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**President's Corner**

Tony Salazar, MD, FACEP

Ten years ago, I started my first term as NM ACEP President. I then served my second term two years later. I am back and excited to return for my third term and I look forward to capitalizing on the momentum built by our Immediate Past-President Dr. David Cheever and our board of directors. Our chapter includes active members from UNM, Presbyterian, Gallup Indian Medical Center, Miners' Colfax Medical Center and other facilities throughout the state. We are fortunate to have active UNM EM resident members and a very active medical student section, including students from UNM School of Medicine and Burrell College of Osteopathic Medicine.

Our membership is over 200 members strong, and I hope we continue working to retain our current members and recruit more members to our chapter. We plan to continue engaging with national ACEP on a myriad of issues affecting our practices and patients. We will have a strong presence at the ACEP23 Council in Philadelphia October 7-8, 2023, the ACEP23 Scientific Assembly October 9-12, 2023, and the ACEP Leadership & Advocacy Conference (LAC) in DC April 14-16, 2024! Additionally, we will actively engage at the local and state levels with the Greater Albuquerque Medical Association and the NM Medical Society.

NM ACEP was recently represented at the ACEP LAC by six members! I was joined by our President-elect, Dr. Scott Mueller, DO, FACEP, resident physician, Dr. Andrew Bivin, MD, Dr. Eric Ketcham, MD, FACEP and second year Burrell College of Osteopathic Medicine students Taylor Sheppard and Kyle Essex! We participated in the LAC conference events, visited with our NM delegation on Capitol Hill and attended a Washington Nationals baseball game! We met with our House and Senate officials' staff to lobby on issues related to ED boarding, workplace violence in the ED and Medicare reimbursement for ED care. It was such an awesome experience working with the resident and medical student members and helping them navigate the DC political scene for their first time!

My top priorities as your NM ACEP President will be to focus on recruitment and retention, increase member participation and to significantly increase our involvement in legislative and advocacy activities. We will work closely with our NM ACEP Political Action Committee and I ask you to support them with a personal donation. This is probably one of the most impactful things you can do as a member of NM ACEP.

Please reach out to me with any emergency medicine related issues or concerns. We are here to work on your behalf. Please join us at our next quarterly meeting on Saturday, June 10, 2023 5:00 pm at Savoy Bar and Grill. You may RSVP with our fantastic Executive Director, Jennifer Valenti.

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## **Overheard**

Elizabeth Lynch, MD, PGY2

"I hear everything they say about me. You all stand outside the door and say mean things about us, and I hear you. Y'all should think about what you say behind the patient's backs." His words shocked me, I fidgeted uncomfortably. He turned his head away in disgust, done with our conversation. "I don't want to be here either," he said, "it is not like I am choosing to be sick." I was a first-year medical student, nervous and scared of this grumpy, elderly patient I had been assigned to talk to about his patient experience. But underneath his gruff demeanor I knew he was telling me it hurt, it was demeaning. I would be hurt too.

I think about this conversation a lot as I practice medicine in an "open" system aka a waiting-room room setting, a triage space filled with patients and nurses, hallway beds and an overcrowded trauma bay with no privacy. There are no boundaries between patients, family members and staff. Our personal filters have dissolved under the overwhelming tidal wave of patients that are challenging every last reserve we have. I feel it in myself, and I see it in others. We casually talk about patients in simplifying terms, "that crazy one in subT, the smelly one in 21H", not thinking about who is hearing us, how we sound when we diminish our patients to epithets. And then his voice will haunt me as I walk down the hall: "We hear what you say," and I feel ashamed of myself. We are human, and we are struggling under the weight of a broken system, and it is easy to fall into this shorthand, to joke about the situation, as if to distance "them" from "us." If they are "others," they exist on some other side of an invisible line, their pain and suffering is not ours. On the other side of that line are humans subjected to unnecessary suffering

inflicted by a social system that continually fails “them.” But we don’t have to think about it because we are not “them.”

Working in the Emergency Department sometimes feels like a Sisyphean task, showing up everyday to try and take care of patients who have been abandoned by our society. I cannot cure homelessness. I cannot give people a safe place to sleep tonight or a guarantee that tomorrow they will have food and water, or better yet a ride to their surgical follow-up appointment. I can only guarantee that for a few hours I will see them in the Emergency Department and try to treat their immediate medical problem. Unfortunately, facing the onslaught of a growing patient population who need far more than any emergency department can offer in social resources, we can find ourselves giving into bitterness and frustration with the recurring emergencies. We get hardened by the demand for efficiency, and failing our patients and ourselves when we cannot give them the decency and humanity they deserve. It is easier for them to be others, than for us to think of being in their situation at that moment.

The inability to give my patients what they need is defeating and demoralizing. I cannot change this system in one day, one year, or even an entire lifetime. What I can change, what I can do for my patients, is talk about them with respect so they feel heard and seen and understood. Dr. Maya Angelou taught us: “people will never forget how you made them feel.” In a world where we get to choose how we treat each other, and our patients, let us remember to treat everyone kindly, to choose to make people feel cared for and appreciated. It is healing for our patients and for us.

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### **Graduating in June? Renew Today. Get Discounted Dues, and Stay Involved!**

Congratulations on your upcoming graduation! ACEP and NM ACEP have been with you throughout your training, and we’re excited to stay by your side as you continue your EM journey. ACEP is the only EM organization that invested \$1M+ of our member dues dollars to push back on scope creep. ACEP is currently involved in – not one, but nine - lawsuits to protect your autonomy and reimbursement. We also know money is tight. That's why ACEP discounts dues 75 percent in your first year after residency or fellowship. Help us stay in the fight. [Renew Today](#).

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## FROM NATIONAL ACEP

### Take Action

**Urge your Representative to help the ED boarding crisis.** Our hospital emergency departments (EDs) have reached or are past the breaking point. Ask your House member to sign a bipartisan congressional "Dear Colleague" letter urging the Administration to swiftly convene an ED Boarding Task Force with broad stakeholder representation. The more legislators that sign onto the request to the Administration, the more likely it is that they will make it a priority! **The letter closes on May 24 so we need your immediate action.** [Click here to take action.](#)

**Urge your legislators to cosponsor two bipartisan bills to address violence in the ED:**

- [The "Workplace Violence Prevention for Health Care and Social Service Workers Act" \(H.R. 2663/S. 1176\)](#)
- [The "SAVE Act" \(H.R. 2584\)](#)

### ACEP Resources & Latest News

**New Indiana Bill Requires Hospital EDs to Have a Physician On Site.** Indiana recently passed legislation that will require every emergency department in the state to have a physician onsite and responsible for the ED. Thanks to the tireless advocacy of Indiana ACEP, patients who need emergency care across the state of Indiana now have reassurance that a physician will be in the emergency department at all hours to provide high quality patient care. [Read more.](#)

**As the situation with Envision develops, ACEP is focused on you - the emergency physician.** We continue to monitor the transition closely and will ensure our members are empowered in their next steps. If you need help, [view these resources.](#)

**How does advocacy affect reimbursement?** Jordan G. R. Celeste, MD, FACEP, ACEP's RUC Advisor, [gives a helpful overview](#) in this regulatory blog post.

**CONGRATULATIONS** to the [winners of ACEP's 2023 Leadership & Excellence and Council Awards!](#)

**This week, ACEP's Well-Being Committee and Wellness Section invite you to participate in quick, daily challenges to mark [EM Wellness Week](#).** Today's focus is all about celebrating the small stuff. Intentionally seeking things to celebrate, however small, can increase your sense of wellbeing and life satisfaction.

**It's [EMS Week](#),** and you are invited to two educational opportunities focused on **EMS and pediatric patients:**

- May 23 at 2 p.m. CT: [“Pediatric Readiness Quality Improvement Collaborative \(PRQC\): A value proposition for optimizing pediatric emergency care”](#) will explain how participation in the PRQC can facilitate integration of evidence-based practice and bring value and equity to the emergency care of all children.
- May 24 at 5 p.m. CT: [“The Pediatric Emergency Care Coordinator \(PECC\): Where Emergency Care for Kids Begins”](#) will highlight the role of PECCs, also known as pediatric champions, in EMS agencies.

**Have you checked out the new asthma point-of-care tool?** [Asthma Exacerbation in the ED](#), available on acep.org and the ACEP Mobile app, walks through clinical features, pharmacologic treatments, life-threatening presentations, pediatric and pregnant considerations, discharge planning and more.

**[Join the Climate & Energy MIG](#) to study and implement ways to decrease the carbon impact of our specialty.** This new group has an interest in combating climate change, decreasing the use of single-use plastics in medicine and those who see the connection between climate change and global health.

## Upcoming ACEP Events and Deadlines

May 21-27: [EMS Week](#)

May 21-27: [EM Wellness Week](#)

May 23: [A Value Proposition for Optimizing Pediatric Emergency Care](#) (webinar)

May 25: [Last day to submit comments on Severe Agitation policy draft](#)

July 25: [Last day to apply for the Annals of Emergency Medicine Resident Fellow](#)

Oct 9-12: [ACEP23](#) Scientific Assembly, Philadelphia, PA

## Contact New Mexico ACEP

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