specialties be different, if everyone had early exposure to EM and could better empathize?

There’s also the consideration of what experience in EM would give to those who ultimately end up in other fields. I would argue that every single physician will interact with the ED in some capacity throughout their career. For those specialties based in the hospital, more often than not, the ED is the gateway to admission. For those in outpatient specialties, knowing the ED workflow would be helpful before sending patients on their way to the Emergency Room for a prompt workup. Perhaps that would help with patient frustrations, and the erroneous expectation that the ED is quick, made-to-order primary care.

I also think EM as a third-year rotation could be helpful in terms of training students on how to deal with emergencies. Compared with emergencies handled on the floors, in the ED, there was a coordinated chaos and a relative calm. I wonder if learning how to handle the stress and unknowns of a code or rapid response doesn’t happen best in the ED. I found myself thinking an EM resident should be part of every code team, just so there was someone there who is trained to handle these sorts of emergencies. Now, I wonder if the situation wouldn’t be better handled if all residents had spent time in the ED as medical students, and at least had some experience with the organized team approach.

I can’t say for certain what sort of impact requiring EM as a third-year clerkship would have, I firmly believe it would be a positive one. It might

help ensure that those that truly love EM find their way to the specialty and might help minimize attrition in the future for those who are better suited to something else. It would provide exposure to the broader field of EM, giving valuable experience in emergency response and a better understanding of the capabilities of the ED, which every physician will need at some point in their career. At my most optimistic, I think it might make a difference in relationships between the ED and other specialties, and maybe spark a change to improve the constraints in which EM must operate. At the very least, I think it would help with the confusion and stress of jam-packed fourth year schedule planning, which at the moment, would be a very welcome reprieve. ■

WPA+
Emergency Medicine Staffing

Reviving passion, recharging careers one opportunity at a time.
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The National Association of
Locum Tenens Organizations

in Instagram Twitter Facebook

CONGRATULATIONS ARE IN ORDER...

We know that our PACEP members are doing great things, but we don't always know about promotions, accomplishments, etc. If you know of someone that deserves a shout-out, please email Jan Reisinger at exec@pacep.net.

PACEP congratulates Ronald Roth, MD, FACEP for being honored and receiving the **2024 David Blunk Outstanding Contribution to Emergency Medicine Award**.



Ronald Roth, MD, FACEP

PACEP congratulates Emily Lovallo, MD for being honored and receiving the **2024 PACEP Emergency Physician of the Year Award**.



Emily Lovallo, MD

PACEP congratulates Danielle Nesbit, DO for being honored and receiving the **2024 PACEP Resident of the Year Award**.



Danielle Nesbit, DO

PACEP congratulates Chadd Kraus, DO, DrPH, FACEP for being honored and receiving the **2024 PACEP Meritorious Service Award**.



Chadd Kraus, DO, DrPH, FACEP

PACEP congratulates Representative Arvind Venkat for being honored and receiving the **2024 PACEP Legislator of Year Award**.



Arvind Venkat

Please join us in celebrating our award recipients by attending our Awards Reception which will be held

Friday, May 3 | 6:00 pm
Kalahari Resorts & Convention Center

The theme for the evening will be "Derby Days" so plan to wear your fancy hat and be prepared to join in the fun!

If you are not planning to attend PACEP24 SA, but would like to purchase a ticket for the Awards Reception, contact Jan Reisinger at exec@pacep.net.



PEP-PAC Update

By Michael Boyd, MD



Michael Boyd, MD
PEP-PAC Chair

The Pennsylvania Emergency Physicians Political Action Committee (PEP-PAC) is the lobbying arm of PACEP. At its core, lobbying is a means of educating legislators about issues affecting us. PEP-PAC uses its resources to attend fundraisers with lawmakers on both sides of the aisle, fostering relationships with them so that they can draw on our expertise regarding healthcare issues.

Mental Health, Non-compete Clauses and venue shopping are key issues in front of the PA Legislature. It is imperative that we make our voices heard regarding these issues.

In 2022, Pennsylvania authorized \$100 million to be spent to address mental health in PA. That money has not yet been allocated and PACEP needs to be part of the conversation. The ED is the fulcrum bearing the weight of our failed mental health system. House Bill 849, authored by state Rep. Mike Schlossberg, D-Lehigh, would take money from one-time federal American Rescue Plan funding and allocate it along recommendations made by the newly formed Behavioral Health Commission on Adult Mental Health in the state General Assembly. This bill passed the PA-House in June 2023, but final details are yet to be determined. PACEP needs Emergency Physicians giving practical, concrete solutions to our lawmakers so that the money is allocated effectively. PEP-PAC is a means to that end.

In August of 2022, The PA Supreme Court enacted a procedural change that brings a return of venue shopping for medical malpractice cases. In 2002, Pennsylvania was suffering from a medical malpractice crises of frivolous lawsuits. In response, the "MCARE" Act was enacted mandating that malpractice claims only be initiated in the county where the malpractice took place. This law reduced the average annual number of malpractice cases from 2700 prior to 2002 to 1500 afterwards. Secondary to the Supreme

Court eliminating the MCARE rule, as of January 2023, plaintiff attorneys are now free to sue in any Pennsylvania county in which care occurred, where a defendant could be served, or where any transaction or occurrence giving rise to the suit took place. Plaintiff attorneys have already started bringing their cases to Philadelphia County in droves. Philadelphia county jury verdicts average higher than twice the national average, and plaintiffs are more than twice as likely to win in Philadelphia compared to the national average. Venue shopping will increase insurance premiums, drive physicians out of the state, increase cost of care, and limit access to health-care, especially for women, by forcing the closure of highly litigated fields (such as OBGYN). ■

PEP-PAC needs your contributions so that our voices can be heard. These problems face us every single shift, and we are the experts uniquely positioned to present real solutions. Remember: you either have a seat at the dinner table or you are on the dinner plate.

DONATE NOW



PACEP HAS A STORE!

Get the latest in PACEP gear – Jackets and Vests embroidered with the PACEP Logo. Personalization is also available.

► Visit doc-mom.com/collections/pacep-apparel



Are you ready to become a Fellow?

You'll need:

- Three continuous years of ACEP membership
- Board Certification in EM the ABEM or AOBEM or Pediatric EM by ABP
- Three years of active involvement in EM (exclusive of residency training)
- Proven, active involvement in three or more areas of leadership



To learn more visit:

<https://www.acep.org/membership/membership/join-acep/fellow-status/>

If you are not a Fellow...

I would personally like to invite you to apply for fellow status in the American College of Emergency Physicians. If you've graduated from residency three years ago or more and you've been active in Emergency Medicine – it's time to consider being recognized as FACEP. Active involvement in the specialty at your hospital, involvement in three areas of leadership (such as membership on hospital committees, teaching, research, administrative, EMS, or PACEP), and board-certification is all you need to become a fellow of the College. Why bother you say? FACEP

shows your colleagues in Emergency Medicine, and more importantly, in other specialties that you interact with, that Emergency Medicine is more than just a job for you - it shows that you're a highly trained specialist with a skill set second to none. Apply by August 15 and you will be able to use the FACEP designation following your induction at the Convocation during ACEP's Scientific Assembly (SA) the last weekend of September. All newly elected FACEPs will also receive an official Fellow certificate after ACEP's Scientific Assembly.

[APPLY NOW](#) and take full advantage of your ACEP membership and receive the recognition you deserve!

A handwritten signature in black ink, appearing to read "RJ Hamilton".

*Richard J. Hamilton, MD, MBA, FACEP
President, Pennsylvania College of
Emergency Physicians*

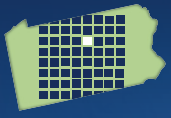
Did You Know PACEP Has a Job Bank?



To learn more about [open positions](#) or to learn more about advertising a position, visit the [PACEP Website](#).

CURRENT POSTINGS INCLUDE:

- [Emergency Medicine Physician - ChristianaCare](#)
- [Emergency Medicine Physician – US Acute Care Solutions various locations](#)



PENNSYLVANIA COLLEGE
of EMERGENCY PHYSICIANS
ADVANCING EMERGENCY CARE

THERE IS STILL
TIME TO REGISTER!

PACEP24

SCIENTIFIC ASSEMBLY

Bouncebacks and Bouncing Back

May 2–4, 2024

Kalahari Resorts & Conventions, Pocono Manor, PA

Join nearly 300 of your emergency medicine colleagues at PACEP's premiere education event – PACEP 24 Scientific Assembly: Bouncebacks and Bouncing Back.

Through perennial Scientific Assembly favorites to innovative new opportunities, PACEP24 promises to equip Pennsylvania's Emergency Medicine practitioners with a wealth of tools to focus on providing optimal patient and physician centered care as well as help us bounce back from the challenges we've faced as a specialty and as individuals in the past few years.

This activity has been approved for *AMA PRA Category 1 Credit™*.

<https://registration.pacep.net/pacep24> >>

**Childcare Services
Will be Available
This Year Again at
PACEP24 Scientific
Assembly!**



Fri. May 3, 2024 from 4:00 – 10:00 pm

- Cost: \$50 per child which includes dinner and planned activities
- Childcare Provider is bonded and insured.
- Sign-up when you register for PACEP24 Scientific Assembly.

*For any questions, please contact
Jan Reisinger at exec@pacep.net*

ACEP Board Update

By Chadd K. Kraus, DO, DrPH, FACEP



Chadd K. Kraus, DO, DrPH, FACEP
ACEP Board of Directors
PACEP Immediate Past President

PACEP Colleagues,

I'm excited to share some updates on recent work by the ACEP Board of Directors with you.

JANUARY 2024 BOARD MEETING

Several policy statements, including those resulting from Council resolutions were approved, revised, and/or returned to the respective committees for additional input. A policy statement on the Reversal of NOACs in the Presence of Major Life-Threatening Bleeding was reaffirmed.

The Board also approved the following items:

- Philadelphia as the site for the ACEP 2029 Scientific Assembly
- ED Accreditation Criteria
- PACEP State Public Policy Grant
- Proposed quality measure concepts for 2025-2026

The Board also held discussions and received updates on College finances, membership, advocacy, re-envisioning ACEP's EMS and Disaster Preparedness, emergency physician unionization, and ACEP technology.

JANUARY 2024 COUNCIL STEERING COMMITTEE MEETING

The ACEP Council Steering Committee met in January 2024 and reviewed actions on the 2021, 2022, and 2023 Council resolutions. Resolution details are available on the ACEP website, <https://www.acep.org/what-we-believe/actions-on-council-resolutions>

The Council Speaker, Vice Speaker, Council Committees and ACEP Staff are preparing for Council 2024 to be held September 27 and 28, 2024 in Las Vegas.

MARCH 2024 BOARD MEETING

The following items were approved:

- 2024 Compendium of ACEP Policy Statements on Ethical Issues
- Colorado Chapter State Public Policy Grant
- Legislative and Regulatory Priorities for the 2nd Session of the 118th Congress
- 3-year dues package for graduating residents
- New policy statement - Prioritization of Resident Education in Procedures. This was developed in response to Council Resolution 21(23), "Mitigation of Competition for Procedures

Between EM Resident Physicians and Other Learners."

The Board received the following informational updates:

- Clinical Policies Committee on their proposed revised clinical policy development process
- Additional revisions to the ACEP ED Accreditation criteria
- Draft information paper on physician unionization from the ACEP Medical-Legal Committee
- Updates from the Leadership and Advocacy Conference Innovation Workgroup

Sue Sedory, ACEP's Executive Director, announced that she intends to retire at the end of her contract on June 30, 2025. The process is beginning to recruit a new ACEP for a smooth transition in 2025.

WHAT'S NEXT

The ACEP Board will meet in Washington, D.C. on April 17, 2024 following ACEP Leadership and Advocacy Conference. Members are welcome to attend the meeting.

Your continued PACEP and ACEP membership and engagement are appreciated!

As always, please reach out with questions, comments, or other feedback to me at ckraus@acep.org. Thank you for the opportunity to represent you on the ACEP Board.

Annual PA Delegation to ACEP Council



September 27–28, 2024,
ACEP Council
September 29 – October 2, 2024,
ACEP Scientific Assembly
Las Vegas, NV

Each year, the PACEP Board of Directors appoints PACEP members who will represent the chapter at the ACEP Council.

A councillor/alternate councillor is a key participant in the leadership and development of ACEP policy and has the responsibility to voice the concerns of their (Pennsylvania) constituents on the floor of the Council meeting and in reference committees.

Councillors can also express the will of their constituents by voting for or against resolutions and electing board members and Council officers.

Councillors and alternates will be a part of PACEP's resolution planning and writing efforts, discussion of and response to all other resolutions selected for review at the Council meeting, and onsite PA Delegation events.

[Click here to view the Councillor/Alternate Councillor Position Description](#)

Interested in serving on the 2024 PACEP Delegation?

Contact Jan Reisinger, Executive Director, at exec@pacep.net by April 30 for more information or to express interest.

PACEP ACCOMPLISHMENTS

(1/31/24 – 04/02/24)

WINTER
2024

ADVOCACY

- Refinement of excel spreadsheet for information gathering for public policy grant on pediatric boarding
- Submission of a grant application for Underage Drinking
- Defined PEP-PAC contribution plan for spring 2024
- Letter of support on HB 1633 (non-compete agreement)

ENGAGEMENT

- Engaged with new PACEP MSC leadership and defined plans for 2024
- Collaborated with ACEP on successful Residency Visits @ Hamot and Jefferson
- Completed PACEP Annual Report for 2023

EDUCATION

- PACEP24 SA Planning Committee continued preparation for PACEP24
- Development of Speaker list with topics for PACEP MSC

GOVERNANCE

- Completed board elections
- Completed successful audit for 2023
- Maintained balanced budget

What is the Diagnosis?

A special thank you to Alexandra Amaducci, DO, FACEP for organizing the CPC competition during Scientific Assembly, Gaser Ahmed, DO from Wellspan York Hospital for submitting the case and being the resident presenter, and David Haggerty, MD, FACEP from UPMC Harrisburg for being the discussant.



The Case – 24-year-old Female

HPI

- 24 y.o. female who presented to the ED with shortness of breath and hemoptysis that began earlier today. Patient reports no history of this in the past.
- Denies History of blood clots or family history of clotting or bleeding disorders. Patient is not on blood thinners. Patient denies being on OCPs
- Denies chest pain, fevers, or abdominal pain.
- She was seen at this ED 3 days ago for 3-week history of sinus pressure and sinusitis associated with intermittent nausea, vomiting, diarrhea, generalized weakness, malaise, dizziness, and fatigue for which she was treated with 2 full courses of antibiotics and steroids. During this ED visit, she was told she has mild anemia (Hb: 9.3) and AKI (Cr:1.69). Patient passed PO challenge and was discharged with PCP follow-up. She was not having hemoptysis or shortness of breath at that time.

PMH

Depression, anxiety, ADHD

PSH

None

FH

Father with diabetes and sister with depression

Medications

Fluoxetine, lisdexamfetamine, and multivitamin

ROS

Review of systems: Positive for nausea, vomiting, diarrhea, and fatigue. Negative for chest pain, fever/chills, abdominal pain.

Physical exam:

- Temp: 37.2 C (99 F) HR: 101 BPM
- Constitutional: Alert, Answering questions appropriately, No Acute distress, speaking in full sentences, no increased work of breathing
- HENT: normocephalic, mucous membranes are moist
- CARD: normal rate and rhythm, normal heart sounds
- PULM: normal effort, course breath sounds
- ABD: soft, no tenderness, rebound, or guarding
- MSK: no edema of bilateral lower ext
- SKIN: warm and dry
- Neuro: alert, baseline mental status, moving all ext freely

LABS:

WBC: 13.3 up from 11.2
HGB: 7.3 down from 9.3
Plt: 298 down from 324

nRBC %	0.0	0.0
Absolute nRBC by A...	0.00	0.00
Immature Granulocyt...	0.7	0.6
Absolute Immature G...	0.09 ▲	0.07 ▲
Neutrophils Absolute	10.42 ▲	8.07 ▲
Lymphocytes Absolute	1.26	1.59
Monocytes Absolute	0.68	0.72
Eosinophils Absolute	0.80 ▲	0.69 ▲
Basophils Absolute	0.06	0.04
Neutrophils Relative	78	72
Lymphocytes Relative	10	14
Monocytes Relative	5	6
Eosinophils Relative	6	6
Basophils Relative	1	0

GLU: 126, NA:137, K: 4.0, CL: 103, CO2: 23, AG:11, BUN: 19, CR 1.91 up from 1.69, CAL: 8.4, Protein 6.2, Albumin 3.2, Alk Phos 58, AST 16, ALT 5

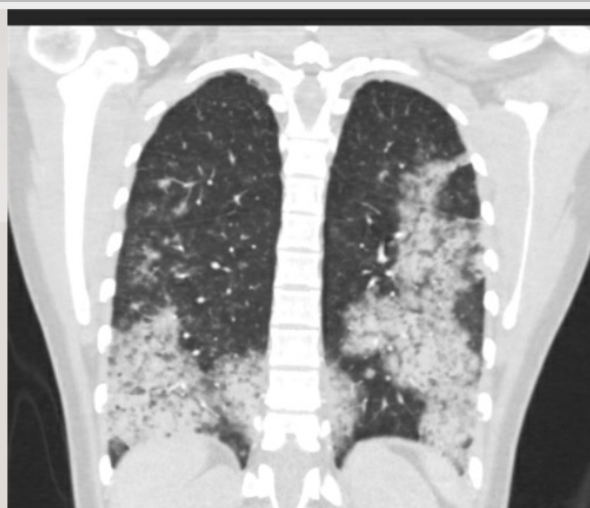
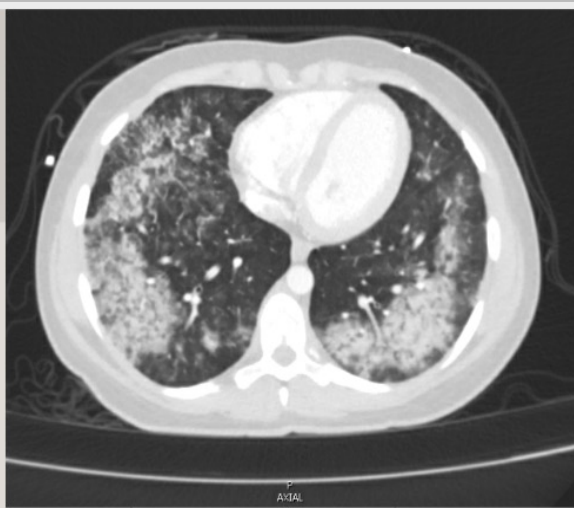
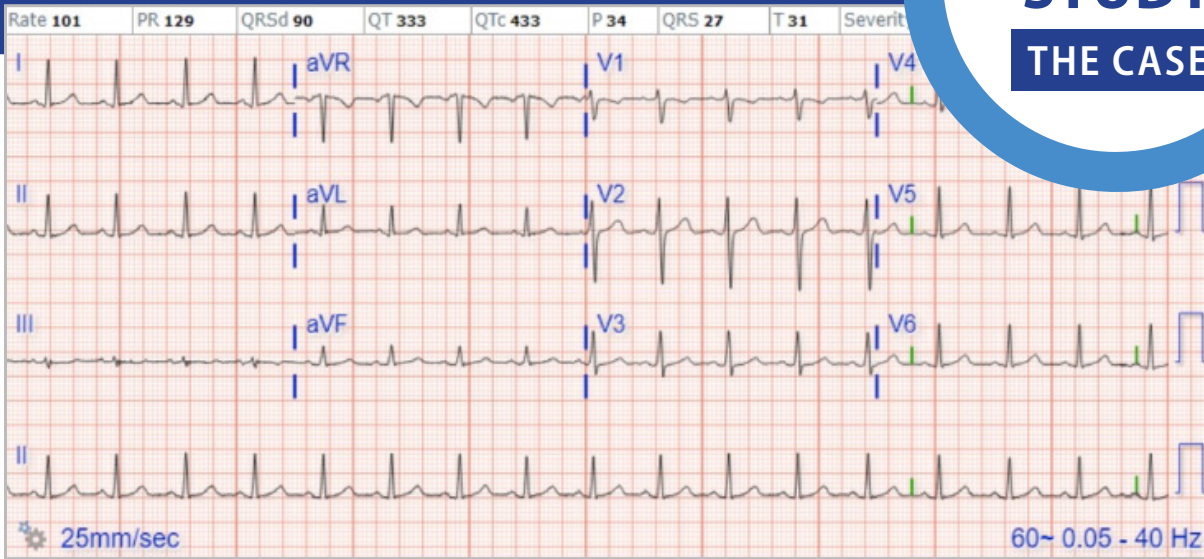
DDIMER 3.03

UA: Moderate Luk Est, Nitrite neg, Protein 30 mg/dl, glu neg, SG 1.027, Ketones negative, Large blood, RBC 310, WBC 89, SQ cells 89, Hyaline casts 1

Viral Panel: NO virus detected

CPC CASE STUDY

THE CASE



CTA CHEST PULMONARY EMBOLISM W WO CONTRAST, CT ABDOMEN PELVIS W CONTRAST IMPRESSION:

1. Extensive bilateral groundglass infiltrates with some sparing of the right upper lobe and lingula. Covid Pneumonia not excluded.
2. No pulmonary embolus.
3. No acute abnormality within the abdomen/pelvis

What test will make the diagnosis?

What is the final diagnosis?

see conclusion on page 24

UPCOMING EVENTS

5/1/2024

Board of Directors –
Kalahari Resorts Pocono Manor

5/2 – 5/4/2024

PACEP24 Scientific Assembly –
Kalahari Resorts, Pocono Manor

5/8/2024

PACEP Board Orientation
(Virtual)

6/12/2024

PACEP Board of Directors
(Harrisburg)

9/4/2024

Central Residents Day –
UMPC Harrisburg

9/4/2024

PACEP Board of Directors –
UMPC Harrisburg

9/11/2024

Eastern Residents Day – Jefferson

9/27 – 9/28/2024

ACEP Council – Las Vegas, NV

9/29 – 10/1/2024

ACEP24 Scientific Assembly –
Las Vegas, NV

11/20/2024

PACEP Board of Directors
(Harrisburg)

1/15/2025

PACEP Board of Directors
(Virtual)

3/12/2025

PACEP Board of Directors
(Harrisburg)

4/23/2025

PACEP Board of Directors –
Kalahari Resorts, Pocono Manor

Note: Committee Meetings dates for 2024-2025 will be announced following PACEP24 SA. Watch for more information in the coming weeks!

PACEP Research Committee Update

By Eric Melnychuk, DO, FACEP



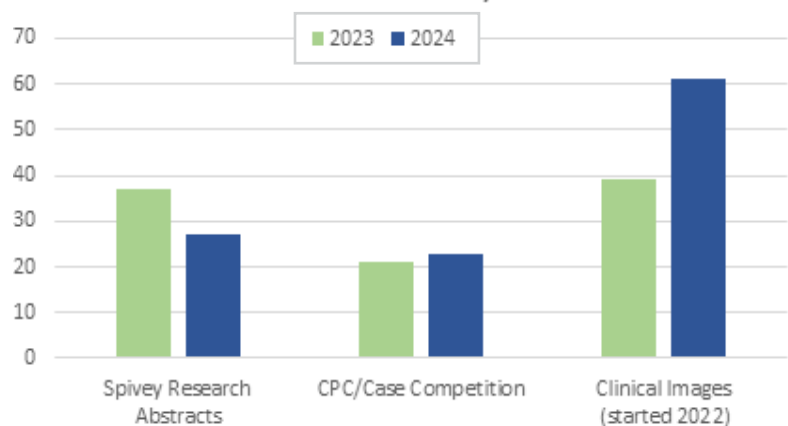
Eric Melnychuk, DO, FACEP
PACEP Research Committee Co-Chair

The research committee met on February 7, 2024 to review submissions for the William Spivey Research Abstract Session, Richard Wuerz CPC Competition and Keystone Case Competition, and the Image Gallery, in preparation for the 2024 PACEP Assembly. Compared to last year, the number of research abstract submissions decreased, the number of CPC and Case Competition submissions remained similar, and the

number of clinical image submissions increased. The accepted abstracts, unless previously disseminated, were offered the opportunity to be published in *JACEP Open* this year. Look for the abstracts to be published online on May 3, 2024. The research committee looks forward to again seeing the great work being done in the Commonwealth on May 3rd at the 2024 PACEP Scientific Assembly! Spivey Abstracts will be (8:00–10:00am and 10:30–11:50am, Rosewood/Sagewood), and the Case Competition (1:00–2:00 pm and 3:00–3:30pm, Rosewood/Sagewood). CPCs will be presented in the main session (Salon C/D) throughout the day.

This year, the research committee would also like to recognize Dr. Holly Stankewicz, Dr. Claire Abramoff and Dr. Megan Stobart-Gallagher for their mentorship. Drs. Stankewicz, Abramoff, and Stobart-Gallagher were the primary mentors for multiple abstract submissions to PACEP Scientific Assembly this year! ■

PACEP Scientific Assembly Submissions



The research committee is always looking for new members. PACEP members interested in joining the research committee, should contact the Research Committee at: research@pacep.net, or fill out the committee interest form [here](#).

ACEP RESEARCH FORUM



MEDICAL STUDENT SCHOLAR PROGRAM



IMPORTANT DATES:

JUNE 14 Submission deadline

JULY

Email notifications

SEPT 29 - OCT 2 Las Vegas conference



SUBMISSION REQUIREMENTS

Please submit the following information:

- Current CV
- Headshot
- 500 word statement on why you want to participate

Email to: researchforum@acep.org



REVIEW PROCESS

Applications will be reviewed by the Medical Student Scholar Committee. Notifications will be sent by email in July 2024.

CONTACT US

ACEP | 4950 W. Royal Lane, Irving, Texas 75036 | 972.440.0911 | researchfourm@acep.org



SCIENTIFIC ASSEMBLY PACEP 2023 CPC HIGHLIGHT

The Resolution:

The Case – 24-year-old Female

DIFFERENTIAL DIAGNOSIS – HEMOPTYSIS

Source Other Than The Lower Respiratory Tract

- Upper airway (nasopharyngeal) bleeding
- Gastrointestinal bleeding
- Tracheovascular fistula

Tracheobronchial Source

- Neoplasm (bronchogenic carcinoma, endobronchial metastatic tumor, Kaposi's sarcoma, bronchial carcinoid)
- Bronchitis (acute or chronic)
- Bronchiectasis
- Broncholithiasis
- Airway trauma
- Foreign body

Pulmonary Parenchymal Source

- Lung Abscess
- Pneumonia
- Bullous Emphysema
- Tuberculosis
- Mycetoma ("fungus ball")
- Idiopathic pulmonary hemosiderosis
- Lung contusion/trauma
- Cystic fibrosis

Pulmonary Parenchymal Source

- Vasculitis
 - Behcet syndrome
 - Goodpasture syndrome
 - Granulomatosis with polyangiitis (Wegener's granulomatosis)

- Churg-Strauss syndrome
- Henoch-Schonlein purpura
- Microscopic polyangiitis
- Rheumatologic
 - Rheumatoid arthritis
 - Systemic sclerosis
 - Systemic lupus erythematosus

Pulmonary Vascular Source

- Arteriovenous malformation
- Pulmonary embolism
- Endocarditis (septic emboli and infarction OR rupture of pulmonary artery mycotic aneurysm)
- Elevated pulmonary venous pressure (especially mitral stenosis)
- Pulmonary artery rupture secondary to balloon-tip pulmonary artery catheter manipulation

Miscellaneous And Rare Causes

- Pulmonary endometriosis
- Amyloidosis
- Systemic coagulopathy or use of anticoagulants or thrombolytic agents
- Drugs/toxins: penicillamine, cytotoxics, nitrofurantoin, amiodarone, retinoic acid, crack cocaine, solvents

DIFFERENTIAL DIAGNOSIS – EOSINOPHILIA

- Acute myelogenous leukemia (AML)

- Allergies
- Ascariasis
- Asthma
- Atopic dermatitis (eczema)
- Cancer
- Churg-Strauss syndrome
- Crohn's disease
- Drug allergy
- Eosinophilic esophagitis
- Eosinophilic leukemia
- Hay fever (allergic rhinitis)
- Hodgkin's lymphoma (Hodgkin's disease)
- Hypereosinophilic syndrome
- Idiopathic hypereosinophilic syndrome
- Lymphatic filariasis
- Ovarian cancer
- Parasitic infection
- Primary immunodeficiency
- Trichinosis
- Ulcerative colitis

DIFFERENTIAL DIAGNOSIS – OTHER

- Hemolytic Uremic Syndrome
- Goodpasture syndrome (anti-GBM disease)
- Allergic angiitis and granulomatosis (Churg-Strauss syndrome)
- Granulomatosis with polyangiitis (Wegener's granulomatosis)

TEST NEEDED TO DIAGNOSE

Lung Biopsy

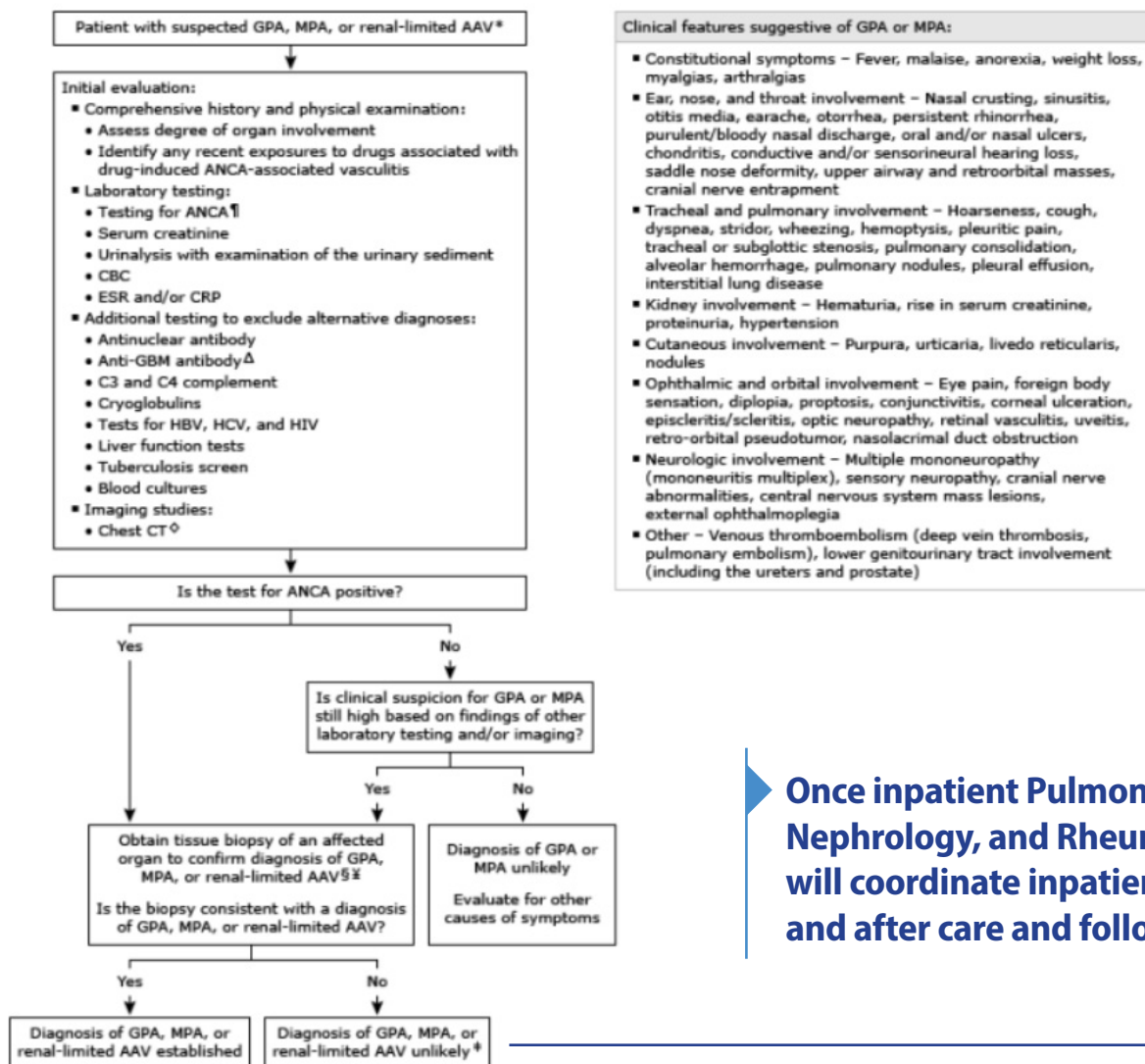
CPC CASE STUDY RESULTS

FINAL DIAGNOSIS GRANULOMATOSIS WITH POLYANGIITIS (C-ANCA VASCULITIS), FORMERLY CALLED WEGENER'S GRANULOMATOSIS

ED Management

- Case can be easily confused with a PE presentation.
- ABC (Airway could be difficult due to diffuse alveolar hemorrhage and possible subglottic stenosis)
- Resuscitation (Blood, IV fluids, oxygen)

Diagnostic evaluation of the patient with suspected GPA, MPA, or renal-limited AAV



CELEBRATE WELLNESS!



If you have a healthy recipe that you would like to share, please email it to Jan Reisinger at exec@pacep.net. The PACEP Wellness/Young Physicians Committee will select recipes for the PACEP website, as well as a favorite for publication in the PACEP News each quarter.

Spring Roll Bowls *(Delish)*

Nutrition (per serving): 420 calories, 22 g protein, 11 g carbohydrates, 3 g fiber, 5 g sugar, 32 g fat, 10 g saturated fat, 710 mg sodium

YIELDS: 4 | **PREP TIME:** 10 MINS

TOTAL TIME: 35 MINS | **CAL/SERV:** 420

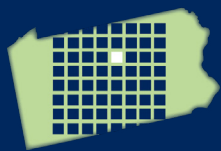


INGREDIENTS:

- ☐ 1 tbsp. vegetable oil
- ☐ 1 clove garlic, crushed
- ☐ 1 tbsp. crushed fresh ginger
- ☐ 450 g minced pork
- ☐ 1 Tbsp. sesame oil
- ☐ 1/2 onion, thinly sliced
- ☐ 110 g grated carrot
- ☐ 1/4 green cabbage, thinly sliced
- ☐ 60 ml soy sauce
- ☐ 1 Tbsp. Sriracha
- ☐ 1 spring onion, thinly sliced
- ☐ 1 Tbsp. sesame seeds

DIRECTIONS:

1. In a large pan over medium heat, heat vegetable oil. Add garlic and ginger and cook until fragrant, 1 to 2 minutes. Add pork and cook until no pink remains.
2. Push pork to the side and add sesame oil. Add onion, carrot, and cabbage. Stir to combine with meat and add soy sauce and Sriracha. Cook until cabbage is tender, 5 to 8 minutes.
3. Transfer mixture to a serving dish and garnish with spring onions and sesame seeds. Serve.



**PENNSYLVANIA COLLEGE
of EMERGENCY PHYSICIANS**

ADVANCING EMERGENCY CARE 

***The Voice of Pennsylvania's
Emergency Physicians***

800 N. Third Street, Suite 408-B
Harrisburg, PA 17102

