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President's Message

Iowa ACEP Members,

I've recently started listening to podcasts from physicians on life coaching. There are a few – Drs. Katrina Ubell, Jimmy Turner, and Sunny Smith. All have the same overarching premise: Circumstances trigger our thoughts, which produce feelings, which generates actions, which cause results.

Circumstances are neutral facts. They are the things that everyone in the room would agree on. Our thoughts are responsible for the entire rest of the cascade of events, and our thoughts are in our control. We are responsible for our results, ultimately by deciding how we think about everything. Day in and day out. Everything.

My generous gift from a patient =>



Patient satisfaction scores and comments are a neutral fact. We can use the scores and experiences to feel badly about ourselves – not caring, not compassionate, not able to convey medical lingo, and so on. Or we can use them to improve our

conversations with patients. Or we can ignore them altogether. Really, how we respond, how we think, about the comments and scores is completely within our control.

Personally, I choose to focus on the comments I view as positive. It keeps me motivated and engaged at work. It helps me keep abreast of new information and learning everyday. Recently I received a gift at work from a former patient with a note letting me know that a year after I diagnosed her life-threatening disease, she had enjoyed another year of “sunsets, chocolates, and life.” I almost cried. I’m not a crier. My eyes did get watery. How amazing that she remembered me?! She didn’t get a patient satisfaction survey as she clearly was not discharged. She didn’t get paperwork at the end of the visit with my name all over it so she could reference whom her ED physician had been. In order to send me this gift and letter this patient would have had to take effort to find out who I was, go to a store, personally write a note, and deliver it to the ED. So many times, that she could have said “not today” or “this is too much effort.” Because she went through the work, I will be forever grateful and reminded that what I do matters.

This patient made the decision to have positive thoughts for the last year. She had more sunsets, more chocolates, more life. I have decided to focus on positive patient comments and ignore the rest. The result – I am happier. My life is more fulfilled. My time at home and with my family is not bogged down with thoughts of patients that were unhappy. I am not in charge of their thoughts. Only my own. In high school we had to pick a quote to be published with our information at graduation. Mine was by Charles Swindoll:

Life is 10% what happens to you and 90% how you react to it.

I still think about this every single day. My thoughts are responsible for my results and my happiness. I hope you all consider this as well and choose happiness.

[Upcoming Chapter Events](#)

Iowa ACEP Chapter

RSVP HERE

SUNDAY, OCTOBER 24TH

Reception

5:30PM-7PM EST

**425 SUMMER STREET
BOSTON, MA**

IOWAACEP.ORG

**Resident Corner
Advocacy for Emergency Medicine
Brooke A. Dugdale, MD**

Last month I had the incredible opportunity to travel to Washington DC and commune with emergency physicians from across the nation at ACEP's Leadership and Advocacy conference. We spent our time together at the conference learning about and discussing health policy, legislative actions, and other initiatives of interest to emergency medicine practice. In particular, I found valuable the sessions on human trafficking and the opioid crisis, though by far the topic which was the most polemic and garnered the liveliest discussion was that of the EM physician workforce report.

As the sole Iowa participant, I joined our northern neighbors in the Minnesota delegation to prepare for our discussions with the congressional representatives. The meetings with Senator Grassley's and Senator Ernst's offices focused on the Dr. Lorna Breen Health Care Provider Protection Act, (S 610), and the Mainstreaming Addiction Treatment Act (S 445), which removes the requirement for the separate X waiver to prescribe buprenorphine. In our conversation, I was able to elaborate firsthand some of the impacts that providing emergency care throughout the Covid pandemic has had on myself, my peers, and our families. Speaking with Representative Miller-Meeks was a special experience in that as a fellow physician she is very aware of these issues and our discussion of their complexities was rich. It was a wonderful experience to join emergency physician colleagues from across the nation to meet in DC and engage with these important issues. The work will continue throughout the year but I am already looking forward to next year's Leadership and Advocacy conference!



Dr. Dugdale Legislative meeting during ACEP's Lobby Day with Senator Charles Grassley's staff Nic Pottebaum, Sr. Policy Advisor

Medical Student Corner

Learning By Doing: A Month of Advanced Life Support Alongside Iowa EM Residents

Annee Rempel, M4 (UICCM)

July in the University of Iowa Emergency Department is known as ALS Month (short for Advanced Life Support). Fourth-year medical students interested in EM are invited to do a rotation alongside incoming first-year residents to hone emergency medicine-specific skills, learn about the importance of EMS in Iowa's rural and urban settings, and become ACLS and PALS certified. The month proved to be an invaluable opportunity both to connect with residents and faculty through didactic sessions and ED shifts, and to gain hands-on experience with ultrasound, airway management, and splinting. The three highlights of the month, however, included an evening of debate over ED-initiated buprenorphine therapy, time spent visiting local EMS providers, and a wilderness medicine race.

For the debate, interns and medical students were randomly divided into 'pro' and 'con' teams to debate whether or not buprenorphine should be routinely initiated in the emergency department for qualifying patients with opioid use disorder. The 'pro'

team's main argument centered on findings from a randomized clinical trial published in JAMA in 2015. D'Onofrio G, O'Connor PG, Pantalon MV, Chawarski MC, Busch SH, Owens PH, Bernstein SL, Fiellin DA. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. JAMA. 2015 Apr 28;313(16):1636-44. doi: 10.1001/jama.2015.3474. PMID: 25919527; PMCID: PMC4527523. This study showed that individuals with opioid use disorder who were started on buprenorphine/naloxone therapy in the ED were significantly more likely to be engaged in addiction therapy at 30 days (78%), when compared to patients who received a brief negotiation interview in addition to local referral to addiction treatment services (45%) or patients who were referred to local treatment services upon discharge only (37%). The lively debate was a good chance to actively engage in a literature-driven discussion to inform our current and future practices as EM providers.

We also got a chance to visit and learn from Johnson County Ambulance Service, Iowa City Fire Department, AirCare Emergency Transport, and Keokuk County Ambulance Service. With these organizations, we tried our hands at "the jaws of life" to learn about vehicle extrications, rappelled from a four-story building with Iowa City Fire, and toured ambulances and an AirCare helicopter. These fun experiences truly complemented our medical education: we now have a better understanding and appreciation of all that must happen between the time someone calls 911 and the time a patient enters our ED. And beyond that, we now have a taste of what EMS in rural America looks like, often depending on volunteer first responders and ambulance services required to cover more square miles than most of us can comprehend.

The month was capped off with the annual wilderness medicine race held at Lake Macbride, just north of Iowa City. Teams of residents and medical students were tasked with completing a 5k race with eight wilderness medicine scenario stations throughout the course. Problem solving our way through lightning strikes, heat stroke, water rescue, snake bites, and resourceful splinting gave us a chance to adapt our medical skills to wilderness settings and practice a form of teamwork so central to emergency medicine.



Touring a University of Iowa AirCare helicopter while learning about Keokuk County EMS in Sigourney, IA.



I was stoked to practice extrication skills with the Iowa City Fire Department!



Hands-on splint practice!



Students felt what it might be like to repel from a burning building with the Iowa City Fire Department.

Spotlight a Chapter Board Member Stacey M. Marlow, MD, JD, FACEP

Iowa ACEP Chapter Position?

I am the current President of the Iowa Chapter of the American College of Emergency Physicians. I have been on the Board for many years, serving as Medical Student Representative, Treasurer, President-Elect, and now President. My term will end in 2022.

Where do you practice?

UnityPoint Allen Hospital in Waterloo.

What drew you to Iowa?

I grew up in the country on a small farm outside of Vinton. I have always felt family is extremely important, and knew that once I had children I would want them to close to their grandparents. I have also always valued small-town mentality, coming together, and being involved. My residency was in Tampa, FL, and although I had a great program and felt very prepared to practice medicine, I also saw the “big city” life and did not want that for my kids’ childhoods.

What is your everyday care for a shift?

I try to get up before a shift and spend some time with the kids, work out, watch the national news, and then am out the door. Of course, this varies depending on shift start time. On my drive (an hour), I listen to medical or financial podcasts. Once home, I shower and spend more time with the kids.

What is on your emergency department playlist?

That depends on my mood. Country, 70’s, 80’s, 90’s. Sometimes 2000’s music. Mostly 80’s. I like upbeat and happy music and will skip anything to slow or sad.

What is your favorite thing about emergency medicine?

I love so many things about EM. I feel prepared for everything and anything that comes through the door. I love that I know a lot, though not everything, about all of

medicine. I love procedures and using my hands. I love making decisions quickly and not perseverating. I love shift work. I love the community of EM. I love that it allows me to have hobbies and travel without overly burdening colleagues. I love EMS and pre-hospital education. I love advocacy and the platform that ACEP and EM in general provide for legislators to understand access to medicine and the burdens our patients face and we see daily.

Interesting fact about you?

I've been married for 12-years and we have two amazing daughters, both of whom were born extremely prematurely. Farrah was 790 grams secondary to HELLP syndrome. I was intubated, mag toxic, in pulmonary edema, liver failure, renal failure, and so on. I met Farrah two days after she was born. The NICU felt like torture every day, but it did have an end and she was the smallest baby ever discharged from Tampa General Hospital NICU at 1511 grams. We decided to try again, knowing it was a 50/50 risk of another NICU go round. Laila was also premature secondary to severe pre-eclampsia, born at 1570 grams. She looked huge! Now they are thriving 7 and 4 year olds that we couldn't love more. I love extreme sports, although am getting old and can't do as much as I previously could. I am a licensed skydiver and have never jumped attached to anyone. I snowboard, run half marathons, have a class B CDL and a motorcycle license (though I sold my bike when I had kids). I love to golf and be outside. Recently, I joined the Peloton fad as well => #hawkeyemomdoc.

Goal in your position or as a leader of the chapter?

Encourage advocacy both locally and nationally. I've always believed that a person shouldn't complain unless they are also willing to work for change. I enjoy working with other specialties to grow congeniality. I also hope to grow our membership so others can also work for growth and change within EM.



Farah & Laila



Dr. Marlow in Galapagos



Dr. Marlow & Husband in Machu Picchu

Welcome New Members!

A special welcome to the new members of the Iowa Chapter and to those that renewed their membership with the chapter. We are excited to have you!

[Contact](#) the chapter if you would like to get involved at chapter or national level. We can help!

Dr. Adam Herrick
Dr. Alan Wilson
Dr. Amanda J. Deutsch
Dr. Angela Wild
Dr. Benjamin M. Wilkinson
Mr. Chris Schanbacher

Dr. Jenna M. Lizzo
Dr. Joshua Bauer
Dr. Kathryn Bartlett
Dr. Michael Severson
Dr. Michael R. Wallum
Dr. Nate C. Troll

Dr. Daniel S. Kinker
Dr. David Ruehlmann
Dr. Deepta A. Strand
Dr. Edward A. Rekart
Dr. Emily R. Pursley
Dr. Emily E. Falch
Dr. Emily Mills
Mr. Erik R. Johnson
Ms. Haley Egan

Mr. Nathan Walton
Mr. Nicholas Lind
Mr. Sam Pate
Dr. Spencer E. Thompson
Ms. Suboohi M. Khan
Ms. Tessa Cunha
Dr. Tyler J. Fisher
Dr. William B. Lynn
Dr. William McDowell



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FROM NATIONAL ACEP



Webinar: Rural Emergency Medicine: Where We Are and Where We Are Headed

Host: [Rural Emergency Medicine Section](#)

August 30, 2021 | 3:00 PM CT

[Register Here](#)

Leaders of ACEPs Rural Section will be giving an update on current hot topics regarding rural emergency medicine. Many see rural America as the new frontier for EM workforce, and there is truth to that, but the issue is much more complex and nuanced than it may seem. Please join Drs. Scott Findley, Ashley Kochanek Weisman, and Stephen Jameson as they update ACEP sections and state chapters on rural EM workforce, Council resolutions to expand EM physician opportunities and improve rural ED patient care, rural health political initiatives, and the collaboration efforts that are underway with our NP, PA, and non-EM trained physician colleagues. There will be opportunity for Q&A during this 90-minute session as well.

Featured News

Senate Passes Dr. Lorna Breen Health Care Provider Protection Act

ACEP is pleased to announce that early Friday morning, the Senate approved S. 610, the "Dr. Lorna Breen Health Care Provider Protection Act." This comes on the heels of hundreds of ACEP members joining together to lobby for this legislation during last month's Leadership & Advocacy Conference, conducting 287 meetings with legislators and staff from 44 states. [Read more details and view next steps.](#)

EM Physician Workforce of the Future:

- The EM Workforce Report Session from the recent Leadership & Advocacy Conference [is now available](#). Listen in as ACEP leaders discuss the data & next steps.
- The Young Physicians Section [hosted a Q&A session](#) with ACEP President Elect Dr. Gillian Schmitz and EMRA President Elect Dr. Angela Cai, asking workforce-related questions submitted by YPS members.
- "[The Emergency Medicine Physician Workforce: Projections for 2030](#)" was recently published in *Annals of Emergency Medicine*.
- **New ACEP Policy Statement:** [Emergency Medicine Workforce](#)
- Get the latest workforce updates at www.acep.org/workforce.

[Resident Voice: Where Medicine and Literature Meet](#) (ACEP Now, July 22)

New ACEP Policy Statement & Information Paper

- [Definition of Emergency Medicine Residency](#)
- [Medication Therapy for Psychiatric Crisis Events](#)

COVID-19

Press Releases:

- [ACEP Urges FDA to Prioritize Emergency Physicians for COVID-19 Booster](#) (August 13)
- [Emergency Physicians to Parents and Students: Prioritize COVID Safety in Back-to-School Plans](#) (August 13)
- [Emergency Physicians Increase their Calls for Concerns around COVID-19 Delta Variant and Support Mandate to Vaccinate Healthcare Workers](#) (July 28)

Do You Have a Vaccination Program in Your ED?

As new variants continue to emerge, there is more urgency to vaccinate as many people as possible against the virus. If you have set up a vaccination program in your ED, [please take a few minutes to complete our survey for national data gathering](#). If you haven't, please consider working with your institution to provide vaccines to appropriate patients who will be discharged from the ED. An [on-demand webinar features ACEP members](#) explaining how they set up vaccine administration programs in their EDs and their lessons learned. And [there are more resources online](#), including helpful tools for addressing vaccine hesitancy.

New Podcast: COVID-19 Myth Busting

ACEP members are all fielding questions and concerns from friends and family. ACEP Frontline host Dr. Ryan Stanton sits down with Dr. Howie Mell to dispel some ongoing myths around vaccines, variants and more. [Share this episode on social media to help us battle disinformation](#).

New: [COVID-19 Vaccination Smart Phrase](#)

Get the Latest Tools in the [COVID-19 Clinical Alert Center](#)

ACEP Member Benefits

Get the Support You Need

Stress is high right now, on so many levels. Everyone has unique needs depending on personal circumstances, but the following free support services are available:

- [Crisis counseling/wellness sessions](#) available 24/7 and strictly confidential
- [Peer support line](#) for physicians and medical students, available 24/7
- [Let's Talk forum](#) for ACEP members, our only forum to allow anonymous posts

Upcoming ACEP Events and Deadlines

August 30: [Rural Emergency Medicine: Where We Are and Where We Are Headed](#)

September 23: [Dental 101 for ED Physicians \(Webinar\)](#)

October 25-28: ACEP21 in Boston — [REGISTRATION IS OPEN!](#) Use promo code ACEP21CHAP for \$100 off the in-person meeting price.

Improve the Quality of Acute Care to Patients with ACEP Accreditation

When you choose accreditation, you are choosing to pursue a commitment to excellence across the spectrum of care that will help attract more patients and elevate your institution— providing a competitive edge in the marketplace.

- Strengthen community confidence in the quality and safety of care, treatment, and services – achieving accreditation makes a strong statement to the community about an organization's efforts to provide the highest quality services.
- Provide a framework for organizational structure and management – accreditation involves maintaining a high level of quality and compliance with the latest standards. Accreditation provides guidance to an organization's quality improvement efforts.

- Align emergency departments with one of the most respected names in emergency health care – being accredited by ACEP helps organizations position for the future of integrated care.

[Learn more about ACEP's Accreditation Programs](#)

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