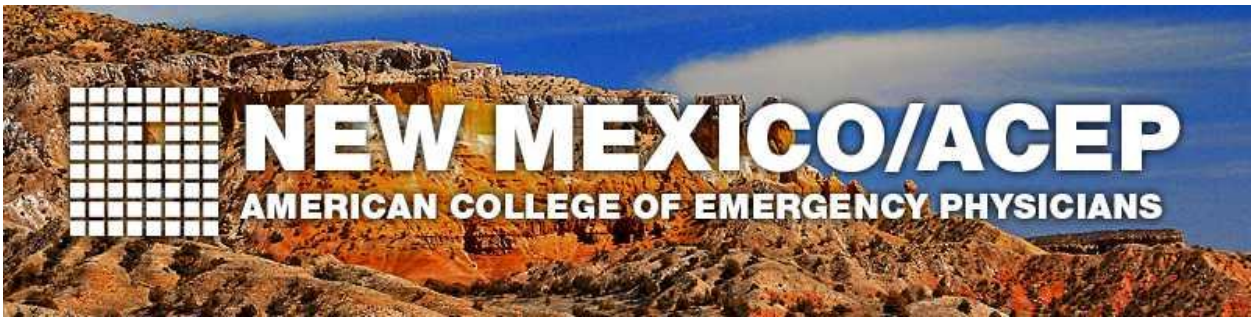
A Newsletter for the Members of the New Mexico Chapter - Summer 2022



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News from ACEP:

President's Corner

David Cheever, MD, MS

NM ACEP Members,

It is a pleasure to reach out to all of you. I hope that this summer has provided an opportunity for rest and relaxation as we move towards what promises to be a busy fall. Busy, not just for EDs across the state, but also for New Mexico and National ACEP. As we start to prepare for several important meetings over the next few months, I want to extend an open invitation to all ED physicians across the state to be involved in that process. NM ACEP strives to ensure that we best represent your interests and are excited about ways of increasing membership engagement. This was a major point of discussion at our last quarterly meeting, and we will work on more outreach to all of you over the next few months. If you have any questions about how to be more involved, please feel free to reach out to me or any of our board members.

In October we will be celebrating the 52nd National ACEP Council Meeting and Scientific Assembly in San Francisco. This year we are lucky to have an excellent group of NM ACEP delegates who will be representing the state: Eric Ketcham, Sarah Bridge, Scott Mueller and Andrew Bivin. This group of physicians come from all over the state and from a variety of different practice environments. I know they will represent us well at Council. If anyone is interested in participating with formulating our strategy for Council this year, we will be having an open meeting on September 21st to discuss resolutions and national leadership candidates. Additionally, I want to invite everyone to our next in-person quarterly meeting on November 12 in Albuquerque. It will be great to see everyone again in person.

Lastly, I want to thank you all for the work that you do. As we continue to deal with the impacts of a never-ending global pandemic, constant nursing shortages, worsening ED boarding and difficulties with transfers from our rural facilities, I remain incredibly impressed by the resiliency, compassion, and clinical acumen of all of you. The work you do matters and is appreciated more than you know.

All the best,
David Cheever

Unforgettable

Elizabeth Lynch, MD, PGY2

I stare down into her face from the head of the bed, arterial bleeding coming from her temple, one of at least twenty visible stab wounds across her face, head, neck, and arms. Her eyes are clenched shut, tears streaming out of them as she moans in anguish. It's hard to tell if the pain is physical or mental, but distinguishing is irrelevant. She is suffering. I try to focus my mind on what she needs to be stabilized: her airway is intact, her bleed is being sutured by surgery, her blood pressure is stable, she will survive this physically. But what of her heart, her mind, how does one move beyond the horror of a knife digging into your forehead? What kind of hate and anger would drive someone to stab another's face, skull, and neck over and over and over again? How will she ever recover from the invisible injuries, how will she trust again after this human betrayal, this assault?

The questions dominate my thoughts as I finish up my notes. I drive home through the empty streets at 3 AM, wondering how this peaceful, sleeping world can coexist with the violence I see daily in the trauma bay. I feel like I can't utter my anger, release my disquiet with anyone. I have to keep this horror to myself, spare my loved ones from knowing the human capacity for evil. I pace my house, unable to sleep because I need someone to acknowledge the barbarity of this act, I need to know I'm not crazy for being haunted by this cruelty. I text a friend in Emergency Medicine in Chicago, who also signed up to witness this EM trauma. He tells me to compartmentalize.

Ten hours later I get ready to go back to work and I can still see this woman's face before me, ripped to pieces by someone's anger and the compartmentalizing fails. I start sobbing uncontrollably, I don't want to see this violence every day and normalize it. I don't want to get used to the sight of people maiming people, of kids being shot, of patients my parents' age living on the streets. But this is my job. If everyone else can show up for it, so can I. I take a shower, wipe away the tears and go to work, pretending I feel nothing from the previous shift.

"I feel weak for even admitting it. Everyone else seems to be able to deal with it." I hated the words even as they were coming out of my mouth. Yet I hear myself admitting to my Mom that I'm afraid to talk about my mental anguish to anyone in my department because everyone else seems to be unperturbed, to be tougher. Seeing abuse inflicted on kids is a reality we should never accept and joking about the raining bullets in the summer is not normal, but no one says anything, so I don't say anything.

It is frequently acknowledged that burnout is a growing problem in Emergency Medicine, often attributed to administrative burdens and clunky electronic medical records[1]. But rarely do we acknowledge the trauma we see every day. A few studies have started to delve into the concept of PTSD in Emergency Medicine physicians, and the results are not surprising. PTSD symptoms are seen as early as residency and trainees are not learning how to cope with trauma in a sustainable way[2]. One study found that 11.9% of Emergency Medicine residents already meet the DSM-5 criteria for PTSD and over 30% have some symptoms of PTSD[3]. A meta-analysis published in the European Journal of Psychiatry in 2016 showed that across all specialties physicians had an average PTSD rate 14.8%, higher than the general population rate of 3-4%[4]. A more recent study from May 2019 found that of 526 Emergency Medicine physicians surveyed, 15.8% suffered PTSD[5]. These studies should be a warning to us all. Facing trauma is a part of the job description, for many of us. It is one of the reasons we were called to Emergency Medicine. We are specialists in caring for others after they experience devastating events or illnesses. A level 1 trauma page does not scare me, I can take care of that patient. The inability to sleep, to admit I am disturbed, the constant pretense that this is all normal is what scares me. Whether you call it burnout, PTSD, depression, or any other name, we need to do a better job of taking care of ourselves and each other. Estimates report more than 400 physicians take their own lives every year[6]. These are the stakes of not speaking out, of suppressing this horror.

I felt so alone that night, sitting at home wondering if I was the only one kept up by the images of our patient's stab wounds, struggling to understand this level of violence. But taking these thoughts home myself doesn't help me, or anyone else. For 150 years, physician suicide rates have been rising[7]. The impenetrable shield of silence we wear is deadly. I refuse to be part of this silent epidemic. Next time, I will say something. Will you join me?

Elizabeth Lynch, PGY2

References:

1. Burnout, Drop Out, Suicide: Physician Loss in Emergency Medicine, Part I
2. Posttraumatic Stress Disorder in Emergency Medicine Residents
3. Prevalence of Post-Traumatic Stress Disorder in Emergency Physicians in the United States
4. How the exposure to trauma has hindered physicians' capacity to heal: prevalence of PTSD among healthcare workers
5. Prevalence of Post-Traumatic Stress Disorder in Emergency Physicians in the United States
6. Burnout, Drop Out, Suicide: Physician Loss in Emergency Medicine, Part I
7. Break the Silence: Physician Suicide in the Time of COVID-19

Welcome NM ACEP New Members!

Kristen Baca
Elizabeth Grace Brickman
Sarah Bridge, MD
Sean Buehler, MD
James Cotton, MD

Ana D'Agrosa
Keith Palac Dungo, DO
John Garcia, MD
Angel Guerrero, MD
Linda Hodes Villamar, MD
Andrew Issa, MPH
Craig H Johnson, MD, FACEP
Thomas P Keegan, DO
Heather S Krause, MD
Amy Martin, MD, FACEP
Mary Bethany McMaster, MD
Eleanor A Montgomery, MD
Larissa Nakatsu, MD
John D Seidner, MD, FACEP
Abigael Welsh

FROM NATIONAL ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Resources & Latest News

Monkeypox: Utilize ACEP's monkeypox resources, including the Monkeypox Field Guide and the Monkeypox EM Project.

The Wait is Over — The No Surprises Act Final Reg is Out!

- The latest edition of Regs & Eggs highlights some of the major policies and their implications on you as emergency physicians.
- Read ACEP's comprehensive summary of the final rule of the *No Surprises Act* that came out on August 19. See the specific provisions ACEP has been fighting for and how they were incorporated into the rule.
- **Related study:** Insurer QPA calculation may violate No Surprises Act

Apply for ACEP's Reimbursement Leadership Development Program by Sept. 8. ACEP is sponsoring three members to attend several key events in order to train the future leaders in EM reimbursement. Commitment is estimated at 25 days of travel during the 18-month program. Learn more.

Advocating for Physician-Led Care Teams

As part of our advocacy to combat dangerous policies allowing non-physicians to practice medicine without physician supervision, ACEP just released another entry in our My Experience Matters video series. This campaign amplifies the voices of members who began their career in another role on the care team. This time, we hear from Ricki Brown-Forestiere, MD, who began her medical career as a physician assistant. She was told her PA training would prepare her to do pretty much everything a physician does, but nothing could have been further from the truth. Hear about it in her Doc Blog. **Related:** Learn more about ACEP's efforts to protect the physician-led care team.

Advocacy at Home Toolkit: Connect with your Legislators
Elected officials are back in their districts for the month and our Advocacy At Home: August Recess Toolkit can help you set and prepare for local meetings with federal legislators or staff. This is a great time to share your stories that personalize our calls for policy changes. Find this toolkit and more helpful resources for speaking with media and legislators in ACEP's Media Hub.

Myth BustED: Patients' Rights in the Emergency Department
ACEP recently launched a "Myth BustED" video series to debunk common misconceptions and educate the public about emergency care. In our first video—*Patients' Rights in the Emergency Room*—Dr. Avir Mitra educates patients about laws like EMTALA and the Prudent Layperson Standard that protect access to emergency care. Watch now to see how ACEP is encouraging patients to always seek care when they need it.

ACEP22 Countdown
There are only 34 days left until the ACEP Scientific Assembly in San Francisco. While you're in trip-planning mode, keep these recent updates in mind:

- **Get Your Bike Helmet Ready! Dr. and Lady Glaucomflecken** are speaking at ACEP22! Don't miss these social media sensations as they share their perspectives about the physician, patient and family experience.
- **Family**: Affordable childcare is available on site, but it does require pre-registration so we can ensure appropriate staffing.
  Flights: ACEP partner TripEasy could help you save money on your flights to the Bay Area.
  Hotels: Many of our convention hotels have recently lowered their rates. If you've already booked, your rate will automatically be adjusted to reflect the new prices

New Bedside Tools for Posterior Circulation Ischemic Stroke, Cancer Complications

- *Dizzy+* is focused on the recognition and treatment of posterior circulation ischemic stroke.
- ImmunoTox is focused on caring for patients who are experiencing adverse events related to cancer immunotherapy.

Introducing the EM Opioid Advisory Network
Receive clinical guidance, discover tools and resources, and get your questions answered through ACEP's EM Opioid Advisory Network. ACEP's new initiative connects emergency physicians combating the opioid crisis with expert advice on managing Opioid Use Disorder patients presenting in the ED, creating a protocol to

initiate buprenorphine, and more. The expert panel is here to help ALL emergency health care professionals, free of charge. Learn more.

Virtual Grand Rounds: Trauma is coming up Aug. 31. Register today.

Podcast: Podcast: This week in our ACEP Frontline author series, Dr. Jay Baruch talks about his new book, **"Tornado of Life: A Doctor's Journey Through Constraints and Creativity in the ER."** Listen now.

Now Accepting ACEP23 Course Proposals
As we start our countdown to ACEP22 in San Francisco, we're already thinking about ACEP23 in Philadelphia! ACEP's Educational Meetings Subcommittee is now accepting course proposals for the 2023 Scientific Assembly. Learn more.

In Memoriam: ACEP remembers emergency medicine pioneer Jim Roberts, MD, FACEP. One of the first five board-certified emergency medicine physicians, Dr. Roberts became a household name in our specialty through his authorship of *Clinical Procedures in Emergency Medicine and Acute Care*, a prominent book that printed seven editions.

Upcoming ACEP Events and Deadlines

Aug. 31: Virtual Grand Rounds – Trauma
Aug. 31: Last day to bid on items in the EMF Silent Auction
Sept. 15: When We Don't Have Workers, We Need to Change the Work
Sept. 19: GEDs and Patient Safety Innovations
Sept. 22: The Challenge of Rural Emergency Care During the Pandemic and After
Sept. 22: Management of the Well-Appearing Febrile Young Infant: Integrating the AAP Guideline into Practice
Oct. 1-4: ACEP Scientific Assembly in San Francisco
Oct. 17-22: EM Basic Research Skills (EMBRS)
Nov. 11: Last day to submit ACEP23 course proposals

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