



Maryland Chapter

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

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President's Message

Maryland ACEP Members,

Maryland ACEP has been busy working to ensure that during this most unusual year we are staying attuned to the issues that affect our field, our patients, and our society at large.

Read about it below.

In July, we sent a letter to Governor Larry Hogan to ensure that he and his team remain focused on the importance of maintaining a robust supply of PPE in this state for frontline workers. We shared with him the results of our PPE survey that are now posted on our [website](#). Look for the PPE Survey Summary. It is clear that we will be in this current state for many months to come and it is imperative that we ensure that those caring for patients during this pandemic are not put at risk by having to indefinitely reuse PPE, in particular N-95 masks, after they are no longer effective. We want to hear from you if you have concerns about the supply of PPE at your institution.

With respect to the discussions on structural racism and health disparities happening across the country that were largely fueled by the murder of George Floyd, we felt it was important as a chapter that we make a statement regarding our position on this. COVID-19 has certainly further exposed the socioeconomic and healthcare disparities that exist in the United States. The data is extremely alarming regarding the disproportionate impact of the coronavirus on minority communities. It is imperative that we all work to raise our own awareness of the impacts of systemic racism and health inequity. Patients that we see daily, rely on us to ensure that the systems that we have in place are not inadvertently contributing to these healthcare disparities. The burden is not on them but on us. We should be encouraging our hospital leadership to review data by race to determine if there are any differences. The answer may be very well that your institution or Emergency Department has no difference in, for instance, door to needle time or LWBS by race, when adjusted for

the demographics of the patient population.....but we have to look. Led by Dr. Yemi Adebayo, we released a statement last month that embodies our position on structural racism and its effect on public health. Look [here](#) for the Statement on racism. We can all play our part to move the needle on this very important issue and the time to act is now!

To conclude this article, I would like to stress the importance of taking care of yourselves and your colleagues. If you have not already done so, please be sure to take some time off this summer to rest and reenergize. Reduce your [stress](#) level. While reading this chapter newsletter, you may be somewhere nice enjoying yourself. If not physically, then mentally. Please enjoy!

Below is a summary of the interesting articles that can be found in this chapter newsletter:

- Did you know we are beginning to plan the virtual 2021 Educational Conference & Annual Meeting?
- Do you know about the new innovative approaches to meet the challenges associated with COVID-19 that the MIEMSS and EMS agencies have developed?
- Join me in welcoming Dr. Martin, new Chair of the Pediatric EM Committee.
- Complete the survey that the chapter Practice Management Committee is doing.
- Read the interesting article found in the Resident Corner.
- Would you like more details of the most recent PPE Survey?
- Read the legislative updates presented by our chapter lobbyist?
- What do you know about Dr. Chaudhari a Chapter Board Member?
- Join me in congratulating Dr. Dubbs on her award.
- Don't let your membership with the chapter expire.
- Join me in welcoming new chapter members.
- Join a chapter committee.

Read more below.

From the Education Committee
Michael C. Bond, MD, FAAEM, FACEP

The 2020 Maryland ACEP Education Conference & Annual Meeting was a huge success even though, due to COVID-19 and at the last minute, we switched to a hybrid conference. It is apparent that COVID-19 is not leaving anytime soon. For this reason, we are starting to plan our [2021 Education Conference & Annual Meeting](#), to be held completely virtual.

This year, our goal for the educational conference is to be the premiere chapter event of all ACEP chapters big and small. Using breakout rooms, I envision having dynamic small group discussions with the Maryland ACEP Committees where new and seasoned members can learn more about what is going on with Maryland and National ACEP.

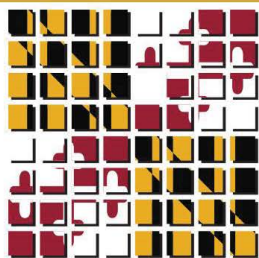
We will also try to make this event as interactive as possible by using the latest technology and hope to have vendors that can share their product information in between educational content breaks.

If you have specific requests for a speaker or topic, please [email](#) me. Please also contact me if you have recently attended a virtual conference that you thought was awesome. Share what they did great, or if you have been to one that was not good, please let me know what they did wrong so that we do not make the same mistake.

Please remember that the Maryland ACEP Education Conference and Annual Meeting is YOUR event. For this reason, I welcome you to share your thoughts, your wisdom on how to make this a successful educational conference. Soon we will start sharing some of the lectures from the 2020 Conference so you can see the quality of the lectures that are put on, and hopefully learn a pearl or two. Please follow us on [Facebook](#) or [Twitter](#) to see chapter announcements when they are published.

Finally, do you want to be part of the planning of the virtual 2021 Educational Conference & Annual Meeting? Would you like to get involved at the chapter level and become a member of the Maryland ACEP Chapter Education Committee? Please join [me](#). I welcome your involvement!

SAVE THE DATE



Maryland Chapter

AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

*Educational Conference &
Annual Meeting*

MARCH 18 2021 • VIRTUAL

Approved for AMA PRA Category 1 Credit TM

**From the EMS Committee
Timothy P. Chizmar, MD, FACEP**

This year has been an exceptionally challenging one for the Maryland EMS community. However, MIEMSS along with EMS agencies and their medical directors have developed innovative approaches to meet the challenges associated with COVID-19.

During the month of April, about 25-30% of EMS-transported patients had symptoms consistent with the novel coronavirus. Although total ambulance transports had decreased temporarily by about 30% during this time frame, patient acuity was high. Cardiac arrests markedly increased by 25-30% from mid-April through May 2020. While the etiology of the arrests was not always known, this sharp increase was likely due to a combination of COVID and patients with other

conditions who did not call 911 due to fear of the novel coronavirus. Although ambulance transport volumes are now approaching pre-COVID levels, there are still about 10% of EMS patients who have symptoms consistent with coronavirus infection.

EMS has struggled throughout the pandemic to maintain adequate supplies of personal protective equipment (PPE), including surgical masks, N95 masks, and gowns. Through agreements with the Strategic National Stockpile and other suppliers, Maryland Emergency Management Agency was able to procure many of these needed supplies; MIEMSS aided in the EMS distribution statewide. Continued prudent use of PPE remains important as we enter the fall and winter months ahead when influenza and COVID will be circulating simultaneously. In addition, Maryland's EMS medical directors, many of whom are MD ACEP chapter members, helped to develop a viral pandemic triage protocol. This protocol enables EMS clinicians to recommend home care for stable patients and encourages follow-up with other resources including telemedicine, as opposed to immediate transport to the ED. We also brought back the use of terbutaline (IM) for patients with asthma or COPD exacerbation, as an alternative to nebulized medication.

Currently, EMS clinicians are participating in nasopharyngeal COVID testing of their colleagues who have symptoms or may have been exposed to patients with suspected coronavirus. In addition, they are taking part in an antibody study, sponsored by MDH, Johns Hopkins and University of Maryland researchers, which aims to understand the dynamics of the immune response to COVID in first responders. EMS will also aim to provide flu vaccine and COVID vaccine (if available) to all first responders this winter.

Throughout the pandemic, Maryland EMS clinicians have adapted to evolving clinical guidance, increased PPE requirements, new hand-off procedures at hospitals, and a myriad of other changes. Maryland's EMS physicians continue to support our colleagues in the prehospital world.

Finally, would you like to get involved at the chapter level and become a member of the Maryland ACEP Chapter EMS Committee? Please join [me](#). I welcome your involvement!

**From the Practice Management Committee
Chirag R. Chaudhari, MD, FACEP**

We have received a few requests from various emergency departments around the practice of time outs, telehealth utilization, and cleaning practice of our departments during the pandemic. We would really appreciate you taking a few minutes to complete a [survey](#) for this committee.

Depending on your answers to the questions, at most, there will be 12 questions. We will share the results with everyone once we close the survey. We are asking for hospital names in the survey just to be able to eliminate any duplicate responses from the same hospital. Rest assured, hospital information will **not** be reported anywhere by Maryland ACEP. Thank you in advance for your help!



Pediatric EM Committee

Suzanna Martin, MD, FACEP

New Chair. Read more below.

My name is Suzanna Martin and I am the new Maryland ACEP Pediatric EM Committee Chair. I am (mostly) from Texas but lived in Cecil County during part of elementary and middle school. I attended the University of Texas - Houston Medical School and MD Anderson Cancer Center, earning an MD/PhD. I completed a residency in Pediatrics at Duke University in North Carolina and a fellowship in Pediatric Emergency Medicine was at Baystate in Springfield, Massachusetts. I then moved with my scientist husband and two (now three) children to Montgomery County, Maryland in 2012 to work at Shady Grove Adventist Hospital's Pediatric Emergency Department.

Our lives have all changed drastically in 2020 with the arrival of COVID-19. Pediatric patients have less mortality than the elderly, but are still greatly affected, be it by the newly described MIS-C or just from increased stressors from parental job loss or upheaval of home-based schooling. A new issue in PEM will be lack of vaccination and the possible emergence of vaccine preventable illnesses as children may have missed scheduled well visits due to closed PCP offices or loss of health insurance. We at Maryland ACEP have a duty to speak for both ourselves and the patients we care for. I am looking forward to advocating for our colleagues in Emergency Medicine and the children of Maryland!

Finally, would you like to get involved at the chapter level and become a member of the Maryland ACEP Chapter Pediatric EM Committee? Please join [me](#). I welcome your involvement!

Resident Corner

Applying to Residency in Emergency Medicine Amid the COVID-19 Pandemic: How Will International Medical Graduates Be Affected?

Youssef Annous, MD

The process of applying to residency has always been a daunting task for international medical graduates (IMGs) who aspire to match in Emergency Medicine (EM). Data from the 2020 National Residency Match Program (NRMP) cycle demonstrated that the match rate into EM for IMGs is substantially lower than that of graduates from United States-based schools (50% vs 91.6%).^{1,2} As such, IMGs have always been given guidance that they need to set themselves apart from other candidates by achieving higher than average board scores and building impressive resumes centered around clinical and research experience. The Coronavirus Disease 2019 (COVID-19) has impacted the traditional process of applying to the Match. With clinical teaching curtailed, away electives cancelled, and United States Medical Licensing Examination (USMLE) exams postponed amongst many other disturbances, many EM applicants are already struggling with numerous gaps in their applications.

On May 26, 2020, the USMLE officially suspended the USMLE Step 2 Clinical Skills (Step 2 CS) exam, a core requirement for Educational Commission For Foreign Medical Graduates (ECFMG) certification, until at least June 1, 2021.³ Without this

certification, IMGs are barred from starting their residency training even if they have successfully matched into a program. This in turn has led the ECFMG to come up with a temporary testing solution to replace Step 2 CS with an Occupational English Test (OET) and five separate pathways that allow consideration for certification.⁴ These pathways either require applicants to have been licensed to practice medicine in other countries or to have graduated from a medical school that meets certain accreditation standards. Although this might seem like a reasonable temporary solution, many IMGs found themselves not eligible for any of these pathways, and thus unable to participate in the upcoming Match cycle. Applicants who were preparing to take the USMLE Step 1 and USMLE Step 2 Clinical Knowledge (Step 2 CK) exams were not able to sit for these exams because of the global testing sites closures. As such, the USMLE has been working actively to offer these examinations at alternative testing sites such as medical schools. Even with Prometric testing centers gradually re-opening since the beginning of May 2020, whether applicants will have enough time to complete their exams is still unclear.

On March 23, 2020, a published recommendation by the Association of American Medical Colleges (AAMC) and the Liaison Committee on Medical Education (LCME) halted all clinical activities for medical students including home and away clinical clerkships.⁵ Subsequently, many students were unable to adequately explore the field of EM, connect with mentors, or advance their clinical skills. Many others did not have the opportunity to secure a Standardized Letter of Evaluation (SLOE) - an essential component of an EM residency application and a major determinant of which applicants are considered for residency interviews.^{6,7} Due to the limited option of acquiring a SLOE this Match season, a published consensus by the Council of Residency Directors in Emergency Medicine (CORD) Advising Students Committee in Emergency Medicine (ASC-EM) encourages programs to decrease the required number of SLOEs to one or less instead of one or two when considering applicants for interviews. Additionally, CORD has introduced a new SLOE form that can be filled by non-EM letter writers (O-SLOE) in an effort to account for the loss of opportunities.⁸

In compliance with social distancing regulations, and due to the flight restrictions, residency interviews this year will be conducted virtually using video platforms. As a result, applicants may apply to a greater number of programs as they no longer have to worry about the travel and housing expenses that are often brought by traditional interviews. Residency programs in turn may be willing to increase the number of interview offers as video interviews are convenient and easy to set up. That said, we predict that most IMG applicants will be offered a greater number of residency interviews this Match season, which may translate positively on their chances of matching. There is no doubt that COVID-19 has stressed the US healthcare system. In cities such as New York where the exponential rise in COVID-19 cases overwhelmed emergency departments, physicians from all specialties and backgrounds joined forces in providing care for those in need. IMGs who are residents, fellows, and faculty members have been pivotal in supporting the healthcare system combat this pandemic. Despite the major pushbacks brought by exam delays and clerkship cancellations, we anticipate that the increased demand for healthcare workers and higher number interview offers by residency programs may in fact positively impact the chances of IMGs successfully matching this upcoming cycle. It will be interesting to see how these rather unusual circumstances will affect IMGs applying to residency in EM during the NRMP2021 Match season.

References

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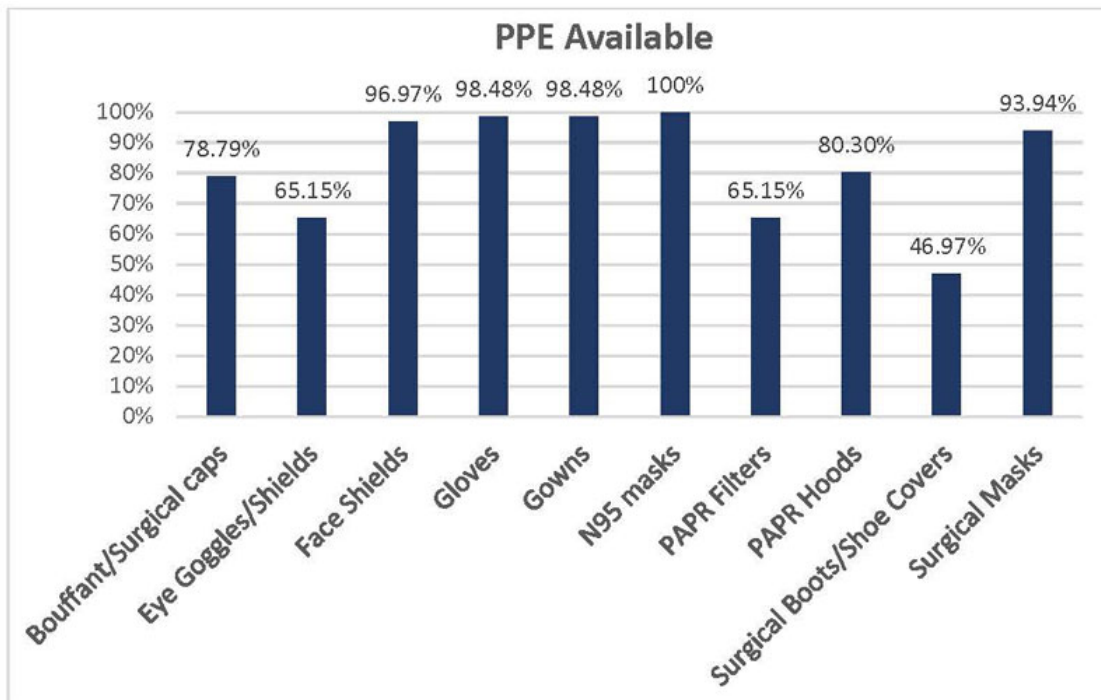
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Written By: Moeen Aboabdo, MB BCH BAO, MPH Candidate Johns Hopkins University and R. Gentry Wilkerson, MD, FACEP, FAAEM Associate Professor Department of Emergency Medicine University of Maryland School of Medicine.

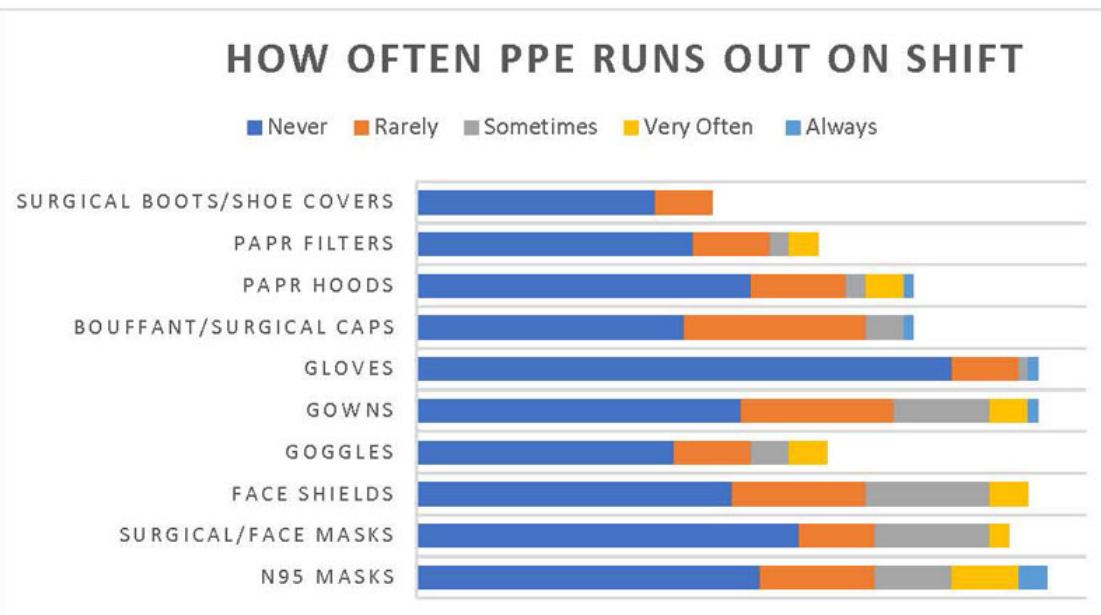
**From a Public Policy Committee Member
PPE Availability in Maryland Emergency Departments During COVID-19
Shruti Gujran
4th Year Medical Student
University of Maryland School of Medicine**

Emergency department physicians, nurses, and staff have faced many new challenges since the beginning of the COVID-19 pandemic. Although frontline workers have adjusted swiftly, the issue of Personal Protective Equipment (PPE) remains at the forefront. A robust supply of PPE is paramount to safely caring for patients that have suspected or confirmed COVID-19. However, access to such a supply has not been readily available. To better understand and address the needs of our emergency physicians and other frontline health workers across the state, Maryland ACEP ("MDACEP") conducted a survey in May 2020.

Maryland ACEP received 71 responses from 63 emergency physicians, 6 physician assistants, and 2 nurse practitioners from 26 different emergency departments statewide. Our survey assessed availability and utilization of PPE defined as an N95 or higher respirators or facemasks, eye protection, gloves, and gowns. Over 95% of all respondents reported having access to N95 masks, gowns, gloves, and eye protection.



However, 91% of respondents stated that they still had to reuse PPE. Gloves were cited as the least likely to run out but 46% cited running out of N95s at some point. The most reused items were N95 masks, face shields, PAPRs, goggles, and surgical masks. Nearly 37% of survey responses stated they were expected to use N95 masks indefinitely, 41% stated they were given one to two N95 masks per week. Only 80.3% of respondents had access to Powered Air Purifying Respirators (PAPRs). Given that PAPRs are recommended for aerosolizing interventions due to the high transmissibility of coronavirus, limited access can leave healthcare workers vulnerable.



As an added point, most other PPE available to frontline workers has been created and rated for the intention of single use. N95 masks have been found to lose their structural integrity and thus ability to offer adequate protection when reused for multiple shifts. A recent JAMA publication found that N95 masks (3M 1860s and the Halyard duckbill) cannot be used on average for more than 3-4 shifts before the mask break down. Of course, respirator longevity is also subject to how many times it is donned and doffed and how it is stored between uses. There is further increased risk to the frontline worker with indefinite reuse.

Maryland ACEP Chapter Personal Protective Equipment (PPE) Survey

	I DO NOT REUSE	1-2 PER SHIFT	1-2 PER WEEK	REUSE INDEFINITELY	TOTAL
N95 Masks	0.00% 0	21.82% 12	41.82% 23	36.36% 20	55
Surgical/Face Masks	3.57% 1	25.00% 7	53.57% 15	17.86% 5	28
Face Shields	0.00% 0	6.52% 3	10.87% 5	82.61% 38	46
Eye Goggles/Shields	0.00% 0	3.23% 1	0.00% 0	96.77% 30	31
Gowns	0.00% 0	85.71% 6	0.00% 0	14.29% 1	7
Coveralls	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1
Gloves	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Bouffant/Surgical Caps	10.00% 1	50.00% 5	10.00% 1	30.00% 3	10
PAPR Hoods	0.00% 0	2.63% 1	0.00% 0	97.37% 37	38
PAPR Filters	0.00% 0	3.85% 1	0.00% 0	96.15% 25	26

MD ACEP’s survey further elucidated that our emergency departments have varied degrees of PPE availability. Many respondents were uncertain how long their PPE supply would last. Given the lack of transparency from hospital administration about PPE supply paired with difficulty accessing available PPE, confidence was low that supplies would last more than one month. In response, over 52% of respondents bought and regularly use their own PPE on shift. 47% have purchased backup PPE in anticipation the hospital’s PPE supply runs out.

Inconsistent availability and regular reuse of PPE are obvious challenges for our state’s Emergency Physicians and other frontline health workers. Lack of transparency and difficulty accessing PPE has likely fueled the low confidence on PPE availability. Frontline health workers are facing a marathon in battling the COVID-19 pandemic. As the pandemic continues to evolve, frontline health workers must have access to appropriate PPE to safely care for patients. Although reuse and decontamination techniques were understandable at the beginning of the pandemic with limited PPE stockpiles and the need to establish new supply chains, there is increasingly little excuse for frontline physicians and other health workers to not have access to adequate protection. Maryland’s emergency physicians have remained dedicated and cared for all patients throughout this challenging time. The state and hospitals must ensure access to new supplies for our workers. If workers are reusing respirators, we do not have adequate supplies. Now is the time to care for the caregivers – the state and hospitals must act to protect their frontline health workers by providing a consistent and adequate supply of PPE.

About the author: *Shruti Gujran is a 4th year medical student at the University of Maryland School of Medicine applying to Emergency Medicine with interests in public policy and global health. She is currently working with Theresa E. Tassej, MD on the Maryland ACEP Chapter Public Policy Committee.*

**Legislative Update
From Danna Kauffman - Chapter Lobbyist**

On March 5th, Governor Hogan issued the first Executive Order proclaiming a State of Emergency and Declaring a Catastrophic Health Emergency due to the onset of the COVID-19 pandemic. Consequently, the 2020 Legislative Session ended on March 18, 2020, nineteen days earlier than scheduled. Since then, the Governor has extended the State of Emergency six times and issued over thirty-five

Executive Orders to address the pandemic. As expected, every sector of the health care delivery system has been affected by the COVID-19 pandemic. Maryland is now in Stage Two of its' three-phase reopening plan. Legislatively, the General Assembly convened a Joint COVID-19 Legislative Response Workgroup. Beginning in March, the Workgroup held weekly virtual meetings with State agencies, interest groups and public health experts to gather information on the pandemic response. Audio and meeting notes can be downloaded [here](#).

While the greatest emphasis by the State has been on addressing the pandemic, work has continued for several initiatives. For example, the HSCRC continues to discuss the Episode Quality Improvement Program (EQIP) but has pushed the start date back to January 1, 2022 due to the pandemic. The EQIP will focus on four areas, one of which includes emergency department usage. Representatives from the MDACEP have been participating on calls to discuss the program. Additional EQIP information can be reviewed [here](#).

As the focus slowly shifts to the 2021 Legislative Session (to commence in January 2021, it is too soon to predict whether there will be an in-person Session, a virtual Session, or a hybrid Session. Keeping in mind the need for public transparency, the orchestration of this upcoming Session will be a challenge. However, before that time, several bills will take effect on October 1st. These bills were supported by MDACEP during the 2020 Session and were focused on addressing workplace violence.

Senate Bill 441/House Bill 332: Mental Health - Confidentiality of Medical Records and Emergency Facilities List authorizes the Maryland Department of Health, in the list of emergency facilities published annually related to emergency mental health evaluations, to include comprehensive crisis response centers, crisis stabilization centers, crisis treatment centers, and outpatient mental health clinics. The bill also alters the definition of "health care provider" as it pertains to the confidentiality of medical records to include a comprehensive crisis response center, a crisis stabilization center, and a crisis treatment center.

House Bill 1564: Public Health - Emergency Evaluations - Duties of Peace Officers and Emergency Facilities broadens the list of emergency facility personnel authorized to request that a peace officer stay with an emergency evaluatee. Previously, the request had to come from a physician and often a physician was not immediately available. The list of emergency facility personnel now includes a physician, physician assistant, nurse practitioner or other advance practice professional. The bill also requires, to the extent practicable, that a peace officer notify the emergency facility in advance that the peace officer is bringing an emergency evaluatee to the facility.

House Bill 364: Hospital and Nursing Facility Workers and Health Care Practitioners - Identification Tags and Badges - Name Requirement alters how a name can be displayed on a name tag by allowing it to be the first name, nickname, last name or full name of the individual. The purpose is to shield the health care worker from potential violence or retaliation from an individual.

House Bill 233/Senate Bill 212: Criminal Law - Assault in the First Degree - Strangulation expands the crime of felony first-degree assault to include the commission of an assault by intentionally "strangling" another. "Strangling" is defined as impeding the normal breathing or blood circulation of another person by applying pressure to the other person's throat or neck.

Unfortunately, while **House Bill 1121: Maryland Mental Health and Substance Use Disorder Registry and Referral System** passed, Governor Hogan vetoed the bill citing financial concerns in its implementation. The bill would have established the Maryland Mental Health and Substance Use Disorder Registry and Referral

System to create a Statewide system through which health care providers could identify and access available inpatient and outpatient mental health and substance use services for patients in a seamless manner. Maryland ACEP supported this bill to address “boarding” in the emergency department.



Spotlight a Chapter Board Member

Chirag R. Chaudhari, MD, FACEP

Maryland ACEP Position? I have been a member of the Maryland ACEP Board of Directors since 2017. This past year I became the Chair of the chapter Practice Management Committee.

Where do you practice? I have only had one full time job since finishing residency at the University of Maryland. That has been for the past 16 years at the University of Maryland, Baltimore Washington Medical Center. I have had the privilege of being the Chairman of the Emergency Department for the past 5 years. I have previously worked at Franklin Square and Union Hospital in Elkton, Maryland.

What drew you to Maryland? My wife is a Northern Virginian by birth, and we met in Chicago where I was doing medical school. I did an away rotation in Emergency Medicine at the University of Maryland and my fate was sealed.

What is your everyday care for a shift? My water intake sadly comes in the form of coffee and diet sodas. I carry a Littman electronic stethoscope so I can auscultate in the loud emergency department. I still carry a clipboard to keep as a peripheral brain and keep my patients straight. I never work without Guaiac developer in my pocket. The amount of efficiency and steps saved not having to look for one is priceless! And of course, my various pieces of PPE flare.

What is on your emergency department playlist? I cannot say that I listen to music at work. If it's getting work done – it's a mash of 80's and today's hits. If I am on my bicycle – it needs to be club tunes!

What is your favorite thing about emergency medicine? Absolutely everything. From never knowing what your day is going to be like, knowing you can handle any medical emergency anywhere no matter where you happen to be, to be able to help those who are often times having literally the worst day of their lives, or to be able to start the healing for family members of those we were not able to help. It is an awesome responsibility and a tremendous privilege to be able to do what we do every day.

Interesting fact about you? I have a serious Lego problem – I find a strange sense of Zen while building them. I have bicycled on three-3 continents and more than 10 countries and hope to be able to hit many more! I am most at peace when I ski. We figured residency was going to be really difficult – so decided to have our children in the 1st and 3rd years of residency – so now we're 2 years away from empty nesting – though my college freshman's dorm room will now be her bedroom at least for this first year in all likelihood!

Goal in your position or as a leader of the chapter? As Chairman of our emergency department, I hope to be able to improve our patient experience by improving the efficiency and safety of our care delivery. I also hope to be able to

share any of our wins with the emergency department community at large. As a leader in our chapter, I hope to highlight the issues that face emergency medicine today and work with those parties that can assist us in tackling those various challenges. Now more than ever during the pandemic, we are the nation's safety net. While it has been amazing to receive the Frontline Heroes love from our communities and our hospitals, the truth is that our current situation has taken an enormous toll on all of us, our families, and our colleagues. We must support one another, speak openly about our difficulties, and get help for one another when needed. I am in awe and humbled by what you all do every day for your patients no matter the circumstances you find yourselves in.



New Fellow Designation!

Congratulations to:

Fahad Abudguyan, MD, MBA, FACEP
Yitschok Applebaum, MD, FACEP
Casey Collins, MD, FACEP
Jeanhyong Park, MD, FACEP
Jordan Rogers, MD, FACEP

The image features the word "Congratulations!" written in a large, elegant, cursive script. The text is primarily gold with a slight shadow effect. It is surrounded by several black and gold stars of varying sizes, some of which are positioned as if they are falling or floating around the text. The overall style is celebratory and festive.

Sarah Dubbs, MD, FACEP for winning the 2020 ACEP National Emergency Medicine Junior Faculty Teaching Award. Read more [here](#).

Chapter Membership

What are the benefits of membership with the Maryland ACEP Chapter?

Without your membership, you will miss important information on:

- Fighting the Medicaid down coding budget amendment
- Securing COVID-related PPE, ensuring liability protection during the pandemic
- Fighting against the expansion of scope of practice for other healthcare providers
- Extending telemedicine benefits beyond the pandemic
- Passing workforce protections for those at high risk for COVID-19 exposure

Has your membership expired or is set to be cancelled on September 15th?

Find out [here](#) or send an [email](#) to Adriana Alvarez, Chapter Executive Director and she can help you.

Are you no longer practicing emergency medicine in another state and would like to make the Maryland ACEP Chapter your primary chapter? [Email](#) Adriana Alvarez, Maryland ACEP Chapter Executive Director for details.

Did you know that national ACEP has installment plans? Read more [here](#).

JOIN | RENEW TODAY

MD ACEP IS LOOKING FOR VOLUNTEERS

Are you interested in becoming more involved?

Maryland ACEP is looking for members who are interested in getting more involved at the chapter level. All interested candidates should send a bio and CV. Send bio and CV to Adriana Alvarez, Chapter Executive Director to md.chapter@acep.org.

There wouldn't be committees without group involvement. All committees are listed below. If you are interested in participating on a committee, please reach out to Adriana Alvarez via email at md.chapter@acep.org who will connect you with the Chair.

1

EDUCATION COMMITTEE

Chair: Michael C. Bond, MD, FAAEM, FACEP

Committee members plan educational meetings, annual meeting and other CME activities as needed. This includes identifying the gap analysis for the CME paperwork. Committee members review previous evaluation summaries to develop program content, and report to the Board of Directors. Meetings are set by the Chair.

2

EMS COMMITTEE

Chair: Timothy Chizmar, MD, FACEP

It is the mission of the EMS Committee of Maryland ACEP to provide guidance, expertise and support to the Maryland Chapter ACEP Board, leadership and its members. Through the EMS Committee, the Maryland ACEP Board can provide leadership to the decision makers in the EMS Community (local, state and national), and to disseminate information regarding trends and advances in pre-hospital emergency care to emergency physicians throughout Maryland. The Committee reports to the Board of Directors.

3

MEMBERSHIP COMMITTEE

Chair: Nicole Ciminio-Fiallos, MD

Committee members develop membership initiatives, chapter marketing efforts including social media campaigns, and plan strategy to recruit and maintain chapter membership. The Committee reports to the Board of Directors.

4

PEDIATRIC EM COMMITTEE

Chair: Suzanna Martin, MD, FACEP

This committee serves as a resource for Chapter members on issues related to pediatric emergency medicine. The Committee reports to the Board of Directors.

5

PRACTICE MANAGEMENT COMMITTEE

Chair: Chirag R. Chaudhari, MD, FACEP

This committee serves as a resource for Chapter members on issues related to the practice of Emergency Medicine. It is used as a resource for members to obtain information related to managing an emergency department practice and to disseminate information as necessary or appropriate on issues that affect emergency department management. Meetings are set by the Chair and are conducted by e-mail, telephone, and/or in person.

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LEGISLATIVE/PUBLIC POLICY COMMITTEE

Chair: Theresa E. Tasse, MD

As the Legislative arm of the Maryland ACEP Chapter, committee members discuss policy, develop testimony, testify before the State Legislature, and contact state and local legislators. The Committee works directly with our Chapter Lobbyist to review current and proposed legislation. This Committee reports to the Board of Directors and meets quarterly in person prior to Board meetings and monthly via conference call on non Board meeting months.

Welcome New Members!

A special welcome to the new members of the Maryland Chapter. We are excited to have you.

Harry Flaster, MD
Lydia Andrawis, MD
Jennifer Adu-Frimpong, MD
Jady Keslere Lubin
Stephan Andrew Olaya

Don James
Joshua Finkel
Kaywan Saed
Shannon Siegel
Edward Luis Ramos

You may wonder if you should get involved with Maryland ACEP or EMRA or at the national level? We encourage you to please get involved!

If you are unsure about how to get involved, feel free to contact the chapter [directly](#).

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c/o National ACEP
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