THE HOSPITAL’S ROLE IN PHYSICIAN WELL-BEING; IT’S NOT JUST ME

Page 4
## Table of Contents

### 4 President's Message
The Hospital's Role in Physician Well-Being; It's Not Just Me

### 8 Advocacy Update
Key Legislation Review

### 11 Guest Article
AdvancED 2019 Coming to Orange County September 20th!

### 14 Guest Article
12 Steps That Will Make Your Productivity Soar

### 19 Member Accomplishments

### 20 Announcements

### 21 Upcoming Meetings & Deadlines

### 22 Career Opportunities

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### California ACEP
Board of Directors & Lifeline Editors Roster

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### August 2019
Index of Advertisers

| Emergency Medical Specialists of Orange County | Page 22 |
| Independent Emergency Physicians Consortium | Page 17 |
| Mission Hospital | Page 22 |
| Philip Fagan, MD | Page 22 |
| Ventura Emergency Physicians | Page 22 |
Welcome new members!

Oluwatosin Adenuga, MD
Angela Marie Allen
Torey Elizabeth Alling
Alejandro Alonso, MD
Ryan Alward, MD
Jody Marie Anderson
Fernando Jose Avila-Garibay
Manpreet K. Bassi, MD
Mallory Rose Castillo
Clayton Chiapuzio, DO
Andrew Chon, DO
Richard Comeaux, MD
Collin Cousins, MD
Jaskirat Dhanoa, MD
Navneet Singh Dhillon
Danny Fernandez, MD
Jaclyn Elizabeth Floyd
Laurel Elizabeth Gardner, MD

Wil Gibb, MD
Scott K. Goddard, DO
Alan Dale Goff, DO
Ruben Guzman
Olivia Hall, MD
Kate Hatter
Jeffrey Hu, MD
Steven P. Ignell, MD
Kayla B. Johnson, MD
Kyle B. Joyner
Rana A. Kabeer, MD
Rebecca Alisa Leff
Anastasia V. Markovtsova, MD
Yulya Matolina, DO
Megan Colrane Mccord
Dani Ogren
Chinwe Onu, MD
Nolan Page, DO

Christopher Pann
Joshua L. Partnow, MD
Nam Pham, DO
John Quinn, MD
Santano L. Rosario, MD
Kathleen Marie Rowland, MD
Lisa Schwartz, MD
Sri Prasad Shastry, MD
Jared H. Sun, MD
Cindy K. Tait, RN, MPH
Natalie Terao, MD
Adrian E. Thomas, MD
Sandra Thomasian, MD
Caresse Vuong
Jonathan D. Woo, MD
Tyler David Worley, MD
Nadir Shafiq Zaidi

Central Coast Emergency Physicians
Emergency Medicine Specialists of Orange County
Emergent Medical Associates
Front Line Emergency Care Specialists

Loma Linda Emergency Physicians
Napa Valley Emergency Medical Group
Newport Emergency Medical Group, Inc at Hoag Hospital
Pacific Emergency Providers, APC

Tri-City Emergency Medical Group
University of California, Irvine Medical Center Emergency Physicians

AUGUST 2019 | 3
Nearly a year ago, I wrote an article regarding Physician Burnout due to my concern that many of my colleagues and I felt immense stress from the pressures of medicine, hospitals, reimbursement sources, but felt disenfranchised due to the lack of control or ability to change our course. I offered some simple suggestions for things we could do individually and as a department to help ease some of our obvious frustrations and stressors.

A n executive level article was published in *Mayo Clinic Proceedings* written by a physician Tait Shanafelt, MD and a physician-CEO John Noseworthy, MD in 2017. Physician leaders, as well as hospital executives, have furthered the discourse on what changes need to happen at an Institutional Level in order to truly make a difference in the course of improving physician well-being. It would greatly benefit hospital leadership to understand that “an engaged physician workforce is **REQUISITE** to achieving institutional objectives, that small investments can have a large impact, and that many effective interventions are cost neutral.” Physician well-being translates **DIRECTLY** to hospital and health system financial and mission success, which equates to healthier patients and healthier communities.

Based on the concepts of this published article in *Mayo Clinic Proceedings*, here are the **Nine Organizational Strategies** to help begin discussions with your hospital or department leaders. Please share the article with them so they too can understand their role in systematically changing the course of physician burnout and start the path to improving physician well-being in your institution.

**STRATEGY 1. ACKNOWLEDGE AND ASSESS THE PROBLEM**

A Chief Executive Officer that acknowledges the reasons and issues of physician burnout and who shows that the organization truly cares about the physicians’ well-being is the crucial first step. **Open and direct dialogue** needs to occur with the CEO - unrushed, repeated, and in a variety of forums, such as town halls, letters, video interviews, face-to-face meetings with clinical departments and divisions, and small groups. This creates the understanding and trust between physicians and leaders to partner together to make progress.

Then, it is necessary to **measure physician well-being** as a routine institutional performance metric. Organizations measure metrics that are critical to meeting their mission. There is abundant and “overwhelming evidence…that physician well-being is equally important to the health and long-term viability of the organization, and thus it should be measured.” An annual assessment of professional satisfaction as well as engagement and satisfaction with work-life integration is needed. Benchmarking the results against national data and presenting the results to the Board of Directors is key. Further, the results can be...
aggregated at the division or department level so executive leadership can focus attention and resources where they are most needed.

**STRATEGY 2.**

**HARNESS THE POWER OF LEADERSHIP**

Recent evidence suggests that the leadership behaviors of the physician supervisor play a critical role in the well-being of the physicians they lead. A 2013 study of more than 2800 physicians at Mayo Clinic found that a 1-point increase in the leadership score on a 60-point scale of a physician’s immediate supervisor (division/department chair) was associated with a 3.3% decrease in the likelihood of burnout (P < 0.001) and a 9% increase in satisfaction (P < 0.001) for individual physicians adjusting for age, sex, specialty. Adjusting for other factors, 11% of variation in burnout and 47% of variation in satisfaction between work units was explained by the aggregate leadership rating of the work unit supervisor as assessed by their physician reports.2

To harness the power of leadership, first the right leaders must be selected.3 These leaders should demonstrate the ability to listen to, engage, develop, and lead physicians. Second, these individuals must be developed, prepared, and equipped for their role. Third, the performance of the leaders should be regularly assessed by the individuals they lead. Not only should they be assessed based on meeting organizational performance targets, but also in the way in which they do so. Leadership behaviors can be evaluated using a scale called Mayo Clinic Leadership Behavior Score, which has been shown to correlate with burnout and satisfaction within the work-unit. Questions on a 5-point scale include, does your supervisor “hold career development conversations with you,” or “empower you to do your job,” or “encourage you and others to suggest ideas for improvement?” This information is used for leaders’ yearly review with their executive management.

Evidence also suggests that physicians who spend at least 20% of their professional effort focused on the dimension of work they find most meaningful are at a dramatically lower risk for burnout. Although each 1% reduction below this threshold increases the risk of burnout, there is a ceiling effect to this benefit at 20% (i.e. spending 50% of your time in the most meaningful area confers no increased benefit than 20% in burnout rates).4 This activity could involve caring for specific types of patients (e.g. the underserved) or patients with specific clinical problem (e.g., becoming a disease expert in cardiology or trauma), or a variety of other activities. Leaders must recognize the unique talents of the individual physicians on their team and what motivates them.

Organizations must also have the courage to make leadership changes when necessary. Just as a leader who underperforms on financial metrics will be removed from leadership, leaders who continue to receive low leadership behavior scores despite support, coaching, and mentorship may be ill-suited to lead physicians.

**STRATEGY 3.**

**DEVELOP AND IMPLEMENT TARGETED INTERVENTIONS**

Drivers of burnout and the way they manifest vary by specialty and department. The challenges and solutions are often local; operating room exhibits different inefficiencies and stressors than does an emergency department. Once a survey is done, hospital leadership should identify and engage those departments that have the highest burnout rates. By using the principles of participatory management, collaborative action planning, and understanding how local issues drive burnout, we can empower the local physician team (not the physician leader or the management team) to develop and implement one change at a time. The department leader leads and facilitates the change and, once change is implemented, assess the impact, share the results, and move to the next change project.5

**STRATEGY 4.**

**CULTIVATE COMMUNITY AT WORK**

Peer support is critical to helping physicians deal with and recover from professional challenges we face every day. In residency, our favorite place to congregate was the DDR (Doctors Dining Room). That was where we scarfed down breakfast burritos after a long night shift and commiserated. In the reality of practice, with increasing productivity expectations, documentation requirements, and other clerical burdens, we have deferred a 20 minutes break with our colleagues and opted for the quiet snack alone in a back office, sifting through our patient charts to see what lab and imaging results might be back.

Deliberate organizational strategies are needed to provide opportunities for connection again. Dedicated physician lounge areas are common, but other ways such as protected time for small group gatherings on a regular basis have proven to improve “meaning in work and burnout” for participants. COMPASS (Colleagues Meeting to Promote And Sustain Satisfaction) was a format at Mayo Clinic for 6 to 7 physicians sharing a meal together once every 2 weeks with the first 20 minutes discussing a question that explored the virtues and challenges of being a physician. My department has started “Real Talks,” framed in a similar way as COMPASS. We gather at a physician’s house, one presenter chooses a topic and shares a real story about a difficult experience or the uniqueness of our practice, we eat and drink together, and share our collective experiences. I have gotten to know some of my physician colleagues better and feel less alone in the ways challenging workdays may isolate some of us.

**STRATEGY 5.**

**USE REWARDS AND INCENTIVES WISELY**

Many health care organizations have linked physicians’ financial compensation to productivity. Physicians may increase productivity
or revenue generation in 3 ways: 1. Shortening the time spent per patient 2. Ordering more tests/procedures 3. Working longer. The first two approaches may potentially erode quality of care and the third may increase risk of physician burnout, which may be self-defeating in the long run. Consistent with this notion, evidence suggests that productivity-based compensation increases the risk of physician burnout. To mitigate the potential negative effects, other dimensions can be incorporated to the pay formula which include metrics such as patient satisfaction and quality measures. Other innovative centers have incorporated dimensions of self-care and well-being as part of the formula to calculate discretionary pay. Wow, what a concept!

Another consideration of rewards instead of merely pay could include greater flexibility (which can facilitate work-life integration) or protected time and pay to pursue personally meaningful aspects of work (as discussed above in the 20% of professional effort in worthy activity).

There is no perfect model for a compensation formula and productivity pay. It is important however to recognize the potential risk of a high productivity-incentive model and deliberately reassess the structure.

**STRATEGY 6.**

**ALIGN VALUES AND STRENGTHEN CULTURE**

A hospital must evaluate how well it lives out its values in order to achieve its mission by “1. be(ing) mindful of factors that influence culture, 2. assess(ing) ways to keep values fresh, and 3. periodically tak(ing) stock of whether actions and values are aligned.” At Mayo Clinic, this was achieved by acting after the results of an all-staff and all-physician survey revealed a perceived erosion in the commitment of Mayo Clinic to its staff. In response, the Board of Governors commissioned a task force which began a dialogue designed to articulate shared values and affirm that everyone was working toward a common goal.

**STRATEGY 7.**

**PROMOTE FLEXIBILITY AND WORK-LIFE INTEGRATION**

A host of organizational or physician group policies are linked to drivers of physician burnout. Policies related to flexibility and work-life integration need special attention. Providing physicians with the option to adjust professional work hours with commensurate reduction in compensation allows them to tailor their work hours to meet both personal and professional obligations.” This may include providing benefits at a level of work hours that may not equal full time. Providing physicians more flexibility with when and how they work may also allow physicians to meet personal responsibilities without having to reduce total work effort. This may look like special scheduling requests such as a physician who requests every Sunday off but is willing to work more Saturdays.

Organizations and physician groups should also examine the structure of their vacation benefits, coverage for life events, approach to scheduling, and strategy for coverage of nights and weekends. “Compensation practices that disincentivize using vacation time are short-sighted and should be eliminated.”

**STRATEGY 8.**

**PROVIDE RESOURCES TO PROMOTE RESILIENCE AND SELF-CARE**

The primary focus for organizations should be to optimize the practice environment and create a healthy organizational culture. But they should also provide resources that make it easier for physicians to implement individual strategies. Unfortunately, focusing only on the latter without sincere efforts to address the system-based issues is met with skepticism, implying “I am the problem” or “you want resilience so you can further increase my workload.” Providing physicians with tools for self-calibration, resources to promote self-care, and training in skills that promote resilience are three tangible ways organizations can help individuals care for themselves. Linking tools such as self-calibration of personal level of well-being/distress and providing objective data on how their well-being compares with physicians nationally may help promote behavior change. Linking these tools to resources can lead physicians to take action.

**STRATEGY 9.**

**FACILITATE AND FUND ORGANIZATIONAL SCIENCE**

Reduction in burnout and improvement in physician engagement may be the primary objective for most of our institutions. However, vanguard organizations may take on the additional responsibility of developing evidence-based strategies that these other centers can implement. Many of the above-mentioned strategies were derived from studies and scientific efforts by the Mayo Clinic. These efforts included developing new metrics, establishing national benchmarks, conducting interventional studies, and randomized trials. As opposed to employee assistance programs or committees on wellness that provide support AFTER the physician has already experienced distress, we can also focus on the creation of new knowledge and evidence on how to improve the lives of physicians through organizational science.

**MY PARTING THOUGHTS**

As I write my last and final President’s Message, I reflect on where I was, writing my first message a year ago about Physician Burnout. Maybe I wrote it for me, just as much as I was writing it for you, imagining you were dealing with similar struggles. But as I reflect
today, I find myself a little less disheartened and a little more engaged in my professional endeavors and personal life. Maybe it’s because I’m exercising (sometimes with my physician friends), maybe because I’m spending a better percentage of time on projects I value, or maybe it’s because my organization and physician group are playing more of an active role in improving physician wellness, or maybe it’s because I’ve joined in on physician gatherings specifically framed for sharing and commiserating together in a way we don’t get to regularly. Whatever the reason, the combination of strategies and factors have changed my course. I leave you with this final President’s Message with more hope, resilience, and wellness. Thank you to our California ACEP Board of Directors (and previous directors and leaders—you know who you are), our incredible California ACEP Staff, and all of you my ED Colleagues for being part of my path to my becoming a happier and healthier emergency physician. I offer you any support I can give and wish you success in your journey for improving wellness and engagement in your life and career.

Yours in Emergency Medicine,

Chi Perlroth

REFERENCES

KEY LEGISLATION REVIEW

By Elena Lopez-Gusman and Kelsey McQuaid-Craig, MPA
n addition to the bills that California ACEP sponsors and pushes to have enacted into law, each year California ACEP tracks hundreds of pieces of legislation. While there are hundreds of bills affecting health care and hundreds more in other policy areas that directly affect our patients and their health, we have limited resources and must strategically focus our efforts and expertise where no other organizations are representing our interests, where we have the most impact, and where our unique voice must be heard. In 2019, we’ve taken positions on over 40 bills. As the Legislature gets closer to the September 13th deadline to pass legislation, we wanted to update you on just a few pieces of legislation of interest to emergency physicians.

**AB 5 (GONZALEZ FLETCHER) – DYNAMEX (SUPPORT)**

Last year, the California Supreme Court issued a significant employment law ruling in Dynamex Operations West v. Superior Court (Dynamex). AB 5 was introduced to codify the decision in statute. While the situation adjudicated involved a transportation company, we wanted to ensure that the decision and the proposed law would not be applied to emergency physician groups and individual physicians. We were successful in obtaining an exemption and the bill makes it clear that Dynamex does not apply to emergency physicians.

The bill is currently on the Senate Appropriations Suspense File and will be heard at the end of August.

**AB 714 (WOOD) – PRESCRIPTIONS (SUPPORT IF AMENDED)**

AB 714 is an important fix to the burdens imposed by a 2018 bill, AB 2760. AB 2760 has resulted in a requirement for physicians to prescribe naloxone to all patients who present with a history of substance use disorder, regardless of if their substance use was opioid-related or whether or not the physician was prescribing an opioid or any other medication. AB 714 clarifies this is a co-prescribing requirement that only applies when an opioid is being prescribed.

The bill passed out of the Senate and is back in the Assembly on concurrence.
**AB 890 (WOOD) – NURSE PRACTITIONER SCOPE OF PRACTICE (OPPOSE)**

AB 890 would allow a nurse practitioner to practice medicine without supervision or oversight by a physician. California ACEP was deeply concerned about the impact of this proposed change on patient safety. Nurse practitioners are an important part of health care delivery in conjunction with supervising physicians. Nurse practitioners, however, do not have sufficient education and training to examine and diagnose completely independent of physicians and such a practice puts patients at risk.

Due to substantial opposition, the bill was held on the Assembly Appropriations Suspense File but will be eligible to be heard again in the 2020 Legislative Session.

**SB 156 (NIELSEN) – FEATHER RIVER HOSPITAL (NEUTRAL)**

SB 156 seeks to temporarily address the unique gap in emergency services left by the 2018 Camp Fire while allowing Adventist Health to operate the emergency department for some time in order to determine whether to rebuild Feather River Hospital.

California ACEP worked with the author and the sponsor to significantly amend the bill to ensure strong patient safety protections, including transfer agreements and on-site clinical laboratory and radiological services, and to make it clear that the Legislature is not authorizing freestanding emergency departments across the state.

SB 156 is on the Assembly Floor.

**SB 697 (CABALLERO) – PHYSICIAN ASSISTANT SCOPE OF PRACTICE (OPPOSE)**

SB 697 would expand the scope of practice for physician assistants (PAs) and remove the clarity provided by current supervision requirements. California ACEP has continued to argue that PAs are an important part of health care delivery in conjunction with supervising physicians, but do not have sufficient education and training to examine and diagnose independent of physicians. SB 697 would eliminate the requirement that the supervising physician be identifiable.

Patients who come through the door of the ED are sicker than in the past and the practice of emergency medicine has become more intensive. As a result, the risk associated with relaxed oversight standards for mid-level providers is significantly higher in the emergency setting. California ACEP has asked for amendments to identify the supervising physician and to ensure that the PA is being supervised by a physician with privileges to practice in the ED.

SB 697 is currently on the Assembly Appropriations Suspense File and will be heard at the end of August.

California ACEP will continue to update you on these bills and the tens of others we are involved in. Keep an eye out for updates in the Weekly Re-Cap emails and future quarterly issues of *Lifeline*. If you have any questions about these bills or others, please contact California ACEP at info@californiaacep.org.
California ACEP’s annual conference has taken several identities through the years, from the Scientific Assembly to the Annual Assembly and, for the last few years, AdvancED. We are excited to once again offer a conference that is entirely focused on residents and medical students.

Thanks to the enthusiasm and amazing talent of our conference planning work group, California ACEP is offering unique and innovative content for our resident and medical student members. The day’s schedule includes fast paced talks from a diverse variety of speakers of all levels of training and backgrounds, a residency fair, an escape room challenge, and a poster session featuring emergency department and program innovations.

The old-sim game has been re-imagined California-style as a fun escape room challenge. EscapED is a skills-based escape room challenge designed for residents and medical students. Two escape rooms will be running at the same time and teams will be assigned a time to go into one of those rooms and try to get through all the challenges to get the password before time expires. The teams with the highest accuracy scores in the fastest time will receive a prize.
at the closing reception. This will be an exciting take on simulation and skills labs of the past and we know California’s residents and medical students will be well prepared to take on the challenge.

We will also be providing some great opportunities that run concurrently with EscapED. When teams aren’t in the escape room, residents will be able to attend career panels and medical students will be able to explore the residency fair.

Back by popular demand, this year will again feature presentations submitted by our members in our 10-minute Featured Talks and in our Lightning Talks, featuring 6-minute talks! We have some incredible topics lined up this year with everyone from medical students and residents to fellows and attendings presenting.

**THIS YEAR’S TALKS INCLUDE:**

- Advanced Practice Providers: What Every Resident Needs to Know!
- Infertility in Residency - One Perspective
- Lessons Learned: Leadership from the Frontlines
- Yes, but who is taking care of the children?
- How to Be A Green Doctor
- Foundations of Medicine...Inspired by Taylor Swift
- And much more!

We are also delighted to have Medell Briggs-Malonson, MD, MPH, MSHS giving the keynote address on implicit biases and the impact on patient care. During this presentation, Dr. Briggs-Malonson will explore the impact of our implicit biases on patient care, the roots of these biases, and steps to identify and mitigate these biases to achieve better health outcomes and patient experience.

While the conference is tailored to residents and medical students, and not all the content will be relevant to your practice, many of these talks will ring true for more seasoned emergency physicians and we welcome you to attend.

The 2018 conference was the first time in over 5 years that California ACEP had a poster presentation at our annual conference. This year we’ve gone all-in and have an official poster session on the agenda. You will be able to see posters from individuals of all training levels and on topics ranging from trauma informed care to end-of-life care to opioid education and everything in-between.

Thanks to the creativity and passion of conference track chairs Drs. Leslie Oyama, Andy Grock, Tomer Begaz, and Caitlin Bailey, we’ve created a very unique conference.

We look forward to seeing you at the Hyatt Regency Orange County on September 20th! For more information about the conference, visit: www.californiaacep.site-ym.com/page/AdvancED2019.

Sincerely,

Jessica Mason, MD  
AdvancED 2019 Chair

Natasha Wheaton, MD  
AdvancED 2019 Co-Chair

Kelsey McQuaid-Craig, MPA  
California ACEP Director of Policy and Programs

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We look forward to seeing you at the Hyatt Regency Orange County on September 20th! For more information about the conference, visit: www.californiaacep.site-ym.com/page/AdvancED2019.

Sincerely,

Jessica Mason, MD  
AdvancED 2019 Chair

Natasha Wheaton, MD  
AdvancED 2019 Co-Chair

Kelsey McQuaid-Craig, MPA  
California ACEP Director of Policy and Programs
<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Track</th>
<th>Track Chair</th>
<th>Panelists</th>
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</thead>
<tbody>
<tr>
<td>10:45-11:30 am</td>
<td>Royal Ballroom C&amp;E</td>
<td>Resident Flex Time - Community EM Panel</td>
<td>Lori Winston, MD, FACEP</td>
<td>Zahra Basrai, MD (VA Health System); Rob Close, MD, FACEP (Community Hospital of the Monterey Peninsula - Monterey Bay Emergency Physicians Medical Corporation); Caroline Drenten, MD, FACEP (Dutter General Sacramento - Vitality); Luke Palmsma, MD, MBA (California Hospital - VEP Healthcare); Vivian Reyes, MD, FACEP (Kaiser San Francisco - FPMG)</td>
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<tr>
<td>11:30-12:00 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Resident Flex Time - Blended Careers Panel</td>
<td>Lori Winston, MD, FACEP</td>
<td>Sara Cruger, MD (International medical work and UCLA Assistant Professor of Critical Care and Emergency Medicine); Jessica Mason, MD (UCSF Fresno and EM:RAP); Abhishek Mikhait, MD, FACEP (Huntington Hospital and Urgent Care); Vivian Reyes, MD, FACEP (Kaiser San Francisco - FPMG)</td>
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<tr>
<td>10:30-12:00 pm</td>
<td>Regal &amp; Imperial Rooms</td>
<td>EscapED</td>
<td>Leslie Oyama, MD, FACEP</td>
<td>EscapED Track Chair: Leslie Oyama, MD, FACEP. Teams will have one of three time slots assigned to them. When not in the Escape Room, Residents are welcome to attend the panels in Royal Ballroom C&amp;E.</td>
</tr>
<tr>
<td>10:30-10:50 am</td>
<td>Royal Ballroom A</td>
<td>Medical Student Track Lightning Talks</td>
<td>Naya Mtsa, MD; Caitlin Bailey, MD; and Andrew Gock, MD</td>
<td>Naya Mtsa, MD; Caitlin Bailey, MD; and Andrew Gock, MD</td>
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<tr>
<td>10:50-11:00 am</td>
<td>Royal Ballroom A</td>
<td>Featured Talk - Curveball Questions: How to Knock Them Out of the Park</td>
<td>Annel Von Reinhart, MD</td>
<td>Annel Von Reinhart, MD</td>
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<tr>
<td>11:00-12:00 pm</td>
<td>Royal Ballroom A</td>
<td>Ask the Experts - Common Questions About Residency</td>
<td>Caitlin Bailey, MD, Clerkship Director at Highland Hospital and Tumer Begaz, MD, Clinical Professor, UCLA</td>
<td>Caitlin Bailey, MD, Clerkship Director at Highland Hospital and Tumer Begaz, MD, Clinical Professor, UCLA</td>
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<tr>
<td>12:00-1:00 pm</td>
<td>Royal Ballroom Foyer (Exhibit Hall)</td>
<td>Lunch</td>
<td>Vivan Reyes, MD, FACEP President</td>
<td>Vivan Reyes, MD, FACEP President</td>
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<tr>
<td>1:20-1:40 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>General Session Talks</td>
<td>Speakers: Fred Wu, MHS, PA-C and Andrea Brault, MD, MMM, FACEP</td>
<td>Fred Wu, MHS, PA-C and Andrea Brault, MD, MMM, FACEP</td>
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<td>1:40-1:45 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>CAL/EMRA Message</td>
<td>Anna Yap, MD, CAL/EMRA President</td>
<td>Anna Yap, MD, CAL/EMRA President</td>
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<tr>
<td>1:45-1:55 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Awards Recipients</td>
<td>Lori Winston, MD, FACEP</td>
<td>Lori Winston, MD, FACEP</td>
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<tr>
<td>1:55-2:35 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Poster Session</td>
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<tr>
<td>2:35-2:45 pm</td>
<td>Royal Ballroom Foyer</td>
<td>BREAK and Refreshments</td>
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<tr>
<td>2:45-2:55 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>The Path to Flourishing: Results from the HCA Nationwide Residency Well-Being Study</td>
<td>Gregory Guadner, MD, FACEP</td>
<td>Gregory Guadner, MD, FACEP</td>
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<td>2:55-3:25 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Financial Panel</td>
<td>Natacha Wheaton, MD</td>
<td>Paul A. Silka, MD, FACEP (Associate Adjunct Clinical Professor of EM Neck School of Medicine); and Ryan Pedigo, MD (Director of Medical Student Education, Assistant Professor of EM Harbor UCLA Medical Center)</td>
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<tr>
<td>3:25-3:45 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Resident Track Lightning Talks</td>
<td>Maria Sturchler, MD; and Emily Shirnol, MD</td>
<td>Tara Paterson, MD, FACEP; Maria Sturchler, MD; and Emily Shirnol, MD</td>
</tr>
<tr>
<td>3:45-4:05 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>The Boards &amp; Beyond</td>
<td>Marianne Gaussche-Hill, MD, FACEP</td>
<td>Marianne Gaussche-Hill, MD, FACEP</td>
</tr>
<tr>
<td>4:05-4:15 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Things I Wish I Knew As a Resident</td>
<td>Rebecca Băvolek, MD, FACEP</td>
<td>Rebecca Băvolek, MD, FACEP</td>
</tr>
<tr>
<td>4:15-4:25 pm</td>
<td>Royal Ballroom Foyer</td>
<td>BREAK - Royal Ballroom Foyer</td>
<td></td>
<td></td>
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<tr>
<td>4:25-4:45 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>General Session Talks</td>
<td>Speakers: Fred Wu, MHS, PA-C and Andrea Brault, MD, MMM, FACEP</td>
<td>Fred Wu, MHS, PA-C and Andrea Brault, MD, MMM, FACEP</td>
</tr>
<tr>
<td>4:45-5:00 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Advocacy Talk</td>
<td>Elena Lopez-Gusman, California ACEP Executive Director</td>
<td>Elena Lopez-Gusman, California ACEP Executive Director</td>
</tr>
<tr>
<td>5:00-5:15 pm</td>
<td>Royal Ballroom C&amp;E</td>
<td>Chapter Awards, Escape Room Awards and Poster Session Honorees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:15-6:00 pm</td>
<td>Royal Ballroom A&amp;B</td>
<td>Closing Reception</td>
<td>feat. performance by Gravely Disabled - a band made up of UCLA EM Faculty</td>
<td>feat. performance by Gravely Disabled - a band made up of UCLA EM Faculty</td>
</tr>
</tbody>
</table>
I did fairly well during high school and college (UCLA) and was accepted into a high-ranking medical school (UCSF). However, during medical school, I felt like the productivity system I had was reaching its limits. I was constantly stressed and tried to study every chance I got. Despite the constant amount of hours I put in, I still received average grades and clerkship evaluations. Even worse, I neglected my health and gained a significant amount of weight (went from 160 pounds to almost 200 pounds).
In my fourth year of medical school, I was determined to improve my productivity and that was when I first read *Getting Things Done (GTD)* by David Allen. I have continued to try to optimize my productivity and have integrated other resources into the GTD framework over the past decade. After going through many resources and trialing them on myself and others, I have found the following 12 steps are the most fundamental steps to creating a truly airtight productivity system that will allow you to be extremely productive and stress-free.

I have trialed these exact steps (in order) with multiple medical students and physicians and have confirmed the benefits and utility of this system. The images shown in this article are actual photos of me implementing this process at a resident physician’s home workspace. It will take approximately 1-2 weeks to implement (and possibly longer if you have many things accumulated).

Feel free to take your time however and carry out what you feel works best in your own life and workflow. The three environments I feel that need to be concentrated on are 1) The **PHYSICAL** workspace, 2) **DIGITAL** workspace 3) **EMAIL** workspace. If you can clear these things efficiently every day only ONCE or twice a day, I guarantee you will create time to do some of the most meaningful work in your life. The catch is that you NEED to be able to process these shallow tasks efficiently, and these 12-steps will let you achieve that.

This is just an introduction to all of the 12 steps. If it doesn’t make complete sense, don’t worry! This is just a general overview of all of the steps. There will be a detailed blog post on PhysicianZen.com on each and every step in detail.

1. **Gather the Essential Supplies for a Productive Physical Workspace**

   This step involves gathering all of the absolutely necessary items for creating a productive physical workspace. This includes obvious items such as a desk and chair. However, in this step, you will not only get things for your workspace, but you will also be getting rid of items that are not necessary. A productive workspace will have only one of each necessary item, anything additional will become a distraction and decrease your productivity. Store any extra items in its own place out of sight of your workspace.

2. **Declutter the Physical Workspace by Sorting and Purging**

   This step involves the total declutter of your current workspace by taking every single item (documents, stationary items, electronics, etc) and sorting them into three piles (**Possibly Keep**, **Trash**, and **Donate**). I recommend sorting them on the ground, so you have a clear picture of what you have been keeping in your workspace.

   Below is an example, of our resident physician who had 5 external hard drives, 3 graphing calculators, and multiple redundant items he had no clue were taking up his workspace!

   ![Possibly Keep, Trash, Donate](image1)

   After sorting your environment into these three piles you will purge your workspace by throwing away things in the “trash” pile and decide who to donate these items from the “donate” pile. The only pile you will have left after your purge will be your “Possibly Keep” pile. You will organize your “Possibly Keep” pile in step 4.

3. **Create an Optimal Physical Workspace**

   Now that you have totally cleared and decluttered your workspace, you can start adding all of the essential supplies from Step 1 systematically into your new workspace with each item serving a purpose. This will minimize distractions and allow you to have maximum productivity to perform true deep work.
Once you have created the optimal workspace, now you will have a blank framework to reintroduce things from your “Possibly Keep” pile back into your physical workspace.

4 Organize the Physical Workspace

In this step, you will now have to decide exactly what needs to go into your physical workspace. This will involve deciding what you want to do with each item in your “Possibly Keep” pile. Things that may have meant something to you 15 years ago, may not have the same meaning and you may consider tossing them. Anything you don’t trash will need to be integrated into your workspace.

Integrating your final pile will mainly involve organizing your documents. You will organize documents and journal articles in this step using a trusted A-Z filing system for your general reference items. You will also organize all of your electronic items in this step.

Below is a sample of one of our Internal Medicine Senior Resident’s workspace at home before and after we decluttered and organized his workspace!! Yes, even the dog is happier after we decluttered!

5 Declutter the Digital Workspace by Sorting and Purging

Depending on how much you have accumulated in your computer and laptop over the years, this step may take some time. However, it is necessary. This step will involve purging any unnecessary digital files and sorting the remaining into three folders: Active Projects, General Reference, and Pending Review.

The sorting here will not involve any organizing (that will be the next step). The purpose here is to quickly put all digital files into one of these three folders. If something needs to be deleted just trash and purge it on the spot.

The Active Projects folder will only contain folders that contain projects that are truly active and ongoing.

The General Reference folder will contain all folders of completed projects or documents that need to be archived (taxes, scanned ID’s, passports, etc).

The Pending Review folder contains all of the other documents that still need an action to be performed or it is undecided what to do with them. These will include recent downloads from your inbox, downloaded journal articles, scanned documents, etc).

6 Organize the Digital Workspace

In this step you will now organize all of the files in your Active Projects and General Reference Folders using a systematic approach.

After those folders have been organized you will go to your Pending Review folder and complete actions on any pending items and sort them into their appropriate folders in the Active Projects or General Reference folders. If the action for an item needs to be performed at a later date, then you will need to set a date for when you will complete that action.

You should make a habit of clearing your Pending Review Folder Daily.

7 Clear and Organize Your Email – Inbox Zero

This is probably one of the toughest steps for most people with thousands of emails in their inbox. This step will be similar to dealing with your digital workspace above.

You will need to purge any emails that are trash. The rest will be placed in an Active Projects Folder or General Reference Folder. Your actual inbox will serve as a “Pending Review” folder and should be cleared daily.
I personally attempt to clear my inbox once a day, and if I need to reply to an email at a later date, I will set a reminder in my productivity system to deal with that specific email.

I receive over 60-80 emails a day. I found that by processing ALL emails only once a day in the afternoon, I save a significant amount where I can use it to complete my most important tasks! It usually only takes me about 1 hour or less to clear all of my emails a day.

8 **Clear your Mind by Defining all Projects and Next Actions**

In this step you will clear your mind by listing every single project that is in your head. This will allow you to create more mental space for deep thinking and deep work. If you have so many unprocessed and pending things in your mind, it will be difficult to become productive.

You need a process to dump any lingering thoughts in your mind into a trusted external environment where you can deal with it later. Your mental space is invaluable and should be used to create and cultivate ideas, so don’t waste it on just trying not to forget things.

After you have listed all of your projects, you will then list the immediate next action for each project (this is the GTD philosophy). The key to productivity is to not think of the end result of a project but only to think of completing the immediate next step. Fortunately, the immediate next steps are usually something simple such as sending an email, looking something up on the internet, giving someone a phone call, etc.

9 **Implement a Productivity System Using Apps**

It can be tempting to think that using a productivity app will make you productive and that you can skip the previous 8 steps. I have seen countless people fail to achieve true productivity because they think a productivity “app” will make them more productive. However, they end up using these apps just like a grocery store checklist.

A productivity app is extremely useful, only if used correctly. It should allow you to keep track of all of your current projects and next actions. It should also be used to sort and organize incoming projects as well as recurring actions. However, you won’t know all of your current projects and next actions if you did not define them in the previous 8 steps above.

10 **Effectively use Your Calendar**

A calendar is like a commitment to yourself. Effective use of a calendar is always completing assigned tasks on dates you have determined. Over time people will trust you and your reliability. You will also learn to trust yourself and your calendar system over time.
**Track and Batch your Habits**

This is something I learned to do more recently in the past few years, and I feel it can propel your productivity to extreme heights. This is a little more advanced but if you can learn how to track your daily habits as well as batch habits you will not waste time.

**Perform Weekly Reviews**

This is the last step but one of the most important steps. Very few people perform weekly reviews of all of their projects. Doing this properly however will save you countless hours. Performing weekly reviews will keep your projects up to date and make the most efficient use of your productivity system and apps.

**SUMMARY**

I hope you find this article useful. Don’t worry if this seems a little confusing or daunting for now. Let’s just go step by step. Each step has a significant purpose. I will be posting a detailed blog post on each of these steps on PhysicianZen.com. I look forward to being part of your productive and stress-free life.

If you have ANY questions or comments please reach out. I would love to hear your thoughts.

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Vi Dinh, MD, FACEP completed an Emergency Medicine residency in 2012, followed by two fellowships (Critical Care and Emergency Ultrasound) in 2014. He is currently an Associate Professor at Loma Linda University Health in California and is heavily involved with clinical work/research/teaching. He founded the website PhysicianZen.com. It is a map of his personal journey to attain a state of stress-free productivity and financial independence. The mission of Physician Zen is to help students and clinicians develop their own stress-free productivity system that will allow them to accomplish their career goals, achieve financial independence, nurture personal relationships, and develop mental/physical wellbeing.

This article was originally published on PhysicianZen.com on July 3, 2019.
Cynthia Peng, MD, received the EMF/CORD Emergency Medicine Education Starter Grant for assessing entrustable professional activities during transition into residency.

Congratulations to Faith Quenzer, DO on the birth of her child.

Karen Lind, MD took first place in the Alameda County Fair for her pink lemonade tart and pull apart sweet bread.

CAL/EMRA President-Elect Anna Yap, MD became a Member-At-Large for the American Medical Association Resident and Fellow Section Governing Council.

Yanika Wolfe, MD graduated from her Stanford ultrasound fellowship.

Loma Linda University Health Board of Trustees appointed Tamara Thomas, MD to serve as Executive Vice President of Medical Affairs and Dean.

A study conducted by Larissa May, MD, FACEP of nine emergency departments and urgent care centers in California and Colorado found educating physicians and patients about safe antibiotic use can cut overuse by 30%.

Congratulations to California ACEP Board Member Melanie Stanzer, DO on the birth of her child.

Congratulations to AdvancED 2019 Conference Chair Jessica Mason, MD on the birth of her child.

Congratulations to all the California ACEP members who graduated medical school, residency, or fellowship.

**Did you get a new job? Get promoted? Get published? Achieve a goal?**

Let California ACEP know and we will include it in this new section of Lifeline. Tweet your accomplishment and tag @californiaacep or submit your accomplishments at: https://californiaacep.site-ym.comsurveys/?id=Accomplishments.
The California Emergency Medicine Advocacy Fund (CEMAF) has transformed California ACEP’s advocacy efforts from primarily legislative to robust efforts in the legislative, regulatory, legal, and through the Emergency Medical Political Action Committee, political arenas. Few, if any, organization of our size can boast of an advocacy program like California ACEP’s; a program that has helped block Medi-Cal provider rate cuts, lock in $500 million for the Maddy EMS Fund over the next 10 years, and fight for ED overcrowding solutions! The efforts could not be sustained without the generous support from the groups listed below, some of whom have donated as much as $0.25 per chart to ensure that California ACEP can fight on your behalf. Thank you to our 2018-19 contributors (in alphabetical order):

- Alvarado Emergency Medical Associates
- Antelope Valley Emergency Medical Associates
- Beach Emergency Medical Associates
- Chino Emergency Medical Associates
- Coastline Emergency Physicians Medical Group
- Culver Emergency Medical Group
- ER Physicians Medical Group
- Hollywood Presbyterian Emergency Medical Associates
- Las Cruces Emergency Medical Associates
- Los Alamos Emergency Medical Associates
- Mills Peninsula Emergency Medical Group
- Orange County Emergency Medical Associates
- Pacific Coast Emergency Medical Associates
- Riverside Emergency Physicians
- San Dimas Emergency Medical Associates
- Sherman Oaks Emergency Medical Associates
- South Coast Emergency Medical Group, Inc.
- Tarzana Emergency Medical Associates
- TeamHealth
- Temecula Valley Emergency Physicians, Inc.
- US Acute Care Solutions
- Valley Emergency Medical Associates
- Valley Presbyterian Emergency Medical Associates
- VEP Healthcare, Inc.
- Vikant Gulati, MD, FACEP
- Vituity
- West Hills Emergency Medical Associates

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- US Acute Care Solutions
- Valley Emergency Medical Associates
- Valley Presbyterian Emergency Medical Associates
- VEP Healthcare, Inc.
- Vikant Gulati, MD, FACEP
- Vituity
- West Hills Emergency Medical Associates

California ACEP Sponsored & Co-Sponsored Courses

AdvancED 2019
September 20, 2019 | Garden Grove, California
Registration and more information can be found at:
https://californiaacep.site-ym.com/page/AdvancED2019

Save the Date! 2020 Legislative Leadership Conference
April 14, 2020 | Sacramento, California

Submit a Lifeline Article

Looking for a way to share your emergency medicine experience? Want to share a story from your last shift? Or maybe career or life advice? We’re looking for member and guest articles, including letters-to-the-editor. Please note that all articles and letters are reviewed and may be edited for grammar and content.

If you would like more information or would like to submit a guest article, email info@californiaacep.org.

Nominate a Cal/EMRA All-Star

Do you have an EM all-star hiding in your program and want to get their name out there? We’re looking for residents or medical students that deserve recognition!

Nominations can be submitted at bit.ly/nominate4calemra.
For more information on upcoming meetings, please e-mail us at info@californiaacep.org; unless otherwise noted, all meetings are held via conference call.

### AUGUST 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>13th–14th</td>
<td>Board of Directors Retreat</td>
<td>Sacramento, CA</td>
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### SEPTEMBER 2019

<table>
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<tbody>
<tr>
<td>2nd</td>
<td>Labor Day</td>
<td>Office Closed</td>
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<tr>
<td>10th at 9am</td>
<td>Reimbursement Committee</td>
<td>Conference Call</td>
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<tr>
<td>19th</td>
<td>Board of Directors Meeting</td>
<td>Garden Grove, CA</td>
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<tr>
<td>20th</td>
<td>AdvancED 2019: Annual Conference</td>
<td>Garden Grove, CA</td>
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### OCTOBER 2019

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>11th at 10am</td>
<td>Council Delegation Subcommittee A</td>
<td>Conference Call</td>
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<tr>
<td>11th at 12pm</td>
<td>Council Delegation Subcommittee B</td>
<td>Conference Call</td>
</tr>
<tr>
<td>11th at 2pm</td>
<td>Council Delegation Subcommittee C</td>
<td>Conference Call</td>
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<tr>
<td>17th at 10am</td>
<td>Government Affairs Committee</td>
<td>Conference Call</td>
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<tr>
<td>18th at 10am</td>
<td>Council Delegation</td>
<td>Conference Call</td>
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<tr>
<td>25th–26th</td>
<td>ACEP Council Meeting</td>
<td>Denver, CO</td>
</tr>
<tr>
<td>27th–30th</td>
<td>ACEP19</td>
<td>Denver, CO</td>
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SOUTHERN CALIFORNIA OPPORTUNITIES:

- Tustin, CA - Orange County - 73-bed community hospital, 8-bed ER, paramedic receiving, low volume. 10 x 24hr = $240,000/yr + incentive
- East Los Angeles - 120-bed community hospital urgent care (non paramedic receiving) volume 700/mo. Guarantee $100/hr.
- Norwalk, CA - 60-bed hospital. 500-600 patient/mo. Paramedic receiving. $110/hr.
- San Fernando Valley - 18000 visits $350000 per year with incentives Med surg with psyche beds. Overlap or NP or PA for busy times.
- HOSPITALIST OPENINGS ALSO AVAILABLE

FAX CV to 213 482 0577 or call 213 482 0588 or email neubauерjanice@gmail.com

SOUTHERN CALIFORNIA - ORANGE COUNTY: Positions available for full and part time BC/BE EM and Peds EM physicians. Partnership track is available for full time physicians. We are a stable, democratic group established in 1976 serving two best in class hospitals. St. Joseph Hospital is a STEMI center and Stroke Center with 80,000 visits per year. CHOC Children’s Hospital is a Level II trauma center, tertiary referral center and teaching hospital (several residency and fellowship rotations) with 80,000 visits per year. Excellent call panel coverage, excellent compensation, malpractice and tail coverage, and scribe coverage. Sign on bonus for full time hires

Email CV and references to EMSOC@emsoc.net, fax to 714-543-8914

SOUTH ORANGE COUNTY: Mission Hospital and Children’s Hospital at Mission, a CMS 5-Star rated full service hospital. We are an established, independent, democratic group staffing this ED for 22 years. Excellent compensation; malpractice paid; scribes; midlevel providers.

We seek an EM residency trained physician for a partnership track. Excellent coverage and midlevel provider support allow for high job satisfaction. UC Irvine EM residents on rotation allow for teaching opportunities. Two full-time, dedicated nocturnists work 6 nights a week. All other physicians average 6 overnight shifts per year!

The department serves both a pediatric and adult base station hospital serving all of south OC. High acuity, 70,000 patients a year, comprehensive referral center, outstanding adult and pediatric sub specialty coverage, adult and pediatric trauma center, STEMI Center, and Stroke Center.

Send CV to: MaryAnn.Hubbard@StJoe.org

VENTURA CALIFORNIA: We have moved into our brand new Hospital and Emergency Department as of December 2018! Central coast of California and 70 miles from LAX. Positions available in two facilities for BC/BE emergency physician. STEMI Center, Stroke Center with on-call coverage of all specialties. Teaching facility with residents in Family Practice, Surgery, Orthopedics and Internal Medicine. Admitting hospital teams for Medicine and Pediatrics. Twenty-four hour OB coverage in house and a well established NICU. Physician’s shifts are 9hrs and two 12 hour shifts of PA/NP coverage. All shifts and providers have scribe services 24/7. Affiliated hospital is a smaller rural facility 20 minutes from Ventura in Ojai. Malpractice and tail coverage is provided. New hires will work days, nights, weekends and weekdays.

Send resume to Alex Kowblansky MD FACEP at kowblansky@cox.net
Looking for an ITLS course?
EMREF offers the following California providers list:

American Health Education, Inc
Perry Hockey, EMT-P
7300B Amador Plaza Road, Dublin, CA 94568
Phone: (800) 483-3615
Email: info@americanhealtheducation.com
Web: www.americanhealtheducation.com

American Medical Response (AMR)
Ken Bradford, Operations
841 Latour Court, Ste D, Napa, CA 94558-6259
Phone: (707) 953-5795
Email: ken.bradford2@gmail.com

Compliance Training
Jason Manning, EMS Course Coordinator
3188 Verde Robles Drive, Camino, CA 95709
Phone: (916) 429-5895
Fax: (916) 256-4301
Email: Kurgan911@comcast.net

CSUS Prehospital Education Program
Thomas Oakes, Program Director
3000 State University Drive East, Napa Hall, Sacramento, CA 95819-6103
Office: (916) 278-4846
Mobile: (916) 316-7388
Email: thomasf1y@sbcglobal.net
Web: www.cce.csus.edu

EMS Academy
Nancy Black, RN, Course Coordinator
1170 Foster City Blvd #107, Foster City, CA 94404
Phone: (866) 577-9197
Fax: (650) 701-1968
Email: nancy@caems-academy.com
Web: www.caems-academy.com

ETS – Emergency Training Services
Mike Thomas, Course Coordinator
3050 Paul Sweet Road, Santa Cruz, CA 95065
Phone: (831) 476-8813
Toll-Free: (800) 700-8444
Fax: (831) 477-4914
Email: mthomas@emergencytraining.com
Web: www.emergencytraining.com

Loma Linda University Medical Center
Lyne Jones, Administrative Assistant
Department of Emergency Medicine
11234 Anderson St., A108, Loma Linda, CA 92354
Phone: (909) 558-4344 x 0
Fax: (909) 558-0102
Email: L.Jones@llhs.llumc.edu
Web: www.luu.edu

Medic Ambulance
James Peterson, EMT-P
506 Couch Street, Vallejo, CA 94590-2408
Phone: (707) 644-1761
Fax: (707) 644-1784
Email: j.peterson@medicambulance.net
Web: www.medicambulance.net

Napa Valley College
Gregory Rose, EMS Co-Director
2277 Napa Highway, Napa CA 94558
Phone: (707) 256-4596
Email: gross@napavalley.edu
Web: www.winecountrycpr.com

NCTI – National College of Technical Instruction
Lena Rohrabaugh, Course Manager
333 Sunrise Ave Suite 500, Roseville, CA 95661
Phone: (916) 960-6284 x 105
Fax: (916) 960-6296
Email: jlcasa@caltel.com
Web: www.ncti-online.com

PHI Air Medical, California
Eric Lewis, Course Coordinator
801 D Airport Way, Modesto, CA 95354
Phone: (209) 550-0884
Fax: (209) 550-0885
Email: elewis@philhelico.com
Web: http://www.phiairmedical.com

Riggs Ambulance Service
Greg Petersen, EMT-P, Clinical Care Coordinator
100 Riggs Ave, Moomer, CA 95340
Phone: (209) 725-7010
Fax: (209) 725-7044
Email: Gregg@riggsambulance.com
Web: www.riggsambulance.com

Rocklin Fire Department
Chris Wade, Firefighter/Paramedic
5001 Crest Drive, Rocklin, CA 95765
Phone: (916) 625-5311
Fax: (209) 725-7044
Email: Chris.Wade@rocklin.ca.us
Web: www.rocklin.ca.us

Rural Metro Ambulance
Brian Green, EMT-P
1345 Vander Way, San Jose, CA 95112
Phone: (408) 645-7345
Fax: (408) 275-6744
Email: brian.green@rmetro.com
Web: www.rmetro.com

Defib This (ERT)
Brian Green, EMT-P
1543 Pacific Avenue, Suite 104, Capitol CA 95606
Phone: (831) 426-9111
Web: www.defibthis.com

Verihealth/Falck Northern California
Ken Bradford, Training Coordinator
2190 South McCowell Blvd, Petaluma, CA 94954
Phone: (707) 766-2400
Email: ken.bradford@falck.com
Web: www.verihealth.com

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Search for upcoming courses: http://cms.itrauma.org/CourseSearch.aspx

EMREF is a proud sponsor of California ITLS courses.

Please call 916.325.5455 or E-mail Lucia Romo: lromo@californiaacep.org for more information.
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Friday, September 20, 2019 | Hyatt Regency, Orange County, CA