

In this issue - December 2018

[Spotlight On...Dr. Robert Linton, II, MD, FACEP](#)

[MD ACEP 2019 Annual Educational Conference: March 14, 2019](#)

[Maryland-1 Disaster Medical Assistance Team Hurricane Michael Relief](#)

[EMS Update](#)

[MD ACEP 1st Annual Resident Competition](#)



Spotlight On...Dr. Bob Linton

Robert Linton, II, MD, FACEP

1. MD ACEP Position

I am currently the Vice President of Maryland ACEP.

2. Where do you practice?

I've been working as chair of the Emergency Department at Howard County General Hospital since 2014. I was with Medstar Health for 15 years prior to this.

3. What drew you to Maryland?

Emergency Medicine Training but the real reason is that my wife loves it.

4. What is your EDC (Every Day Carry) for a shift?

MD Calc, Diet Coke, Chocolate for the nursing staff

5. What's on your ED playlist?



I don't listen to music during most shifts but when I do it typically includes Michael Jackson - "Rock with you", anything by Pat Metheny, Wes Montgomery, John Coltrane.

6. What's your favorite thing about EM?

The instant gratification of helping people in their time of need and serving as the safety net of the Healthcare System. While embracing this role, I recognize the challenges that go along with it. We need to ensure that Emergency Medicine remains an attractive field for incoming medical students as healthcare evolves.

7. Interesting fact about you

I can eat 20 boiled eggs in 1 hour, I pet a full-grown male Cheetah in Botswana in 2004, I have Boy/ Girl teenage twins.

8. Goal in leadership

I embrace the philosophy of servant leadership. I also embrace the work of Stephen Covey who states: "Seek first to understand then be understood". This basic principle is one that I follow, and feel is important for an effective leader. We want to understand the major issues of importance of Emergency Physicians throughout the state of Maryland and find ways to effectively address those issues.

**SAVE
the
DATE**

MARYLAND CHAPTER
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

2019 ANNUAL EDUCATIONAL CONFERENCE & ANNUAL MEETING

March 14, 2019 | BWI Marriott

DON'T MISS THIS LINE-UP!

AMAL MATTU

GILLIAN SCHMITZ

JONATHAN DAVIS

Jason Adler

Ashley Liebig

Hurricane Michael:

Maryland-1 Disaster Medical Assistance Team

Erik Schobitz, MD, FAAP

Pediatric Emergency Physician, USACS

Chairman, Pediatric Emergency Medicine Committee, MD ACEP

Pediatric ED Residency Co-Coordinator, SGMC

Medical Officer, MD-1 Disaster Medical Assistance Team



Hurricane Michael hit Panama City and Mexico Beach, FL with sustained winds of 155 MPH devastating this beautiful part of the Florida panhandle. Every hospital in the impact area was closed, most with severe damage. As part of the National Disaster Medical System, under the Department of Health and Human Services, our Maryland-1 Disaster Medical Assistance Team (DMAT) was activated. As a DMAT member you are an intermittent federal employee - all training is voluntary but when you are activated your license becomes federalized, malpractice insurance is covered by the federal government. After formation in 2009 the Maryland-1 DMAT has grown from four people to about 85 medical professionals



supported by administrative, safety, and security staff.

We set up our Base of Operations (BOO - a tent based medical care facility) directly in front of the FT Walton Beach Medical Center ED. They were not damaged by the hurricane, but were the

closest functioning medical facility to the disaster and were thus being overrun with patients. The hospital worked exceptionally well with our federal disaster responders to integrate and provide care to a large number of Floridians in their time of need.



This was the first time Maryland's team, one of the newest in the federal system, was chosen to lead a response effort. The results could not have been better. We arrived to fall in with medical colleagues from Mississippi and Louisiana with almost no delay and were seeing patients from day one. Among our team were two Pediatric EM physicians, multiple EM physicians, a Family Medicine and a Critical Care doctor plus great NP's and a Trauma PA. We had pharmacists, wonderful nurses, paramedics, and support staff. Over 8 days we saw 730 patients running 24 hours a day to support the hospital and care for those affected by the disaster. On our busiest day we saw 105 patients in the tents and assisted another 87 in the hospital.

As 26% of our patients were pediatric (defined by HHS as under age 14), having Pediatric EM physicians 24 hours a day was very beneficial for our



team. Most of my patients were normal pediatric illnesses and injuries - such as hand foot and mouth, dog bites, croup, asthma, and influenza. I did see many infants with fevers - multiple in the 2-3 month age range - in the tents. We had our own basic laboratory capability, essentially an i-STAT with expanded capability, UA, and Urine pregnancy tests. We obtained more specific blood work, Radiographic studies, and

urine/blood cultures through the hospital. For the first time our team deployed with an Ultrasound machine. One colleague diagnosed a retinal detachment with this. We had a three week old male with pyloric stenosis who's mother gave the history like out of a textbook, 5 days of vomiting, now projectile and immediately hungry afterwards. On exam I felt the olivary mass and his ultrasound confirmed the diagnosis so we transferred using our contracted ambulance team to the nearest pediatric surgeon, 90 minutes away in Pensacola. Our PA took care of a patient with multiple rib fractures and free air under the diaphragm - they literally went from Triage to X-ray to the surgical service.

The hospital is a trauma center so there were helicopters landing all day and all night. We had three auxiliary landing strips to support aeromedical evacuation to this facility. Our team worked in the ICU, helped with traumas putting in chest tubes, lines, etc. Our team worked 12-hour shifts every day and slept on Army cots in the basketball court in an old YMCA.



Without a doubt this was the most successful DMAT deployment I have ever been on in 14 years of working with NDMS. Partnering with that hospital there is no doubt we saved lives. It is a privilege to serve others in need on our Maryland-1 Disaster Medical Assistance Team.

EMS UPDATE

Timothy P. Chizmar, MD, FACEP
Chairman, EMS Committee, MD ACEP
Board of Director, MD ACEP



Maryland EMS (MIEMSS) is undergoing a few changes in leadership this year.

On October 31, 2018, Richard Alcorta, MD, FACEP retired as State EMS Medical Director and Acting Co-Executive Director after more than 26 years of service to Maryland. Dr. Alcorta served as a former Maryland ACEP President and EMS Chairman in our chapter for many years. Maryland's EMS system continues to be an internationally-recognized model of excellence, largely due to his leadership and vision. We wish him a healthy and fulfilling retirement!

Timothy Chizmar, MD, FACEP, assumed the position of State EMS Medical Director on November 1, 2018. Dr. Chizmar is board-certified in Emergency Medicine and EMS. He has served as MIEMSS Region III EMS Medical Director, Harford County EMS Medical Director and Maryland ACEP Board Member and EMS Chairman over the past several years. Dr. Chizmar was recognized as the Maryland ACEP EMS Physician of the Year in 2015. He is excited to join the MIEMSS team and looks forward to continuing Maryland's innovation in EMS.

After a national search, the Maryland State Emergency Medical Services Board has announced the appointment of Theodore Delbridge, MD, MPH, FACEP, FAEMS as the new Executive Director of MIEMSS. Dr. Delbridge is board-certified in Emergency Medicine and EMS with over 27 years of clinical experience. He is currently the Professor and Chair of Emergency Medicine at the East Carolina University Brody School of Medicine, where he has worked since 2006. Dr. Delbridge is an accomplished national leader and visionary in EMS. Among his many accomplishments, he led the development of the "EMS Agenda for the Future" from 1995-1999, which

set the framework for the advancement of EMS systems throughout the United States. Dr. Delbridge will assume the Executive Director position on February 13, 2019. Please join us in welcoming him to Maryland!

MD ACEP 1ST ANNUAL RESIDENT COMPETITION

DO YOU HAVE WHAT IT
TAKES TO WIN?

MD ACEP is holding its 1st Annual Resident Competition on March 14, 2019 in conjunction with the MD ACEP 2019 Annual Educational Conference at the BWI Marriott

Six residents will be chosen to present their lectures, judged by a panel of leaders in Emergency Medicine

Winner to receive monetary award and trophy



SUBMIT YOUR PRESENTATION TO INFO@MDACEP.ORG

DEADLINE JANUARY 4, 2019

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