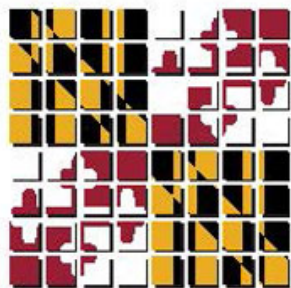


A Newsletter for the Members of the Maryland ACEP
Chapter - December 2023
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EMinMD

Chapter Newsletter

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From the President

**Michael A. Silverman, MD,
FACEP**

We are reaching the busiest time of year for emergency departments and Maryland ACEP. After a lower volume November, my emergency department is picking up and it looks like our winter surge is hitting. No doubt you may be experiencing the same in your department. On the Maryland ACEP side, we are a month away from our legislative session starting.

We expect a very busy legislative session. And while we never know exactly which bills will be proposed, we certainly expect to work with legislators on the issues that affect the practice of emergency medicine daily. Our priorities include pushing for solutions to end violence in our emergency departments, securing resources to combat boarding and crowding, monitoring reimbursement issues to protect your pay, and ensuring your place as the leader of the team when scope of practice challenges arise. We have

an active public policy committee and I invite you to attend our weekly meetings that occur via zoom. [Reach out](#) for details on how to join via zoom.

If you want to get your feet wet with lobbying while socializing with your colleagues and having some great food and wine, I encourage you to attend our legislative reception at the [Red, Red Wine Bar](#) on Wednesday, January 24th at 6PM EST. I went to this for a couple of years before I built up the nerve to talk to legislators about our issues. It's a great well-attended event. Register [here](#) and join us.

Although it seems like a long time away, now is the time to block your calendar for our Education Conference on Thursday, April 11th to be held again at the University of Maryland in Baltimore. Maryland ACEP always puts on a great conference where you can get CME, learn something that you can put into practice during your next shift and socialize/network with your colleagues.

Finally, Maryland ACEP is a volunteer organization that is here to serve our community of emergency physicians. There is a lot of great work that our organization has done and will continue to do but we are always looking for new people to get involved. There are opportunities for those who want to see what we're about (attend a Board Meeting) to become a Committee Chair, Board Member, or Executive Officer. But one thing is certain, for our organization to continue to benefit its members, we need involvement. If you are interested in learning more, please don't hesitate to [reach out](#) to me or one of our other chapter officers.

I want to wish each of you a joyous and happy holiday season. I hope each of you can escape the hospital for a bit to spend time with family. I also hope to see many of you at one of our Public Policy Meetings during the legislative session, at the [Red Red Wine Bar](#) this winter or on one of our [Board Meetings](#) held via Zoom.

Legislative Update: 2024 Legislative Session Meetings

**Danna Kauffman
Chapter Lobbyist**

Just a reminder that our weekly Legislative Session zoom meetings will again be held during our legislative session.

The meetings will begin Monday, January 8th and continue on a weekly bases (except MLK Day) until Monday, April 1st. Meetings will be held at 1:00PM EST and the same Zoom link will be used each week.

Please add these weekly legislative session meetings to your calendar. The zoom link is below:



Topic: DLK - MDACEP Session Calls

Time: Jan 8, 2024 01:00 PM Eastern Time (US and Canada)

Every week (except Martin Luther King) on Mon, until Apr 1, 2024, 12 occurrence(s)

Jan 8, 2024 01:00 PM

Jan 22, 2024 01:00 PM

Jan 29, 2024 01:00 PM

Feb 5, 2024 01:00 PM

Feb 12, 2024 01:00 PM

Feb 19, 2024 01:00 PM

Feb 26, 2024 01:00 PM

Mar 4, 2024 01:00 PM

Mar 11, 2024 01:00 PM

Mar 18, 2024 01:00 PM

Mar 25, 2024 01:00 PM

Apr 1, 2024 01:00 PM

[Weekly Zoom Link](#)

Meeting ID: 865 0537 9662

Passcode: 629141

Practice Management Committee Event

**J. David Gatz, MD, FACEP
Chair**



Join Maryland ACEP's Practice Management Committee for its next Zoom event:

Advanced Use of Buprenorphine in the Emergency Department!

**Monday, January 29, 2024
12:00PM EST**

The opioid crisis continues to devastate communities around the state of the Maryland. The MedChi Opioid Committee and other statewide organizations are looking to

help foster physician leadership and involvement with the goal of increasing access to emergent opioid treatment. Emergency Medicine physicians can obviously play a significant role, given our frequent involvement in the management of acute opioid overdoses and/or acute opioid withdrawal. But how can we elevate the quality and impact of our care even further? During this event, a panel of expert Maryland Emergency Medicine physicians will discuss the cutting-edge insights you need to know, including: (1) best practices with regards to buprenorphine use in the Emergency Department, (2) the emerging role of buprenorphine treatment after opioid overdose, and (3) what you need to know about the extended-release injection version of buprenorphine. All members are welcome!

[Join Zoom Meeting](#)

Meeting ID: 812 2863 6486

Passcode: 220786

Dial by your Location: 855 880 1246 US Toll-free

Spotlight of Chapter Members

Kerry Forrestal, MD, FACEP
Suzanna Martin, MD, PhD, FACEP

Kerry Forrestal, MD, FACEP

What is your Maryland ACEP Position?

I am currently serving as the Chapter Secretary.

What drew you to Maryland?

The Eastern Shore is very much like where I grew up on the East End of Long Island. I recall coming to visit an adopted uncle, Dr. Giacomo Libratori who was a researcher at Annapolis trying to figure out how to get barnacles not to adhere to the bottom of naval vessels. I always loved coming down here. When it came time to relocate, it seemed a natural fit and it has been for the last 18-years.



Where do you Practice?

I have a marvelous diversity of practice with a small democratic group called ESA. We have four contracts. The main one is in Salisbury at TidalHealth: Peninsula Regional which is a level III 90,000 visit a year facility, two community hospital settings: One in Berlin called Atlantic General Hospital at about 30,000 visits, and one in Seaford Delaware TidalHealth: Nanticoke again about 30,000. Finally, we staff a critical access hospital in Crisfield which has about 7,000 visits a year. TidalHealth: Crisfield.

What is your Everyday Carry for a Shift?

- 20oz thermos of coffee and a few Black Silk K-Cups just in case the night does not go well.
- Littmann stethoscope electronic 3200, Master Cardiology as a backup.
- Spare pair of glasses as Pt got 'em one time, now always carry a backup.
- Uniball Pens - if you've got to write a lot, might as well enjoy it.
- Apple IPAD if I need to show a patient something for education.
- iPhone of course.
- A notebook titled "half-cooked ideas" in case any inspirations hit.
- Some snacks for eating and some for sharing. It's pretty team building to drop a pack of Oreos on a nurse complaining about being hungry.
- Tuffcut oversized work shirt if it gets cold or as an alternate a fleece.
- Assorted gizmos like alligator forceps and micro-tweezers.

What is on your Emergency Department Playlist?

Kick off with Oingo Boingo-Deadman's Party or End of the World as we know it by REM if the weather is bad and then a mix of rock from the 50's to the current day. My daughter also has me listening to AJR and Slaughter Beach Dog.

What is your favorite thing about emergency medicine?

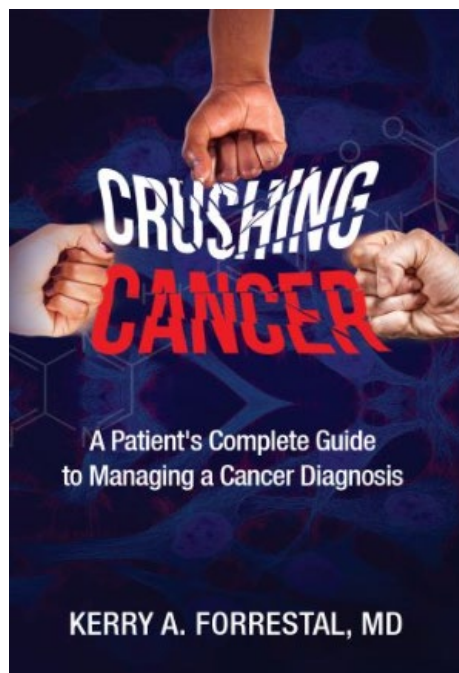
Everything. The people are amazing. The diversity of what comes at you and the speed at which it comes at you. It's exhausting, of course, the criticisms are many and the compliments are few, but when you hear that thank you with that little extra tone of gratitude in it. It sustains you. The biggest one for me is the opportunity to reach people in a teachable moment of life's choices or drug use. These moments are incredibly rare in life, but if you are aware, and if you're willing to strike out 99% of the time, you can reach a few people and change the course of their lives.

Interesting Facts about You?

I helped to found the Hout Bay Volunteer Ambulance Corps in South Africa.

I've written a book for people newly diagnosed with cancer to help them manage the financial, personal, legal, and employment issues that come along with a diagnosis of cancer called *Crushing Cancer - A Patient's Complete Guide to Managing a Cancer Diagnosis*.

Learn more about the book [here](#).



Goal in your Position or as a Leader of the Chapter?

To better the working resources and conditions for all emergency physicians in Maryland. We have significant challenges and over my years in Maryland ACEP first as a Councillor and now on the Chapter Board I see we have more than ample talent to continue to make Maryland the best place in the USA to practice Emergency Medicine.

**Suzanna Martin, MD, PhD,
FACEP**

**What is your Maryland ACEP
Position?**

Treasurer and Pediatric Emergency
Medicine Committee Chair.

Where do you Practice?

Shady Grove Adventist Hospital Peds
Emergency Department.



What drew you to Maryland?

I grew up mostly in Texas (Military, then Oil & Gas), but lived briefly in Cecil County as a child and loved it. When my Californian husband Travis (PhD) and I (MD/PhD) finished grad school, we left Texas and bounced around (North Carolina and Massachusetts) before settling MoCo. Our three kids all “began” in different states, but they have fully embraced Maryland culture! We live in Darnestown and love the rural life with lots of fishing, hunting, and outdoor activities.

What is your Everyday Care for a Shift?

Drink a pot of tea beforehand (caffeine is life), make sure my stethoscope battery is charged, and have a glass of ice water next to my computer for hydration during the shift. Take a breath and run the board if things feel out of control.

What is on your Emergency Department Playlist?

Kid friendly for obvious reasons. But the commute before and after is more diverse. If it's too loud, you're too old!

Nine Inch Nails, Beastie Boys, Ministry, Rob Zombie
Depeche Mode, Eurythmics, Erasure, Pet Shop Boys
Bon Jovi, Poison, Alice Cooper, Van Halen, Skid Row
Clint Black, Mary Chapin Carpenter, Joe Diffie (RIP)
Patty Lovelace, Mark Chesnutt, Brooks & Dunn, Travis Tritt

I can't carry a tune in a bucket, but I sing in the car at top volume.

What is your Favorite Thing about Emergency Medicine?

That I never know what will walk through the door at any given moment. And fixing kids. Watching a child go from hurt and scared to smiling and improved is better than anything!

Interesting Fact about You?

I'm a dual national (UK and US) because my mother refused to have me on the military base. I was the first girl to attend Jay Donathan's Fishing Camp in the 1980s. And I'm a beekeeper and mead maker in my spare time.

Goal in your Position or as a Leader of the Chapter?

I would love to continue to advocate for emergency care for pediatric patients. Children are both simple and complex, funny, and frustrating. They have such big feelings in their little bodies and have so much potential. The emergency

department is the safety net, and we are often the most frequent face they see in medicine.



Resident Corner

What Next? Advice for Last Year of Residency and Early Attendinghood

**Leena Owen, DO, MPH, PGY-4
Emergency Medicine
The Johns Hopkins Hospital**

With the Fall and Winter of your last year in residency comes excitement over nearly completing the long journey of training. You can taste that attending life, with the promised light

at the end of this tunnel within reach. However, the decision to pursue medicine is a lifelong commitment and comes with many unexpected twists and turns. Sometimes when you make it to your final year of residency, the fear of the unknown ahead can begin to outweigh the excitement of being “done” with that last thing before attending life. The Fall and Winter also tends to bring along the sometimes-arduous process of finding that dream job and final preparation for being an attending, when some begin to worry about that diagnosis that still stumps them, procedure they are not fully confident in or patient situation they are not sure how to approach.

As I look forward to these next steps, I reached out to former emergency medicine residents who trained in Maryland to ask their advice for residents in their last year of training and early attendinghood. I hope this will help you as much as it has helped me.

Advice to residents in their last year:

1. Do not forget that you are interviewing these jobs as much as they are interviewing you. You worked hard to get to this point, prioritize the job that will bring you the most overall fulfillment.
2. When looking for a job, figure out what things matter most to you. Is it location? Is it having residents to teach? Is it qualifying for loan forgiveness? Whatever it is, making a pros/cons list can help when you're in the job application and interview process.
3. Early in your career find a job that offers some diversity in practice location. The first year as an attending is a huge adjustment and a time when you learn a lot about what you like and don't like, in a way you don't really see coming or imagine as a resident. Finding a place that allows you to work in a few different practice settings will allow you to continue to hone your skills and interests in order to figure out what you really like.
4. It's super fun working as an attending, and you learn a ton as you go so make sure you have a supportive group around you.

5. Trim up your efficiency. Keep track of your patients per hour, this is a metric you'll follow for the rest of your career. Start looking at your "goodbye patients" – toward the end of shift keep an eye out for a couple patients that you can dispo immediately. Practice clearing up your list so you have minimal to sign out. In most environments you may not be able to sign things out, so it is good to start practicing this mindset best you can and develop the ability to pick patients correctly, so you still move the department right up to the end but don't have leftovers.
6. Consolidate and review the iterations of your quick access resources and notes. The end goal should be that you can access your resources in seconds. You are about to be where "the buck stops" now, where all the questions in the ED finalize. You should have all of the critical drugs and numbers around your neck or in your pocket and all the rest of your resources, stack of applications or Evernote trimmed up, organized and searchable within a minute.
7. Challenge yourself to see and do things you aren't as comfortable or confident with. In a few months people will be looking to you to manage that complaint, perform that procedure, or teach it to someone else and you'll feel better if you push yourself to master it while you're still considered a learner and have the knowledge and support of your supervisors/teachers.
8. Spend as much time as you can with your fellow residents and with your teachers. Never again will there be a group of people who understands what the past 3-4 years of your life have been like. They become like family, and you will need their support, especially as a new attending. You will never get this time back, so go to every gathering, make an effort to spend time with them. I know I did that and I'm grateful for the memories.

Now onto being a new attending. It's HARD. You know the medicine, you've built the skills, but now you have to do it without someone cross checking everything and the responsibility is now on your shoulders. Depending on where you decide to practice, you might be in a new city, new patient population, new practice patterns and of course new people (other physicians, APPs, nurses). This is a huge adjustment, but unlike residency where you have more of a built-in structure to help you navigate these changes, you are much more isolated.

Advice for early attendinghood:

1. Make sure to keep up with documentation. I found that even during a busy shift, forcing myself to sit and dictate after seeing 2-3 patients at a time, not only allowed me to keep up with documentation, but also gave me a chance to add on diagnostic tests and therapeutics that I otherwise would have forgotten.
2. Before you start working as an attending, take some time to learn about billing, proper documentation, especially understanding what counts as critical care time, can be very helpful.
3. Remember that becoming an attending is a huge achievement, but it continues the lifelong journey of learning and growth. Stay curious, compassionate, and committed to providing the best care for your patients. This means, listening to the other members of the health care team, listening to their concerns, and addressing them. Communicate with residents from other specialties in an amicable way and try to learn from them. Even as you become attendings, you will make mistakes and it does feel a lot more burdensome but use these experiences as learning opportunities like in residency and be open to feedback for personal and professional growth.
4. The most challenging transition is that this will be the first time in your medical career when no one is looking over your shoulder. Double check everything, keep calm and remember it is okay to ask for help.

5. Get to know your staff. Knowing people's names goes a long way! When I come on shift, I try to know who my charge nurse is, who my unit secretary is and what other doctors or APPs are in the department. You never know what's going to walk in the door so better to know who you have in the department to call for back up if needed.
6. The sick patients you admit won't be the ones to worry you. It's the patients you discharge. Before you discharge a patient, take a brief pause. Make sure you review all of their labs and imaging. Review their chief complaint and the triage note to make sure you addressed their concerns. If there's anyone you're really worried about after discharging them, call them! See how they're doing. It will not only give you piece of mind but also will make their day.
7. If you're not sure about where to find something or how to do something, just ask for help. Many of the other docs, APPs, nurses, have been there and understand the system better than you do. You might feel like a burden, but people are happy to help and prefer you ask rather than do things the wrong way or struggle through it all. Learn how to find your resources and who/what's available to you, especially in a pinch.
8. Remember all of those people from residency? Talk to them! Your co-residents are going through a lot of the same things you are and your teachers remember going through it. The anxiety is normal, the uncertainty is normal. Being an attending is hard and you have to lean on friends/teachers/colleagues new and old to get used to it. Keep the residency group chats alive, reach out for help if you need it.
9. No matter where you decide to go after training, know that you will question and doubt your decision more days than not and it's very likely that you will leave that position after a few years. Remember nothing is permanent and if you start and find that it's not for you, you can always leave. Just communicate clearly and I recommend that you make a list now of why you're choosing your job and once you start reflect on the things you like and don't like and write those down, so when it's time to decide on long term future plans, you'll have something to refer to that might help you make your decisions.
10. Celebrate yourself, your accomplishments, your wins. You've worked so hard to get to this point, you're making better money, reward yourself for your hard work. You deserve it!

Thank you to all who contributed to this article and shared their advice.

This article was written with the collaboration of Stephannie Acha-Morfaw, MD, Nikki Cali, MD, Hai Le, MD, Caleb Leibee, MD, Daniel Piening, MD, and Alvin Varghese, MD.



Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

FOR THE
JOIN US! / 2024 Legislative
Reception /

DATE:

Wednesday
January 24, 2024

TIME:

6:00PM

DESTINATION:

Annapolis, MD

VENUE:

Red, Red, Wine Bar

189B MAIN STREET
ANNAPOLIS, MD 21401

/BUSINESS CASUAL /

RSVP / <https://shorturl.at/bpsTY>

/ 410 727 2237

[Register Here](#)



Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS


**SAVE
THE
DATE**

EDUCATIONAL CONFERENCE
Annual Meeting

**Thursday,
April 11, 2024**

University of Maryland
SMC Campus Center
621 W. Lombard St, Baltimore, MD

WWW.MDACEP.ORG

 
[@md_acep](https://twitter.com/md_acep)

***Sign Up: MedChi Physician of the Day
2024 Legislative Session***

MedChi staffs the first aid room in the State House. MedChi invites and encourages all physicians who are members of specialty societies to volunteer if you are able. If you are interested in volunteering your time, please [complete this form](#) and submit it directly to MedChi as they are coordinating this event.

The Maryland Pediatric Facility Recognition Program

The National Pediatric Readiness Project has been endorsed by ACEP and the AAP and ENA since 2000. The project aims to improve the readiness of every Emergency Department in the nation to deliver emergent care for children who may present in critical condition. The project has seen dramatic improvement in readiness scores and important research studies released this year demonstrate that

highly ready Emergency Departments have 4x better outcomes for critically ill children. Starting in 2024, Maryland EMSC will offer voluntary recognition of Emergency Departments and Hospitals for their capability to provide care to ill and injured children.

We anticipate recognizing facilities at three distinct levels described here – and will support readiness efforts to allow ALL Maryland Emergency Departments and Hospitals to achieve recognition. Over the next six months we intend to explore these criteria with specific Maryland facilities to create an application and site visit process. Please [contact us](#) if you are interested in learning more or being a physician champion for your facility.

Three Levels of Pediatric Facility Recognition for Maryland

Pediatric Ready Emergency Department - a Free Standing Emergency Department or Hospital Attached Emergency Department that is READY for pediatric care!

Pediatric Resource Hospital - a Pediatric Ready Emergency Department AND Pediatric Acute Care (inpatient/observation) services.

Comprehensive Pediatric Hospital - a Pediatric Ready Emergency Department AND Pediatric Resource Hospital AND Pediatric ICU and anesthesia/surgical services.

Maryland EMS for Children is holding quarterly online forums for Maryland Emergency Department physicians to promote this process and the cause of pediatric readiness. If you would like to attend on any of the following dates, please [contact us](#) to register.

- January 31, 2024 (Wednesday) 1200-130PM (Info and Readiness Support)
 - April 17, 2024 (Wednesday) 1200-100PM (Joint Meeting with Emergency Department Nurse Forum)
 - July 31, 2024 (Wednesday) 1200-130PM (Application Launch)
 - October 30, 2024 (Wednesday) 1200-130PM (Readiness & Application Support)
-

Did You Know?

ACEP members can view the emergency department model staffing requirement toolkit on ACEP's website by logging into your ACEP [account](#)?

2024 Research Forum submission dates are now listed. You can also use the same poster during the Research Competition that will be held at the Maryland ACEP Chapter Educational Conference & Annual Meeting on Thursday, April 11th. Practice with the chapter first.



ACEP RESEARCH FORUM

RESEARCH FORUM 2024



IMPORTANT DATES:

JANUARY 29 Submission site opens

JULY

Email notifications

APRIL 30 Submission site closes

SEPT 29 - OCT 2

Presentations in Las Vegas



SUBMISSION REQUIREMENTS

Original research that has not been published in peer-reviewed form. Adherence to Annals of Emergency Medicine format: study objectives, methods, results, and conclusion. Abstracts are limited to 3000 characters not including spaces. Tables or figures must be black and white with at least 300 dpi. Authors should not be identifiable via the title or body of the abstract.



REVIEW PROCESS

Abstracts will be peer-reviewed in a blinded manner. Review criteria focus on the validity, generalizability, and novelty of the findings, and the projected magnitude of impact on the quintuple aim.

CONTACT US

ACEP | 4950 W. Royal Lane, Irving, Texas 75036 | 972.440.0911 | researchforum@acep.org



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