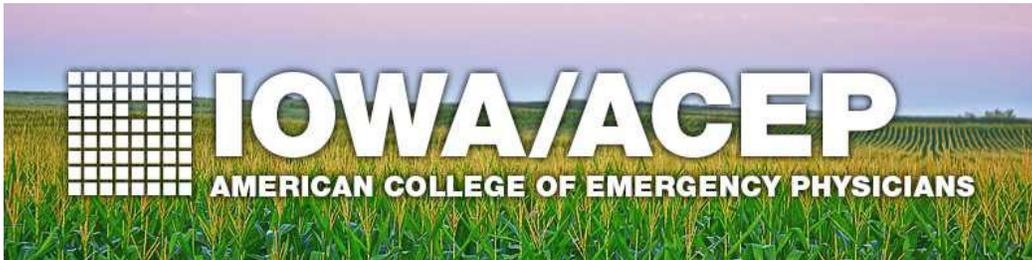


A Newsletter for the Members of the Iowa Chapter - Spring 2022

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President's Message Stacey M. Marlow, MD, JD, FACEP

Iowa ACEP Members,

My tenure as Iowa Chapter ACEP President is soon to be over. Dr. Nick Kluesner will be taking over as President at our summer chapter meeting, and he will do great things for our Chapter.

Our Chapter Annual Meeting will be held in person in Des Moines in July, date and location yet to be determined.

We hope to include new and current Iowa Emergency Medicine Resident physicians and promote Emergency Medicine in Iowa and involvement with ACEP. Please spread the word to your colleagues and residents (and medical students!) to try to be present at our July meeting. As always, there will be food and beverages! Watch your emails and social media platforms for more info once the date and location are set.

I am honored to have served as your Iowa Chapter President for the last two years, and I look forward to continuing to serve as Immediate Past President for the next two years.

I will be at the annual Scientific Assembly in San Francisco this fall, and I look forward to seeing you all in person there as well. I have never been to San Francisco and am looking forward to seeing the Bay Area in addition to attending the Council Meeting on behalf of Iowa Emergency Medicine.

So cheers to the next phase, and welcome Dr. Nick Kluesner!

Fetal/Maternal Mortality **Thomas E. Benzoni, DO, FACEP**

Given the above and the recent push on [fetal/maternal mortality](#) in Iowa, I have a few concerns. You likely share them. I'm concerned that, enablers that we are, the EM community will take responsibility for this. I would suggest a cautious approach. E.g., you could make our buyin contingent on OB adopting the primary care model for OB care, longitudinal, with an identified individual PCP, who sees them throughout their "episode of care." (6 weeks before (+) pregnancy test through 1 year postpartum or whenever the risk from the end of pregnancy is at baseline.)

No One Cares (NOC) **Thomas E. Benzoni, DO, FACEP**

"NOC" is a venerable abbreviation from the good ole days that didn't exist. It's the ablative form, truncated, of nox, noctis (f) night. Nox, nocits, noctis, noctis, nocte. Thanks, Fr. Charles Hurkes, OMI (RIP).

At night.

At night, like in space, "no one can hear you scream." These last few years have felt like being in space, screaming, without being heard. There is, in my opinion (I won't add "humble opinion" as you'd call me out as a hypocrite and a lying one at that) the meaning of night.

No One Cares

We've watched colleagues and friends (often the same) disrespected even as they put their lives on the line. One of my colleagues was accosted at a gas station while fueling up, outside, in scrubs, for spreading COVID. They were tired, coming off another discouraging shift. And had to endure the spittle of an ignorant entitled stranger.

No One Cares

We've seen lying at the highest levels of government, many ridiculing such simple measures as masking and vaccines for the money and fame that flow through social media. And we've seen that lying get reinforced because that makes money.

Blood money. Because some died unnecessarily for these false idols. Others took the lies to a higher level still, sneaking off to states with closed vaccine registries for a surreptitious immunization then getting back on the cable opinion channels. The most egregious offenses were committed by those pretenders calling themselves physicians while using their degrees to push falsehoods from which they directly profited. It's enough to make one bitter. Understandable.

No One Cares

There has been plenty of opportunity these last few years to experience a "[dark night of the soul](#)." It's enough to make you despair. Sadly, it's driven some, [Dr. Lorna Breen](#) among them, to extremes. Yes, we must "speak her name" and that of countless others. Because NOC.

Like many other throw-out-there-easy phrases, this is best dealt with by the same means as we deal with any pestilence: examination in the sunlight, exposure, disinfection. Most importantly, it must be looked at squarely and its right to existence challenged openly and fearlessly.

Antisepsis for NOC disease

If it likes cold, warm it. If it likes dark, illuminate it. If it likes silence, speak of it. If it likes fighting, laugh at it. If it likes existence, cancel it. Yes, lean into cancel culture. Cancel culture is a great gift. "[Avoid loud and aggressive persons; they are vexatious to the spirit](#)." It can go too far if taken literally: Matthew 5:29-30. (Read it yourself in your preferred interpretation; know the context, though.)

Get rid of those anti-social media accounts. Watch cat videos or Dr. Glaucomflecken. Cancel the haters. Clean up your intake. Nice start. Look up, look around. You are working with people that care. (I still like "people who care" but I'm told that's wrong. I don't care.) You are working with people who care. (There, a bit of rebellion. Don't you feel better already?!)

Look what you've done! Depending on your generation, you participated in EM's birth, helped its adolescence, ushered it into adulthood or are seeing its full maturity. (Let's skip the senescence part. Allegories only go so far.)

You have colleagues who care. Even in other parts of the hospital! I so remember the kindness of the Blank staff when, as the adult ER was getting hit HARD with COVID. I don't work directly with them, but this was too cool (3/22/2020):



So it's about attitude. Your attitude, my attitude, the attitude of those with whom we voluntarily surround ourselves. And our patients. Really. They depend on you to care. And you do.

As for the rest of the population, take your hint from them. Absent psych disease, never care more than the patient. As the wise man Samuel Schem/Stephen Bergman put it: "[The patient is the one with the disease.](#)"

They are where they are because that's where they intended to go. So they are responsible for their state of health provided they have been given the opportunity. (SDoH)

Antisepsis for NOC? Examine the idea, see if it exists. If you find, in your own realm, that NOC is false, cancel it. I, for my part, think it's a false idea. Someone cares. You do.

That's my opinion. What's yours?

Medical Student Corner
Survey: An Evaluation of Providers' Confidence in Firearm Safety
and Attitudes on Firearm Related Issues

Benjamin M. Linden

Researchers at the University of Iowa invite you to complete an anonymous survey study titled, "[An Evaluation of Providers' Confidence in Firearm Safety and Attitudes on Firearm Related Issues](#)." If you complete the survey, you can enter a raffle to win a \$50 Amazon Gift Card. Twenty-five individuals who complete the survey will be selected as raffle winners.

The study will consist of an online survey of resident, fellow, and attending physicians as well as mid-level providers (Physician Assistants [PAs] and Advanced Registered Nurse Practitioners [ARNPs]) across the state of Iowa. The study will examine the association between provider demographics such as age, sex, previous employment/life experience, upbringing (rural/suburban/urban), current rurality of county, confidence in firearm counselling and specialty with current firearm screening practices.

Specific Purposes:

1. To determine if providers currently talk about firearm safety with their patients, and if they believe it to be part of their duty as a physician.
2. To establish whether or not providers have a basic understanding of firearm safety and to compare providers' understanding of firearm safety with their confidence in speaking to their patients about firearm safety.
3. To identify a geographical differential in opinions and knowledge on firearm screening.

By completing this study, we hope can better understand if firearm educational sessions or continuing medical education sessions on firearm injury prevention would be valuable for current providers.

The deadline to complete the survey is May of 2023. If you have question about the survey, you can contact the coordinators [Benjamin Linden](#) or [Megan Sinik](#) via email.

Welcome 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!

Alexandra Arlene McMullen-Simpson
Amelia H Gilliland
Hanna Marie Vos
Jacob Douglas Hamilton
Kameron Halstead Hartung
Kyle J Santee, DO
Kyle Paul D'Mello

Lauren Elizabeth Eddy
Michael P Miller, MD, FACEP
Mimi H Williams
Rebecca Caroline Peoples
Thomas D Striegel, DO, FACEP
Zachary Dennis Rasmussen, MD

Follow us on Social Media!



FROM NATIONAL ACEP



ACEP Resources & Latest News

ACEP Calls for Stronger Protections for Emergency Physicians Who Raise Workplace Safety Concerns: ACEP spoke directly to the Occupational Safety and Health Administration (OSHA) during a public meeting about whistleblower protections. ACEP Council Speaker Kelly Gray-Eurom, MD, MMM, FACEP, [raised the need for due process protections](#) for emergency physicians on the job.

ACEP Clinical Alert: [Shortages in Iodinated Contrast Media, Baby Formula](#)

Workforce:

- **A new analysis of the EM physician resident workforce in [Annals of Emergency Medicine](#)** finds that while the number of residency programs is increasing, new programs are disproportionately located in urban areas in states with existing programs, rather than rural communities with limited access to emergency care. [Read more](#)
- **Building toward a better future, ACEP is moving forward on EM workforce initiatives.** [Watch an update](#) from ACEP President Dr. Gillian Schmitz on ACEP's progress during this April 28 town hall webinar hosted by the EM Workforce Section.

ACEP has launched a **public campaign "[Who Takes Care of You in an Emergency?](#)"** that includes a series of videos outlining unique aspects of the job and explaining the significant difference in training and education required for physicians. Here are [new scope of practice talking points](#).

Problem solving: It's what we do. [Take a look at the issues we're tackling](#) and how you can join the cause.

More than 100 leaders, members and staff worked together to create [ACEP's new strategic plan](#)! **It's an important roadmap for our future.** Together we'll build a better future for emergency physicians everywhere!

It's Emergency Medicine Wellness Week!

May is Mental Health Awareness Month, and ACEP's Wellness Section is marking the occasion by kicking off its annual Emergency Medicine Wellness Week tomorrow, May 22. View more physician wellness resources by visiting [ACEP's Wellness Hub](#).

The [May issue of ACEP Now](#) features **new articles focused on behavioral health**, including [The Importance of System-Level Wellness](#) and [How to Approach Psychiatric Patients who Wish to Refuse Treatment in the ED](#).

Advocacy:

Help Move the Workplace Violence Prevention Bill Forward! Ask your U.S. Senators to co-sponsor and support the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (S.4182). [Take Action!](#)

On May 4, ACEP and the Emergency Nurses Association hosted a press event at Capitol Hill to increase public awareness of workplace violence in the emergency department and to push for swift passage of the "Workplace Violence Prevention for Health Care and Social Service Workers Act." [Read the press release with more information about the bill](#). Watch the [Facebook Live recording](#) of the press event.

No Surprises Act

In the latest twist, the government requests Texas court place a "hold" on its surprise billing appeal. [What does this mean for ACEP's lawsuit?](#) [Dive deeper and learn more](#) about ACEP's many years of advocacy on this issue that led up to this law.

Prioritize Physician Mental Health

It's Mental Health Month and a good time to look at the recently-passed Dr. Lorna Breen Act. This vital legislation, named after an ACEP member who struggled and was tragically lost during the first surge of the pandemic, went from an idea to a law that will help protect the emotional health and wellbeing of emergency physicians. [See ACEP's Role](#).

Regulatory Updates:

- [NEW BLOG SERIES: Value based Care in Emergency Medicine-- an Overview](#) (5/19/22)
- [CMS Finalizes New Network Adequacy Requirements for Certain Private Health Plans](#) (5/12/22)
- [No Alternative Payment Model for Emergency Physicians and other Specialists... The AMA Has a Proposed Solution](#) (5/5/22)
- [ACEP Responds to FTC and DOJ Request for Information on Mergers and Acquisitions in Health Care](#) (4/21/22)

Upcoming ACEP Events and Deadlines

- **June 16:** [Breaking Down Barriers to ED Care for People with Sickle Cell Disease](#) - Webinar hosted by the CDC
- **June 16:** [EM Clinical Support Tool for Sickle Cell Disease](#)
- **June 17:** Last day to apply for the new [EMF health policy scholar grant](#)
- **June 20:** [Caring for our Heroes: Special Considerations for Treating Veterans in Emergency Departments](#) - Webinar hosted by ACEP
- **Aug. 23-25:** [Independent EM Group Master Class](#)
- **Nov. 11:** Last day to submit [ACEP23 course proposals](#)

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